

Commonwealth of Massachusetts



Board of Registration in Medicine 2015 Annual Report



Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

www.mass.gov/massmedboard

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

CANDACE LAPIDUS SLOANE, MD
Chair, Physician Member

KATHLEEN SULLIVAN MEYER, ESQ.
Vice Chair, Public Member

MICHAEL HENRY, MD
Secretary, Physician Member

JOSEPH CARROZZA, MD
Physician Member

WOODY GIESSMANN, LADC-I, CADC, CIP, CAI
Public Member

ROBIN S. RICHMAN, MD
Physician Member

GEORGE ABRAHAM, MD
Physician Member

GEORGE ZACHOS, ESQ
Executive Director

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

His Excellency Charles D. Baker
Governor of the Commonwealth
and the Honorable Members of the General Court

Dear Governor Baker and Members of the General Court:

On behalf of the Board of Registration in Medicine, we are pleased to announce the submission and availability of the Board's Annual Report for 2015. The full report can be found on the Board's website at www.mass.gov/massmedboard.

The Board's work in 2015 continued to reflect our mission "to ensure that only qualified physicians are licensed to practice in the Commonwealth, to ensure that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and to support an environment that maximizes the high quality of health care in Massachusetts." In furtherance of the Board's mission, the Board Members met twenty-five (25) times in 2015, and accomplished the following:

- The Board Members approved 1,846 new full licenses, approved 1,740 new limited licenses for medical school graduates accepted into training programs in Massachusetts, and renewed limited licenses for 3,271 residents and fellows already in training in Massachusetts. As a result, by the end of 2015, Massachusetts had a total of 35,501 fully licensed physicians, 4,649 trainees with limited licensees, and 1,083 acupuncturists licensed to provide care to Massachusetts residents and patients who come to Massachusetts from around the world seeking quality care.
- The Board Members took disciplinary action against the licenses of forty-two (42) physicians.
- The Board affirmed its commitment to ensuring the safe prescribing practices, including opioids, by updating its Prescribing Guidelines. The 2015 version of this widely referenced document includes up-to-date practices and references, as well as the June 11, 2015 recommendations from Governor Baker's Opioid Addiction Working Group, and takes into account the many scientific and legal developments in the field of prescribing.

- Prerequisites for physician licensure were expanded in compliance with statutory changes to include demonstration of proficiency in electronic health records and training in the area of child abuse and neglect.
- Licensing requirements for acupuncturists were strengthened through the inclusion of Massachusetts criminal offender record checks as part of the Board's initial application process.
- The Board undertook an extensive review of each of its regulations pursuant to Executive Order 562. Areas of patient safety improvement included the establishment of a cancer patient's right to information, updated information on sterilization for acupuncturists, and expanded informed consent for surgical patients.
- The Board worked collaboratively with other agencies and educational institutions, resulting in approval of educational courses on the prevention of suicide by reducing access to lethal means, which are posted on the Board's website.
- The Board's Quality and Patient Safety Division issued advisories and newsletters to health care facilities about best practices, including one on Medication Reconciliation.

The complete Annual Report concludes with a statistical tabulation of the Board's work during 2015, including licensee demographics, the number and types of disciplinary actions taken, investigation statistics, and the number and type of statutorily mandated reports received. Behind these numbers is the real work of the dedicated staff and Board Members committed to patient safety, transparency, fairness, outreach to consumers, and the continuous improvement of the health care system in the Commonwealth.

In 2015, the Board suffered the loss of several long-time employees who took advantage of the Governor's Early Retirement Incentive Program, including its Acting Executive Director, Barbara Piselli. The Board has faced the challenges and excitement of rebuilding its leadership and is grateful to its knowledgeable and hard-working staff and its dedication to the mission of the Board during this time of transition.

