



Commonwealth of Massachusetts

Board of Registration in Medicine



2020 Annual Report

Executive Summary

The Massachusetts Board of Registration in Medicine licenses more than 40,000 physicians, osteopaths and acupuncturists. The Board was created in 1894 to protect the public health and safety by setting standards for the practice of medicine and ensuring that doctors who practice in the Commonwealth are appropriately qualified and competent.

The Board's work in 2020 continued to reflect the 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."

The Board met twenty-four times in 2020. By the end of 2020, Massachusetts had a total of 37,872 fully licensed physicians, 7,031 trainees with limited licenses, and 1,099 acupuncturists licensed to provide care to Massachusetts residents and patients who come to Massachusetts from around the world seeking quality care.

On March 10, 2020, when Governor Baker declared a state of emergency in response to the Coronavirus outbreak, the Massachusetts Board of Registration in Medicine (BORIM) acted quickly and decisively to ensure access to treatment by physicians. To meet the increased demand for physicians services in Massachusetts and to ensure an adequate supply of physicians to staff hospitals, BORIM implemented the following: established an emergency temporary license application for qualifying out-of-state physicians; eliminated administrative delays to licensure by adopting *Interim Policy on Emergency Temporary Licenses for Full License Applicants* (Policy 2020-09), which allowed the Board to issue an emergency temporary license to eligible physicians while the Board completed the processing of the physician's Full application; issued emergency 90-day Limited licenses to medical school graduates who received an appointment as an intern, resident or fellow at a Massachusetts health care facility or in a training program approved by the Board; issued emergency licenses for recently retired physicians; issued emergency temporary licenses for physicians providing support to field hospitals; extended physician renewal dates; accelerated licensing for physicians educated in international medical schools; and expedited applications upon the request of healthcare institutions which ensured the emergency needs of healthcare institutions were met.

In furtherance of the Board's mission, the Board also accomplished the following: the Board made a seamless transition to holding meetings remotely in response to COVID-19, in accordance with executive orders and legislation; the Board adopted *Interim Policy on Prescribing* (Policy 2020-02) that permitted physicians to self-prescribe or prescribe to an immediate family member when necessary, provided that the prescribing was for a legitimate medical purpose and in the usual course of professional practice; adopted *Interim Policy on Telemedicine in the Commonwealth* (Policy 2020-01) providing that the practice of medicine shall not require a face-to-face encounter between the physician and the patient prior to health care delivery via telemedicine; the Board took disciplinary action against the licenses of fifty physicians; the Board continued implementing additional process enhancements to improve efficiency and decrease application processing times; the Quality and Patient Safety Division created and distributed three newsletters: *The Patient Experience* (Spring/Summer), *Special Edition- COVID 19* (Fall), and *Equity in Healthcare* (Winter).

The complete Annual Report includes a statistical tabulation of the Board's work during 2020. Behind these numbers is the real work of the dedicated staff and Board Members committed to patient safety, transparency, fairness, outreach to consumers, and the continuous improvement of the health care system in the Commonwealth.

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. A member may serve only two full consecutive terms. Members sometimes serve beyond the end of their terms before a replacement is appointed. Members may serve on one or more of the Board's committees.

Members of the Board 2020

As of 12/17/20

George Abraham, M.D., Chair, Physician Member
Julian Robinson, M.D., Vice Chair, Physician Member
Woody Giessmann, LADC-I, CADC, CIP, CAI, Secretary, Public Member
Deborah Levine, M.D., Physician Member
Lisa O'Connor, RN, BSN, MS, Public Member
Holly Oh, M.D., Physician 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.

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
Linda Robinson-Hidas, Lic. Ac

