MISSISSIPPI STATE BOARD

OF

MEDICAL LICENSURE



ANNUAL REPORT

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JULY 1, 2008 THROUGH JUNE 30, 2009

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), and radiologist assistants (R.A.s). The Board is responsible for setting and enforcing policies and professional standards regarding the practice of medicine and podiatric medicine; 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, and radiologist assistants in the state.

The Board is composed of nine physicians (eight M.D.s and one D.O.) appointed by the Governor, and meets bi-monthly in the conference room of the Board located at 1867 Crane Ridge Drive, Suite 200-B, Jackson, Mississippi 39216.

The administrative functions of the Board are performed under the direction of its Executive Director, H. Vann Craig, M.D. Twenty-three full-time staff members consist of: two bureau directors; one division director; one staff officer; one nurse IV; one licensing investigator II; five licensing investigator IVs; one licensing investigator supervisor, four project officer IIs; one senior programmer analyst; one programmer analyst I; one senior systems administrator; one projects officer IV; one administrative assistant III; one administrative assistant II; and one administrative assistant I.

LICENSURE DIVISION

Any physician, podiatrist, physician assistant, or radiologist assistant desiring to practice medicine 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 a license by utilizing the Board's online application system. All of the physician's application information can be entered online and then submitted to the Board with their electronic payment. Currently, physician assistants and radiologist assistants 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 once it has been received. Based upon the information given by the practitioner, a determination is made as to their eligibility for licensure.

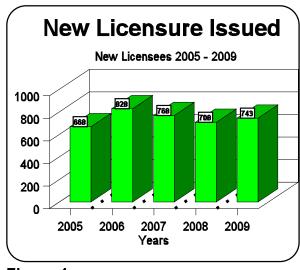
Queries for physician applications are made to the American Medical, Osteopathic, or Podiatric Medical Associations; other states in which the practitioner is or has been licensed; National Practitioners Data Bank; Federation of State Medical Boards; and hospitals where the practitioner holds or has held staff privileges. This process takes from four to six weeks depending upon the amount of information to be submitted regarding the applicant. Since the implementation of the online application system, the processing time of the application has been reduced. The majority of the information required for processing of an application is being submitted via the Internet or by other electronic means. The Board has implemented an imaging system which allows the project officers, who process the applications, to scan in physician information instead of manually filing it into a paper licensure file. The electronic information is more 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 and jurisprudence examination.

The Board performs background checks on all new licensees, with the exception of radiologist assistants. 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) which then forwards the fingerprints onto 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, 2009, 743 new licenses and permits were issued in Mississippi. This was a slight increase over 2008 following drastic decreases in 2006 and 2007 as shown in Figure 1. Figure 2 shows a decrease in applications received for 2009; this number includes applications for medical licenses, physician assistant licenses and radiologic technologists permits. Even though the number of applications received have decreased, the number of new licenses issued are increasing. This could be the result of the Board's ability to process applications faster and more efficiently due to the implementation of the Board's online application system and imaging system.

By looking at Figures 1 and 2, it appears that physicians are not applying for licensure in Mississippi; however, as will be seen later in the report, the number of



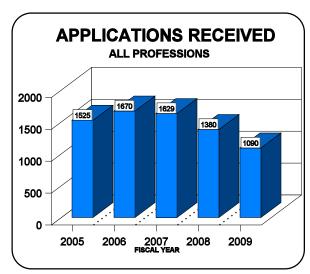
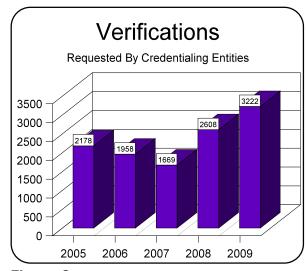


Figure 1.

Figure 2.

physicians licensed in Mississippi has steadily increased over the last five (5) years.