Sincerely,

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Chair

Kathleen Sullivan Meyer

Kathleen Sullivan Meyer, Esq.
Vice Chair

Table of Contents

Mission Statement	1
Structure of the Board of Registration in Medicine	2
Members of the Board	2
Members of the Committee on Acupuncture	8
Committees of the Board	10
Functions and Divisions of the Agency.....	11
Statistical Appendix	13

Commonwealth of Massachusetts



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.

Structure of the Board of Registration in Medicine

The Board of Registration in Medicine (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. Members may serve on one or more of the Board's committees.

The Board of Registration in Medicine also has jurisdiction over the licensure and discipline of acupuncturists through its [Committee on Acupuncture](#). The members of the Committee include four licensed acupuncturists, one public member, one physician member actively involved with acupuncture and one physician member of the Board designated by the Chair of the Board. The Board appoints the Committee members to terms of three years.

Members of the Board

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

Kathleen Sullivan Meyer, Vice Chair, Public Member

Michael E. Henry, M.D., Secretary, Physician Member

Joseph Carrozza, M.D., Physician Member

George Abraham, M.D., Physician Member

R. Michael Scott, M.D., Physician Member

Robin Richman, M.D., Physician Member

Paul R. DeRensis, Esq., Public Member

Members of the Committee on Acupuncture

Michael E. Henry, M.D., Physician Member and Member of the Board

Weidong Lu, MB, MPH, PhD, Lic. Ac., Chairman

Nancy E. Lipman, Lic. Ac., M. Ac., Vice Chair

Joseph F. Audette, M.D., Secretary

Amy M. Soisson, JD, Public Member

Committees of the Board

Complaint Committee

The Complaint Committee is comprised of two Board members who meet on a monthly or semi-monthly basis to review the evidence gathered by the Enforcement Division in all investigations. If the Complaint Committee determines disciplinary action is appropriate, it makes recommendations to the full Board regarding the type of sanction that should be imposed. When the evidence is insufficient to support disciplinary action, the Complaint Committee has the authority to close the investigation.

Data Repository Committee

The Data Repository Committee is comprised of two Board members who meet on a monthly basis as needed. The Committee reviews reports about physicians that are received from mandated reporters, such as health care providers and facilities, malpractice insurers, and liability insurers. The Committee only reviews reports that do not require immediate investigation by the Enforcement Division. After its review, the Committee has the option of closing the matter, with or without sending a letter of comment to the physician, or referring it to Enforcement for investigation. The Committee also reviews issues related to Physician Profiles and makes determinations when a physician disputes the content of a Profile.

Licensing Committee

The Licensing Committee is comprised of two Board members who meet on a monthly or semi-monthly basis. The primary role of the Licensing Committee is to ensure that every physician applying for licensure in the Commonwealth is qualified by education and training and is in compliance with the Board's licensing regulations. As a committee of the Board, the Licensing Committee is responsible for reviewing license applications with legal issues, competency issues, malpractice or medical issues, waiver requests and other issues requiring Board approval. In some instances, the Licensing Committee may request an interview with an applicant prior to making a recommendation to the Board. The recommendations of the Licensing Committee are then forwarded to the full Board for its review. The Board in its discretion may accept, reject, or amend any Licensing Committee recommendation.

Quality and Patient Safety Committee

The Quality and Patient Safety (QPS) Committee membership is comprised of one Board member and a multidisciplinary group of providers. It includes members from the Boards of Nursing and Pharmacy, as well as a patient representative. Members of the QPS Committee work with hospitals and other health care facilities to improve quality and patient safety processes and ensure that physicians who practice within a facility are active participants in these programs. The Committee is committed to preventing patient harm through the strengthening of medical quality assurance programs in all institutions. The members provide the expertise that allows responsive feedback and thorough consideration of the issues brought before the QPS Committee.

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 the administration of the Agency and oversight of staff including management, personnel, regulatory and organizational functions. The Executive Director supervises the senior leadership team who, in turn, manage the various divisions of the Agency. A primary responsibility of the Executive Director is to support and assist the Board in all matters pertaining to its mission.

