

**MISSISSIPPI STATE BOARD**  
**OF**  
**MEDICAL LICENSURE**



**ANNUAL REPORT**

**JUNE 30, 2011**

# MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

## ANNUAL REPORT

**JULY 1, 2010 THROUGH JUNE 30, 2011**

The Mississippi State Board of Medical Licensure is the state's legally constituted licensure board for allopathic physicians (M.D.s), osteopathic physicians (D.O.s), podiatrists (D.P.M.s), physician assistants (P.A.s), radiologist assistants (R.A.s), and as of July 1, 2009, acupuncturists (L.Ac.s). The Board is responsible for setting and enforcing policies and professional standards regarding the practice of medicine, podiatric medicine and acupuncture; considering applications for licensure; conducting licensure interviews; investigating legitimate drug traffic among medical practitioners under the state's Uniform Controlled Substances Act; conducting hearings on disciplinary matters involving violations of the state's Medical Practice Act; and keeping up-to-date records on all licensed physicians, podiatrists, physician assistants, radiologist assistants, and acupuncturists in the state. The Board is also charged with the duty of permitting those individuals who apply ionizing radiation in a physician's office, radiology clinic or a licensed hospital in Mississippi under the specific direction of a licensed practitioner.

The Board is composed of nine physicians (M.D.s and D.O.s) appointed by the Governor. Three physicians are nominated to the Governor by the Mississippi State Medical Association for each appointive position of the State Board of Medical Licensure. Currently, the Board has bi-monthly meetings in the Medical Board conference room located at 1867 Crane Ridge Drive, Suite 200-B, Jackson, Mississippi 39216. Specific meeting dates and times are located on the Board's website at [www.msbml.ms.gov](http://www.msbml.ms.gov).

The administrative functions of the Board are performed under the direction of Executive Director, H. Vann Craig, M.D. The Board has two divisions, Licensure and

Investigative. The Licensure Division consists of four employees overseen by a Bureau Director who is also responsible for the accounting, personnel and IT departments, which have a total of seven employees. The Licensure Division is responsible for credentialing and maintaining all licenses of physicians, physician assistants, radiology assistants and acupuncturists in the state.

The Investigative Division consists of ten employees plus a Bureau Director. The division is comprised of eight investigators, four of which work in decentralized offices. The Investigative division is responsible for ensuring a licensee is accountable for their actions.

## **LICENSURE DIVISION**

Any physician, podiatrist, physician assistant, radiologist assistant, or acupuncturist desiring to practice in Mississippi must first obtain a license to do so by completing an application for licensure. An allopathic physician, osteopathic physician or podiatrist may apply for license by utilizing the Board's online application system. All of the physician's application information can be entered online and submitted to the Board with their electronic payment. Currently, physician assistants, radiologist assistants, and acupuncturists must download a manual application from the Board's website and submit it along with a check or money order. Board staff begins processing the application immediately upon receipt. Based upon the information given by the practitioner, a determination is made as to their eligibility for licensure.

Queries for physician applications are made to the American Medical, Osteopathic, or Podiatric Medical Associations; other states in which the practitioner is or has been licensed; National Practitioners Data Bank; Federation of State Medical Boards; and

hospitals where the practitioner holds or has held staff privileges. This process takes from four to six weeks depending upon the amount of information to be submitted regarding the applicant. The majority of the information required for processing an application is being submitted via the Internet or by other electronic means. The Board has implemented an imaging system which allows the staff to scan in physician information instead of manually filing in a paper licensure file. The electronic information is more easily accessible by others in the office and documents are less likely to be lost and/or misplaced once they are stored in the system. Upon documentation of required information and approval, the applicant is notified to schedule their personal appearance, background check and jurisprudence examination.

The Board performs background checks on all new licensees, with the exception of radiologist assistants and acupuncturists. The background check begins when the applicant appears for their personal appearance and jurisprudence examination. The applicant's fingerprints are scanned into a database and submitted to the Mississippi Criminal Investigatory Center (CIC) who then forwards the fingerprints to the Federal Bureau of Investigations (FBI). A report is then returned to the Board, usually within 48 hours. If the report is returned with no record of action, the applicant is issued their Mississippi license number; however, if the report reveals an arrest history, additional information is requested and the issuance of the license is delayed.

