



Commonwealth of Massachusetts Board of Registration in Medicine



2018 Annual Report

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Governor's Letter



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

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Secretary
Health and Human Services

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Chair, Physician Member

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Vice Chair, Physician Member

ROBIN S. RICHMAN, MD
Secretary, Physician Member

WOODY GIESSMANN, LADC-I, CADC, CIP, CAI
Public Member

JULIAN N. ROBINSON, MD
Physician Member

MICHAEL D. MEDLOCK, MD
Physician Member

PAUL G. GITLIN, ESQ
Public Member

GEORGE ZACHOS, ESQ
Executive Director

His Excellency Charles D. Baker
Governor of the Commonwealth
and the Honorable Members of the General Court

Dear Governor Baker and Members of the General Court:

On behalf of the Board of Registration in Medicine, we are pleased to announce the submission and availability of the Board's Annual Report for 2018. The full report can be found on the Board's website at www.mass.gov/massmedboard.

The Board's work in 2018 continued to reflect the Board's mission "to ensure that only qualified physicians are licensed to practice in the Commonwealth, to ensure that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and to support an environment that maximizes the high quality of health care in Massachusetts." In furtherance of the Board's mission, the Board met twenty-three (23) times in 2018 and accomplished the following:

- The Board approved 2,129 new full licenses, approved 1,803 new limited licenses for medical school graduates accepted into training programs in Massachusetts, and renewed 3,447 limited licenses for residents and fellows already in training in Massachusetts. The Licensing Committee held 21 meetings in 2018. As a result, by the end of 2018, Massachusetts had a total of 37,050 fully licensed physicians, 5,250 trainees with limited licenses and 1,117 acupuncturists licensed to provide care to Massachusetts residents and patients who come to Massachusetts from around the world seeking quality care.
- In the spring of 2018, the Quality and Patient Safety Division began discussions with the Perinatal -Neonatal Quality Improvement Network of Massachusetts and Department of Public Health to investigate Maternal Levels of Care across Massachusetts. This work is based on guidelines & policy statements issued by the American Academy of Pediatrics, American

College of Obstetricians & Gynecologists and the Society for Maternal-Fetal Medicine for risk-appropriate care as a strategy developed to improve health outcomes for pregnant women and infants.

- In meeting its mission to ensure that only qualified and competent physicians of good moral character are licensed to practice in the Commonwealth, the Board took disciplinary action against the licenses of fifty (50) physicians. The Complaint Committee held 19 meetings and reviewed 553 cases.
- In the fall of 2018, the Quality and Patient Safety Division issued a Hand Hygiene Advisory to decrease the risk of transmissions of infections to patients.
- The Board implemented procedures to ensure that adverse actions involving physicians are brought to the attention of the Board. For example, the Board is one of only a few states receiving continuous query notifications from the National Practitioner Data Bank which alerts the Board when an action has been taken on a Massachusetts licensed physician anywhere in the country.
- The Board's commitment to patient safety, quality care, and physician wellness is illustrated in the ongoing implementation of improvement initiatives, which include: establishing an on-line licensing for initial full and initial limited applications which will streamline the processing of licensing applications; enhancements to the physician profile page; regulatory changes to improve patient safety; and implementing policies and procedures to address physician burnout and promote physician wellness.

The complete Annual Report includes a statistical tabulation of the Board's work during 2018, including licensee demographics, the number and types of disciplinary actions taken, investigation statistics, and the number and type of statutorily mandated reports received. The annual report also includes updates regarding recent initiatives. Behind these numbers is the real work of the dedicated staff and volunteer Board Members committed to patient safety, quality care, transparency, fairness, due process, customer service and the continuous improvement of the health care system in the Commonwealth.

Sincerely,


Candace Lapidus Sloane, M.D.

Chair



George Abraham, M.D.
Vice Chair

The Board

The Board of Registration in Medicine consists of seven members who are appointed by the Governor to three-year terms. There are two public members and five physician members. Members may serve on one or more of the Board's committees.

