

ANNUAL REPORT



2019





Integrity

We are committed to acting honestly, ethically, and impartially



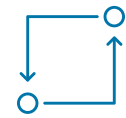
Excellence

We strive to deliver the highest quality work, and superior service



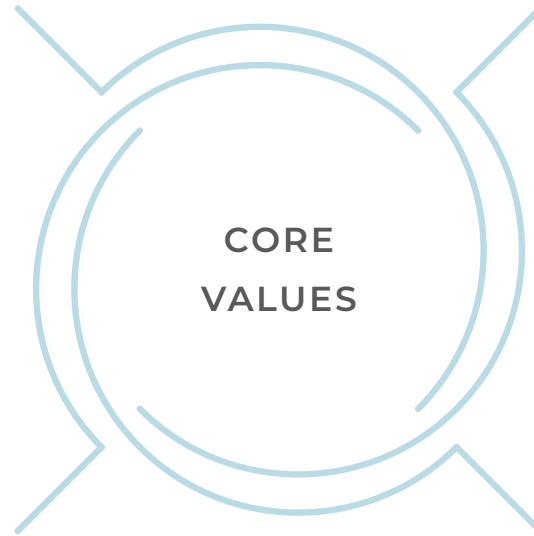
Progressive

We rise to meet the organization's changing needs with a spirit of creativity, inclusion and innovation



Accountability

We accept responsibility for our actions, and disclose results in a transparent manner



MISSION STATEMENT

NCMB protects the people of North Carolina, and the integrity of the medical profession, through just and vigilant licensing and regulation.



VISION STATEMENT

NCMB will be a proactive and progressive leader that addresses emerging challenges in medicine.



Thank you for your interest in the work of the North Carolina Medical Board!

The Board regulates the practice of medicine for the “benefit and protection of the people of North Carolina” (N.C. Gen. Stat. §90-2(a)). The data and information in the pages of this report help quantify the many ways in which NCMB does this.

You will find information about the Board’s licensing program (through which NCMB ensures that only qualified professionals are issued a license to practice) and its enforcement program, which provides oversight of existing licensees.

The report also provides a wealth of information about the professionals NCMB licenses. The Board’s total licensee population surpassed 50,000 for the first time in 2019. This milestone is just the latest indicator of healthy growth among the Board’s two largest licensee groups: physicians and PAs. The physician population has increased by about 2 percent each year for the past several years. Meanwhile, the PA population has been growing at an even faster rate of about 7 percent per year.

I hope you’ll also enjoy learning about some of the highlights of NCMB’s year in the short features interspersed throughout these pages. Between buying a new building, updating the Medical Board’s authorizing statute and continuing to expand outreach to both the public and the medical profession it was a busy year.

Sincerely,

Bryant A. Murphy
Board President

The North Carolina Medical Board is made up of 13 members, including eight physicians, one physician assistant, one nurse practitioner and three non-clinicians.

Board Members serve three-year terms and may serve up to two consecutive terms.

Board Member biographies may be viewed at www.ncmedboard.org/boardmembers.

2019–2020 Board Members

PRESIDENT

Bryant A. Murphy,
MD, MBA,
Anesthesiology, Durham

W. Howard Hall, MD,
OB/GYN, Morganton

Christine M.
Khandelwal, DO,
Hospice and Palliative
Medicine, Apex

Joshua Malcolm, JD,
Public Member,
Pembroke

Varnell McDonald-
Fletcher, PA-C, Ed.D,
Colorectal Surgery,
Durham

Jerri L. Patterson, NP,
Pain Management, West
End

Devdutta G. Sangvai,
MD, MBA, Family
Medicine, Durham

PRESIDENT-ELECT

Venkata R.
Jonnalagadda, MD,
Psychiatry, Greenville

Michaux R. Kilpatrick,
MD, Ph.D, Neurological
Surgery; Stereotactic
and Functional
Neurosurgery,
High Point