During the year ending June 30, 2011, 750 new licenses and permits were issued in Mississippi. This was a slight increase over the year 2010 which follows a decrease in 2009; however, new licenses issued has remained fairly constant since 2007 as shown in Figure 1. Figure 2 shows an increase in applications received in 2011. This is the first

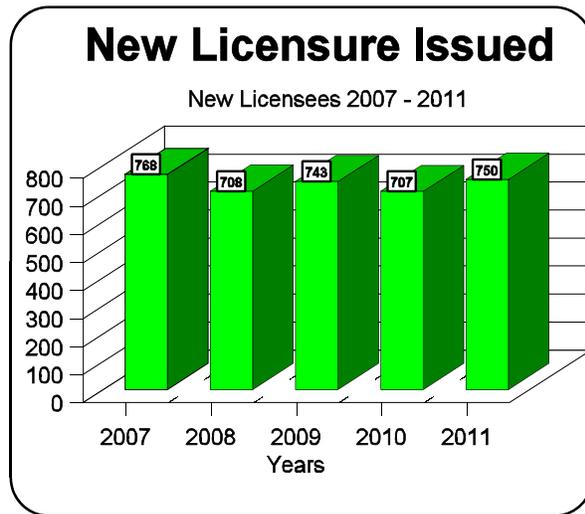


Figure 1.

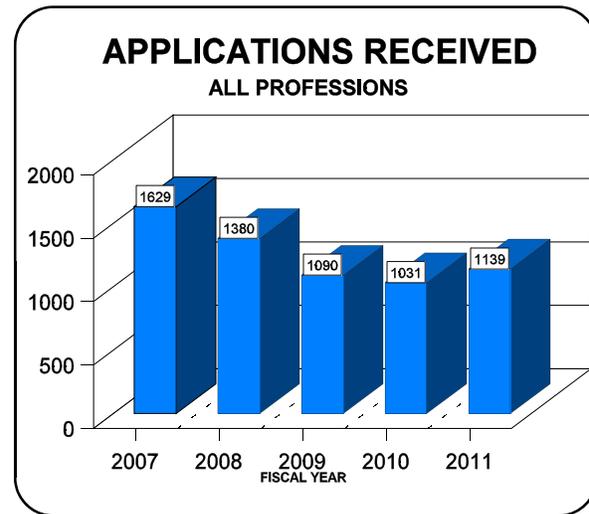


Figure 2.

increase since 2007. It appears that the Board is not licensing as many new individuals as in 2007. However, as will be seen later in the report, the number of physicians licensed in Mississippi has steadily increased over the last five (5) years which indicates that previously licensed physicians are returning to Mississippi.

Licensees applying for hospital staff memberships or licensure in another state or jurisdiction request certifications/verifications to be sent to the designated entity. During the year ending June 30, 2011, 3,767 verifications were submitted to hospitals for credentialing purposes (Figure 3.) The Board implemented an online fee-based verification system in FY 2010. This system allows any entity or individual desiring a verification of a physician's medical license to request it electronically and instantly from the Board's website. Individuals may search for the licensee they would like to verify. Once they verify the correct individual and select payment option for the \$25 verification fee plus convenience fee charged by the credit card company, the requester will receive an email with a link to the verification and any attachments it may have.

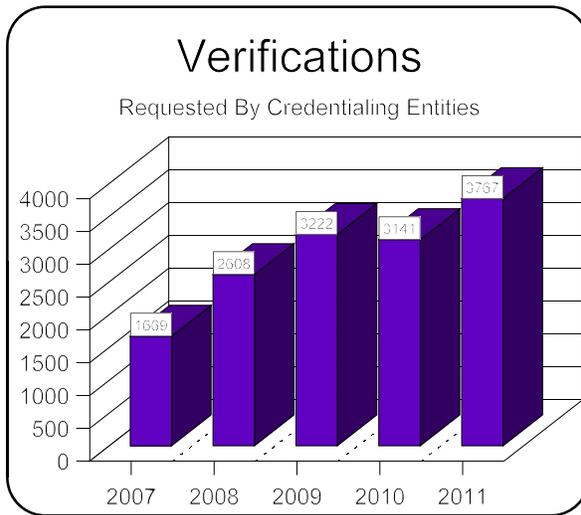


Figure 3.

