



Massachusetts Board of Registration In Medicine

Progress Report
January ~ June, 2001

Table of Contents

	<i>Page</i>
<i>Members of the Board of Registration in Medicine</i>	1
<i>Message from the Chairman</i>	2
<i>Agency Overview</i>	3
<i>Enforcement Division Performance</i>	5
<i>Overview</i>	
<i>Year-to-Date statistics</i>	
<i>Disciplinary Action List</i>	
<i>Licensing Division Statistics</i>	9
<i>Public Information Statistics</i>	10

MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE



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Public Member

Martin Crane, MD
Physician Member

Mary Anna Sullivan, MD
Physician Member

Standing

Rafik Attia, MD
Board Secretary

Roscoe Trimmier Jr., Esq.
Public Member

Peter N. Madras, MD
Board Chair

Regis De Silva, MD
Physician Member

Members of the Board of Registration in Medicine, five of whom must be physicians and two of whom must be consumer representatives, are appointed by the Governor to three-year terms. The Board members, all volunteers, serve on at least one sub-committee of the Board in addition to performing the work of the Board itself. Members also travel throughout the Commonwealth to discuss the work of the Board with physicians, hospital staffs, and consumers.



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 2001. The Board of Registration in Medicine continues to make tremendous improvements in all areas of public protection and health care quality assurance. The backlog of open consumer complaints has been reduced, the 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 improvement 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 2001 include the review and processing of approximately 5,000 limited licenses, 1,600 initial full licenses, and 24,000 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. Each 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 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 5,500 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

One key area of operation within the Board of Registration in Medicine is the Enforcement Division. The Enforcement Division is comprised of three units:

1. Consumer Protection Unit
2. Clinical Care Unit
3. Disciplinary Unit

Each Unit plays an important role in the Enforcement Division's mission to protect the public from dangerous physicians.

The Consumer Protection Unit was created to make the Board more accessible and responsive to the public. It is responsible for the processing and preliminary review of all complaints received by the Board. The Unit also oversees the Voluntary Mediation Program which was developed to improve the quality of doctor-patient relationships in cases in which communication problems have negatively affected medical care.

The Clinical Care Unit was formed to investigate allegations of substandard care and prepares cases for the Board's informal remediation program. The mission of the Clinical Care Unit is perhaps best described in three parts:

1. The identification of substandard care;
2. The analysis of its cause; and
3. Intervention by way of remediation, discipline or both.

The Disciplinary Unit is responsible for the investigation, preparation and litigation of all cases that may result in formal disciplinary action. Complaints are referred to the Unit by the Data Repository Committee, the Consumer Protection Unit, and various other sources. The responsibility of the Unit is to pursue complaints against individual doctors efficiently and effectively in order to ensure that the public is protected and that Board statutes, regulations and policies are enforced.

All complaints referred to the Disciplinary Unit are assigned to a prosecutor and an investigator. Complaints alleging substandard medical care are also assigned to a nurse investigator.

These staff members all work together to investigate complaints, interview patients, witnesses and physicians, gather and organize evidence, negotiate with the physicians who are the subjects of the complaints; draft Complaint Committee memoranda and other documents and pleadings to be presented to the Complaint Committee, Board and the Division of Administrative Law Appeals (DALA); and litigate cases before DALA. They also interface with other local state and federal law enforcement officials on coordinated investigations and referrals.

Jan.~June	Statements of Allegations	Decisions & Orders	Consent Orders	Summary Suspensions	Docketed cases to CC/CCU
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	2001	2000	1999	1998
Number of Physicians Disciplined (Jan-Jun)	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). Case backlog reduction was a major priority for the Board of Registration in Medicine during the past 18 months. The Agency had been operating with an open case backlog of approximately 700 cases until last year’s reorganization of the Enforcement Division. Under the leadership of a new Director, the Enforcement Unit has strengthened all areas of performance.

2001 Caseload Statistics

Month	New Cases Opened During Month	Cases Resolved During Month	End of Month Open Case Backlog
Jan	81	101	514
Feb	52	66	500
Mar	75	64	511
Apr	50	62	499
May	70	82	487
Jun	67	93	461

2000 Caseload Statistics

Month	New Cases Opened During Month	Cases Resolved During Month	End of Month Open Case Backlog
Jan	29	44	683
Feb	49	26	706
Mar	44	34	716
Apr	62	17	761
May	53	39	775
Jun	59	61	773

The “Caseload Statistics” charts demonstrate the improvement in case management. Of the 461 open complaints at the end of this reporting period, fifty-seven open complaints comprise the twenty-two adjudicatory cases pending at DALA as of 06/30/01.

