Commonwealth of Massachusetts

Board of Registration In Medicine

Annual Report

~ 2009 ~

Commonwealth of Massachusetts
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880

Deval L. Patrick
Governor

Timothy P. Murray
Lieutenant Governor

Peter Paige, M.D.
Chair

Honorable Herbert Hodos
Vice Chair

Myechia Minter-Jordan, M.D.
Secretary

Francisco Trilla, M.D.
Physician Member

Mary Jo Harris, Esq.
Public Member

Melissa Hankins, M.D.
Physician Member

Thea James, M.D.
Physician Member

His Excellency Deval L. Patrick
Governor of the Commonwealth
And the Honorable Members of the General Court

Dear Governor Patrick and Members of the General Court:

On behalf of the Board of Registration in Medicine I am pleased to announce the submission and availability of the Annual Report for 2009. The full report can be found on the Board's website at www.massmedboard.org.

The Annual Report is an opportunity for us to review some of the information from the past year, but it is also an opportunity for us to look to the future. We are all excited to embark on some new initiatives that you will hear more about as the year progresses.

As many are aware, significant changes have taken place recently at the Board. Dr. Stancel Riley was appointed as the new Executive Director. Tracy Gay has taken over Dr. Riley's previous position as Director of the Patient Care Assessment Committee. I received the honor and privilege to be elected by the Board as its Chair. You will see us out on the road a lot throughout the year visiting healthcare systems, patient advocacy organizations and physician groups to discuss our plans for the Board and to solicit feedback. We encourage as much participation as possible from all whom we serve.

You will notice a slightly different approach from the Board this year. While our major responsibility is to protect the public, I believe we also have major advocacy responsibilities to the physicians and healthcare systems in the Commonwealth. We must be more transparent. We need to be viewed as a resource, not just a disciplinary body. We want to hear how we can better fulfill our role. We will form stronger collaborations with the Department of Public Health, the Executive Office of Health and Human Services, the Mass Medical Society, the Mass Hospital Association and other key stakeholders whose goals are improving health care and patient safety.

I also want to express a deep appreciation, on behalf of the entire Board and the staff, for the service of our recent Chair, Dr. John B. Herman. He served two terms on the Board, and became Chair in 2007. Dr. Herman spearheaded the search for a new Executive Director, and guided the agency during a time of transition and fiscal uncertainty. His steadfast leadership, good nature and commitment to the Board will be sorely missed.

In summary, this is a very challenging but exciting time for all of us in healthcare. The changes I have outlined will positively impact our Board of Registration in Medicine. With your help and participation these goals can be accomplished smoothly and effectively. I look forward to working with all of you during my role as Chairman. Thank you.

Sincerely,

Peter Paige

Peter Paige, M.D.
Chair

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Mission Statement

The Board of Registration in Medicine's mission is to ensure that only qualified physicians 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.

"Only one rule in medical ethics need concern you - that action on your part which best conserves the interests of your patient."

Martin H. Fischer, M.D.

MEMBERS OF THE BOARD

Peter Glenn Paige, M.D., Chair, Physician Member
Dr. Paige was appointed to the Board in 2006 and reappointed in 2009. He is a Board-certified Emergency Medicine Physician, and a graduate of SUNY Health Science Center Medical School in Syracuse, NY. Dr. Paige completed his residency at the University of Massachusetts Medical Center in Worcester. He is Vice-Chair of the Department of Emergency Medicine and Clinical Associate Professor at UMass Memorial Medical Center. He is very active in the community and was named Volunteer of the Year by the American Heart Association, Northeast Affiliate, for his hard work as Chairman of the Worcester Heart Ball. Dr. Paige is also Chairman of the Children's Injury Prevention and Pediatric Trauma fundraiser. He serves as Chair of the Board's Patient Care Assessment Committee.

Honorable Herbert H. Hodos, Vice Chair, Public Member
Judge Hodos graduated from Yale University in 1960 and from Boston College Law School in 1963. He practiced law in general practice in Springfield from 1964 to 1966 with the law firm of Robinson and Dibble and from 1966 to 1993 in Greenfield as a partner of the law firm of Levy, Winer. Judge Hodos was appointed to the Massachusetts Trial Court as a judge of the Greenfield District Court in 1993, and served as its first justice from 1995 until his retirement from the bench in 2008. Judge Hodos was appointed to the Board in 2008. He was presented with the judicial excellence award for the District Court by the Massachusetts Judges Conference in 2008. He has been involved in numerous civic, charitable and professional positions locally as well as statewide throughout his career. Judge Hodos is Chair of the Complaint Committee.

Myechia Minter-Jordan M.D., MBA, Secretary, Physician Member
Dr. Minter-Jordan currently serves as Chief Medical Officer of the Dimock Community Health Care Center, one of the largest health care centers in the city of Boston. Prior to this, she served as Director of Medical Consultation Services at Johns Hopkins Bayview Medical Center in Baltimore, Maryland. Dr. Jordan completed her medical school education and undergraduate studies at Brown University. She completed her residency in internal medicine at the Sinai Hospital/Johns Hopkins Program in Internal Medicine. In addition, Dr Jordan has completed a Masters of Business with a focus on the Business of Medicine at Johns Hopkins Carey Business School. Dr. Jordan is board certified in internal medicine. She joined the Board in 2008.

