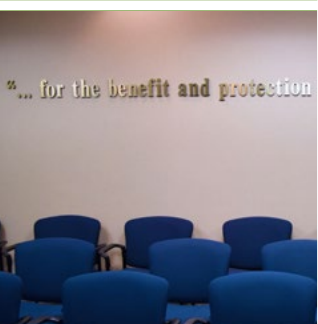
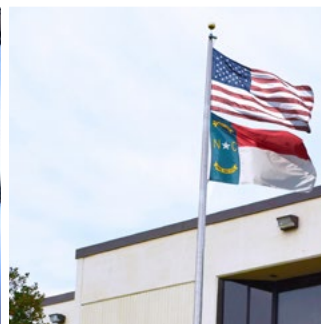


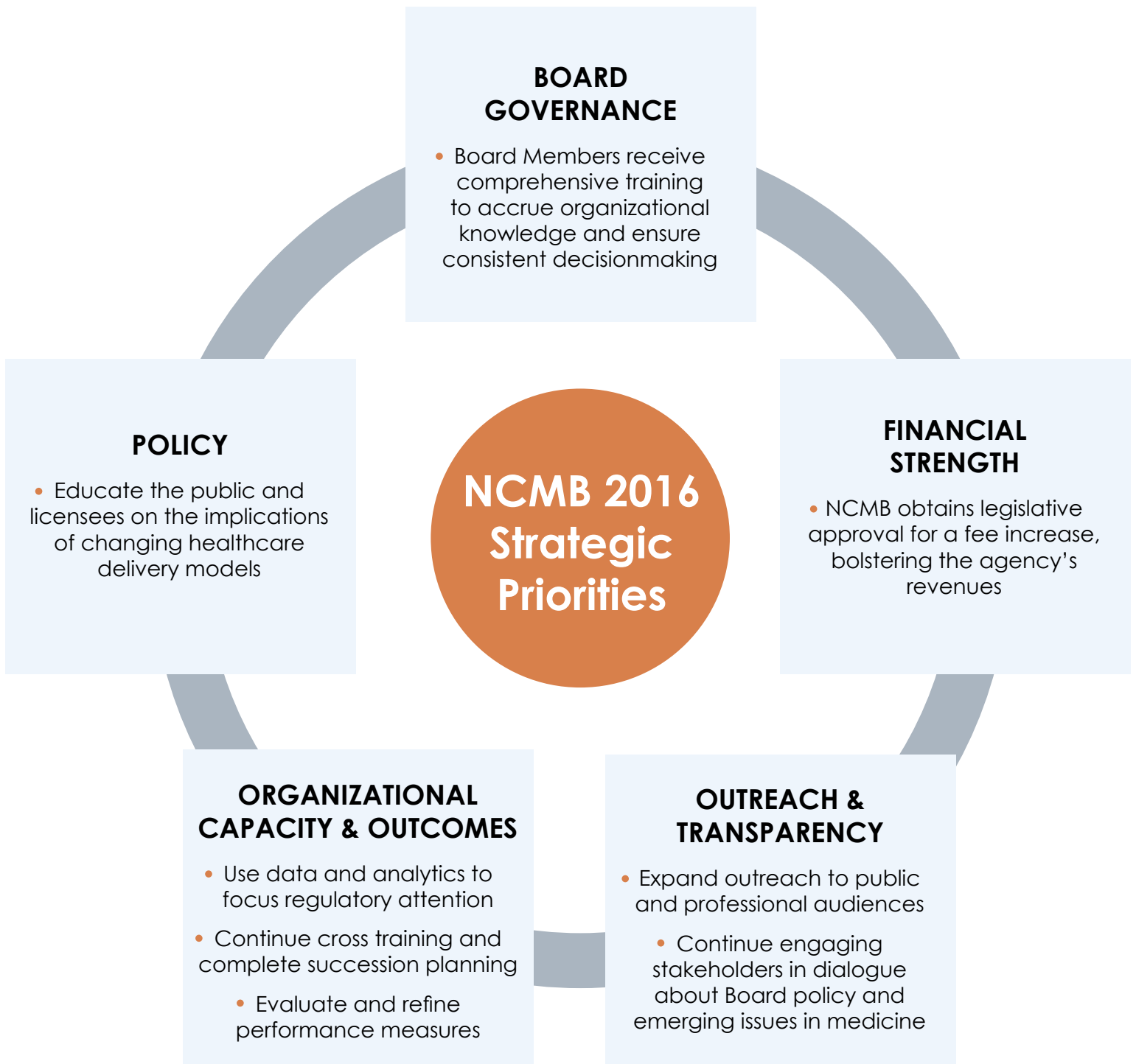
North Carolina Medical Board **2015 Annual Report**



NCMB Strategic Plan

The NCMB strategic plan is focused on improving internal operations as well as external communication and outreach with the public, licensees, and other stakeholders. If successful, NCMB will be more proactive in its mission of protecting the public and more relevant in the constantly changing marketplace.

