

Rhode Island Board of Medical Licensure and Discipline 2017 Annual Report

JANUARY 2018



Introduction

The mission of the Rhode Island Board of Medical Licensure and Discipline (BMLD) is to protect the public through enforcement of standards for medical licensure and ongoing clinical competence.

The BMLD is composed of 13 members. Six members represent the public, and seven members are physicians. BMLD members receive no compensation and donate hundreds of hours each month to protect the public and ensure the professional standards of the profession.

BMLD Members	
Nicole Alexander-Scott, MD, MPH	Director, Rhode Island Department of Health, Chair
Jennifer Barry Esq.	Public member, plaintiff attorney
Steven L. Blazar, MD	Physician (Allopathic)
Alexios Carayannopoulos DO	Physician (Osteopathic)
Sandra Coletta	Public member, hospital administrator
Joan Crawley	Public member
Joseph Dowling, MD	Physician (Allopathic)
Helen Drew	Public member
Leonard Green	Public member
James F. Griffin, DO	Physician (Osteopathic)
David Krieger	Public member
David Kroessler, MD	Physician (Allopathic)
James Monti, MD	Physician (Allopathic – full-time faculty)

The BMLD extends its thanks to outgoing Board members Eugenia (Genie) Wild and Dr. Gary L'Europa. The Board was saddened by the sudden death of long time Board member Dr. Stephen Fanning.

The BMLD welcomed new members Dr. Alexios Carayannopoulos, Dr. Joseph Dowling, and David Krieger.

The BMLD meets the second Wednesday of each month at the Rhode Island Department of Health (RIDOH) in Providence, and the open session of each meeting begins at 8:30 a.m. Any member of the public can attend the open session.

BMLD Staff	
James V. McDonald, MD, MPH	Chief Administrative Officer
Steve Morris, Esq.	Senior Legal Counsel
Lauren Dixon-Lasso	Administrative Officer
Linda Julian	Board Investigator
Angela Phengsavatdy	Licensing Officer

Licensing

Licensing of physicians by examination or by endorsement represents one of the essential functions of the BMLD. Ensuring that physicians who are allowed to practice medicine in Rhode Island are competent, ethical, and professional is critical to the licensing process.

Physician Licensing			
	2015	2016	2017
Physician licenses issued	377	478	430
Physician license applications withdrawn	0	3	3
Physician license applications denied	0	0	0
Average number of days to receive physician license	29.5	25	31
Percentage of licenses approved in less than three days after receipt of final documents	95%	99%	97%

Physician Licenses, By Type			
	As of 12/31/2015	As of 12/31/2016	As of 12/31/2017
Allopathic physicians	4,836	4,616	5,024
Osteopathic physicians	335	316	365
Physicians (MD and DO) with a Controlled Substance Registration	4,303	3,324	4,238
Limited license (Training) ¹	781	808	843
Volunteer license ²	2	15	15
Academic faculty, limited license ³	4	4	4

¹Limited License: a physician, in accordance with regulation 1.3.4; in an approved accredited graduate medical education program 216-RICR-40-05-1 <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8700.pdf>

²Volunteer License: a physician, in accordance with regulation 1.4.5; retired; receives no financial compensation; practices at a 501(c)(3) and has proof of malpractice coverage 216-RICR-40-05-1 <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8700.pdf>

³Academic Faculty License: a physician, in accordance with regulation 1.4.6; physician of noteworthy and recognized professional attainment who is clearly an outstanding physician and who has been offered a full time academic appointment by the dean of an accredited medical school in Rhode Island. 216-RICR-40-05-1 <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8700.pdf>

Policy Statements

The BMLD approves policy statements about important or emergent public health issues when it believes a knowledge gap exists in the physician population. There were no new policy statements approved in 2017. Existing policy statements are available at <http://health.ri.gov/licenses/detail.php?id=200/>