Francisco Trilla, M.D., Physician Member
Dr. Trilla was appointed to the Board in 2008. He is a 1980 graduate of Harvard Medical School, trained at Bellevue Hospital in New York City, and served in the National Health Service Corps. Currently he is on staff at Beth Israel Deaconess Medical Center, is Medical Director of Atreva Healthcare in Jamaica Plain, and is MinuteClinic's North East Regional Medical Director. He is an Assistant Clinical Professor at Harvard Medical School, is Board Certified in Emergency Medicine and Internal Medicine, and has published on the topic of Physician and Nurse Practitioner collaboration. In 2006, he was recognized by the Boston VNA as a "Home Healthcare Hero" in recognition of his years in community healthcare. Dr. Trilla chairs the Licensing Committee.

Mary Jo Harris, Esq., Public Member
Attorney Mary Jo Harris was appointed to the Board in 2009. She is a partner in the law firm of Morgan, Brown & Joy, where she handles employment matters. Prior to joining Morgan, Brown & Joy, Attorney Harris was the Legal Advisor to the Boston Police Department, where she oversaw investigation, negotiation and enforcement of internal misconduct complaints. She also led the legal team advising state and federal agencies on security and civil rights issues for the 2004 Democratic National Convention. Upon graduating law school, Attorney Harris became an Assistant Corporation Counsel with the City of Boston Law Department. She entered private practice in 1996, and was appointed Legal Advisor in 1998. Attorney Harris is a 1986 graduate of Kenyon College, and received her law degree from Northeastern University in 1992. She is a member of the Massachusetts bar, and is admitted to practice before the United States District Court for the District of Massachusetts and the First Circuit Court of Appeals. She serves on the Executive Boards of the Boston Inn of Court and the Massachusetts Chapter of the Federal Bar Association.

Melissa P. Hankins, M.D., Physician Member
Dr Hankins was appointed to the board in 2009. She received her undergraduate degree from Harvard College, and graduated from the Boston University School of Medicine. Dr. Hankins completed her residency at the Harvard Longwood Psychiatry Residency Training Program, which included Brigham and Women's Hospital, Beth Israel Deaconess Medical Center, and the Massachusetts Mental Health Center. Dr. Hankins is a board certified Psychiatrist, and practices at Harvard Vanguard Medical Associates. Prior to HVMA, Dr. Hankins was a member of a private group practice, and was on staff at Cambridge Health Alliance, with a focus on meeting the needs of the underserved and helping to develop and lead an outpatient team to meet the unique needs of the African-American population in the area. She also served as a Clinical Instructor at Harvard Medical School, and was an American Psychiatric Association/AstraZeneca Fellow from 2000-2002. Dr. Hankins has been a member of the Black Psychiatrists Forum of Greater Boston. She serves as the Board Designee to the Physician Health and Compliance Unit.

Thea L. James, M.D., Physician Member
Dr. James was appointed to the Board in 2009. She is an Emergency Medicine Physician, and is a graduate of Georgetown University School of Medicine. Dr. James currently serves as Director of the Violence Intervention Advocacy Program at Boston Medical Center, where she is also Assistant Professor of Emergency Medicine. She is President-elect of the Medical Dental Staff at Boston Medical Center. She is a member of the Society for Academic Emergency Medicine and the American Public Health Association. Dr. James is a co-founder of Unified for Global Healing, a non-profit organization providing health service, education and cultural awareness in Haiti, Ghana, and India. She has published on issues of health disparities and cultural awareness in medicine.

EXECUTIVE DIRECTOR'S MESSAGE

A New Vision for the Board of Registration in Medicine

Stancel M. Riley, Jr., MD, MPH, MPA

In August 2009 I was appointed Executive Director of the Massachusetts Board of Registration in Medicine. It is with great pleasure that I present to you my new vision and direction for the Board. Having been the Director of the Patient Care Assessment Division since 2007, I have a solid background and understanding of the patient safety and oversight responsibilities of the Board. And as a Cardio-thoracic surgeon for more than twenty years I bring a unique physician's perspective to the role of Executive Director. I look forward to my new position leading the Board's five Divisions, each having a separate but distinctly important role in the Board's mission to protect patients and improve health care in the Commonwealth.

Looking at the Board's mission, I envision a Board that emphasizes Patient-Centered care and supports physicians to do their job best. With that in mind we would like to support physicians in meaningful ways. The primary role of the Board is to license physicians and it is in this area that we continue to ensure that our licensing process is smooth, efficient and effective. In June of 2009 we began renewing licenses online. At the time of print our current usage rate for this feature is at 95%, an impressive rate for a new technology that was implemented only 7 months ago. While the utilization rate speaks for itself we can proudly say that physicians are able to easily and efficiently process their renewal applications -- saving time on their end and ours. We will continue in 2010 to increase efficiency by extending online renewals to limited licenses as well.

