Annual Report Fiscal Year 2012

ALASKA STATE MEDICAL BOARD

July 2012



DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

This Annual Performance Report is presented in accordance with Alaska Statute 08.01.070(1) and Alaska Statute 37.07.080(b). Its purpose is to report the accomplishments, activities, and the past and present needs of the licensing program.

ALASKA STATE MEDICAL BOARD FY 2012 ANNUAL REPORT

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ALASKA STATE MEDICAL BOARD FY 2012 ANNUAL REPORT IDENTIFICATION OF BOARD

Alaska Statute 08.64.010 establishes the State Medical Board, composed of eight members, including five licensed physicians, one licensed physician assistant, and two public members. Each member is appointed to serve by the governor and serves a four-year term; a member may serve beyond the termination date until a successor is appointed.

Board Member	Date Appointed	<u>Term Expires</u>
Edward A. Hall, PA-C, President	May 19, 2008	March 1, 2013
David A. Miller, MD, Secretary	March 1, 2009	March 1, 2016
John S. Cullen, MD	January 29, 2008	March 1, 2012
Kathleen (Casey) Millar, Public Member	March 1, 2009	March 1, 2013
David J. Powers, MD	December 2, 2008	March 1, 2016
William W. Resinger, MD	September 21, 2007	March 1, 2014
Camille (Cam) Carlson, Public Member	March 1, 2012	March 1, 2016
Elizabeth A. Kohnen, MD	March 1, 2012	March 1, 2016

ALASKA STATE MEDICAL BOARD FY 2012 ANNUAL REPORT IDENTIFICATION OF STAFF

Anchorage Office

Department of Commerce Community and Economic Development Division of Corporations, Business and Professional Licensing 550 West 7th Avenue, Suite 1500 Anchorage, AK 99501

Debora Stovern, Executive Administrator

Work: (907) 269-8163 Fax: (907) 269-8196

Susan Winton, Senior Investigator

Work: (907) 269-8189 Fax: (907) 269-8195

David Newman, Investigator

Work: (907) 269-8177 Fax: (907) 269-8195

Miriam Patredis, office Assistant

Work: (907) 269-8163 Fax: (907) 269-8196

Juneau Office

Department of Commerce Community and Economic Development Division of Corporations, Business and Professional Licensing P.O. Box 110806 Juneau, AK 99811-0806

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ALASKA STATE MEDICAL BOARD FY 2012 ANNUAL REPORT NARRATIVE STATEMENT

The Alaska State Medical Board is responsible for protecting the public through the licensing, regulation, and discipline of allopathic and osteopathic physicians, podiatrists, physician assistants, and mobile intensive care paramedics.

The board establishes and evaluates minimum education and competency standards for applicants who wish to practice medicine in Alaska. The board also ensures the continuing competency of practitioners by establishing and evaluating professional standards and specific requirements for biennial license renewal. Such standards provide reasonable assurance to the public that licensees are qualified to practice medicine. During FY 2012, the board maintained its consistently high level of activity in all categories of licensure, including the initial licensure of 407 allopathic and osteopathic physicians, podiatrists, physician assistants, and mobile intensive care paramedics new to Alaska. In addition, the board issued 15 locum tenens permits for temporary practice by physicians to fill absences in the state, 1 courtesy license for xxx, and 99 resident permits to physicians participating in an accredited post-graduate residency program in the state.

The Alaska State Medical Board takes its public protection responsibilities very seriously and has wellestablished policies and procedures to investigate complaints and malpractice settlements, and take disciplinary action as appropriate. The Board has worked with its investigative staff to develop specific disciplinary guidelines in order to mete out consistent and effective sanctions when violations occur. During FY 2012, the board took 22 formal actions under its enforcement mandate.

The board continues to monitor and propose regulation changes to improve its effectiveness. During FY 2012, the board drafted a number of regulations projects, including:

- changing continuing medical education requirements for paramedics;
- updating certification and assessment requirements for physician assistants;
- clarifying requirements for patient medical records;
- clarifying the eligibility requirements for examination applicants;
- establishing license verification procedures for new applicants;
- changing the verification requirements for graduates of foreign medical schools; and
- establishing provisions for the delegation of routine duties to unlicensed assistive personnel.

In addition, the board has been assessing and evaluating various issues, including physician use of automatic dispensing systems; federally mandated licensing exemptions for health care practitioners in tribal health programs; and national efforts to preclude state-based licensing authority.

