

# **Georgia Composite Medical Board**



## **ANNUAL REPORT**

**Fiscal Year 2012 Report of the Georgia Composite Medical Board** 



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The Georgia Composite Medical Board's mission is to protect the health of Georgians through the proper licensing of physicians and certain members of the healing arts and through objective enforcement of the Medical Practice Act.

# MESSAGE FROM THE EXECUTIVE DIRECTOR



LaSharn Hughes, Executive Director of the Georgia Composite Medical Board, with the Honorable Nathan Deal, Governor of the State of Georgia

The Medical Board members and staff are pleased to present the Annual Report of the Georgia Composite Medial Board's Fiscal Year 2012. The Board faced many significant challenges in Fiscal Year 2012, including renewal issues related to Georgia's immigration reform law and developing the Board's new Pain Clinic Rules. We are also pleased to note our successful implementation of the Board's new Physician Health Program, administered by the Georgia Physician Health Program, Inc.

Georgia's **Illegal Immigration Reform and Enforcement Act of 2011** required all licensees to provide an affidavit and documentation of lawful presence to work in Georgia. The law's requirements caused our license renewal process, which had been fully automated, to become a manual process, which added significant demands in time and effort on our staff. Despite the additional workload, the Board achieved the mandate of House Bill 87 by requiring all practicing healthcare providers licensed by the Board to submit the proper paperwork to renew and obtain licensure in Georgia, and did so while minimizing the associated delays in license renewals.

The Board successfully passed rules regarding pain management. Rule 360-3-.06 ("Pain Management") requires patients who are prescribed chronic opiate therapy to be seen and checked for compliance at least as frequently as every 90 days, as well as being tested for compliance on a random basis. The Rules are available on the Board's website, and we have posted answers to frequently asked questions on the website as well.

On July 1, 2012, the Board selected **Georgia Physicians Health Program (Georgia PHP),** under the direction of Dr. Paul Earley and Robin McCown, to administer its new Professional Health Program (PHP). The primary goal of the PHP is to ensure that the professionals who return to the practice of medicine do so only if they can practice with reasonable skill and safety.

It is my great pleasure to recognize the hard work of the Board and Advisory Committee members who work tirelessly in a volunteer role to protect the citizens of this great state. In each annual report, I must also thank the small but dedicated staff of the Board. In spite of facing the obstacles posed by budget cuts, layoffs, and increasing workloads, these public servants remain committed and determined to give excellent service to their fellow citizens. I am honored and humbled to serve alone side of this group of committed individuals.

Want to know more about the Board? Please visit us online at www.medicalboard.ga.gov. Once you have done so, please help us get the word out about this valuable website, with resources for professionals and consumers.

LaSharn Hughes, MBA Executive Director

## **Board Members and Leadership Staff**

The Georgia Composite Medical Board is comprised of 16 members appointed by the Governor to fill four-year terms. These men and women are unpaid volunteers who selflessly give more than 30 days per year in the service of their fellow Georgians. Each Board Member is an actively-practicing, highly-respected professional in medicine or, in the case of the Board's Consumer Members, in their own career fields.

The Georgia Composite
Medical Board is an
independent agency
charged with the licensing
and regulation of eight
distinct professions:

- Physicians
- Physician Assistants
- Physician Residents
- Respiratory Care Professionals
- Clinical Perfusionists
- Acupuncturists
- Orthotists & Prosthetists

The Board meets each month, usually for two days, in order to license and regulate the practice of medicine and the professions listed above. The Board also holds emergency meetings if the circumstances call for them.

