

From: [Campbell, Megan](#)
To: pduffy@psdfirm.com
Cc: [Mishaan, Jessica](#)
Subject: Public Records Request, MPN 037-0213
Date: Thursday, January 19, 2023 12:50:35 PM
Attachments: [BMP Board Actions Wulfman 09022015 Stipulation and Consent Order.pdf](#)
[BMP Board Actions Wulfman Notice of Entry Order 101112018.pdf](#)
[Response to Request for Records MPN 037-0213.pdf](#)

Mr. Duffy,

Attached please find a response to your public records request with accompanying documents.

Regards,

Megan

Megan Campbell
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, Vermont 05609
phone - 802.828.0096
pronouns: she/her/hers

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ATTORNEY GENERAL**

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**STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL
109 STATE STREET
MONTPELIER, VT
05609-1001**

January 19, 2023

Peter J. Duffy
Pollack Solomon Duffy LLP
31 St. James Avenue, Suite 940
Boston, MA 02116
pduffy@psdfirm.com

RE: Public Records Request – AGO Records of MPN 037-0213

Dear Mr. Duffy,

In your communication received by the Attorney General's Office on January 13, 2023 you requested the following:

Pursuant to the Public Records Act, we request a copy of the Board of Medical Practice stipulation and consent order in Docket No. MPN037-0213 as well as correspondence regarding the same, including any complaints made about the medical provider that generated the matter resulting in the stipulation and consent order.

The AGO's review of your records request has been completed and the following documents are enclosed with this letter:

- MPN 037-0213 Stipulation and Consent Order dated September 2, 2015
- MPN 037-0213 Notice of Entry Order dated October 11, 2018

The remaining responsive information in the AGO's files pertaining to MPN 037-0213 which includes MPN 037-0213 investigative records, monitoring records, and accompanying correspondence are confidential pursuant to 1 V.S.A. § 317(c)(1) as it applies the confidentiality provisions of 26 V.S.A. § 1318(c)(1)(B) and (d). Attorney client correspondence within the MPN 037-0213 investigative and monitoring files subject to attorney client privilege are further exempt from public disclosure pursuant to 1 V.S.A. § 317(c)(4) as is attorney work product.

Should you believe that the requested information was withheld in error, you may appeal that decision in writing to Deputy Attorney General Robert McDougall, addressed as follows:

Robert McDougall, Esq.
Deputy Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609

Please contact me if you have any questions regarding this matter.

Sincerely,

DocuSigned by:
Megan Campbell
7C40A403D7CC486...

Megan Campbell, Esq.
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609
megan.campbell@vermont.gov
(802) 828-0096

BOARD OF MEDICAL PRACTICE

In re: Jeffrey Scott Wulfman, M.D.)
)
) Docket No. MPN 037-0213

STIPULATION AND CONSENT ORDER

NOW COME Jeffrey Scott Wulfman, M.D., and the State of Vermont, by and through Vermont Attorney General William H. Sorrell, and hereby stipulate and agree to the following in the above-captioned matter:

1. Jeffrey Scott Wulfman, M.D. ("Respondent") holds Vermont medical license number 042.0009739 originally issued by the Vermont Board of Medical Practice on August 25, 1998.
2. Jurisdiction in this matter rests with the Vermont Board of Medical Practice ("the Board"), pursuant to 26 V.S.A. §§ 1353-1357, 3 V.S.A. §§ 809-814, and other authority.

FINDINGS OF FACT

3. The Board opened the Docket No. MPN 037-0213 matter in January of 2013 upon receipt of information concerning an action taken against Respondent by his employer, Porter Hospital Inc., regarding concerns with Respondent's patient care. The matter was assigned to the North Investigative Committee of the Board ("the Committee").
4. The Committee's investigation included, in part, the review of Respondent's records regarding his treatment of a juvenile patient ("the Patient") for various infectious disease and inflammatory conditions.