The 2016 goals are heavily focused on educating the public and licensees, being a resource for stakeholders, improving our financial strength, refining internal processes and operations, and engaging in dialogue about policies and emerging issues in medicine.



Letter from the President

Thank you for your interest in North Carolina Medical Board's work.

Last year was a year of change for the Board, as it began implementing its strategic plan for 2015-2018 and completed a reorganization of the Board's administrative staff.

NCMB's main objective with these changes is to preserve the Board's commitment to its core mission of public protection even as it becomes a more nimble, proactive agency. Increasingly, lawmakers and stakeholder organizations in medicine are looking to the Board for leadership in addressing critical public health issues. We believe the Board's strategic goals and structural changes will help position NCMB to better provide that leadership.

The "new" NCMB is reflected in numerous 2015 accomplishments covered in this report. In particular, the Board made significant progress in outreach last year, more than tripling the number of presentations to physician, physician assistant, resident and student professional organizations. The Board's continued work to address inappropriate opioid prescribing, and the patient harm related to it, also demonstrates NCMB's commitment to actively working to find solutions to the state's most pressing public health problems. These and other initiatives are covered in the 2015 Program Overview (p. 6).

For a summary of the Board's strategic priorities in 2016, be sure to review the graphic on the inside cover of this report.

Sincerely,



Pascal O. Udekwu, MD



2016 Board roster

The Board consists of 13 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. In fall 2015, state law was amended to add a dedicated seat for a physician assistant to the Board. That seat was filled in March 2016.

Seven of the licensed physicians and the allied health members are nominated 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 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.

Board Meeting dates for 2016



Meetings:

May 18 - 20, 2016
July 20 - 22, 2016
September 21 - 23, 2016
November 16 - 17, 2016
January 18 - 20, 2017

Hearings:

April 21 - 22, 2016
June 16 - 17, 2016
August 18 - 19, 2016
October 20 - 21, 2016
December 15 - 16, 2016



March 2016 Board Meeting



Pascal Udekwu, MD - President
 City: Raleigh, NC
 Term ends: October 2017
 Specialty: General Surgery
 Certification: American Board of Surgery



Jerri L. Patterson, NP
 City: West Elm, NC
 Term ends: October 2018
 Specialty: Pain Management



Eleanor E. Greene, MD - President Elect
 City: High Point, NC
 Term ends: October 2015
 Specialty: Obstetrics and Gynecology
 Certification: American Board of Obstetrics and Gynecology



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



Timothy E. Lietz, MD - Secretary/Treasurer
 City: Charlotte, NC
 Term ends: October 2016
 Specialty: Emergency Medicine
 Certification: American Board of Emergency Medicine



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



Cheryl Walker-McGill, MD
 City: Charlotte, NC
 Term ends: October 2017
 Specialty: Internal Medicine, Allergy and Immunology
 Certification: American Board of Internal Medicine; American Board of Allergy and Immunology



Ralph A. Walker, LLB, JD
 City: Greensboro, NC
 Term ends: October 2017
 Professional Background: Judge Walker is the former director of the N.C. Administrative Office of the Courts.



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



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



Bryant A. Murphy, MD, MBA
 City: Chapel Hill, NC
 Term ends: October 2017
 Specialty: Anesthesiology
 Certification: American Board of Anesthesiology



Reamer L. Bushardt, PharmD, PA-C
 City: Winston-Salem, NC
 Term ends: October 2018
 Specialty: Internal Medicine



Venkata Jonnalagadda, MD
 City: Greenville, NC
 Term ends: October 2018
 Specialty: Psychiatry
 Certification: American Board of Psychiatry & Neurology



A typical term on the Board is three years. Board Members may serve up to two consecutive terms, if reappointed by the Governor

2015 Program overview

The North Carolina Medical Board (NCMB) is the public agency that regulates physicians, physician assistants (PAs) and certain other medical professionals for the state of North Carolina. The Board does not receive any funding through the state budget process. All program activities are supported by fees paid in connection with license applications or annual license renewals.

2015 was year of transformation for NCMB, as the Board and staff proceeded with changes that will better position the agency to be a more nimble, proactive player in medicine in North Carolina. In November 2014, the Board approved a four-year strategic plan focused on increasing outreach to licensees, the public, and stakeholder groups. In order to achieve these goals, NCMB implemented a staff reorganization in March 2015 that introduced a new leadership structure and realigned departments to achieve greater operational efficiency.

The reorganization shifted much of NCMB's day-to-day operations to managers and directors, freeing up senior management to focus on implementing the strategic plan, leading and supporting staff and the Board, increasing collaboration with stakeholder groups, and identifying industry or regulatory issues. As part of this process, several employees were promoted to new supervisory roles. The Board employed 54 individuals at the end of 2015.

