



Massachusetts Board of Registration In Medicine

Progress Report
January ~ June, 2002

Table of Contents

	Page
<i>Message from the Chairman</i>	3
<i>Agency Overview</i>	4-5
<i>Enforcement Division Performance</i>	
<i>Overview</i>	6-7
<i>Year-to-Date Statistics</i>	8
<i>Disciplinary Action List</i>	9
<i>Division of Law Policy</i>	10-11
<i>Licensing Division Statistics</i>	12-13
<i>Public Information Statistics</i>	14-15

LETTER FROM THE CHAIRMAN

Peter N. Madras, MD



*Her Excellency Jane Swift
Governor of the Commonwealth
And the Honorable Members of the
General Court of Massachusetts*

*Dear Governor Swift
and Members of the General Court:*

On behalf of the Board members, I submit this report summarizing the Agency's activities for the first six months of 2002. The Board of Registration in Medicine continues to make tremendous improvements in all areas of public protection and health care quality assurance. Our work is being handled in an expeditious manner, and public confidence in the Board continues to grow. I believe that we strike the appropriate balance between imposing necessary disciplinary action and supporting the practice of those physicians who continue to provide the people of Massachusetts with the world's highest quality health care.

This performance can only continue through the collaborative efforts of the Board, the legislature, the administration, and other interested parties. The Massachusetts Board of Registration in Medicine continues to operate with approximately half the funding of comparable state medical boards across the country. Additional sources for investment in licensing processes, investigators, public information systems, and patient safety must be identified. The Board looks forward to working with its many partners to secure adequate funding to meet its mission in these challenging economic times.

I express the Board's gratitude to our staff for their tireless effort and dedication. In addition, I am indebted to your staff for re-invigorating our agency and creating an environment in which the above work remains not only possible, but highly rewarding. Finally, the Board members must be lauded for the long hours they devote to this important work.

Sincerely,

Peter N. Madras, MD

Chairman

AGENCY OVERVIEW

The Board of Registration in Medicine was created to protect the public health and safety by setting standards for the practice of medicine and acupuncture and by ensuring that practitioners in the Commonwealth are appropriately qualified and competent.

The Board oversees the licensing of nearly 30,000 physicians and acupuncturists in Massachusetts. The Board sets high standards and carefully reviews all applicants for medical licensure to maintain the highest quality of medical professionalism. Licensing activities in 2002 include the review and processing of 3,683 limited licenses, 1,157 initial full licenses, and 4,169 full license renewals. Many of the applicants will be required to meet with Board staff and Committees to discuss their qualifications and experience before being granted a license in Massachusetts. The Board's licensing staff also holds regular training sessions for the medical staff services departments of all Massachusetts teaching hospitals to assist these facilities in meeting the regulatory and statutory requirements of the Board.

Along with its licensing function, the Board investigates complaints against physicians and determines sanctions. These functions are critical to protecting the public by ensuring that only competent physicians are practicing in Massachusetts. Through the oversight of the Committee on Acupuncture, the Board performs similar functions for acupuncturists. The information investigated by the Board can come from patients or other members of the public, through mandated reports from health care professionals or institutions, or from the court system and malpractice insurers.

The investigation and disposition of patient complaints is one of the most important areas of Board function. Approximately 600-700 complaints are received each year. From January through June 2002, the Board received 514 complaints and opened 380 cases. Each complaint is fully investigated and reviewed. The review may involve teams of specialized medical experts, law enforcement collaboration, or multiple committee reviews. Any number of victims, witnesses, and experts may be interviewed for each complaint. Complaints that cannot be resolved through informal Board action or consent orders are litigated at the Division of Administrative Law Appeals, then returned to the Board for a Final Decision and Order.

