

2013 ANNUAL REPORT



North Carolina Medical Board

1203 Front Street, Raleigh, NC 27609 • (919) 326-1100
www.ncmedboard.org



NORTH CAROLINA MEDICAL BOARD

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Thank you for your interest in the North Carolina Medical Board.

The NCMB licenses and regulates physicians, physician assistants and certain other medical professionals on behalf of the state. The Board's mission is to protect the people of North Carolina through responsible regulation of the practice of medicine and surgery.

The NCMB has a long history of transparency regarding its disciplinary work. In 2000, it was one of the first state medical boards to make all public documents related to disciplinary cases Web-accessible. The NCMB has published its Annual Board Actions Report for at least the past decade to provide a yearly account of its regulatory work.

I'm proud of the Board's track record of transparency. At the same time, I want North Carolinians to understand that the NCMB is more than just the total of disciplinary actions taken in a given year. Every day, the Board and its staff are engaged in important work that protects the public, yet never results in public action against a licensee.

That's why I am excited to present the NCMB's first agency annual report. This document attempts to more fully account for the many ways in which the NCMB fulfills its mission. I hope you find its contents interesting and illuminating.

Paul S. Camnitz, MD
President, NCMB





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Program overview

The North Carolina Medical Board (NCMB or the Board) is an independent public agency that regulates the practice of medicine on behalf of the state. It does not receive any funding through the state budget process. All program activities are supported solely by fees paid by license applicants and professionals currently licensed or registered by the NCMB.

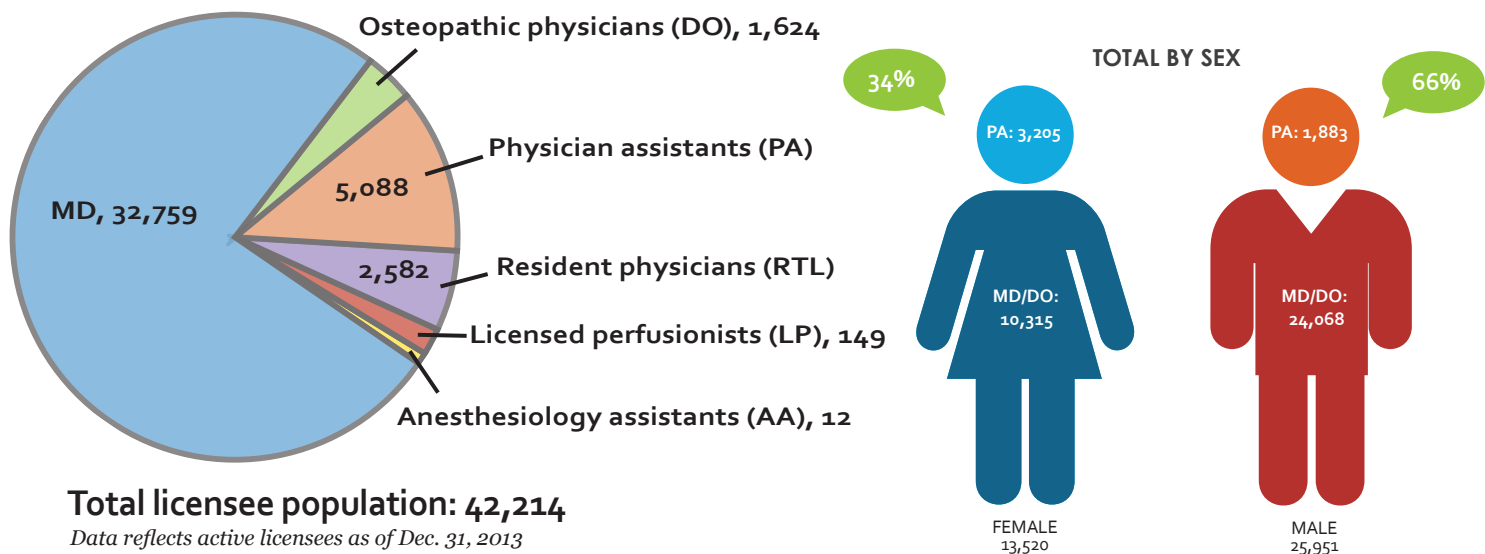
The Board's work is carried out by a full time professional staff based in Raleigh. In 2013, the NCMB added one full time staff investigator, one full time investigative support staff person and one half time license application coordinator, bringing the total workforce to 57 employees. The additional licensing staff will support the Board's continuing efforts to process license applications more quickly, reducing the amount of time from application to issuance of the license. Likewise, the additional investigative staff will enable the Board to manage its current investigative caseload more efficiently so this work can be completed faster.

Last year the Board made significant progress towards its goal of improving overall efficiency by establishing a system that will measure "Key Performance Indicators" in various departments. For example, one indicator to be measured is the length of time to process a license application once all required materials are

received by the Board. Another example is the length of time it takes to complete an investigation, from the date the investigation is opened until it is presented for staff and Board review. Once baseline information is captured for all processes to be measured, the Board will establish goals to reduce avoidable delays and improve service to licensees and the public. This project reflects the NCMB's commitment to continuous improvement.

