Georgia Composite Medical Board

ANNUAL REPORT

Fiscal Year 2013 Report of the Georgia Composite Medical Board
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.

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MESSAGE FROM THE EXECUTIVE DIRECTOR

The Medical Board members and staff are pleased to present the Fiscal Year 2013 Annual Report of the Georgia Composite Medical Board. Among other significant achievements, I am especially proud that the Board played a significant role in improving the state’s Pain Policy Grade from “D plus” to “A”. This set a national mark for improvement in the University of Wisconsin School of Medicine and Public Health’s Pain and Policy Studies Group report.

I am also pleased to note our successful implementation of the Board’s new Pain Management Clinic license. During the 2013 session, the General Assembly passed the Georgia Pain Management Clinic Act (House Bill 178), which required pain management clinics to be licensed by the Board. This bill, which enjoyed the overwhelming support of the House of Representatives and Senate, as well as the Medical Board, was a significant enhancement to patient protection for Georgia’s citizens. Governor Nathan Deal signed the bill into law on May 2, 2013, and the Board began licensing clinics on July 1, 2013. Through December 6, 2013, the Board had issued 152 pain management clinic licenses.

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.

In each annual report, it is my great pleasure to recognize the hard work of the Board members, as well as the members of the Board’s seven Advisory Committees. These men and women work tirelessly and without compensation to protect the citizens of our great state. Their contribution of time represents no small sacrifice in itself; the two days of Board meetings each month alone can cost the typical physician Board member hundreds of dollars in lost revenue each month. Our state is fortunate to have these public servants. I must also thank the small but dedicated staff of the Board, who faced obstacles posed by budget cuts and increasing workloads, yet remained committed and determined to give excellent service to their fellow citizens. I am honored and humbled to serve with this group of committed individuals.

Do you 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
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 the following professions:

- Physician
- Physician Assistant
- Physician Resident
- Respiratory Care Professional
- Clinical Perfusionist
- Acupuncturist
- Orthotist & Prosthetist
- Pain Management Clinic

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’s advisory committees include:

- Acupuncture
- APRN Protocol
- Clinical Perfusionist
- Investigative
- Orthotist & Prosthetist
- Pain Management Clinic
- Physician Assistant
- Physician Licensing & Profiles
- Respiratory Care
- Rules
- Wellness

Board Members

Richard L. Weil, MD (Chair)
Atlanta
Pediatrics
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
William J. Butler, MD
Immediate Past Chair
Macon
Obstetrics & Gynecology and Reproductive Endocrinology
Wendy A. Troyer, MD
Atlanta
Neonatology
David W. Retterbush, MD (Vice-Chair)
Valdosta
General Surgery
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
B.K. Mohan, MD
Riverdale
Cardiovascular Disease
George E. “Trey” Powell, MD
Valdosta
Cardiovascular Disease
William Sightler, DO
McRae
Family Medicine
Charles L. White, DO
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
Committees of the Board

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.

Seven 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:

- Clinical Perfusionist Committee
- Acupuncture Committee
- APRN Protocol Committee
- Respiratory Care Committee
- Physician Assistant Committee
- Orthotist and Prosthetist Committee
- Pain Management Clinic Committee

All matters reviewed and discussed before the Board Committees are sent to the full board for final review and approval.
The Licensing and Nurse Protocol Review 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 also reviews a physician assistant’s (PA) job description, which lists the duties a supervising physician may delegate to the PA, to help ensure that the physician/PA team has the requisite training to practice with reasonable skill and safety, and reviews physicians’ protocols with advanced practice registered nurses (APRN).

In Fiscal Year 2013, the Board issued 3,626 new licenses, an increase of 23 percent over Fiscal Year 2012, and 35 percent over Fiscal Year 2008.
The Licensing and APRN Protocol Review Function

Licenses must be renewed periodically – in Georgia, typically every two years – to help ensure continued competency. Since January 1, 2012, renewing licensee must provide an affidavit that he or she is present in the United States legally, and a copy of a document to verify it. This requirement changed the nature of license renewals, since each renewal now has a manual process associated with it. The requirement affected the Board’s license renewal activities most severely in Fiscal Year 2013, because 70 percent of all licenses expire in odd-numbered years.