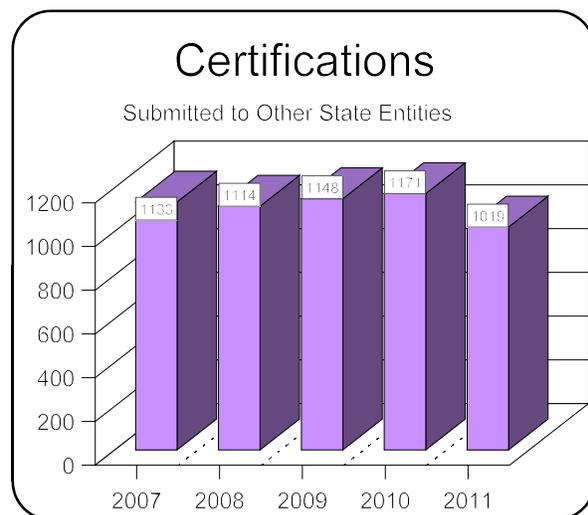


Figure 4.

Figure 4 shows 1,091 certifications were submitted to other state regulatory boards. The Board uses an electronic system called VeriDoc which allows physicians and physician assistants to purchase a verification of their Mississippi medical license and it will automatically be transmitted via email to the designated state medical board. This system has saved on cost of printing and mailing certifications to other boards as well as processing time for board staff. This has allowed other states to receive the licensees' Mississippi licensure verification instantly instead of going through the U.S. Postal service.

During the fiscal year ending June 30, 2011, the Board processed 9,588 annual renewals for Mississippi licenses and permits. The renewal process consists of Board staff mailing a notice of renewal to all individuals currently licensed in Mississippi. The on-line renewal system allows physicians to access their renewal information via the Internet and enables them to update and pay their renewal fee without submitting any paperwork to the Board. For the 2011 renewal period, the Board mandated that all physician license renewals be submitted electronically. The on-line renewal process has greatly reduced the

time required to process renewals and eliminated the need to hire contract workers to assist in the process.

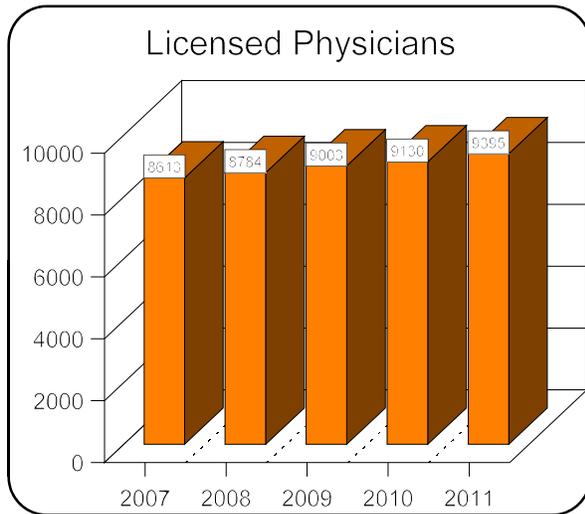


Figure 5.

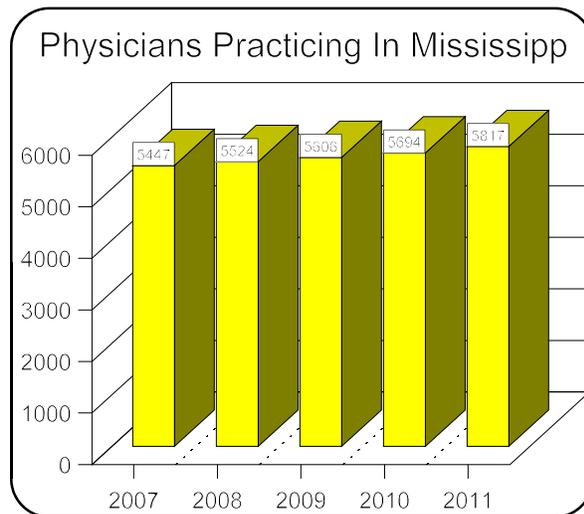


Figure 6.

