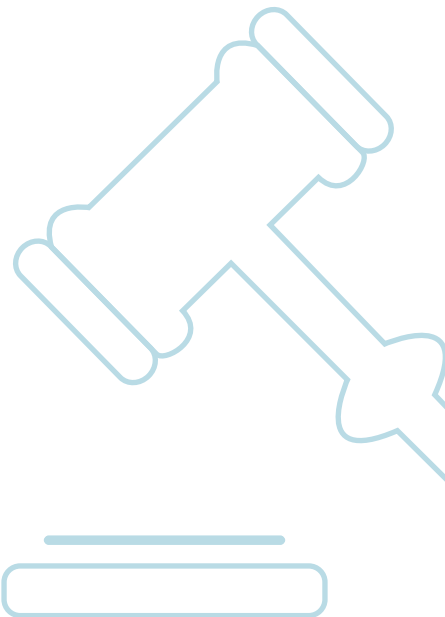


# 2021

## ANNUAL REPORT





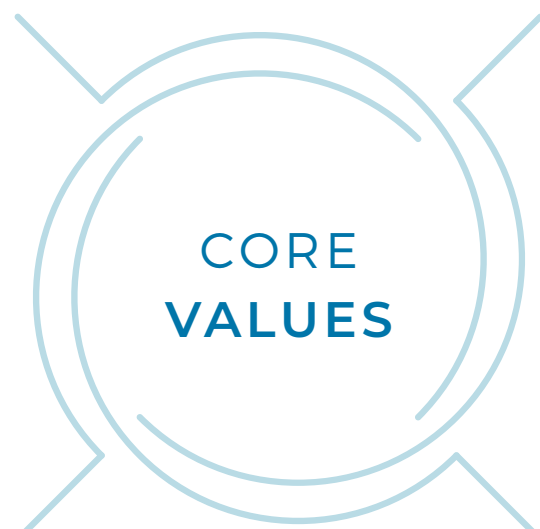
## INTEGRITY

We are committed to acting honestly, ethically, and impartially.



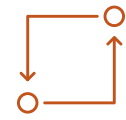
## EXCELLENCE

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

The North Carolina Medical Board 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.



Dr. Rusher will serve as NCMB President from Nov. 1, 2021– Oct. 31, 2022.

## 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.

The 2021 Annual Report covers the calendar year 2021, which represented a second full year of operating amid the challenges of the ongoing coronavirus pandemic. As a precaution, the Board conducted 100 percent of its regularly scheduled Board Meetings virtually during 2021 – a first for the organization. I sincerely appreciate the additional work and flexibility this has required of every staff member, Board Member, licensee and stakeholder who participated in our proceedings.

NCMB’s offices were closed to the public for all of 2021, but there was plenty of activity going on behind the scenes. While complaints and investigations fell significantly during 2020 – the first year of the

pandemic – 2021 saw a resurgence of enforcement activity. The number of investigations from all sources, including patients and the public, rose more than 25 percent between 2020 and 2021. The number of public adverse actions taken by the Board also increased – by more than 30 percent compared to 2020.

What the charts and words in this report cannot convey is the dedication, innovation and energy the Board Members and professional staff of this agency bring to its important work. It is truly an honor to lead this organization.

Sincerely,

John W. Rusher, MD, JD  
Board President

# 2021–2022 BOARD MEMBERS

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 are appointed to three-year terms and may serve up to two consecutive terms.

Board Member biographies may be viewed at [www.ncmedboard.org/boardmembers](http://www.ncmedboard.org/boardmembers).

## EASY ACCESS TO COMPLAINT INFORMATION

NCMB is recognized nationally for the quality and quantity of information on its website and the ease with which users can browse it. But there is always room for improvement.

In 2021, NCMB revamped how users access different ways to submit complaint information. After clicking “File a Complaint/Report” on the home page of the medical board’s website, visitors see four icons that identify different pathways for submitting information.