Licensing Division

The Licensing Division operates under the supervision of the Director of Licensing. The Licensing Division is the point of entry for physicians applying for a license to practice medicine in the Commonwealth and has an important role in protecting the public. The Division conducts an in-depth review of a physician's credentials to validate the applicant's education, training, experience, and competency. If there is no negative information in the applicant's background, the physician's name is presented to the Board for licensure to practice medicine in the Commonwealth. If there is negative information in the applicant's background, the information is presented to Licensing Committee.

Enforcement Division

The Enforcement Division operates under the supervision of the Director of Enforcement. The Enforcement Division is mandated by statute to investigate complaints involving physicians and acupuncturists, and to litigate adjudicatory matters. Complaints come from various sources (e.g. consumers of healthcare and their advocates; law enforcement agencies; health care facilities; health care

professionals). Complaints with discipline potential are investigated by teams comprised of a complaint counsel, an investigator and/or a nurse investigator. The investigations are thorough and sometimes lead to the discovery of additional matters of concern about the licensee's practice.

Division of Law & Policy

The Division of Law and Policy operates under the supervision of the General Counsel. The assistant general counsel assist the Board in making legal determinations, including researching issues before the Board and drafting decisions. The Board's Data Repository Unit (DRU) and Physician Health and Compliance Unit (PHC) are within the Division of Law and Policy. DRU staff is responsible for evaluating statutory reports, overseeing the accuracy of Physician Profiles, and reporting Board actions to the health care databanks; PHC is responsible for monitoring licensees who are on probation as the result of disciplinary action. Division of Law and Policy staff work cooperatively with other Divisions of the Board on issues related to licensure, physician health, policy, statutory reports and public information.

Quality and Patient Safety (QPS) Division

The QPS Division works under the supervision of the Director of QPS. The QPS Division works with health care facilities to assure that patient safety programs are effective and comprehensive; health care facilities conduct full and competent medical reviews of patient safety incidents; and health care facilities have strong systems for identifying, reporting and remediating patient safety incidents. Reports to the QPS Division 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 QPS Division.

Operations Division

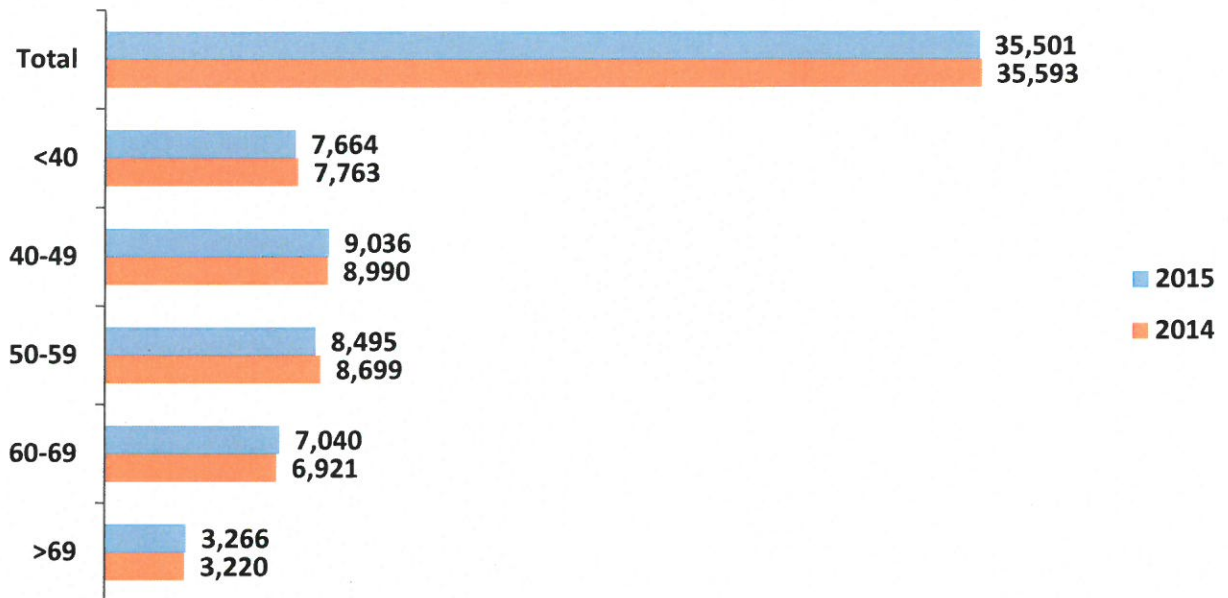
The Operations Division is supervised by the Director of Operations, who is responsible for human resources, procurement, expenditure tracking and facilities. The Director of Operations also manages the Call Center, Document Imaging Unit, Mailroom, and Reception. Staff in the Call Center answer questions, 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, which has allowed staff to access the agency's documents from their desktops.