In Fiscal Year 2013, the Board processed 19,364 renewal applications, and received 3,736 applications for new licenses. The Board also received 1,097 supervising physician/PA applications and 1,276 APRN prescribing protocols.

New Physician Licenses Issued, Fiscal Years 2008 - 2013

Applications Received, FY 2013
Initial License Applications, Physician/PA Applications, and APRN Protocol Reviews

<table>
<thead>
<tr>
<th>Professional</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>1,592</td>
<td>1,597</td>
<td>1,751</td>
<td>1,781</td>
<td>1,648</td>
<td>2,051</td>
</tr>
<tr>
<td>Respiratory Care Professional</td>
<td>378</td>
<td>454</td>
<td>541</td>
<td>726</td>
<td>1,032</td>
<td>1,190</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>398</td>
<td>397</td>
<td>434</td>
<td>494</td>
<td>552</td>
<td>598</td>
</tr>
<tr>
<td>Residency Training Permit</td>
<td>681</td>
<td>584</td>
<td>554</td>
<td>552</td>
<td>518</td>
<td>544</td>
</tr>
<tr>
<td>Orthotist &amp; Prosthetist</td>
<td>26</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>25</td>
<td>25</td>
<td>30</td>
<td>31</td>
<td>35</td>
<td>36</td>
</tr>
<tr>
<td>Clinical Perfusionist</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Physician/PA Applications</td>
<td>1,097</td>
<td>1,097</td>
<td>1,101</td>
<td>1,181</td>
<td>1,227</td>
<td>1,276</td>
</tr>
<tr>
<td>ARPN Protocol Reviews</td>
<td>1,592</td>
<td>1,597</td>
<td>1,751</td>
<td>1,781</td>
<td>1,648</td>
<td>2,051</td>
</tr>
</tbody>
</table>

Active Licenses on July 1, 2013

<table>
<thead>
<tr>
<th>Professional</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>32,698</td>
</tr>
<tr>
<td>Respiratory Care Professional</td>
<td>5,252</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>3,679</td>
</tr>
<tr>
<td>Residency Training Permit</td>
<td>2,355</td>
</tr>
<tr>
<td>Orthotist &amp; Prosthetist</td>
<td>231</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>224</td>
</tr>
<tr>
<td>Clinical Perfusionist</td>
<td>145</td>
</tr>
<tr>
<td>Pain Management Clinic</td>
<td>16</td>
</tr>
</tbody>
</table>
The Enforcement Function

The Georgia Composite Medical Board is responsible for regulating and enforcing the Georgia Medical Practice Act and the Rules adopted by the Board. The Board’s staff devotes much of its time to this serious responsibility to ensure the public’s safety.

Complaints come to the Board from a variety of sources including patients, family members, fellow practitioners, hospitals, other law enforcement agencies, other state medical boards, malpractice actions, the National Practitioner Data Bank (NPDB), etc.

Each complaint is evaluated by the Board’s management staff to determine if the complaint is within the jurisdiction of the Medical Board. A complaint within the jurisdiction of the Medical Board may then follow one of two paths: (1) a Matter Under Inquiry (MUI) or (2) a formal investigation. In an MUI, the licensee is asked to give a narrative response concerning their medical care rendered. The patient’s records are subpoenaed for evaluation by a panel of Board members assigned to review the complaint. The panel presents its findings to the Board, which then determines if the licensee may have violated the Georgia Medical Practice Act or otherwise deviated from the generally accepted standards of care. An MUI may turn into a formal investigation by the Board.

Serious complaints, criminal violations, public safety threats, and similar situations are referred directly for formal investigations by the Board’s agents. These agents are certified law enforcement personnel who are trained in traditional investigations. The results of Investigations by Agents are also evaluated by Board Members to determine if there are violations and any discipline and/or prosecutions are warranted.