Members of the Committee on Acupuncture 2020

Board Leadership 2020

George Zachos, J.D., Executive Director

Susan Carson, Director of Operations

Michael Sinacola, Director of Licensing

Sarah Fallon, J.D., Director of Enforcement

Daniela Brown, RN, Director of Quality and Patient Safety

Steven Hoffmann, J.D., Division of Law and Policy Manager

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

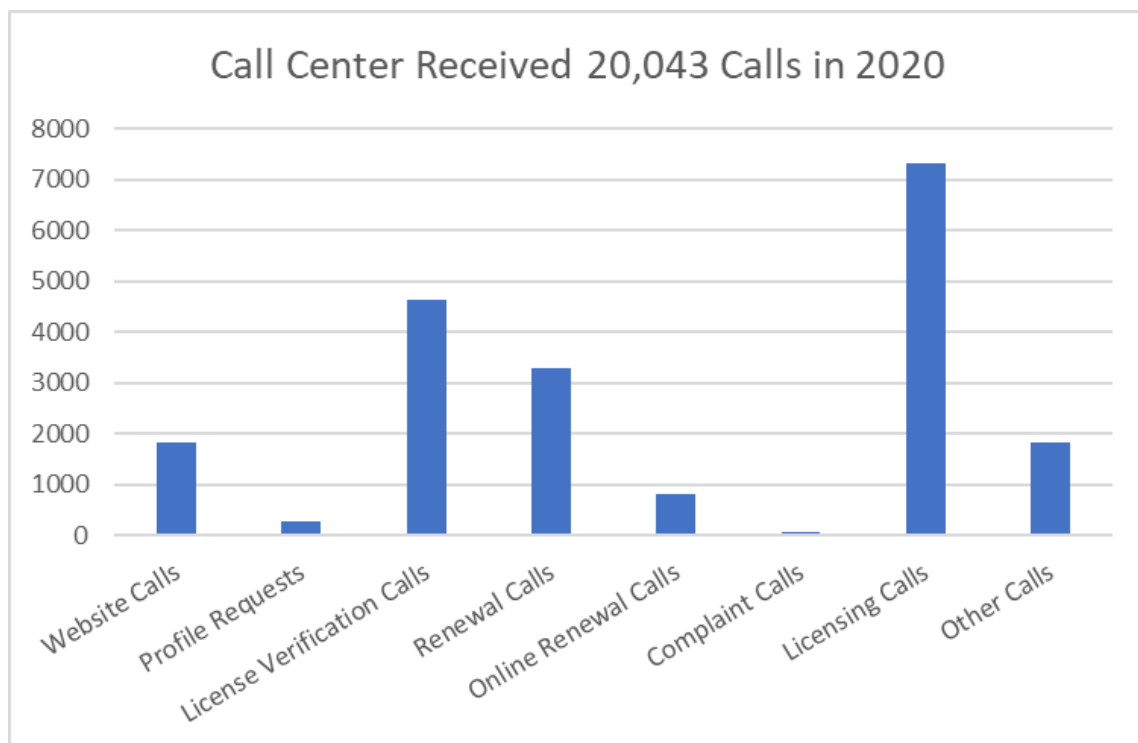
The Quality and Patient Safety (QPS) Committee membership is comprised of one Board member and a multidisciplinary group of providers. It includes members from the Boards of Nursing and Pharmacy, as well as a patient representative. Members of the QPS Committee work with hospitals and other health care 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

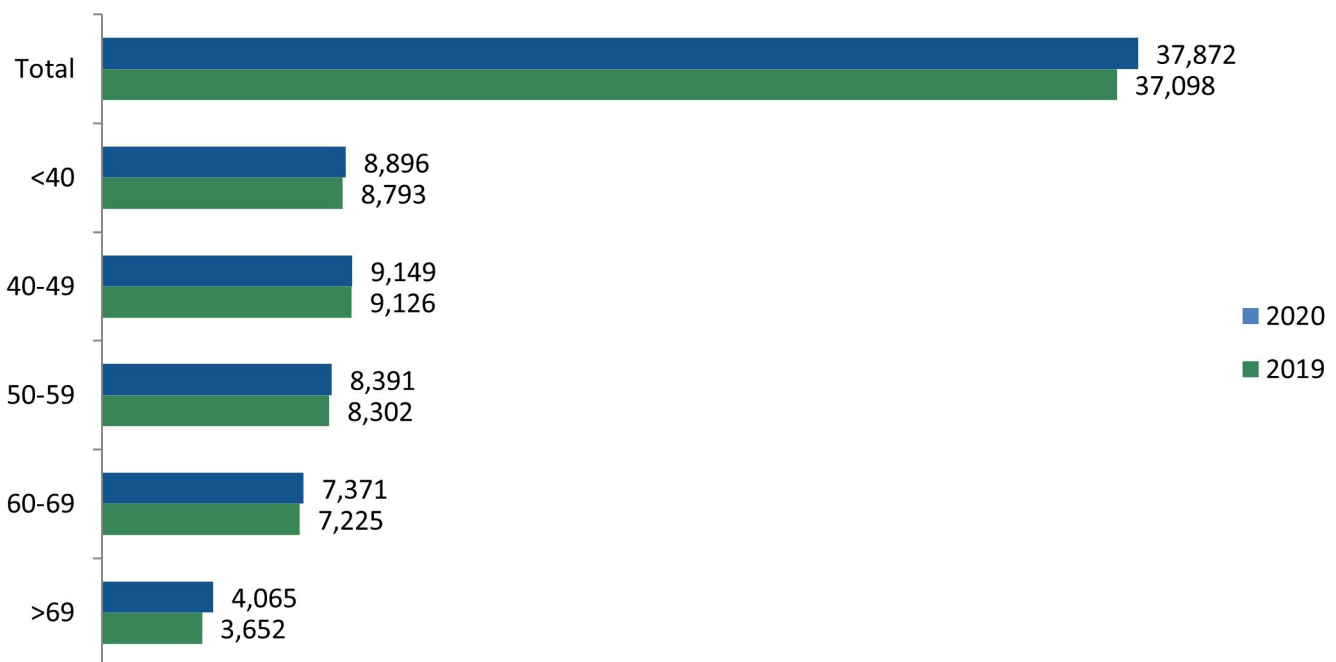
The Operations Division is supervised by the Director of Operations, who is responsible for budget, human resources, procurement, expenditure tracking and facilities. The Director also manages the Call Center, Document Imaging Unit, Mailroom, and Reception. Staff in the Call Center provides physicians with substantive responses on receipt of the call, decreasing the number of calls that go to voicemail, assisting callers with obtaining forms or other documents, provides copies of requested Profiles documents, and handles 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.



