

Critique of February 21, 2019 NCPHP Performance Audit by NCOSA

1. The original repeat audit was to be done 18 months after the [April 2014 audit](#), or by October 2015.
 - a. This never occurred
 - b. Furthermore, although being referenced by J. Wesley Boyd, MD, PhD that the repeat being due by October 2015...
 - i. [Journal of Addiction Medicine 2015](#)
 - ii. [AMA Journal of Ethics October 2015](#)
 - c. The original document was altered illegally, without reference to the original date of follow-up Audit date in violation of [§NC General Statutes 121-5\(b\)](#); “No person may destroy, sell, loan, or otherwise dispose of any public record without the consent of the Department of Natural and Cultural Resources, except as provided in [§G.S. 130A-99](#) (Register of deeds to preserve copies of birth and death records). Whoever unlawfully removes a public record from the office where it is usually kept, or *alters*, mutilates, or destroys it shall be guilty of a Class 3 misdemeanor and upon conviction only fined at the discretion of the court.”
 - d. There is no reference to any prior document change in the [current February 2019 report](#) or in the Initial [HCPHP Performance Audit](#)/April 2014 Report.
2. This audit was conducted in accordance with of [§NCGS Chapter 147 \(5\)\(a\)](#) “§147-5. Executive officers - report to Governor; reports transmitted to General Assembly. It shall be the duty of the officers of the executive department to submit their respective reports to the Governor to be transmitted by him with his message to the General Assembly. (1813, c. 60, s. 2, P.R.; Rev., s. 5373; C.S., s. 7628.)”
 - a. There is no “(5)(a)” to NCGS Chapter 147, the phrase above is the entirety of NCGS 147 (5).
 - b. Why is the NCOSA so serially dishonest?
 - c. What is being hidden?
 - i. The NCMB & NCPHP engage in systematized routine medical [malpractice](#) as described
 - d. See [Critique of 2014 NCPHP Performance Audit](#)
3. Background;
 - a. The (NCPHHP) Program should ensure physicians have access to objective, independent due process procedures.
 - b. Before Dr. [Pendergast’ termination](#) from the position of NCPHP Medical Director effective 6/30/16, an attempt was made to see how the NCPHP/Dr.’s Pendergast & Jordan would [respond to “Goldie”](#) the “wife” of a practitioner having substance abuse problems.
 - c. There were no choices then.
 - i. Dr. Pendergast was subsequently terminated from his position with the NCPHP.
 - d. Joseph Jordan, PhD, Clinical Director was also contacted
 - i. Similar results were received from Dr. Jordan—no freedom to choose.
 1. Pendergast was terminated
 2. Jordan remains
 3. So do the underlying problems!

- e. If the NCOSA was so concerned, then why was the NCMB not included in the performance audit?
 - i. The NCMB has also been known to
 - 1. Refer licensees directly (not through the NCPHP) to facilities for
 - a. Evaluation and
 - b. Treatment
 - 2. Act outside of the scope of training of physician NCMB members regarding the recommendations of the NCMB's consultants
 - ii. The [NCOSA was notified of problems within the NCMB](#) when the initial NCPHP audit was released.
 - 1. This suggests that failure of the NCOSA to review the NCMB may well be a nod to the 2014 Amicus brief to allow the NCMB to have a "free pass".
 - 2. The NCOSA won't find problems it purposely ignores!
 - 3. They've known of NCMB corruption for years yet refuse to look.
- 4. The NCOSA claims that this audit is done "[in accordance with Generally Accepted Government Auditing Standards](#)"
 - a. Is it "generally accepted" to not even be able to get the [statute authorizing performance of an audit correct](#) (5-a)?
 - b. Is it "[generally accepted](#)" to not look at collateral sources of information and investigate those sources?
 - c. Is it "generally accepted" to ignore state statutes such as [§NC General Statutes 121-5\(b\)](#)?
 - d. Is it "generally accepted" to ignore issues such as those raised by "[Goldie](#)" whose thread was clearly within the [audit time frame](#)?
 - e. How can "[We believe](#) that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives." Be uttered with a straight face?
 - i. Pretty easily apparently
 - ii. Especially if a rebuttal isn't anticipated
 - 1. But it *should* be!
- 5. It's clearly no surprise that in the eyes of the NCOSA, the NCPHP "took [appropriate corrective action](#)" to address recommendations made...
 - a. Other opinions may differ!
- 6. The NCPHP is to be congratulated in that they "[separated](#) the duties of the CEO & Medical Director"
 - a. They had to!
 - b. During most of the time of this audit, there was no true Medical Director
 - i. Pendergast got canned for refusing to correct the deficiencies identified in the April 2014 Performance Audit
- 7. The Review Committee has been quite effective—just ask "[Goldie](#)"!
- 8. The NCOSA congratulates itself for [reviewing 20% of cases](#) managed by the NCPHP.
 - a. With the history of the NCOSA, their level of deception, 100% may not be enough of a review!
- 9. Further congratulations are in order; the NCOSA now has a [list of acceptable treatment providers](#)!