The icon-based design helps users more quickly identify where to go depending on whether they are a patient or member of the public, a medical professional or health care worker, or an institution or agency with information to report to NCMB. In a typical year, NCMB investigates more than 2,500 matters – many of which are first reported via the website.



## EXECUTIVE COMMITTEE



### PRESIDENT

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



### PRESIDENT-ELECT

Michaux R. Kilpatrick,  
MD, PhD,  
Greensboro,  
Neurological Surgery



### SECRETARY/ TREASURER

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



### AT-LARGE MEMBER

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



### AT-LARGE MEMBER

Devdutta (“Dev”) G.  
Sangvai, MD, MBA,  
Durham, Family Medicine

## BOARD MEMBERS



William "Bill" M. Brawley,  
Matthews,  
Public Member



Sharona Y. Johnson,  
PhD, FNP-BC,  
Goldsboro, Family  
Nurse Practitioner



Joshua D. Malcolm, JD,  
Pembroke,  
Public Member



Damian F. McHugh, MD,  
Raleigh, Emergency  
Medicine



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



Miguel A. Pineiro,  
PA-C, MHPE,  
Cary, Primary Care



Melinda H.  
Privette, MD, JD,  
Morganton,  
General Psychiatry



Anuradha Rao-Patel, MD,  
Raleigh, Physical  
Medicine & Rehabilitation



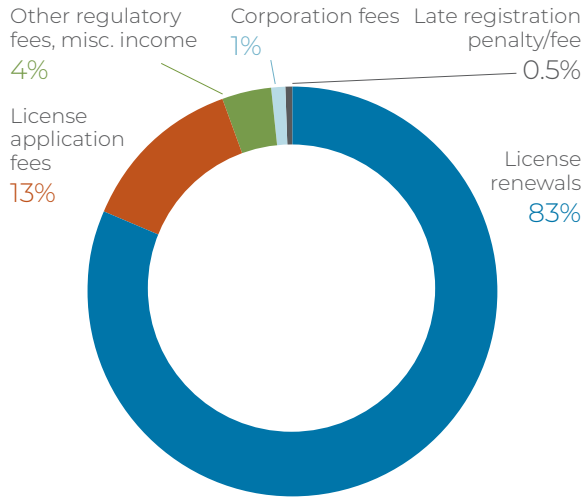
### WELCOME NEW BOARD MEMBERS!

Board Member terms are staggered to avoid a mass exodus of experienced members rotating off at one time. In 2021, three clinician Board Members ended their service with NCMB. Our newest Board Members – Sharona Y. Johnson, PhD, FNP-BC, Miguel A. Pineiro, PA-C, MHPE, and Melinda H. Privette, MD, JD, – began their first three-year terms with NCMB in November 2021.

# FINANCIAL PERFORMANCE

Information reported shows NCMB’s revenues and expenses for the budget beginning Nov. 1, 2020, and ending Oct. 31, 2021.

## REVENUES\*

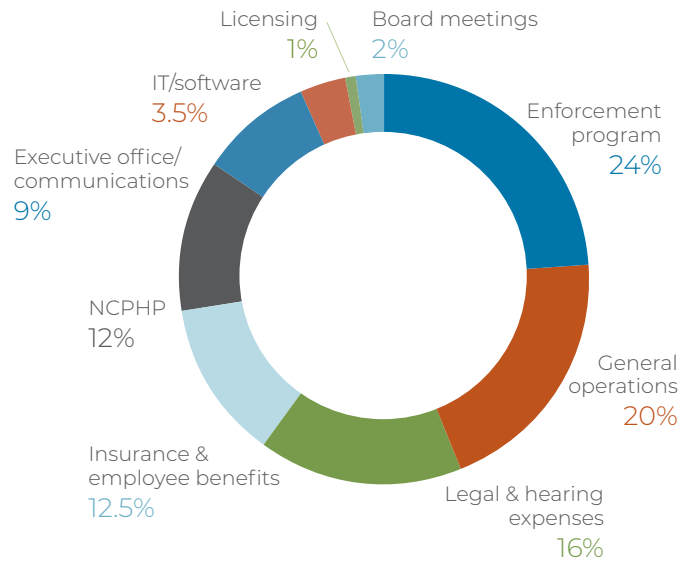


\* Total exceeds 100 percent due to rounding

License renewals	\$11,531,300
License application fees	\$1,828,600
Other regulatory fees, misc. income	\$608,900
Corporation fees	\$147,800
Late registration penalty/fee	\$2,600
<b>TOTAL*</b>	<b>\$14,119,200</b>