Damian F. McHugh, MD,
Emergency Medicine,
Raleigh

Ralph A. Walker, JD,
Public Member,
Greensboro

SECRETARY/ TREASURER

John. W. Rusher,
MD, JD,
Pediatrics, Raleigh

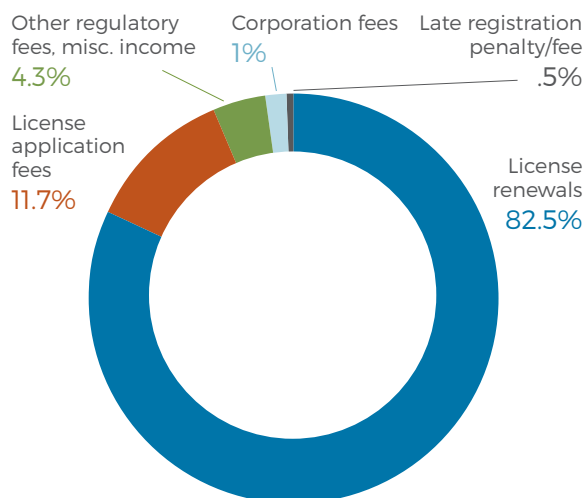
Shawn P. Parker,
JD, MPA, Public
Member, Raleigh



Financial Performance

Information reported shows NCMB's revenues and expenses for the budget beginning Nov. 1, 2018, and ending Oct. 31, 2019.

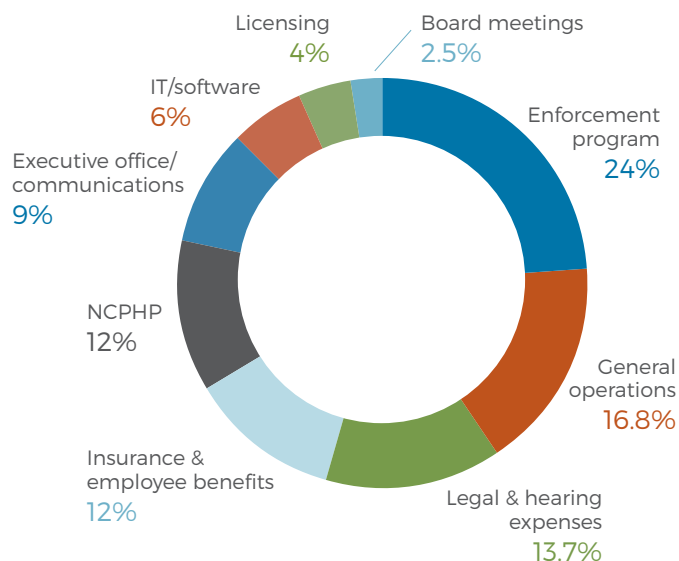
REVENUES



License renewals	\$10,719,000
License application fees	\$1,518,000
Other regulatory fees, misc. income	\$559,000
Corporation fees	\$134,000
Late registration penalty/fee	\$59,000
TOTAL*	\$12,989,000

* Totals rounded to the nearest hundred

EXPENSES



Enforcement program	\$2,635,600
General operations	\$1,823,200
Legal & hearing expenses	\$1,490,200
Insurance & employee benefits	\$1,316,700
NCPHP	\$1,292,600
Executive office/communications	\$961,500
IT/software	\$670,200
Licensing program	\$421,300
Board Meetings	\$273,000
TOTAL	\$10,884,300



NCMB collected \$6,250 in administrative fines during the 2019 budget year, which was distributed to local school systems in the state.

NCMB GOES TO MEDICAL SCHOOL

In 2019, under the leadership of Immediate Past President Barbara Walker, DO, NCMB developed a new program to give young professionals an early introduction to the medical board, in hopes of helping them avoid missteps.

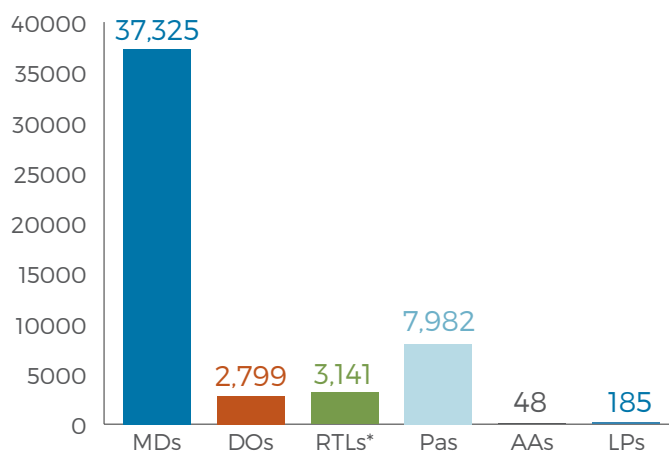
Dr. Walker led a group of about 160 students at Campbell University's School of Osteopathic Medicine (CUSOM) through a mock disciplinary committee experience based on the actual case review system used by NCMB. Students discussed maintaining appropriate boundaries, prescribing to self and immediate family members, addressing burnout and substance use and other issues that regularly bring licensees to the Board's attention.

