



Georgia Composite Medical Board



ANNUAL REPORT

Fiscal Year 2011 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

I am pleased to present the Georgia Composite Medical Board's Fiscal Year 2011 Annual Report. During these tough economic times, the Board has lost staff to budget cuts, layoffs, and retirements. In the annual report of 2008, we told you of our dedicated staff of 30 employees who supported the Board. In 2011, the Board was supported by a staff of 24 employees, just as dedicated to the Board's mission, and even more determined in the face of new challenges. Although their workload continues to increase, these employees continue to give excellent service to the citizens of Georgia. I am proud to work with each of them.

Our citizens are made safer by the efforts of the advisory committee members who serve on the allied professions regulated by the Board. These members are active practitioners of their respective professions. Like the Medical Board members, these unpaid volunteers give generously of their time to ensure the health and safety of their fellow Georgians.

This year has seen some exciting accomplishments by the Board with the adoption of important rules and guidelines that will help further the Board's mission of protecting the citizens of Georgia. The following is a partial list of these accomplishments.

- With the adoption of its new Office-Based Surgery Guidelines, the Medical Board set a standard for medical practitioners who perform surgery or utilize sedation in an office setting.
- The Board is developing a Request for Proposal (RFP) to implement Senate Bill 252, which authorized the establishment of a professional health program for impaired professionals to seek treatment and return to practice.
- The Board's ongoing effort to develop rules to regulate pain clinics in Georgia is nearing its conclusion, and will further patient safety by establishing clear and enforceable standards in the practice of pain management.
- The Board collaborated with the Atlanta Field Division of the Drug Enforcement Administration (DEA) to streamline the process for Advanced Practice Registered Nurses (APRNs) to obtain DEA numbers to write prescriptions for controlled substances.
- The Board is developing significant enhancements to its information technology system to implement House Bill 147, which required the Board to revise the physician profile to inform the public as to whether or not an individual physician is covered under a malpractice insurance policy. The enhancements will also further improve the efficiency of online services such as license renewals, license applications, and other important functions.

The Board continues to look for ways to improve its services. We need your help, whether you are a consumer or health care professional, to get the word out about the vital information available on the Board's website. Please take a moment to visit the site at www.medicalboard.georgia.gov and learn about the latest Board initiatives and issues.

LaSharn Hughes, MBA
Executive Director

In 2011, the Board adopted its new Office-Based Surgery Guidelines, proposed new rules to regulate pain clinics in Georgia, and undertook a major initiative to enhance its IT system to provide greater functionality to the health care professionals and consumers of Georgia.

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

Charles L. White, DO (Chair)

*Cleveland
Family Medicine*

William J. Butler, MD (Vice-Chair)

*Macon
Obstetrics & Gynecology and
Reproductive Endocrinology*

John S. Antalis, MD

*Dalton
Family Medicine*

Eddie R. Cheeks, MD

*Augusta
Obstetrics & Gynecology*

Gilbert S. Chandler, III, MD

*Gainesville
Pain Management Medicine*

Alexander S. Gross, MD

*Atlanta
Dermatology*

Alice A. House, MD

*Warner Robins
Family Medicine*

Kathy Kemle, PA-C

*Lizella
PA Ex-Officio Member*

Kathleen "Kathy" Kinlaw

*Decatur
Consumer Member*

Rhonda W. Kunes

*Tifton
Consumer Member*

Marion O. Lee, Jr., MD

*Cordele
Pain Management Medicine*

John T. "Ted" Perry, MD

*Cartersville
General Surgery*

David W. Retterbush, MD

*Valdosta
General Surgery*

William Sightler, DO

*McRae
Family Medicine*

Roland S. Summers, MD

*Savannah
Pulmonary Diseases*

Richard L. Weil, MD

*Atlanta
Pediatrics*

Board Leadership Staff

LaSharn Hughes, MBA

Executive Director

Jean Rawlings Sumner, MD

Medical Director

Robert Jeffery, MBA

Director of Operations

Jeffrey Lane, MS

*Director of Investigations and
Enforcement*

The Board



The Georgia Composite Medical Board: Protecting Georgia's Patients since 1825

The Georgia Composite Medical Board traces its beginnings to 1825 and Dr. Milton Antony, Dean of the Medical Academy of Georgia in Augusta, now the Georgia Health Sciences University. Concerned by an influx of a roving legion of quacks, Dr. Antony and the Medical Society of Augusta persuaded the state legislature to create the Georgia Medical Licensing Board, with Dr. Antony as its first president. The first seal on the Board's licensing certificate depicts three famous physicians at the University of Pennsylvania School of Medicine: Dr. Benjamin Rush, considered the father of American medicine and psychiatry, Dr. Philip Syng Physick, the father of American surgery, and Dr. Caspar Wistar, a famous anatomist. These specialties represented all fields of medicine existing at that time.