The Board's ultimate goal is to reposition NCMB as a regulator that not only fulfills its core mission of licensing and regulation but also anticipates and proactively addresses challenges in modern medicine.

Finally, the structure of the Board itself was transformed in 2015 when Governor McCrory signed into law an expansion of the Board to include a seat dedicated to a physician assistant. This change brings the total number of Board Members to 13, including eight physicians, one physician assistant, one nurse practitioner and three members of the public.

NCMB Strategic Plan and goals

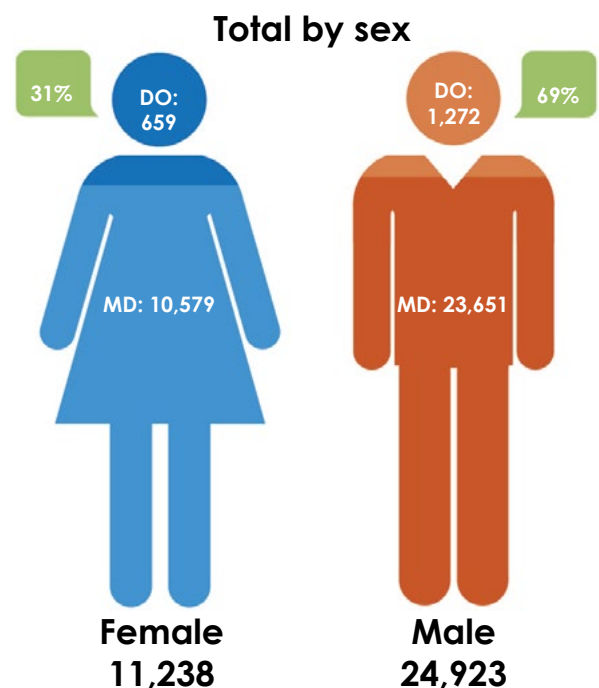
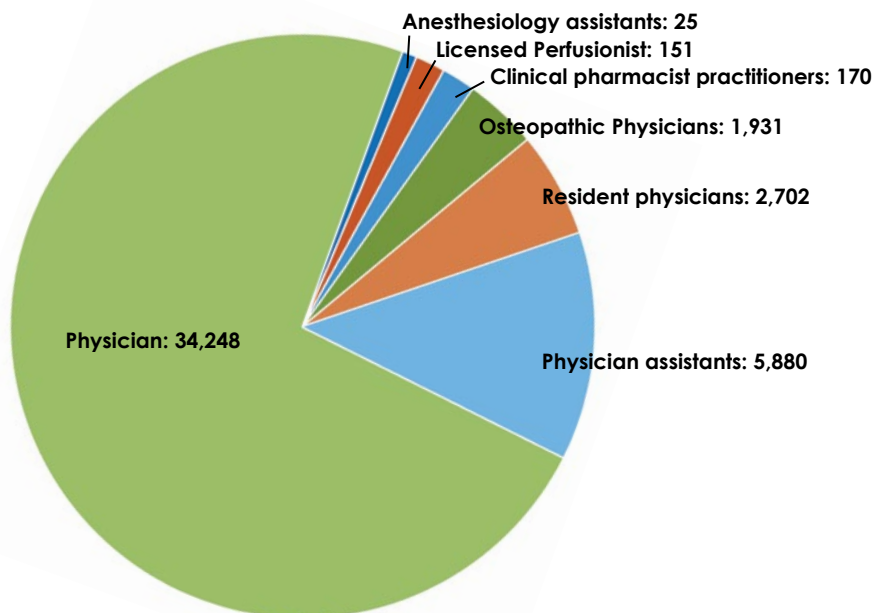
Agency priorities in 2015 were guided by the NCMB strategic plan, which covers the period 2015-2018. NCMB achieved goals in multiple areas of concentration, including Board Governance, Outreach and Transparency and Organizational Capacity & Outcomes.

Highlights of the year include successful implementation of measures to strengthen Board oversight of NC Physicians Health Program (NCPHP), the independent organization that provides assessment and monitoring services to physicians and PAs who may be unsafe to practice due to health issues, including alcohol or substance use problems. NCMB received periodic program updates from NCPHP during 2015. These reports include information about NCPHP's progress towards certain goals, such as increasing the number

Licensee population in 2015

Total licensee population: 45,107

Data reflects active licensees as of Dec. 31, 2015



of NC-based assessment and treatment options available to licensees.

Progress towards goals in the category of Outreach and Transparency are discussed in detail below. See the Strategic Goals graphic on the inside cover of this report to review goals targeted for completion or significant progress in 2016.

Roundtable discussions bring diverse perspectives to NCMB policy work

NCMB hosted two roundtable discussions at its offices in Raleigh in 2015. Both roundtable discussions reflected NCMB's new emphasis on strategic leadership and its continued commitment to stakeholder inclusion. Previous roundtable discussions held by the Board have been more narrowly focused on specific policy initiatives, such as reviewing and revising NCMB position statements or other established policies.

