North Carolina Medical Board
ANNUAL REPORT 2014

NORTH CAROLINA MEDICAL BOARD

2015 North Carolina Medical Board

Table of contents

Letter from the President

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

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

NCMB President
Cheryl Walker-McGill, MD, MBA

When the Board was founded in 1859, its sole means of public protection was carried out through licensure – it protected patients by ensuring that only qualified individuals were granted the authority to practice. Disciplinary authority was granted by the state legislature in 1921.

Medicine today is increasingly complex, and the health care delivery system is transformed well beyond what our predecessors in the 19th century conceived. As a result the NCMB's work has continued to evolve so that policy development and outreach are now just as essential to the Board's mission as licensing and regulation.

In 2014, the Board continued to address important issues such as responsible opioid prescribing, adopted revised positions related to the expanding and every changing practice of telemedicine and greatly increased its emphasis on outreach to the profession and other stakeholder groups, as well as the public.

For more insight into the NCMB's current priorities, I invite you to review the NCMB's 2015-2018 Strategic Plan on page seven of this report. As you will see, we are increasingly an agency that anticipates and proactively meets challenges that impact both licensees and patients.

It is my pleasure to present this second Annual Agency Report of the NCMB. I hope you find its contents informative and helpful.

In health,

Cheryl L. Walker-McGill, M.D.

President, NCMB

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.

Cheryl Walker-McGill, MD President
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

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

Eleanor E. Greene, MD Secretary/Treasurer
City: High Point, NC
Term ends: October 2015
Specialty: Obstetrics and Gynecology
Certification: American Board of Obstetrics and Gynecology

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

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

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

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

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

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

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

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

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

Program overview

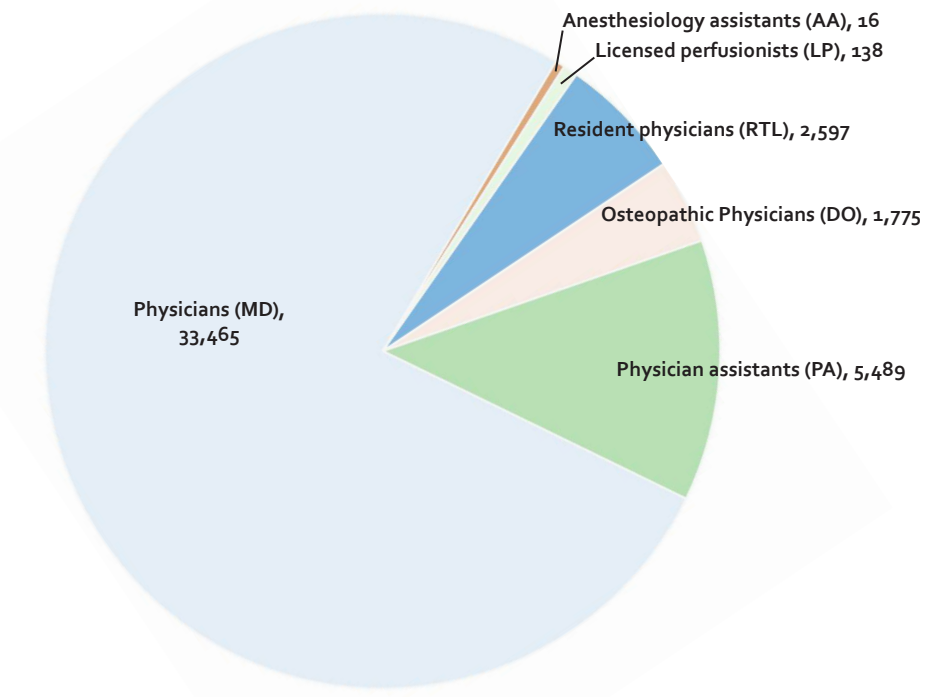
The North Carolina Medical Board (NCMB or Board) is the public agency that regulates physicians, physician assistants (PAs) and certain other medical professionals for the state of North Carolina. The Board does not receive any funding through the state budget process. All program activities are supported by fees paid by applicants for licensure and by professionals currently licensed or registered by the NCMB. Physicians and PAs must renew their licenses annually to maintain a valid license.

