



Commonwealth of Massachusetts Board of Registration in Medicine



2021 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 2021 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-five times in 2021. By the end of 2021, Massachusetts had a total of 38,389 fully licensed physicians, 5,491 trainees with limited licenses, and 1,122 acupuncturists licensed to provide care to Massachusetts residents and patients who come to Massachusetts from around the world seeking quality care.

In furtherance of the Board's mission, the Board accomplished the following: the Board took disciplinary action against sixty-one licenses; the Board updated the *Prescribing Practices Policy and Guidelines* (Policy 15-05) providing physicians with additional information and guidance; the Board updated *Policy on Approving Initial Full and Limited License Applications* (Policy 2019-05) which further streamlined the Full and Limited application approval process for qualifying physicians; the Quality and Patient Safety Division created and distributed two *First Do No Harm* newsletters sharing the practices and experiences of the healthcare clinicians and facilities reporting to the Board; and to eliminate any administrative delays for physicians who qualify for limited licensure (residents and fellows), the Board adopted *Policy on Provisionally Issued Limited Licenses for Qualified Applicants* (Policy 2021-03) which ensures qualifying limited licensees begin their program start date on time and legally authorizes licensees to participate in their postgraduate training program while the Board completes the administrative review of the application.

In continuing its efforts to meet the increased demand for physician services in Massachusetts and to ensure there was no interruption in patient care due to the continuing threat of COVID-19, the Board extended the expiration date of emergency temporary licenses for both out of state physicians (Policy 2020-05) and Full license applicants (Policy 2020-09). Also, to confirm there was an adequate supply of physicians to staff vaccination sites and vaccination clinics, the Board adopted *Interim Policy on Emergency Temporary Licenses to Work at Vaccination Sites for Recently Retired Physicians and Lapsed Licenses* (Policy 2021-01).

Recognizing the importance of eliminating racial and ethnic inequities that lead to health disparities in Massachusetts, the Board adopted *Policy on Continuing Medical Education on Implicit Bias in Healthcare* (Policy 2021-04) which requires all applicants for initial licensure and licensees renewing physician licensure to complete continuing medical education on the topic of implicit bias in healthcare.

The Board also received national recognition. The Federation of State Medical Boards (FSMB) presented Dr. George Abraham, Chair of the Board until September 9, 2021, with the Dr. John H. Clark Leadership award. The award was presented for his outstanding and exemplary leadership, commitment and contribution in advancing the public good at the state medical board level.

The Complete Annual Report includes a statistical tabulation of the Board's work during 2021. 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 2021

As of 12/16/21

Julian Robinson, M.D., Chair, Physician Member
Woody Giessmann, LADC-I, CADC, CIP, CAI, Vice Chair, Public Member
Deborah Levine, M.D., Secretary, Physician Member
Holly Oh, M.D., Physician Member
Nawal Nour, M.D., M.P.H., Physician Member
Booker T. Bush, 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, M.B., M.P.H, Ph.D, 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 2021

**Board
Leadership
2021**

As of 12/16/21

George Zachos, J.D., Executive Director
Vita P. Berg, J.D., General Counsel
Susan Carson, Director of Operations
Michael Sinacola, Director of Licensing
Lisa Fuccione, J.D., Director of Enforcement
Daniela Brown, R.N., 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