The first roundtable, held in June, explored the topic of physician wellness, with an emphasis on the growing incidence of professional burnout among physicians in all areas of practice. Recent surveys have estimated that more than half of practicing physicians report one or more symptoms of burnout, which is broadly defined as emotional and physical exhaustion related to environmental and internal stressors, as well as a lack of coping skills adequate to deal with these stressors.

Physicians who are burned out experience a loss of enjoyment in their work, may make more errors and may experience depression and thoughts of suicide. The roundtable brought together medical professionals and other stakeholders across medicine to discuss the subject and brainstorm ways for the Board to support licensees.

One outcome of the roundtable on Physician Wellness is a collection of resources housed on NCMB's website www.ncmedboard.org, including information on building resilience and encouraging self-care, as well as tools to self-screen for signs of burnout and related complications.

A second roundtable was held in October 2015 on what NCMB refers to as "longevity in practice." A challenging aspect of this topic is related to the aging North Carolina physician population, and the question of what NCMB should do, if anything, to ensure the professional



Switching Gears: Longevity in Practice Roundtable October 27, 2015

competence of its longest-practicing licensees.

The Board currently has no established position or policies in place and has no immediate plans to pursue them. The roundtable took a broader look at the contributions and needs of the state's most experienced physicians, with a goal of identifying needs and determining how NCMB can help. For example, while many licensees recognize the need for an eventual transition from full-time clinical practice, whether by choice or by necessity due to failing health, there is no established support system in place to assist with this change. NCMB is still evaluating suggestions made by roundtable participants.

Steady progress in outreach: NCMB reached more public and professional audiences in 2015

NCMB made significant progress towards its strategic goal to increase outreach to licensees, including resident physicians, in 2015. The Board believes that informing licensees and potential licensees (e.g. medical and physician assistant students) about NCMB's mission and responsibilities, as well as policies, rules and laws that affect the practice of medicine, will help these professionals avoid problems that might result in regulatory actions.

In 2015, NCMB focused primarily at expanding its reach among residency training programs across North Carolina while maintaining efforts to reach practicing physicians and PAs through professional meetings and presentations to hospital and health system audiences.

The total number of presentations delivered in 2015 increased more than 300 percent from the previous year, with much of this growth coming from outreach to residency programs.

Popular topics presented on include general Board information, current initiatives, including telemedicine and the rapid evolution of the health care delivery system, and responsible opioid prescribing.

In 2016, NCMB will expand its focus on outreach to include presentations to non-professional groups. The primary goal is to raise public awareness of the Board and its mission while highlighting resources available to patients and the public. NCMB maintains the state's most comprehensive database of free, objective information about licensed North Carolina physicians and PAs. This information is accessed through the Board's online licensee search tool and includes basic information such as licensure status, medical/PA education, postgraduate training and Board certification, voluntary information about a licensee's practice, as well as adverse information such as regulatory history, criminal convictions or malpractice information. A public outreach campaign promoting NCMB's licensee search is planned for Spring/Summer 2016.

NCMB's efforts to increase outreach in 2015 included a significant expansion of the Board's presence on social media. NCMB greatly enhanced its activity on both Twitter and Facebook last year in an effort to increase transparency and be more proactive about reaching public and professional audiences. Posts include information on NCMB news and policy, meetings and events and issues in public health, among other topics.

Addressing inappropriate opioid prescribing remained a top priority

During 2015, the Board continued to encourage safe and appropriate prescribing of controlled substances and to address the problem of misuse and abuse of these medications. In spring 2015, NCMB obtained approval for administrative rules that allow the state administered prescription drug database, the NC Controlled Substances Reporting System (NCCSRS), to share data that helps NCMB identify potentially unsafe prescribers for possible investigation.

The rule, 21 NCAC 32Y .0101, allows NCCSRS to provide the Board with information about the highest volume prescribers of certain controlled substances, as well as information about prescribers who have had two or more patient deaths from opioid poisoning in the preceding 12 months. The Board began receiving these reports in late 2015 and is working with the data to ensure that it is used effectively and fairly.

Another development in NCMB's efforts to address inappropriate opioid prescribing, especially in the context of chronic pain, was the passage in September 2015 of a state budget provision that makes the Board's official position statement on the use of opiates for treatment of pain the statewide standard for medical professionals who prescribe these medications to patients with pain.