Physicians 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, 2009, 1,148 certifications were submitted to other states and regulatory boards and 3,222 verifications were submitted to hospitals for credentialing purposes. As can be seen in Figure 3, there has been a rather large increase in verifications requested by hospitals and credentialing entities. One would hope this is the result of those entities being more aware of the necessity of credentialing and verifying that a physician has a current and valid license prior to hiring them. One would also note that in Figure 4 the Board has certified licenses to other state entities at a consistent rate for the past three years. With no dramatic increase in licenses being certified to other state boards, we feel confident that physicians are not leaving the state and beginning a practice somewhere new.



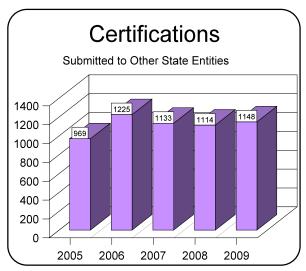


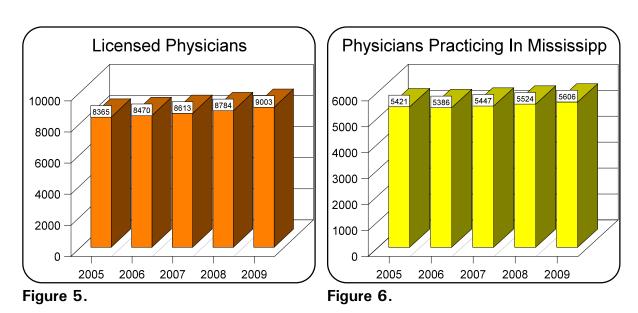
Figure 3.

Figure 4.

During the fiscal year ending June 30, 2009, the Board processed 8,964 annual renewals for Mississippi licenses and permits. Three-hundred and seventy-one licenses were reinstated during fiscal year 2009. The renewal process consists of Board staff mailing a notice of renewal to all individuals currently licensed in Mississippi. Physicians are offered two ways in which to renew their medical license. They may renew on-line or print a renewal form from the Board's website. If the physician submits a paper renewal form, Board staff opens and processes each renewal individually. The on-line renewal system allows physicians to access their renewal information via the Internet and lets them update and pay for their renewal without submitting any paperwork to the Board. At the end of July 2009, 89% of the Board's renewals had been processed on-line. 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.

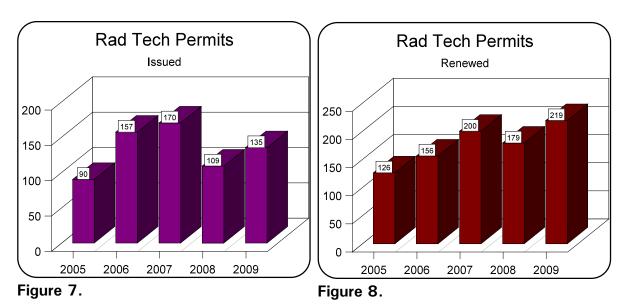
There are 9,003 currently licensed physicians in Mississippi. Of the 9,003 licensed physicians, 5,606 indicate that they are practicing medicine in Mississippi. Figure 5 shows

that 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 2006.



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 radiologic technologists and others employed in a physician's office who perform x-rays under the specific direction of a physician. Radiologic technologist permits have been issued to those individuals whose certificate of completion of required courses has been forwarded to the Board of Medical Licensure. This requirement is an on-going process of the Licensure Division. During the fiscal year ending June 30, 2009, the Board issued 135 radiologic technologist permits and renewed 219 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 to them 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 physician's license. The Licensure Division submits certified documentation of physician licensure information to other state boards upon request of the physician, and responds to requests for laws, rules and regulations pertaining to physicians 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, and issues a printed copy of the laws, rules and regulations governing the practice of physicians to all new licensees at the time of their interview for licensure. Physicians are also able to download licensure requirements, laws, rules and regulations, application packets, past newsletters and statistical information from the Board's web site at www.msbml.state.ms.us. Figures 9 through 12 represent some of the statistical data available via the Board's website.