Another part of my renewed vision for the Board involves collaboration with various groups across state government and the Commonwealth. As the regulatory body for more than 38,000 physicians in the Commonwealth we have a great opportunity to work with groups on physician and patient-safety matters. As a result, the Board participates in various patient-safety focused committees and coalitions, oftentimes with a seat on the executive committee. We continue to do outreach in the form of meeting with leaders and physicians in all areas of health care, from the Massachusetts Hospital Association and the Commonwealth's teaching hospitals, to working in collaboration with the Department of Public Health and the Bureau of Patient Safety and Quality. We also work extensively with physician groups such as the Massachusetts Medical Society, and we give presentations to various groups of physicians to share our mission and invite questions and discussion.

In short, I look forward to working together with all interested stakeholders to improve health care safety in the Commonwealth during the year ahead, and offer the commitment of the Board and its resources to achieve that goal.

STRUCTURE OF THE BOARD OF REGISTRATION IN MEDICINE

The Board 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 consecutive terms. Members sometimes serve beyond the end of their terms before a replacement is appointed. Each member also serves on one or more of the Board's committees.

COMMITTEES OF THE BOARD

Complaint Committee

The Complaint Committee is comprised of two Board members who meet on a monthly basis to review the evidence gathered by the Enforcement Division during investigations. Depending on the nature of the case, the Complaint Committee determines whether disciplinary action is appropriate and makes recommendations to the full Board. The Complaint Committee also closes investigations when evidence gathered is insufficient to support disciplinary action. In closing investigations, the Complaint Committee may issue letters commenting on best practices and/or conduct conferences with physicians to discuss issues uncovered during the investigation.

Data Repository Committee

The Data Repository Committee reviews reports about physicians that are received from sources mandated by statute to file such reports. Sources of these reports include malpractice payments, hospital disciplinary reports, and reports filed by other health care providers. Although sometimes similar in content to allegations filed by patients, Data Repository reports are subject to different legal standards regarding confidentiality and disclosure than

are patient complaints. The Data Repository Committee refers cases to the Enforcement Unit for further investigation as needed.

Licensing Committee

The Licensing Committee reviews applications for medical licenses and requests for waivers from certain Board procedures, with candidates for licensure being presented to the full Board. The two main categories of licensure are full licensure and limited licensure. Limited licenses are issued to all physicians in training, such as those enrolled in residency programs.

Patient Care Assessment Committee

Members of the Patient Care Assessment (PCA) Committee work with hospitals and other health care institutions to improve quality assurance programs 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 work of the PCA Committee has become a national model for the analysis of systems to enhance health care quality.

Committee on Acupuncture

The Board of Registration in Medicine also has jurisdiction over the licensing and disciplining of acupuncturists through its Committee on Acupuncture. The members of the Committee include four licensed acupuncturists, one public member and one Board member designated by the chairman of the Board of Registration in Medicine.

Acupuncture Committee Members

Weidong Lu, Lic.Ac. Chairman	Nancy E. Lipman, Lic.Ac Vice Chair
Joseph F. Audette, M.D. Secretary	Kristen E. Porter, Lic.Ac Member
Francisco Trilla, M.D. Board Representative	Amy Soisson, JD Public Member
Albert Yeung, M.D., Member	

FUNCTIONS AND DIVISIONS OF THE AGENCY

The Executive Director of the agency reports to the Board and is responsible for hiring and supervising the staff of legal, medical and other professionals who perform research, conduct investigations, litigate adjudicatory matters and make recommendations to the members of the Board on issues of licensure, discipline and policy. In addition, the Executive Director is responsible for all management functions, budget and contract issues, and public information

activities of the Agency. The Executive Director oversees senior staff members who, in turn, manage the various areas of the Agency.

The Executive Director also spearheads the Board's outreach to the public and health care groups and organizations. He is the primary spokesperson for the Board, and supports collaborative efforts to ensure that the voice of the Board is heard in numerous settings at the statewide, regional and national level. The Executive Director gives presentations to, and participates in, forums about topics ranging from improving patient safety outcomes in the Commonwealth to managing new health care IT initiatives to improving physician credentialing.

Licensing Division

The Licensing Staff, under the direction of the Director of Licensing, performs the initial review of all applications for medical licensure to ensure that only competent and fully trained physicians are licensed in Massachusetts. The staff also works with applicants to explain the requirements for examinations and training that must be met before a license will be issued.

Physician Demographics
2009

Total Licensed	**32,277**	**(100%)**
Men	20,843	(65%)
Women	11,435	(35%)
Age Groups		
<40	7,810	(24%)
40-49	8,740	(27%)
50-59	8,266	(26%)
60-69	5,250	(16%)
>69	2,211	(7%)
Board Certified		
Yes	27,059	(84%)
No	5,218	(16%)

Enforcement Division

The Enforcement Division is mandated by statute to investigate complaints involving physicians and acupuncturists, and to litigate adjudicatory matters. The Enforcement Division operates under the supervision of the Director of Enforcement and is comprised of three units: the Consumer Protection Unit, the Clinical Care Unit and the Disciplinary Unit.

Division of Law & Policy

The Division of Law & Policy operates under the supervision of the Board's General Counsel. Division Board Counsel act as legal counsel to the Board during adjudicatory matters and advise the Board and staff on relevant statutes, regulations and cases. Additional counsel within the Division work with the Licensing Division, in the Data Repository Unit and in the Physician Health & Compliance Unit.