There are 9,395 currently licensed physicians in Mississippi. Of the 9,395 licensed physicians, 5,817 indicate they are practicing medicine in Mississippi. Figure 5 shows the overall number of physicians licensed in Mississippi has gradually increased over the last five years. Figure 6 shows a slight increase of physicians practicing medicine in Mississippi since 2007.

In compliance with Mississippi Code (1972) Annotated, Section 41-58-1 through Section 41-58-5, the Licensure Division continued tracking continuing education requirements for limited x-ray machine operators and others employed in a physician’s office who perform x-rays under the specific direction of a physician. Limited x-ray machine operator permits are issued to those individuals whose certificate of completion of required courses has been received by the Board of Medical Licensure. This requirement is an on-going process of the Licensure Division. During the fiscal year ending June 30, 2011, the

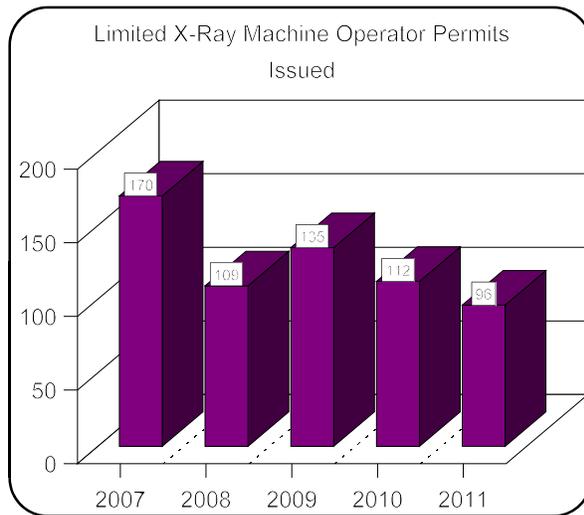


Figure 7.

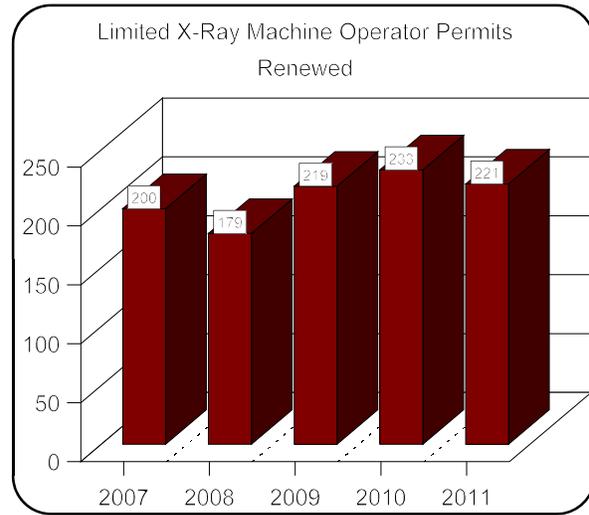


Figure 8.

Board issued 96 limited x-ray machine operator permits and renewed 221 permits (Figures 7 and 8).

Pursuant to Mississippi Code (1972) Annotated, Section 93-11-153, the Board of Medical Licensure has entered into a Memorandum of Understanding with the Mississippi Department of Human Services to track and report the names of licensees licensed by this Board in order to assist in tracking professional licensees who are delinquent in child support. An updated report is presented to the Department of Health and Human Services on a monthly basis, or more often if requested.

The Licensure Division responds to thousands of telephone calls each year from the public as well as other licensing/regulatory agencies regarding the status of a licensee's license or permit. The Licensure Division submits certified documentation of licensee licensure information to other state boards upon request by the licensee, and responds to requests for laws, rules and regulations pertaining to licensees in this state. The Licensure Division is responsible for filing all rules and regulations of the Board with the office of the Secretary of State in compliance with the Administrative Procedures Act. Licensees can

also download licensure requirements, laws, rules and regulations, application packets, past newsletters and statistical information from the Board's website at [www.msbml.ms.gov](http://www.msbml.ms.gov). Figures 9 through 12 represent some of the statistical data available via the Board's website.

