Commonwealth of Massachusetts

Board of Registration In Medicine

Annual Report
~ 2010 ~

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

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 Board's Annual Report for 2010. The full report can be found on the Board's website at www.mass.gov/massmedboard.

Contrary to what some may think, the Board's mission is not primarily physician licensing and discipline. Licensing only qualified physicians, and disciplining physicians who deviate from the standard of care, or who otherwise compromise the practice of medicine, are indeed important elements of the Board's mission, but not the core elements. The core elements of the Board's mission are patient safety -- and patient safety.

In 2010 the Board reached out to the physician community, health care institutions, health insurers, medical liability insurers, and other government agencies to promote the message of patient safety wherever medicine is practiced. Fully 80% of medicine is practiced outside of hospitals today. The Board is cognizant of this fact, and has broadened its approach accordingly. A prime activity of the Board going forward is to raise the bar of patient care in every setting where health care is practiced by helping to identify and promote best health care practices across the Commonwealth.

Created in 1986 by the Commonwealth's Medical Malpractice Act, the Board's Division of Patient Care Assessment has for 25 years investigated reports of serious medical errors and searched for patterns and trends. It has issued numerous advisories to hospitals concerning practices that might compromise patient safety. In 2010 the Board, recognizing how the practice of medicine has evolved, determined that the newly-renamed Quality & Patient Safety Division should expand its mission to include ambulatory care centers. Medicine is practiced in ways far different than when the Board was created, in 1894, and today's Board is committed to ensuring patient safety, medical excellence and health care quality.

None of that is to say that the Board is veering from its essential duty to ensure that only qualified and talented physicians are licensed, and practice, in Massachusetts. Nor is the Board diverted from its equal duty to discipline physicians who practice or behave inappropriately. The Board's Licensing Division is meticulous in examining the credentials and qualifications of physicians seeking to practice here. The Board's Enforcement Division is equally committed to conducting comprehensive, fair investigations and to recommend discipline for physicians who have deviated from the standard of care, or who have engaged in behavior that may diminish the public's faith in the integrity of the practice of medicine.

The Board's mission is patient safety. Its licensing, disciplinary and quality and patient safety functions seamlessly support that. Every member of the Board, which I am honored to Chair, is devoted to that mission, and we hope our service contributes to the improvement of health care delivery, quality and access in the Commonwealth.

Sincerely,

Peter Paige

Peter Glenn 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.

***The art of medicine cannot be inherited, nor can it be copied from books....* - Paracelsus**

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. He serves as Chair of the Board's Quality and Patient Safety 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.

Mary Jo Harris, Esq., Public Member
Attorney Mary Jo Harris was appointed to the Board in 2009. She is an Assistant General Counsel responsible for employment and labor matters at TravelCenters of America, which operates full-service travel facilities throughout the United States. Previously, she was a partner in the law firm of Morgan, Brown & Joy in Boston, where she handled employment matters; from 1998 through 2005, she was the Legal Advisor to the Boston Police Department, where she oversaw investigation, negotiation and enforcement of internal misconduct complaints. Attorney Harris was in private practice from 1996 to 1998, and was an Assistant Corporation Counsel with the City of Boston Law Department from 1993 to 1996. 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 has served on the Executive Boards of the Boston Inn of Court, and is President-Elect of 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, and chairs the Licensing Committee. She is an Assistant Professor of Emergency Medicine at Boston Medical Center/Boston University School of Medicine, and president of the Boston Medical and Dental Staff. Board certified in emergency medicine, she is also the Director of the Boston Medical Center site of the Massachusetts Violence Intervention Advocacy Program