The Board's advisory committees include:

- Physician Licensing
- Physician Assistant
- Acupuncture
- Orthotist & Prosthetist
- Nurse Protocol
- Clinical Perfusionist
- Respiratory Care
- Wellness
- Investigative
- Rules

#### **Board Members**

William J. Butler, MD (Chair)

Macon

Obstetrics & Gynecology and Reproductive Endocrinology

John S. Antalis, MD

Dalton

Family Medicine

E. Daniel DeLoach, MD

Savannah

Plastic Surgery

Alice A. House, MD

Warner Robins

Family Medicine

Kathleen "Kathy" Kinlaw

Decatur

Consumer Member

Jane Camille "Cami" McGarity

Gainesville

Consumer Member

David W. Retterbush, MD

Valdosta

General Surgery

Wendy A. Troyer, MD

Atlanta

Neonatalogy

Richard L. Weil, MD (Vice-Chair)

Atlanta

**Pediatrics** 

Gilbert S. Chandler, III, MD

Thomasville

Pain Management Medicine

Alexander S. Gross, MD

**Past Chair** 

Atlanta

Dermatology

Kathy Kemle, PA-C

Lizella

PA Ex-Officio Member

Marion O. Lee, Jr., MD

Cordele

Pain Management Medicine

George E. "Trey" Powell, MD

Valdosta

Cardiovascular Disease

William Sightler, DO

McRae

Family Medicine

Charles L. White, DO Immediate Past Chair

Cleveland

Family Medicine

#### **Board Leadership Staff**

LaSharn Hughes, MBA

**Executive Director** 

Robert Jeffery, MBA

Director of Operations

Jean Rawlings Sumner, MD

Medical Director

Tony Winborn, MPA, CFE

Director of Investigations





Each of the 16 members of the Board is assigned to various committees to participate in the decision-making functions of the Board. The following list briefly describes committees of the Georgia Composite Medical Board.

The **Investigative Committee** is comprised of four members of the Board, and examines initial complaints made against professional licensees, the results of all investigations, and medical malpractice reports, in order to determine if a violation of the Medical Practice Act may have occurred.

The **Physician Licensing Committee** is comprised of four members of the Board. It evaluates each applicant's fitness to practice his or her profession in Georgia. It does this by establishing standards for licensure and practice, reviewing non-routine applications, and interviewing applicants as needed in order to grant licenses.

The **Wellness Committee** is comprised of five members of the Board. It is charged with reviewing cases in which an impairment issue could impact the licensee's practice or return to practice.

The **Rules Committee** is comprised of all members of the Board. It was created to develop rules to govern the performance of health care practitioners regulated by the Board. Its goal is to assist the Board in defining, assessing, and assuring the continued competency of all licensees throughout their professional careers.

Six **Advisory Committees**, comprised of volunteer professionals from the community and at least two members of the Board, help regulate the following professions in much the same manner as the Physician Licensing Committee does for physicians:

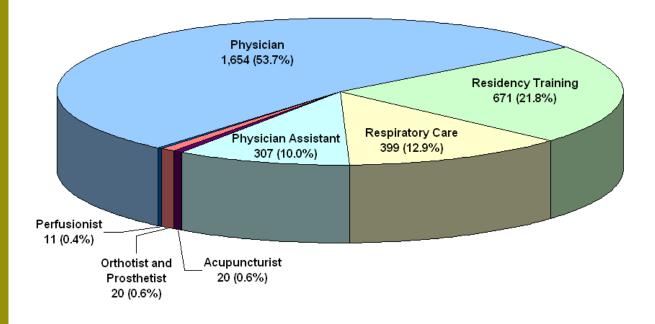
- Perfusion Committee
- Acupuncture Committee
- Respiratory Care Committee
- Physician Assistant Committee
- Orthotists and Prosthetists Committee
- APRN Protocol Committee

All matters reviewed and discussed before the Board Committees are sent to the full board for final review and approval.