Patient Care Assessment (PCA) Division

The PCA Division is responsible for institutional systems of quality assurance, risk management, peer review and credentialing. Supervised by the Director of PCA, the Division works with hospitals to assure that hospital patient safety programs are effective and comprehensive: that hospitals conduct full and competent medical reviews of patient safety incidents; and that hospitals have robust systems for identifying, reporting and remediating patient safety incidents. Reports to PCA are confidential and protected by Massachusetts law from public disclosure in the same way that records of health care facility peer review committees are protected. Confidentiality protections are an important way to foster open and honest discussion of cases by those involved at the facility and to promote better and more candid reporting to PCA.

Operations Division

The Operations Division is supervised by the Director of Operations, and is responsible for human resources, procurement, expenditure tracking and facilities. It also manages both the Call Center and the Document Imaging Unit. Since the launch of the Physicians Profiles project in 1996, Massachusetts residents have found the information they need to make informed health care decisions, using this first in the nation program. In addition to online access to the Physician Profiles, the Board assists consumers who do not have Internet access through a fully staffed Call Center. Staff in the Call Center answer questions about Board policies, assist callers with obtaining complaint forms or other documents and provide copies of requested Profiles documents to callers. The Document Imaging Unit scans agency documents into an electronic database. This system has allowed the agency to standardize and automate its processes for storing and retrieving documents.

2009: A YEAR OF TRANSITION, COLLABORATION AND ACCOMPLISHMENT

The Massachusetts Board of Registration in Medicine was established in 1894. It is a reasonable certainty that over the past 115 years the nature of the Board and its activities have changed as much as has the practice of medicine itself since that time. 2009 saw further changes at the Board, including a new Board Chair, new Executive Director and three new Board members.

New leadership means new vision, new direction and a new commitment to patient safety and health care quality. Changing times dictate changing policies and procedures, a sharper focus on serving the public and the physician and health care communities and a vigorous pursuit of collaborations with physicians, health care facilities, other state and federal agencies and the public whom the Board serves.

The Board's focus in 2009 centered on improving service to physicians and others in the medical community, advocating for patient safety and health care quality and implementing policies to respond to changing needs.

IMPROVED SERVICE DELIVERY

Online Physician License Renewal

After design and significant testing, the Board introduced a new system that allows physicians to renew their licenses online. The system debuted in May 2009, and was a major goal of the Board.

Previously, every two years physicians would receive lengthy paper applications and instructions by mail 60-90 days prior to license expiration. The forms had to be completed and returned to the Board for processing. License renewal was cumbersome, tedious and complex for both physicians and Board licensing staff.

The new online renewal system lets physicians log onto a website at any time and from any location 60 days prior to license expiration. They can complete the entire renewal process in as little as 10 minutes, and the renewal of a license is processed within 24-48 hours. The system is also designed to reduce the number of errors by both physicians and staff which, in the paper-based process, could cost days or weeks to correct. In online renewal, physicians are guided through the process, and errors or omissions are noted at once so they may be corrected immediately.

The system has proven to be very popular with the physician community. Within two months of its activation, nearly 96% of physicians were renewing their licenses online. Late filed applications, which previously numbered over 100 per month, dropped to zero by July 2009. They system has proven to be easy, convenient, efficient and more accurate.

In March 2010 the Board will launch a similar online license renewal system for the Commonwealth's 4,500 residents and Fellows in hospital training programs.

Profile Updates

With the launch of online license renewal, physicians now can also update their online public Profiles at any time, even if they are not in the license renewal cycle. Physicians can register with the system, log on and update much of the information on their Profiles, and changes appear on their Profiles the next day.

In the past, physicians were required to reduce to writing any desired changes and send them to the Board. After receiving a request, Board staff would disable the physician's Profile, make the requested changes, print out a copy of the revised Profile and send it to physician for approval. The entire process often took up to two weeks to complete.

The new system provides physicians the opportunity to keep their information more current and accurate both easily and conveniently -- and almost instantly. The Board now can maintain better records and, even more importantly, consumers searching for details about physicians in the Commonwealth have the most up-to-date information available.

Hospital Reporting Simplification

In response to the DPH report on SREs, *Serious Reportable Events in Massachusetts Acute Care Hospitals: January 1, 2008 – December 31, 2008,* published in April 2009, The Joint Commission asked hospitals to submit "Sentinel Event" reports of these incidents. At the request of the Massachusetts Hospital Association, the Board invited representatives of the Joint Commission to visit the Board to explore alternatives to adding another reporting burden to hospitals. Subsequently the Joint Commission determined that the Commonwealth has a method for follow-up with all hospitals required to publically report SREs to DPH. It concluded that it would not require Massachusetts hospitals to submit a separate root cause analysis (RCA) to the Joint Commission regarding DPH's reports of SREs, because there is a process for hospitals to report their RCAs to PCA. The Joint Commission reserved its right to initiate appropriate follow-up actions if a public report indicates an extraordinary concern for patient safety.