(VIAP) and co-directs the Massachusetts VIAP with her colleague Dr. Edward Bernstein. Dr. James has chaired and served on national committees within the Society for Academic Emergency Medicine (SAEM), served as a moderator, and has given public lectures and talks. She was appointed to the SAEM Women in Academic Emergency Medicine Task Force, and is a member of the Boston University School of Medicine Admissions Committee. Dr. James is the 2008 awardee of the Mulligan Award for public service. Dr. James' passion is in Public Health both domestically and globally. She is a Supervising Medical Officer on the Boston Disaster Medical Assistance Team, under the Department of Health and Human Services, which has responded to several disasters in the United States and across the globe. Dr. James was deployed to NYC post-9/11, to New Orleans after Hurricane Katrina, to Bam, Iran after the earthquake in 2003, and to Port-Au-Prince Haiti after the earthquake of 2010. For twelve years Dr. James has traveled to Haiti, taking teams of emergency medicine residents. In 2006, Dr. James and a colleague co-founded a non-profit organization called Unified for Global Healing, and for the past three years this multidisciplinary team has worked in Ghana, West Africa, India and Haiti. A graduate of Georgetown University School of Medicine, James trained at Boston City Hospital, where she was a chief resident.

EXECUTIVE DIRECTOR'S MESSAGE

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

In its role as a patient safety agency, the Board emphasizes patient-centered care and supporting physicians to help maximize their ability to do their jobs competently and professionally. One way the Board can help physicians is to simplify its regulatory processes. In 2010, the Board expanded its online full license renewal system to cover the Commonwealth's 4,500 limited licensees, otherwise known as residents and Fellows. These physicians in training programs across the Commonwealth have joined the 33,000 full licensees now able to complete a paperless license renewal process in only a few minutes, rather than the hours it took before. Technology is one of the tools the Board can use to help physicians meet their obligations, and the Board is taking full advantage of it.

Patient safety, as the Board's Chair, Dr. Peter Paige, has said, is at the core of the Board's mission. It informs every policy, every deliberation and every decision. Patient safety is job #1 for every member of the Board's dedicated and talented staff. And it is certainly the driving force behind my agenda for the agency. But patient safety, and the related mission of health care quality improvement, is not the province of the Board alone. The only path to protect patients and create a health care system worthy of our Commonwealth requires collaboration and innovation. The Board is actively participating with agencies, task forces and other groups across state government and the Commonwealth, using its resources and data to support patient safety and health care quality efforts in many quarters.

We continue to do outreach in the form of meeting with leaders and providers 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 Health Care Safety and Quality. The Board also enjoys a good working relationship with Massachusetts Medical Society, physician specialty organizations and other groups. We collaborate extensively with the Boards of Registration in Nursing, Physician Assistants and Pharmacy. And in 2010, the Board also continued to present before physician and acupuncturist groups and at hospital Grand Rounds, at health care facilities and public meetings to share with them the Board's vision and goals, and invite questions and discussion.

In the year ahead, I want to strengthen further this essential collaboration with the individuals and groups who, collectively, can have the greatest impact on protecting patient safety and improving health care quality. We are very fortunate in the Commonwealth of Massachusetts to have not only one of the finest health care systems in the world, but also a vast infrastructure of institutions, organizations, patient advocacy and medical innovation. Acting in concert, we can develop new ways of ensuring access to health care, protecting patient safety, improving health care quality and regulating the practice of medicine and the practice of acupuncture. And I pledge the Board's full commitment and cooperation in that effort.

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 the evidence 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 Division 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.

Quality and Patient Safety Committee

In early 2010, the PCA Division and Committee became the QPS Division and Committee. At this time, new guidelines for the operation of the QPS Committee were developed to provide a framework for: terms of service, membership expertise and scope of work. The new membership represents expertise that will allow responsive feedback and thorough consideration of the issues brought before the QPS Committee. This includes membership from the Boards of Nursing and Pharmacy and a patient representative.

Members of the Quality and Patient Safety (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.

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
Thea L. James, M.D. Board Representative	Amy Soisson, JD Public 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 and acupuncturists 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
2010

Total Licensed	**33,111**	**(100%)**
Men	21,184	(64%)
Women	11,927	(36%)
Age Groups		
<40	7,871	(24%)
40-49	8,790	(27%)
50-59	8,312	(25%)
60-69	5,673	(17%)
>69	2,465	(7%)
Board Certified		
Yes	27,815	(84%)
No	5,296	(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, its committees, including the Committee on Acupuncture, 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.