Members of the Board 2018

Candace Lapidus Sloane, M.D., Chair, Physician Member
George Abraham, M.D., Vice Chair, Physician Member
Robin Richman, M.D., Physician Member
Woody Giessmann, LADC-1, CADC, CIP, CAI, Public Member
Julian Robinson, M.D., Physician Member
Michael Medlock, M.D., Physician Member
Paul Gitlin, J.D., Public Member

The Board of Registration in Medicine also has jurisdiction over the licensure and discipline of acupuncturists through its Committee on Acupuncture. The members of the Committee include four licensed acupuncturists, one public member, one physician member actively involved with acupuncture and one physician member of the Board designated by the Chair of the Board. The Board appoints the Committee members to terms of three years.

Robin Richman, M.D., Physician Member and Member
of the Board
Weidong Lu, MB, MPH, PhD, Lic. Ac., Chairman
Nancy E. Lipman, Lic. Ac., M. Ac., Vice Chair
Wei Zhang, Lic. Ac., Secretary
Joseph Audette, M.D., Physician Member
Amy Soisson, J.D., Public Member

Members of the Committee on Acupuncture 2018

Board Leadership 2018

George Zachos, J.D., Executive Director

Susan Pacht, J.D., Acting General Counsel

Susan Carson, Director of Operations

Carol Purmort, J.D, Acting Director of Licensing

Sarah Fallon, J.D., Director of Enforcement

Deborah Farina-Mulloy, Ph.D., RN, CNOR, Director of Quality and
Patient Safety

Mission Statement

The Board of Registration in Medicine's mission is to ensure that only qualified and competent physicians of good moral character are licensed to practice in the Commonwealth of Massachusetts and that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and support an environment that maximizes the high quality of health care in Massachusetts.

Committees of the Board

Complaint Committee

The Complaint Committee is comprised of two Board members who meet twice a month to review the evidence gathered by the Enforcement Division in all investigations. If the Complaint Committee determines disciplinary action is appropriate, it makes recommendations to the full Board regarding the type of sanction that could be imposed. When the evidence is insufficient to support disciplinary action, the Complaint Committee has the authority to close the investigation.

Licensing Committee

The Licensing Committee is comprised of two Board members who meet twice a month. The primary role of the Licensing Committee is to ensure that every physician applying for licensure in the Commonwealth is qualified by education and training and is in compliance with the Board's licensing regulations. As a committee of the Board, the Licensing Committee is responsible for reviewing license applications with legal issues, competency issues, malpractice or medical issues, waiver requests and other issues requiring Board approval. The recommendations of the Licensing Committee are then forwarded to the full Board for its review. The Board in its discretion may accept, reject, or amend any Licensing Committee recommendation.

Quality and Patient Safety Committee

The Quality and Patient Safety (QPS) Committee membership is comprised of one Board member and a multidisciplinary group of providers. It includes members from the Boards of Nursing and Pharmacy, as well as a patient representative. Members of the QPS Committee work with hospitals and other health care facilities to improve quality and patient safety processes and ensure that physicians who practice within a facility are active participants in these programs. The Committee is committed to preventing patient harm through the strengthening of medical quality assurance programs in all institutions. The members provide the expertise that allows responsive feedback and thorough consideration of the issues brought before the QPS Committee.

Executive Division

The Executive Director of the agency reports to the Board and, under their direction, is responsible for the administration of the Agency and oversight of staff including management, personnel, regulatory and organizational functions. The Executive Director supervises the senior leadership team who, in turn, manage the various divisions of the Agency. A primary responsibility of the Executive Director is to support and assist the Board in all matters pertaining to its mission.

Operations Division

The Operations Division is supervised by the Director of Operations, who is responsible for budget, human resources, procurement, expenditure tracking and facilities. The Director also manages the Call Center, Document Imaging Unit, Mailroom, and Reception. Staff in the Call Center answer questions, assist callers with obtaining forms or other documents, provide copies of requested Profiles documents, and handle all licensing status calls. The Document Imaging Unit scans agency documents into an electronic database, which has allowed staff to access the agency's documents from their desktops.

Physician Wellness Initiative

By targeting the physician's learning experience, improving customer service and updating internal policies and procedures, the Board is addressing potential burdens to reduce physician burnout and improve physician wellness.