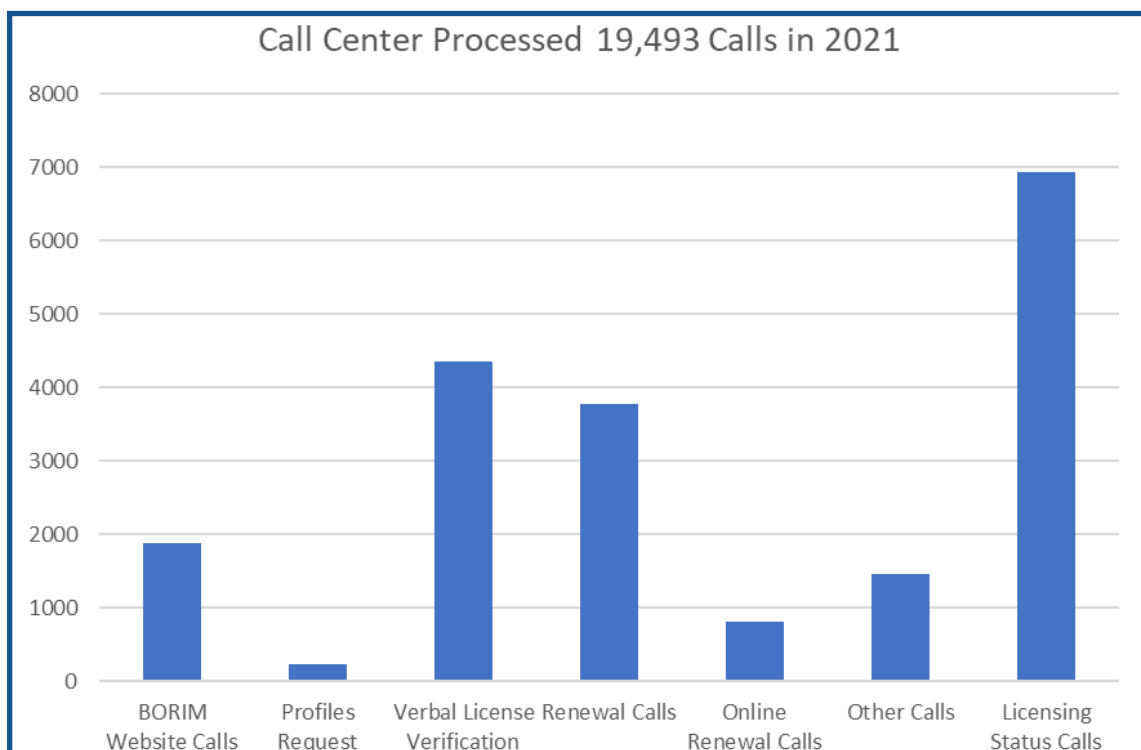
The Quality and Patient Safety (QPS) Committee membership is comprised of one Board member and a multidisciplinary group of providers. It includes members from the Boards of Nursing and Pharmacy, as well as a patient representative. Members of the QPS Committee work with hospitals and other health care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

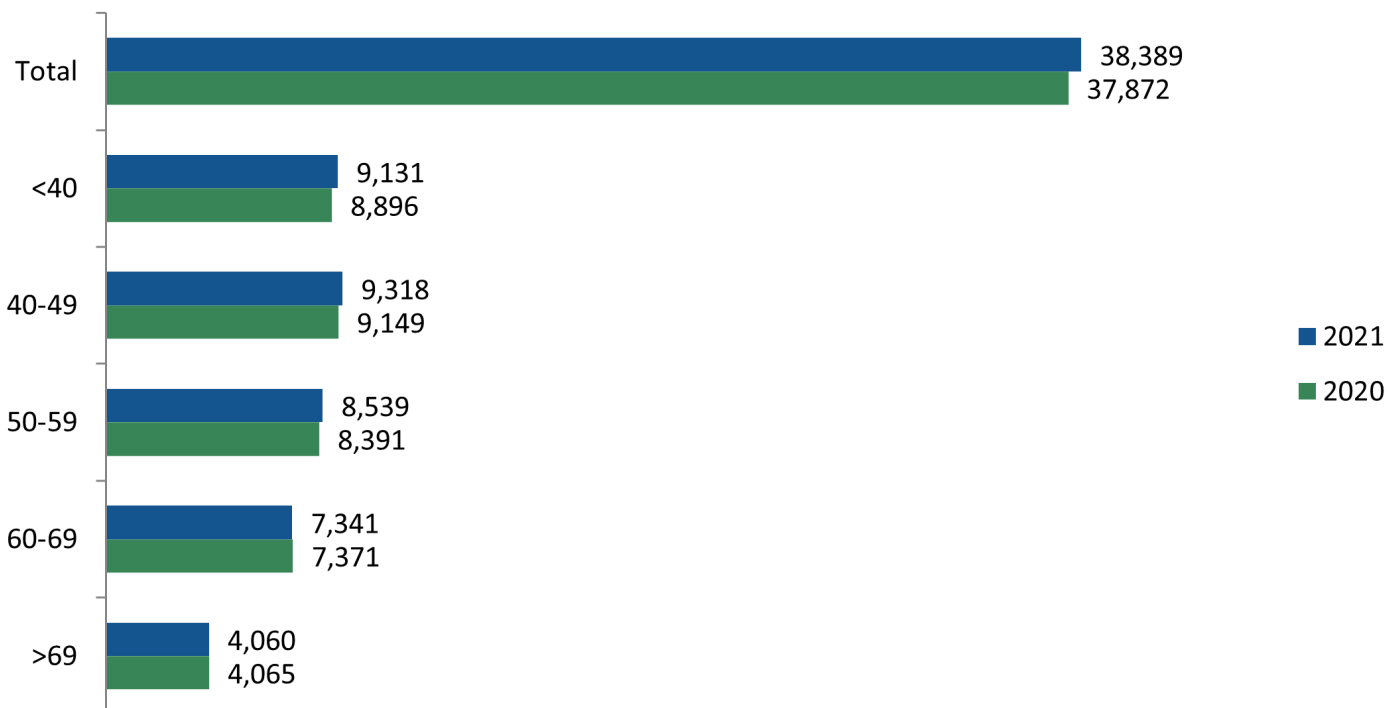
The Operations Division is supervised by the Director of Operations, who is responsible for budget, human resources, procurement, expenditure tracking and facilities. The Director also manages the Call Center, Document Imaging Unit, Mailroom, and Reception. Staff in the Call Center provides physicians 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

