



# Board of Medical Licensure and Discipline 2016 Annual Report

## Mission

*To protect the public through enforcement of standards for medical licensure and ongoing clinical competence.*

## Introduction

The Rhode Island Board of Medical Licensure & Discipline (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.

<b>Board of Medical Licensure and Discipline Members</b>	
Nicole Alexander-Scott, MD, MPH (Chair)	Director, Rhode Island Department of Health
Jennifer Barry Esq.	Public member, plaintiff attorney
Steven L. Blazar, MD	Physician (Allopathic)
Leonard Green	Public member
Sandra Coletta	Public member, hospital administrator
Joan Crawley	Public member
Helen Drew	Public member
Stephen Fanning III, DO	Physician (Osteopathic)
James F. Griffin, DO	Physician (Osteopathic)
Gary A. L'Europa, MD	Physician (Allopathic)
James Monti, MD	Physician (Allopathic – full time faculty)
David Kroessler, MD	Physician (Allopathic)
Eugenia Wild	Public member

Membership of the BMLD changed in 2016, and extends its thanks to outgoing members Mark Brizard, Dr. Elizabeth Nestor, and Dr. Judith Nudelman. The BMLD welcomed new members Leonard Green, Dr. James Monti, and Dr. David Kroessler.

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.

<b>Board of Medical Licensure &amp; Discipline Staff</b>	
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 via examination or 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. Modifications were made to the licensing process in 2015 to decrease turnaround time for qualified applicants while maintaining the duty to protect the public.

Physician Licensing by BMLD		
	2015	2016
Physician licenses issued	377	471
Physician license applications withdrawn	0	3
Physician license applications denied	0	0
Average number of days to receive physician license	29.5	25

The average number of days to issue a physician license in 2016 was 25 days, and 89% of licenses were issued within 45 days of initial receipt of the application. In addition, 91% of physician licenses were issued within three days of receiving all required documents.

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

<sup>1</sup>Limited License: a physician, in accordance with regulation 2.7; in an approved accredited graduate medical education program

<sup>2</sup>Volunteer License: a physician, in accordance with regulation 3.4.1; retired; receives no financial compensation; practices at a 501(c)(3) and has proof of malpractice coverage

<sup>3</sup>Academic Faculty License: a physician, in accordance with regulation 3.5; 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.

## Policy Statements

The BMLD approves policy statements about important or emergent public health issues where a knowledge gap exists in the physician population. There were no new policy statements approved in 2016. 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](#)
- [Appropriate Use of Telemedicine and the Internet in Medical Practices](#)
- [Considerations Regarding Pharmaceutical Stimulant Prescribing for Attention Deficit Disorders \(ADD\)/Attention Deficit Hyperactivity Disorder \(ADHD\) in Adolescents and Adults](#)

- [Guidelines Regarding Scope of Practice, Supervision, and Minimum Expectations of Conduct of Medical Assistants](#)
- [Minimum Standards for Authorizing Medical Marijuana](#)
- [Various Policy Statements from BMLD](#)

## Rules and Regulations

There were no regulatory changes for physicians in 2016 from the BMLD. There were legislative actions that directly affected physician prescribing.

## Health Connections

The BMLD uses *Health Connections*, RIDOH's e-newsletter to communicate matters of importance to all physicians. The topics covered in 2016 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.

## Prescription Drug Monitoring Program

RIDOH houses the Prescription Drug Monitoring Program (PDMP), and the PDMP database is operated by Appriss. The PDMP changed substantially in 2016 and remains a critical clinical tool for physicians to supplement their history and physical regarding a patient's medication utilization. Information about the PDMP is available online at [http://health.ri.gov/programs/detail.php?pgm\\_id=156/](http://health.ri.gov/programs/detail.php?pgm_id=156/) Features that were added to the PDMP in 2016 include:

- **Delegate feature**: allows a prescriber who supervises other staff to maintain their staff's registration in the PDMP and allows them to monitor and review their staff's utilization of the PDMP.
- **Bulk patient search**: allows a user to check records of multiple patients at the same time without having to view one report before entering subsequent record requests. Batch reports give prescribers a summary of each patient so that the prescriber can narrow down (if necessary) which patient(s) records may need to be reviewed more closely.
- **Connectivity**: The PDMP is now interconnected to 13 other states, including Alaska, Connecticut, Idaho, Massachusetts, Minnesota, Mississippi, New Hampshire, New Jersey, New York, South Carolina, South Dakota, Virginia, and West Virginia.
- **My RX feature**: allows a prescriber to view prescriptions they have written
- Legislation passed in July 2016 required such practitioners be automatically registered with the PDMP by RIDOH staff.
- Pharmacy staff are required to report dispensed prescriptions to the PDMP within 24 hours.
- Schedule V medications were added to the PDMP in July 2016.

As of December 31, 2016, 100% of physicians were registered with the PDMP, demonstrating compliance with the statutory requirement. Physicians can register for the PDMP at <https://www.ripmp.com/NewRegistration.aspx> .

In 2016, the BMLD started to evaluate prescribing within the PDMP using algorithms to detect self-prescribing, high-volume prescribers, and inadequate PDMP utilization.

## 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, other healthcare professionals. Each complaint is reviewed prior to being opened for complete investigation. The complaint process for physicians is detailed [online](#) in a flow chart.

<b>Summary of Annual Complaint Activity</b>		
	<b>2015</b>	<b>2016</b>
Complaints received	422	514
Complaints opened for investigation	200	168
Complaints adjudicated by full Board	211	200
Suspensions	1	0
Voluntary agreements not to practice medicine/surrender of license	4	7
License reinstatements/activations with disciplinary actions	7	4
Reprimands and related sanctions	20	18
Revocations	0	1
Public adverse actions	32	30

The three most common reasons for disciplinary issues in 2016 were controlled substance prescribing, medical records and documentation, and doctor-patient boundary issues.

## Conclusion

The BMLD was established in 1986, so 2016 marked the close of its 31<sup>st</sup> year of protecting the public and ensuring the standards of the medical profession. The BMLD is composed of highly respected volunteers who give of themselves and their time to carry out its mission.