NCMB hopes to present similar programs at other medical schools, PA training programs and residency training sites across North Carolina. Many thanks to CUSOM for agreeing to partner with NCMB on the pilot program!

Total Licensee Population

(as of Dec. 31, 2019)

TOTAL LICENSEE POPULATION



PROFESSIONALS LICENSED BY NCMB

MD = Allopathic physician

DO = Osteopathic physician

RTL = Resident Training Licensee

PA = Physician Assistant

LP = Licensed Perfusionist

AA = Anesthesiologist Assistant

DATA SPOTLIGHT

NCMB's total licensee population surpassed 50,000 for the first time in 2019. The total licensee population has increased by more than 18 percent since Dec. 31, 2014.





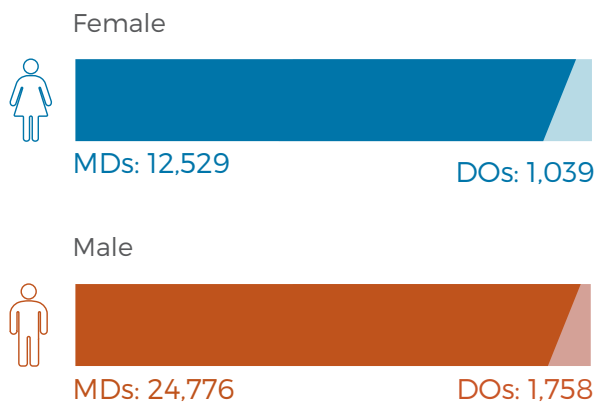
PUBLIC OUTREACH – SEE YOU AT THE (HEALTH) FAIR

NCMB continued to explore new ways to interact with patients and the public in 2019, especially through community health fairs. NCMB staff exhibited at a handful of health fairs, mostly in the greater Triangle area. The Board's exhibit table includes Wi-Fi-enabled tablet computers that staff use to demonstrate the NCMB website, including the popular "Look up a doctor or PA" search tool. NCMB looks forward to exhibiting at more health fairs across the state – these venues often allow the Board to directly interact with hundreds of North Carolinians in a single event!

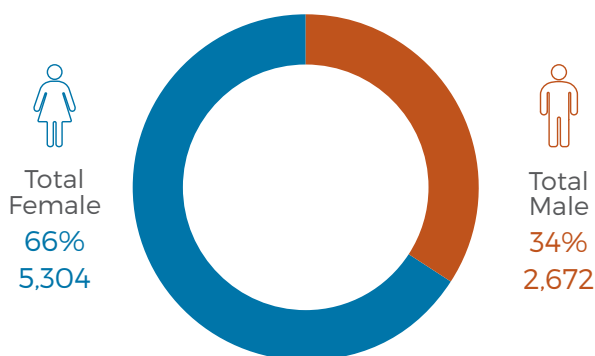
In other public outreach last year, the Board continued to use social media to raise public awareness of important patient safety information, including how to safely store and dispose of prescription medications as well as live tweeting during Board Meetings.

Follow @NCMedBoard on Facebook and Twitter.

PHYSICIANS BY SEX*



PA's BY SEX*



* Total does not equal total population because a small number of licensees decline to state their sex