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.

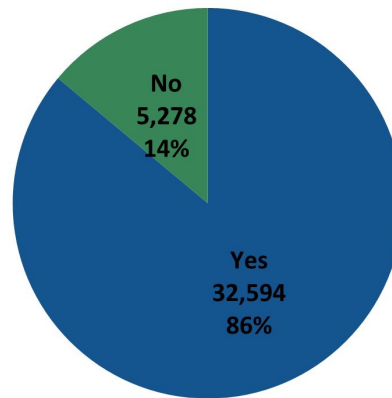
2019-2020 Full License Physician Demographics



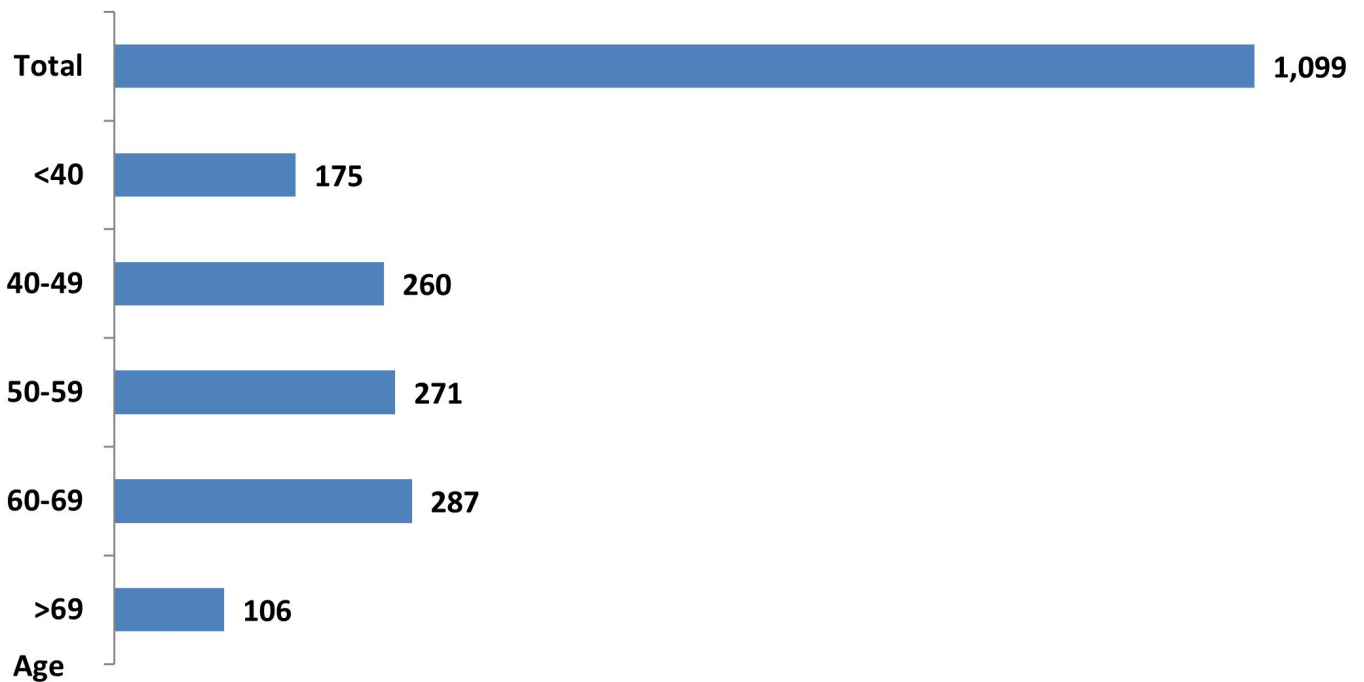
Medical Licenses					
	2020	2019	2018	2017	2016
Initial Full Licenses	1,616	2,123	2,129	1,732	1,931
Full Renewals	18,696	20,373	14,703	20,901	14,116
Lapsed Licenses Revived	173	184	198	237	188
Initial Limited Licenses	1,800	1,899	1,803	1,797	1,768
Limited Renewals	5,231	3,528	3,447	3,084	3,364
Temporary (Initial) Licenses	8	9	8	17	3
Temporary Renewals	13	13	13	19	11