During FY 2013, the Georgia Composite Medical Board received and opened 1,729 new complaints and closed 1,675 previous complaints through various dispositions. Of the new complaints received, 74% of the complaints were found to be within the jurisdiction of the Board either inquired on (MUI) or investigated. During FY 2013, there were 578 cases that the Board inquired upon, and 695 cases which were referred to investigations by agents of the Board.
Enforcement

Investigations

In FY 2013, Medical Board Agents completed 674 investigations and were assigned 695 new cases. Serious Quality of Care Complaints and Malpractice Actions continue to be the most numerous cases handled by Agents. However, 14% of the cases handled by the Agents were deemed urgent public safety threats and/or felonies such as unlicensed practice, sexual misconduct by licensees, and impairment by licensees. Many investigations were conducted with federal, state, and local law enforcement agencies.

During FY 2013, the Medical Board began utilizing online investigative background databases and tools to research and locate people, assets, and businesses involved in Board investigations. The Medical Board Investigations Unit joined the National and Georgia Crime Information Centers (NCIC/GCIC) of the Federal Bureau of Investigation (FBI) and Georgia Bureau of Investigation (GBI) to more readily obtain and share criminal investigative information.

Discipline

During FY 2013, the Board docketed 97 Board Orders (reprimands, sanctions, etc.) against licensees. During FY 2013, eight licensees lost their licenses through final decisions, revocations, and/or voluntary surrender of licenses in lieu of hearings. Sixteen more licensees saw their licenses suspended for a period of time. The Board referred 47 new cases against licensees to the Georgia Attorney General’s Office for hearings to take disciplinary actions against the licensee. At the close of the fiscal year, there were a total of 54 cases pending action at the Attorney General’s Office.

![Investigations by Type of Case](image-url)

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Convictions, Board Order Violations</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>181</td>
<td>26%</td>
</tr>
<tr>
<td>Malpractice</td>
<td>166</td>
<td>24%</td>
</tr>
<tr>
<td>Unprofessional Conduct</td>
<td>69</td>
<td>10%</td>
</tr>
<tr>
<td>Prescribing</td>
<td>109</td>
<td>16%</td>
</tr>
<tr>
<td>Discipline By Other State</td>
<td>65</td>
<td>9%</td>
</tr>
<tr>
<td>Unlicensed Practice</td>
<td>38</td>
<td>5%</td>
</tr>
<tr>
<td>Impairment</td>
<td>32</td>
<td>5%</td>
</tr>
<tr>
<td>Sexual Misconduct</td>
<td>27</td>
<td>4%</td>
</tr>
</tbody>
</table>

Investigations by Type of Case
The Georgia Composite Medical Board: Delivering Value to Georgia

The Georgia Composite Medical Board operates with a budget appropriated by the General Assembly and certain administrative fees. The services that the Board provides to the people of Georgia are delivered in an efficient, cost-effective way.

In FY 2013, the Board’s total budget was $2,368,595, of which $2,002,998 was appropriated by the General Assembly, with which the Board enhanced the health and safety of Georgia’s patients through its licensing and regulatory activities. During the year, the Board collected nearly three times that amount in fees, which were turned over to the state’s treasury – a return on investment of 151.2 percent.

Revenue Collections, Fiscal Year 2013

<table>
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<th>Fee category</th>
<th>FY 2013</th>
<th>Pct change over FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal fees</td>
<td>$3,910,945</td>
<td>1.2%</td>
</tr>
<tr>
<td>Application and other license fees</td>
<td>1,545,560</td>
<td>5.2%</td>
</tr>
<tr>
<td>Fines and enforcement cost recovery</td>
<td>142,959</td>
<td>16.3%</td>
</tr>
<tr>
<td>APRN protocol reviews</td>
<td>86,150</td>
<td>15.7%</td>
</tr>
<tr>
<td>Other administrative fees</td>
<td>263,437</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,949,355</strong></td>
<td><strong>2.7%</strong></td>
</tr>
</tbody>
</table>

Revenue Collected, Fiscal Year 2013

- APRN protocol reviews: $86,150 (1.4%)
- Other administrative fees: $263,437 (4.4%)
- Application fees: $1,545,560 (26.0%)
- Renewal fees: $3,910,945 (65.7%)
- Fines and enforcement cost recovery: $142,959 (2.4%)