STATISTICAL APPENDIX

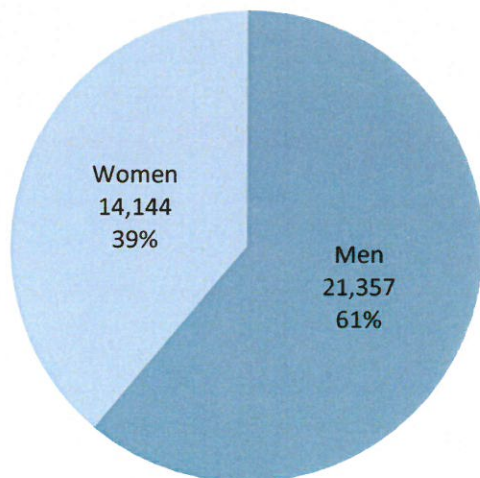
Licensure

Physician Demographics

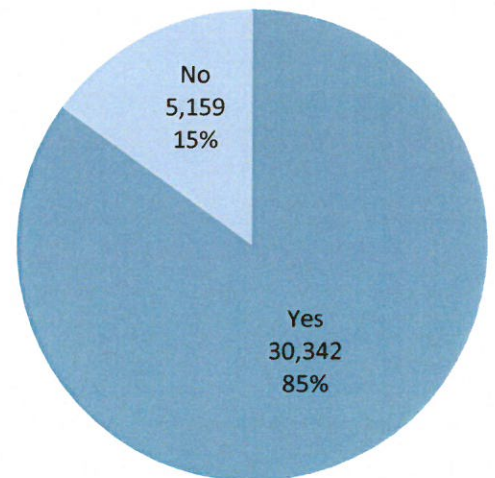
2014-2015 Full License Physician Demographics