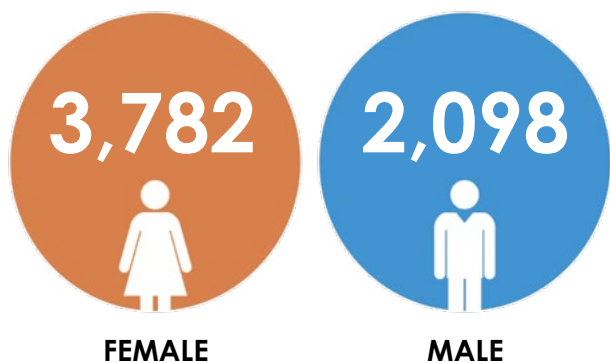
The provision states that NCMB's Policy for the use of opiates for the treatment of pain is to be adopted by relevant state health regulatory boards and state health agencies, including: NC Board of Dental Examiners, NC Board of Nursing, NC Board of Podiatry

Physician Assistant population in 2015

Total Physician Assistant Population: 5,880

Data reflects active licensees as of Dec. 31, 2015

TOTAL BY SEX

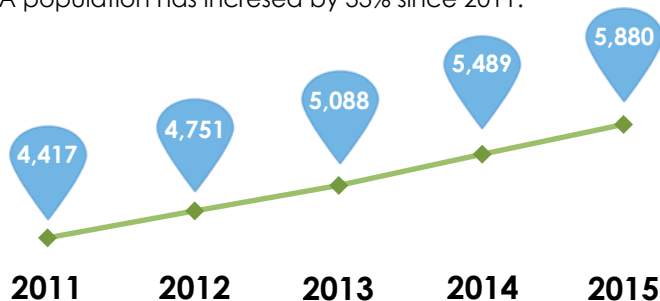


13%

PAs account for 13% of all medical professionals licensed by NCMB.

PA population growth over 5 years

PA population has increased by 33% since 2011.



Examiners, NC Division of Public Health, NC Division of Medical Assistance, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services and NC Division of Public Safety (Medical, Dental and Mental Health services).

The Board's pain policy provides detailed guidance to help prescribers make appropriate clinical decisions when prescribing opiates for pain, including information on establishing an appropriate diagnosis, assessing risk of abuse or diversion and steps to avoid this, evaluating patient progress once therapy is established and intervening in cases where abuse is suspected, among other topics.

A separate state budget provision established a requirement that all controlled substances prescribers in the state complete continuing medical education (CME) in the appropriate prescribing of these medications during their established CME cycles. NCMB is expected to adopt administrative rules that specify how physician and physician assistant licensees will comply with the

CME requirement by fall 2016.

Financial outlook

NCMB operated in a challenging financial environment during 2015. The Board continued to manage its resources conservatively, holding growth in operating expenses (excluding NCMB's annual support of the NC Physicians Health Program) to an increase of approximately 1.5 percent from the previous year. Including support to NCPHP, the Board's total operating expenses in 2015 increased by about 3.5 percent and NCMB ended the budget year with a small deficit. NCMB will pursue a fee increase during the 2016 legislative session. NCMB has not increased fees since 2005.

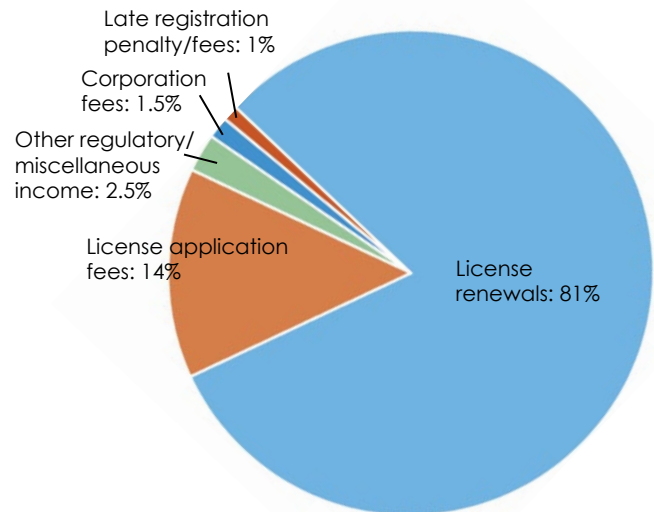


NCMB's budget year runs from November 1 through October 31st.

North Carolina Medical Board 2015 fiscal year

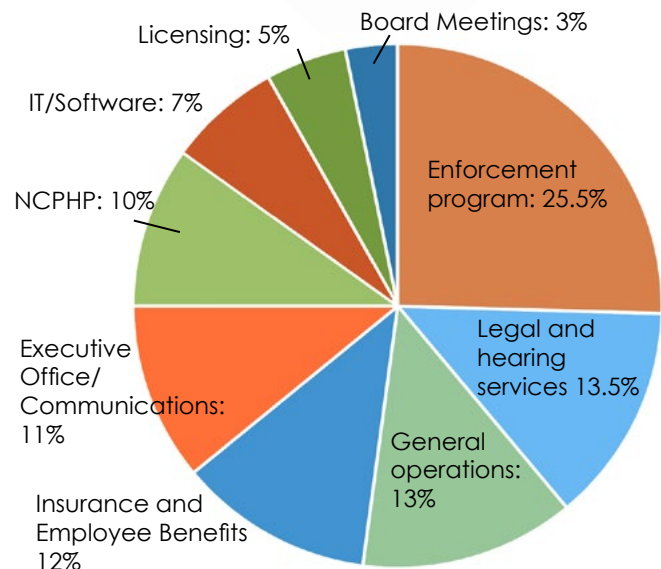
Revenues

License renewals	7,075,400
License application fees	1,222,900
Other regulatory fees, miscellaneous income	218,400
Corporation fees	131,000
Late registration penalty/fee	87,500
TOTAL	\$ 8,735,200