Encouraging appropriate opioid prescribing

The Board took a more active role in addressing inappropriate prescribing of controlled substances in 2012-2013. Abuse and misuse of prescription opioids, and the resulting deaths from this, are a serious and growing problem nationally and in North Carolina. For the first time, the NCMB co-sponsored, with the North Carolina Medical Society, a continuing medical education seminar devoted to appropriate prescribing of these medications. The one-day event in Raleigh provided training in determining the appropriateness of opioid analgesic therapy, assessing patients for opioid misuse risk, counseling patients about opioid safety, risks and benefits and competently monitoring patients for benefit and harm, among other topics. A total of 117 prescribers registered for the seminar. *Program overview (continued on next page)*



The mission of the North Carolina Medical Board

The North Carolina Medical Board was established April 15, 1859, by the General Assembly "in order to properly regulate the practice of medicine and surgery for the benefit and protection of the people of North Carolina." The practice of medicine is a privilege granted by the state. The North Carolina Medical Board, through efficient and dedicated organization, will license, monitor, discipline, educate, and when appropriate, rehabilitate physicians and mid-level practitioners to assure their fitness and competence in the service of the people of North Carolina. In fulfilling its mission, the Board will play a leading role in the ever-changing health care environment through dialogue with the public, the legislature, academia and the medical community.

Program Overview *(continued from previous page)*

Also in the area of appropriate prescribing of controlled substances, the Board began the process last summer of reviewing and revising its official Position Statement entitled, “*Policy for the use of controlled substances for the treatment of pain.*” The review included a comprehensive evaluation of new prescribing resources created by the Federation of State Medical Boards, as well opioid prescribing policies in place at other state medical boards.

The Board also surveyed licensees via its quarterly newsletter to determine how licensees currently use controlled substances in their medical practices. The NCMB has tentatively adopted a revised and significantly more detailed policy, which is now circulating among experts and other interested parties to solicit feedback. The policy is expected to be finally approved by the Board in 2014.

Policy on professional use of social media

In 2013, the Board adopted a new position statement entitled, “*Professional use of social media.*” This policy was created in recognition of the rising prevalence of social media and its increasing use by medical professionals licensed by the NCMB. The statement notes that social media has increasing relevance to professionals and that the Board supports its responsible use. It also reminds

licensees of their obligations to safeguard patient privacy in all interactions and their duty to maintain professionalism in all posts and communications. The full text of the position statement is online at www.ncmedboard.org/position_statements/detail/professional-use-of-social-media

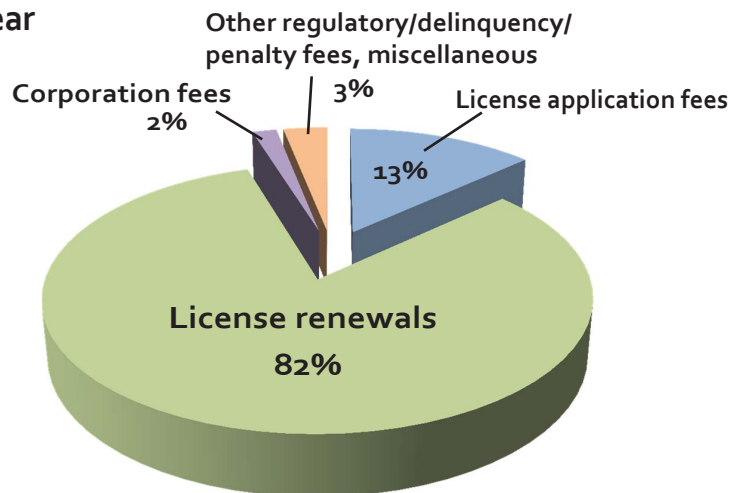
NC Physicians Health Program

The NCMB provides annual funding to the NC Physicians Health Program, which provides services to physicians and physician assistants who may be unsafe to practice due to behavioral issues or alcohol/substance use, abuse or addiction. The NCPHP provides assessments and referrals for treatment, as well as monitoring services. In 2013, the NCMB provided more than \$779,000 in program funding to NCPHP, or about half of the organization’s operating budget. The Board considered and tentatively approved in 2013 the NCPHP’s request for an increase in annual financial support. The Board’s approval is contingent upon the NCMB’s ability to obtain authorization from the 2014 session of the N.C. General Assembly to increase physician license renewal and other fees. The Board has not increased fees since 2005. The NCMB needs additional funds to meet increased operational demands.

