



*Commonwealth of Massachusetts*  
**Board of Registration  
In Medicine**  
**Annual Report**  
**~ 2012 ~**



**Deval L. Patrick**  
*Governor*

**Timothy P. Murray**  
*Lieutenant Governor*

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

**Candace Lapidus Sloane, M.D.**  
*Chair*

**Gerald B. Healy, M.D.**  
*Vice Chair*

**Kathleen Sullivan Meyer, Esq.**  
*Secretary*

**Marianne Felice, 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 Board's Annual Report for 2012. The full report can be found on the Board's website at [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard).

In 2012 the Board experienced significant change. I had the honor and privilege to be elected the new Chair of the Board, and joining me as new Vice Chair, Dr. Gerald B. Healy, and as a new Public Member and Secretary of the Board, Attorney Kathleen Sullivan Meyer. Marianne Felice, M.D. was also appointed by Governor Patrick as a Physician Member. I am pleased to report that Barbara A. Piselli, head of the Enforcement Division, was appointed Interim Executive Director in December. The fundamental mission of the Board remains the same: protecting the public through enhanced patient safety and health care quality improvement in the Commonwealth, while protecting the applicable due process rights of physicians.

The Board licenses over 40,000 physicians and acupuncturists, and maintaining the highest standards of professional skill and moral character for all who hold or seek licensure in Massachusetts is the Board's most important priority. The Board's own mission statement states clearly that our responsibility is "...to ensure that only qualified physicians are licensed to practice in the Commonwealth, to ensure that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and to support an environment that maximizes the high quality of health care in Massachusetts."

In pursuit of that mission, the Board does more than just license and discipline physicians and acupuncturists. In 2012 the Quality & Patient Safety Division issued advisories to health care facilities about best practices, among them an advisory on preventive measures to minimize the risk of wrong-level spinal surgery; the Board launched a new Physician Profiles website with more information about physicians available to consumers, with another upgrade to be released in 2013. The Board also implemented a

continuing professional development audit program to ensure physicians are meeting their obligation to maintain and expand their skills and knowledge.

In summary, throughout 2012, the Board met 21 times in full session; the Members approved nearly 2,000 new full license applications and the Licensing Committee personally examined 343 applications that required individual review. In Adjudicatory Sessions, the Board took disciplinary action against the licenses of 44 physicians.

The complete Annual Report concludes with a statistical tabulation of the Board's work during 2012, including the number of licenses issued, renewed, expired, the number and types of disciplinary actions taken, and the number and type of statutorily mandated reports of physician behavior received. Behind these numbers is the real work of the devoted staff and Board Members: patient safety, transparency, outreach to consumers and the continuous improvement of the health care system in the Commonwealth.

Sincerely,

A handwritten signature in blue ink that reads "Candace Lapidus Sloane". The signature is written in a cursive, flowing style.

Candace Lapidus Sloane, M.D.  
Chair

**Board of Registration in Medicine  
2011 Annual Report**

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*Commonwealth of Massachusetts*  
**Board of Registration in Medicine**

Annual Report

2012

**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.

***“Wherever the art of Medicine is loved, there is also a love of  
Humanity.”***

-- Hippocrates

## MEMBERS OF THE BOARD

### **Candace Lapidus Sloane, M.D., Chair, Physician Member**

Dr. Sloane was appointed to the Board in 2011. She earned BS (Magna Cum Laude) and MD degrees from Tufts University. She interned in Pediatrics at Children's Memorial Hospital in Chicago and served her Pediatric Residency at New York Hospital. She was a Pediatric Fellow and Instructor at Children's Hospital of Philadelphia. She later completed a Residency in Dermatology in the combined Boston University/Tufts University Medical School program, and was Chief Resident in Dermatology her third year. Dr. Sloane is board certified in Dermatology and Pediatric Dermatology. She served as an Instructor on the faculty of the University of Pennsylvania School of Medicine and Boston University School of Medicine, Director of the Pediatric and Adolescent Dermatology Service and Director of the Community Health Center Initiative in Dermatology at Boston Medical Center; an Assistant Professor of Dermatology and Pediatrics and Director, Fellowship in Primary Care Dermatology at the Boston University School of Medicine; and as an Assistant Professor of Dermatology and Pediatrics at the Alpert School of Medicine at Brown University. At Brown she was head of Pediatric Dermatology at Rhode Island Hospital, served as Dermatology Residency Director, and a Member of the Medical School Admissions Committee. Currently, she is a Clinical Assistant Professor of Pediatrics at Brown Medical School and a member of the Adjunct Medical Staff at Children's Hospital Boston. She has lectured widely in the US and Europe, and authored or co-authored many publications in Pediatrics and Dermatology. Her special area of research interest is atopic dermatitis. Dr. Sloane chairs the Board's Licensing Committee and the Quality & Patient Safety Committee.