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

2020 Board Certified Licensed Physicians



2020 Licensed Acupuncturist Demographics



Acupuncture Licenses					
	2020	2019	2018	2017	2016
Active Acupuncturists	1,099	1,138	1,117	1,105	1,083
Initial Licenses Issued	32	43	40	47	45
Renewals	536	501	568	483	563
Temporary (initial) Licenses	0	0	0	2	2

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					
	2020	2019	2018	2017	2016
Physicians					
New complaint investigations opened during the year	955	553	479	430	444
<i>Source of Complaints:</i>					
Patients	581	298	229	176	182
Relatives of patients	180	76	106	76	74
Statutory report	176	160	129	120	147
Other	18	17	15	58	41
No. of physicians who agreed not to practice medicine during investigation	18	11	4	12	18
Investigations closed during the year	347	364	394	385	308
Pending investigations as of 12/31	1282	673	555	476	523
Acupuncturists					
New complaint investigations opened during the year	3	2	2	0	1
Investigations closed during the year	1	1	0	0	2
Pending investigations as of 12/31	3	1	2	0	0

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

Disciplinary Actions					
	2020	2019	2018	2017	2016
Number of medical licenses disciplined	50	57	50	54	50
Resignation	22	18	12	24	24
Revocation	11	11	7	8	2
Summary Suspension	7	6	4	4	8
Indefinite Suspension and Probation	7	12	13	6	4
Practice Restrictions	0	2	1	2	0
Reprimand	5	5	11	4	10
Censure	0	0	0	0	0
Admonishment	0	4	3	2	3
Fine	1	2	3	0	6
<i>Total amount (\$) imposed per year</i>	\$2,500	\$12,500	\$15,000	\$0	\$15,500
Continuing Professional Development	2	3	0	0	0
Community Service	0	0	0	0	1

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					
	2020	2019	2018	2017	2016
Statements of Allegations (SOA's) referred to the Division of Administrative Law Appeals (DALA) for a hearing	29	30	29	20	16
SOA's at DALA awaiting a hearing, as of 12/31	56	52	46	36	31
Recommended Decisions issued by DALA	23	23	17	13	18

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

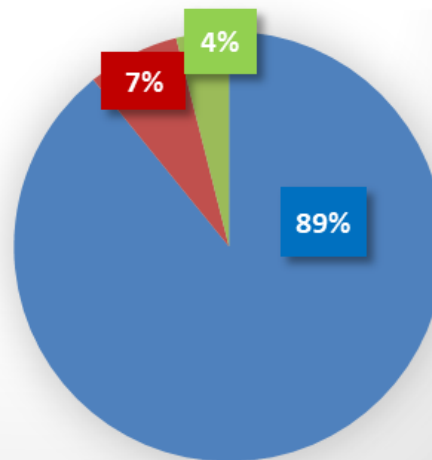
SQR reports are peer-review protected reports for the HCF to review events or complaints that arise during the course of patient care. The reports are reviewed by the QPSD team to ensure the facility has address the issues with a robust process improvement plan when indicated.