#### **The Licensing Function**

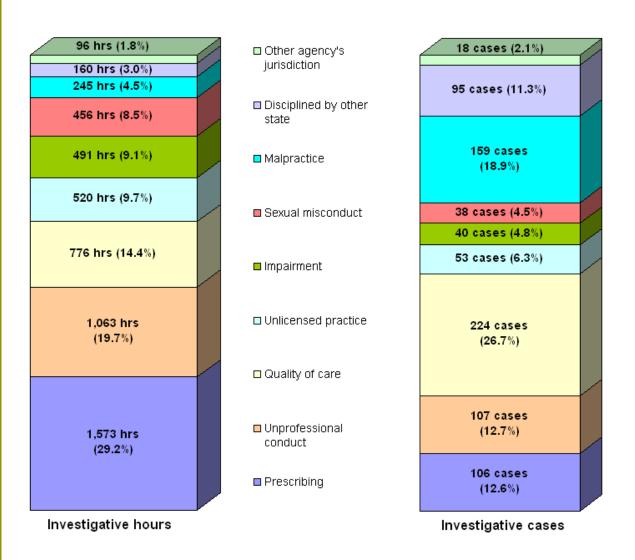
The regulation of the practice of medicine and other professions by the state of Georgia is undertaken for one purpose – to protect Georgians by ensuring that those who practice a particular profession have the education, training, and skill to practice safely. The Board issued 3,082 new licenses in Fiscal Year 2012.

#### New Licenses by Type, FY 2012



#### **Investigative Activities**

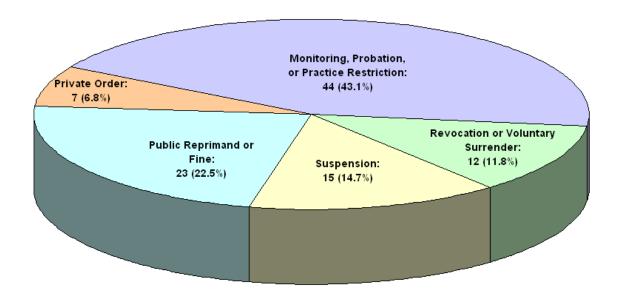
In FY 2012, Medical Board investigators completed 840 investigations. Malpractice and quality of care cases were the most numerous, comprising nearly half the total caseload of completed investigations. Cases involving allegations of inappropriate prescribing took the most investigative time, comprising nearly a third of the total investigative effort as measured by investigative hours spent.

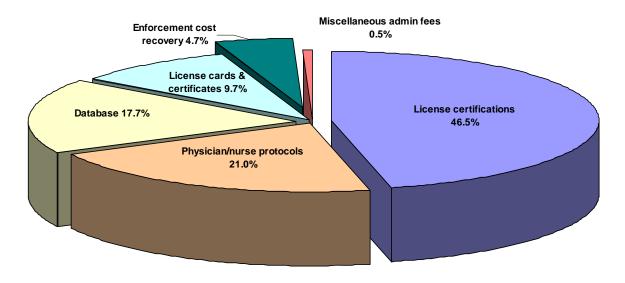


#### **Discipline**

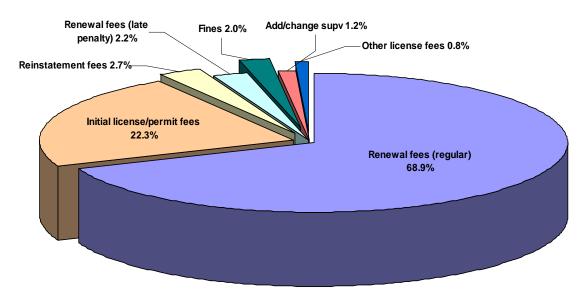
Based on its review and investigation of complaints involving Medical Board licensees, the Board docketed 101 consent orders. Approximately 43 percent of these orders involved terms and conditions such as practice restriction, probation, and requirements to submit to monitoring by a Board-approved monitoring physician. The Board issued orders of license revocation, suspension or surrender in 27 other cases (26.5 percent).

#### Board Actions by Type, FY 2012





Retained revenue, FY 2012 Total: \$354,537



Regular revenue, FY 2012 Total: \$5,438,220

#### **Revenue Collections, Fiscal Year 2012:**

| Application and other License Fees | \$ 1,468,550 |
|------------------------------------|--------------|
| License Renewal Fees               | \$ 3,863,370 |
| Fines                              | \$ 106,300   |
| Other Administrative Fees          | \$ 354,537   |
| Revenues Collected (Total)         | \$ 5,792,757 |