\* Totals rounded to the nearest hundred

## EXPENSES



Enforcement program	\$2,686,200
General operations	\$2,274,500
Legal & hearing expenses	\$1,742,400
Insurance & employee benefits	\$1,400,500
NCPHP	\$1,370,400
Executive office/communications	\$1,019,100
Licensing program	\$395,800
Board meetings	\$187,000
IT/software	\$102,100
<b>TOTAL</b>	<b>\$11,178,000</b>



NCMB collected \$18,500 in administrative fines during 2021. Collected fines are paid to local school systems.

## NCMB HAS A POSITION STATEMENT ON THAT

The North Carolina Medical Board maintains a growing collection of interpretive statements that define or explain the meaning of laws or rules that govern medical practice in the state.

The positions also provide guidance that is intended to advise licensees about professional obligations and clinical expectations in specific circumstances. And now, the collection of more than 30 statements is easier than ever to browse!

In the culmination of a three-year process of painstaking review and revision, NCMB posted its reorganized collection of position statements in December 2021.

Each position statement was reviewed, revised if needed, and sorted into one of 10 categories by topic. In some cases, NCMB retired statements it determined to be outdated, irrelevant or simply no longer needed.

Find a .pdf compendium of all position statements or browse the full collection by visiting [www.ncmedboard.org/positionstatements](http://www.ncmedboard.org/positionstatements). We think the new system is a big improvement and hope visitors to our site will agree!



## MOLDING THE NEXT GENERATION OF MEDICAL PROFESSIONALS

In 2021, NCMB greatly expanded its premier professional outreach program – an interactive mock disciplinary committee experience that teaches ethics and professionalism through the lens of medical regulation.

*NCMB presented to PA students at UNC Chapel Hill in November 2021.*



As a result, what started as a pilot project launched in collaboration with the Campbell University School of Osteopathic Medicine (CUSOM) in 2019 has mushroomed into a serious effort to reach students at every medical school and PA program in North Carolina!

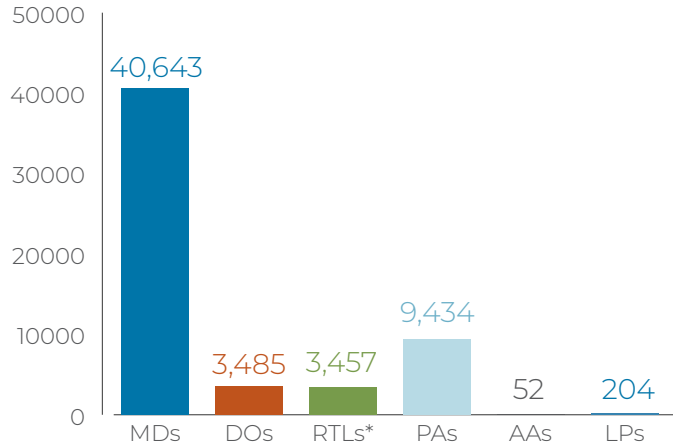
In 2021, NCMB presented its Regulatory Immersion Series (RIMS) course to PA students at six of the state's 12 PA programs and returned to CUSOM for the third year in a row to offer the course to DO students. In 2022, NCMB is scheduled to present to students at the UNC and Duke schools of medicine and is continuing to add new PA schools to the roster.