CME Pilot Program

The CME Pilot Program reduced the number of biennial CME hours from 100 hours to 50 hours. The change in the Continuing Medical Education requirements enables physicians to target their learning experiences to the patients that they care for.

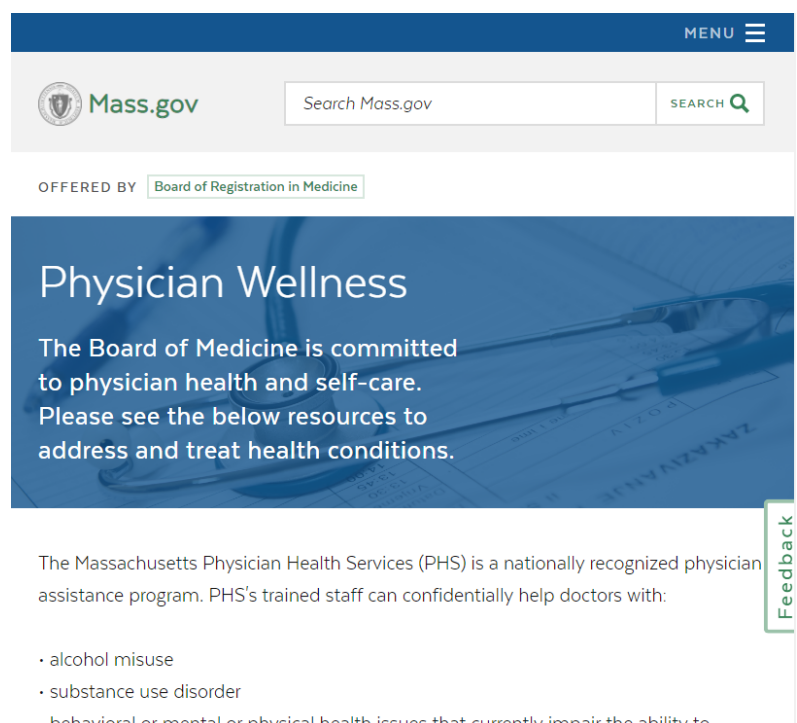
The Pilot Program allows a physician to use traditional lecture formats, including Grand Rounds, quality assurance, self-audits, practice audits, HEDIS reports, meeting MACRA measures and point of care learning.

The Board moved forward with the Pilot Program to improve and enrich a physician's educational experiences, expand a physician's knowledge and to enhance patient safety.

BORIM Website www.mass.gov/massmedboard

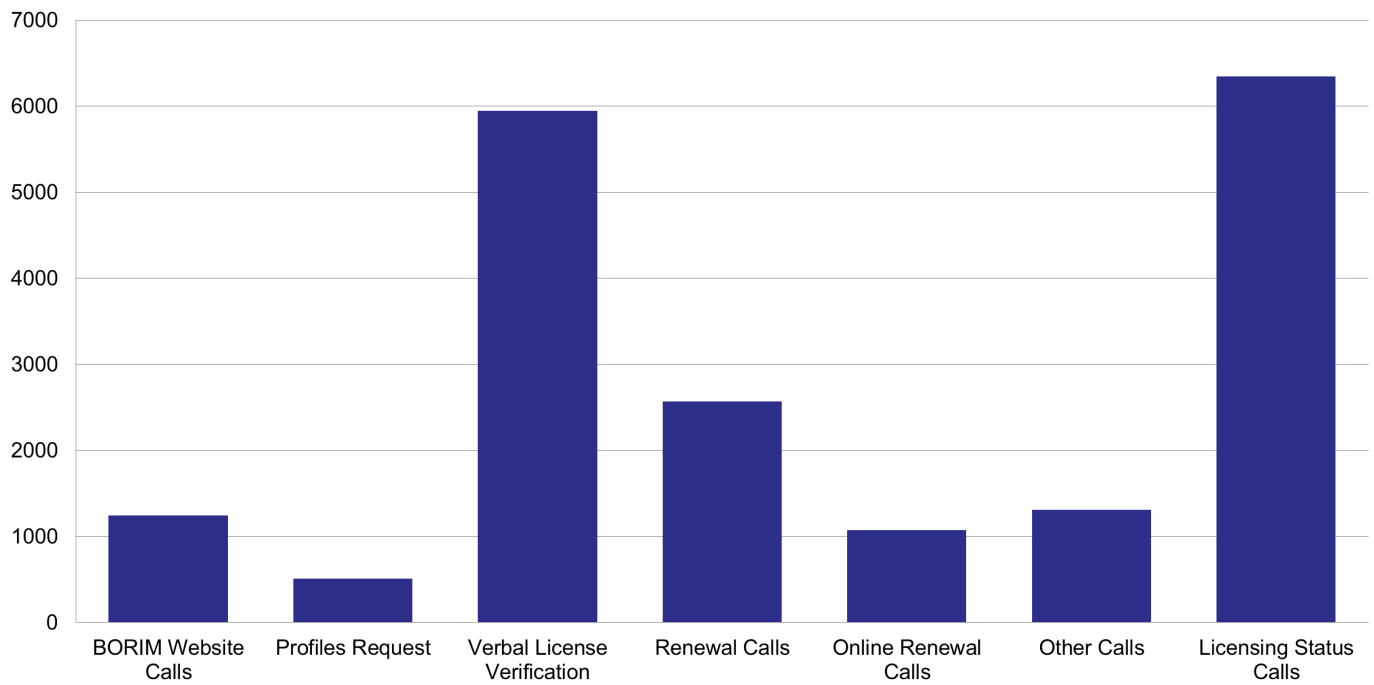
The BORIM website includes relevant information and links:

- Massachusetts Physician Health Services
- Domestic Violence Prevention Hotline
- Suicide Prevention Lifeline
- Substance use Helpline
- National Medical associations



BORIM Call Center

- Provide physicians with substantive responses upon receipt of the call
- Decrease the number of calls that go to voicemail
- Provide status updates to licensing applicants
- Assist physicians with troubleshooting issues
- 88% of Licensing Status calls were handled by the Call Center without requiring further triage



The Call Center received 19,062 calls in 2018

Application Questions relating to Physical or Medical Condition

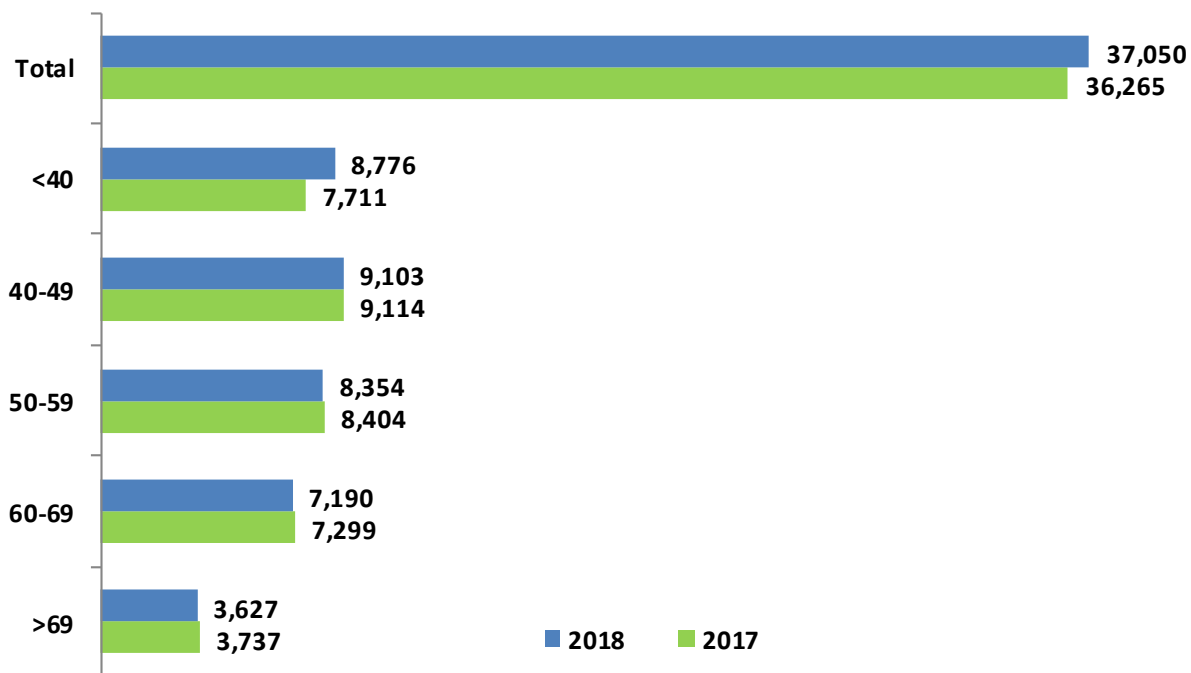
The Board amended the licensing application questions to only elicit responses if a medical or physical condition currently impairs the physician's ability to practice medicine.