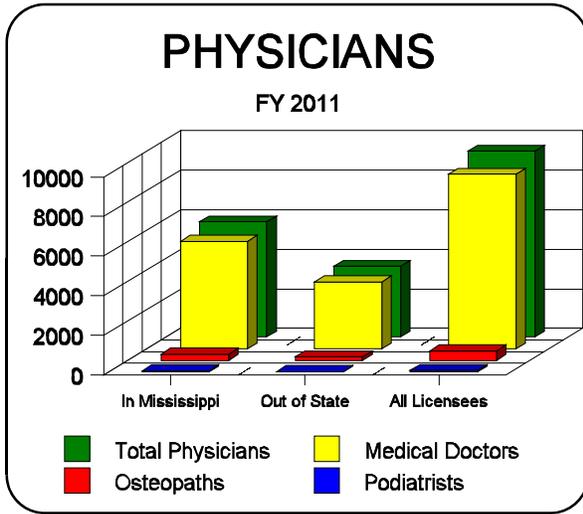


Figure 9.

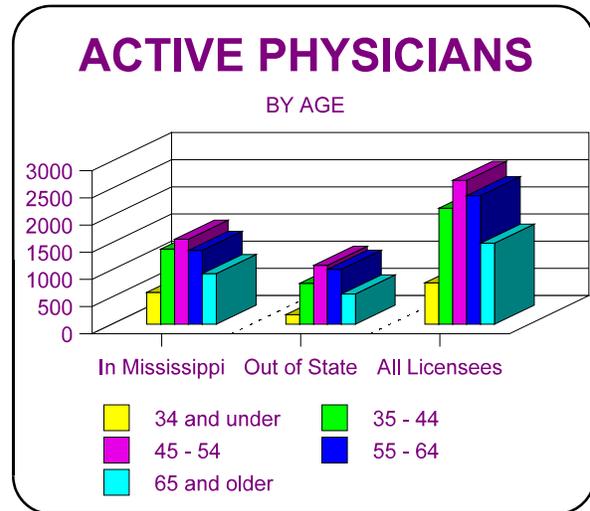


Figure 10.

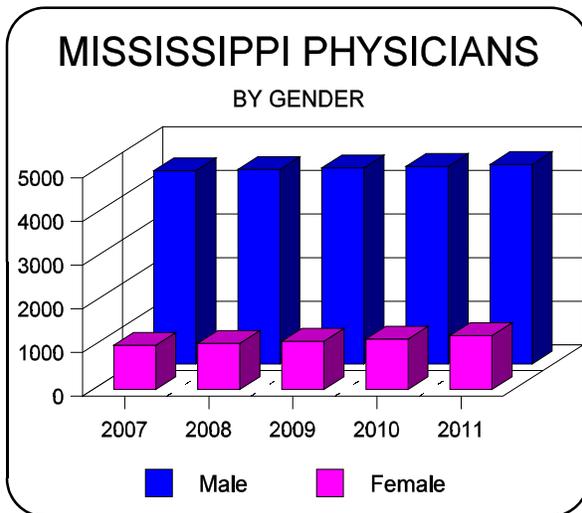


Figure 11.

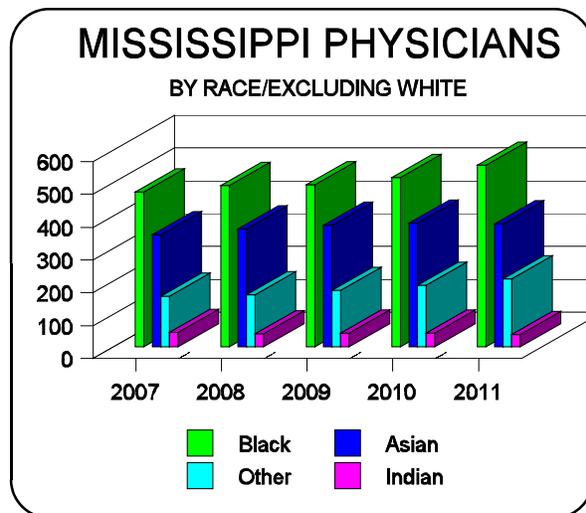


Figure 12.