Ultimately, NCMB's goal is to offer RIMS annually to all the state's physician and PA schools. We want to introduce young professionals to the concept of medical regulation – and the types of issues that may bring them to NCMB's attention – early so they can avoid common problems. And, so far, it looks like we are making progress! Pre- and post-test results show a marked increase in understanding of the Board's role in medicine, as well as an increase in willingness to reach out to NCMB in future for help with questions or concerns.

# TOTAL LICENSEE POPULATION

(as of Dec. 31, 2021)

## TOTAL LICENSEE POPULATION



## PROFESSIONALS LICENSED BY NCMB

**MD** = Allopathic physician

**DO** = Osteopathic physician

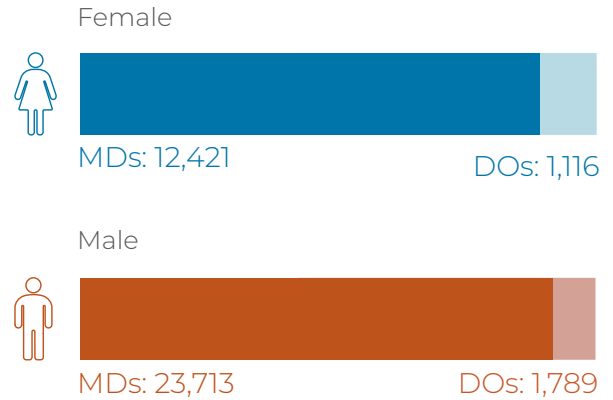
**RTL** = Resident Training Licensee

**PA** = Physician Assistant

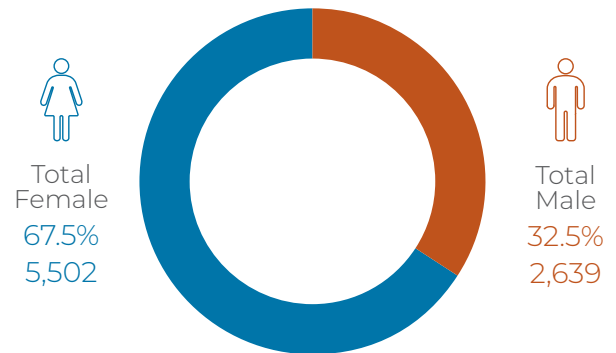
**LP** = Licensed Perfusionist

**AA** = Anesthesiologist Assistant

## PHYSICIANS BY GENDER\*



## PAS BY GENDER\*



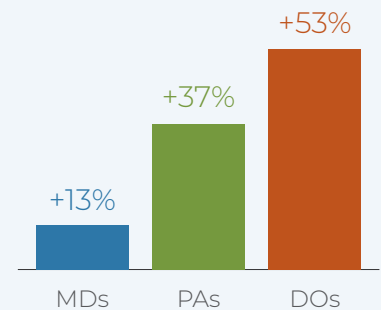
\* Totals do not reflect the full physician and PA populations because some licensees decline to state their gender.

## PHYSICIAN & PA POPULATION TRENDS

Since 2017, the total number of PAs licensed by NCMB has increased by nearly 37 percent to 9,434. We expect to cross the 10,000 mark by mid-2022!

But the record for percentage growth during 2017–2021 goes to osteopathic physicians. The total number of DOs licensed by NCMB has increased by more than 53 percent since 2017. Their numbers are still modest overall though, accounting for 3,485 of NCMB's 44,128 licensed physicians as of Dec. 31, 2021. MD population growth comes in at about 13 percent during the same period.

