

Maine Board of Licensure in Medicine
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To: Board of Licensure in Medicine

From: Dennis E. Smith, Executive Director

Subject: 2019 Board Meetings Report

Date: 01/08/2020

1. Overview

During 2019 the Maine Board of Licensure in Medicine (board) convened 13 times. An extra meeting was scheduled in July to accommodate what was predicted to be a lengthy adjudicatory hearing. Board members are commended for their hard work, diligence and commitment to the mission of protecting the public by: (1) reviewing licensing applications; (2) reviewing complaints/assessments and directions; (3) approving consent agreements; (4) holding adjudicatory hearings; (5) undertaking rule making; and (5) educating licensees and the public. Detailed information regarding the matters reviewed by the board at each meeting is included below. In addition to the regularly scheduled monthly board meetings, board members and board staff attended the following conferences and meetings:

- Federation of State Medical Boards Annual Meeting
- Administrators in Medicine Annual Meeting
- Federation of Associations of Regulatory Boards Annual Meeting
- Center for Personalized Education for Professionals
- National Association of Medical Staff Services
- Maine Association of Medical Staff Services
- International Association of Medical Regulatory Authorities Workshop
- Interstate Medical Licensing Compact Commission
- Medical Professionals Health Program Conference
- Physician Assistant Portability/Compact Meeting

These additional meetings and conferences provide opportunities for education, networking, and exchange of ideas regarding the field of medical regulation.

In addition, one board member and one board staff were elected to leadership positions at the national level. Dr. Maroulla S. Gleaton, M.D. was elected to the Nominating Committee of the Federation of State Medical Boards; and Assistant Executive Director Timothy E. Terranova was elected Chair of the Interstate Medical Licensure Compact Commission. Dr. Gleaton also provided the following additional service to the Federation of State Medical Boards: (1) Served on the Federation of State Medical Boards Workgroup on Physician Sexual

Misconduct, which developed a draft report; and (2) Presented a webinar regarding the board's new guideline regarding "Communicating with Patients" sponsored by the Federation of State Medical Boards.

2. Board Composition and Leadership Changes

The Governor appointed two new physician board members: Dr. Tim Fox, M.D. and Dr. Emory Liscord, M.D. In addition, the Governor re-appointed three existing board members: Dr. Maroulla S. Gleaton, M.D., Dr. Peter Sacchetti, M.D, and Christopher Ross, P.A. In June the board members elected new leadership: Dr. Louisa Barnhart, M.D., Chair; and Dr. Peter Sacchetti, M.D., Secretary. Currently, there are ten board members – the maximum allowed under the law. Six board members are required for quorum to hold a meeting and conduct official business.

3. Guidelines and Rule Making

The board developed and adopted new guidelines regarding "Communicating with Patients." The board also adopted joint rule Chapter 10 regarding "Sexual Misconduct" with the Board of Osteopathic Licensure. This rule updated on old rule to include "key third parties." The board also commenced rule making regarding the following:

- a. Chapter 12 "Office Based Opioid Treatment" (a joint rule with the Osteopathic and Nursing boards); and
- b. Chapter 21 "Use of Controlled Substances for Treatment of Pain" (a joint rule with the Osteopathic, Nursing and Podiatric boards).

4. Updated Website and Board Electronic Newsletters

The board's website was updated to make it less cluttered and easier for consumer use. The board issued three electronic newsletters that were emailed to all active licensees and identified stakeholders.

a. Spring Newsletter Topics

- Communicating with patients
- Governor's Response to Opioid Epidemic
- Social Media and Medicine (new board guidelines)
- Health and Wellness
- Rule Making Initiatives
 - Chapter 10 - Sexual Misconduct
 - Chapter 12- Office Based Opioid Treatment
 - Chapter 21- Use of Controlled Substances for Treatment of Pain

b. Summer Newsletter Topics

- Alzheimer's Disease Detection
- Responsible Opioid Prescribing
- Prescribing for Self, Family, Friends, Colleagues
- Health and Wellness

c. Winter Newsletter Topics

- Pain Treatment and Opioid Misuse Treatment
- Governor’s Response to Opioid Epidemic
- Death with Dignity Law
- Alzheimer’s Disease Detection
- Health and Wellness