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5. The Committee's investigation revealed that Respondent treated the Patient from May of 2012 through September of 2012. At the first office visit, the Patient presented with symptoms and behaviors that met the DSM IV criteria for anorexia nervosa, as well as National Institute for Mental Health (NIMH) criteria for Pediatric Acute Neuropsychiatric Syndrome (PANS). The Patient's medical records from the Patient's prior primary care physician included a diagnosis of anorexia nervosa and a prior recommendation for inpatient mental health treatment for anorexia.
6. Respondent made the following diagnoses: systemic inflammatory syndrome with multi-systemic symptoms and marked neuropsychiatric dysfunction with probably underlying infectious triggers; PANS (Pediatric Acute Neuropsychiatric Syndrome); and probable PITANDS (infection-triggered). Anorexia nervosa was not documented as a primary diagnosis or a differential diagnosis. Respondent indicated that he considered the possibility of a purely behavioral syndrome like anorexia nervosa, but felt that the Patient's anorexia/food avoidance was "part of a more complex multi-systemic symptom picture."
7. Respondent based his diagnosis on the Patient's history and symptoms meeting the diagnostic criteria for PANS, testing positive to three infectious agents, and an initial positive response to PITANDS focused treatment, in addition to a lack of positive response to Anorexia Nervosa focused management with the primary care physician and other consultants prior to Respondents involvement.
8. Respondent saw the Patient on three occasions over a four month period, which the Board feels is inadequate for management of an adolescent with active anorexia.

Respondent relied on his nurse to call the Patient's family weekly for updates and weight checks.

9. In addition to the three office visits, Respondent's treatment of the Patient consisted of ordering numerous blood tests, and the prescribing of medications, antibiotics, herbal supplements and vitamins for the treatment of infectious etiologies and inflammatory conditions. He did not prescribe any medications commonly used to treat anorexia nervosa. While Dr. Wulfman believed that the Patient was also being treated by a primary care physician and others, this was neither confirmed directly with any other provider, nor did Dr. Wulfman communicate directly with another provider beyond sending his initial office note and lab results to the Patient's primary care physician.
10. Respondent's medical records and communication with the Patient's primary care physician concerning his treatment of the Patient were felt to be inadequate. Respondent's office notes did not document past surgical and family history, menstrual history, temperature, height, BMI calculation, and growth curve charting.
11. Based on a review Respondent's medical records concerning his treatment of the Patient and the documentation of his communication with the Patient's parents, it appears that Respondent did not clearly explain his role in the Patient's care to the Patient's parents until the end of his treatment. It is feasible that the Patient's parents believed that the Respondent had taken over the role of primary care physician and was actively managing the Patient's care.
12. Respondent's position is that he felt he was participating in the care of the Patient in the role of a consultant and that the Patient's primary care physician was

concurrently monitoring the patient. With the exception of the provision of his initial office note and lab results, Respondent admittedly did not communicate with the Patient's primary care provider during the course of his treatment to confirm that the Patient's care was continuing to be monitored by a primary care physician. After sending his initial note and lab results, Respondent did not communicate with the Patient's primary care physician or other medical providers until the Patient had an acute worsening of condition and Respondent facilitated inpatient admission on September 13, 2012.

CONCLUSIONS OF LAW

13. The Board may find "[t]hat failure to practice competently by reason of any cause on a single occasion...constitutes unprofessional conduct. Failure to practice competently includes, as determined by the board: (1) performance of unsafe or unacceptable patient care; or (2) failure to conform to the essential standard of acceptable and prevailing practice." 26 V.S.A. §§ 1354(b)(1) and (2).
14. Respondent's inadequate monitoring and suboptimal management of a juvenile patient with a severe eating disorder as described in Paragraphs 4 through 13 above constitutes the performance of unsafe or unacceptable patient care and the failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).
15. Respondent's failure to maintain adequate and comprehensive medical records concerning a juvenile patient with a severe eating disorder constitutes the performance of unsafe or unacceptable patient care, and the failure to conform to

the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).

16. Respondent acknowledges that it is the Board's position that if the State were to file charges against him it could satisfy its burden at a hearing and a finding adverse to him could be entered by the Board, pursuant to 26 V.S.A. § 1354(b)(2).
17. Respondent agrees that the Board may enter as its facts and/or conclusions paragraphs 1 through 13 above, and further agrees that this is an adequate basis for the Board actions set forth herein. Any representation by Respondent herein is made solely for the purposes set forth in this agreement.
18. Therefore, in the interest of Respondent's desire to fully and finally resolve the matter presently before the Board, he has determined that he shall enter into the instant agreement with the Board. Respondent enters no further admission here, but to resolve this matter without further time, expense and uncertainty; he has concluded that this agreement is acceptable and in the best interest of the parties.
19. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. He acknowledges he has had the advice of counsel regarding this matter and in the review of this Stipulation and Consent Order. Respondent is fully satisfied with the legal representation he has received in this matter.
20. Respondent agrees and understands that by executing this document he is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-

examine witnesses, and to offer evidence of his own to contest any allegations by the State.