The Board's work is carried out by a full time professional staff based in Raleigh. In 2014, the Board had 57 employees, the same number of professional staff as the previous year. The Board held a strategic planning retreat in September 2014 and identified the need for a staff reorganization to ensure progress towards key goals, including operational efficiency and increased outreach to stakeholder groups. The Board adopted a strategic plan for the years 2015-2018 in November. The planned staff reorganization went into effect on March 1, 2015.

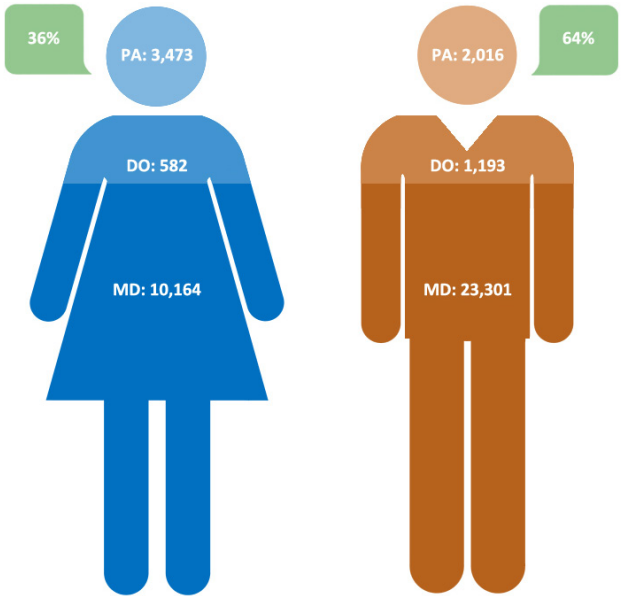
Also in 2014, the Board implemented plans to measure "Key Performance Indicators" in certain departments, to identify opportunities for improvement and to better understand existing workflow. Activities measured include license application processing times, including number of days to approve an application once all required information is received and number of days from application fee paid to license approval. This process has helped the Board identify opportunities for licensing process improvements that have, in turn, resulted in faster processing times. For example, the number of days between payment of the physician application fee and the start of the internal physician application review dropped from an average of eight days at the beginning of 2014 to about five days by the end of the year. External factors, such as the amount of time it takes for the Board to receive medical school or postgraduate training transcripts, continue to extend the licensing process. The Board will continue to find ways to improve the overall efficiency of the licensing process while maintaining high standards for licensure in

Total licensee population: 43,480

Data reflects active licensees as of Dec. 31, 2014



TOTAL BY SEX



Female 15,526

Male 27,954

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.

North Carolina. The Board also measures certain steps in the Board's complaint and investigations processes, such as the number of days from the date a case is opened until it is assigned to a Board attorney for review and disciplinary recommendations. Over the course of 2014, the Board's enforcement team reduced the number of days to complete an investigation by approximately 15 percent.

Responsible opioid prescribing remained a top priority in 2014

During 2014, the Board continued its work to encourage safe and appropriate prescribing of controlled substances, and to address the problem of misuse and abuse of these medications. In June 2014, the Board adopted a comprehensive new *Policy for the use of opiates for the treatment of pain*.

North Carolina Medical Board Raleigh office

Inappropriate use and abuse of prescription opioids, and the resulting overdose deaths from this behavior, remain a serious public health problem nationally and in North Carolina. It is widely recognized that medicines prescribed by a licensed prescriber are the number one source of controlled substances associated with overdose deaths, and the state legislature has observed that prescribers in North Carolina lack clear, comprehensive standards for the use of these drugs to treat pain. The Board's new policy provides detailed guidance to help prescribers make good decisions when prescribing opiates for pain, including information on establishing an appropriate diagnosis, assessing risk of abuse or diverse and steps to avoid this, evaluating patient progress once therapy is established and intervening in cases where abuse is suspected, among other topics.