### **Gerald. B. Healy, M.D., Vice Chair, Physician Member**

Dr. Healy was appointed to the Board in 2011. He is the emeritus Surgeon-in-Chief and the emeritus Gerald B. Healy Chair in Otolaryngology at Children's Hospital Boston. Dr. Healy is Professor of Otology and Laryngology at Harvard Medical School, and is currently a Senior Fellow at the Institute for Healthcare Improvement. He is a member of the American Academy of Otolaryngology-Head and Neck Surgery, the American College of Surgeons, the Triological Society, the American Laryngological Association, the American Society of Pediatric Otolaryngology and the American Society of Head and Neck Surgery. He has served as President of the Massachusetts Chapter of the American College of Surgeons, the American Society of Pediatric Otolaryngology, the American Bronchoesophagological Association, and the Triological Society, and was Secretary and President of the American Laryngological Association. He has served as Chairman of the Board of Regents of the American College of Surgeons and is a past-President of the College. In 1986, Dr. Healy was elected to the Board of Directors of the American Board of Otolaryngology and served as its Executive Vice-President until 2004. He has also served as a Director of the American Board of Emergency Medicine. He is an Honorary Fellow of the Royal College of Surgeons of Ireland and the Royal College of Surgeons of England. Dr. Healy was a Trustee of Children's Hospital Boston and is currently a Trustee of Boystown in Omaha, Nebraska. Dr. Healy is the author of several books and book chapters and/or monographs, and is extensively published in peer-reviewed journals. He has been the principal investigator of NIH funded research addressing diseases affecting infants and children and has been cited for his

pioneering work with laser surgery in children. In addition he has lectured in North America, Asia and Europe on health care reform, patient safety, the need to restructure medical education and international medical collaboration. Dr. Healy chairs the Board's Complaint Committee and the Data Repository Committee.

**Kathleen Sullivan Meyer, Secretary, Public Member**

Ms. Meyer was appointed to the Board in 2012, and is an Attorney at Law. She is a graduate of Newton College of the Sacred Heart, and received her Juris Doctor degree from Suffolk University Law School in 1978. Ms. Meyer practiced at the Boston law firms of Snider, Crowe & Sbrogna and Lubin & Meyer, P.C. She is a member of the Massachusetts Bar Association and Boston Bar Association and is admitted to practice before the United States District Court, First Circuit Court of Appeals. Ms. Meyer has also served on the Board of Corporators of the Massachusetts Society for the Prevention of Cruelty to Children and as Chairman of the Strategic Planning Committee for the Fenn School Board of Trustees in Concord, Massachusetts. Ms. Meyer is a member of the Board's Licensing Committee.

**Marianne E. Felice, M.D., Physician Member**

Dr. Marianne E. Felice is Professor of Pediatrics and Obstetrics & Gynecology and is the immediate past Chair of the Department of Pediatrics at the University of Massachusetts Medical School and Physician-in-Chief of the UMass Memorial Children's Medical Center. Dr. Felice received her medical degree from the Pennsylvania State University College of Medicine. She completed her pediatric residency at the Harrisburg Polyclinic Hospital and a Fellowship in Behavioral Pediatrics/Adolescent Medicine at the University of Maryland. Dr. Felice is widely published, and has been awarded over \$25 million in grant funds for service, training, or research programs in child health. She is the immediate past Chair of the Worcester Infant Mortality Reduction Task Force, is a former president of the Society for Adolescent Medicine, a former Chair of the Committee on Adolescence of the American Academy of Pediatrics, a past President of the Association of Medical School Pediatric Department Chairs and a past member of the Board of Directors of the Society for Adolescent Health and Medicine. Among many awards Dr. Felice has received are the Pennsylvania State University Alumni Fellow Award in Medicine, the American Academy of Pediatrics Adele Hofman Award for Outstanding Achievement in Adolescent Health, the Katherine Erskine Award for Medicine or Science from the YWCA, and the Lois B. Green Achievement Award for Leadership from the United Way. In 2004, she was the 200th Orator for the Massachusetts Medical Society, the third woman to receive such an honor. In 2009, she was honored by Carlow University as a University Laureate for leadership in her field and by the March of Dimes for leadership in infant health. In 2011 she was awarded the Chancellor's Medal for Service at the University of Massachusetts Medical School. Dr. Felice was appointed to the Massachusetts Board of Registration in Medicine in 2012. She is a member of the Complaint Committee and the Data Repository Committee.