Quality and Patient Safety Division (QPSD)

The QPSD is responsible for institutional systems of quality assurance, risk management, peer review and credentialing. The QPSD works with health care facilities to assure that patient safety programs are effective and comprehensive, that health care facilities conduct full and competent medical reviews of patient safety incidents and that health care facilities have robust systems for identifying, reporting and remediating patient safety incidents. Reports to the QPSD 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 the QPSD.

In 2010 the QPSD looked at its internal processes to assess their effectiveness and considered ways to enhance our feedback. This included updating the QPSD's data base to enhance our research capabilities. We will soon be better able to mine our data to demonstrate areas of patient safety concern and areas where we can provide opportunities for quality improvement.

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. In 2010 the Call center received over 20,000 calls. 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.

MAJOR BOARD ACTIVITIES IN 2010

The Board's responsibility extends well beyond licensure and discipline of the Commonwealth's 33,000 physicians with full licenses, the 4,500 resident and fellows with limited licenses and the state's 900 licensed acupuncturists. The Board is at the forefront of local, regional and national efforts to improve the quality of health care, and to protect patients from harm. Policy, education and advocacy for patient safety and better health care delivery are at the heart of the Board's mission, and in 2010 the Board pursued that mission on a number of fronts, while also ensuring that its regulation of the medical and acupuncture professions is modern, sensible and efficient.

Expert Panel to Review Immediate Implant-Based Breast Reconstruction Following Mastectomy for Cancer

Following receipt of Safety and Quality Review reports involving patients who developed infections following mastectomy with breast reconstruction, the QPSD surveyed Massachusetts hospitals and reviewed the applicable scientific literature. The QPSD learned that there are no definitive evidenced-based guidelines for post-mastectomy breast reconstruction. Hospital leaders and their surgical staff expressed an interest in exploring this area of practice.

In June 2010, the QPSD, in collaboration with the Betsy Lehman Center for Patient Safety and Medical Error Reduction, convened the Expert Panel to Review Immediate Implant-Based Breast Reconstruction following Mastectomy for Cancer. The Panel is comprised of patients, and experts practicing in breast surgical oncology, plastic surgery, radiation oncology, epidemiology, medical oncology, nursing and social work. Members also include hospital surgical department chairs and experts in quality and patient safety.

The Panel members have been analyzing current scientific literature and identifying those areas of practice where there is consensus, with a goal of making recommendations that would encourage a consistent approach to the surgical care of breast cancer patients. The

Panel had its final meeting in January 2011 and expects to complete its report by March 2011.

Hospital Mortality

The Division of Health Care Finance and Policy's Expert Panel on Hospital-Wide Mortality Measurement concluded that there is not currently a viable measure for public reporting at this time. The Expert Panel instead, recommended to the Health Care Quality & Cost Council that, "the Board of Medicine's Quality and Patient Safety Division provide confidential oversight of hospital's mortality review and improvement program … to include audit of hospital's organized program for analyzing mortality and implementing process improvement." In addition, discussions with the Massachusetts Hospital Association's (MHA) Clinical Issues Advisory Council indicated that there is momentum and support in the hospital community for continued work on this issue, in the absence of a state-endorsed hospital-wide mortality measure.

On September 23, 2010, under its regulatory authority, the QPSD requested that hospitals submit information about their hospital-wide mortality measure and review and improvement program in their Semi-Annual reports. The QPSD is continuing to work closely with the MHA's Clinical Issues Advisory Council on this ongoing project.

Quality and Patient Safety Training

The Board's Quality & Patient Safety Division held two sessions of half-day workshops in June at the Board's offices in Wakefield and two half-day sessions in October. One session in October was held in Wakefield and one at Baystate Franklin Medical Center in Greenfield.

The workshops focused on Patient Care Assessment (PCA) Programs in health care facilities: providing an overview of the regulations; outlining reporting

requirements; and a facilitated discussion on how to conduct a safety and quality review. Over 150 people attended one of the four sessions. Acute care, rehabilitation and specialty hospitals all sent representatives.

In response to feedback, the QPSD has decided to plan a peer review workshop for 2011. The Division plans to incorporate: an understanding of the regulatory framework of peer review, the necessary organizational structure and processes for conducting peer review, and the practices needed in place to be effective.