Hospital and Provider Credentialing Simplification

The Board's regulations require primary source verification of education, examinations and training documents for licensure. Health care facilities and managed care providers all collect the same documents for hospital credentialing and provider contracts. The Board is investigating accreditation standard requirements for recognition as a credentials verification organization for health care facilities and health insurers to reduce the redundancy of collecting the same documents every time a physician applies to a health care facility for privileges or a managed care contract. This initiative will help physicians, hospitals and health plans reduce the length of time for their credentialing processes, and advance the Commonwealth's efforts to simplify health care administration.

Eliminate Reporting Duplication

Hospitals are required to report Serious Reportable Events (SREs) to both the Board and to DPH. To eliminate this unnecessary duplication of effort, the Board's PCA Division has partnered with the Department of Public Health to develop an online SRE reporting system that will be used by hospitals and fulfill the reporting requirements of both the Board and DPH.

The PCA Division, in collaboration with DPH's Bureau of Health Care Safety and Quality and the Betsy Lehman Center for Patient Safety and Medical Error Reduction, published an advisory on wrong site surgery that was distributed to all hospitals in the Commonwealth. Future collaborative advisories are planned for 2010.

License Portability

The Board has been participating in the New England Regional License Portability project. The goal of the project is to help physicians licensed in one state obtain licensure in other states by using information already obtained by a state medical board. The increasing demand for telemedicine services and the compelling need for specialized physician services

in states where there is a shortage of physicians, or states that have underserved areas, highlight the need for license portability. The Board is continuing to work with the Federation of State Medical Boards on the license portability project.

Uniform License Application

In 2009 the Board explored employing the Federation of State Medical Board's (FSMB) Uniform License Application. The Uniform Application allows physicians to complete an online application for their demographic, education and training information when applying for a state license. It will reside in the FSMB database and physicians may update their demographic information anytime. When a physician applies for a Massachusetts full license, the information on the Uniform License Application will be downloaded in an XML format and it will automatically populate the licensing database. The Uniform License Application process will be more efficient and cost-effective by reducing the physician's time and staff time in entering data. The logistics and implementation plan for the Uniform Application in Massachusetts are now in development.

Limited License Workshops

In 2009, the Licensing Division conducted 5 regional Limited License Workshops for residency program coordinators and administrative staff who serve as the liaisons between the Board and limited licensees. Workshops were held at the Board, and at Children's Hospital Boston, UMass Memorial Medical Center and Lahey Clinic. Residency program coordinators in teaching facilities are responsible for ensuring that residents and fellows who staff the Commonwealth's training programs complete the limited license requirements in accordance with Board regulations, and by the July start date for hospital training programs.

ADVOCACY & COLLABORATION

Patient Safety

The Director of the Board's PCA Division represented the Board before the Executive Office of Health and Human Service's Health Care Quality and Cost Council, and participated on its Patient Safety Workgroup. The Workgroup is assembled with a goal that by January 2012 all settings in which patient care is delivered shall establish a Patient Safety Program. The Patient Safety Programs are designed to eliminate unnecessary risk to patients, create a culture of patient safety and be developed and implemented with applicable peer review protection.

Strengthening Health Care Quality Review

In 2009 the membership of the PCA Committee was expanded to include additional experts in hospital quality improvement, physicians in varied medical specialties and a patient representative. The new members add valued experience in clinical practice, quality and patient safety. The PCA Committee supports the work of the PCA Division by ensuring that health care facilities provide quality care and that physicians who practice within the facility are active participants. During 2009, PCA Division staff and Committee members visited individual hospitals to present programs and meet one-on-one with hospital leadership to support and explain reporting activities.

Hospital Mortality Rates

In addition, the Board's PCA Division is a member of the Expert Panel on Hospital Standardized Mortality Ratios convened by the Division of Health Care Finance and Policy. The Panel's aim is to validate a single measure of hospital mortality rate, which could be made available to the public. PCA also participated in the Betsy Lehman Center's Obstetrics Expert Panel. This Panel worked to review the existing practices in selected areas of obstetric

quality and safety; made evidence-based recommendations to improve care quality and safety; and identified areas for further research and collaboration. The Expert Panel's recommendations were published in December 2009.

Competency-Based Hospital Credentialing

The Expert Panel on Credentialing convened by the Board completed its work in October 2009. The Panel approved, for submission for publication, a final draft of an article describing the Panel's work and its recommendations for competency-based credentialing. The Expert Panel's final report and guidelines can be found on the Board's website at http://www.massmedboard.org/pca/.

Patient Safety Collaboration & Outreach

The PCA Division published its newsletter in August and members of the PCA Division staff presented a poster session of the Division's work at both the Harvard Quality Colloquium in August and at the Institute for Healthcare Improvement's 21st National Forum in December.

The Board also participated in statewide quality initiatives sponsored by the Massachusetts Coalition for Prevention of Medical Errors, the Massachusetts Medical Society, Health Care for All, the Betsy Lehman Center for Patient Safety and Medical Error Reduction and other organizations active in quality and patient safety within the Commonwealth.

Health Care Workforce

The Board participated in the Executive Office of Health and Human Services Health Care Workforce Advisory Council and Workgroup. The goal of the Council is to determine the

racial, cultural and linguistic diversity licensed health care professionals in the Commonwealth, and to understand how they are distributed geographically. Anecdotal evidence suggests persistent geographic disparities in the ability of citizens to access health care, as well as an uneven distribution of certain specialties, types of practitioners, the availability of translation services and other demographic characteristics.