The Enforcement Division, through its Clinical Care Unit, evaluates allegations of substandard care using baseline standards of care recognized by the medical community. The investigation and review of these cases requires the input of many experts in the various medical specialties and sub-specialties. Many of these matters are resolved with a Remedial Conference before a committee of the Board. These conferences identify possible areas in need of improvement in the clinical practice of individual physicians.

Another extremely sensitive and important area of the Board's efforts is the Patient Care Assessment (PCA) function. PCA is the Board's medical error prevention and patient safety arm that conducts in-depth reviews of adverse outcomes, called Major Incidents, in every health care institution in Massachusetts. PCA holds records that are so sensitive that they are not subject to subpoena or discovery during litigation. The PCA Committee often meets with hospital medical staff, Boards of Trustees, and other health care leaders to address vital patient safety and health care quality issues.

The Board of Registration in Medicine also serves a vital public information function for patients, hospitals, credentialing organizations, and other interested parties. Physician Profiles, the nationally and internationally acclaimed physician information disclosure program, will respond to over three million queries to its website or call center this year. Every hospital, HMO, or similar organization that wishes to add a new physician to its staff must rely on information from the Board of Registration in Medicine to verify the qualifications and training of the applicant. Over 18,000 such inquiries are made annually.

The Board of Registration in Medicine is an agency with a complex and important mission. As health care quality grows as a concern for our citizens, the work of the Board will grow in complexity, as well. Already, the Board has become known as a resource for accurate, meaningful analysis of information to drive health care policy discussions. Its reputation as a forceful advocate for patient rights, as demonstrated by the Physician Profiles Program, is strong. Its exceptional work in performing the exhaustive and intensive reviews of all applicants for medical licensure is embodied in the fact that Massachusetts continues to have the highest quality of health care in the world.

ENFORCEMENT DIVISION

A key area of operation within the Board of Registration in Medicine is the Enforcement Division. The Enforcement Division is mandated by statute to investigate all potential disciplinary matters involving physicians and acupuncturists licensed to practice medicine within the Commonwealth of Massachusetts. Complaints are referred to the Division from consumers, the Board's Data Repository Unit and other sources. So far this year, the Division has investigated over 380 complaints. Additionally, the Enforcement Staff works as a team to assist the Executive Director in achieving the goals and facilitating the initiatives of the Agency including drafting revised regulations and legislation, developing new policies and guidelines, expediting the review, investigation and prosecution of cases and implementation of scanning.

The Enforcement Division is comprised of three Units: The Consumer Protection Unit, the Clinical Care Unit, and the Disciplinary Unit.

The **Consumer Protection Unit** is the first line of review for consumers filing complaints with the Board. Staff screens in the complaints, flags serious and priority cases, bringing them to the attention of the Director of Enforcement for immediate action, obtains responses from physicians and coordinates the initial review of all complaints as part of its "triage" process. The Unit also keeps consumers updated on the status of their complaints.

The **Clinical Care Unit**, staffed by nurse investigators with extensive clinical experience, reviews all complaints alleging substandard care. A physician expert is also necessary in the majority of cases to complete the review process. Additionally, the nurses analyze patient records and physician responses, act as liaisons with Board experts, prepare and present cases for remedial conferences and assist the Division's attorneys with the preparation and litigation of often times complex substandard care cases.

The **Disciplinary Unit** is staffed by experienced Investigators and Attorneys (Complaint Counsel) who work closely together in the investigation and litigation of a wide range of cases, including sensitive matters involving sexual misconduct, criminal conduct and impairment to

complex cases involving fraud, gross negligence, and patterns of substandard care. Investigative teams, consisting of an attorney and an investigator or nurse investigator, interview witnesses, gather evidence, work with local, state, and federal law enforcement agencies on coordinated investigations, and prepare cases for, and present cases to, the Complaint Committee and the Board. The attorneys also draft pleadings, negotiate Consent Orders, present cases for Summary Suspension, and prepare and litigate hearings at the Division of Administrative Law Appeals (DALA).