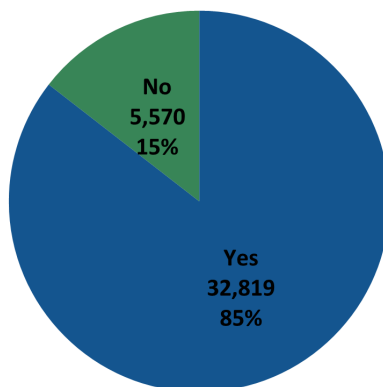
The Licensing Division is the point of entry for physicians applying for a license to practice medicine in the Commonwealth and has an important role in protecting the public. The Division conducts an in-depth review of a physician's credentials to validate the applicant's education, training, experience,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

2020-2021 Full License Physician Demographics

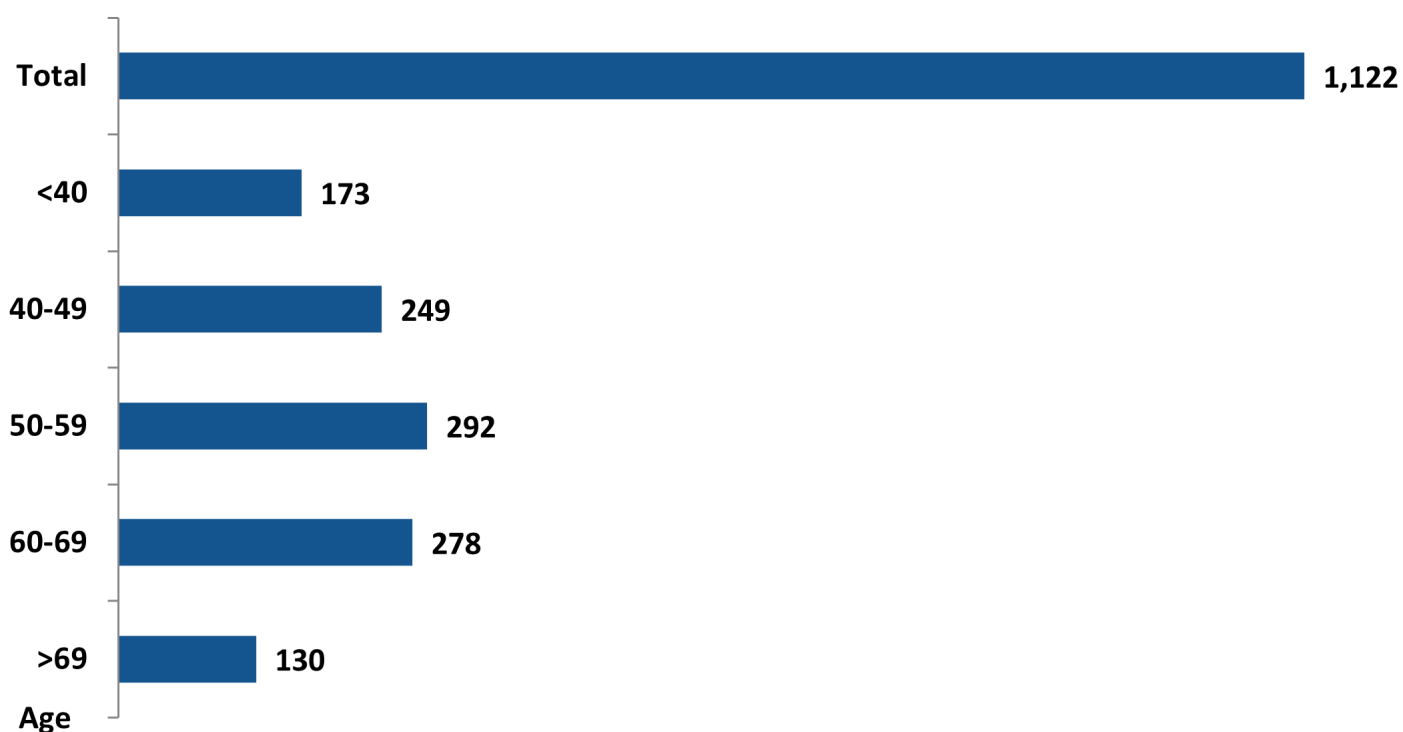


Medical Licenses					
	2021	2020	2019	2018	2017
Initial Full Licenses	2,467	1,616	2,123	2,129	1,732
Full Renewals	21,406	18,696	20,373	14,703	20,901
Lapsed Licenses Revived	177	173	184	198	237
Initial Limited Licenses	1,878	1,800	1,899	1,803	1,797
Limited Renewals	3,613	5,231	3,528	3,447	3,084
Temporary (Initial) Licenses	12	8	9	8	17

2021 Board Certified Licensed Physicians



2021 Licensed Acupuncturist Demographics



Acupuncture Licenses					
	2021	2020	2019	2018	2017
Active Acupuncturists	1,122	1,099	1,138	1,117	1,105
Initial Licenses Issued	48	32	43	40	47
Renewals	534	536	501	568	483
Temporary (initial) Licenses	0	0	0	0	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					
	2021	2020	2019	2018	2017
Physicians					
New complaint investigations opened during the year	627	955	553	479	430
<i>Source of Complaints:</i>					