2015 Gender

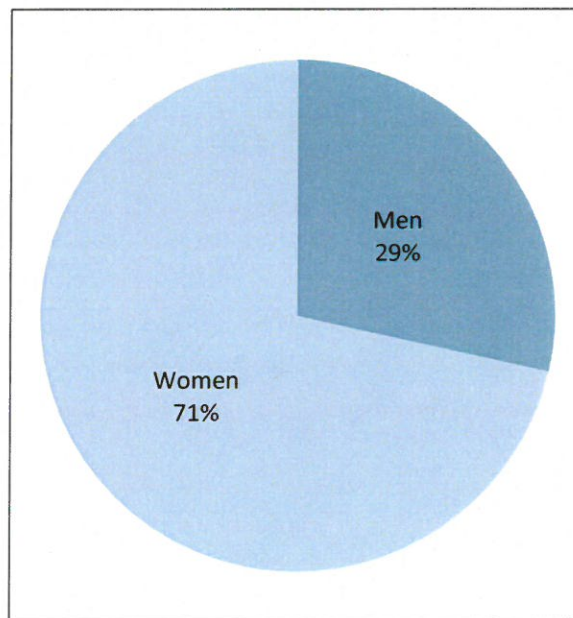
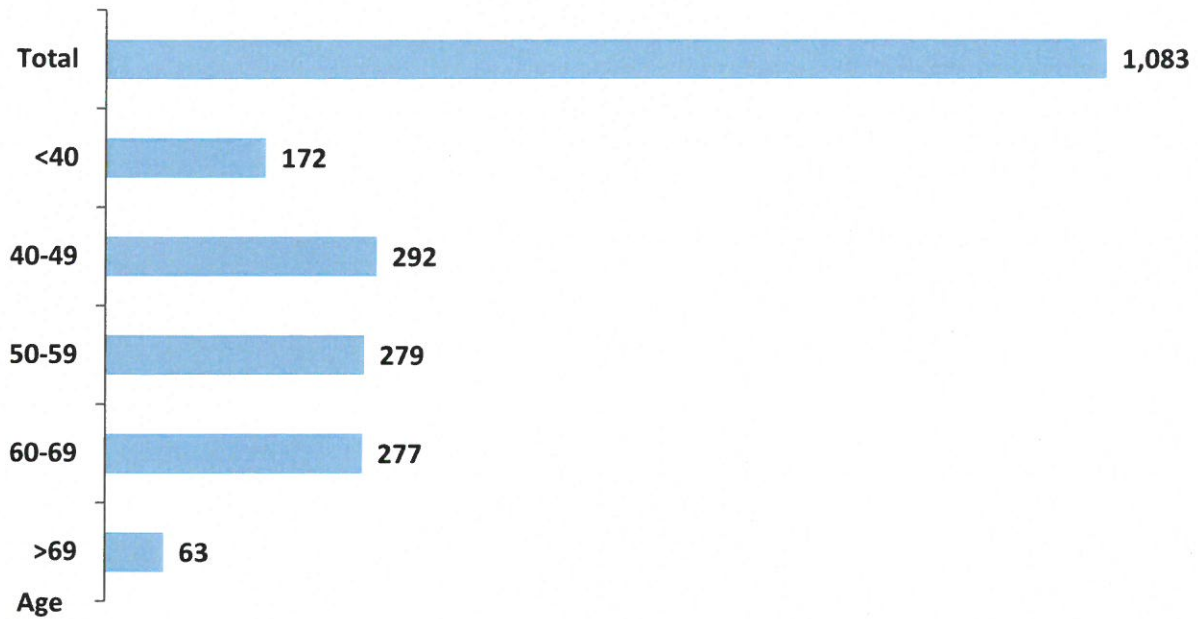


2015 Board Certified



Acupuncturist Demographics

2015 Licensed Acupuncturist Demographics



Medical Licenses					
	2015	2014	2013	2012	2011
Initial Full Licenses	1,846	1,967	1,977	1,926	1,964
Full Renewals ¹	20,471	13,586	20,587	12,858	20,339
Lapsed Licenses Revived	194	169	231	202	233
Initial Limited Licenses	1,740	1,719	1,707	1,732	1,723
Limited Renewals	3,271	3,246	3,253	3,188	3,124
Temporary (Initial) Licenses	9	4	7	5	9
Temporary Renewals	15	15	2	2	11
Lapsed	1,070	1,079	1,570	1,165	2,083

Acupuncture Licenses					
	2015	2014	2013	2012	2011
Active Acupuncturists	1,083	1,056	1,051	1,027	998
Initial Licenses Issued	52	48	50	75	42
Renewals	452	547	437	544	394
Full Inactive Licenses	26	28	113	108	96
Lapsed Licenses	8	15	9	7	15
Temporary (initial) Licenses	0	0	2	1	0

¹ A large majority of physicians renew their licenses in odd-numbered years.