Jan.~June	Statements of Allegations	Decisions & Orders	Consent Orders	Summary Suspensions	Docketed cases to CC/CCU
2002	28	4	16	3	304
2001	18	7	12	3	498
2000	22	8	14	5	340
1999	11	7	7	4	262
1998	13	11	7	0	240

Year	2002	2001	2000	1999	1998
Number of Physicians Disciplined (Jan-Jun)	36	32	27	18	18

Explanation:

- **Statement of Allegations** : List of charges voted by the Board charging a physician with misconduct or substandard care. The SOA is the first formal step in the disciplinary process. Unless an SOA can be resolved through a negotiated Consent Order, the matter is referred to the Division of Administrative Law Appeals (DALA) for a full evidentiary hearing.
- **Final Decision & Orders** are the Board actions by which the disciplinary actions are imposed against physicians.
- **Consent Orders** are negotiated agreements between the Board and individual physicians in which the two parties agree to certain findings of fact and to the sanction to be imposed against the physician.
- **Summary Suspension** is the most serious action the Board can take. When the Board has evidence that a physician represents an immediate and serious threat to the public, it may suspend a physician’s license during the investigation and hearing process.
- **Docketed cases to CC/CCU** refers to the number of formal presentations made to the Complaint Committee or Clinical Care Committee. These presentations include all information gathered by the staff during the investigation. The Committee members decide whether to recommend that the full Board issue a Statement of Allegations.
- **Number of physicians disciplined** refers to the doctors against whom sanctions were imposed. Some physicians may have multiple sanctions imposed, but this statistic reports the number of physicians sanctioned, not the number of sanctions imposed.

OPEN COMPLAINTS

Complaints are “open” while under investigation by the Board or while the cases are being heard before a Magistrate at the Division of Administrative Law Appeals (DALA) until issuance of a Final Decision and Order. Up until two years ago, the agency had been operating with a case backlog of approximately 700 cases. Under the leadership of its new director, the Enforcement Unit has strengthened all areas of performance, as noted below.

2002 Caseload Statistics

Month	New Cases Opened During Month	Cases Resolved During Month	End of Month Open Case Backlog
Jan	57	54	386
Feb	55	68	401
Mar	63	56	424
Apr	58	73	425
May	69	80	428
June	78	92	412

PUBLIC DISCIPLINARY ACTIONS ~

William S.	Adam	May 22, 2002	Resignation (all states)
Irina Z.	Agronin	February 13, 2002	Summary Suspension
Edward H.	Bowen	May 22, 2002	Resignation (all states)
Leonard J.	Burman	June 12, 2002	Revocation
Edgar A.	Buttner	January 9, 2002	Summary Suspension
Randolph	Catlin, Jr.	February 13, 2002	Reprimand, CME
Irma Rivera	Chance	January 9, 2002	Voluntary Agreement not to Practice
Sotiris P.	Diamandis	May 8, 2002	Indefinite suspension of inchoate right to renew license
Murray	Dimant	March 21, 2002	Practice Restrictions
Anish B.	Doshi	April 10, 2002	Retroactive Revocation
Elias C.	Dow	May 8, 2002	Reprimand, \$5000 Fine
Robert B.	Downes	April 10, 2002	Probation
Evan B.	Dreyer	February 13, 2002	Reprimand, \$5000 Fine
David W.	Fagell	June 12, 2002	Resignation (MA only)
Raymond F.	Haling	January 9, 2002	Resignation (all states)
Rodney G.	Handsfield	May 8, 2002	Stayed Suspension, Probation
David Reid	Jacoby	May 8, 2002	Reprimand, \$5000 Fine
F. John J.	Krolikowki	May 8, 2002	Reprimand, Probation
Raul	LaGuarda	May 8, 2002	Reprimand
Geoffrey D.	Lifferth	March 13, 2002	Stayed Suspension, Probation
Jerome M.	Listernick	June 26, 2002	Voluntary Agreement for Practice Restrictions
Clifton F.	Lord	May 8, 2002	Resignation (MA only)
Ezzat	Mankarious	May 22, 2002	Summary Suspension
Sabir H.	Moghul	January 9, 2002	Voluntary Agreement not to Practice, Practice Restrictions
Lance W.	Pope	May 8, 2002	Resignation (MA only)
Randolph	Ramirez	April 10, 2002	Indefinite Suspension
Lewis M.	Satloff	May 8, 2002	Resignation
Vilma	Ruddock	June 12, 2002	Reprimand, \$5000 Fine, CME
Harold B.	Schiff	February 13, 2002	Voluntary Agreement for Practice Restrictions
		March 13, 2002	Voluntary Agreement not to Practice Medicine
Robert D.	Schulte	May 8, 2002	Probation
John	Scola	May 8, 2002	Probation, Reprimand, \$2500 Fine
Deborah	Sichel	March 22, 2002	Voluntary Agreement not to Practice, Practice Restrictions
Minda R.	Shankman	June 12, 2002	Reprimand, \$1500 Fine
James	Stillerman	May 8, 2002	Stayed Suspension
James	Tierney	May 8, 2002	Reprimand, \$2500 Fine, CME
Stephen	Tracy	May 8, 2002	Suspension, Probation