- a. Treatment facilities are licensed in their own right to be treatment centers
 - b. Apparently the NCOSA is of the opinion that a duly licensed treatment center is inadequate to care for medical practitioners!
 - c. The NCPHP list of approved (out of state) facilities was the problem. What are the qualifications of the NCOSA to require a new, different standard of care for recovering medical professionals?
 - d. The phrase that “Program [executives’ network](#) at professional conferences...”
 - i. This is “behind closed-doors” networking at it’s finest—being condoned by the NCOSA!
 - e. Systematic Monitoring of Treatment Centers according to an established schedule “at least once every three years”.
 - i. Great! Now we’ll know when to behave—and when to not need to!
 - f. “The Program has added two in-state treatment centers...”
 - i. Wow! How many treatment programs are in NC and now two of them are actually in cahoots with—or “approved by” the NCPHP!
10. “Improved Program Oversight”
- a. In collaboration with the other questionable players...
 - i. NCMB
 - ii. NCMS
 - iii. NCPHP
 - b. Tri-annual performance audits beginning in 2017
 - i. Wait, the initial NCOSA audit was in 2014, due to be repeated by October 2015 and is finally released in February 2019—over 3 years late
 - ii. This is coming from the NCOSA itself—that couldn’t get it’s act together, altered the original document without attribution yet got caught by [J. Wesley Boyd PhD, MD’s publishing references to the initial report](#) published by the NCOSA in April 2014.
 - c. Regular reporting and communication requirements
 - i. And yet, no mention of these being available to the public for inspection.
 - ii. [Historically](#) requests for Freedom of Information Act releases are met with responses that are disingenuous and misleading at best.
 - iii. This is more of a mechanism to “keep their stories straight” than using sunlight as the best disinfectant—history has set precedent to this effect!
 - d. Ongoing reviews of physician evaluations
 - i. [Dr. Cavenar](#) & [Goldie](#) show us how well that works
 - ii. Actions have always spoken louder than words!
 - iii. The reason for putting the fox in charge of the henhouse usually involves a menu—not good for the chickens!
 - iv. God help the physician who files a complaint against these entities!
 - e. “The implementation of improved oversight activities increases the Medical Board and Medical Society’s ability to identify and correct any potential abuse of authority, lack of due process, or other significant noncompliance with Program requirements.”
 - i. ‘nuff said!
11. Reply by Joseph Jordan PhD NCPHP Clinical Director & William Bowman MD NCPHP Chairman of Board of Directors

- a. Let it be known that Dr. Jordan is the target of complaints that have been filed by multiple physicians to numerous state agencies including;
 - i. NC Medical Board
 - ii. NC Physicians Health Program
 - iii. NC Board of Licensed Professional Counselors
 - iv. NC Substance Abuse Professional Practice Board
 - v. NC Attorney General
 - vi. NC Private Protective Services Board
 - vii. NC Office of the State Auditor
 - viii. NC Office of the Governor
 - ix. NC Board of Psychology
 - x. Albemarle Alliance for Children & Families
 - b. Note a. vii. NCOSA—they're aware of these issues and still trying to put lipstick on this pig!
 - c. Why wouldn't Jordan et al be pleased with this work of fiction that states that they've done such a wonderful job while putting the fox in charge of the henhouse?
 - i. The only parties to suffer a loss here are those poor unfortunate medical practitioners accused of having a substance abuse disorder or other mis-step that has put them into the crosshairs of these organizations that work so well together to harm licensees of the NC Medical Board.
12. There is one item worth mentioning that is not included in this report by the NCOSA but paints a background that is priceless.
- a. [August 2014](#) the NCOSA found that all of the Licensing & Professional Boards in North Carolina lacked adequate state level oversight.
 - b. [February 2015 SCOTUS](#) rules against the NCDB, in favor of the FTC with a *key finding* that for there to be a State Professional Board, there must be adequate State-Level Oversight—which is lacking.
 - c. By simple logic; ALL Licensing & Professional Boards in NC lack adequate state oversight + SCOTUS ruling = there are NO LEGITIMATE BOARDS IN NC!
 - d. One could argue that there is also no legitimate, honest State Auditor in North Carolina!