5. Board-Funded Educational Efforts

The board previously authorized the expenditure of \$50,000 for the development of free online CME modules and webinars regarding opioid prescribing through Maine Quality Counts (which merged with Qualidigm). This affords licensees the opportunity to acquire – free of charge - the 3 hours of opioid prescribing CME mandated by law and the board’s rule. In July the board authorized the expenditure of \$35,000 for free online CME regarding: Alzheimer’s Disease; Death with Dignity (new law); Duty to Warn (new law); and opioid prescribing issues. Qualidigm is in the process of developing the new online educational modules.

6. Medical Professionals Health Program

The board authorized the expenditure of \$85,000 to assist in funding the operation of the Medical Professional Health Program (MPHP). The MPHP provides support and services to medical professionals (physicians, physician assistants, nurses, dentists, dental hygienists, pharmacists, and veterinarians) regarding substance misuse and mental health. The board has adopted (joint) protocols for the operation of the MPHP, which includes monitoring and mandated reporting for certain participants subject to consent agreements or decision and orders. Board staff meets quarterly in-person with the MPHP staff to facilitate communication and coordination of monitoring and processes. In addition, board staff receives monthly monitoring reports regarding licensees who are required to be monitored by the MPHP.

7. Snapshot of Monthly Board Meetings

Month	#Members	Major Agenda Items
January	9	License Application Issues: 8 Complaints and ADs: 27 Monitoring Reports: 6 Adjudicatory Hearing: 1
February	9	License Application Issues: 8 Complaints and ADs: 26 Monitoring Reports: 7 Adjudicatory Hearing: 1 (Continued from January)
March	10	License Application Issues: 10 Complaints and ADs: 26 Monitoring Reports: 6 2 Presentations: (1) Adjudicatory Hearings; (2) Gov’s Opioid Response

Month #Members Major Agenda Items

April	10	License Application Issues: 10 Complaints and ADs: 35 Monitoring Reports: 7
May	8	License Application Issues: 9 Complaints and ADs: 30 Monitoring Reports: 5 Rule Making: Chapters 10 & 12 Adjudicatory Hearing: 1
June	7 – lost quorum at 1:45	License Application Issues: 8 Complaints and ADs: 31 Monitoring Reports: 6 Consent Agreements: 3 Decision & Order: 1
July 8 1pm (additional meeting)	7	License Application Issues: 0 Complaints and ADs: 0 Monitoring Reports: 6 Other Issues: Medical Malpractice Protocol; Chapter 12; Contract review for MPHP and Qualidigm; IMLCC Issue.
July 9	6	License Application Issues: 5 Complaints and ADs: 25 Monitoring Reports: 0 Adjudicatory Hearing: 1
August	6	License Application Issues: 13 Complaints and ADs: 25 Monitoring Reports: 5 Consent Agreements: 1 Rule Making: Chapters 12 & 21
September	9	License Application Issues: 4 Complaints and ADs: 41 Monitoring Reports: 6 Consent Agreements: 3
October	9	License Application Issues: 8 Complaints and ADs: 25 Informal Conference: 1 Monitoring Reports: 8 Consent Agreements: 2
November	9	License Application Issues: 7 Complaints and ADs: 27 Monitoring Reports: 8 GEA Final Report
December	10	License Application Issues: 5 Complaints and ADs: 17 Monitoring Reports: 5 Adjudicatory Hearing: 1

7. Conclusion

The board agenda continues to be robust with a variety of issues, but primarily consists of licensing and complaints. The board reviewed a total of 95 licensing application issues, an average of 7.9 per meeting. The board reviewed a total of 335 complaints (296) and ADs (39), an average of 27.9 per meeting. This figure includes new complaints, progress reports, and work group cases. In 2019 the board held 4 adjudicatory hearings, 1 of which was specially scheduled and resolved with a consent agreement. In addition, the board held 1 informal conference regarding a number of complaints involving the same physician. The bulk of the board's work at meetings continues to be the investigation and resolution of complaints. The board members and board staff are commended for their hard work, professionalism and dedication to the mission of protecting the public.