DIVISION OF LAW AND POLICY

The Division of Law and Policy serves the Board by overseeing the legal requirements of the agency. In the first six months of 2002, the Division made significant contributions towards solidifying the financial stability of the Board in two ways:

- Working with the Executive Office of Administration and Finance to obtain the agency's first fee increase in almost twenty years; and
- Working with the Legislature to guarantee that the Board of Registration in Medicine will retain 100% of the funds gained through the fee increase, in addition to the 40% of the original fees that it has always retained.

The Legal Division also coordinated a major revision of the Board's Records Retention Schedule to facilitate the agency's transition from a paper-based system to optical media. The Division forged important alliances with the State Archives and the Supervisor of Public Records, which resulted in the agency agreeing to serve as the model for all of state government on scanning and electronic records retention.

In addition to the Office of the General Counsel, which provides general legal oversight to the Board and the Committee on Acupuncture, the Division consists of three other units: the Patient Care Assessment Unit, the Data Repository, and the Physician Health and Compliance Unit.

The Patient Care Assessment Unit works to ensure quality improvement in health care facilities through the review of major incident reports of unexpected outcomes. The PCA Committee, composed of present and former Board members and volunteer physicians, analyzes these and other reports, filed by all hospitals, to identify trends. Such trends may serve as the basis of a PCA Update. In January 2002, the PCA Committee issued its most recent update, on Deep Vein Thrombosis and Pulmonary Embolism in Knee Injuries.

The PCA Committee meets with hospital leaders, including members of the Board of Trustees, top administrators, and chiefs of the various medical services, if a series of reports causes them to be concerned about the effectiveness of the hospital's quality assurance program. Committee members and staff also engage in educational outreach by communicating directly with hospital staff and making presentations to medical teams to inform them as to reporting requirements. As a result, PCA reporting has been steadily increasing over the 14 years of the program, and is up 30% over the same time period last year.

The Data Repository receives a wide variety of statutory reports from mandated reporters, including health care providers and facilities, insurers, and courts, among others. In the first six months of 2002, the Data Repository received and processed approximately 1,400 statutory reports. Perhaps most importantly, the unit received 20 reports under M.G.L. c.112, sec. 5F,

which requires individual health care providers to report concerns about their fellow physicians. This represents a significant increase over prior years, which may be due to the efforts of Board staff to educate health care providers about their obligations under the law. The Data Repository forwards appropriate reports to the Enforcement Division for investigation, or to the Physician Health and Compliance Unit in cases of potential impairment. The Data Repository also updates the Board’s Physician Profiles with information about malpractice payments, hospital disciplines, and criminal convictions, and reports all formal Board actions to the appropriate national databases.