## GROWTH OVER 5 YEARS





## PHYSICIANS AND PAS BY COUNTY

County	MD/DO	PA	County	MD/DO	PA	County	MD/DO	PA
Alamance	305	80	Gaston	434	105	Pender	30	19
Alexander	12	13	Gates	1	0	Perquimans	4	2
Alleghany	18	3	Graham	3	1	Person	32	21
Anson	20	3	Granville	140	23	Pitt	982	170
Ashe	32	7	Greene	10	2	Polk	32	9
Avery	34	4	Guilford	1520	441	Randolph	107	40
Beaufort	62	22	Halifax	82	23	Richmond	34	15
Bertie	9	8	Harnett	109	93	Robeson	181	74
Bladen	18	7	Haywood	135	25	Rockingham	96	29
Brunswick	190	75	Henderson	308	82	Rowan	275	84
Buncombe	1430	337	Hertford	51	12	Rutherford	77	30
Burke	213	46	Hoke	34	18	Sampson	57	14
Cabarrus	543	116	Hyde	2	1	Scotland	68	25
Caldwell	93	23	Iredell	373	111	Stanly	73	16
Camden	1	2	Jackson	86	17	Stokes	24	11
Carteret	139	49	Johnston	163	95	Surry	134	42
Caswell	7	1	Jones	15	1	Swain	29	17
Catawba	428	119	Lee	106	37	Transylvania	71	15
Chatham	66	16	Lenoir	113	21	Tyrell	0	0
Cherokee	46	5	Lincoln	94	29	Union	269	74
Chowan	24	7	Macon	75	12	Vance	71	33
Clay	10	8	Madison	20	4	Wake	3329	1141
Cleveland	162	41	Martin	16	4	Warren	2	1
Columbus	69	18	McDowell	37	16	Washington	3	0
Craven	294	55	Mecklenburg	4099	1176	Watauga	149	47
Cumberland	880	354	Mitchell	27	8	Wayne	213	69
Currituck	10	9	Montgomery	12	11	Wilkes	75	26
Dare	73	19	Moore	443	160	Wilson	125	41
Davidson	139	49	Nash	178	45	Yadkin	11	5
Davie	73	32	New Hanover	909	300	Yancey	19	4
Duplin	40	18	Northampton	2	0	<b>TOTAL In State</b>	<b>29,492</b>	<b>8,059</b>
Durham	2972	582	Onslow	255	106	<b>TOTAL Out of State</b>	<b>14,636</b>	<b>1,375</b>
Edgecombe	45	13	Orange	2178	188	<b>TOTAL</b>	<b>44,128</b>	<b>9,434</b>
Forsyth	2287	635	Pamlico	8	6			
Franklin	16	8	Pasquotank	122	28			

# 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 2021

### Physician licenses

Full physician license (MD)	2,675
Full physician license (DO)	463
Limited emergency license	372
Volunteer license	260
Special permit/faculty limited license	9
<b>TOTAL</b>	<b>3,779</b>

### Physician assistant licenses

Full PA license	978
Limited emergency license	36
Volunteer license	6
<b>TOTAL</b>	<b>1,020</b>

### Resident licenses

DOs	215
MDs	996
<b>TOTAL</b>	<b>1,211</b>

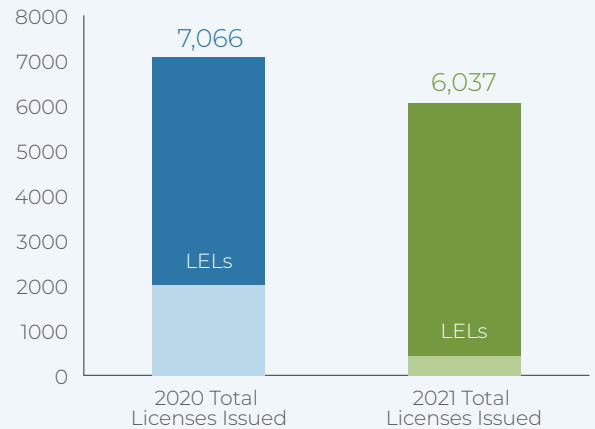
### Other license types issued

Anesthesiology assistants	6
Licensed perfusionist	21

## SUSTAINED LICENSING BOOM

NCMB issued just over 6,000 licenses in 2021, continuing to exceed the volume of professional licenses issued pre-pandemic. Applicants seeking North Carolina limited emergency licenses to provide care to patients in the state either in person or via telemedicine accounted for a significant percentage of total licensed issued in 2021. These licenses are valid as long as NCMB deems them necessary to meet the state's needs.