## 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 full 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 or three 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, health care facility 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 interviews 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***

Members of the QPS Committee work with hospitals and other health care facilities to improve quality and patient safety processes and ensure that physicians who practice within a facility are active participants in these programs. The Committee is committed to preventing patient harm through the strengthening of medical quality assurance programs in all institutions.

The Quality and Patient Safety (QPS) Committee membership represents expertise that allows 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.

### ***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, one physician member actively involved with acupuncture and one physician member of the Board designated by the Chair of the Board.

#### ***Acupuncture Committee Members***

Weidong Lu, Lic.Ac. Chairman	Nancy E. Lipman, Lic.Ac. Vice Chair
Joseph F. Audette, M.D. Secretary	Amy Soisson, JD Public Member
Shelley Kelly Sullivan, Lic. Ac. Member	

## **FUNCTIONS AND DIVISIONS OF THE AGENCY**

The Executive Director of the agency reports to the Board and under the direction of the Board is responsible for 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 and its committees on issues of licensure, discipline, health care quality and policy. In addition, the Executive Director is responsible for 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 or she is the primary spokesperson for the Agency, and supports collaborative efforts to ensure that the voice of the Agency is heard in settings at the statewide, regional and national level.

### ***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 and training programs to explain the requirements for examinations and training that must be met before a license will be issued.

### ***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. Enforcement staff are also involved in outreach to consumers and other groups to inform the public about the Board and its Enforcement function.

<b><u>Physician Demographics</u></b> <b>2012</b>	
<b>Total Licensed</b>	<b>34,854 (100%)</b>
Men	<b>21,837 (62.6%)</b>
Women	<b>13,017 (37.3%)</b>
<b>Age Groups</b>	
<b>&lt;40</b>	<b>8,822 (25.3%)</b>
<b>40-49</b>	<b>8,828 (25.3%)</b>
<b>50-59</b>	<b>8,578 (24.6%)</b>
<b>60-69</b>	<b>6,043 (17.3%)</b>
<b>&gt;69</b>	<b>2,583 ( 7.4%)</b>
<b>Board Certified</b>	
<b>Yes</b>	<b>25,509 (84.6%)</b>
<b>No</b>	<b>5,345 (15.3%)</b>
<i>As of December 2012</i>	

### *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.

### *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 help 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, assist callers with obtaining 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.

## MAJOR BOARD ACTIVITIES IN 2012

The Board is more than a licensure and disciplinary agency for the Commonwealth's 35,000 physicians with full licenses, the 4,500 residents and fellows with limited licenses and the 1,000 licensed acupuncturists. It is a leader in local, regional and national efforts to protect patient safety and improve the quality of health care and its delivery. The Board's mission extends to policy, education and advocacy for patient safety and better health care quality. In 2012 the Board continued to pursue that mission, while also focusing on how to improve the way it regulates the medical and acupuncture professions, and to provide the highest level of service to its licensees.

### **Hospital Mortality Report**

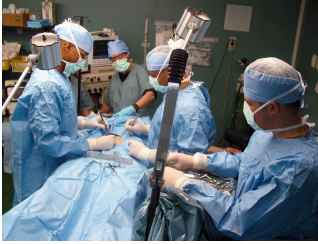
The Division of Health Care Finance and Policy's Expert Panel on Hospital-Wide Mortality Measurement concluded that there is not currently a viable measure for public reporting, and recommended that the Board's Quality and Patient Safety Division audit hospital organized programs for analyzing mortality and implementing process improvement.