Licensees are not required to disclose information if the condition does not impact the licensee's ability to practice medicine.

Licensing Division

The Licensing Division is the point of entry for physicians applying for a license to practice medicine in the Commonwealth and has an important role in protecting the public. The Division conducts an in-depth review of a physician's credentials to validate the applicant's education, training, experience, and competency.

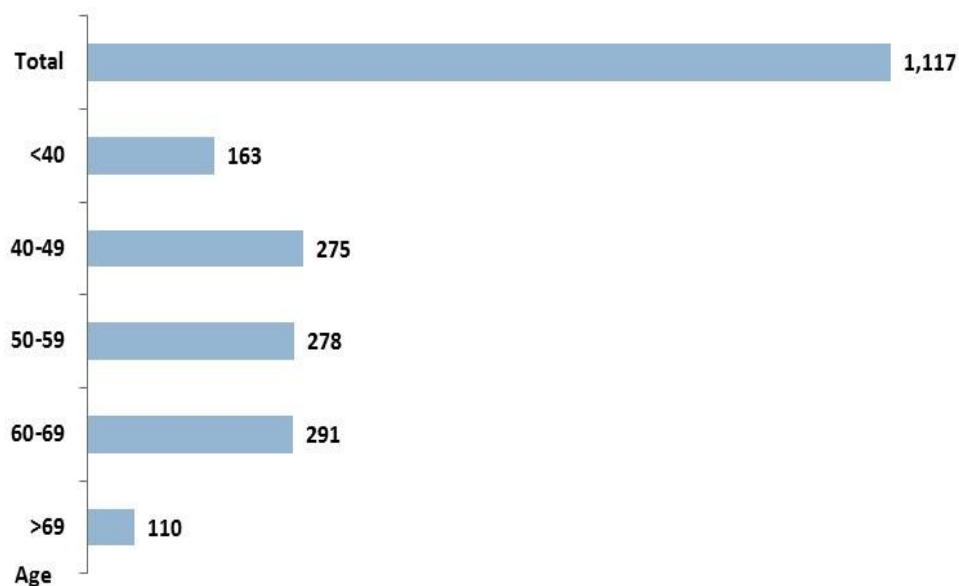
2017-2018 Full License Physician Demographics



Medical Licenses					
	2018	2017	2016	2015	2014
Initial Full Licenses	2,129	1,732	1,931	1,846	1,967
Full Renewals	14,703	20,901	14,116	20,471	13,586
Lapsed Licenses Revived	198	237	188	194	169
Initial Limited Licenses	1,803	1,797	1,768	1,740	1,719
Limited Renewals	3,447	3,084	3,364	3,271	3,246
Temporary (Initial) Licenses	8	17	3	9	4
Temporary Renewals	13	19	11	15	15
Lapsed	198	237	188	1,070	1,079

Note: A large majority of physicians renew their licenses in odd-numbered years.

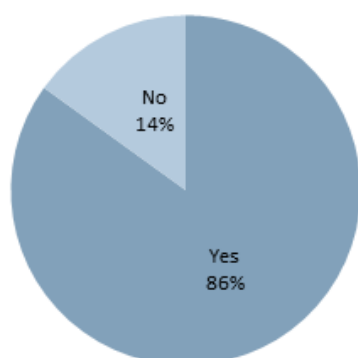
2018 Licensed Acupuncturist Demographics



Acupuncture Licenses

	2018	2017	2016	2015	2014
Active Acupuncturists	1,117	1,105	1,083	1,083	1,056
Initial Licenses Issued	40	47	45	52	48
Renewals	568	483	563	452	547
Full Inactive Licenses	26	24	25	26	28
Lapsed Licenses	7	6	1	8	15
Temporary (initial) Licenses	0	2	2	0	0

2018 Board Certified Physicians



New Initiative: Online Initial Licensing

BORIM has initiated a wide-ranging licensing process improvement initiative which includes developing and implementing an online licensing application.