Physicians and PAs by County

County	MD/DO	PA	County	MD/DO	PA	County	MD/DO	PA
Alamance	310	64	Gaston	426	92	Pender	28	10
Alexander	14	7	Gates	4	1	Perquimans	6	3
Alleghany	14	2	Graham	122	26	Person	33	16
Anson	14	2	Granville	10	4	Pitt	953	156
Ashe	34	5	Greene	1429	388	Polk	33	10
Avery	25	1	Guilford	67	17	Randolph	107	31
Beaufort	53	18	Halifax	104	74	Richmond	30	10
Bertie	12	2	Harnett	128	25	Robeson	172	69
Bladen	22	8	Haywood	301	73	Rockingham	88	23
Brunswick	165	56	Henderson	57	13	Rowan	289	88
Buncombe	1412	320	Hertford	26	25	Rutherford	80	27
Burke	217	42	Hoke	1	0	Sampson	58	13
Cabarrus	509	107	Hyde	1	1	Scotland	68	26
Caldwell	83	22	Iredell	357	103	Stanly	78	15
Camden	1	0	Jackson	96	22	Stokes	29	7
Carteret	129	38	Johnston	150	91	Surry	122	36
Caswell	7	2	Jones	12	2	Swain	30	16
Catawba	422	119	Lee	92	32	Transylvania	60	8
Chatham	103	24	Lenoir	102	21	Tyrell	1	0
Cherokee	30	12	Lincoln	92	26	Union	242	58
Chowan	27	7	Macon	71	9	Vance	67	22
Clay	9	3	Madison	15	4	Wake	3041	950
Cleveland	170	37	Martin	22	6	Warren	5	4
Columbus	67	16	McDowell	44	24	Washington	5	1
Craven	286	61	Mecklenburg	3916	1003	Watauga	146	40
Cumberland	873	324	Mitchell	23	12	Wayne	216	65
Currituck	12	7	Montgomery	9	8	Wilkes	77	21
Dare	67	21	Moore	407	148	Wilson	135	46
Davidson	138	47	Nash	179	45	Yadkin	18	7
Davie	57	22	New Hanover	884	271	Yancey	15	4
Duplin	37	17	Northampton	4	1	TOTAL In State	28,267	7,172
Durham	2943	553	Onslow	250	78	TOTAL Out of State	11,857	810
Edgecombe	48	20	Orange	1941	136	TOTAL	40,124	7,982
Forsyth	2249	578	Pamlico	11	3			
Franklin	11	10	Pasquotank	112	32			

WE'RE MOVING!

In recent years, NCMB has started to outgrow its offices at 1203 Front Street in Raleigh, where it has been headquartered since 2002. In July 2019, the Board closed on a property less than two miles from NCMB's current headquarters — the Dogwood Building at 3127 Smoketree Court in Raleigh (at right). NCMB will renovate and upfit the building to suit NCMB's needs in 2020 and plans to occupy the new space by the end of the year.



Licensing Program

NCMB's licensing program is integral to its public protection mission. Rigorous licensing requirements ensure that only clinicians who meet NCMB's high standards are issued a professional license.

LICENSES ISSUED IN 2019

Physician licenses

Full physician license (MD)	2,670
Full physician license (DO)	376
Volunteer license	207
Limited emergency license	5
Special permit/faculty limited license	9
TOTAL	3,267

Physician assistant licenses

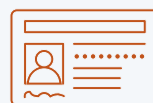
Full PA license	885
Limited emergency license	1
Volunteer license	9
TOTAL	895

Resident licenses

DOs	206
MDs	958
TOTAL	1,164

Other license types issued

Anesthesiology assistants	8
Licensed perfusionist	22



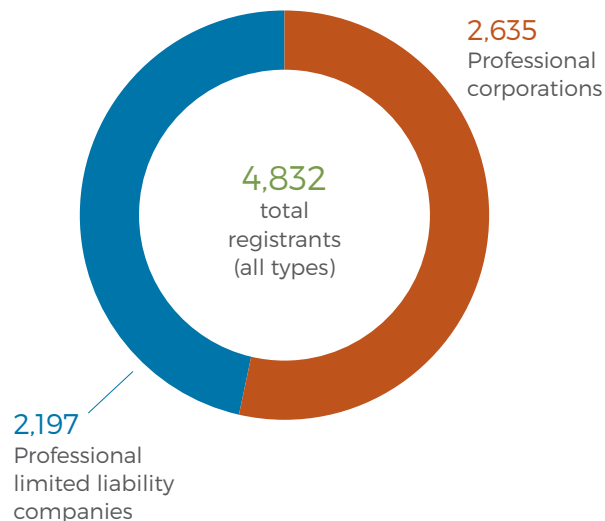
NCMB issued a total of 5,356 licenses in 2019.