Limited emergency licenses (LELs) accounted for nearly 7 percent of all new licenses issued in 2021. The previous year, they made up 28 percent of total licenses issued by NCMB.



# 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



2,895

Cases opened



245

Cases determined  
outside NCMB  
jurisdiction



174

Public actions,  
adverse



13

Public actions,  
non-adverse



2,650

Cases determined  
potentially actionable



2,653

Cases closed



299

Private letters of concern



Complaints from patients and the public are consistently the leading source of enforcement cases. On average, it took 127 days to close a complaint case in 2021.

*\* Some portion of cases closed in 2021 were opened in 2020 or earlier*



# ENFORCEMENT ACTIVITY

## CASES OPENED 2021

### Cases opened by type/source\*

Complaints from patients/public	1,835
Review of out-of-state action	294
Malpractice payment reviews	245
Field investigations section	211
Issue reported on annual renewal	158
Issue reported on license application	69
Compliance	45
Administrative	23
Safe Opioid Prescribing Initiative	11

\* Sources that resulted in fewer than 5 cases being opened are not shown

### Cases opened by primary allegation\*

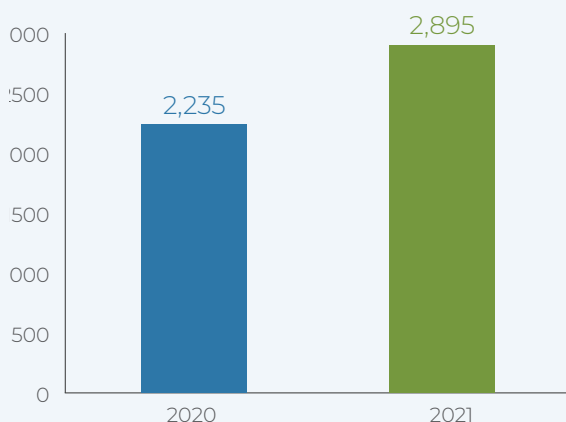
Substandard care – nonprescribing	727
Substandard care – prescribing	359
Communication issue with physician	210
Matter reported via LI page or annual renewal	141
Failure to comply with regulation related to practice of medicine	89
Medical records issue/HIPAA violation	65
Billing/fee/insurance issue	59
Sexual misconduct	46
Patient abandoned, dismissed, refused appointment	40
Communication issue with practice staff	39
Substandard telemedicine care	32
Criminal – DUI/DWI	29
Substance use/drug diversion	26
Failure to disclose reportable information to Board	20
Death certificate issue	19
Inappropriate supervision of medical staff/APP	16
Prescribing to self/family/outside clinician-patient relationship	15
Felony charge/conviction	12
Discrimination race religion sexual orientation	11

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

## COMPLAINTS COME ROARING BACK

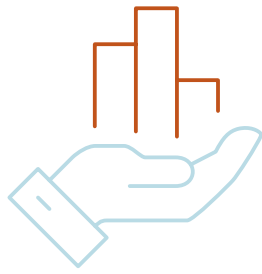
In 2021, NCMB saw the number of complaints and reports soar by nearly 30 percent from the previous year. Filtering out matters that fall outside of NCMB's jurisdiction, the total of potentially actionable cases in 2021 still rose a healthy 26 percent.

### CASES OPENED



## MORE DETAILS IN THE DATA

In 2021 NCMB started to see some of the tangible rewards of investing in its new database system, implemented in fall 2020.



The new system was designed to allow staff to enter more precise information when creating a licensure or enforcement case entry in the database. For example, previously staff entered all complaints that related to the quality of the medical care provided to a patient as “quality of care.” Now, staff select a subcategory that gives more specific insight into the type of concern reported — substandard care — prescribing, substandard care — non prescribing or substandard practice of telemedicine, for example. For communication issues, staff can specify whether the issue was with a licensee or with a member of the medical staff.

With just one full year of data banked, it's too soon for NCMB to analyze its data for trends, but over time, we hope the more robust information will yield insights that can help identify needs and guide development of education and resource materials.