Subsequent actions by the state legislature in 1835 and 1839 drastically weakened the Board's oversight powers, essentially shutting it down. It wasn't until 1847, after yellow fever and other epidemics, that the Georgia Legislature revived the Act of 1825 and adopted the state's first Medical Practice Act. The act established minimum standards for licensure, required penalties for unlicensed practice and a code of conduct for licensees.

In 1860, Georgia and many other southern states passed a law automatically granting licenses to graduates from southern medical schools. Graduates from northern medical schools were required to pass an examination and pay a \$10 exam fee, which was used to fund board activities. Minority physicians were granted licenses beginning in the late 1880s. In 1897, Ms. Eliza Ann Grier of Philadelphia became the first African American woman to receive a license in the state of Georgia. In 1909, osteopathic physicians were first licensed in Georgia. From 1972 to 2002, various allied health groups were added to the Board's oversight, including physician assistants, respiratory care professionals, perfusionists, orthotists, and prosthetists.

Until 1978, the Medical Board was comprised solely of physicians. In 1999, the Georgia General Assembly enacted a law establishing the board as an independent executive agency. The first consumer member was added in 1978, and a second consumer member was added in 2009. In 2009, the legislature amended the Medical Practice Act, expanding the board to 15 voting members and 1 ex-officio member (a physician assistant), and changing its name to the Georgia Composite Medical Board.

The Board



Your Board: Serving Georgia For 186 Years

From its beginnings in 1825 to today, the Georgia Composite Medical Board (GCMB) has served the people of our state through the licensing and regulation of the professions under its authority. The Board's role in licensing physicians may be well-known, but its responsibilities are actually far more extensive. Professional licensure provides the public with the means to effectively guard against unqualified practitioners from causing harm through lack of training and skill, and is just the initial step in the application and enforcement of professional standards.

In Georgia, the Medical Board is responsible for regulating nearly 42,000 licensed practitioners in seven distinct professions. GCMB protects the citizens of Georgia through its enforcement of the Medical Practice Act of Georgia and the Rules of the Composite Medical Board. In addition to ensuring that practitioners have the necessary education, skills, and professional standards to practice safely before being granted a license, the Board requires period licensure renewal in order to make sure licensees have met continuing education requirements and maintained professional and ethical standards. The Board also provides an important avenue for consumers to file complaints against its licensees and those who practice without the required licenses. In 2011, the Board received nearly 2,200 complaints from patients, peers, licensees, malpractice insurers, hospitals, and other regulatory agencies, and examined each complaint to ensure that it addressed any actionable issue, such as failing to meet the minimum standard of care, prescribing drugs in excess or without legitimate reason, failing to keep adequate records of treatment, abusing patients, or failing to meet professional and ethical standards set forth in state law or Board rules.

Professionals, consumers, and other interested parties have the opportunity to help shape the regulation of medical practitioners through the public rulemaking process. Before adopting any rule or amending an existing rule, the Board conducts open meetings of its standing Rules Committee, typically involving interested parties and inviting public participation through the publication of its upcoming agendas each month. Once the Committee has finalized a draft rule or rule change, it presents the draft to the full Board, at meeting open to the public, for its consideration. Once the Board is ready to consider adopting the rule or rule amendment, it publishes the proposed rule and invites the public to make comments at a public hearing. Only after such careful and meticulous solicitation and consideration of public comment does the Board adopt a rule or amend a rule. Anyone can opt to receive email notices of the Board's rules hearings by sending an email request to Medbd@dch.ga.gov or by calling the Board at 404-656-3913.

Efficiency & Value



Still a Model of Efficiency and Value

Georgia Medical Board employees are accustomed to hearing professionals who have been licensed in other states remark about the relative bargain Georgia's licensing fees are. Here is how Georgia stacks up against medical boards across the nation, in the South, and against medical boards with comparable physician licensee populations.