Online Physician Limited License Renewal

Building on its introduction of online full licensee license renewal in 2009, the Board launched online renewal for limited licensees in 2010.

The Commonwealth's 4,500 residents and fellows who annually must renew their licenses, and the hospital-based training programs who supervise them, can now eliminate the paper-based system of license renewal previously required. This continues the Board's agenda to use technology improvements to help physicians and health care institutions navigate the licensing process more easily. Feedback from residents and their program supervisors has been very positive, and the Board looks forward to future IT advances to make its regulatory processes simpler and more convenient.

License Portability

Board staff continued to participate in the New England Regional License Portability project in conjunction with the Federation of State Medical Boards (FSMB). 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.

Uniform License Application

The Federation of State Medical Board's (FSMB) Uniform License Application allows physicians to complete an online application for their demographic, education and training information when applying for a state license. The Uniform License Application 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 the information will automatically populate the Board's 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 technical enhancements for transferring information to the Board's database are anticipated to be completed in 2011.

National Committee for Quality Assurance (NCQA) Accreditation

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 enrollment contracts. The Board is in the process of applying for NCAQ accreditation as a designated primary source repository for health care facilities and managed care providers. NCQA recognition as a primary source provider of physician information will significantly reduce the redundancy of collecting the same documents each time a physician applies to a health care facility for privileges or as a managed care provider and will significantly reduce physician and staff time in collecting static documents. Additionally, it will be cost effective for physicians, health care facilities and managed care providers and expedite the credentialing process.

Limited License Workshops

In 2010, the Licensing Division conducted four 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, Children's Hospital Medical Center, Berkshire Medical Center and UMass Memorial Medical Center...

Residency program coordinators in teaching facilities are responsible for ensuring that residents and fellows in the Commonwealth's training programs are in compliance with the Board of Registration in Medicine's licensing requirements and receive a limited license to begin their postgraduate training by July 1.

Pain Management Continuing Education

In 2010 the Legislature enacted a requirement that all prescribers, except for veterinarians, as a condition of licensure or re-licensure, to have received training in appropriate pain management. Each board of registration for the various prescribers is required to develop standards for appropriate training programs. The new law requires training in effective pain management, identification of patients at high risk for substance abuse, and counseling patients about side effects, and the addictive nature and proper storage and disposal of prescription drugs.

The Boards of Registration in Medicine, Physician Assistants and Nursing met to discuss how best to approach implementing this new requirement. Each Board will develop its own standards for these training programs, and the Board of Medicine will ultimately determine how to integrate pain management training into the Board's existing CME framework.

Expedited Partner Notification

The FY11 state budget included legislation that will allow physicians, physician assistants and nurse practitioners to prescribe and dispense medication to the sexual partners of individuals diagnosed with Chlamydia without an examination. Approximately 30 other states already allow for such so-called "expedited partner notification."

The Department of Public Health (DPH) is charged with writing regulations to implement this new authority for

practitioners, and DPH, the Board of Medicine, and the Boards of Nursing, Physician Assistants and Pharmacy met, and continue to meet, to discuss the issues involved and develop draft regulations. The legal requirements for promulgating regulations are also complex. A public process that solicits public comment will take place before any new regulations take effect.

Electronic Health Records

Governor Patrick signed legislation in 2010 that requires physicians to be competent in the use of electronic health records (EHR) by January 1, 2015. In order to obtain a Massachusetts medical license — or to renew an existing license — physicians must demonstrate competence in EHR to the Board. The recent federal health care reform law contains additional EHR requirements for Medicare and Medicaid reimbursement eligibility.

In 2010 the Board began working to establish the criteria for competence in EHR, and will create a mechanism for physicians to be certified as competent. The Board will incorporate demonstration of EHR competency into the Board's licensing process, with the mandate becoming effective in January 2015, and will work to ensure that physicians are aware of the requirement long before then and have adequate time to meet it.

Health Care Workforce

The Board continued to participate 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.

STATISTICAL APPENDIX

The following tables detail the Board's licensing, disciplinary and other statistical information for the calendar year 2010.