The Board also partnered with other organizations to encourage responsible prescribing, address excessive prescribing and prevent deaths from overdose. The NCMB successfully applied for a $10,000 grant from the Federation of State Medical Boards (FSMB) Foundation that supported a continuing medical education event in December 2014 at the annual meeting of the NC Academy of Family Physicians, the state's largest specialty society. The Board also worked closely with the state-run NC Controlled Substances Reporting System to allow the system to share data that will enable the Board to proactively identify outlier prescribers. Currently the NCMB relies on complaints received from pharmacies, or from patients and their loved ones and other sources to learn about prescribing issues. The two agencies worked together to draft administrative rules that will allow the data sharing. The proposed rule, 21 NCAC 32Y .0101, would allow the NCCSRS, the statewide database of all controlled substances dispensed in outpatient pharmacies, 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 anticipates approval of the rule in spring 2015. Finally, the Board provided an opinion in February 2014 to the NC Office of EMS that allowed local EMS departments across the state to train first responders to administer rescue naloxone to individuals experiencing apparent drug overdose. The use of rescue naloxone is a recognized means of preventing death from opioid overdose and broader use may save lives.

Updated, new position statements address telemedicine and child maltreatment

The Board hosted a roundtable discussion on telemedicine in August, bringing together Board Members, licensee professional groups, individuals representing the telemedicine industry and other interested parties. The practice of telemedicine, especially as a means of delivering primary care, is an active and rapidly growing area of medicine that is changing virtually every aspect of patient care. The NCMB roundtable meeting facilitated the free exchange of ideas among stakeholders regarding principles that should be addressed in the Board's official position statement on telemedicine, which was originally adopted in 2010. The Board review of the *Telemedicine* position statement also encompassed a related position statement, *Contact with patients before prescribing*. The Board approved revised versions of both statements in November. The revised versions maintain the Board's expectation that any care provided via telemedicine meets at least the minimum accepted and prevailing standards of care within that area of practice (no separate standard of care for telemedicine). The *Contact with patients before prescribing* statements was revised to clarify that, while an appropriate patient examination is required before a licensee prescribes medication to a patient, the examination might not require a face-to-face encounter. This clarification should avoid confusion and misunderstandings regarding prescriptions issued to patients after a telemedicine consult.

In other policy work, the Board adopted a new position statement, *Child maltreatment*, which encourages licensees

to learn to properly recognize and report instances of child abuse or neglect. It is the position of the Board that licensees have an ethical and professional obligation, as well as a legal obligation, to act when they have a reasonable basis to suspect child maltreatment. All position statements are published on the Board's website, *www.ncmedboard.org*.

Outreach to medical students, early career professionals and other licensee groups

The strategic plan approved by the Board in November identifies Outreach as a major priority area of interest for the Board. A key aspect of this is taking steps to ensure that licensees and potential licensees are aware of the Board, its mission and responsibilities, and policies that affect the practice of medicine in North Carolina. To that end, the Board in 2014 expanded efforts to reach out to medical schools and residency training programs in the state. The NCMB's goal is to present annually to every medical school in the state, and to as many postgraduate training programs as possible. The Board currently presents to every physician assistant program each year. These activities benefit the public by encouraging licensees and potential licensees to understand and embrace their professional obligations and avoid poor choices that could adversely affect patients and result in regulatory problems. Speaking at medical professional meetings across the state and to hospital medical staffs will also remain a priority. In public Outreach activities, the NCMB began a redesign of its website – the main vehicle for outreach to the public. AAlso in 2014, the Board approved plans for a public outreach campaign aimed at raising awareness of the NCMB, and specifically, the information available to the public via the Board's website. Still photo spots will inform North Carolinians of the Board's Look up a Licensee tool, which is used to access information on the more than 42,000 licensed physicians, physician assistants and certain other medical professionals.