	Number of Active Licenses ⁽¹⁾	Total physician licensure fees, 20 years ⁽²⁾	Initial licensure fees ⁽³⁾	Renewal fees, annualized ⁽⁴⁾
Georgia	30,581	\$ 2,800	\$ 500	\$ 115
National Average	22,768	\$ 4,727	\$ 424	\$ 215
National Median	15,517	\$ 4,450	\$ 400	\$ 200
GA pct of average	134%	59%	118%	53%
GA pct of median	197%	63%	125%	58%
South (AL, AR, GA, FL, KY, LA, MS, NC, OK, SC, TN, TX, VA)				
Regional Average	27,091	\$ 4,411	\$ 466	\$ 197
Regional Median	19,012	\$ 4,450	\$ 464	\$ 200
GA pct of average	113%	63%	107%	58%
GA pct of median	161%	63%	108%	58%
Similar size (GA, MA, NJ, NC, VA, WA, WI)				
Comparable Average	31,092	\$ 4,680	\$ 375	\$ 215
Comparable Median	31,998	\$ 3,850	\$ 350	\$ 175
GA pct of average	98%	60%	133%	53%
GA pct of median	96%	73%	143%	66%

Sources and Notes:

⁽¹⁾ 2010 Summary of Board Actions, FSMB. Includes both MD and DO licenses.

⁽²⁾ Sum of initial licensure fees and 20 years of annualized renewal fees.

⁽³⁾ State Medical Licensure Requirements and Statistics, 2012. FSMB.

⁽⁴⁾ State Medical Licensure Requirements and Statistics, 2012. FSMB.

New Physician Licenses by Fiscal Year, 2007-2011



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 licensing function of the Medical Board is an integral part of this important function.

Applicants for any license granted and regulated by the Board must provide evidence of their education, training, knowledge, and ethical and professional histories. Typical documentation required during the initial application process include professional school transcripts, postgraduate training certificates, qualifying national examination scores, and histories of past medical, licensing, and legal issues. Once a license is granted, it must be renewed at least every two years in order to ensure that the licensee has maintained the required continuing educational and professional and ethical standards necessary to demonstrate continued competency and professionalism.

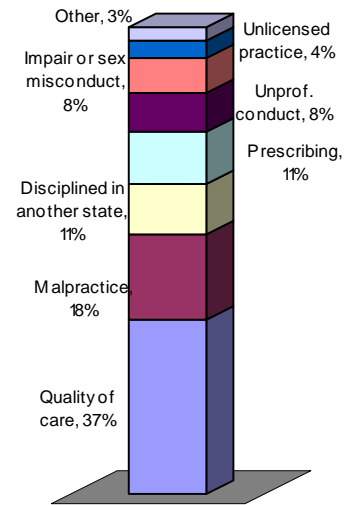
Licenses Issued and Renewed in FY 2011

Profession	Issued (new)	Renewed or reinstated	Active on 12/31/11
Physician *	1,907	13,912	31,037
Physician Assistant	317	1,503	3,351
Respiratory Care	521	715	5,035
Acupuncture	28	92	212
Perfusion	13	83	126
Residency Training	759	994	1,753
Orthotist/Prosthetist	19	118	203
Totals	3,564	17,417	41,717

**Includes Volunteer in Medicine and limited physician licenses*

Greater Efficiency in the Face of Dwindling Resources

Fiscal Year 2011 saw a continuation of the trend of recent years toward ever-decreasing staffing levels, yet the Board issued nearly 350 more new physician licenses in 2011 than in 2007 despite having 20% fewer staff. Average time to process licenses has risen over that period, but the Board has managed to hit its target of processing at least 75% of physician applications within 3 months of the application date.