Current Policy Statements of the BMLD

- [Appropriate Use of Social Media and Social Networking in Medical Practices \(2013\)](#)
- [Appropriate Use of Telemedicine and the Internet in Medical Practices \(2012\)](#)
- [Considerations Regarding Pharmaceutical Stimulant Prescribing for Attention Deficit Disorders \(ADD\)/Attention Deficit Hyperactivity Disorder \(ADHD\) in Adolescents and Adults \(2015\)](#)
- [Guidelines Regarding Scope of Practice, Supervision, and Minimum Expectations of Conduct of Medical Assistants \(2014\)](#)
- [Minimum Standards for Authorizing Medical Marijuana \(2011\)](#)

Rules and Regulations

In 2017, rules and regulations were updated for physicians and reflect a change in format and content from the BMLD. The most significant content change to the regulations was the creation of a new license type, Temporary Post-Graduate License, section 1.4.4. This new license type allows a physician in a Rhode Island graduate medical education program to obtain a full medical license after one year of training. This license can be renewed once and can be obtained at no cost if the physician obtains a DATA waiver within nine months of issuance.

New legislative actions directly affected physician prescribing and now require the physician to review the Prescription Drug Monitoring Program (PDMP) database prior to prescribing an opioid and to provide patient education about any opioid prescription.

Health Connections

The BMLD uses *Health Connections*, RIDOH's e-newsletter to communicate matters of importance to all physicians. The newsletter is emailed to physicians who provide an email to RIDOH, and it is posted on RIDOH's website. The topics covered in 2017 can be reviewed at <http://us2.campaign-archive2.com/home/?u=ece9b1661b3bf3b864a6894d1&id=51f4d694b8> . It is the expectation of the BMLD that all licensees review each issue of Health Connections.

Continuing Medical Education (CME) Activities

The Board, in conjunction with RIDOH, sponsored several CME events in 2017 that specifically addressed the opioid crisis, responsible prescribing, and appropriate treatment of pain. The program, *Interdisciplinary Treatment of Pain and Foundational Principles Regarding Addiction, Pain, and Opioids* was offered in May 2017. The program was approved for eight hours of category 1 CME and is available online at <https://www.brown.edu/academics/medical/education/other-programs/continuing-medical-education/interdisciplinary-treatment-pain-and-foundational-principles-regarding-addiction-pain-and-opioids>.

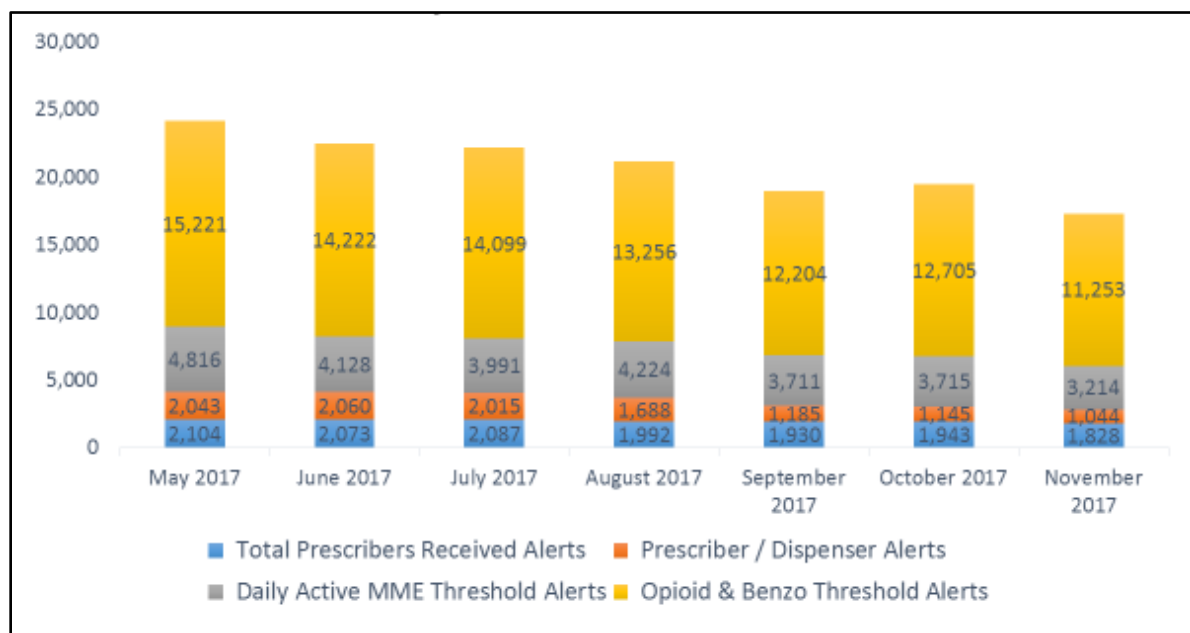
Additional CME programs were conducted on this same topic during grand rounds at acute-care hospitals, to large office practice groups, and at professional society meetings. CME and medical education programs were also presented at the Nurse Practitioner Association of Rhode Island's annual meeting and at the physician assistant programs at Johnson and Wales University and Bryant University. The BMLD and RIDOH have gone to extraordinary lengths to educate physicians on the importance of understanding addiction, appropriate treatment of pain, and responsible prescribing of controlled substances.