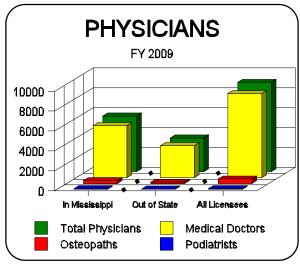


Figure 9.

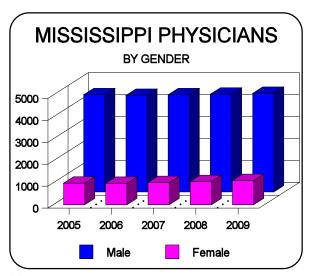


Figure 11.

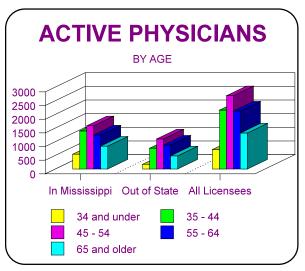


Figure 10.

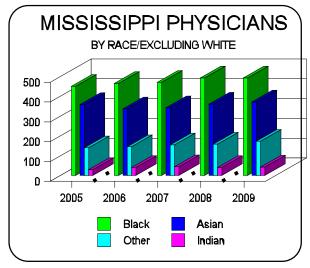


Figure 12.

INVESTIGATIVE DIVISION

Under the direction of the Executive Director, the Investigative Division of the Board carries out the responsibilities of investigating potential violations of the Medical Practice Act and the Mississippi Uniform Controlled Substances Act as it applies to physicians, podiatrists, radiologist assistants, and physician assistants.

The Investigative Bureau Director has supervisory responsibility for seven field investigators (three of whom work in decentralized offices in the northern and southern areas of the state), one nurse inspector, one special projects officer, and one administrative assistant. The field investigators conduct pharmacy profiling and monitor the "legitimate" or pharmaceutical drug traffic among physicians, podiatrists, and physician assistants. The pharmacy profiles serve to help determine if a licensee of the Board is prescribing suspicious quantities of controlled substances and to help identify possible unlawful diversions of drugs by "doctor shopping" patients and other suspicious circumstances, such as when a licensee self-prescribes controlled substances or prescribes to family members.

In addition to prescriptive profiling, 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. Upon determination of need to pursue disciplinary action, Board investigators assist the

Board's complaint counsel in case preparation. 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, 2009, the Investigative Division received and processed 354 complaints. Table 1 shows the different classifications of complaints. The majority of complaints fall into the "unprofessional conduct" category. Unprofessional conduct accounts for medical record issues, sexual boundary, domestic violence complaints along with disruptive behavior by the physician. On average, 65 calendar days were needed to close or refer complaints that did not proceed to adjudication. The Board rendered 24 actions. There were 18 disciplinary actions such as licensure suspension, surrenders, and prohibitions that were delivered through the Consent Order process, which eliminated the need of licensees to personally appear before the Board for formal hearings.

Figures 13 and 14 show a rather gradual increase in complaints since 2006. As you can see, the number of complaints and investigations for 2007 through 2009 are the same. This is due to the Board investigating every complaint received. Figure 15 indicates a slight increase in actions taken by the Board. "Formal Actions" are cases presented to the Board and the Board takes formal action on the individual's license. It stands to reason that the more complaints and investigations, the increase in formal actions.

TABLE 1					
CATEGORY I	IMPAIRMENT				
	substance abuse	12			
	mental illness	2			
	physical disability	2			
CATEGORY II	COMPETENCY				
	malpractice/negligence	8			
CATEGORY III	Prescribing				
	inventory/accountability	79			
CATEGORY IV	FELONY/MISDEMEANOR				
	arrest	3			
	conviction	2			
CATEGORY V	Unprofessional Conduct				
	action by other jurisdiction	35			
	medical records	59			
	sexual boundary	6			
	domestic violence	1			
	disruptive physicians	2			
	license suspended	1			
	medicare/medicaid fraud	3			
	false filing of IRS	1			
	billing dispute	10			
	substandard care	83			
	misleading advertising	11			
	patient abandonment	16			
	MPHP referral	3			
	other	10			
CATEGORY VI	Non-License	5			

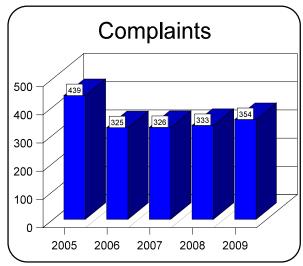


Figure 13.