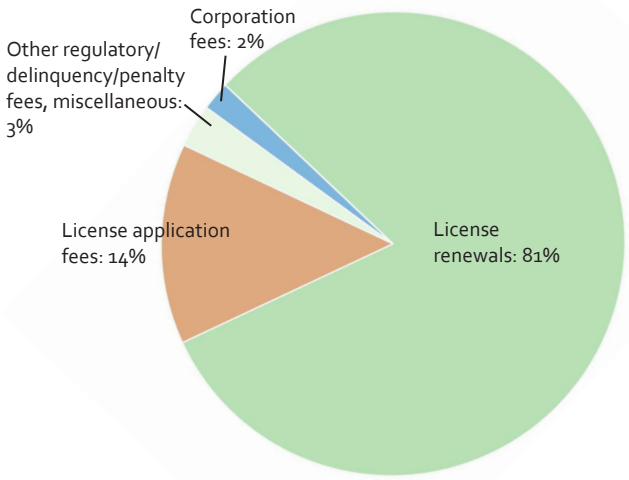
5

The number of strategic goals in the NCMB's 2015-2018 Strategic Plan that are related to outreach and transparency

North Carolina Medical Board 2013 - 2014 fiscal year

Revenues

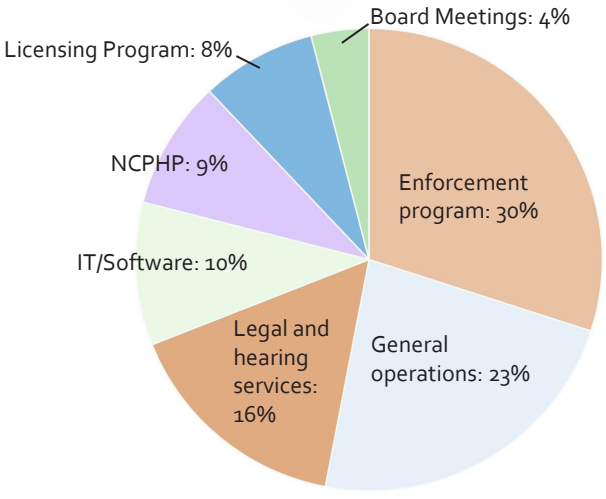
License renewals	$	7,012,500
License application fees	$	1,212,000
Other regulatory/delinquency/ penalty fees, miscellaneous	$	259,700
Corporation fees	$	173,200
Total	$	**8,657,400**



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

Budget Distribution

Enforcement program	$	2,562,600
General operations	$	1,964,700
Legal and hearing services	$	1,366,700
IT/Software	$	854,200
NCPHP	$	786,500
Licensing Program	$	683,400
Board Meetings	$	341,700
TOTAL	$	**8,542,000**



Improved Board oversight of the NC Physicians Health Program

In 2014, the NCMB wrapped up its participation in a performance audit involving the NC Physicians Health Program (NCPHP) by the NC Office of the State Auditor. NCPHP provides services to physicians and physician assistants who are potentially not safe to practice due to mental health issues or alcohol or substance use disorders. The NCPHP provides assessments and referrals for treatment, as well as monitoring services. The OSA audit report recommended that the NCMB develop a plan to more actively oversee NCPHP, and this was implemented over the course of the year. The Board has established written policies and procedures for oversight of NCPHP and is now receiving regular program reports. One area of emphasis is NCPHP's effort to ensure greater availability of qualified in-state evaluation and treatment centers to NCPHP participants. The Board also removed sitting members of the NCMB from the NCPHP Compliance Committee, which monitors the progress of NCPHP participants. This change was made to reduce the risk of the Board inappropriately learning the identities of NCPHP participants who are anonymous to the NCMB. In 2014, the Board provided $786,500 in program funding to NCPHP, approximately half of the organization's operating budget. NCPHP has requested additional financial support from the Board and the NCMB has expressed willingness to provide additional funding if it is able to obtain authorization from the N.C. General Assembly to increase physician license renewal and application fees. The NCMB has not increased fees since 2005 and will pursue a fee increase during the 2015 legislative session.