This online licensing process enhancement will shorten the application timeframe, improve communication with applicants throughout the licensing process, streamline the application process, and will allow visibility of the licensing process for both the physician and the applicant.

Enforcement Division

The Enforcement Division is mandated by statute to investigate complaints involving physicians and acupuncturists, and to litigate adjudicatory matters. Complaints come from various sources (e.g. consumers of healthcare and their advocates; law enforcement agencies; health care facilities; health care professionals). Complaints are investigated by teams comprised of a complaint counsel, an investigator and/or a nurse investigator.

Investigations					
	2018	2017	2016	2015	2014
Physicians					
New complaint investigations opened during the year	479	430	444	381	454
<i>Source of Complaints:</i>					
Patients	229	176	182	142	208
Relatives of patients	106	76	74	71	94
Statutory report	129	120	147	95	56
Other	15	58	41	73	96
No. of physicians who agreed not to practice medicine during investigation	4	12	18	21	18
Investigations closed during the year	394	385	308	424	346
Pending investigations as of 12/31	555	476	523	389	490
Acupuncturists					
New complaint investigations opened during the year	2	0	1	2	0
Investigations closed during the year	0	0	2	2	3
Pending investigations as of 12/31	2	0	0	0	1

Other sources include physicians who self-report; law enforcement; attorneys representing patients.

Online Guide to the Complaints Process

BORIM will be including on its website a “Licensee Guide to the Complaint Process.” The purpose of the guide is to give a licensee, who has been notified of a complaint, an overview of the investigation process and to provide responses to frequently asked questions.

Disciplinary Actions					
	2018	2017	2016	2015	2014
Number of medical licenses disciplined	50	54	50	42	54
Resignation	12	24	24	5	23
Revocation	7	8	2	7	9
Summary Suspension	4	4	8	4	5
Indefinite Suspension and Probation	13	6	4	10	7
Practice Restrictions	1	2	0	1	0
Reprimand	11	4	10	10	8
Censure	0	0	0	0	0
Admonishment	3	2	3	2	3
Fine	3	0	6	5	4
<i>Total amount (\$) imposed per year</i>	\$15,000	\$0	\$15,500	\$20,000	\$22,500
Continuing Professional Development	0	0	0	1	5
Community Service	0	0	1	0	0

The total number of disciplinary actions taken by the Board may exceed the total number of licenses disciplined because multiple actions can be taken against a single license.

Summary Suspensions are interim actions taken on an emergent basis when there is evidence that the physician is an immediate threat, or may pose a serious threat, to the public's health, safety and welfare.

Disciplinary Hearings					
	2018	2017	2016	2015	2014
Statements of Allegations (SOA's) referred to the Division of Administrative Law Appeals (DALA) for a hearing	29	20	16	16	18
SOA's at DALA awaiting a hearing, as of 12/31	46	36	31	31	29
Recommended Decisions issued by DALA	17	13	18	15	9

An SOA is an Order for a physician to Show Cause why his or her license should not be disciplined. An SOA may encompass more than one complaint against the physician.

The Division of Administrative Law Appeals (DALA) is an independent agency within the Executive Office of Administration and Finance, which was established by the legislature to provide a neutral forum for holding adjudicatory hearings in any case in which a party has a right to such a hearing before an administrative agency may make a final decision or take a final action." See The Executive Office for Administration and Finance 2013-2015 Strategic Plan, p. 15. DALA is responsible for issuing findings of facts and conclusions of law; the Board is responsible for determining and imposing the sanction.

Quality and Patient Safety Division

The Quality and Patient Safety Division (QPSD) of the Massachusetts Board of Registration in Medicine oversees institutional systems of quality assurance, risk management, peer review, and credentialing. This comprises the Patient Care Assessment (PCA) Program which is a requirement under regulation 243 CMR 3.08. QPSD seeks to be collaborative and educational in working with healthcare facilities (HCF) to ensure the existence of a program of robust peer review and quality assurance.