North Carolina Medical Board 2012 - 2013 fiscal year

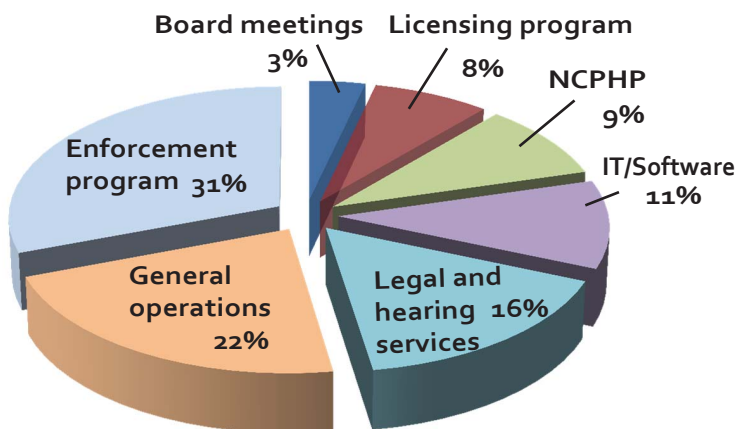
Revenues

| | |
|--|---------------------|
| License renewals | \$ 6,694,630 |
| License application fees | \$ 1,084,660 |
| Other regulatory/delinquency/penalty fees, miscellaneous | \$ 255,982 |
| Corporation fees | \$ 141,480 |
| Total | \$ 8,176,752 |



Budget distribution

| | |
|----------------------------|---------------------|
| Enforcement program | \$ 2,573,375 |
| General operations | \$ 1,824,000 |
| Legal and hearing services | \$ 1,353,350 |
| IT/Software | \$ 908,900 |
| NCPHP | \$ 779,667 |
| Licensing program | \$ 637,000 |
| Board meetings | \$ 305,400 |
| Total | \$ 8,381,692 |



Board Roster

The Board consists of 12 members appointed by the Governor. The current Board is made up of eight physicians, one nurse practitioner and three members of the public with no financial or professional ties to a health service or profession.

Seven of the licensed physicians and the allied health member are nominated to the Governor by an independent Review Panel, which by statute must offer the Governor a choice of at least two candidates for each open seat on the Board. The four remaining members of the Board are named at the discretion of the Governor. These positions include the three public members and one position that, under North Carolina law, must go to a licensed physician who is an osteopathic physician, a member of the Old

North State Medical Society or a full-time faculty member of an NC medical school who uses integrative medicine in practice.

All Board members serve three-year terms. State law limits members to serving two full, consecutive terms on the Board. Extended Board member biographies can be viewed online at www.ncmedboard.org

The Board meets or holds disciplinary hearings monthly. Though some Board business, such as meetings to discuss investigative or complaint information, is confidential under law, Board proceedings are otherwise open to the public and media. Meeting schedules, agendas and minutes are available from the Board's office or online.



Paul S. Camnitz, MD **President**
City: Greenville, NC
Term ends: October 31, 2014
Specialty: Otorhinolaryngology (ENT surgery)
Certification: American Board of Otolaryngology; American Academy of Facial Plastic and Reconstructive Surgery



Debra A. Bolick, MD **Board Member**
City: Hickory, NC
Term ends: October 31, 2016
Specialty: Psychiatry, Geriatric Psychiatry
Certification: American Board of Psychiatry and Neurology



Cheryl Walker-McGill, MD **President Elect**
City: Charlotte, NC
Term ends: October 31, 2014
Specialty: Internal Medicine; Allergy and Immunology
Certification: American Board of Internal Medicine; American Board of Allergy and Immunology



Eleanor E. Greene, MD, MPH **Board Member**
City: High Point, NC
Term ends: October 31, 2015
Specialty: Obstetrics and Gynecology
Certification: American Board of Obstetrics and Gynecology



Pascal Udekwa, MD **Secretary/Treasurer**
City: Raleigh, NC
Term ends: October 31, 2014
Specialty: General surgery
Certification: American Board of Surgery



Barbara E. Walker, DO **Board Member**
City: Kure Beach, NC
Term ends: October 31, 2016
Specialty: Family Practice and OMT
Certification: American Osteopathic Board of General Practitioners



Helen Diane Meelheim, FNP-BC **Board Member**
City: Beaufort, NC
Term ends: October 31, 2015
Specialty: Family Nurse Practitioner
Certification: American Nurses Association Certification Family Nurse Practitioner



A. Wayne Holloman **Public Member**
City: Greenville, NC
Term ends: October 31, 2016
Professional Background: Mr. Holloman is a retired businessman.



Subhash C. Gumber, MD, PhD **Board Member**
City: Cary, NC
Term ends: October 31, 2015
Specialty: Gastroenterology
Certification: American Board of Internal Medicine - Gastroenterology



Thelma C. Lennon **Public Member**
City: Raleigh, NC
Term ends: October 31, 2014
Professional Background: Ms. Lennon is a retired educator.



Timothy E. Lietz, MD **Board Member**
City: Charlotte, NC
Term ends: October 31, 2016
Specialty: Emergency Medicine
Certification: American Board of Emergency Medicine



Michael J. Arnold, MBA **Public Member**
City: Wake Forest, NC
Term ends: October 31, 2015
Professional Background: Mr. Arnold serves as Senior Advisor for Secretary of State Elaine Marshall.