The Physician Health and Compliance (PHC) Unit works with physicians who are impaired by chemical dependency or mental or physical disability. PHC works in close collaboration with the Massachusetts Medical Society’s Physician Health Services to ensure that the public is protected and impaired physicians receive the monitoring and treatment they need. In the first six months of 2002, PHC oversaw the implementation of 135 monitoring agreements with impaired physicians, ranging from standard evaluations and letters of agreement to suspensions of physicians’ licenses. PHC also interviewed 17 physicians and processed 23 reports from Physician Health Services.

DATA REPOSITORY Statutory Reports Received	2001* (Jan-June)	2002 (Jan-June)
Renewal “yes” answers- malpractice	2,380	308
Renewal “yes” answers – other	168	37
Court Reports – malpractice	360	462
Court Reports – criminal convictions	0	0
Closed Claim Reports	567	438
5F (peer) Reports	5	20
Initial Disciplinary Action Reports	73	54
Subsequent Disciplinary Action Reports	64	59
5D (government agency) Reports	11	18
Professional Society Disciplinary Action Reports	0	1
ProMutual Experience Review Reports	0	1
Self Reports (non-renewal)	1	0
Totals	3,629	1,398
<i>*Full license renewal year</i>		

LICENSING DIVISION REPORT

Licensing Statistics – 2001-2002

The total number of initial limited licenses and limited renewals for training program decreased by 9.9 percent in 2002, while there was a 15.7 percent increase in initial full licenses issued by the Board. This increase in the number of full licenses may reflect a growing trend in fellowship training programs which require that physicians obtain a full license for reimbursement purposes. There was a 3 percent increase in 2002 in the number of full and initial limited licenses as compared with 2001. This continued increase in the number of licenses issued represents the continuous growth in the number of physicians moving to Massachusetts to practice independently or to participate in training programs in our renowned healthcare facilities. Full licenses are renewed bi-annually in alternate numbered years and this is reflected in the drastic difference between the number of full license renewals in 2001 and 2002.

Full Licenses - 2002

Month	Licenses Issued	Full Renewals	Lapse Licenses	Total Full Licenses
Jan 02	87	591	15	693
Feb 02	148	558	9	715
Mar 02	139	552	15	706
Apr 02	171	348	14	533
May 02	249	446	16	711
Jun 02	363	442	6	811
Total	1157	2937	75	4169

Limited Licenses - 2002

Month	License Issued	Renewals	Total Limited Licenses
Jan 02	12	278	290
Feb 02	14	502	516
Mar 02	35	569	604
Apr 02	190	456	646
May 02	732	459	1191
Jun 02	416	20	436
Total	1399	2284	3683

Full Licenses – 2001*

Month	Licenses Issued	Full Renewals	Lapse Licenses	Total Full Licenses
Jan 01	91	2102	14	2207
Feb 01	100	2686	12	2798
Mar 01	157	4763	8	4928
Apr 01	150	3798	1	3949
May 01	210	2790	33	3033
Jun 01	292	2102	5	2399
Total	1000	18241	73	19314

Limited Licenses - 2001

Month	License Issued	Renewals	Total Limited Licenses
Jan 01	20	0	20
Feb 01	29	45	74
Mar 01	43	897	940
Apr 01	110	813	923
May 01	577	630	1207
Jun 01	702	182	884
Total	1481	2567	4048

***Full license renewal year
Licensing Committee Statistics**

The Licensing Committee is a sub-committee of the Board, comprised of two Board members.

The Committee is responsible for the preliminary review of initial limited and full license applications and has an obligation to protect the public by ensuring that only qualified and competent physicians are recommended to the full Board for licensure. The Licensing Committee reviews applications with malpractice, competency, medical, legal and other regulatory issues. In 2002, there was a 24 percent increase in the total number of issues reviewed by the Licensing Committee. The significant increase was in the number of malpractice cases referred to the Licensing Committee for review. Competency issues increased by 24 percent and there was a two-fold increase in the number of medical and legal issues reviewed in 2002.