In 2011, the QPSD surveyed Massachusetts hospitals to identify trends, characterize practices for mortality review and measurement and share successful improvement strategies for reducing mortality. In October 2012, the QPSD issued a report, *Use of Mortality Measures by Massachusetts Hospitals - Results of a Statewide Survey with Follow-Up Interviews*, providing the results of its survey with findings from follow-up interviews with four hospitals.

### **Health Care Quality**

The QPSD published three editions of its newsletter, *FIRST* in 2012. Topics included: emergency airway response (April 2012); early ambulation in the ICU (August 2012); and hand-off communication (December 2012). The newsletters also updated the health care community on the work of the QPSD.

In addition to the three annual publications of *FIRST*, the QPSD issued three “special editions.” These special editions highlighted initiatives to improve patient safety and enhance



the quality of patient care. In March QPSD featured an article by Massachusetts General Hospital on alarm fatigue, describing how the hospital developed and adopted specific alarm monitoring standards to improve the quality of patient care.

Also in March *FIRST* featured articles by Baystate Franklin Medical Center and Boston Medical Center describing how their hospitals had achieved one of more of the habits of highly effective health care organizations. The four habits are explained in an article by Richard Bohmer in the December 2011 publication of the *New England Journal of Medicine* - "The Four Habits of High-Value Health Care Organizations."

A special edition in September featured New England Baptist Hospital and Beth Israel Deaconess Medical Centers' experiences in the review of wrong level surgery cases. The hospitals have developed enhancements to their spine site and level verification protocols that have significantly improved the spine site and level verification processes to eliminate the risk of wrong site spine surgery and preventable harm.

The QPSD also issued four advisories covering the following topics: Safety and Quality Review reporting; prevention of complications associated with Hydromorphone; the HIPAA Privacy Rule and sharing of patient information for quality improvement purposes; and strategies for assessing the strength of health care facility improvement actions.

### **Root Cause Analysis Workshops**

The QPSD co-sponsored with the Massachusetts Society for Healthcare Risk Management and the Massachusetts Hospital Association two full day root cause analysis (RCA) workshops that each awarded physicians six continuing professional development credits in risk management.

The workshops described the elements of a “thorough” RCA, discussing what is often missing from investigations. Analytical tools caregivers need to identify the event’s root cause and latent conditions were presented. The workshops also included training on how to identify effective strategies for designing sustainable corrective actions and follow-up monitoring activities.

Ambulatory Surgery Centers were invited to a workshop in June to discuss how to operate effective and comprehensive patient safety programs, ensuring that health care facilities have



robust systems for identifying, reporting and remediating patient safety incidents. The session was also available by Webinar for the first time.

In co-sponsorship with the Massachusetts Hospital Association, the QPSD held a workshop for hospital and health system board members on their role and accountability in the governance and leadership of quality and patient safety. The following topics were addressed:

- What are the leading edge issues of quality and patient involvement?
- How does the culture of an organization drive quality?
- How should we manage Serious Adverse Events?
- How has the Office of Inspector General for Health and Human Services recently focused on Adverse Event Reporting?
- What are the regulatory requirements of the Quality and Patient Safety Division within the Board of Registration in Medicine?

### **Updated Physician Profiles**

In April 2012 the Board launched a new, expanded online Physician Profiles website that is more user-friendly and navigable, and provides more physician information for consumers, hospitals and credentialing agencies, including license number and expiration date and national provider identification number. It also allows for more comprehensive listings of

specialties and subspecialties and tracks physicians if they change names. A further upgrade and expansion of Physician Profiles will launch in 2013. New legislation now requires Physician Profiles to include disciplinary actions by any health care employer, not just hospitals, any disciplinary actions, serious criminal convictions and medical malpractice payments, not just those in the preceding ten years, and to publish Physician Profiles on physicians no longer licensed in Massachusetts or who hold a Massachusetts license in a non-active status.

