

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:)	CONSENT
Nicholas G. Handanos, M.D.)	AGREEMENT
Complaint No. CR13-131)	

This document is a Consent Agreement, effective when signed by all parties, regarding discipline imposed upon the license to practice as a physician in the State of Maine held by Nicholas G. Handanos, M.D. The parties to the Consent Agreement are: Nicholas G. Handanos, M.D. (“Dr. Handanos”), the State of Maine Board of Licensure in Medicine (“the Board”) and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. The Board first issued Dr. Handanos a license to practice as a physician in the State of Maine on May 19, 2003. At all times relevant to this complaint, Dr. Handanos was licensed as a physician by the Board and specializes in Internal Medicine.

2. On July 10, 2013, the Board received a complaint filed against Dr. Handanos’ Maine medical license, which alleged that Dr. Handanos’ medical treatment of patient 1 was deficient because he: (1) failed to order yearly mammograms as recommended by a radiology report indicating that the patient had a strong family history of breast cancer; and (2) failed to immediately refer patient 1 to the emergency department on November 4, 2011, at which time Dr. Handanos’s diagnosed patient 1 with congestive heart failure. The Board docketed the complaint as Complaint CR13-131 and sent it to Dr. Handanos for a response.

3. On or about October 2, 2013, the Board received a response from Dr. Handanos to Complaint CR13-131. In his response, Dr. Handanos described his care of patient 1 as

follows: (1) The Mammography issue: “She should have been offered a mammogram every two¹ years thereafter. I do not have an adequate explanation as to why I did not order another mammogram.” However, Dr. Handanos explained that he could have offered patient 1 a mammogram and she refused or he lacked the time to focus his attention on longer-term issues as patient 1 was a Medicare patient, and Medicare did not cover well patient exams. (2) The Congestive Heart Failure Issue: On November 4, 2011, patient 1 presented “with a cough and intermittent shortness of breath. A workup was started to find out the cause of her shortness of breath. Her oxygen saturation on that day was 95%. Any value greater than 92% is generally not a cause for concern.” Dr. Handanos did not comment further on his failure to refer patient 1 to the emergency room in light of his diagnosis of Congestive Heart Failure. However, Dr. Handanos’ medical notes regarding patient 1 on November 4, 2011, indicate as follows: “Congestive Heart Failure: c/o (complaint of) Leg edema for 2 weeks bilateral legs to ankles, associated with mild R ankle pain with walking. C/o (complaint of) shortness of breath for 2 weeks moderate, worse with exertion.” “LUNGS: bibasilar crackles.² EXTREMITIE: 2 + pitting edema³ bilateral to ankles, symmetric.” In addition, the record indicated that “Her constellation of Sx (symptoms) make CHF (congestive heart failure) the most likely Dx (diagnosis).”

4. On December 10, 2013, the Board reviewed Complaint CR13-131, including the medical records and Dr. Handanos’s response. Following its review, the Board voted to send Dr.

¹ In fact, the radiology report stated: “Bilateral mammography should resume in September 2007 to establish an annual mammographic followup [sic] pattern in this patient with a strong family history of breast cancer.”

² Bibasilar crackles are crackles originating in the base of both lungs that are caused by the popping open of small airways and the collapsing of alveoli by fluid, exudate, or lack of aeration during expiration.

³ Edema is the swelling of the interstitial tissue due to the accumulation of fluid. Pitting occurs when after pressure is applied to a small area of edema the resulting indentation persists after pressure is removed. It can be caused by systemic diseases such as congestive heart failure.

Handanos additional questions regarding Complaint CR13-131. In particular, the Board asked Dr. Handanos: (a) why he did not follow the patient's prior history of abnormal mammograms and previous biopsy that was suspicious for ductal carcinoma-in-situ; (b) why he had suspected the patient was suffering from congestive heart failure (CHF) on 11/14/11; (c) what other testing he considered performing for CHF on 11/04/11, and why it was not completed more timely; (d) why he treated the patient with benzonatate if he suspected CHF; and (e) why the patient was not seen when she called the practice a few days later and reported that she was not better.

5. On February 26, 2014, the Board received a written response from Dr. Handanos to the Board's questions.

Mammogram/Abnormal Biopsy. According to Dr. Handanos, when he prepared his response to the complaint, he did not have the patient's abnormal mammograms or suspicious breast biopsy. Dr. Handanos indicated that he did not know exactly when he learned about these aspects of the patient's medical history but that by his second encounter with the patient in 2008 he was aware of the concerning mammogram and biopsy. According to Dr. Handanos, he was "not sure whether [he] failed to sufficiently appreciate the significance of that history... or whether [the patient] made a deliberate decision not to undergo additional mammograms." Dr. Handanos stated that he regretted that he did not "adequately document the discussions" he had with the patient regarding this issue.