NCMB Strategic Plan: 2015- 2018

At its September 2014 Retreat, the Board reached consensus around being more proactive in its mission of protecting the public and more relevant to the constantly changing marketplace, health care practice models, and licensee, stakeholder, and public expectations. The Board also recognizes the uncertainties and complexities inherent in its Current State (2014) and seeks to clarify for those it serves and to lead in its policies - as much as practicable - toward a shared vision of its Future State, by 2018.

BOARD GOVERNANCE

- Vigorous oversight of the NC Physicians Health Program ensures that PHP affords due process; complies with state laws, operating agreements and best practices; and regularly monitors and evaluates treatment centers (2015)
- Ongoing education on Board roles to accrue organizational knowledge and consistency in decision-making (2016)
- NC Medical Practice Act is modernized (2017)
- Board Members view NCMB's effectiveness by Strategic Goals achieved while also continuing to act decisively in licensing and disciplinary duties (2018)

POLICY

- Telemedicine and retail medicine policies balance changes to the delivery of medical care with patient protection (2016)
- Innovative licensure initiatives, including multi-state compacts, as feasible, gain legislative approval and are implemented (2018)

OUTREACH AND TRANSPARENCY

- Policies, protocols and outcomes are widely communicated to all constituencies (2015+)
- Licensee education initiatives for medical schools/students, training programs/residents, and health care systems receive priority (2015+)
- Convenor role engages constituents and informs policy development (2015+)
- NCMB is a trusted resource for policy makers and the public, providing data and analytics to enhance mission (2017)
- NCMB is known for active constituency engagement and collaboration as judged by a stakeholder survey (2018)

ORGANIZATIONAL CAPACITY & OUTCOMES

- Staff reorganization facilitates role of Executive Director in Outreach and Policy, and strengthens internal capacities (2015)
- Data and uses of analytics focus regulatory attention and improve outcomes (2016)
- Cross-training, succession planning and professional development plans exist throughout NCMB organization (2016)
- Performance measures ensure mission efficiencies and regulatory quality (2016)
- Synchronous leadership of Board and senior staff drives organizational effectiveness (2018)

FINANCIAL STRENGTH

- Legislative approval for a fee increase is enacted and investment policy is recalibrated (2015)
- New revenues, ongoing cost controls and optimal use of technology bolster finances (2017)
- NCMB operates with appropriate office and public hearing space (2018)
- Balanced budgets, reserves at 50%, and investments earn three-year rolling average of > 5% ROI, using financial modeling (2018)

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 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 at resident training licensees or RTLs), physician assistants, licensed perfusionists (LPs) and anesthesiology assistants (AAs).

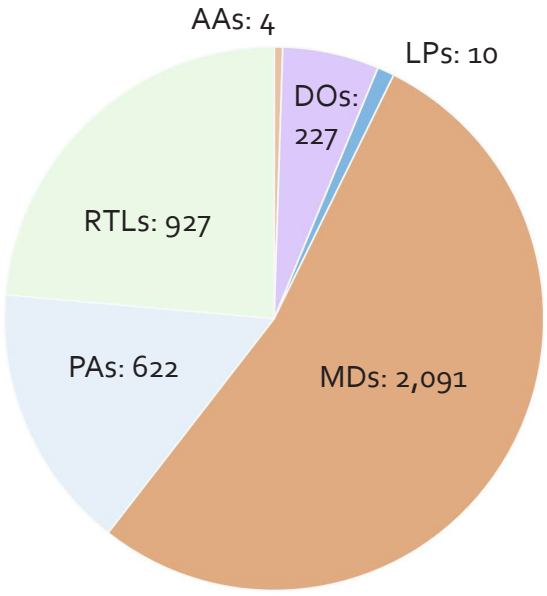
Physicians, including RTLs, PAs and AAs must renew their licenses annually. LPs are required to renew every two years. The NCMB approves and jointly regulates, with the NC Board of Nursing, nurse practitioners (NPs). NPs are licensed through the BON. The NCMB approves and jointly regulates, with the NC Board of Pharmacy, 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 839 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).