Licensing

The North Carolina Medical Board's Licensing program helps fulfill the Board's mission to protect the public by rigorously screening applicants for licensure to ensure that only those candidates the Board believes can practice safely are issued a license. In accordance with licensure requirements established by statute, the Licensing program collects and reviews an applicant's medical or other professional education, postgraduate training, license examination scores and certain other information when processing a license application. In addition, each applicant must verify his or her U.S. citizenship or legal authority to work in the U.S. and submit fingerprint cards so that the Board may obtain a criminal background check.

Medical professionals licensed, approved or registered by the Board

The NCMB **licenses** and regulates physicians (MDs and DOs, as well as resident training licensees or RTLs), physician assistants, licensed perfusionists (LPs) and anesthesiology assistants (AAs).

Physicians, including RTLs, PAs and AAs must renew their licenses annually. LPs are required to renew every two years.

The NCMB **approves** and jointly regulates, with the NC Board of Nursing (BON), nurse practitioners (NPs). NPs are licensed through the BON. The NCMB **approves** and jointly

regulates, with the NC Board of Pharmacy (BOP), clinical pharmacist practitioners (CPPs). CPPs are licensed through the BOP. Both NPs and CPPs must renew their licenses annually.

The NCMB **registers** polysomnographic technologists or "sleep techs." Sleep techs are not currently licensed professionals. Last year, the Board registered **822** sleep techs. Information about these registrants may be accessed via the NCMB's website using the "Look up a Licensee" tool. Search for registrants by name or license type (select Sleep Technologist).

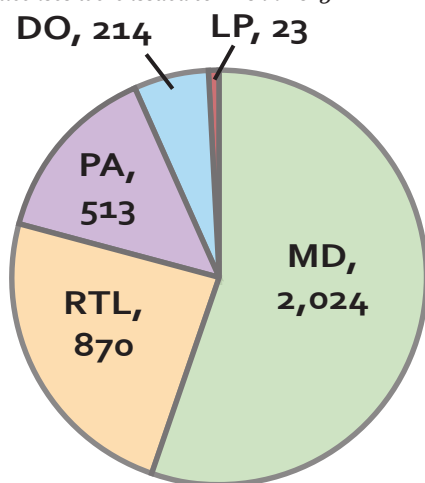
Professional corporations and limited liability companies (LLCs)

The NCMB also certifies and registers medical professional corporations (PCs) and limited liability companies (LLCs) to licensees who wish to organize their medical practices as one of these two types of entities. The NCMB issued registrations to **365** new PCs and/or LLCs. As of Dec. 31, 2013, there were **4,196** registered PCs and LLCs in North Carolina.

Registered PCs and LLCs are required to renew their registrations annually. In 2013, the NCMB issued **370** suspensions for failure to register. PCs and LLCs that are suspended for failure to timely renew registration may be reinstated after completing the registration and paying the renewal fee, plus a late fee.

Total licenses issued in 2013: 3,644

No licenses were issued to AAs in 2013



LICENSEE INFORMATION PAGE

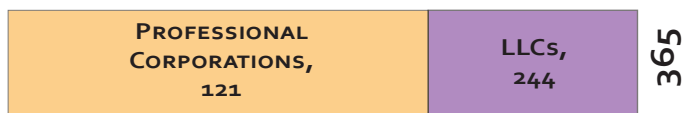
Under NC General Statute 90-5.2, all actively licensed physicians, including RTLs, and physician assistants are required to report certain information to the Board, which publishes it on the NCMB's website. Each licensee's individual information page (LI page) may be accessed via the "Look up a Licensee" search tool on the website. Visitors may search for licensees by name, license type, city, county and area of practice, or any combination of these.

Look up a Licensee is the most popular feature on the Board's website, accounting for more than half of visits to the site on a given day. Users can learn important details about the licensee, including information about license status, medical/professional education, postgraduate training, Board certifications, hospital privileges, office location and telephone number and criminal or disciplinary history, if any.

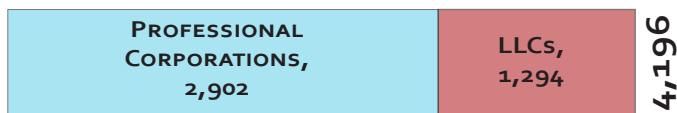
Information about certain other professionals, including anesthesiology assistants, clinical pharmacist practitioners, licensed perfusionists and polysomnographic technologists may be accessed via Look up a Licensee. The range of information provided is not as broad as that provided for physicians and PAs because these medical professionals are not currently subject to NCGS 90-5.2

Medical Corporations in 2013

NEW REGISTRANTS.



TOTAL REGISTRANTS.