Patients	354	581	298	229	176
Relatives of patients	120	180	76	106	76
Statutory report	128	176	160	129	120
Other	25	18	17	15	58
No. of physicians who agreed not to practice medicine during investigation	5	18	11	4	12
Investigations closed during the year	594	347	364	394	385
Pending investigations as of 12/31	1316	1282	673	555	476
Acupuncturists					
New complaint investigations opened during the year	3	3	2	2	0
Investigations closed during the year	1	1	1	0	0

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

Disciplinary Actions					
	2021	2020	2019	2018	2017
Number of medical licenses disciplined	60	50	57	50	54
Resignation	14	22	18	12	24
Revocation	6	11	11	7	8
Summary Suspension	1	7	6	4	4
Indefinite Suspension and Probation	9	7	12	13	6
Practice Restrictions	1	0	2	1	2
Reprimand	24	5	5	11	4
Admonishment	6	0	4	3	2
Fine	1	1	2	3	0
<i>Total amount (\$) imposed per year</i>	\$5,000	\$2,500	\$12,500	\$15,000	\$0
Continuing Professional Development	4	2	3	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					
	2021	2020	2019	2018	2017
Statements of Allegations (SOA's) referred to the Division of Administrative Law Appeals (DALA) for a hearing	14	29	30	29	20
SOA's at DALA awaiting a hearing, as of 12/31	45	56	52	46	36
Recommended Decisions issued by DALA	20	23	23	17	13

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.