90

The average number of days in 2014 from payment of application fee until issuance of the license

Total licenses issued in 2014: 3,881



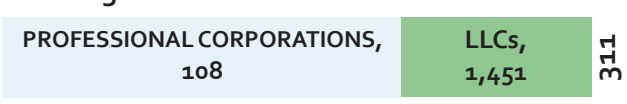
Professional Corporations and Limited liability companies (LLCs)

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 311 new PCs and/or LLCs in 2014. As of Dec. 31, 2014, there were 4,424 registered PCs and LLCS in North Carolina.

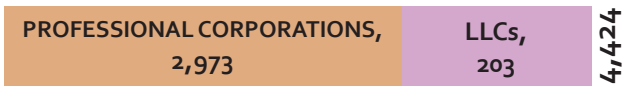
Registered medical businesses are required to renew their registrations annually. In 2014, the NCMB issued 419 suspensions for failure to register. PCs and LLCs that are suspended for failure to timely renew registration may be reinstated after completing the registration and paying the renewal fee, plus a late fee. The Board received and approved 166 requests for reinstatement in 2014.

Medical Corporations in 2014

New Registrants



Total Registrants



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

Licensed physicians (MD/DO) by county

Data reflects active physicians as of Dec. 31, 2014

Alamance	293	Clay	7	Harnett	73	Nash	182	Stokes	26
Alexander	18	Cleveland	174	Haywood	101	New Hanover	771	Surry	122
Alleghany	10	Columbus	71	Henderson	273	Northampton	5	Swain	38
Anson	20	Craven	266	Hertford	45	Onslow	237	Transylvania	66
Ashe	27	Cumberland	826	Hoke	17	Orange	1,646	Tyrrell	0
Avery	26	Currituck	8	Hyde	2	Pamlico	8	Union	200
Beaufort	59	Dare	57	Iredell	338	Pasquotank	108	Vance	77
Bertie	10	Davidson	117	Jackson	89	Pender	24	Wake	2,598
Bladen	31	Davie	43	Johnston	136	Perquimans	5	Warren	4
Brunswick	147	Duplin	35	Jones	18	Person	37	Washington	7
Buncombe	1,167	Durham	2,475	Lee	93	Pitt	860	Watauga	128
Burke	210	Edgecombe	42	Lenoir	109	Polk	30	Wayne	214
Cabarrus	468	Forsyth	1,985	Lincoln	82	Randolph	116	Wilkes	78
Caldwell	80	Franklin	26	Macon	76	Richmond	47	Wilson	127
Camden	0	Gaston	407	Madison	15	Robeson	177	Yadkin	16
Carteret	131	Gates	1	Martin	22	Rockingham	103	Yancey	22
Caswell	8	Graham	4	McDowell	39	Rowan	273		
Catawba	413	Granville	130	Mecklenburg	3,181	Rutherford	86	**In State**	**25,122**
Chatham	84	Greene	14	Mitchell	29	Sampson	60	**Out of State**	**10,111**
Cherokee	34	Guilford	1,340	Montgomery	10	Scotland	72		
Chowan	29	Halifax	78	Moore	356	Stanly	77	**Grand Total**	**35,233**