Licensed physicians (MD/DO) by county

Data reflects active physicians as of Dec. 31, 2013

| | | | | | | | | | |
|-----------|-------|------------|-------|-------------|-------|-------------|-------|---------------------|---------------|
| Alamance | 279 | Clay | 7 | Harnett | 68 | Nash | 117 | Stokes | 27 |
| Alexander | 17 | Cleveland | 175 | Haywood | 110 | New Hanover | 755 | Surry | 116 |
| Alleghany | 10 | Columbus | 59 | Henderson | 271 | Northampton | 5 | Swain | 34 |
| Anson | 16 | Craven | 261 | Hertford | 41 | Onslow | 234 | Transylvania | 63 |
| Ashe | 28 | Cumberland | 810 | Hoke | 15 | Orange | 1,579 | Tyrrell | 0 |
| Avery | 22 | Currituck | 7 | Hyde | 2 | Pamlico | 9 | Union | 195 |
| Beaufort | 57 | Dare | 61 | Iredell | 340 | Pasquotank | 106 | Vance | 75 |
| Bertie | 10 | Davidson | 127 | Jackson | 79 | Pender | 24 | Wake | 2,533 |
| Bladen | 27 | Davie | 42 | Johnston | 132 | Perquimans | 6 | Warren | 3 |
| Brunswick | 126 | Duplin | 35 | Jones | 19 | Person | 36 | Washington | 7 |
| Buncombe | 1,112 | Durham | 2,430 | Lee | 96 | Pitt | 865 | Watauga | 133 |
| Burke | 211 | Edgecombe | 43 | Lenoir | 104 | Polk | 29 | Wayne | 204 |
| Cabarrus | 454 | Forsyth | 1,925 | Lincoln | 87 | Randolph | 121 | Wilkes | 72 |
| Caldwell | 82 | Franklin | 29 | Macon | 72 | Richmond | 48 | Wilson | 121 |
| Camden | 1 | Gaston | 395 | Madison | 13 | Robeson | 167 | Yadkin | 20 |
| Carteret | 125 | Gates | 0 | Martin | 21 | Rockingham | 106 | Yancey | 20 |
| Caswell | 9 | Graham | 5 | McDowell | 42 | Rowan | 258 | | |
| Catawba | 416 | Granville | 128 | Mecklenburg | 3,062 | Rutherford | 86 | In State | 24,488 |
| Chatham | 83 | Greene | 11 | Mitchell | 29 | Sampson | 52 | Out of State | 9,895 |
| Cherokee | 34 | Guilford | 1,328 | Montgomery | 11 | Scotland | 68 | | |
| Chowan | 33 | Halifax | 72 | Moore | 336 | Stanly | 82 | Grand Total | 34,383 |

Licensed physician assistants (PA) by county

Data reflects active physician assistants as of Dec. 31, 2013

| | | | | | | | | | |
|-----------|-----|------------|-----|-------------|-----|-------------|-----|---------------------|--------------|
| Alamance | 38 | Clay | 0 | Harnett | 51 | Nash | 40 | Stokes | 9 |
| Alexander | 5 | Cleveland | 27 | Haywood | 17 | New Hanover | 199 | Surry | 31 |
| Alleghany | 2 | Columbus | 25 | Henderson | 46 | Northampton | 1 | Swain | 11 |
| Anson | 2 | Craven | 44 | Hertford | 10 | Onslow | 52 | Transylvania | 11 |
| Ashe | 5 | Cumberland | 256 | Hoke | 17 | Orange | 80 | Tyrrell | 0 |
| Avery | 0 | Currituck | 6 | Hyde | 2 | Pamlico | 4 | Union | 40 |
| Beaufort | 15 | Dare | 18 | Iredell | 66 | Pasquotank | 22 | Vance | 21 |
| Bertie | 5 | Davidson | 16 | Jackson | 19 | Pender | 9 | Wake | 517 |
| Bladen | 8 | Davie | 14 | Johnston | 52 | Perquimans | 2 | Warren | 3 |
| Brunswick | 42 | Duplin | 11 | Jones | 1 | Person | 9 | Washington | 2 |
| Buncombe | 188 | Durham | 327 | Lee | 18 | Pitt | 131 | Watauga | 21 |
| Burke | 31 | Edgecombe | 11 | Lenoir | 18 | Polk | 8 | Wayne | 50 |
| Cabarrus | 61 | Forsyth | 380 | Lincoln | 11 | Randolph | 30 | Wilkes | 12 |
| Caldwell | 9 | Franklin | 11 | Macon | 7 | Richmond | 7 | Wilson | 37 |
| Camden | 0 | Gaston | 72 | Madison | 3 | Robeson | 61 | Yadkin | 7 |
| Carteret | 26 | Gates | 0 | Martin | 5 | Rockingham | 20 | Yancey | 3 |
| Caswell | 3 | Graham | 1 | McDowell | 15 | Rowan | 47 | | |
| Catawba | 81 | Granville | 22 | Mecklenburg | 547 | Rutherford | 18 | In State | 4,612 |
| Chatham | 16 | Greene | 2 | Mitchell | 7 | Sampson | 10 | Out of State | 476 |
| Cherokee | 10 | Guilford | 259 | Montgomery | 10 | Scotland | 16 | | |
| Chowan | 3 | Halifax | 8 | Moore | 79 | Stanly | 10 | Grand Total | 5,088 |

Enforcement summary

The North Carolina Medical Board's Enforcement Program fulfills the Board's mission to protect the public by evaluating and, where appropriate, taking action to address licensee conduct.