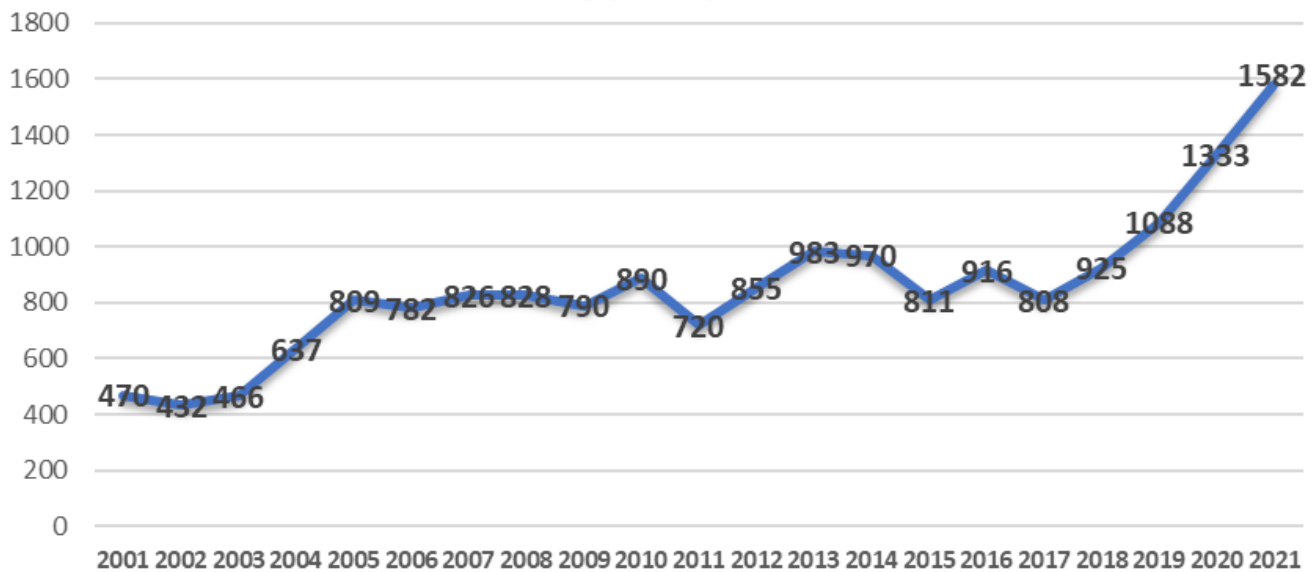
Safety and Quality Review (SQR) Reports

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.

