

Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakelield, Massachusetts 01880
(781) 876-8200

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

STANCEL M. RILEY, JR. MD.
EXECUTIVE DIRECTOR

REDACTED COPY

November 14, 2012

Danielle M. Roncari, M.D.
Tufts Medical Center
800 Washington Street
Boston, MA 02111

RE: Docket Number: 12-429

Dear Dr. Roncari:

The Complaint Committee of the Board of Registration in Medicine met on November 7, 2012, and considered the above-referenced matter. We have decided not to recommend disciplinary action and closed the complaint.

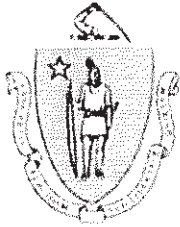
However, information concerning this matter will be kept on file at the Board. We reserve the right to reopen the complaint should you commit any violation of Board statutes or regulations in the future.

Sincerely,

Gerald B. Healy, M.D.
Complaint Committee Chair

GBH/ph





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EXECUTIVE DIRECTOR

November 14, 2012

RE: Danielle M. Roncari, M.D.
Docket Number: 12-429

Dear

Thank you for the information that you provided to the Board of Registration in Medicine. A copy of your complaint, referenced above, was sent to the physician, who was required to respond in writing. Enclosed please find a copy of the physician's response.

After considering this matter on November 7, 2012, the Board's Complaint Committee did not recommend disciplinary action and closed the complaint. However, your complaint and the physician's response will be placed in the physician's file at the Board.

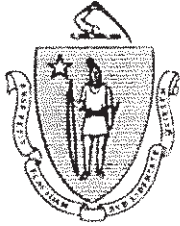
Thank you again for bringing this matter to the Board's attention.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh





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Board of Registration in Medicine

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STANCEL M. RILEY, JR. MD.
EXECUTIVE DIRECTOR

September 18, 2012

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Danielle M. Roncari, M.D.
Tufts Medical Center
800 Washington Street
Boston, MA 02111

7011 1150 0001 3794 6741

Re: Docket Number: 12-429

Dear Dr. Roncari:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. Please provide a written response to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response and any attachments.

The Health Insurance Portability and Accountability Act (HIPAA) provides that otherwise protected health information may be disclosed to a health oversight agency for activities that include disciplinary actions. See 45 CFR section 164.512 (d). The Board clearly meets the definition of a health oversight agency. See 45 CFR section 164.501.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

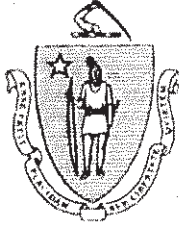
Your response must be sent to me within thirty days of this letter. Upon receipt, your response will be reviewed to determine the course of action. You will be notified of this decision. Thank you for your attention to this request.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh
Enclosure





Commonwealth of Massachusetts
Board of Registration in Medicine

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STANCEL M. RILEY, JR. MD.
EXECUTIVE DIRECTOR

September 18, 2012

RE: Danielle M. Roncari, M.D.
Docket Number: 12-429

Dear

The Board of Registration in Medicine has received your complaint regarding the above named physician. The physician has been asked to respond in writing to your complaint.

If you wish to bring additional information about your complaint to the attention of the Board, please provide it to me in writing at the address above. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

Once our review of your complaint has been completed, you will receive a letter informing you of the outcome.

Thank you for bringing this matter to the attention of the Board.

Very truly yours,

A handwritten signature in cursive script that reads "Paula Hannon".

Paula Hannon
Consumer Protection Coordinator

PH/bmh



RECEIVED
OCT 18 2012
Board of Registration
in Medicine

October 15, 2012

Ms. Paula Hannon
Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Re: v. Danielle M. Roncari, M.D.
Docket No. 12-429

Dear Ms. Hannon:

Thank you for your letter dated September 18, 2012, which forwarded to my attention a letter of Complaint received by the Board from a patient.

Please allow me to provide you with some information about myself. In 2005, I graduated from the University of Miami School of Medicine, with my Doctor of Medicine. Following graduation, from July 2005 and July 2008, I was a resident in Obstetrics and Gynecology at Tufts Medical Center; from July 2008 to June 2009 I was the Administrative Chief Resident at Tufts Medical Center. In 2011, I completed a two year Fellowship in Family Planning at Boston University where I was also a Clinical Research Training Program Fellow.

In 2011, I also graduated from Boston University School of Public Health where I received my Masters in Public Health, with a concentration in Maternal and Child Health.