The Board gathers and evaluates information of interest, including complaints from patients and the public. After thoroughly investigating and considering this information, the Board makes decisions, based on criteria established by state law (the Medical Practice Act, or Chapter 90 of the NC General Statutes) about which cases involve violations and may require Board action.

Cases that may involve violations of the Medical Practice Act are reviewed at both the staff and Board level. The process begins with receipt of the complaint or other information by the Board. A case is opened and an investigation is conducted. For matters related to medical care, the Board obtains patient records, which are reviewed by the NCMB's Office of the Medical Director (staffed by two physicians and a physician assistant). Cases the Board decides to pursue action in are typically also reviewed by an independent expert reviewer familiar with applicable standards of care. In some cases, a Board Investigator may interview the licensee, the complainant and others involved in the case. In some cases, a Board Investigator may interview the licensee, the complainant and others involved.

Once the investigation is complete, the case file is reviewed by a committee of senior Medical Board staff. This group's members include the directors of the Board's Complaint, Investigations

and Legal departments, as well as the head of the Office of the Medical Director. The senior staff reviews and discusses each case and makes a recommendation for action to the Board. Case files and corresponding recommendations are then forwarded to members of the Board's Disciplinary Committee. The Committee may agree with the staff recommendations or make new recommendations, which are forwarded for consideration by the Full Board. The Full Board then reviews the recommendations and votes to determine whether to take Board action.

Ways the Board gathers information

The Board conducts a number of confidential interviews with licensees each year as part of its investigative work. Interviews are used to gather additional information about a disciplinary case, or to check in with licensees who are being monitored by the NCMB. The Board may determine that no further action is required following an interview, or it may vote to take action against the licensee based on the outcome of the interview. Last year, the Board conducted 93 confidential interviews.

Each year the Board orders certain licensees who are under investigation to obtain examinations or assessments that help the Board make determinations about that licensee's ability to practice safely. Examples include alcohol or substances abuse assessments, neuropsychiatric examinations, or comprehensive assessments that evaluate clinical knowledge.

Enforcement activity

| | |
|--------------------------------|-------|
| Cases closed | 2,730 |
| Cases opened | 2,634 |
| Avg. # of days to close a case | 107 |

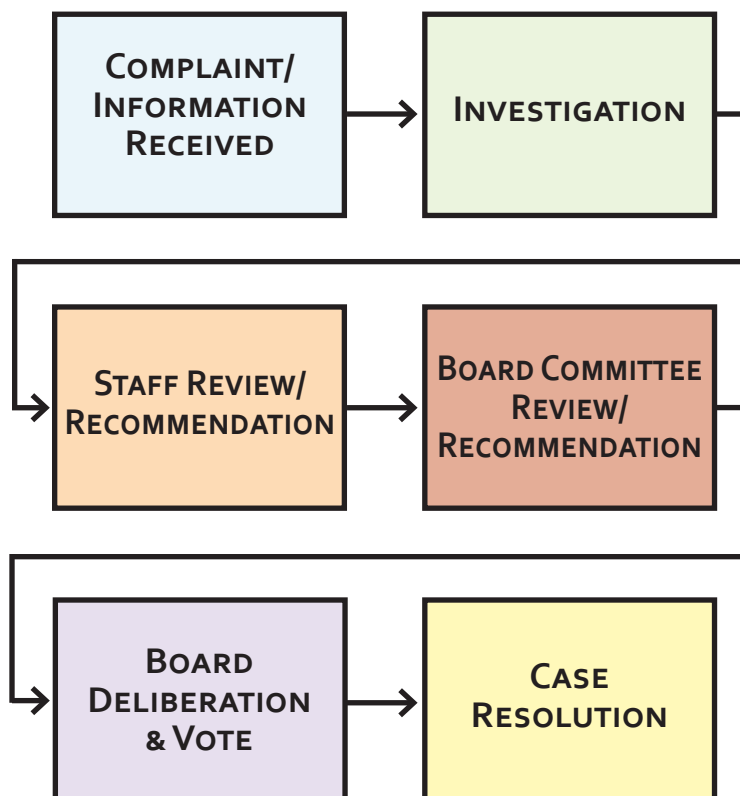
Cases opened by type/source

| | |
|-------------------------------|-------|
| Complaint department | 1,304 |
| Review of out of state action | 372 |
| Investigations department | 357 |
| Malpractice payment | 267 |
| License application | 247 |
| Compliance case | 87 |
| CME audit | 1 |
| Change in staff privileges | 1 |