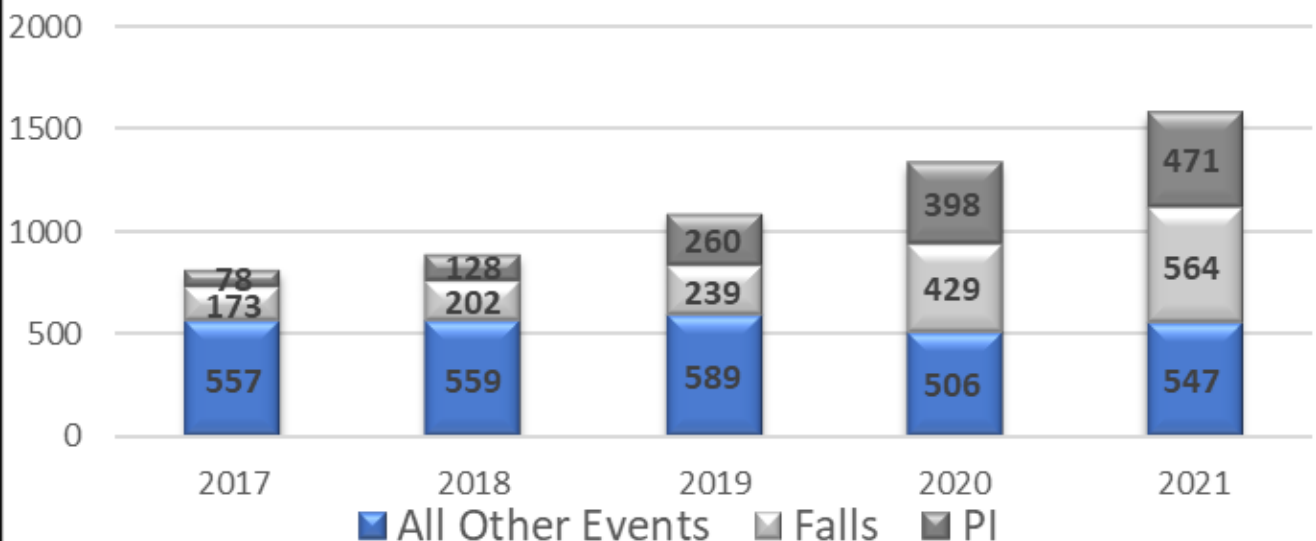
Reports Received by the Quality and Patient Safety Division					
Type of Report	2021	2020	2019	2018	2017
Maternal Death (Type 1)	3	2	5	2	4
Ambulatory Procedure Death (Type 2)	8	17	10	12	7
Wrong-site Procedure (Type 3)	29	38	42	25	39
Unexpected Death/Disability (Type 4)	1533	1268	1013	811	758

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

Volume of SQR Reports 2001-2021



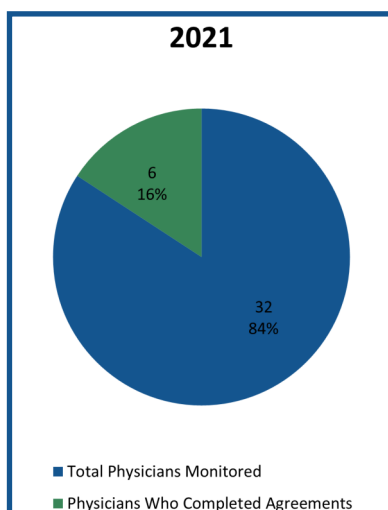
Annual SQR Submissions Including Patient Falls & Pressure Injuries



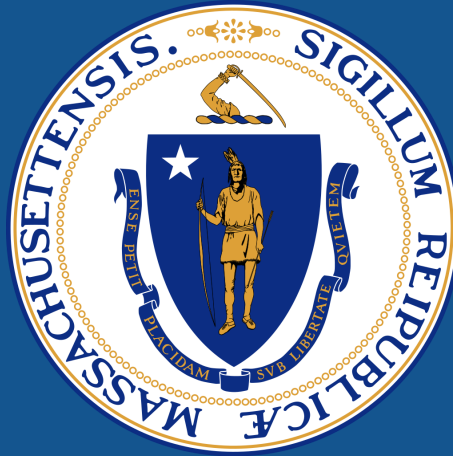
Division of Law and Policy

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	2021	2020	2019	2018	2017
Court Reports – malpractice	150	47	62	672	364
Court Reports – criminal	7	10	713	0	0
Malpractice Closed Claim Reports	478	1102	1025	730	660
Initial Disciplinary Action Reports	23	28	28	42	42
Subsequent Disciplinary Action Reports	8	12	15	19	11
Annual Disciplinary Action Reports	1	15	29	34	33
Professional Society Disciplinary Actions	4	16	17	9	24
5d (government agency) Reports	3	7	7	8	17
5f (peer) Reports	36	41	56	34	60
Self Reports (not renewal)	1	7	7	3	21



Licensees Being Monitored by the Board					
Reason for Monitoring	2021	2020	2019	2018	2017
Behavioral Health	2	2	5	3	2
Mental Health	0	2	0	0	0
Substance Use	17	16	26	23	24
Clinical Competence	5	7	19	13	6
Boundary Violations	1	4	5	4	2
BH/MH and SU	2	3	0	0	1
Misconduct	4	1	0	0	0
Physical Health	1	0	0	0	0



Board of Registration in Medicine

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