Medical Corporations in 2019

NEW REGISTRANTS



TOTAL REGISTRANTS



BOARD HOSTS 'UNCONSCIOUS BIAS' TRAINING

In May 2019, NCMB presented training for Board Members, Board staff and invited guests from stakeholder groups on the topic of unconscious bias. Unconscious biases are social stereotypes about certain groups of people that individuals form outside of their conscious awareness. Nearly everyone has unconscious biases of some kind. The training was designed to educate attendees about the topic and help them learn to recognize biases in the healthcare environment and how they may affect patient outcomes.

NCMB engaged trainer Kinneil Coltman, Vice President & Chief Diversity Officer for Atrium Health in Charlotte, to present the material. The Board worked with the Federation of State Medical Board to certify the program for one hour of AMA/PRA CME credit. NCMB offered two sessions of the Unconscious Bias training, which more than 80 individuals attended.



CORPORATE DISSOLUTIONS AND REINSTATEMENTS



281

Corporations suspended for failure to renew



45

Corporations reinstated



166

Total Corporate dissolutions

NCMB's Victim Services Program connects individuals who are victims of sexual misconduct by a licensed physician or PA with assistance and resources, and checks in periodically to see whether needed services have been obtained. NCMB shared information about its program with other state medical boards at the 2019 Annual Meeting of the Federation of State Medical Boards. As of Dec. 31, the Victim Services Program had served 50 individuals who sought its assistance.



PROTECTING PATIENTS FROM SEXUAL ASSAULT

In 2019 NCMB successfully advocated for statutory changes that strengthen the Board's ability to protect patients from sex offenders.

Effective Oct. 1, 2019, any licensee who believes that an individual licensed by NCMB has engaged in sexual misconduct with a patient must report it to the Board. Individuals are not required to have definitive evidence of misconduct to make a report – they need only “reasonably believe” that misconduct has occurred – and licensees who report in good faith are granted civil immunity. The law was motivated in part by high-profile cases of patient sexual abuse in which other providers were aware that abuse had occurred, or might have occurred, but did not report it. NCMB built an online reporting form to receive reports at www.ncmedboard.org/report.

A second change to North Carolina law strengthened NCMB's disciplinary powers to automatically deny or withdraw licensure from individuals who are convicted of felony sex crimes.

These changes to state law are part of updates to NCMB's authorizing statute, the Medical Practice Act, passed August 2019. Find all amendments to the Act in Session Law 2019-191, which is posted at www.ncleg.gov.

Enforcement Activity

NCMB's enforcement program includes opening, investigating, reviewing, evaluating and prosecuting disciplinary cases. Staff in the Investigations, Legal and Chief Medical Officer's departments are primarily responsible for enforcement activities.

ENFORCEMENT OVERVIEW



2,393

Cases opened



168

Cases determined outside
NCMB jurisdiction



2,225

Cases determined
potentially actionable



2,430

Cases closed



135

Public actions,
adverse



32

Public actions,
non-adverse



277

Private letters of concern



Complaints from patients and the public are the leading source of enforcement cases. On average, it took 104 days to close a Complaint case in 2019.

CASES OPENED 2019

Cases opened by primary allegation*

Quality of care	730
Review of out-of-state medical board action	349
Prescribing issues	246
Communication issues	203
Medical records issue	115
Patient abandoned, dismissed or refused appointment	43
Alcohol/Substance use	42
Sexual misconduct/boundary violation	38
Unethical/unprofessional conduct	19
Corporate practice of medicine issue	16
Hospital adverse action reported to NCMB	15

**Allegations that resulted in fewer than 10 cases being opened are not shown*

Cases opened by type/source*

Complaints from patients/public	1,242
Review of out-of-state action	354
Malpractice payment reviews	260
Field investigations section	279
Safe Opioid Prescribing Initiative	90
Annual renewal	91
License application	74

**Sources that resulted in fewer than 10 cases being opened are not shown*

ADDRESSING INAPPROPRIATE PRESCRIBING

NCMB continued to expand oversight of potentially unsafe prescribing in 2019, implementing additional investigative criteria for its proactive opioid investigation program. The program, which was initiated in 2016, uses data from the NC Controlled Substances Reporting system and the NC Office of the Medical Examiner to identify licensed physicians and PAs who may not be prescribing responsibly.