Enforcement activities by type

| | |
|--|-----|
| Private actions (interim or private letter of concern) | 598 |
| Public actions, adverse | 195 |
| Public actions, non-adverse | 53 |

NCMB case review process



Matters reviewed

The Board's Enforcement program opens cases based on information received from a variety of sources. Collectively, these cases represent all matters reviewed by the Board in a given year. The main sources of information include:

- **Information gathered as part of the annual license renewal process** - Approximately 42,000 physicians, physician assistants and RTLs renew their licenses each year. During the renewal process, licensees must complete a detailed questionnaire that is designed to capture information of interest (eg, an arrest for DUI, a malpractice lawsuit, public or private action by another regulatory Board, an illness or injury that affects ability to practice.) All reports of "red flag" information are reviewed by staff and may lead to a Board investigation.
- **Information reported by the licensee via the NCMB's online Licensee Information portal** - Pursuant to North Carolina G.S. 90-5.2-5.3, licensees are required to report certain information (eg, certain convictions, regulatory actions, and malpractice payments) to the Board within 60 days of the event.
- **Complaints from patients and the public** - Complaints are the largest single source of information received by the Board. In 2013, the NCMB received **1,304** complaints from patients, family members and loved ones of patients and others, including physicians and other medical professionals such as pharmacists.
- **Malpractice payment reports submitted** - Pursuant to North Carolina G.S. 90-14.13 (c) all North Carolina

professional liability insurance carriers are required to report malpractice payments made on behalf of licensees to the Board. In addition, licensees are required to self-report all payments made on their behalf. In 2013, the NCMB received **265** malpractice payment reports.

- **Investigations opened by the NCMB's Investigations Department** - The NCMB's own investigations team is the second largest source of information that leads to a case being opened. In 2013 there were **816** cases opened through the Investigations department. This number includes 357 new disciplinary investigations, 372 investigations of actions taken against licensees by other state medical boards or jurisdictions and 87 compliance cases. A compliance case is opened to monitor a licensee who is required by the Board to comply with limitations, restrictions and/or conditions, or other requirements ordered by the NCMB. For example, a licensee may be ordered to obtain a neuropsychiatric assessment, or be required to complete continuing medical education.

Malpractice payments by area of practice

Data reflects all cases an area of practice was declared

| | |
|-------------------------------|----|
| Radiology | 32 |
| General surgery | 30 |
| Emergency medicine | 29 |
| Orthopedic surgery | 22 |
| Obstetrics | 21 |
| Internal medicine | 20 |
| Family medicine | 19 |
| Neurological surgery | 9 |
| Anesthesiology | 8 |
| Hospitalist | 8 |
| Cardiology | 7 |
| Pediatric | 7 |
| Gynecology | 6 |
| Ophthalmology | 4 |
| Pathology | 4 |
| Plastic surgery | 4 |
| Psychiatry | 4 |
| Thoracic surgery | 4 |
| Critical care | 3 |
| Ear-nose-throat | 3 |
| Physical medicine/rehab | 2 |
| Radiation/surgical oncology | 2 |
| Spinal reconstructive surgery | 2 |
| Urology | 2 |
| Vascular surgery | 2 |

Cases opened by primary allegation

| | |
|---------------------------------------|-----|
| Communication issue | 551 |
| Quality of care | 391 |
| Formal out of state action | 375 |
| Malpractice payment | 265 |
| Other | 148 |
| Prescribing issues | 147 |
| Unprofessional conduct | 145 |
| Misinformation on license application | 121 |
| Policy-Procedures within DOC | 118 |
| Medical record issue | 80 |
| Alcohol/Substance abuse | 76 |
| Patient dismissed and abandoned | 44 |
| Misdemeanor arrest | 43 |
| Billing/fee issue | 36 |
| Telemedicine | 30 |
| Boundary violations | 25 |
| Change in staff privileges | 19 |
| HIPAA violation | 11 |
| Impairment | 9 |

Case resolutions and actions taken

There are three main ways for the NCMB to resolve a case:

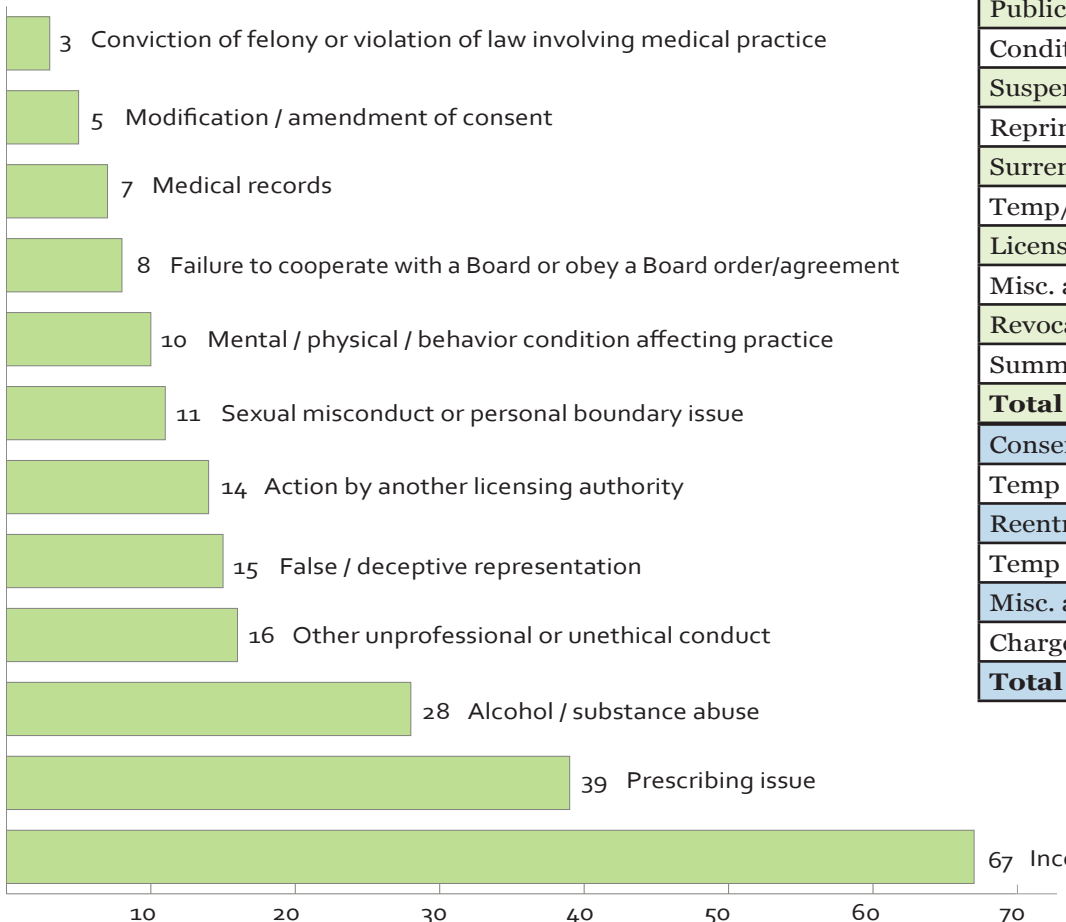
- **No formal action is taken** - In such instances, the Board considers the case to be “accepted as information” (AAI). Cases that are accepted as information are not disclosed to the public but are held in the licensee’s confidential file with the Medical Board. In 2013, **1,262** cases were accepted as information. The most common reason for a case to be resolved in this way is that there is no apparent violation of the Medical Practice Act.
- **Private action is taken** - In cases that are resolved with a private action, the licensee is sent a confidential letter, either as an interim step (Interim Letter of Concern) or as a final resolution to the case (Private Letter of Concern). Letters generally outline the Board’s concerns regarding licensee conduct or care provided and may recommend specifications that should be taken to address deficiencies. For example, the Board may refer the licensee to a course on physician-patient communication or recommend that the licensee complete continuing medical education in specific subject areas. In 2013, there were **598** private actions executed by the Board.
- **Public action is taken** - When the Board takes public action against a licensee, there is demonstrable evidence

of a violation of the Medical Practice Act. Adverse public actions range from a non-disciplinary Public Letter of Concern (similar to a warning letter) to actions that remove a licensee’s authority to practice, such as a suspension or revocation. Board actions may also include limitations, restrictions and/or conditions on the licensee’s practice, orders to obtain continuing medical education and other measures the Board determines necessary to protect the public. Public actions are posted on the licensee’s information page on the NCMB’s website. In 2013, the Board took **195** adverse public actions related to 165 individuals.

Non-adverse actions

The Board also issues a number of public actions that are not adverse each year. These actions include extensions of temporary licenses, temporary licenses made full and unrestricted or matters unrelated to discipline, such as a reentry agreement. Reentry agreements are required of licensees who have been out of active clinical practice for two or more years upon application for a NC license. The Board took **53** non-adverse public actions in 2013.

Causes of public adverse actions in 2013



Public Board actions

| | |
|-----------------------------|------------|
| Public letters of concern | 60 |
| Conditions on license | 37 |
| Suspensions | 34 |
| Reprimands | 27 |
| Surrenders | 18 |
| Temp/Dated license issued | 11 |
| License denied | 5 |
| Misc. actions - adverse | 1 |
| Revocations | 1 |
| Summary suspensions | 1 |
| Total adverse | 195 |
| Consent orders lifted | 22 |
| Temp license extended | 12 |
| Reentry agreements | 8 |
| Temp license becomes full | 6 |
| Misc. actions - non-adverse | 3 |
| Charges dismissed | 2 |
| Total non-adverse | 53 |

North Carolina Medical Board

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