REGULATORY REPORTING

Annual Reports (AR) and Semi-Annual Reports (SAR)

Health Care Facilities submit an Annual Report and a Semi-Annual Report to the Quality and Patient Safety Division within the Board of Registration in Medicine. These reports support the quality initiatives that are ongoing within the facility in addition to the required elements stated in the statute.

Healthcare Facility Reviews (HCFR) are provided to the HCF by a nurse analyst in order to provide feedback on their ongoing quality work. This document is a means to enhance communication to facilities to recognize the quality work that they have achieved and provide recommendations and suggestions in areas that have been identified as best practices to assist in guiding their work.

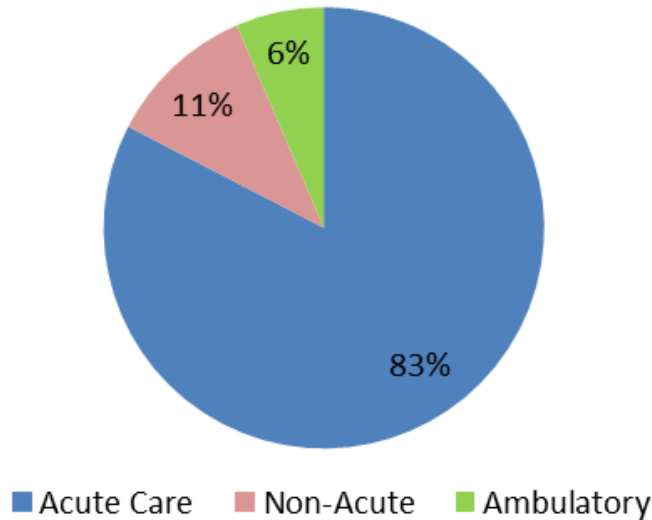
Safety and Quality Review (SQR) Reports

SQR reports are peer-review protected reports for the HCF to review events or complaints that arise during the course of patient care. The reports are reviewed by the QPSD team to ensure the facility has address the issues with a robust process improvement plan when indicated.

Reports Received by the Quality and Patient Safety Division					
Type of Report	2018	2017	2016	2015	2014
Maternal Death (Type 1)	2	4	3	2	5
Ambulatory Procedure Death (Type 2)	12	7	6	10	10
Wrong-site Procedure (Type 3)	25	39	45	23	34
Unexpected Death/Disability (Type 4)	811	758	862	776	921