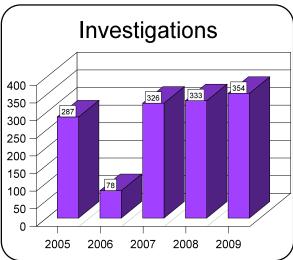


Figure 14.

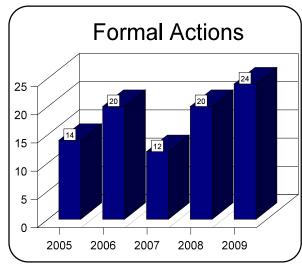


Figure 15.

The investigative staff made 442 field/office visits to various entities, including hospitals, physicians' offices, law enforcement offices, pharmacies, and homes of patients and witnesses when conducting investigations. In addition to the aforementioned field/office visits for investigative purposes, there were 16 visits made to physicians to monitor compliance with Board Orders, Board Rules and Regulations, and prescribing laws. The investigative staff also reviewed/examined the continuing medical education (CME) certificates of 19 licensees to insure 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 224 letters to complainants and 551 letters to licensees advising them of the status of the complaint and/or the resolution of the matter, when appropriate.

During crucial parts of some investigations, there were six Administrative and Inspection Search Warrants served upon physicians in order to compel the production of patient 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 165 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 five such referrals.

The Investigative Division's special projects officer received and processed 154 requests for license verifications and certifications; 36 public record requests; composed and mailed 18 letters in regard to licensees' compliance with the Mississippi Professionals Health Program (MPHP). Also, 23 Consent Orders were drafted for consideration by licensees in violation of previous Board orders, Board rules and regulations, the Medical Practice Act.

During FY 2009, the nurse inspector reviewed all collaborative practices of physicians and advanced practice registered nurses (APRNs) operating free standing clinics (clinics more than 15 miles away from the primary offices of the supervising physicians) in the state of Mississippi. There were 102 clinics renewed during this period and 25 free standing clinic applications requested from physicians with19 free standing clinics approved for FY 2009. Eleven clinics operating as free standing clinics were doing so without the approval of the Board. The nurse inspector made 23 site visits to clinics to review the collaborative agreements between physicians and APRNs, 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 Department of Health and the Department of Mental Health.

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 budget request for fiscal year ending June 30, 2009. Attached is a report of the FY 2009 income and expenses for the Board of Medical Licensure.

Mississippi State Board of Medical Licensure

Fiscal Year 2009 Income and Expenses

As of August 31, 2009

Category	Budget Allotment	Current Y-T-D Total	Encumbered		Percent Unused	
Personal Services						
Salaries Travel	1,346,668.00 28,000.00	1,150,105.00 24,811.00		196,563.00 3,189.00	14.60% 11.39%	
Contractual Services	498,832.00	442,123.00	0.00	56,709.00	11.37%	
Commodities	54,850.00	17,849.00	0.00	37,001.00	67.46%	
Equipment Vehicles	4,000.00 20,000.00	4,000.00 17,715.00		0.00 2,285.00	0.00% 11.43%	
Subsidies, Loans and Grants	200,000.00	200,000.00)	0.00	0.00%	
Total:	2,152,350.00	1,856,603.00	0.00	295,747.00	13.74%	
Revenue Collected in 2009:		2,209,538.00		Equipment Subsidie 11.43% & Gr	arres	Salaries 14.60% Travel
- Y - T - D Expenditures:		1,856,603.00	<u>0</u>			11.39%
2009 Balance		352,935.00	Commodities 67.46%			Contractual Services 11.37%