

Mississippi State Board of Medical Licensure (MSBML)

1. Comprehensive Mission Statement:

The mission of the Mississippi State Board of Medical Licensure (MSBML) is to ensure the protection of the health, safety and welfare of Mississippians through implementation and enforcement of laws involving the licensing and regulation of physicians, podiatrists, physician assistants, radiology assistants and acupuncturists and through the objective enforcement of the Mississippi Medical Practice Act.

2. Philosophy

The MSBML is committed to the continued protection of the health, safety and welfare of Mississippians. The philosophy of the MSBML is to ensure healthcare professionals licensed by the MSBML meet the licensing standards as directed by the Mississippi State Legislature and to regulate the practice of MSBML licensees.

3. Relevant Statewide Goals and Benchmarks

Statewide Goal #1.: To reduce the processing time of applications for licensure so healthcare professionals can begin working in Mississippi and health professional shortage areas.

Relevant Benchmarks #1.:

- Number of applications for licensure received.
- Number of licenses issued to healthcare providers.
- Number of licensees renewing their licenses.

Statewide Goal #2.: To reduce the number of controlled substances prescriptions being issued.

Relevant Benchmarks #2.:

- Number of arrests for the sale of prescription drugs.
- Number of prescription drug deaths.
- Number of prescriptions for controlled substances issued.
- Number of physicians disciplined for over-prescribing controlled substances.

4. Overview of the Agency 5-Year Strategic Plan:

Over the next 5 years the MSBML strives to educate its licensees, as well as the general public regarding state and federal licensing laws. Statistics show that Mississippi has one of the lowest physician to patient ratios in the United States. It is the MSBML's goal to reduce the time it takes for licensees to acquire a license but still protect the public from incompetent healthcare professionals. In doing so, the MSBML will be updating existing programs, laws and rules; utilizing technology more proficiently; and educating licensees and the public of the role of the MSBML.

During the past year, the Licensure Program processed 1,225 applications for licensure, renewed 10,382 licenses and issued 962 initial licenses. The number of physicians currently practicing in Mississippi is 6,163. This is an increase of approximately 52 physicians since last year.

Prescription drug diversion and abuse is a nationwide problem. Deaths due to drug overdoses now outnumber the number of death from vehicle accidents. Pain management involves a juggling act that balances the needs and interest of everyone involved. Prescribing investigations of pain management practices require many hours by the Investigative staff. The responsible opioid prescribing of controlled substances offer physicians effective strategies for reducing the risk of addiction, abuse and diversion of opioids and other controlled substances those physicians prescribe to their patients. Because each investigator is assigned an area to work, often the MSBML conducts several such prescribing investigations at the same time. As a self-funded agency, conducting several prescribing investigations at once could deplete the investigative division's budget in several months.

During FY2015, the Investigative Division conducted 894 field/office visits including the inspection of 179 physicians operated clinics and ten pain management clinics that had indicated on their renewals for medical license that they were dispensing physicians (physicians that dispense medication directly to their patients from the physicians' clinics drug stocks) to patients. In FY2015, 317 complaints were received resulting in 18 physicians being disciplined by the Board for violations of the Board Prescribing, Dispensing and Administration Regulations (over prescribing of controlled substances, impairment, and record keeping), 317 complaints were received. One hundred and twelve public records requests were received by the Investigative Division.

5. Agency's External/Internal Assessment

- 1) Additional medical, osteopathic and physician assistant schools will create potential applicants for licensure.
- 2) An increase in the number of graduates from medical, osteopathic and physician assistant schools who apply for a Mississippi medical license will impact the number of applications processed and licenses issued by current staff.
- 3) Changes in licensure laws will affect the processing time of applications.
- 4) Additional licensees will increase the number of complaints filed, the number of investigations conducted, and the number of pain management medical practices and bariatric medicine clinics.
- 5) Changes in federal and state prescription drug laws will determine the availability of drugs prescribed.

The Board reviews applications quarterly to determine processing time and number of applications processed. If there is a rise in the amount of processing days, measures are taken to determine why there is an increase and changes are made to eliminate the extra processing time.

Quarterly surveys are sent to new licensees in order to gather information regarding the licensure process and customer service. Based on survey results, action is taken to correct and improve agency performance.

Weekly meetings are held by the investigative staff to address pending investigations. Strategies and procedures in dealing with arising issues are discussed. Updates and results from current investigations are reviewed. The Mississippi Prescription Monitoring System is utilized to determine if a physician is issuing an unusual amount of controlled substances prescriptions and if a patient is receiving an unusual amount of controlled substances prescriptions. Based on results from the Mississippi Prescription Monitoring System investigations are initiated.

6. Agency Goals, Objectives, Strategies and Measures by Program for FY 2017 through FY 2021:

Program 1: Licensure

GOAL A: Support and encourage the attempt to recruit healthcare professionals to practice in the State.

OBJECTIVE A.1. Make the licensure and re-licensure process more user-friendly

Outcome: Change in the number of applications received

Outcome: Change in the number of licenses issued and re-issued

Outcome: Increase in the number of healthcare professionals practicing in the state

A.1.1. STRATEGY: Update and change licensure policies, rules and laws

Output: Number of updates required

Efficiency: Cost of legal assistance

A.1.2. STRATEGY: Monitor and assess customer service

Output: Number of surveys conducted

Efficiency: Cost of creating and distributing surveys

A.1.3. STRATEGY: Update application submission programs

Output: Number of programs updated

Efficiency: Cost of IT personnel

A.1.4. STRATEGY: Educate licensees and the general public regarding the state and federal licensing laws.

Output: Number of conferences attended

Efficiency: Cost of conference attendance and displays

Program 2: Investigative

GOAL A: Regulate and check the legitimate drug traffic among licensees.

OBJECTIVE A.1. Reduce the number of licensees who are diverting/abusing prescription drugs and ensure prescribing licensees are doing so for legitimate medical reasons

Outcome: Change in the number of prescription drug overdoses

Outcome: Change in the number of licensees prescribing controlled substances

A.1.1. STRATEGY: Update and change Board policies, rules and laws to require licensees to register with the Mississippi Prescription Monitoring Program before issuing prescriptions for controlled substances

Output: Number of updates required

Efficiency: Cost of legal assistance

A.1.2. STRATEGY: Update and change Board policies, rules and laws to require dispensing licensees to submit an application and obtain a permit to dispense drugs

Output: Better information concerning the storage and safeguard of prescription drugs

Efficiency: Cost of implementing registration process and administering program

A.1.3. STRATEGY: Inspect pain management medical practices to ensure compliance with Board operating procedures.

Output: Number of clinics inspected

Efficiency: Cost of investigator travel and time spent conducting inspections