21. The parties agree that upon their execution of this Stipulation and Consent Order, and pursuant to the terms herein, the above-captioned matter shall be administratively closed by the Board. Thereafter, the Board will take no further action as to this matter absent non-compliance with the terms and conditions of this document by Respondent.
22. This Stipulation and Consent Order is conditioned upon its acceptance by the Vermont Board of Medical Practice. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, he shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, it shall be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.
23. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in his permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to: the Federation of State Medical Boards Board Action Databank, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank. In exchange for the actions by the

Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.

24. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions herein.

ORDER

WHEREFORE, based on the foregoing, and the consent of Respondent, it is hereby ORDERED that:

1. Respondent shall be reprimanded for the conduct set forth above.
2. No later than one (1) year from the date of approval of this Stipulation and Consent Order, Respondent shall attend and successfully complete one in-person continuing medical education (“CME”) course on cognitive bias. Respondent shall seek the Committee’s approval of the proposed CME course no later than sixty (60) days prior to the date of the course. Upon Respondent’s successful completion of the CME course, he shall provide the Committee with written proof of attendance. Respondent shall also provide a brief written narrative of the CME course to the Committee which will document what he learned from the course, and how he will apply that knowledge to his practice. Respondent shall provide the proof of attendance and written narrative to the Committee within thirty (30) days of completion of the CME course. Respondent shall be solely responsible for all costs associated with the CME course.
3. Respondent shall practice medicine only in a structured, group setting for a period of three (3) years from the date of approval of the Stipulation and Consent Order. Respondent shall petition the Committee in writing for formal, written approval of any proposed change in the location and type of his practice within three (3) years from the date of approval of the Stipulation and Consent Order. In his petition, Respondent shall inform the Committee of the name,

location and type of practice that he is proposing. Respondent shall not change his practice location unless he receives written approval of the proposed practice location from the Committee.

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05609**

SIGNATURES

DATED at Montpelier, Vermont, this 24th day of August, 2015.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

By: Kassandra P. Diederich
Kassandra P. Diederich
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609-1001

DATED at Bristol, Vermont, this 27th day of August, 2015.

Jeffrey Scott Wulfman, M.D.
Jeffrey Scott Wulfman, M.D.
Respondent

DATED at Burlington, Vermont, this 26th day of August, 2015.

David Pocius
David Pocius, Esq.
Paul Frank + Collins, P.C.
One Church Street
P.O. Box 1307
Burlington, Vermont 05402-1307
Counsel for Respondent

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109 State Street
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AS TO JEFFREY SCOTT WULFMAN, M.D.

APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

Elmer

John W.
Parsons

Richard
W.

James
W.
W. H. H.

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109 State Street
Montpelier, VT
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Dated: September 2nd, 2015

ENTERED AND EFFECTIVE: September 2nd, 2015

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BOARD OF MEDICAL PRACTICE**

In re: Jeffrey Scott Wulfman, M.D.

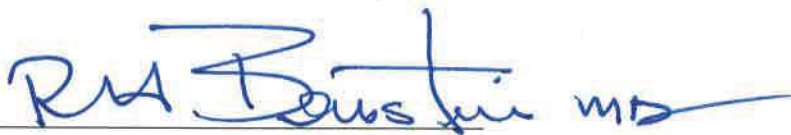
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Docket No. MPN 037-0213

ORDER

It is hereby acknowledged that Respondent, Jeffrey Scott Wulfman, MD, has complied with and satisfied the condition stated in paragraph two (2) of the Stipulation and Consent Order in MPN 037-0213 dated September 2, 2015. It is further acknowledged that the condition stated in paragraph three (3) of the same Order expired on September 2, 2018. Accordingly, no conditions remain on Respondent's license.

BY:



Richard Bernstein, MD
Secretary, Vermont Board of Medical Practice

DATED:

10 / 11 / 18