## DEVELOPING GREATER CULTURAL COMPETENCE



To encourage its licensees to become more culturally competent, NCMB made a small but significant tweak to its continuing medical education (CME) rules in December 2021.

The rule change specifies that any Category 1 CME course in cultural competence or implicit bias may be counted towards a licensee's CME requirement. Physicians must earn 60 Category 1 CME hours every three years, while PAs must earn 50 hours every two years.

The American Hospital Association defines cultural competence as the ability “to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients’ social, cultural and linguistic needs.” A clinician who practices with “cultural humility” recognizes that his or her perspective may be based on incorrect assumptions or incomplete understanding and remains open to others’ unique backgrounds and views. It is well documented that poor cultural competence in health care reduces patient compliance with treatment recommendations, increases costs and contributes to higher rates of hospital readmissions. Over time, it perpetuates health disparities.

NCMB has established a resource page to help licensees learn more about cultural competence and find CME opportunities in this area. Find it at [www.ncmedboard.org/diversity](http://www.ncmedboard.org/diversity).



# 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.

## CASE RESOLUTIONS 2021

### Adverse actions

Conditions on license/practice	48
License suspensions	36
Public letters of concern	35
Reprimand	29
Limitations on license/practice	14
License surrendered	4
License revoked	3
License denied	2
License made inactive	2
Amended orders	1
<b>TOTAL</b>	<b>174</b>

### Non-adverse actions

Consent orders lifted	10
Special purpose license	2
Reentry agreements	1
<b>TOTAL</b>	<b>13</b>

### Causes of adverse actions\*

Quality of care	34
Alcohol/substance use	27
Action by out-of-state medical board	24
Sexual misconduct	18
Other unprofessional conduct	16
Prescribing issues	13
Failure to cooperate with Board order or request	4
Mental/physical condition affecting practice	3

\* A single enforcement case may have multiple causes of action (e.g. quality of care AND medical records issues)



## A TROUBLING INDICATOR OF COVID'S IMPACT

With medical professionals continuing to serve patients under the fast-changing and extremely challenging conditions of the ongoing coronavirus pandemic, it's perhaps unsurprising that some are turning to alcohol and substance use to cope with the pressure.

NCMB began noticing an uptick in new reports of substance use, along with increases in reports of substance use relapse a few months into the pandemic and, between 2020 and 2021, the Board saw a more than threefold increase in public actions related to alcohol and substance use.

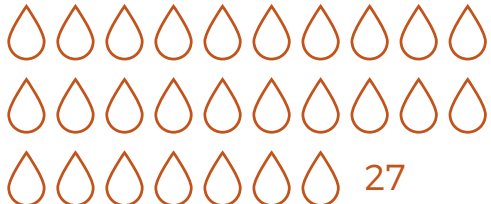
To encourage licensees to seek help for substance use early, without impacting licensure, NCMB no longer asks physicians or PAs to disclose at annual renewal if they are in treatment for any condition that could impair their ability to practice safely. Nor does NCMB ask applicants for licensure to disclose if they are in treatment.

NCMB considers it part of the clinician's professional obligation to take care of personal physical and mental health concerns. Healthy clinicians are best able to take care of patients!

The NC Professionals Health Program is dedicated to helping medical professionals address behavioral health and substance use issues – typically without the individual's identity being reported to a licensing board. Call NCPHP 24 hours a day, seven days a week at 919.870.4480 to request a free assessment and referral.

### PUBLIC ADVERSE ACTIONS: ALCOHOL/SUBSTANCE USE

2020  8

2021  27

# 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 Administrative and  
Communications Officer  
919.326.1109 x235  
evelyn.contre@ncmedboard.org

### Jean Fisher Brinkley

Communications Director  
919.326.1109 x230  
jean.brinkley@ncmedboard.org

### Address

3127 Smoketree Court  
Raleigh, NC 27604

### Website

[www.ncmedboard.org](http://www.ncmedboard.org)

### Social

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