### **Continuing Professional Development Audit**

The Board began random audits of physician compliance with continuing professional development (CPD) requirements in Category I to ensure that physicians are maintaining and expanding their medical knowledge and skills base. Physicians must earn a total of 40 Category I credits during each two-year license period, as well as 60 Category II credits. The audit program has shown a very high degree of compliance with CPD requirements, reflecting a physician population committed to continuously improving the practice of medicine.



### **Health Care Workforce**

In 2012 the Board received a grant from the Blue Cross Blue Shield of Massachusetts Foundation to develop, test and implement new demographic and practice information-related questions for the Board's online licensing system. The Board is working with the non-profit RAND Corporation on the project, with the ultimate goal of creating a more precise database about physicians practicing in the Commonwealth. Specifically the Board wants to know what type of medicine individual physicians are practicing. For example, many physicians list more than one specialty or subspecialty, but currently there is no data indicating which of multiple specialties a physician primarily practices. Another area of inquiry is how many hours per



week are spent on direct patient care, as opposed to administrative duties or research. Combined with the Board's existing information, these and other types of information will give a truer picture of actual patient access to physician care in the Commonwealth not only for the Board, but for policy makers and other health care stakeholders.

### **Outreach**

The Board continued its outreach efforts to both the public and to the health care community. Board staff attended health fairs and spoke at senior centers and various community groups, providing information about Board resources, particularly Profiles, and how to be educated health care consumers. Materials made available include brochures about Profiles, access to medical records and the Board's complaint process. Recently the brochures have been translated into Spanish and Portuguese. And staff appeared on a public affairs television program in Springfield explaining what the Board does, and how consumers can access the Board's resources.

The Board also sent its quarterly newsletter to physicians providing them with valuable information and updates of interest to the physician community. And the Licensing Division help online workshops for residency program coordinators to ensure that new medical school graduates are able to obtain limited licenses prior to the beginning of their residencies in Commonwealth teaching hospitals.

Presentations about the Board were made to the medical staffs of over a dozen hospitals during Grand Rounds, and Boston Children's Hospital asked Board staff to participate in a video produced to train pediatricians about the use of pain medications for minors. The Board, on behalf of the Department of Public Health, also sent emails to physicians on a variety of topics including opioid prescribing, proper use of antibiotics, expedited partner therapy, oral health during pregnancy, hemolytic uremia syndrome and surgical hysterectomy care.

The Quality and Patient Safety (QPS) Division redesigned its presentation to educate hospital medical staff members about the Patient Care Assessment (PCA) Program and how they can



be engaged in the quality and safety activities at their facilities. The presentation provides a brief overview of the PCA Program; describes quality and patient safety research relevant to the PCA Program; and explains the physician's role in quality and patient safety. The presentation is offered through Grand Rounds or other medical staff educational programs. QPS also continued its outreach to health care facilities by publishing its own newsletter.

## STATISTICAL APPENDIX

The following tables detail the Board's licensing, investigation disciplinary and other statistical information for the calendar year 2012.

### 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 "gatekeeper" 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.

2012 saw continued growth in the Commonwealth's physician population. The annual increase in the number of new physicians continues to be approximately 2,000 new licensees per year, after a one-time spike in 2008, possibly due to Massachusetts' health reform efforts. Between 2011 and 2012 the total physician population in Massachusetts grew by 1.7%, somewhat lower than the 2.5% increase between 2010 and 2011.

License Status Activity	2012	2011*	2010	2009*	2008
Initial Full Licenses	<b>1,926</b>	1,964	1,982	2,061	2,345
Full Renewals *	<b>12,858</b>	20,339	12,357	20,849	10,801
Lapsed Licenses Revived	<b>202</b>	233	215	249	221
Initial Limited Licenses	<b>1,732</b>	1,723	1,695	1,663	1,612
Limited Renewals	<b>3,188</b>	3,124	3,046	2,863	2,869
Temporary (initial) Licenses	<b>5</b>	9	7	12	21
Temporary Renewals	<b>2</b>	11	18	18	15
Lapsed	<b>1,165</b>	2,083	1,197	1,472	1,030
Deceased	<b>155</b>	20	49	259	56