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 that 2010 was another year of continued growth in the Commonwealth's physician population. The annual increase in the number of new physicians appears to have returned to the recent historical norm of approximately 2,000 new licensees per year, after having spiked in 2008, possibly due to Massachusetts' health reform laws. Between 2009 and 2010 the total physician population in Massachusetts grew by 2.5%, up from the 1.7% increase between 2008 and 2009.

License Status Activity	2010	2009*	2008	2007*	2006
Initial Full Licenses	**1,982**	2,061	2,345	1,950	1,948
Full Renewals *	**12,357**	20,849	10,801	20,676	9,371
Lapsed Licenses Revived	**215**	249	221	204	206
Initial Limited Licenses	**1,695**	1,663	1,612	1,629	1,587
Limited Renewals	**3,046**	2,863	2,869	2,841	2,811
Temporary (initial) Licenses	**7**	12	21	10	13
Temporary Renewals	**18**	18	15	13	11
Voluntary Non-renewals	**157**	313	260	517	320
Revoked by Operation of law	**1,040**	1,159	770	1,090	874
Deceased	**49**	259	56	203	155

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

LICENSING COMMITTEE ACTIVITY

Cases Reviewed by Licensing Committee	2010	2009	2008	2007	2006	2005
Malpractice Issues	**35**	39	47	30	29	39
Competency Issues	**62**	56	56	63	56	78
Legal Issues	**71**	49	51	43	57	53
Medical Issues	**16**	15	25	31	22	39
6th Limited Renewals	**36**	30	34	28	31	23
Lapsed Licenses	**56**	88	89	81	59	70
Miscellaneous Issues	**76**	86	36	97	92	181
Total Cases Reviewed	**352**	363	338	373	346	483

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	2010	2009	2008	2007	2006
Performance monitoring agreements	14	14	11	5	9

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 2010, the Licensing Division mailed 1,982 surveys and received responses from 877 newly licensed physicians. The overall survey score for 2010 was 4.65% which is down slightly over the five-year high recorded in 2009.

Survey Questions	2010 Responses (N+877)	2009 Responses (N=704)	2008 Responses (n=816)	2007 Responses (n=594)	2006 Responses (n=467)
1. Was the Licensing staff courteous?	**4.64**	4.46	4.25	4.18	4.33
2. Was the staff knowledgeable?	**4.62**	4.88	4.40	4.18	4.11
3. Did the staff provide you with the correct information?	**4.64**	4.68	4.28	4.12	4.17
4. Did the staff direct you to the appropriate person to answer your questions?	**4.70**	4.84	3.87	4.14	4.17
Overall average score	**4.65**	4.72	4.20	4.16	4.20

ACUPUNCTURE COMMITTEE ACTIVITY

Licensing

License Type	2010	2009	2008	2007	2006
Active Acupuncturists	**984**	**991**	946	_	_
Initial Licenses Issued	**60**	**49**	75	50	65
Renewals	**503**	**411**	504	374	482
Full Inactive Licenses	**100**	**92**	92	63	78
Lapsed Licenses	**15**	**10**	1	1	55
Temporary (initial) Licenses	**0**	**0**	0	2	1

Acupuncture Committee Disciplinary Actions

Legal Issues	2010	2009	2008	2007	2006
Denial of License	**0**	0	0	1	0
Disciplinary Actions	**0**	0	1	1	0
Letter of Advice	**0**	0	1	1	1
Letter of Concern	**0**	0	0	2	0
Letter of Warning	**0**	0	1	0	1
Closed/No Action	**0**	0	2	2	0
Total Complaints	**0**	0	5	5	3

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. Cases are investigated by teams composed of a complaint counsel, an investigator and/or a nurse. Division complaint counsel negotiate voluntary agreements and consent orders, and litigate Board matters referred to DALA.

In 2010, docketed complaints continued a several-year decline. Since a high of 758 in 2007, docketed complaints have fallen by 42%. The reason or reasons for this are unknown, and the drop off in complaint activity is all the more surprising given that over 400,000 new patients entered the health care system as a result of the Commonwealth's health reform efforts.