The board continues to participate in the activities of the Federation of State Medical Boards (FSMB) and Administrators in Medicine (AIM). Attendance at their national and regional meetings allows the board and board staff to remain aware of issues concerning the practice of medicine nationally, and to participate in programs involving licensing requirements, professional standards and ethics, public protection, regulation, and discipline. The federation monitors developments in the health care regulatory field by the federal government, administers the national licensure examination, and maintains a national database of licensed physicians and physician assistants. AIM researches and tracks issues and developments on a state-by-state basis and assists board executives in obtaining or sharing information to more effectively respond to the needs of their states. Both organizations are active in providing education and assistance to board staff and members, including certification programs for board executives and board investigators.

The board employs an executive administrator, two investigators, two licensing examiners, and an administrative clerk. During the past fiscal year, they continued to experience repeated turnover in licensing staff; they recently filled those positions and are pleased to have an effective and professional staff. The board has determined a need to attract and retain competent staff, including increasing the level

of compensation for the Executive Administrator and Licensing Examiners, increasing clerical support, and using temporary employees during peak renewal seasons.

In the coming year, the board will continue to seek important and meaningful change in the areas of administrative and board functions. The board has developed policies and procedures for conducting routine business. They continue to evaluate and make changes as necessary for more efficient and appropriate licensing, regulation, and disciplinary processes. The board continues to seek new ways to disseminate information to the public and the profession, to have more information available on their website, and do more business via the internet. They are utilizing FSMB assistance in establishing an online application process and electronic resources for conducting board business. The board will continue to be accessible to its licensees and the public and to be responsive to the needs and safety of Alaska's citizens.

ALASKA STATE MEDICAL BOARD FY 2012 ANNUAL REPORT BUDGET RECOMMENDATIONS FOR FY 2013

Hold four Board meetings per year at an approximate average cost of \$7,850 each (cost per meeting ranges from \$5,400 to \$11,200, depending on the location)	\$32, 970
Travel and per diem for two Board members and the executive administrator to attend the annual Federation of State Medical Boards (FSMB) meeting – the FSMB provides the travel for one Board member and the executive administrator.	\$ 3,550
Travel and per diem for the executive administrator to attend the annual Administrators in Medicine (AIM) meeting and the Federation of State Medical Boards (FSMB) board executive training – the FSMB and AIM provide the travel.	\$ 750
TOTAL COSTS	\$37,270

Board Meeting Travel:

In accordance with Alaska Statute 08.64.085 the board meets at least four times a year. The meetings are scheduled for as many geographical areas of the state as possible, in order to be accessible to the public and the profession. Board meetings are two days with a full agenda to conduct required administrative business (reviewing license applications and reinstatements), assess and propose regulation changes, evaluate board procedures and guidelines, deal with correspondence, and handle disciplinary matters.

Other Travel:

The FSMB establishes national policies and standards for the medical profession on behalf of state medical and osteopathic boards in their protection of the public. They hold an annual meeting and provide the travel for one board member and the executive administrator to attend. AIM is an affiliated organization for board executives. They also hold an annual meeting and provide the travel for the executive administrator to attend. These meetings are well attended by all 70 state and territorial boards and staff. Attendance at the meetings by board members and executive staff allows the board to stay informed of issues concerning the practice of medicine nationally and to participate in programs involving the national licensing examination and reciprocation of professional licenses, as well as to participate in the development or revision of professional policies and standards.

ALASKA STATE MEDICAL BOARD FY 2012 ANNUAL REPORT RECOMMENDATIONS FOR PROPOSED LEGISLATION FOR FY 2013

The Alaska State Medical Board has no recommendations for proposed legislation at this time.

ALASKA STATE MEDICAL BOARD FY 2012 ANNUAL REPORT REGULATION RECOMMENDATIONS

The Alaska State Medical Board is currently pursuing a number of regulation projects, including:

- changing continuing medical education requirements for paramedics;
- updating certification and assessment requirements for physician assistants;
- clarifying requirements for patient medical records;
- clarifying the eligibility requirements for examination applicants;
- establishing license verification procedures for new applicants;
- changing the verification requirements for graduates of foreign medical schools; and
- establishing provisions for the delegation of routine duties to unlicensed assistive personnel.

ALASKA STATE MEDICAL BOARD FY 2012 ANNUAL REPORT GOALS AND OBJECTIVES FOR FY 2013

- 1. The board will continue to educate licensees regarding the medical board statutes and regulations.
- 2. The board will continue to assess and evaluate the licensing of physicians, osteopaths, podiatrists, physician assistants, and mobile intensive care paramedics.
- 3. The board will continue to evaluate the impact and effectiveness of current regulations and the need for revisions or new regulations.
- 4. The board will annually review and update its disciplinary guidelines and its policies and procedures.
- 5. The board will pursue more effective administrative support, including attracting and retaining competent staff, providing comprehensive training for staff, and compensating staff appropriately.
- 6. The board will continue to be involved nationally with the Federation of State Medical Boards and its affiliated organizations, and support board and staff attendance at their meetings and activities.