The Board maintains the most comprehensive database of physician information and is working with DPH to analyze the data to help inform policymakers working to improve access to health care and the availability of culturally competent practitioners.

POLICY INITIATIVES

Return to Practice After Retirement

In 2009 the Board adopted new guidelines to allow physicians to return to active practice after they have formally retired their licenses. In retirement, physicians may no longer practice, are not required to take continuing medical education credits, and do not carry liability insurance.

Some physicians have found they wish to return to active practice because their circumstances have changed, and the existing Board practice prohibited reactivating licenses after retirement. The central issue was to determine how to ensure that physicians returning to practice still possess the skills and training necessary for competent practice. The practice of medicine is ever evolving, and even brief interruptions of practice can affect competency.

The new guidelines establish a process by which retired physicians may petition the board for reactivation of their licenses, and they specify the information, proof of competency and other factors the Board may consider when making such determinations. The Board had adopted a sensitive and flexible approach that can allow reactivation of retired licensees, but still ensure that only qualified physicians are allowed to practice in the Commonwealth.

Release of Physician Home Addresses

In recent years the Board has received an increasing number of requests from outside parties for physician home addresses. In many cases this has been for the purpose of service of process for such things as subpoenas. Such requests have been considered by Board legal counsel on a case-by-case basis, with the home address released in some instances and not in others.

Recent high profile examples in other states of certain physicians being targeted for protest, or even violence, prompted the Board to consider a new policy.

The new Board policy continues broad release of physician business addresses, or a physician's specified mailing address if that is different from business address. It allows release of a home address only if the physician has specifically listed it as the business or mailing address (an example might be a psychiatrist who practices from an in-home office). In no other cases will the Board release a physician home address. The Board believes is has designed a policy that comports with the Commonwealth's public records laws, but also gives due respect to the right of physicians to their privacy.

Committee on Acupuncture Regulations

For the first time since their original promulgation in 1988, the Board's acupuncture regulations were significantly revised. The Committee on Acupuncture (COA) reviewed the regulations and proposed a number of important revisions, especially in the area of acupuncture education. Highlights of the new regulations include: raising the education requirements to conform with the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the number of education hours from 1350 to 1905; requiring all new applicants to be NCCAOM-certified in either Acupuncture, Oriental Medicine or Chinese Herbology, and; increasing the continuing education requirements for acupuncturists who use herbs in their practice. Additionally, the COA created a Temporary License category for acupuncturists attending education courses in Massachusetts under the supervision of a licensed acupuncturist. The new regulations were promulgated and became effective in January 2009.

Procedures Using Ionizing Radiation

The Board participated in an interagency working group to explore possible changes to existing Board of Medicine and Board of Registration in Physician Assistants regulations regarding who may perform procedures using of ionizing radiation. In essence the question is should physicians, typically in cardiac catheterization facilities be able to delegate fluoroscopic procedures to Physician Assistants? Legislation to that effect is pending before the House.

Stakeholders represented include BORIM, the Physician Assistant Board, DPH's Radiation Control Program, radiation technologists, and cardiologists. Much of the work has focused on what would be appropriate education and training standards for PAs who might perform these procedures. The working group will continue to meet into 2010, and develop recommendations on this issue.

STATISTICAL APPENDIX

The following tables and charts detail the Board's licensing, disciplinary and other statistical information for the calendar year 2009.

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 as the "gatekeepers" of medical licensure. The Division conducts an in-depth review of a physician's credentials, to validate the applicant's education, training, experience and competency. Once complete, the application is reviewed and forwarded to the Board for issuance of a license to practice medicine in the Commonwealth.

The table below shows a continued robust growth in the Commonwealth's physician population. 2009 saw a retreat from the unprecedented spike in new full licensees between 2007 and 2008, but the 2,061 new physicians licensed in 2009 remains fully 10% above the 2007 number. Overall, the total physician population in Massachusetts grew by 1.7% from 2008 to 2009.

License Status Activity	2009*	2008	2007*	2006	2005*
Initial Full Licenses	**2,061**	2,345	1,950	1948	1,775
Full Renewals *	**20,849**	10,801	20,676	9,371	19,648
Lapsed Licenses Revived	**249**	221	204	206	192
Initial Limited Licenses	**1,663**	1,612	1,629	1,587	1,549
Limited Renewals	**2,863**	2,869	2,841	2,811	2,751
Temporary (initial) Licenses	**12**	21	10	13	21
Temporary Renewals	**18**	15	13	11	17
Voluntary Non-renewals	**313**	260	517	320	561
Revoked by Operation of law	**1,159**	770	1,090	874	1,084
Deceased	**259**	56	203	155	265

**The majority of physicians renew their licenses in odd-numbered years.*

LICENSING COMMITTEE ACTIVITY

Cases Reviewed by Licensing Committee	2009	2008	2007	2006	2005	2004
Malpractice Issues	**3**	47	30	29	39	28
Competency Issues	**55**	56	63	56	78	88
Legal Issues	**48**	51	43	57	53	46
Medical Issues	**14**	25	31	22	39	42
6th Limited Renewals	**30**	34	28	31	23	33
Lapsed Licenses	**127**	89	81	59	70	73
Miscellaneous Issues	**66**	36	97	92	181	127
Total Cases Reviewed	**343**	338	373	346	483	437

PERFORMANCE MONITORING AGREEMENTS

The Board's performance-monitoring program for limited licensees began in 1997 to monitor the clinical performance of a limited licensee who may have had performance issues. A performance monitoring agreement is not a disciplinary action; it is an agreement between the licensee and training program director to provide the Board with periodic evaluations of the licensee's clinical performance. Performance monitoring agreements are discontinued when the licensee's performance is consistently satisfactory.