I have worked at Boston Medical Center, Division of Family Planning, Department of Obstetrics and Gynecology (July 2009 to June 2011), Planned Parenthood League of Massachusetts as the Associate Medical Director (September 2011 to the present), Tufts University School of Medicine as an Assistant Professor (September 2011 to the present) and Tufts Medical Center, as the Director of Family Planning (September 2011 to the present). I currently hold attending privileges at Tufts Medical Center in Gynecology. (A complete copy of my curriculum vitae is attached hereto).

(DOB) presented to the Department of OBGYN at Tufts Medical Center on , 2012 for IUD removal. was initially seen by . Upon examination by , it appeared that

IUD strings were missing. [redacted] appropriately attempted to remove the IUD with forceps that are used for this purpose however, she was unable to remove the IUD.

I was in the office at this time. [redacted] called me to assist with the IUD removal. Upon entering the room, I introduced myself to [redacted] and offered local anesthesia (intra-cervical lidocaine) to help with the discomfort. She declined. I then explained what I was going to do. I attempted to remove the IUD with the same forceps used by [redacted] under ultrasound (US) guidance. It appeared that a large uterine fibroid was present and obstructed our view of the cavity. When [redacted] told me that the procedure hurt and asked if I would stop, I stopped. At this point, I suggested that we obtain a formal US to make sure the IUD was still in place. I also raised the possibility that the IUD may have been expelled previously with heavy bleeding. [redacted] left the office.

On [redacted], 2012, [redacted] called [redacted] to report she thought the IUD was falling out. [redacted] scheduled an appointment and returned to the office on [redacted], 2012. According to the medical records, [redacted] told [redacted] that after her previous office visit, she experienced pain and bleeding, which had lightened as of her return visit. [redacted] examined [redacted] and noted that the IUD was almost completely expelled. [redacted] was able to remove the IUD without incident. It is my belief that that the IUD had in fact been dislodged during [redacted] visits to our office on [redacted], 2012.

Prior to [redacted], 2012, I had no physician patient relationship with [redacted]. I met [redacted] for the first time when I was called in to see the patient by [redacted]. I have not seen or spoken with [redacted] after her [redacted], 2012 visit.

I will note that at no time during my interaction with [redacted] was she ever unstable or medically compromised. [redacted] experienced some discomfort during the procedure, discomfort that I explained was likely to occur (which is why I offered her anesthesia to help alleviate). When [redacted] asked that the procedure be stopped, it was stopped.

Contrary to [redacted] comments, at no time during the [redacted] 2012 procedure did I ignore or disregard her complaints of discomfort or expressed wishes to stop the procedure. I categorically deny "smirking" or behaving in an unprofessional manner as described by [redacted].

I should also note that while [redacted] complained of experiencing heavy bleeding subsequent to the [redacted] 2012 procedure, the medical records (attached hereto) clearly note that she was experiencing bleeding beforehand.

While I am sorry that [redacted] felt that her visit on [redacted], 2012 was such a negative experience, I feel that the care and treatment provided to [redacted] on [redacted] 2012 by me was at all times professional and appropriate. I unequivocally deny any inappropriate conduct on behalf as alleged. I consider myself a professional and I treat all of my patients with the utmost respect, as I did with [redacted].

Thank you for allowing me the opportunity to respond to [redacted] letter of Complaint. Should you have any questions or require anything further, please do not hesitate to contact either me or my attorney, Judith Carroll.

Very truly yours,

A handwritten signature in black ink, appearing to read "Danielle M. Roncari", written in a cursive style with a large loop at the end.

Danielle M. Roncari, MD MPH FACOG

RECEIVED
AUG 30 2012
Board of Registration
in Medicine

Commonwealth of Massachusetts Board of Registration in Medicine



COMPLAINT FORM

Return this form to: Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Fax: (781) 876-8381

Please type or print legibly in ink. You may use the attached lined page to explain your complaint or attach your own paper to this form. Any additional information you would like to submit with your complaint must be in paper or electronic form and will not be returned. Do not send objects, tapes, or X-rays. If you have any questions, please call our Consumer Protection Unit at (781) 876-8200.