CHF/Benzonatate. Dr. Handanos indicated that on November 4, 2011, he diagnosed CHF in the patient based upon her shortness of breath for 2 weeks and the presence of bilateral ankle and foot swelling.⁴ Dr. Handanos stated that the patient's oxygen saturation

⁴ Dr. Handanos's medical record entry for the patient on November 4th included the following additional symptoms that were not mentioned in his response: "c/o Leg edema for 2 weeks bilateral legs to ankles, associated with mild R ankle pain with walking. c/o Shortness of breath for 2 weeks moderate, worse with

(95%) and respiratory rate (16 breaths per minute) led him to believe that the “workup for CHF could be performed in a routine manner.” Dr. Handanos indicated that he had ordered an echocardiogram and beta natriuretic peptide blood test, which he intended to review at the patient’s six-month visit on December 2, 2011. According to Dr. Handanos, he prescribed benzonatate to the patient for an upper respiratory infection and cough, which he concluded was unrelated to the CHF. Dr. Handanos acknowledged that the patient called the office on November 9, 2011, “to report that she still had a bad cough” but that this phone message was not relayed to him.⁵ As a result, Dr. Handanos’ medical assistant advised the patient to refill the prescription for benzonatate, and call back if her symptoms did not subside. According to Dr. Handanos, he had no contact with the patient after November 4th, which would have alerted him to any concerning change in the patient’s condition.

6. On March 11, 2014, the Board reviewed Complaint CR13-131, including Dr. Handanos’ answers to the Board’s questions regarding his treatment of the patient. Following its review, the Board voted to send Dr. Handanos additional questions regarding Complaint CR13-131. In particular, the Board asked Dr. Handanos: (a) Why there was no documentation of discussion with the patient about the need for additional mammography; (b) Whether he could provide any evidence that the patient was aware of the need for follow-up mammography; (c) Why no chest radiograph was obtained urgently on November 4, 2011, when the patient presented acutely with dyspnea, edema, and bilateral rales? (d) Why did he wait a month to complete testing and start treatment in a patient having acute symptoms of CHF? (e) Why he was not notified of the patient’s November 9th phone call, and whether the practice had a policy relating to patients calling with acute symptoms?

exertion.” “LUNGS: bibasilar crackles. EXTREMETIE: 2 + pitting edema bilateral to ankles, symmetric.”

⁵ Dr. Handanos did not explain why this telephone note was not conveyed to him by his medical assistant.

7. On April 3, 2014, the Board received a response from Dr. Handanos to the Board's questions. Dr. Handanos could not say with any certainty that he offered the patient a follow-up mammogram, which she declined. In addition, Dr. Handanos admitted that, if such a discussion occurred, he should have documented it and that it was an error on his part not to do so. Dr. Handanos stated that the reason he did not order the chest radiograph urgently on November 4th was because "most times, in early CHF, a chest X-ray is negative." In addition, according to Dr. Handanos, the patient presented "with two features, a slowly progressive exertion dyspnea over 2 weeks, and a 2 day history of a cough which was quite bothersome."⁶ Dr. Handanos explained that since the patient's oxygenation and respiratory rate was within the normal range, he decided that a routine workup for CHF was warranted. Dr. Handanos could not explain why the medical assistant did not speak with him on November 9th, and could only surmise that the medical assistant "did not regard this complaint as something that was significant enough to involve [him]."

8. On May 13, 2014, the Board reviewed Complaint CR13-131, including Dr. Handanos' response to the complaint, the relevant medical records, and Dr. Handanos' responses to the Board's questions and voted to offer Dr. Handanos this Consent Agreement in order to resolve Complaint CR13-131 without further proceedings.

9. This Consent Agreement has been negotiated by legal counsel for Dr. Handanos and legal counsel for the Board in order to resolve Complaint CR13-131 without further proceedings, including an adjudicatory hearing. Absent Dr. Handanos's acceptance of this Consent Agreement by signing and dating it in front of a notary and mailing it to the Maine

⁶ Dr. Handanos did not mention the patient's report of bilateral leg/ankle swelling for 2 weeks, nor the following findings he made on November 4th: "LUNGS: bibasilar crackles. EXTREMITIES: 2 + pitting edema bilateral to ankles, symmetric."

Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before October 30, 2014, the matter will be presented to the Board for further action.

10. By signing this Consent Agreement, Dr. Handanos waives any and all objections to, and hereby consents to allow the legal counsel to the Board to present this Consent Agreement to the Board for possible ratification.