Budget Distribution

Enforcement Program	2,237,500
Legal and Hearing Services	1,184,600
General Operations	1,129,700
Insurance and Employee Benefits	1,053,000
Executive Office/Communications	960,400
NCPHP	893,400
IT/Software	614,200
Licensing	438,700
Board Meetings	263,200
TOTAL	\$8,774,700



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. The Licensing program collects and reviews 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.

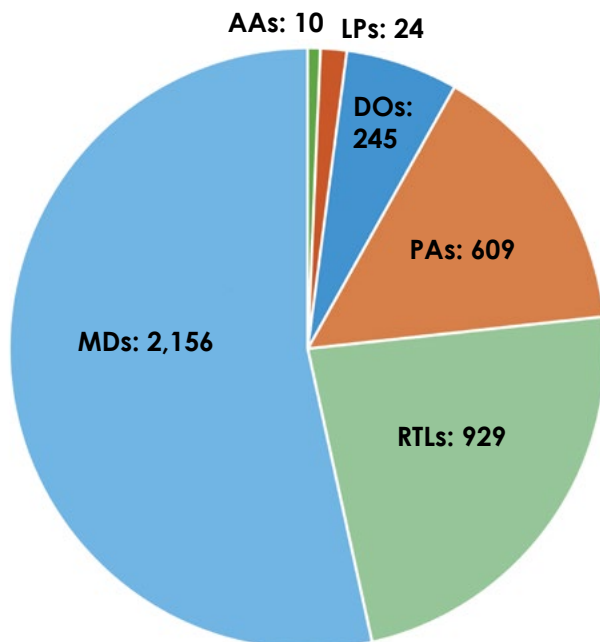
Medical professionals licensed, approved or registered by the Board

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 **884** 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).

Total licenses issued in 2015: 3,973



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 medical businesses. The NCMB issued new registrations to **381** new PCs and/or LLCs in 2015. As of Dec. 31, 2015, there were **4,488** registered PCs and LLCs in North Carolina.

Registered medical businesses are required to renew their registrations annually. In 2015, the NCMB issued **310** 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. The Board received and approved **137** requests for reinstatement in 2015.

Medical Corporations in 2015

To look up a PC or PLLC, Visit:

www.secretary.state.nc.us/corporations/CSearch.aspx

New Registrants



Total Registrants



DID YOU KNOW?

Professional corporations (PCs) and professional limited liability companies (PLLCs) are co-regulated with the NC Secretary of State.

Licensed physicians (MD/DO) by county

Data reflects active physicians as of Dec. 31, 2015

Alamance	292	Clay	7	Harnett	83	Nash	196	Stokes	24
Alexander	15	Cleveland	167	Haywood	118	New Hanover	782	Surry	123
Alleghany	11	Columbus	73	Henderson	279	Northampton	4	Swain	36
Anson	18	Craven	279	Hertford	44	Onslow	243	Transylvania	60
Ashe	26	Cumberland	841	Hoke	16	Orange	1,743	Tyrrell	0
Avery	24	Currituck	9	Hyde	1	Pamlico	8	Union	204
Beaufort	52	Dare	60	Iredell	339	Pasquotank	114	Vance	76
Bertie	9	Davidson	117	Jackson	96	Pender	25	Wake	2,653
Bladen	25	Davie	44	Johnston	138	Perquimans	4	Warren	3
Brunswick	163	Duplin	36	Jones	17	Person	37	Washington	7
Buncombe	1,215	Durham	2,480	Lee	90	Pitt	871	Watauga	127
Burke	219	Edgecombe	40	Lenoir	109	Polk	27	Wayne	222
Cabarrus	467	Forsyth	2,043	Lincoln	84	Randolph	115	Wilkes	77
Caldwell	79	Franklin	19	Macon	77	Richmond	43	Wilson	122
Camden	0	Gaston	418	Madison	15	Robeson	171	Yadkin	16
Carteret	129	Gates	1	Martin	22	Rockingham	101	Yancey	19
Caswell	10	Graham	4	McDowell	38	Rowan	286		
Catawba	415	Granville	128	Mecklenburg	3,287	Rutherford	86	In State	25,633
Chatham	86	Greene	13	Mitchell	26	Sampson	63	Out of State	10,546
Cherokee	35	Guilford	1,374	Montgomery	10	Scotland	68		
Chowan	27	Halifax	75	Moore	365	Stanly	78	Grand Total	36,181