Licensed physician assistant (PA) by county

Data reflects active physicians as of Dec. 31, 2014

Alamance	44	Clay	1	Harnett	51	Nash	41	Stokes	9
Alexander	6	Cleveland	27	Haywood	14	New Hanover	202	Surry	32
Alleghany	3	Columbus	25	Henderson	50	Northampton	1	Swain	13
Anson	4	Craven	51	Hertford	8	Onslow	48	Transylvania	10
Ashe	4	Cumberland	262	Hoke	11	Orange	78	Tyrrell	0
Avery	1	Currituck	5	Hyde	1	Pamlico	3	Union	41
Beaufort	15	Dare	18	Iredell	65	Pasquotank	23	Vance	27
Bertie	4	Davidson	22	Jackson	19	Pender	9	Wake	563
Bladen	6	Davie	16	Johnston	61	Perquimans	4	Warren	3
Brunswick	49	Duplin	13	Jones	1	Person	9	Washington	3
Buncombe	212	Durham	369	Lee	27	Pitt	136	Watauga	23
Burke	34	Edgecombe	15	Lenoir	15	Polk	6	Wayne	53
Cabarrus	72	Forsyth	412	Lincoln	12	Randolph	36	Wilkes	14
Caldwell	9	Franklin	7	Macon	7	Richmond	6	Wilson	35
Camden	0	Gaston	78	Madison	3	Robeson	61	Yadkin	6
Carteret	34	Gates	1	Martin	5	Rockingham	21	Yancey	3
Caswell	4	Graham	1	McDowell	17	Rowan	59		
Catawba	81	Granville	22	Mecklenburg	615	Rutherford	17	**In State**	**4,962**
Chatham	15	Greene	3	Mitchell	7	Sampson	12	**Out of State**	**526**
Cherokee	8	Guilford	272	Montgomery	8	Scotland	16		
Chowan	3	Halifax	12	Moore	93	Stanly	9	**Grand Total**	**5,488**

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.

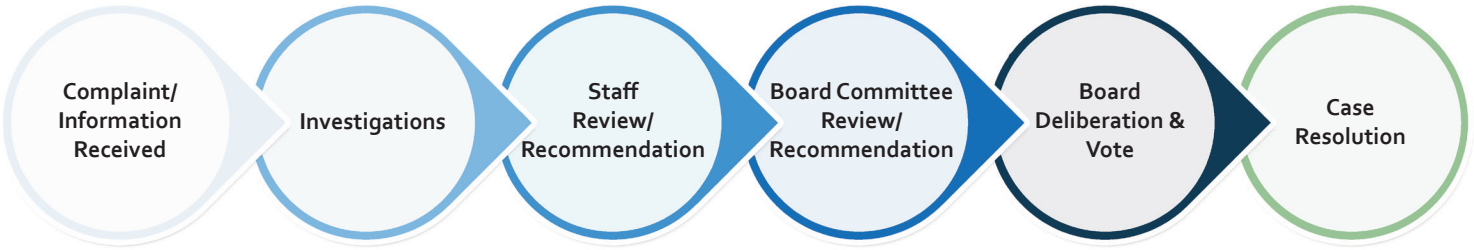
Once the investigation is complete, the case file is reviewed by a committee of senior Medical Board staff. This group's members include the directors of the Board's Complaint, Investigations and Legal departments, as well as the head the of Office of the Medical Director. The senior staff reviews and 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 **84** 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	2,427
Cases opened	2,293
Avg. # of days to close a case	97

Enforcement activities by type

Private actions (interim or private letter of concern)	394
Public actions, adverse	189
Public actions, non-adverse	68

Case opened by type/source

Complaint department	1,217
Investigations department	305
Malpractice payment	303
Review of out of state action	284
License application	116
Compliance case	66
Medical Examiner case	1

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:

15

Percentage of cases opened in 2014 where the primary allegation involved quality of care

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.

Board at work

Cases opened by primary allegation

Communication Issue	483
Quality of Care	340
Malpractice Settlement	304
OOS Action	286
Policy/Procedure within DOC	170
Prescribing Issues	93
Misinformation on License application	80
Other	79
Medical Records Issue	77
Unprofessional Conduct	69
Alcohol/Substance Abuse	53
Patient Dismissed, Abandoned or Refused Appointment	49
Billing/Fee/Insurance Issue	44
Misdemeanor or Felony Arrest	36
Boundary Violation	19
Inadequate supervision of PE	17
Reentry Agreement	16
CISP	16
Practicing without a valid license/intent to practice	10
Ethical Issue/Ethics Violation	8
Disruptive Behavior	7
Advertising Issue	7

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 2014, **1,105** 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