ALASKA STATE MEDICAL BOARD

FY 2012

SUNSET AUDIT RECOMMENDATIONS

The Board's next sunset review is scheduled to occur prior to its June 30, 2013 termination date. The review was recently initiated and the report is expected to be finalized by September 2012.

Last Sunset Performance Audit

The Alaska State Medical Board had its last Sunset Performance Audit conducted in 2006, with the following conclusions:

- the board is operating in the public's best interest and should continue;
- the board is safeguarding the public interest by promoting the competence and integrity of those who hold themselves out to the public as qualified and competent medical professionals; and
- the board serves a public purpose and has demonstrated an ability to conduct its business in a satisfactory manner.

The report did note a need for reducing lengthy investigative periods. The board has worked with investigative staff to develop disciplinary guidelines, to establish procedures for investigating complaints and malpractice settlements, and take disciplinary action as appropriate.

The report included one recommendation: to update regulatory language to reflect current license-byexamination practices. The board has since completed that regulation change.

Last Performance Audit

A special audit was conducted during 2011 for the purpose of addressing disciplinary procedures, with the following conclusions:

- complaints are not processed in a timely, efficient, and effective manner;
- disciplinary sanctions are consistently applied to both adjudicated and non-adjudicated cases;
- disciplinary actions are not reported to FSMB and the NPDB in accordance with state and federal laws;
- complaints initiated by the board's executive administrator regarding license renewal application issues are reasonable; and
- disciplinary sanctions and reporting to FSMB and the NPDB are now similar to other states.

The report included the following recommendations:

- the Division Director should implement improvements over complaint processing, including establishing regulatory timelines for processing complaints, addressing inefficiencies in obtaining evidentiary documents, implementing oversight of the Investigation Unit's workload and staff assignments, addressing the case management system deficiencies, and assessing the processing of complaints from external sources.
- the Division Director should implement procedures to ensure SMB disciplinary actions are reported in accordance with state and federal laws.

The Division has implemented these changes and expects that the improvements will be reflected in the upcoming report.

FISCAL YEAR 20____ STATISTICAL OVERVIEW

Program: _____

AS 08._____

12 AAC _____

Name of Individual Completing Report: _____

Date:	

	NEW-ISSUED FY 20	TOTAL AS OF 6/30/
FY12 LICENSEES		

A. Current Active Licenses, Endorsements, Permits

List type and if issued by examination or credential, as applicable.

LICENSE TYPE & PROGRAM CODE	Lic. Type Code	Status Code	NEW-ISSUED FY 20	TOTAL AS OF 6/30/	LICENSURE BASIS
Example: Civil Engineer - AEL	С	AA	10	250	Exam: 6 Credentials: 4
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
		TOTAL			

B. Temporary Licenses

LICENSE TYPE & PROGRAM CODE	Lic. Type Code	Status Code	NEW-ISSUED FY 20	TOTAL AS OF 6/30/	NOTES
Example: Physical Therapist - PHY	R	AA	4	24	
1.					
2.					
3.					
4.					
		TOTAL			10

C. Current Licenses Issued as Inactive (not lapsed licenses) (C

Only Medical, Chiropractic, CP	A, and Real Estate)
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LICENSE TYPE & PROGRAM CODE	Lic. Type Code	Status Code	TOTAL AS OF 6/30/
Example: Salesperson - REC	S	Ш	64
1.			
2.			
3.			
4.			
		TOTAL	

Retired Licenses D.

CATEGORY & PROGRAM CODE	Lic. Type Code	Status Code	RETIRED DURING FY 20	TOTAL AS OF 6/30/	NOTES
Example: Osteopath - MED	0	RR	1	8	
1.					
2.					
3.					
		TOTAL			

Ε. **Examination Detail**

(List each examination administration separately. Write "See Attached" and attach a separate sheet if necessary.)

ΕΧΑΜ ΤΥΡΕ	LOCATION	DATE	CANDIDATES	NO. PASSED	NO. FAILED
Number of Postponed Exams					
Number of Exam Reviews					

F. **Miscellaneous Program Activity**

List all instances of fee-related work performed under Centralized Regulations per 12 AAC 02.105 (tracked by each program's fee ticker)

DESCRIPTION	TOTAL
Example: License Verification	62

G.

Miscellaneous Program Activity List all instances of fee-related work performed under the licensing program's regulations that is not included above

DESCRIPTION	TOTAL
Example: Course Approval	16

Η. **Board Meetings and Teleconferences**

DATE	LOCATION (indicate if teleconference)		