## INVESTIGATIVE DIVISION

Under the direction of the Executive Director, the Investigative Division of the Board carries out the responsibilities of investigating violations of the Medical Practice Act and the Mississippi Uniform Controlled Substances Act as it applies to physicians, podiatrists, radiologist assistants, physician assistants and acupuncture practitioners. The Board does not have jurisdiction over other health professionals such as psychologists, dentists or nurses. Neither does it have jurisdiction over hospitals, nursing homes, or other health care facilities.

The Investigative Bureau Director has supervisory responsibility for seven field investigators. Three investigators work in decentralized offices in the northern and southern areas of the state (this enables investigators to be extended around the state and minimize travel time from area to area), one nurse inspector, one special projects officer, and one administrative assistant. The investigators are responsible for making inquiries concerning all valid complaints of violations of the Medical Practice Act or Rules and Regulations of the Board. These complaints may involve prescribing issues, professional boundary violations, competency questions, practicing medicine and/or assisting an unlicensed person to practice medicine, or compliance violations of existing Board Orders. If the complaint is within the Board's jurisdiction, an investigation will be conducted.

The investigators conduct pharmacy profiling and monitor the "legitimate" or pharmaceutical drug traffic among physicians (M.D.s/D.O.s), podiatrists, and physician assistants. The pharmacy profiles serve to help determine if a licensee of the Board is prescribing suspicious quantities of controlled substance and to help identify possible

licensees of the Board that have substances abuse problems, unlawful diversion of drugs by “doctor shopping” patients, and other suspicious circumstances. Senate Bill 281 passed by the Mississippi Legislature in the 2011 Regular Session, amended Mississippi Code Section 41-29-119 by moving the non-controlled prescription drugs Carisoprodol (Soma) and Tramadol (Ultram) to scheduled drugs. These drugs are now Schedule IV controlled substances. The pharmacy profiling of drugs such as Carisoprodol, Tramadol, Ephedrine and Pseudoephedrine serve to help determine if a licensee of the Board is prescribing suspicious quantities of controlled substances and to help identify possible unlawful diversion of prescription drugs.

A physician may administer or dispense controlled substances in Schedules II, IIN, III, IIIN, IV, and V, other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment for a diagnosed condition causing chronic pain. The abuse and diversion of controlled drugs are a problem in our state as well as the entire United States. The Board has noticed an increase in the number of so called “pain clinics” opening in Mississippi. Many of these clinics are not owned and operated by trained medical professionals. Often these clinics provide their patients only controlled drugs for pain. Many of the patients that use these types of clinics have been identified by the PMP system as patients that are receiving the same medications from several practitioners. The Board, as well as neighboring State Medical Boards, have taken action to regulate pain clinics. On March 24, 2011, the Board adopted an amendment to Chapter 25 of its Rules and Regulations Pertaining to Prescribing, Administering and Dispensing Medication regulations, requiring the registration of a pain clinic. A pain management clinic is defined

as a public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, Carisoprodol, Butalbital compounds or Tramadol. This amendment requires that a pain clinic has to be owned by a Mississippi licensed physician and the physician must register the clinic with the Board. The Investigative Division has the responsibility of issuing the registration certificates for the pain clinics and monitoring the clinics for compliance.

The Board investigates cases involving fraud in the procurement of a license; convictions of crimes; incompetence, negligence and malpractice; substance abuse; the improper handling of controlled substances; sexual relations between licensees and patients; and assisting the unauthorized practice of medicine. Upon determination of need to pursue disciplinary action, the Board's investigators assist the Board's complaint counsel in case preparation by conducting interviews; performing analysis of patient records and pharmacy profiles; and serving Administration Inspection and Search Warrants, subpoenas and summonses. Further, investigators often assist other state and federal regulatory or law enforcement agencies in investigations involving licensees of the Board.

During the fiscal year ending June 30, 2011, the Investigative Division received and processed 300 complaint cases with 222 cases were closed. On average, it took 60 calendar days to close or refer complaints that did not proceed to adjudication. Regarding these complaints, the Board rendered 31 reportable disciplinary actions, of which there were 12 consent orders, 5 suspensions of license, 2 surrenders of license, 4 orders of prohibition of license, 1 revocation of license, and 7 orders of the Board placing certain restrictions on licensees.