Investigations and Discipline

Investigations					
	2015	2014	2013	2012	2011
Physicians					
New complaint investigations opened during the year	381	454	481	541	474
<i>Source of Complaints:</i>					
Patients	142	208	247	342	256
Relatives of patients	71	194	120	101	119
Statutory report	95	56	58	46	50
Other ²	168	96	56	52	49
No. of physicians who agreed not to practice medicine during investigation	21	18	10	13	14
Investigations closed during the year	424	346	451	507	428
Pending investigations as of 12/31	389	490	329	349	300
Acupuncturists					
New complaint investigations opened during the year	2	0	1	3	0
Investigations closed during the year	2	3	4	3	0
Pending investigations as of 12/31	0	1	1	2	0

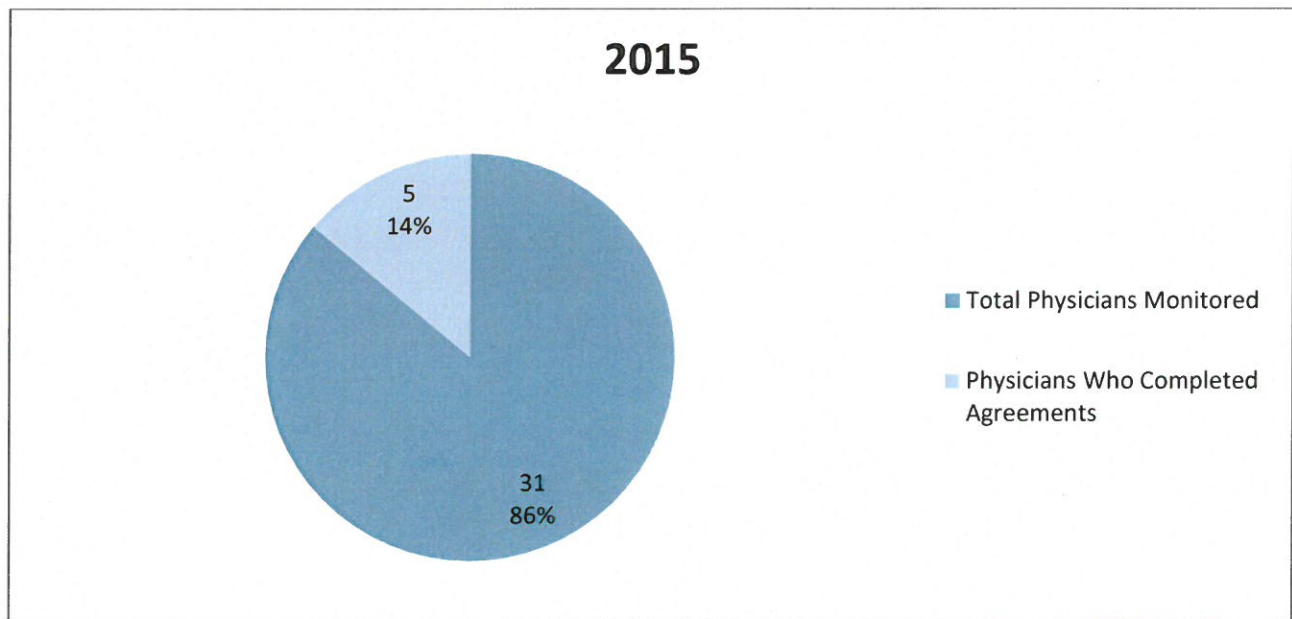
² Other sources include physicians who self-report; law enforcement; attorneys representing patients.

Disciplinary Actions					
	2015	2014	2013	2012	2011
Number of medical licenses disciplined ³	42	54	42	44	33
Resignation	5	23	19	8	6
Revocation	7	9	11	10	3
Summary Suspension ⁴	4	5	2	1	2
Indefinite Suspension and Probation	10	7	12	12	11
Practice Restrictions	1	0	1	1	3
Reprimand	10	8	11	11	6
Censure	0	0	0	0	1
Admonishment	2	3	1	2	0
Fine	5	4	1	5	3
<i>Total amount (\$) imposed per year</i>	\$20,000	\$22,500	\$2,500	\$24,000	\$9,000
Continuing Professional Development	1	5	2	5	2
Community Service	0	0	0	2	0

³ The total number of disciplinary actions taken by the Board will not always equal the total number of licenses disciplined because multiple actions can be taken against a single license.