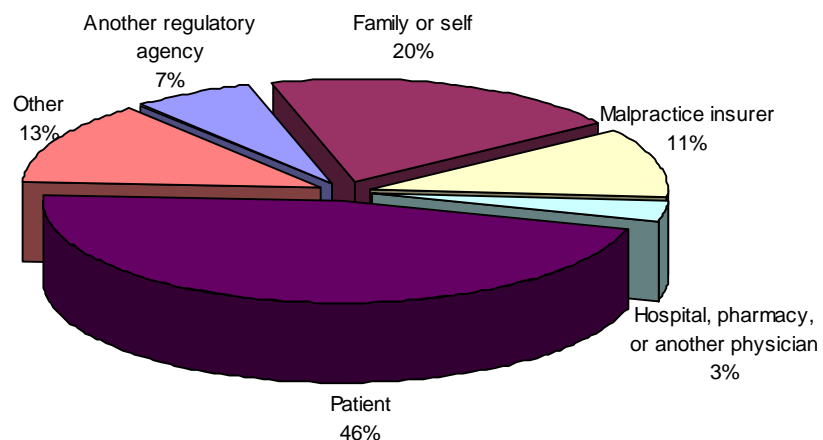
The Enforcement Function

Board members and staff devote much time and effort to overseeing the practice of its licensees by reviewing complaints from patients, malpractice data, information from hospitals and other health care institutions, and reports from other government agencies. When the Board receives information from any source that indicates that an individual within its regulatory jurisdiction may have violated the Medical Practice Act or the Rules of the Composite Medical Board, it has the legal authority to investigate the matter, conduct hearings, impose sanctions ranging from private

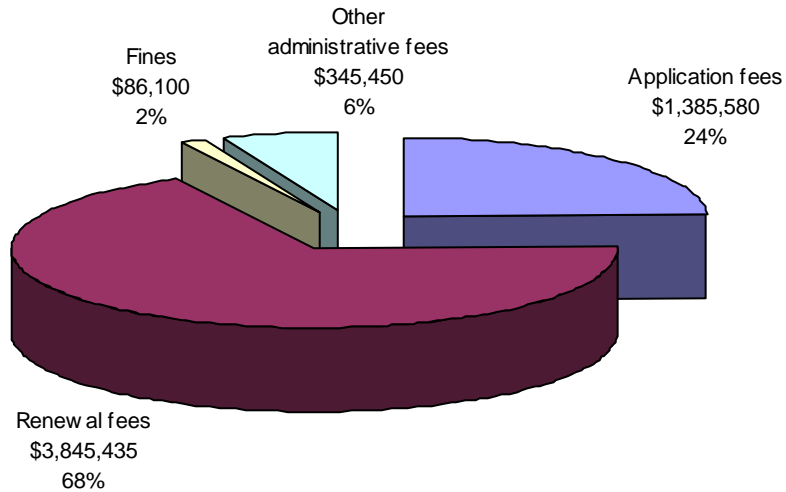
letters of concern to permanent license revocation, and to report final public disciplinary actions to the National Practitioner Databank, other regulatory agencies, and the general public.

In Fiscal Year 2011, the Board received a total of 2,195 complaints, and after carefully reviewing each one to determine whether it fell within its jurisdiction, referred approximately 53% for further investigation. In approximately 10% of the cases involving matters within its jurisdiction, the Board imposed public or private sanctions to address issues it found.

Complaints Against Physicians by Source, Fiscal Year 2011



Revenue Collections by Source, FY 2011



Returning Increasing Value to Georgia

Even with the reduction in budgets and expenditures during the difficult economic downturn of recent years, Georgians have benefitted from the Medical Board's efficiency not only in terms of the health and safety delivered by its core functions, but also in terms of financial returns nearly double that of Fiscal Year 2010.

Appropriations and Revenue Collections:

Fiscal Year 2011 Appropriations (Net) \$ 1,899,364

Revenue Collected:

Application and other License Fees	\$ 1,385,580
License Renewal Fees	\$ 3,845,435
Fines	\$ 86,100
Other Administrative Fees	\$ 345,450
Revenues Collected (Total)	\$ 5,662,565

Total Appropriations and Revenue Collections \$ 7,561,929

Expenditures:

Personal Services	\$ 1,582,231
General Operating	\$ 128,006
Investigative & Related	\$ 170,310
Travel	\$ 31,411
Voice, Data, & Information Systems	\$ 312,323
Rent	\$ 40,000

Total Expenditures \$ 2,264,281

Net Contribution to State Treasury: \$ 5,297,648

Return on Investment: 179%

Staff



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Robert Jeffery, MBA
Director of Operations

Betsy D. Cohen, Esq.
Staff Attorney

Carol Dorsey
*Administrative Assistant
to the Executive Director*

Pearl Mason-Stokes
Information and Referral Specialist

Mary Harris
Physician Licensure

Katonya Reynolds
*Respiratory Care Professional and
Orthotist & Prosthetist Licensure*

Gladys Henderson
*Acupuncture Licensure and
Nurse Protocol Review*

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Tommy Kelly
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Deborah Bruce
Physician Licensure

Shonda Roberts
Physician Licensure

Lynette Riddle
*Physician Assistant and
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Hector Rodriguez
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Georgia Composite Medical Board



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