The investigative staff made 513 field/office visits to various entities, including visits to hospitals, physicians' offices, law enforcement offices, pharmacies, homes of patients and witnesses, etc., when conducting investigations. In addition to the aforementioned field/office visits for investigative purposes, there were 32 visits made to physicians to monitor compliance with Board orders, Board rules and regulations, prescribing laws, etc. The investigative staff also reviewed/examined the continuing medical education (CME) of 19 licensees to ensure compliance with the Board's CME requirements.

Part of the investigative process entails written correspondence between the physician, the complainant, and the Board. The investigative staff, with the oversight of the Executive Director, formulated and mailed 179 letters to complainants and 417 letters to licensees advising of the status of the complaint and/or the resolution of the matter, when appropriate.

During crucial parts of some investigations, there were three administrative inspection and search warrants served upon physicians in order to compel the production of patient medical records. Twelve summons and affidavits for licensees to appear for hearings before the Board were served by the investigative staff. Thirteen subpoenas were served by the investigative staff for witnesses to appear at Board hearings or to provide medical records.

The Board entered into 15 non-disciplinary recovery contract agreements with licensees participating in the Mississippi Professionals Health Program (MPHP). The investigative staff collected 128 random urine specimens from these participants as part of their monitoring process with the Board. Although most licensees enter the recovery

program on a voluntary basis, the Investigative Division was responsible for referring seven licensees to this program. Some licensees are monitored when there are competency questions regarding their clinical skills, or a mental or physical disability which would impede or prohibit their ability to safely practice. When such questions arise, the Board refers these individuals to an Examining Committee of the Mississippi State Medical Association for evaluation purposes. The Board made eight such referrals.

The Investigative Division's Special Projects Officer received and processed 72 requests for license verifications and certifications; 27 public record requests; composed and mailed 15 letters in regards to licensees' compliance with the Mississippi Professionals Health Program (MPHP); and drafted 32 consent orders for consideration by licensees in violation of previous Board orders, Board rules and regulations, the Medical Practice Act, etc.

During the year ending June 30, 2011, the Investigative Division's nurse inspector contacted 105 physicians that have collaborative practices with advanced practice registered nurses (APRN) and reviewed all collaborative practices of physicians and APRN(s) operating free standing clinics (clinics more than 15 miles away from the primary offices of the supervising physicians) in the state of Mississippi. Ninety clinics were renewed during this period. Nineteen free standing clinic applications were requested from physicians. Ten free standing clinics were approved. Three physicians declined to collaborate with a APRN before the physicians applications for free standing clinics were approved. The nurse inspector made 25 site visits to clinics to review the collaborative agreements between physicians and APRN(s), per Chapter 09 Collaboration/Consultation

with Nurse Practitioners of the Board's regulations. These figures do not include the clinics that are under the Mississippi State Department of Health and the Department of Mental Health.

TABLE 1		
CATEGORY I	IMPAIRMENT	Total
	substance abuse	27
	mental illness	6
	physical disability	4
CATEGORY II	COMPETENCY	
	malpractice/negligence	12
CATEGORY III	PRESCRIBING	
	inventory/accountability	64
CATEGORY IV	FELONY/MISDEMEANOR	
	arrest	8
	conviction	1
CATEGORY V	UNPROFESSIONAL CONDUCT	
	action by other jurisdiction	2
	medical records	27
	sexual boundary	10
	workers comp	3
	disruptive physicians	20
	license surrendered	1
	medicare/medicaid fraud	7
	EC referral	1
	billing dispute	16
	substandard care	81
	misleading advertising	3
	patient abandonment	10
	MPHP referral	9
	other	26
CATEGORY VI	NON-LICENSE	22

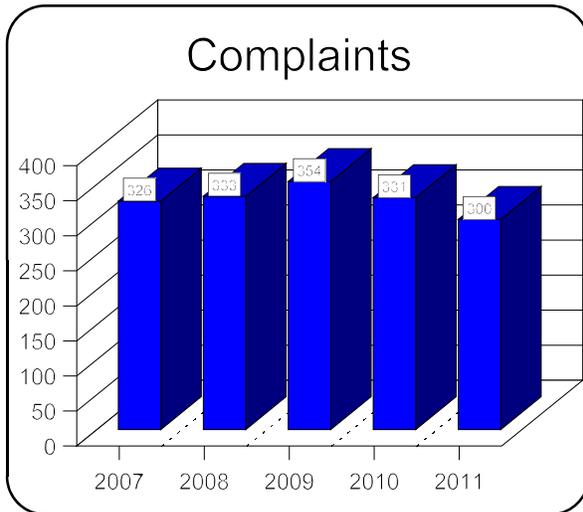


Figure 13.