Types 1 through 4, as defined in PCA Regulations 243 CMR 3.08

2018 Volume of SQRs by Facility Type

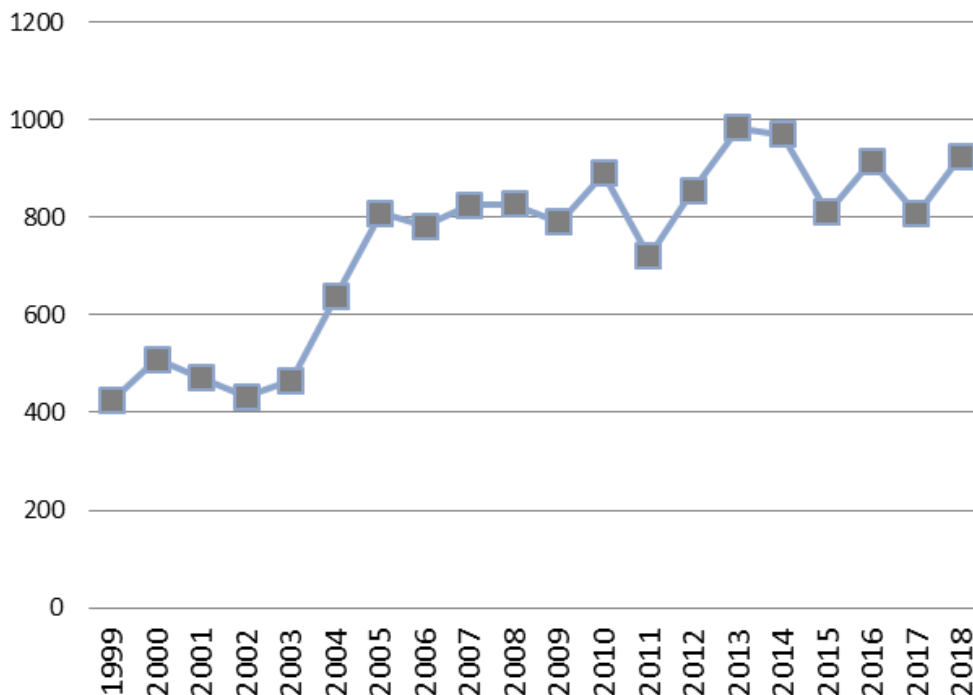


Back to the Basics: Hand Hygiene

In the Fall 2018 the Quality and Patient Safety Division issued the Hand Hygiene Newsletter. This newsletter placed a renewed focus on hand hygiene in an effort to keep this practice it in the spotlight.

The association between hand hygiene and infection has been known for almost 200 years. Today there is enough scientific evidence that hand hygiene is the simplest, most effective measure for preventing nosocomial or Healthcare-Associated Infections (HAI).

SQR Reports By Annual Volume 1999-2018

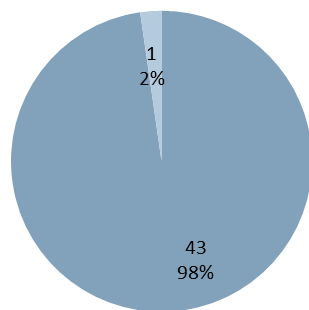


Division of Law and Policy

The Division of Law and Policy operates under the supervision of the General Counsel. Attorneys for the Division of Law and Policy research legal issues, provide legal analysis, and advise the Board in making legal determinations. The Board's Data Repository Unit (DRU) and Physician Health and Compliance Unit (PHC) are within the Division of Law and Policy. DRU staff is responsible for evaluating statutory reports, overseeing the accuracy of Physician Profiles, and reporting Board actions to the health care databanks; PHC is responsible for monitoring licensees who are on probation as a result of disciplinary action. Division of Law and Policy staff work with other Divisions of the Board on issues related to licensure, physician health, policy, statutory reports and public information.

Mandated Reports Received by the Data Repository Unit

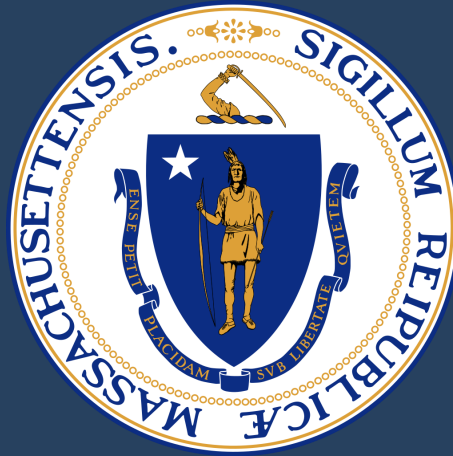
Source of Report	2018	2017	2016	2015	2014
Court Reports – malpractice	672	364	412	511	588
Court Reports – criminal	0	0	0	4	2
Malpractice Closed Claim Reports	730	660	632	840	717
Initial Disciplinary Action Reports	42	42	49	38	40
Subsequent Disciplinary Action Reports	19	11	17	13	13
Annual Disciplinary Action Reports	34	33	31	29	27
Professional Society Disciplinary Actions	9	24	15	15	24
5d (government agency) Reports	8	17	5	24	15
5f (peer) Reports	34	60	32	28	43
Self Reports (not renewal)	3	21	8	1	1



■ Total Physicians Monitored
 ■ Physicians Who Completed Agreements

Licensees Being Monitored by the Board

Reason for Monitoring	2018	2017	2016	2015	2014
Behavioral Health	3	2	1	1	1
Mental Health	0	0	0	0	2
Substance Use	23	24	22	19	17
Clinical Competence	13	6	5	4	7
Boundary Violations	4	2	2	2	6
Behavioral/Mental Health	0	1	0	0	0
Misconduct	0	0	0	5	8



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