Licensing Committee Statistics – 2001

Description of Cases	Total
Malpractice	2
Competency Issues	41
Medical Issues	21
Legal Issues	8
CME Waivers	21
Miscellaneous Issues	70
Total Cases Reviewed	163
Interviews	13

Licensing Committee Statistics - 2002

Description of Cases	Total
Malpractice	24
Competency Issues	51
Medical Issues	9
Legal Issues	15
CME Waivers	24
Miscellaneous Issues	61
Total Cases Reviewed	184
Interviews	22

Scanning Project

A major goal of the Board of Medicine for 2002 was to scan the thousands of license files and various document files to provide safe storage and protection of the paper documents. We have made tremendous progress in successfully scanning a total of 26,000 full license applications and 20,280 full renewals dating back from 1999 to 2002.

PUBLIC INFORMATION STATISTICS

The Board of Registration in Medicine continues to provide important health care information to thousands of consumers, physicians, and health care organizations. The impact of the Board's first-in-the-nation Physician Profiles program initiated in 1996 has generated interest beyond the borders of Massachusetts. Since its inception, the Board has received numerous requests from state legislatures and medical boards across the country for assistance in establishing their own programs, modeled after Massachusetts. The Profiles program has generated a great deal of interest from other countries as well. Japan, in particular, through its various media, has contacted us on six separate occasions to learn more about Profiling, and the Board's approach to disciplinary actions.

The total number of calls and web site hits jumped from 25,771 in 1996 to a whopping 11,166,708 through 2001. In tracking these numbers, we have learned that countries such as Canada, Germany, United Kingdom, Israel, Singapore, Saudi Arabia, Brazil, New Zealand, Mexico, Finland, France, Italy, Mexico and Spain, to name a few, have logged on to our site on a regular basis. From January through June of 2002, BORIM has tracked more than 6,147,886 page hits, 692,197 page views and 172,671 page visits – an incredible amount of activity. This extraordinary interest is a direct result of comprehensive education and outreach efforts that have made more citizens aware of the Board's work.

The Board also operates a Call Center to assist consumers who do not have Internet access or those who need additional services. Call Center employees are readily available from 9:00 am to 5:00 pm – Monday through Friday to answer questions concerning Board policies, obtain complaint forms or other documents, and provide copies of requested profile documents to callers. From January through June of 2002, the Call Center handled 17,507 calls, processed 12,707 requests, and verified 11,878 licenses. Approximately sixty per cent of these calls represent consumer interest. The call center staff also performs all data entry involving updates to the Physician Profiles system. Physicians are required to review and update their Physician Profiles at the time of their renewals. For the first six months of 2002, the Call Center processed 6,252 updates.

As part of its ongoing commitment to increase communications with health care professionals and/or patients, the Board of Registration in Medicine has established a Speakers Bureau. Speaking to local groups affords the Board an opportunity to inform citizens and the medical community on licensing, disciplinary, and other health care issues.

Furthermore, to better serve the growing Hispanic community in Massachusetts, the Board now offers an English to Spanish version of instructions and complaint form that can be downloaded from our website.

On June 26, 2002, NBC Nightly News paid homage to BORIM by showing an example of our Profiles page during its newscast. It informed viewers that Massachusetts is the only state that posts complete records of physicians for the past 10 years. During the same piece, Charles Inlander, head of the People’s Medical Society, a consumer watchdog group, stated, “that it would probably take you days to find information about just one doctor that would be the equivalent of what’s in the Massachusetts information.”

**WEB SITE ACTIVITY
JAN-JUNE 2002**

Month	Hits
January	245,740
February	733,173
March	1,221,946
April	1,292,099
May	1,338,961
June	1,215,967