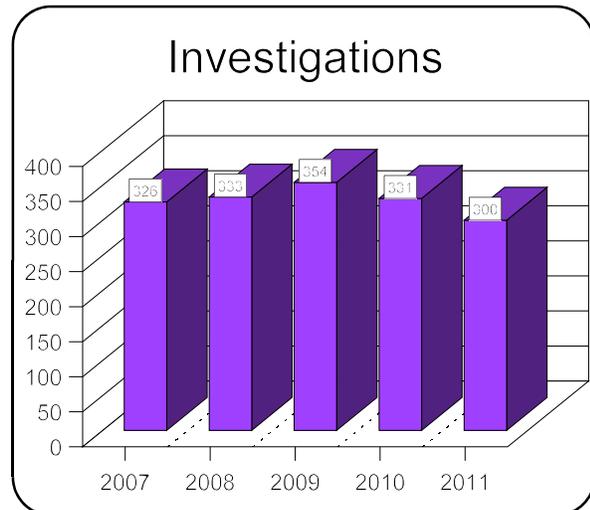


Figure 14.

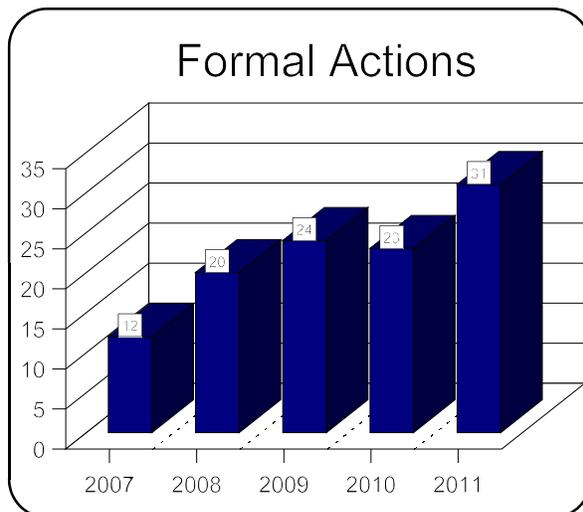


Figure 15.

**INCOME AND EXPENSES**

All income for the Board is derived from fees collected for the annual renewal of licenses, applications for licensure, USMLE Step 3 licensure examinations, radiological technology permits, certifications of license to other states, investigative recovery costs, copy costs and various small fees relating to licensure. Expenses are shown for major object codes as reflected on the budget request for fiscal year ending June 30, 2011. Attached is a report of the FY 2011 income and expenses for the Board of Medical Licensure.

**Mississippi State Board of Medical Licensure**  
**Fiscal Year 2011 Income and Expenses**  
As of August 31, 2011

Category	Budget Allotment	Current Y-T-D		Unobligated Allotment	
		Total	Encumbered	Balance	Percent Unused
<b>Personal Services</b>					
Salaries	1,373,482.00	1,185,798.00		187,684.00	13.66%
Travel	29,000.00	28,190.00		810.00	2.79%
Contractual Services	556,767.00	470,849.00	0.00	85,918.00	15.43%
Commodities	48,525.00	29,234.00	0.00	19,291.00	39.75%
Equipment	27,000.00	20,626.00	0.00	6,374.00	23.61%
Subsidies, Loans and Grants	<u>200,000.00</u>	<u>200,000.00</u>		<u>0.00</u>	<u>0.00%</u>
<b>Total:</b>	<b>2,234,774.00</b>	<b><u>1,934,697.00</u></b>	<b>0.00</b>	<b><u>300,077.00</u></b>	<b>13.43%</b>

Revenue Collected in 2011:	2,929,838.00
- Y - T - D Expenditures:	<u>1,934,697.00</u>
2011 Balance	<u><u>995,141.00</u></u>