Prescription Drug Monitoring Program (PDMP)

RIDOH manages and maintains the State's PDMP Program, and the PDMP database is operated by Appriss. The PDMP launched a pilot project in 2017 in an attempt to integrate the PDMP into an electronic health record. Expansion of this project is planned for 2018. Information about the PDMP is posted online at http://health.ri.gov/programs/detail.php?pgm_id=156/

Also of note in 2017, clinical alerts from the PDMP to prescribers were started in May 2017. There are three types of clinical alerts that are based on criteria established by RIDOH. Table 1 shows an overall decrease of 13% for all clinical alerts. The clinical alert that is sent when the system identifies a patient who is going to five or more prescribers and five or more pharmacies decreased by 48%. This suggests fewer individuals are engaging in behavior that is traditionally classified as drug seeking. The clinical alert that is sent when the system identifies patients who have prescriptions that total more than 90 MME per day decreased by 33% and suggests fewer patients are on high doses of opioids. The clinical alert that is sent when the system identifies a patient who is taking opioids and benzodiazepines in the same 30-day period has decreased by 26%. This suggests that fewer patients are taking opioids and benzodiazepines concurrently. This data has only been collected for six months; however, RIDOH will continue to collect and monitor the data for trends.

Table 1: Rhode Island PDMP Clinical Alerts Activity, By Alert Type, May – November 2017



Complaints and Disciplinary Actions

Another essential role of the BMLD is to investigate and adjudicate complaints. The BMLD continues to be the Board with the highest volume of cases. Complaints come from a variety of sources, including patients, patient advocates, notices of litigation, licensed facilities, pharmacists, physicians, and other healthcare professionals. Each complaint is reviewed prior to being opened for complete investigation. The complaint process for physicians is detailed in a flow chart at <http://health.ri.gov/complaints/physician/>.

Summary of Annual Complaint Activity

	2015	2016	2017
Complaints received	422	514	320
Complaints opened for investigation	200	168	122
Complaints adjudicated by full Board	211	200	137
Suspensions	1	0	3
Voluntary agreements not to practice medicine/surrender of license	4	7	1
License reinstatements/activations with disciplinary actions	7	4	3
Reprimands and related sanctions	20	18	19
Revocations	0	1	0
Public adverse actions	32	30	26

The two most common reasons for disciplinary issues in 2017 were controlled substance-related actions and matters related to concerns about quality of care.

Conclusion

The BMLD was established in 1986, and 2017 marked the close of its 32nd year of protecting the public and ensuring the highest standards of the medical profession. The BMLD is composed of highly respected and committed volunteers who give of themselves and their time to carry out its mission.