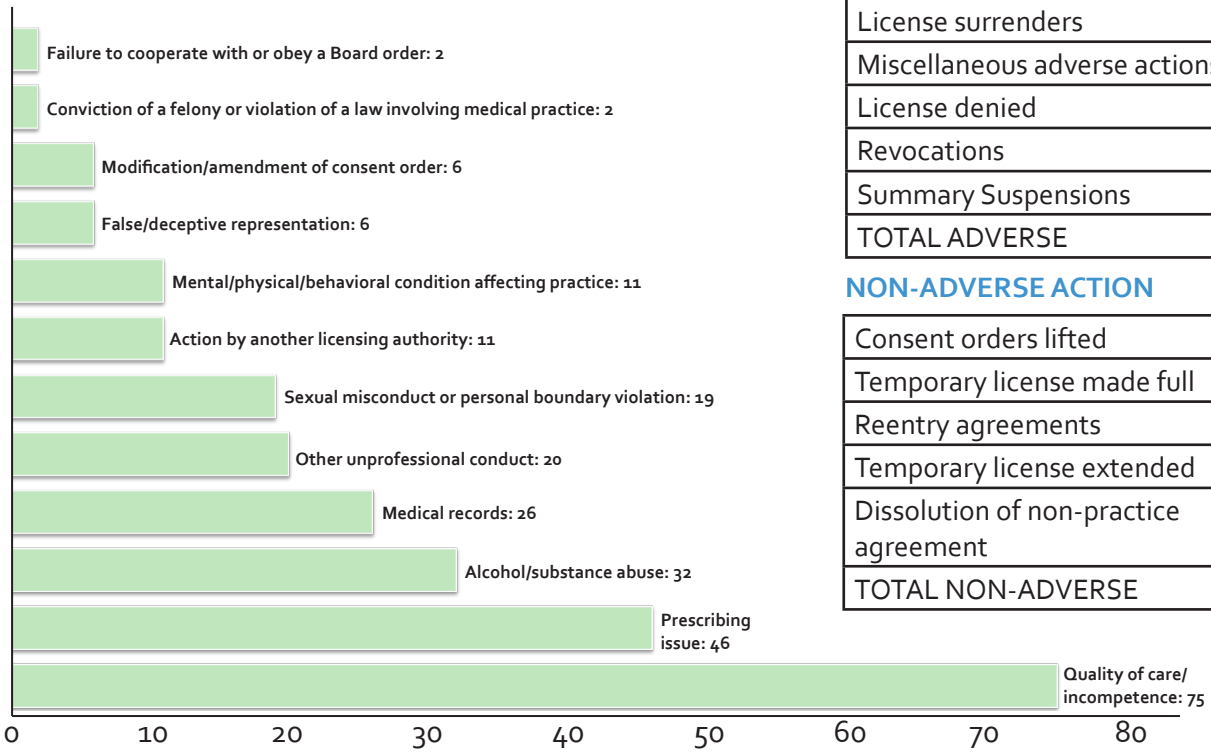
In cases that are resolved with a private action, the licensee is sent a confidential letter, either as an interim step (Interim Letter of Concern) or as a final resolution to the case (Private Letter of Concern). Letters generally outline the Board's concerns regarding licensee conduct or care provided 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 2014, there were **394** 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 2014, the Board took **189** adverse public actions related to 149 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 **68** non-adverse public actions in 2014.



Public Board Actions

ADVERSE ACTION

Conditions on license/practice	43
PubLOCs	42
Suspensions	31
Reprimands	29
Temporary license issued	12
Limitations on license/practice	7
Amended Consent Order	6
License surrenders	6
Miscellaneous adverse actions	4
License denied	3
Revocations	3
Summary Suspensions	3
TOTAL ADVERSE	189

NON-ADVERSE ACTION

Consent orders lifted	25
Temporary license made full	22
Reentry agreements	18
Temporary license extended	2
Dissolution of non-practice agreement	7
TOTAL NON-ADVERSE	68

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