Performance Monitoring Agreements	2009	2008	2007	2006	2005	2004
Performance monitoring agreements	**14**	11	5	9	10	10
% Change from previous year	**+2%**	+ 51%	- 44%	-1.0%	0%	- 10%

LICENSING DIVISION SURVEY

As an ongoing initiative to improve customer services, the Licensing Division surveys newly licensed physicians to identify opportunities for improvement and to expedite the licensing process within the

scope of the Board's regulations. Survey responses are tabulated using the Likert Scale from 1–5, with 1 rated as "poor," 2–3 rated as "average" and 4-5 rated in the "excellent" range. In 2009, the Licensing Division mailed approximately 2,061 surveys and received responses from 704 newly licensed physicians. The overall survey score for 2009 was 4.72% which is the highest score for the past five years.

Survey Questions	2009 Responses (N=704)	2008 Responses (n=816)	2007 Responses (n=594)	2006 Responses (n=467)	2005 Responses (n= 350)
1. Was the Licensing staff courteous?	**4.46**	4.25	4.18	4.33	4.40
2. Was the staff knowledgeable?	**4.88**	4.40	4.18	4.11	4.28
3. Did the staff provide you with the correct information?	**4.68**	4.28	4.12	4.17	3.92
4. Did the staff direct you to the appropriate person to answer your questions?	**4.84**	3.87	4.14	4.17	4.29
Overall average score	**4.72**	4.20	4.16	4.20	4.22

ACUPUNCTURE COMMITTEE ACTIVITY

Licensing

License Type	2009	2008	2007	2006	2005
Active Acupuncturists	**991**	946	_	_	_
Initial Licenses Issued	**49**	75	50	65	84
Renewals	**411**	504	374	482	348
Full Inactive Licenses	**92**	92	63	78	57
Lapsed Licenses	**10**	1	1	55	51
Temporary (initial) Licenses	**0**	0	2	1	2
Voluntary Non-renewals	**32**	6	1	5	2
Expired	**0**	1	0	1	0

Acupuncture Committee Disciplinary Actions

Legal Issues	2009	2008	2007	2006	2005
Denial of License	**0**	0	1	0	1
Disciplinary Actions	**0**	1	1	0	0
Letter of Advice	**0**	1	1	1	0
Letter of Concern	**0**	0	2	0	0
Letter of Warning	**0**	1	0	1	0
Closed/No Action	**0**	2	2	0	0
Total Complaints	**0**	5	5	3	1

ENFORCEMENT DIVISION ACTIVITY

The Enforcement Division is mandated by statute to investigate complaints and litigate adjudicatory matters involving physicians and acupuncturists. It strives to pursue complaints efficiently and fairly as it assists the Board in executing its public protection mandate.

Complaints of all types filed with the Board have dropped considerably from a high in 2007. This has contributed to a decrease in the number of disciplinary actions by the Board, as can be seen in the Adjudicatory statistics below.

COMPLAINTS	2009	2008	2007	2006	2005
Docketed	**491**	554	758	650	661
Closed	**511**	678	715	678	562
Pending as of 12/31	**386**	383	522	479	507

LEGAL DIVISION ADJUDICATORY ACTIVITY

The Division of Law and Policy maintains the Board's adjudicatory case files, schedules cases to be heard by the Board, prepares its Final Decisions and Orders, and tracks its disciplinary numbers. The tables below

Type of Action	2009	2008	2007	2006	2005
Consent Order	**17**	31	31	41	30
Final Decision & Order (FD&O)	**8**	14	12	12	17
Summary Suspension	**1**	2	4	1	5
Resignation	**6**	5	14	10	8
Voluntary Agreement Not To Practice	**14**	2	10	13	15
Assurance of Discontinuance	**0**	1	1	2	1
TOTAL	**46**	55	72	79	73

Discipline by Type of Sanction	2009	2008	2007	2006	2005
Admonishment	**0**	1	1	2	2
Continuing Med. Educ. Requirement	**2**	2	2	4	3
Community Service	**0**	0	0	0	2
Costs	**0**	0	0	0	1
Educational Service	**0**	0	0	0	1
Fine	**7**	3	8	15	12
Monitoring	**0**	0	0	0	4
Practice Restrictions	**3**	1	0	3	16
Probation	**7**	11	9	17	10
Reprimand	**14**	3	15	24	14
Resignation	**6**	5	14	10	8
Revocation	**4**	10	12	9	10
Summary Suspension	**1**	2	4	1	5
Suspension	**4**	18	15	31	12
Stayed Suspension	**6**	10	10	16	5
TOTAL PHYSICIANS DISCIPLINED	**32**	53	67	76	69

In many instances disciplinary cases are resolved by the Board and the physician entering into a Consent Order in which facts and sanction are agreed upon. When a Consent Order cannot be

achieved, a case is referred by law to the Division of Administrative Law Appeals where an Administrative Magistrate conducts an evidentiary hearing, determines the facts, and refers the case back to the Board for further action.