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DATE: JANUARY 7, 2020
TO: BOARD MEMBERS
CC:
FROM: TIMOTHY TERRANOVA
RE: 2019 ANNUAL LICENSING REPORT

2019 saw several major changes and initiatives in the licensing department. These changes included:

- Rewriting the application questions;
- Increasing the types of licenses accepted by the UA to include emergency, telemedicine, educational, camp, administrative, and permanent; and
- Creating an outreach program for residencies (first session will be January 2020).

These changes required significant time and effort on the part of staff. Staff managed all of these new processes and were able to maintain efficient processing times for license applications.

Emeritus License

Starting in January 2018 the Board offered the Emeritus license to its licensees. In 2018, 149 licensees changed their license status from active or inactive to Emeritus. In 2019, 153 additional licensees changed to Emeritus status. At the end of 2019 there were 294 active Emeritus status licenses.

Administrative License

In 2017, there were 7 Administrative licenses issued. This number more than tripled to 27 in 2018. In 2019, there were 7 issued as initial licenses and, including conversions, the total number of active Administrative licenses at the end of 2019 equaled 59.

Temporary License

Temporary license applications have seen a steady decline. In 2017 there were 210 temporary licenses issued. In 2018 there were 23 temporary licenses issued. In 2019 there were 4 temporary licenses issued.

Interstate Medical Licensure Compact

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The Compact continues to be more popular than expected. In 2018, there were 89 licenses issued using the compact process. In addition, the Board received 37 requests to act as a state of principal licensure, allowing licensees to use their Maine license to obtain licenses in other states. In 2019 there were 110 licenses issued using the compact process and the Board received 53 requests to act as a state of principal licensure. This means that 16.5% of permanent licenses issued in 2019 were issued through the compact process.

Licenses Issued

666 MD permanent licenses were issued in 2019, compared to 854 in 2018 and 518 in 2017. Although the number is smaller than last year it is still an increase from the 2017 numbers. Attached at the end of this memo is a table showing the comparison between license types from 2017 and 2019.

111 PA/PAN licenses were issued in 2019 compared to 131 in 2018 and 100 in 2017.

Renewals

3,195 renewals were processed in 2019 compared to 2845 in 2018 and 3088 in 2017.

Licensing Times

The overall time to licensure in 2019 was 47.61 days. If you factor out applications that are later abandoned, voided, or withdrawn the average time drops to 42.49 days. A table by license type can be found below.

Looking Forward

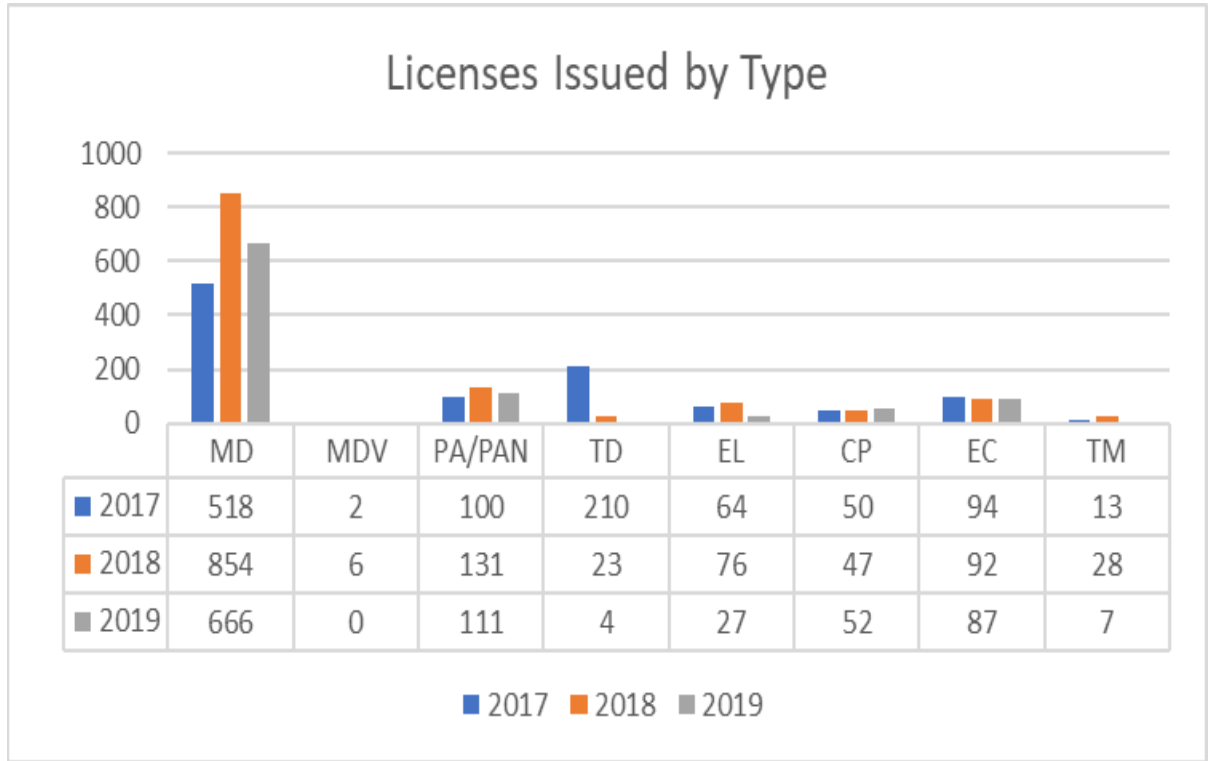
The licensing staff accomplished a great deal in 2019 and is looking forward to continued changes in 2019. The largest projects include:

- Holding the inaugural residency outreach program in January 2020:
- Creating a process for dealing with inactive applications.

Licensing Staff

Tracy and Elena have worked incredibly hard and continue to try to improve the process. They strive to make the application and renewal process as simple and efficient as possible. They are often “the face of the Board” and the number of compliments they receive throughout the year is an indication of the respect they hold in the licensing community. They are to be commended for their efforts.

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Average Time to Licensure

License Type	All	Excluding Void/Abandoned/Withdrawn
Youth Camp	61.73	61.29
Educational Certificate	60.49	60.49
Emergency	20.47	13.96
Permanent	46.48	40.59
Administrative	6	6
PA-Clinical	65.91	46.13
PA Non-Clinical	37.63	37.63
Temporary	95	22
Telemedicine	41.29	14.2
Temporary PA	77	77

Board of Licensure in Medicine
MEMO

To: Board Members
From: Julie Best
Date: February 11, 2020
Re: 2019 Annual Complaint Report

Changes to complaint process that were implemented in 2019:

- Licensees who are alleged of inappropriately prescribing controlled substances are requested in the Notice of Complaint to provide the Board with their most recent quarterly Provider Summary report from the Maine Prescription Monitoring Program.
- The Board's website was updated to include discipline FAQs, including links to the Federation of State Medical Boards' website.
- Board staff commenced specific meetings with the Board's Assistant Attorney General regarding more complicated cases.