Reports Received by the Quality and Patient Safety Division					
Type of Report	2020	2019	2018	2017	2016
Maternal Death (Type 1)	2	5	2	4	3
Ambulatory Procedure Death (Type 2)	17	10	12	7	6
Wrong-site Procedure (Type 3)	38	42	25	39	45
Unexpected Death/Disability (Type 4)	1268	1013	811	758	862

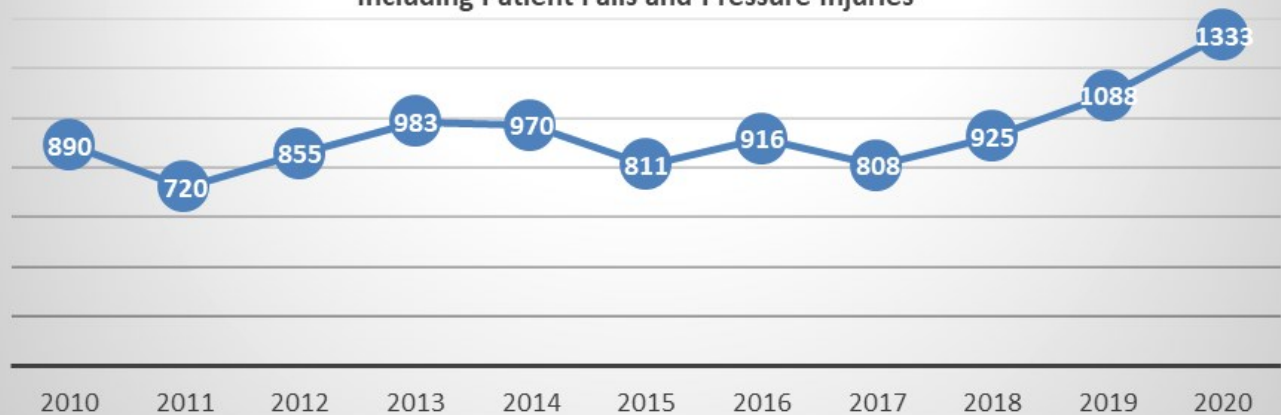
Types 1 through 4, as defined in PCA Regulations 243 CMR 3.08

2020 SQR Volume By Facility Type

- Acute Care
- Non-Acute
- Ambulatory



Annual Volume of SQRs CY 2010-2020 Including Patient Falls and Pressure Injuries



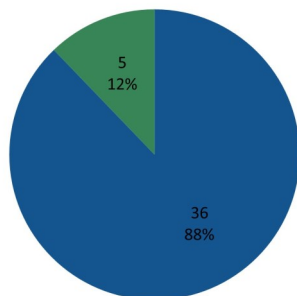
Division of Law and Policy

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	2020	2019	2018	2017	2016
Court Reports – malpractice	47	62	672	364	412
Court Reports – criminal	10	713	0	0	0
Malpractice Closed Claim Reports	1102	1025	730	660	632
Initial Disciplinary Action Reports	28	28	42	42	49
Subsequent Disciplinary Action Reports	12	15	19	11	17
Annual Disciplinary Action Reports	15	29	34	33	31
Professional Society Disciplinary Actions	16	17	9	24	15
5d (government agency) Reports	7	7	8	17	5
5f (peer) Reports	41	56	34	60	32
Self Reports (not renewal)	7	7	3	21	8

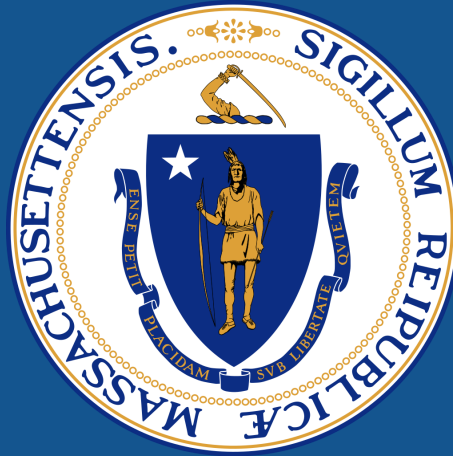
2020



■ Total Physicians Monitored
■ Physicians Who Completed Agreements

Licensees Being Monitored by the Board

Reason for Monitoring	2020	2019	2018	2017	2016
Behavioral Health	2	5	3	2	1
Mental Health	2	0	0	0	0
Substance Use	16	26	23	24	22
Clinical Competence	7	19	13	6	5
Boundary Violations	4	5	4	2	2
Behavioral/Mental Health	3	0	0	1	0
Misconduct	1	0	0	0	0



Board of Registration in Medicine

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