PUBLIC DISCIPLINARY ACTIONS ~ JANUARY 1, 2001 THROUGH JUNE 30, 2001

Kenneth J.	Adelman	May 9, 2001	Stayed Suspension, Probation, Reprimand
Michael R.	Barboni	March 14, 2001	Revocation
Larry Lee	Bosley	March 14, 2001	Stayed Suspension, Probation
Harry L.	Bush	June 13, 2001	Probation
Robert Mark	Caulkins	April 11, 2001	Voluntary Agreement not to Practice
Edward H.	Chapman	May 9, 2001	Summary Suspension
Gregg C.	Checani	February 14, 2001	30 day suspension
Ting C.	Chiu	February 2, 2001	Practice Restrictions - Voluntary
Ting C.	Chiu	March 14, 2001	Summary Suspension
George J.	Clairmont	June 13, 2001	Reprimand/\$5K fine
Warren J.	Courville	May 9, 2001	Restrictions thru 12/01; Resignations 12/01 (all states)
Peter H.	Dragonas	February 14, 2001	Stayed Suspension, Probation
Ronald E.	Egan	May 9, 2001	Assurance of Discontinuance/ Admonish, \$500 fine
Tod	Forman	June 27, 2001	License Revocation
Bruce G.	French	February 14, 2001	Admonishment, CME, Education of Colleagues
Michael C.	Gabriel	June 13, 2001	Resignation (all states)
Albert M.	Ghassemian	February 14, 2001	Summary Suspension upheld
Harold F.	Goodman	May 9, 2001	Voluntary Agreement not to Practice
Michael P.	Harrigan	February 14, 2001	Suspension
Elizabeth J.	Hingston	January 10, 2001	Voluntary Agreement not to Practice
Elizabeth J.	Hingston	June 13, 2001	Suspension
Mindy	Hoffer	March 14, 2001	Petition to Resume Practice Allowed, Probation
Kacenk L.	Hruby	May 16, 2001	Voluntary Agreement not to Practice
Howard	Kantor	March 14, 2001	Voluntary Agreement not to Practice
John P.	Katzenberg	June 13, 2001	Probation, Assurance Of Discontinuance, Costs
Walter J.	LeClair	March 14, 2001	Admonishment, CME
Sujata R.	Maddinini	April 11, 2001	Stayed Suspension, Probation
Mohammad D.	Nassery	February 14, 2001	Reprimand, \$2,500 fine
Joe I.	Ordia	April 11, 2001	CME, Community Service, \$10K fine
Frank P.	Perretta	June 13, 2001	Revocation
Laura L.	Reid	April 11, 2001	Stayed Suspension, Probation
Devashish	Sen	June 13, 2001	Probation
Richard J.	Sharpe	June 13, 2001	Revocation
Taranath	Shetty	February 14, 2001	Revocation
Vladimir	Shurlan	June 27, 2001	Voluntary Agreement not to Practice
Jeffrey M.	Sondler	March 23, 2001	Summary Suspension
Edward L.	Spatz	April 11, 2001	CME, Community Service, \$10K fine
Stephen P.	Sugarbaker	March 14, 2001	Resignation (MA only)
Barbara J.	Trockman	March 14, 2001	Stayed Suspension, Probation, Reprimand
Ralph L.	Wade	March 14, 2001	Stayed Suspension, Probation
Douglas W.	Wooldridge	March 14, 2001	30 day suspension (effective 3/16/01)
Douglas W.	Wooldridge	June 13, 2001	Suspension

Licensing Statistics

January–June 2000 vs. January–June, 2001

The number of full initial licenses granted increased by 2% from 2000 to 2001. Renewals increased from 3,622 in 2000 to 18,241 in 2001 because nearly all physicians' biennial renewals occur during the odd-numbered calendar year. The Board hopes to equalize the renewal numbers between even and odd-numbered years in the near future. During the last major renewal year (1999*) the Board approved 9,584 license renewals during the first six months, compared to this year's 18,241. This nearly two-fold increase demonstrates the improved processing and tracking of the Board's Licensing Unit. The statistic also bodes well for the Commonwealth's effort to attract and retain the best physicians in the country.

Initial limited licenses, which are issued to physicians in training, increased by 15.4% from 2000 to 2001, demonstrating the strength of the Commonwealth's world-renowned teaching hospitals. Renewals of limited licenses increased by 3.8% during the same period.

Full Licenses – 2001*

Month	Licenses Issued	Renewals	Lapsed 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

Full Licenses – 2000

Month	Licenses Issued	Renewals	Lapsed Licenses	Total Full Licenses
Jan 00	76	602	7	685
Feb 00	86	664	12	762
Mar 00	126	761	6	893
Apr 00	200	661	12	873
May 00	201	645	14	860
Jun 00	289	289	3	581
Total	978	3622	54	4654

*1999 Statistics for Full Renewals

21,141 full license renewals for the year.
9,584 between 01/01/99 and 06/30/99.

Limited Licenses 2001

Month	Licenses 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

Limited Licenses 2000

Month	Licenses Issued	Renewals	Total Limited Licenses
Jan 00	22	8	30
Feb 00	16	6	22
Mar 00	20	324	344
Apr 00	155	543	698
May 00	358	993	1351
Jun 00	682	772	1454
Total	1253	2646	3899

PUBLIC INFORMATION STATISTICS

From January through June 2001, the Board of Registration in Medicine provided important health care information to thousands of consumers, physicians, and health care organizations.

The Board's website enhancements provided better service to 1,873,473 visitors during this period. There were 1,385,824 visits during the comparable period in 2000. This represents a 35% increase in one year. If the rate of increase holds throughout 2001, the website should receive approximately 3.5 million hits during 2001. This increased interest can be attributed to the 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. During the first six months of 2000, the call center handled 9,250 calls from consumers. During the first six months of 2001, this number surged to 20,754.

Some of this 124% increase can be attributed to increased requests for information from physicians and hospitals due to the calendar year 2001 license renewal cycle. Approximately half of the increase represents increased consumer interest. The call center staff also performs all data entry related to updates to the Physician Profiles system. For the first six months of 2001, there was a substantial increase in the number of Profiles update as compared to 2000. In 2001, 8,624 updates were completed; in 2000 there were 4,794. Again, much of this increase can be attributed to the fact that physicians renew their licenses every two years, with nearly all renewals occurring during an odd-numbered calendar year like 2001. Physicians are required to review and update their Physician Profiles at the time of their renewals.