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

**LICENSING COMMITTEE ACTIVITY**

Cases Reviewed by Licensing Committee	2012	2011	2010	2009	2008	2007
Malpractice Issues	38	44	35	39	47	30
Competency Issues	52	68	62	56	56	63
Legal Issues	61	76	71	49	51	43
Medical Issues	28	28	16	15	25	31
Waiver of 7-Year Rule	30	36	36	30	34	28
Lapsed Licenses	85	73	56	88	89	81
Miscellaneous Issues	49	67	76	86	36	97
<b>Total Cases Reviewed</b>	<b>343</b>	392	352	363	338	373

**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. In some instances, the investigation produces information that a physician poses an immediate and serious risk to the public health, safety and welfare; Complaint Counsel will bring the information to the Board's immediate attention seeking the temporary suspension of the physician's license until such time as the Board takes final action after a hearing (called a Summary Suspension).

The Enforcement Division investigates complaints (docketed complaints) received from several sources, including:

- Consumers of healthcare and their advocates;
- Law enforcement agencies;

- Health care facilities;
- Health care professionals; and
- Medical boards in other states, which report that a Massachusetts licensee was disciplined in that other state.

As reflected in the chart below, in 2012, the number of docketed complaints increased for the second year in a row. The number had peaked at 758 in 2007, but had declined to 439 by 2010.

PHYSICIAN COMPLAINTS	2012	2011	2010	2009	2008	2007
<b>Docketed</b>	541	474	439	491	554	758
<b>Closed</b>	507	428	568	511	678	715
<b>Pending as of 12/31</b>	349 <sup>1</sup>	300	243	386	383	522

<sup>1</sup> Docketed complaints that originated as reports from health care facilities and other health care professionals are sent to the Board's data repository. *See page 19.*

Some complaints filed by consumers are not docketed because the complaint is about a matter that would not subject the physician to discipline. For example, the consumer complained that the physician sent her a notice that the physician was terminating their treatment relationship, and enclosed a copy of the notice. Physicians may terminate the treatment relationship if the physician followed protocols established by the medical profession. The notice that was sent to the patient complied with the protocols (i.e. informed the patient of the termination and the need to find alternate care, and offered to provide emergency care for 30-days); thus, the Board would not docket a complaint.

The number of consumer complaints that were not docketed dropped this year by almost 50% from 2011.

Complaints About Physicians Not Docketed					
2012	2011	2010	2009	2008	2007
149	292	291	226	298	224

Division complaint counsel negotiate voluntary agreements not to practice medicine and voluntary agreements for practice restrictions and consent orders, and they litigate Board matters referred to the Division of Administrative Law Appeals (DALA). After a matter is litigated, DALA issues a Recommended Decision with findings of facts and conclusions of law. The matter is returned to the Board, which issues a Final Decision and Order based on the Recommended Decision.

In 2012, the Board took disciplinary action against the licenses of 43 physicians. Those disciplines were the result of the Consent Orders that were negotiated by Complaint Counsel; Final Decisions and Orders on matters litigated by Complaint Counsel at DALA; Resignations by physicians during the pendency of the Enforcement Division's investigation or litigation of a docketed complaint; and one Summary Suspension.

Type of Action	2012	2011	2010	2009	2008	2007
Consent Order	20	20	18	17	31	31
Final Decision & Order (FD&O)	15 <sup>1</sup>	5	21	8	14	12
Summary Suspension	1	2	0	1	2	4
Resignation	8	6	5	6	5	14
Assurance of Discontinuance <sup>1</sup>	0	0	1	0	1	1
<b>TOTAL</b>	<b>44</b>	<b>33</b>	<b>45</b>	<b>32</b>	<b>53</b>	<b>62</b>

<sup>1</sup>These 16 Final Decisions and Orders related to 13 physicians. The discrepancy in the number of Final Decisions and Orders is a function of the docketing systems at the Board and the Division of Administrative Law Appeals.

<sup>2</sup>An Assurance of Discontinuance is a mode of imposing discipline for minor violations of law. Complaint Counsel is responsible for negotiating an Assurance of Discontinuance in accordance with the Complaint Committee's direction.

In 2012, 13 physicians voluntarily agreed that they would not practice medicine while the Enforcement Division's investigation and any adjudicatory procedures were ongoing. The Board accepted the agreement in all cases. Whenever possible, the Board will acknowledge the physician's voluntary agreement in its final disposition of a case.