COMPLAINTS	2010	2009	2008	2007	2006	2005
Undocketed*	**291**	226	298	224	257	181
Docketed	**439**	491	554	758	650	661
Closed	**568**	511	678	715	678	562
Pending as of 12/31	**243****	386	383	522	479	507

* Technically not actual complaints, but correspondence alleging behavior not in the Board's jurisdiction, lacking grounds for discipline, etc.
**187 pre-adjudicatory
56 adjudicatory

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 summarize the Board's adjudicatory activity in 2010.

Type of Action	2010	2009	2008	2007	2006
Consent Order	**18**	17	31	31	41
Final Decision & Order (FD&O)	**21**	8	14	12	12
Summary Suspension	**0**	1	2	4	1
Resignation	**5**	6	5	14	10
Voluntary Agreement Not To Practice	**14**	14	2	10	13
Assurance of Discontinuance	**1**	0	1	1	2
TOTAL	**59**	46	55	72	79

Discipline by Type of Sanction	2010	2009	2008	2007	2006
Admonishment	**1**	0	1	1	2
Continuing Med. Educ. Requirement	**6**	2	2	2	4
Fine	**9**	7	3	8	15
Monitoring	**0**	0	0	0	0
Practice Restrictions	**5**	3	1	0	3
Probation	**16**	7	11	9	17
Reprimand	**13**	14	3	15	24
Resignation	**5**	6	5	14	10
Revocation	**10**	4	10	12	9
Summary Suspension	**0**	1	2	4	1
Suspension	**15**	4	18	15	31
Stayed Suspension	**16**	6	10	10	16
TOTAL PHYSICIANS DISCIPLINED	**45**	32	53	67	76

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.

	2010	2009	2008	2007	2006
Cases Referred to DALA	**10**	15	24	28	16
Cases Pending at DALA on 12/31	**23**	34	40	31	39
Cases Dismissed	**5**	4	4	3	0
Statements of Allegations Issued	**28**	34	54	59	57
Probation Violations/Other Violations	**5**	2	2	1	3

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) which reviews 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	2010	2009	2008	2007	2006	2005
Court Reports – malpractice	**827**	1101	871	818	727	962
Court Reports – criminal	**0**	0	0	4	0	1
Closed Claim Reports	**879**	973	904	867	977	854
Initial Disciplinary Action Reports	**68**	93	95	137	155	138
Subsequent Disciplinary Action Reports	**47**	73	75	82	115	172
Annual Disciplinary Action Reports	**848**	851	904	1,002	678	602
Professional Society Disciplinary Actions	**0**	1	3	3	5	0
5d (government agency) Reports	**131**	245	238	245	116	139
5f (peer) Reports	**31**	50	40	31	57	68
ProMutual Remedial Action Reports	**0**	0	0	1	4	3
Self Reports (not renewal)	**27**	64	23	5	4	8
TOTAL	**2,858**	3,451	3,153	3,195	2,838	2,947

Note: Physicians renew their licenses biennially; a large majority 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	2010	2009	2008	2007
Behavioral Health	**2**	4	11	9
Mental Health	**13**	15	13	14
Substance Use	**34**	28	29	30
Clinical Competence	**6**	6	13	15
Boundary Violations	**13**	12	16	17
Behavioral/Mental Health	**2**	5	6	6
Substance Use/Mental Health	**6**	8	11	11
Other	**14**	15	17	14
TOTAL	**90**	93	116	116

Additional PHC Case Detail

ACTION/DISPOSITION	2010	2009
Cases Presented to the Board	**69**	48
Cases Presented to the Licensing Committee	**65**	68
Cases Presented to the Complaint Committee	**20**	22
Renewal Applications Reviewed	**6**	22
PHS Reports	**38**	40
Physicians Found in Violation of Agreements	**6**	2
Physicians Who Completed Agreements	**18**	17

QUALITY & VISION 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
2010	**2**	**13**	**21**	**854**	**890**

Since the initial publication in 2002 of the National Quality Forum (NQF) endorsed list of *Serious Reportable Events in Healthcare* (SREs), 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 Quality and Patient Safety Division carefully compares its SQR reports to the NQF reporting criteria. The Division has determined that 393 (44%) of the 890 SQR reports submitted by hospitals to QPSD in 2010 describe events that are on the NQF endorsed list.