COVENANTS

In lieu of proceeding to an adjudicatory hearing in this matter, Dr. Handanos and the Board agree to the following:

11. Dr. Handanos admits that with regard to Complaint CR13-131 the Board has sufficient evidence from which it could reasonably conclude that he: (a) failed to offer the patient follow-up mammography examinations in light of her previous abnormal mammogram, biopsy, and the recommendation of the radiologist; and (b) failed to order urgent testing for the patient on November 4, 2011, whom he diagnosed with congestive heart failure in light of the medical record that included the following: "c/o Leg edema for 2 weeks bilateral legs to ankles, associated with mild R ankle pain with walking. c/o Shortness of breath for 2 weeks moderate, worse with exertion." "LUNGS: bibasilar crackles. EXTREMITIE: 2 + pitting edema bilateral to ankles, symmetric." Dr. Handanos admits that such conduct constitutes unprofessional conduct and incompetence and grounds for discipline pursuant to 32 M.R.S. § 3286(2)(F) and (E).

12. As discipline for the conduct described in paragraphs 1-11 above pertaining to complaint CR13-131, Dr. Handanos agrees to accept, and the Board agrees to issue, the following discipline:

a. The Mammography Issue. For his failure to follow-up as recommended with the abnormal mammography and biopsy Dr. Handanos agrees to:

(1) Accept a REPRIMAND. Dr. Handanos was responsible for being aware of and following up on the patient's previous abnormal mammogram and biopsy. Dr. Handanos shall ensure that in the future he follows up with all patient testing as indicated by patients' medical records.

(2) Pay a MONETARY FINE of Five Hundred Dollars and Zero Cents (\$500.00). Dr. Handanos shall ensure that he pays the monetary penalty within thirty (30) days following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to "Treasurer, State of Maine," and be remitted to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

b. The CHF Diagnosis and Testing. For his conduct regarding his failure to conduct urgent testing on the patient on November 4, 2011, Dr. Handanos agrees to:

(1) Accept a REPRIMAND. Dr. Handanos was responsible for urgently ordering testing of the patient following his diagnosis of CHF and in light of her documented conditions and symptoms. In the future, Dr. Handanos shall urgently order testing when presented with the types of symptoms as existed in this case.

(2). Pay a MONETARY FINE of Five Hundred Dollars and Zero Cents

(\$500.00). Dr. Handanos shall ensure that he pays the monetary penalty within thirty (30) days following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to "Treasurer, State of Maine," and be remitted to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

c. Reimburse the Board Two Hundred Dollars and Fourteen Cents (\$200.14) as the actual costs of the investigation of this matter. Dr. Handanos shall ensure that he makes full payment of reimbursement to the Board within thirty (30) days following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to "Maine Board of Licensure in Medicine," and be remitted to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

13. Violation by Dr. Handanos of any of the terms or conditions of this Consent Agreement shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

14. Pursuant to 10 M.R.S. § 8003(5) the Board and Dr. Handanos agree that the Board has the authority to issue an order, following notice and hearing, imposing further discipline, including revocation or suspension of his license, in the event that he fails to comply with any of the terms or conditions of this Consent Agreement.

15. Dr. Handanos waives his right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement. Dr. Handanos agrees that this Consent Agreement is a final order resolving Complaint CR13-131. This Consent

Agreement is not appealable and is effective until modified or rescinded by agreement of all of the parties hereto.

16. The Board and the Office of the Attorney General may communicate and cooperate regarding Dr. Handanos or any other matter relating to this Consent Agreement.

17. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

18. This Consent Agreement constitutes discipline and is an adverse licensing action that is reportable to the National Practitioner Data Bank (NPDB) and the Federation of State Medical Boards (FSMB).

19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

20. The Board and Dr. Handanos agree that no further agency or legal action will be initiated against him by the Board based upon the facts described herein except or unless he fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that similar true allegations are brought against Dr. Handanos in the future. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Dr. Handanos' Maine physician license.

21. Dr. Handanos has been represented by Christopher C. Taintor, Esq., who has participated in the negotiation of this Consent Agreement on his behalf.

22. Dr. Handanos acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this

Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

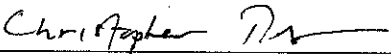
23. For the purposes of this Consent Agreement, "execution" shall mean the date on which the final signature is affixed to this Consent Agreement.

I, NICHOLAS G. HANDANOS, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THESE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: November 19, 2014 
NICHOLAS G. HANDANOS, M.D.

STATE OF MAINE
CUMBERLAND, S.S. (County)

Personally appeared before me the above-named Nicholas G. Handanos, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 11/19/14 
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: _____

DATED: 11/19/14 
CHRISTOPHER C. TAINTOR, ESQ.
ATTORNEY FOR DR. HANDANOS


STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 12/9/14


MAROULLA S. GLEATON, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 12/9/14


DENNIS E. SMITH
Assistant Attorney General

Effective Date: 12/9/14