	2009	2008	2007	2006	2005
Cases Referred to DALA	**15**	24	28	16	29
Cases Pending at DALA on 12/31	**34**	40	31	39	27
Cases Dismissed	**4**	4	3	0	3
Statements of Allegations Issued	**34**	54	59	57	58
Probation Violations/Other Violations	**2**	2	1	3	0

Statutorily Mandated Reports to the Board

The Data Repository Unit (DRU) receives and processes statutory reports concerning physicians licensed in Massachusetts. Mandated reporters include physicians, other health care providers, health care facilities, malpractice insurers, professional medical associations, government agencies involved in the provision or oversight of health care and civil and criminal courts.

DRU staff members work with the Board's Data Repository Committee (DRC) to review mandated reports and to determine appropriate resolution, which can include referral to the Board's Enforcement Division for formal investigation. The DRU also provides information regarding Board disciplinary actions to national data collection systems, and it also ensures that appropriate hospital discipline information is accurately posted on Physician Profiles.

TYPE OF REPORT	2009	2008	2007	2006	2005	2004
Renewal "yes" answers – malpractice	**2747**	1,499	3,143	919	3,173	1,146
Court Reports – malpractice	**1101**	871	818	727	962	995
Court Reports – criminal	**0**	0	4	0	1	0
Closed Claim Reports	**973**	904	867	977	854	981
Initial Disciplinary Action Reports	**93**	95	137	155	138	170
Subsequent Disciplinary Action Reports	**73**	75	82	115	172	198
Annual Disciplinary Action Reports	**851**	904	1,002	678	602	632
Professional Society Disciplinary Actions	**1**	3	3	5	0	3
5d (government agency) Reports	**245**	238	245	116	139	99
5f (peer) Reports	**50**	40	31	57	68	58
ProMutual Remedial Action Reports	**0**	0	1	4	3	8
Self Reports (not renewal)	**64**	23	5	4	8	12
TOTAL	**6198**	4,652	6,338	3,757	6,120	4,302

Note: Physicians renew their licenses bi-annually; more renew in odd-numbered years.

Physician Health & Compliance Unit Activity

The PHC Unit monitors physicians for a variety of health reasons, as well as for clinical competency. PHC Unit staff monitors physician compliance with all Board agreements by ensuring that all required reports are filed in a timely fashion. In addition, reports of violations of Board agreements are acted upon immediately. While the Board believes that remediation of any medical condition or impairment is possible, patient safety is paramount. If physicians do not abide by their agreements, the Board will act accordingly.

The PHC Unit reviews license applications referred to it by the Licensing Division; follows up on any reports of impairment, including reports from Physician Health Services of the Massachusetts Medical Society; and presents cases to the Licensing and Complaint Committees, as well as the Board.

Type of Physician Monitoring	2009	2008	2007
Behavioral Health	**4**	11	9
Mental Health	**15**	13	14
Substance Use	**28**	29	30
Clinical Competence	**6**	13	15
Boundary Violations	**12**	16	17
Behavioral/Mental Health	**5**	6	6
Substance Use/Mental Health	**8**	11	11
Other	**15**	17	14
TOTAL	**93**	116	116

Additional PHC Case Detail

ACTION/DISPOSITION	2009
Cases Presented to the Board	**48**
Cases Presented to the Licensing Committee	**68**
Cases Presented to the Complaint Committee	**22**
Renewal Applications Reviewed	**22**
PHS Reports	**40**
Physicians Found in Violation of Agreements	**2**
Physicians Who Completed Agreements	**17**

PATIENT CARE ASSESSMENT DIVISION ACTIVITY

Hospital Safety and Quality Reports to Board

Year	Maternal Death (Type I)	Ambulatory Procedure Death (Type 2)	Wrong-site Procedure (Type 3)	Unexpected Death/Disability (Type 4)	Total
2004	6	14	24	590	634
2005	10	21	31	744	806
2006	5	17	27	733	782
2007	8	14	40	764	826
2008	5	17	35	771	828
2009	**1**	**9**	**22**	**758**	**790**

Since the initial publication in 2002 of the National Quality Forum (NQF) endorsed list of *Serious Reportable Events in Healthcare*, a number of states and government entities have been using this list to shape their incident reporting systems. Cognizant of this national movement toward standardization of incident reporting systems, and appreciating that Massachusetts health care facilities need for unambiguous reporting requirements, the PCA Division has been carefully comparing its SQR reports to the NQF reporting criteria. The Division has determined that 292 (37%) of the790 SQR reports submitted by hospitals to PCA in 2009 describe events that are on the NQF endorsed list. This is higher than the 2008 numbers that showed 27% of the SQRs received were categorized as NQF *Serious Reportable Events in Healthcare* (*"SREs"*).