Voluntary Agreements Not to Practice Medicine					
2012	2011	2010	2009	2008	2007
13	14	14	14	2	10

### **DIVISION OF LAW & POLICY ACTIVITY**

The Division of Law and Policy maintains the Board's adjudicatory case files, schedules cases to be heard by the Board, advises the Board on matters of law and policy, prepares its Final Decisions and Orders and tracks its adjudicatory numbers. The tables below summarize the Board's adjudicatory activity in 2012.

Discipline by Type of Sanction	2012	2011	2010	2009	2008
Admonishment	2	0	1	0	1
Community Service	2	0	0	0	0
Continuing Med. Educ. Requirement	5	2	6	2	2
Fine	5	3	9	7	3
Practice Restrictions	1	3	5	3	1
Probation	8	8	16	7	11
Reprimand	11	6	13	14	3
Resignation	8	6	5	6	5
Revocation	10	3	10	4	10
Summary Suspension	1	2	0	1	2
Suspension	12	11	15	4	18
Stayed Suspension	7	8	16	6	10
<b>TOTAL LICENSES SANCTIONED*</b>	<b>44</b>	<b>33</b>	<b>45</b>	<b>32</b>	<b>53</b>

\*Columns do not total; some licenses received more than one sanction.

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.

	2012	2011	2010	2009	2008
<b>Cases Referred to DALA</b>	<b>8</b>	16	10	15	24
<b>Cases Pending at DALA on 12/31</b>	<b>7</b>	30	23	34	40
<b>Cases Dismissed</b>	<b>6</b>	0	5	4	4
<b>Statements of Allegations Issued<sup>1</sup></b>	<b>26</b>	36	28	34	54

<sup>1</sup>Every Statement of Allegations results in a consent order drafted by complaint counsel or a referral to DALA.

### *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.

TYPE OF REPORT	2012	2011	2010	2009	2008	2007
Court Reports – malpractice	<b>796</b>	782	827	1101	871	818
Court Reports – criminal	<b>2</b>	0	0	0	0	4
Malpractice Closed Claim Reports	<b>693</b>	919	879	973	904	867
Initial Disciplinary Action Reports	<b>58</b>	70	68	93	95	137
Subsequent Disciplinary Action Reports	<b>57</b>	47	47	73	75	82
Annual Disciplinary Action Reports**	<b>1,070</b>	462	848	851	904	1,002
Professional Society Disciplinary Actions	<b>47</b>	19	0	1	3	3
5d (government agency) Reports	<b>32</b>	48	131	245	238	245
5f (peer) Reports	<b>44</b>	56	31	50	40	31
Self Reports (not renewal)	<b>24</b>	20	27	64	23	5
<b>TOTAL</b>	<b>2,823</b>	2,186	2,858	3,451	3,153	3,195

*Note: Physicians renew their licenses biennially; a large majority renew in odd-numbered years.*

*\*\*In 2011 the Board changed the way disciplinary actions by multi-facility health care organizations are reported to the Board. A single report may now contain multiple incidents from different facilities under the same corporate umbrella.*

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.

### ***Physician Health & Compliance Unit Activity***

The PHC Unit monitors physicians for a variety of health and behavioral reasons, as well as for clinical competency, sexual misconduct and boundary violations. PHC Unit staff monitors physician compliance with all Board agreements by ensuring that all required reports by Board approved practice monitors 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.

<b>Type of Physician Monitoring</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
<b>Behavioral Health</b>	<b>2</b>	2	2	4	11
<b>Mental Health</b>	<b>6</b>	11	13	15	13
<b>Substance Use</b>	<b>32</b>	32	34	28	29
<b>Clinical Competence</b>	<b>5</b>	7	6	6	13
<b>Boundary Violations</b>	<b>10</b>	9	13	12	16
<b>Behavioral/Mental Health</b>	<b>2</b>	2	2	5	6
<b>Substance Use/Mental Health</b>	<b>4</b>	5	6	8	11
<b>Other</b>	<b>12</b>	10	14	15	17
<b>TOTAL</b>	<b>73</b>	78	90	93	116