Licensed physicians assistant (PA) by county

Data reflects active physicians as of Dec. 31, 2015

Alamance	42	Clay	3	Harnett	55	Nash	42	Stokes	9
Alexander	5	Cleveland	24	Haywood	17	New Hanover	223	Surry	33
Alleghany	3	Columbus	23	Henderson	48	Northampton	1	Swain	12
Anson	4	Craven	57	Hertford	8	Onslow	66	Transylvania	12
Ashe	4	Cumberland	257	Hoke	7	Orange	83	Tyrrell	0
Avery	2	Currituck	5	Hyde	1	Pamlico	4	Union	49
Beaufort	16	Dare	18	Iredell	69	Pasquotank	29	Vance	25
Bertie	2	Davidson	26	Jackson	22	Pender	9	Wake	627
Bladen	4	Davie	15	Johnston	65	Perquimans	4	Warren	3
Brunswick	55	Duplin	14	Jones	0	Person	8	Washington	2
Buncombe	239	Durham	393	Lee	30	Pitt	136	Watauga	24
Burke	40	Edgecombe	12	Lenoir	16	Polk	7	Wayne	58
Cabarrus	70	Forsyth	431	Lincoln	15	Randolph	34	Wilkes	16
Caldwell	12	Franklin	9	Macon	7	Richmond	8	Wilson	35
Camden	0	Gaston	93	Madison	2	Robeson	61	Yadkin	8
Carteret	37	Gates	1	Martin	4	Rockingham	20	Yancey	3
Caswell	4	Graham	1	McDowell	20	Rowan	68		
Catawba	85	Granville	21	Mecklenburg	672	Rutherford	22	In State	5,306
Chatham	11	Greene	2	Mitchell	9	Sampson	12	Out of State	574
Cherokee	9	Guilford	296	Montgomery	7	Scotland	17		
Chowan	5	Halifax	16	Moore	83	Stanly	13	Grand Total	5,880

Enforcement summary

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 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.

Once the investigation is complete, the case file is reviewed by a committee of senior Medical Board staff. This group's members include the Board's Complaint director, Chief Investigations Officer and Chief Legal Officer, as well as the Chief Medical Officer. The senior staff reviews and discusses each case and makes a recommendation for action to the Board. Case files and

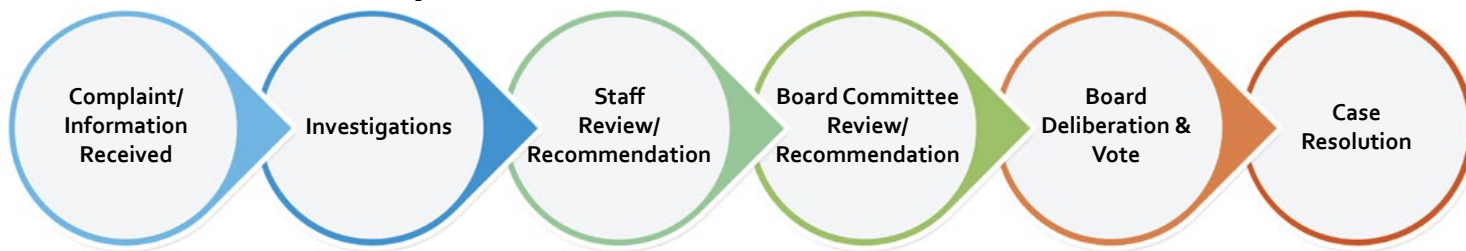
corresponding recommendations are then forwarded to members of the Board's Disciplinary Committee. The Committee may agree with the staff recommendations or make new recommendations, which are forwarded for consideration by the full Board. The full Board then reviews the recommendations and votes to 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 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 55 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.

NCMB case review process



Enforcement activity

Cases closed	2,162
Cases opened	2,134
Avg. # of days to close a case	87

Enforcement activities by type

Private actions (interim or private letter of concern)	354
Public actions, adverse	156
Public actions, non-adverse	66

Case opened by type/source

Complaint section	1,196
Review of out of state action	264
Malpractice payment	263
Field investigations section	248
License application	109
Compliance case	44
Medical Examiner case	6
Other	4

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

More than 44,000 physicians, physician assistants and resident physicians 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 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 2015, NCMB received **1,196** 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 2015, NCMB received **263** malpractice payment reports.

Investigations opened by NCMB’s Investigations Department

NCMB’s own investigations team is the second largest source of information that leads to a case being opened. In 2015 there were **556** cases opened through the Investigations department. This number includes **248** new disciplinary investigations, **264** investigations of actions taken against licensees by other state medical boards or jurisdictions and **44** 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 NCMB. For example, a licensee may be ordered to obtain a neuropsychiatric assessment, or be required to complete continuing medical education.