⁴ Summary Suspensions are interim actions taken on an emergent basis when there is evidence that the physician is an immediate threat, or may pose a serious threat, to the public's health, safety and welfare.

Licensees Being Monitored by the Board					
Reason for Monitoring ⁵	2015 ⁶	2014	2013	2012	2011
Behavioral Health	1	1	2	2	2
Mental Health	0	2	4	6	11
Substance Use	19	17	20	32	32
Clinical Competence	4	7	6	5	7
Boundary Violations	2	6	11	10	9
Behavioral/Mental Health	0	0	1	2	2
Misconduct	5	8	8	12	10



⁵ In recent years, the Physician Health and Compliance Unit has worked to refine the categories into which physicians who are being monitored are placed. Some physicians fall within more than one category.

⁶ In 2012, the Board discontinued the use of Letters of Agreement (confidential, non-disciplinary agreements). Therefore, the current numbers do not include Letters of Agreement whereas the prior years' numbers include Letter of Agreements. In addition, these numbers no longer include physicians who are not being actively supervised because they no longer have active licenses in Massachusetts. This accounting change has been made to better reflect the number of physicians actively monitored by the Physician Health and Compliance Unit.

Disciplinary Hearings					
	2015	2014	2013	2012	2011
Statements of Allegations (SOA's) ⁷ referred to the Division of Administrative Law Appeals (DALA) ⁸ for a hearing	16	18	29	8	16
SOA's at DALA awaiting a hearing, as of 12/31	31	29	22	8	23
Recommended Decisions awaiting a Final Decision and Order by the Board, as of 12/31 ⁹	9	2	5	No data available	No data available
Recommended Decisions issued by DALA ¹⁰	15	9	11	28	No data available

⁷ An SOA is an Order for a physician to Show Cause why his or her license should not be disciplined. An SOA may encompass more than one complaint against the physician.

⁸ "DALA is an independent agency within the Executive Office of Administration and Finance, which was established by the legislature to provide a neutral forum for holding adjudicatory hearings in any case in which a party has a right to such a hearing before an administrative agency may make a final decision or take a final action." See The Executive Office for Administration and Finance 2013-2015 Strategic Plan, p. 15.

⁹ This number represents the cases in which DALA has issued Recommended Decisions, but the Board has not yet imposed sanctions. There are several intervening steps between the Recommended Decision and a Final Decision and Order.

¹⁰ DALA is responsible for issuing findings of facts and conclusions of law; the Board is responsible for determining and imposing the sanction.

Data Collection

Mandated Reports Received by the Data Repository Unit					
Source of Report	2015	2014	2013	2012	2011
Court Reports – malpractice	511	588	675	796	782
Court Reports – criminal	4	2	1	2	0
Malpractice Closed Claim Reports	840	717	827	693	919
Initial Disciplinary Action Reports	38	40	49	58	70
Subsequent Disciplinary Action Reports	13	13	48	57	47
Annual Disciplinary Action Reports ¹¹	29	27	67	1,070	462
Professional Society Disciplinary Actions	15	24	26	47	19
5d (government agency) Reports	24	15	15	32	48
5f (peer) Reports	28	43	33	44	56
Self Reports (not renewal)	15	1	7	24	20

Reports Received by the Quality and Patient Safety Division					
Type of Report ¹²	2015	2014	2013	2012	2011
Maternal Death (Type 1)	2	5	0	3	3
Ambulatory Procedure Death (Type 2)	10	10	12	20	13
Wrong-site Procedure (Type 3)	23	34	33	24	30
Unexpected Death/Disability (Type 4)	776	921	938	808	674

¹¹ 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. The receipt of Annual Disciplinary Action Summaries is ongoing.

¹² Types 1 through 4, as defined in PCA Regulations 243 CMR 3.08