PHYSICIAN INFORMATION (one physician for each Complaint Form)

Roncari	Danielle		
last name	first name	middle initial	
800 Washington Street, # 22	Boston	MA	02111
street address	city	state	zip code
physician's medical specialty: <u>OBGYN</u>		telephone number: <u>617-636-2229</u>	

PATIENT INFORMATION

<input type="checkbox"/> male			
<input checked="" type="checkbox"/> female			
last name	first name	middle initial	
street address	city	state	zip code
date of birth:	daytime telephone number: _____		
location of treatment: <input type="checkbox"/> Office <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Clinic <input type="checkbox"/> Other Department of OBGYN _____			
date(s) the incident(s) described in the complaint happened: _____ <u>2012</u>			
length of time the patient has been under the physician's care: <u>2 - 3 hours</u>			

COMPLAINANT INFORMATION (Complete ONLY if different from the patient information)

NOTE: The Board will not communicate the patient's confidential medical information to you without legal proof that you are authorized to receive the information.

<input type="checkbox"/> male			
<input type="checkbox"/> female	Same as patient information		
last name	first name	middle initial	
street address	city	state	zip code
your relationship to the patient: _____		daytime telephone number: _____	

ACKNOWLEDGEMENT

I acknowledge that, by submitting this complaint and signing this form, the Board of Registration in Medicine may (1) obtain medical records and other information relating to this complaint; and/or (2) refer my complaint to other appropriate regulatory or law enforcement authorities. I understand that the Board may provide a copy of my complaint and all attachments to the physician.

Physician's Name: Danielle Roncari _____

Complainant's Name _____

Complainant's signature _____

27 August 2012

Date

Physician's Name: Danielle Roncari _____

Complainant's Name _____

Briefly describe your complaint

Complaint: Clinical malpractice – caused intolerable pain during a prolonged attempt in removing of IUD and didn't stop the procedure at the patient's firm request. Unprofessional bedside manners and poor clinical judgment.

On _____th 2012, I went to see _____, _____er at Department of OBGYN of Tufts Medical Center, for removal of my IUD (intrauterine device).

The IUD was inserted at the end of _____ 2011, and since that time I had some side effects (acne, headaches) that decided me to remove the device. And as advised I came for the procedure during my menses.

_____ explained the procedure should be quick and some pressure would be felt; no local anesthesia was discussed. She made two attempts to remove the IUD, but was unable to locate the device. I tolerated the mild pain and discomfort associated with the invasive procedure.

_____ stated that she would need to ask for help of one very experienced OBGYN doctor to remove the IUD. _____ added that they would need to use a pelvic ultrasound during IUD removal procedure.

I was relocated to another procedure room.

Dr. Danielle Roncari with _____ and an ultrasound technician in the procedure room following the introduction offered a local anesthesia for the operation. I asked for clarification to the anticipated level of pain and discomfort per complexity and duration of the procedure as I didn't want to go through additional pain if the procedure should be short and not painful as previously described by _____.

Both Dr. Roncari and _____ explained the IUD removal should not take longer than what _____ initially attempted, and would use the same size of forceps for insertion into my uterus through cervix to remove the IUD under ultrasound monitoring. I agreed to proceed without an intra-cervical Novocain injection.

Dr. Roncari caused a lot of physical pain to me while trying to find the IUD in my uterus and looking at the ultrasound monitor. It took her too long to tolerate any more of severe pain, and she didn't paid attention to my vocal signs of severe adverse experience. So, I had to stop her, by saying it is very painful and I need you to stop. Dr. Roncari didn't stop the procedure; she continued to work for what it seemed another few minutes. Dr. Roncari failed to remove the IUD stating that she could not find the IUD suggesting that the IUD might no longer is in my uterus, and after that she stopped.

I was in a great pain, very hurt and angry by Dr. Roncari's unacceptable clinical judgment and response to a patient's pain and requests.

When I said to Dr. Roncari that based on her expertise she should be better at clinical judgment and treating patients without causing so much pain; that was absolutely unnecessary. Dr. Roncari didn't say anything, only smirked while leaving the procedure room.

_____ gave me 400mg of Advil per my request, and ordered a pelvic ultrasound to ensure that IUD is still in my uterus. I spent a few days in pain and great discomfort from this adverse experience, and had heavy bleedings. I lost some work days due to the complications, pain and overall poor health state. On the following day, _____ examined myself, and very easy located and felt the IUD string, a long string out of cervix in my vagina.

On the same day, _____, I contacted _____, and informed her about my heavy bleeding, presence of IUD and pain. She advised to come to see her for the IUD removal on Tuesday _____, 2012. _____ removed the IUD with no pain and complications.

Sincerely,