Cases opened by primary allegation

Quality of care	582
Communication issue	419
Action by out of state agency/regulator	264
Policy/procedure within Dept. of Corrections/jail	172
Medical records/HIPAA issue	106
Prescribing Issues	103
Misinformation/nondisclosure on license application	75
Patient dismissed, abandoned or refused appointment	65
Alcohol or substance abuse	45
Misdemeanor or felony arrest	43
Billing, fee or insurance issue	41
Professional sexual misconduct/boundary issue	39
Unprofessional conduct	19
Ethical issue/ethics violation	13
Rude office staff	10

Note: This table displays the most common allegations associated with Board investigations opened during 2015. Allegations that resulted in fewer than 10 cases are not shown.



Case resolutions and actions taken

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

No formal action is taken

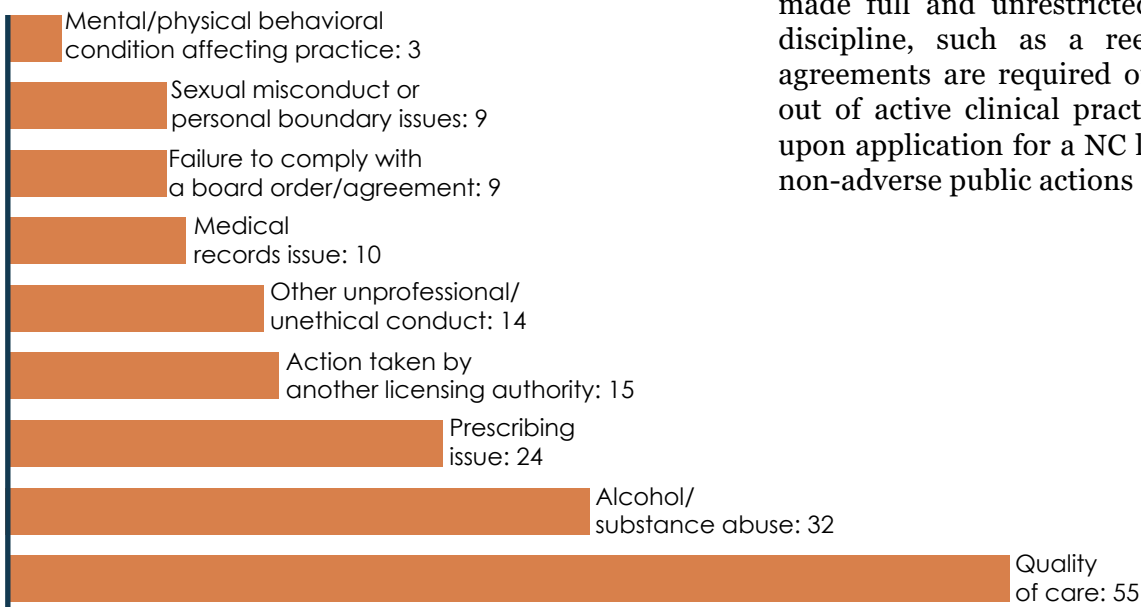
In such instances, the Board considers the case to be “accepted as information” (AAI). Cases that are accepted as information are not disclosed to the public but are held in the licensee’s confidential file with the Medical Board. In 2015, **933** cases were accepted as information. The most common reason 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 2015, there were **354** private actions executed by the Board.

Public Board Actions

Cause of public adverse actions in 2015



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 NCMB’s website. In 2015, the Board took **156** adverse public actions related to 144 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 **66** non-adverse public actions in 2015.

Public Board Actions continued

ADVERSE ACTION

Public letters of concern	53
Conditions on license/practice	36
Suspensions	21
Reprimands	17
Limitations on license/practice	10
Amended consent order	4
Non-practice agreement	4
License revocations	3
License inactivated in lieu of other action	2
Summary Suspensions	2
License surrenders	2
License denials	1
Temporary licenses issued	1
TOTAL ADVERSE	156

Issues related to quality of care were the leading cause of Board action in 2015.

**DID YOU
KNOW?**

NON-ADVERSE ACTION

Consent orders lifted	59
Temporary license made full	4
Reentry agreements	2
Temporary license extended	1
TOTAL NON-ADVERSE	66

Accessing information about public actions

NCMB public actions, both adverse and nonadverse, are available on NCMB's website at www.ncmedboard.org, posted to the individual information page of the licensee receiving the action. Actions are uploaded to the website in real time and are posted indefinitely.

To see whether a specific physician, PA or other licensed professional has public actions, visit NCMB's website and click on the licensee search tool from the home page and enter name or other search terms.

To see all public actions, click on 'Access recent board actions' from the home page. Actions are listed in chronological order.

Media contact

NCMB's Communications Department is available to discuss information and data contained in this report. Contact us for assistance with questions, data requests and other needs.

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