The most recently implemented criteria identify prescribers that exhibit a multitude of unsafe prescribing practices, such as 50 percent (or more) of patients receiving opioids prescriptions of 100 morphine milligram equivalents (MMEs) or greater, a high percentage of patients receive the same combination of opioids and benzodiazepines, a high percentage of “self-pay” patients, or patient use of three or more pharmacies to fill opioid prescriptions within a three month timeframe. NCMB is currently investigating its first cases opened based on the new criteria. The Board also investigates high dose (100 MMEs +daily), high volume prescribers and licensees who have had two or more patients die of opioid overdose with a 12-month period. NCMB has completed 135 investigations through the program since April 2016.

TOWARDS DATA-DRIVEN REGULATION

Last year NCMB took on an ambitious research project to gain more insight into licensees with regulatory actions related to substandard prescribing, specifically studying recidivism. The Board worked with North Carolina healthcare consulting firm Blaze Advisors to study licensees who had one or more prescribing cases with NCMB between 2014 and 2018. This project was made possible thanks to the generous financial support of the Federation of State Medical Boards Foundation.

So, what did NCMB learn? Namely, that the rate of recidivism appears to be relatively low — some 87 percent of licensees with prescribing cases came to the Board’s attention just once during the period studied. About 9 percent of licensees included in the study sample had two prescribing cases, while about 3 percent of repeat offenders had 3 or more prescribing cases. Another striking finding: prescribing cases were 9 times more likely among licensees in urban settings than licensees in rural areas. NCMB is continuing to evaluate findings and is considering ways to use the data to identify opportunities for licensee education and training.



ATTRACTING HIGH QUALITY EXPERT MEDICAL REVIEWERS

Outside expert medical reviews are obtained in all quality of care cases where the Board pursues action against the licensees and, thus, are critical to the success of NCMB's enforcement program. During the 2019 budget year, NCMB created a new staff position to overhaul its expert medical review process, with a goal of increasing the number of qualified experts available to provide reviews.

Improvements introduced so far include an all-electronic review process that provides reviewers with bookmarked pdf copies of patient medical records. Medical experts also receive worksheets to guide them through the review process. Reviewers produce a written report that includes their opinions on whether care met accepted standards and, if not, in what respects care was lacking. NCMB has received positive feedback about the changes from expert reviewers and is continuing to look at ways to enhance the review process.

Case Resolutions and Actions Taken

Enforcement cases are typically resolved in one of three ways: no formal action is taken, private action is taken or public action is taken.

ABOUT CASE RESOLUTIONS

No action: The most common reason for a case to be closed with no action is that NCMB is unable to determine that a violation of the Medical Practice Act (the law that gives the Board its authority) has occurred. If no violation is present, NCMB does not have a legal basis for action.

Private action: A case that is closed with a private action (e.g. a confidential letter) may include possible violations or involve departures from good medical practice but, for a variety of reasons, the Board does not believe a public action is warranted.

Public action – adverse: The most serious outcome for an enforcement case. Cases that are closed with adverse public actions typically involve one or more serious departures from accepted standards of care and clear evidence that a violation of the Medical Practice Act has occurred.



Matters related to the quality of care provided by a licensee remained the leading cause of public adverse actions in 2019.



CASES RESOLUTIONS 2019

Adverse actions

Conditions on license/practice	36
Public letters of concern	33
License suspensions	20
Limitations on license/practice	17
Reprimand	14
License revocations	5
License denials	3
License surrenders	3
Fines	2
Amended orders	2
TOTAL	135

Non-adverse actions

Consent orders lifted	24
Reentry agreements	4
Special purpose license agreement	2
Special purpose license extended	1
Dissolution of interim non-practice agreement	1
TOTAL	32



CAUSES OF ADVERSE ACTIONS

Quality of care	43
Action by out of state medical authority	25
Alcohol/substance use	22
Other unprofessional conduct	22
Prescribing issues	20
Sexual misconduct/boundary violation	9
Failure to cooperate with Board order/agreement	6
Mental/physical condition affecting practice	2
Conviction of felony	2
Amended order	2

NORTH CAROLINA MEDICAL BOARD



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.

[Evelyn Contre](#)

Chief Communications Officer
(919) 326-1109 x235
evelyn.contre@ncmedboard.org

[Jean Fisher Brinkley](#)

Communications Director
(919) 326-1109 x230
jean.brinkley@ncmedboard.org

[Address](#)

1203 Front Street
Raleigh, NC 27609

[Website](#)

www.ncmedboard.org

[Social](#)

Facebook: [NCMedBoard](#)
Twitter: [@NCMedBoard](#)