### Additional PHC Case Detail

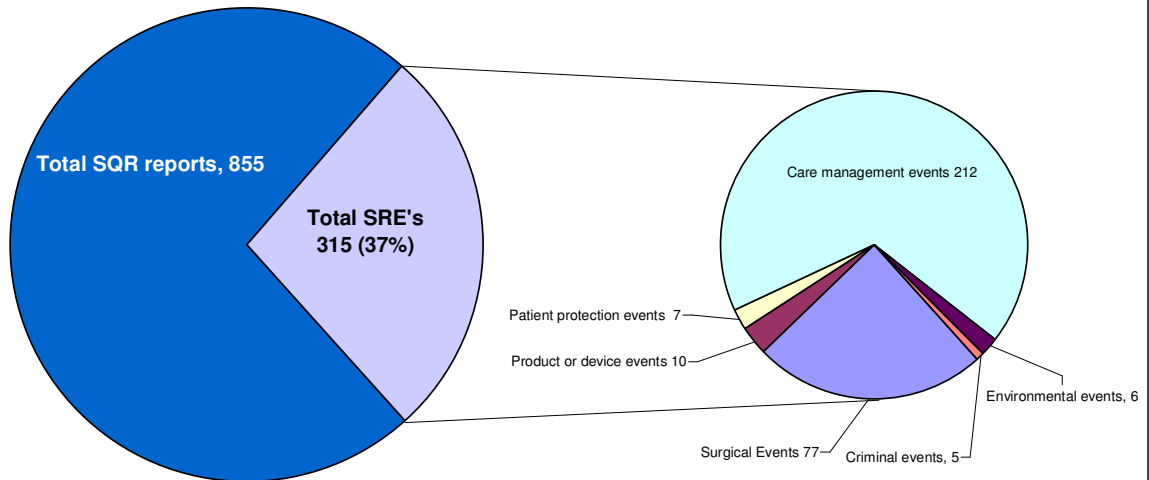
<b>ACTION/DISPOSITION</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<b>Cases Presented to the Board</b>	<b>66</b>	73	69	48
<b>Cases Presented to the Licensing Committee</b>	<b>44</b>	36	65	68
<b>Cases Presented to the Complaint Committee</b>	<b>14</b>	11	20	22
<b>Renewal Applications Reviewed</b>	<b>8</b>	9	6	22
<b>PHS Reports of Contract Violations</b>	<b>32</b>	32	38	40
<b>Physicians Found in Violation of Agreements</b>	<b>2</b>	2	6	2
<b>Physicians Who Completed Agreements</b>	<b>14</b>	18	18	17

### **QUALITY & PATIENT SAFETY DIVISION ACTIVITY**

#### *Safety and Quality Reports to QPSD*

<b>Year</b>	<b>Maternal Death (Type 1)</b>	<b>Ambulatory Procedure Death (Type 2)</b>	<b>Wrong-site Procedure (Type 3)</b>	<b>Unexpected Death/Disabili ty (Type 4)</b>	<b>Total</b>
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
2011	3	13	30	674	720
<b>2012</b>	<b>3</b>	<b>20</b>	<b>24</b>	<b>808</b>	<b>855</b>

**2012  
QPS Report  
SQRS Received in 2012  
NQF Serious Reportable Events (SREs) by Category**



### **COMMITTEE ON ACUPUNCTURE ACTIVITY**

The Committee on acupuncture is appointed by the Board, and functions in the same way as the Board. The Committee has Licensing and Complaint subcommittees, which meet quarterly to review and approve initial acupuncture license applications and to review any complaints received. Docketed complaints are investigated and litigated by Enforcement Division staff, and the Committee follows the same procedures as the Board for the disposition of these complaints.

#### *Licensing Activity*

<b>License Type</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Active Acupuncturists	<b>1,027</b>	998	984	991	946
Initial Licenses Issued	<b>75</b>	42	60	49	75
Renewals	<b>544</b>	394	503	411	504
Full Inactive Licenses	<b>108</b>	96	100	92	92
Lapsed Licenses	<b>7</b>	15	15	10	1
Temporary (initial) Licenses	<b>1</b>	0	0	0	0

#### *Complaints*

<b>Complaints</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Docketed	<b>1</b>	3	0	0	1
Closed/No Action	<b>4</b>	3	0	0	2
Pending	<b>1</b>	2	0	0	0