2019 Complaint Statistics

Avg. number of days to process a complaint (open to close): 163 days

Complaints Opened: 202

Complaints Closed: 195

Complaints Dismissed: 144

Letters of Guidance Issued: 24

Citations Issued: 6

Cases Sent for Expert Review: 20

Psychiatric/Substance Misuse Evaluations Ordered: 17

Actively Monitored Licensees: 32

Adjudicatory Hearings Scheduled: 10

Adjudicatory Hearings Held: 4

of Days for Hearings: 4

Number of Informal Conferences Held: 2

Adverse Actions: 20

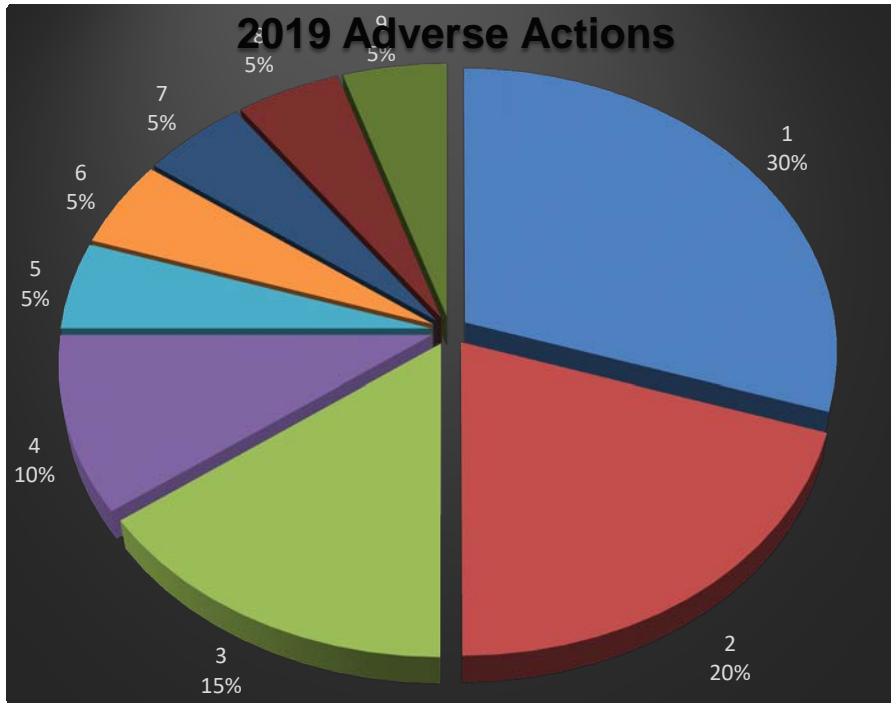
Suspensions: 2

Disciplinary Documents:

Consent Agreements: 12

Decision and Orders: 1

Adverse Licensing Actions by Category:	Number of Actions
Unprofessional Conduct	6
1 Substance Abuse	4
2 Withdraw/Surrender/Emeritus While Under Investigation	3
3 Incompetence	2
4 Failure to Conform to Acceptable Medical Practice	1
5 Action Taken by Another Licensing Jurisdiction	1
6 Sexual Misconduct	1
7 Non-compliance with Consent Agreement	1
8 Lack of Clinical Practice	<u>1</u>



As reflected in the above chart, the majority of adverse licensing actions taken by the Board in 2019 were based on unprofessional conduct. The table below reflects the different classifications of unprofessional conduct that were identified in complaints received by the Board in 2019. Note

that while sexual misconduct is included in the unprofessional conduct table below, for purposes of the pie chart, data for sexual misconduct was entered separately.

Unprofessional Conduct Allegations by Classification	# of Allegations in 2019
Altered/Incorrect medical records	1
Communication issues/disruptive behavior	78
Failure to obtain informed consent	3
Inappropriate Opioid Prescribing	3
Inappropriate Opioid Tapering	3
Inappropriate prescribing	14
Inappropriate Tapering	1
Prescribing to self/family	3
Sexual misconduct	9
Unprofessional Conduct: Ethics	30
Unprofessional Conduct: Other	5

The table below identifies all allegations, other than “Unprofessional Conduct”, identified in complaints received by the Board during 2019. Note that a complaint received by the Board may have more than one allegation assigned to it; therefore, the number of allegations will not equal the number of complaints received.

2019 Allegations by Category (other than Unprofessional Conduct)	# of Allegations
Abandonment	7
Criminal Conviction	1
Drug/Alcohol Misuse	5
Fraud or Misrepresentation	6
Medical Records (failure to provide; falsification; improper documentation)	16
Mental/Physical Impairment	2

Negligent or Incompetent Care:	
Inappropriate Opioid Prescribing	4
Inappropriate Opioid Tapering	2
Incompetent Practice	122
Rule Violation	5
Unlicensed Practice	2

Conclusion:

This report was created to provide an overview to you of complaint-related Board activities in 2019. The numbers also demonstrate the complaint team’s productivity in supporting the investigation and resolution of complaints. While productivity is an important factor in considering the complaint team’s overall performance and work ethic, these numbers do not provide insight into the exceptional quality of their work on a daily basis. The statistics of this report cannot measure the value of the team members’ helpfulness and proficiency while guiding distressed complainants and licensees through the complaint process with patience and respect. These factors are not easily measured in numbers but nonetheless greatly contributed to the team’s success in helping to carry out the board’s mission to protect the public in 2019.