

New Mexico Medical Board

FY08

(July 1, 2007 – June 30, 2008)

Annual Report



New Mexico Medical Board
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Table of Contents

Forward	Page 3
Purpose of the New Mexico Medical Board	Page 4
Mission	Page 4
Vision	Page 4
Stakeholders	Page 4
Strategic Goals	Page 4
Agency Values	Page 5
Executive Summary	Page 6
Members of the Board	Page(s) 7, 8, 9
Board Meetings	Page 9
Board Staff	Page 10
Licensing	Page 11
Medical Doctor Roster by County	Page 12
Physician Assistant Roster by County	Page 13
Verification of Licensure	Page 14
Investigations	Page 15
Complaints Received	Page(s) 15-22
Disciplinary Actions	Page(s) 23, 24
Information and Education	Page 25
Budget	Page 26
Accomplishments	Page(s) 27-29
A Look Ahead	Page 30, 31

Forward

The New Mexico Medical Board (Board) was created under Laws of 1923, Chapter 44, NMSA. The Board is responsible for enforcing and administering the provisions of the Medical Practice Act (Chapter 61, Article 6) NMSA 1978, the Physician Assistant Act (Section 61-6-7 through 61-6-10) and the Impaired Physicians Act (Section 61-7-1 through 61-7-12)

The Board is pleased to present its Annual Report for fiscal year 2008 (July 1, 2007 – June 30, 2008)

Purpose of the New Mexico Medical Board

Section 61-6-1 NMSA 1978 of the Medical Practice Act defines the purpose of the Board as follows:

In the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine, it is necessary to provide laws and regulations controlling the granting and use of the privilege to practice medicine and to establish a Medical Board to implement and enforce those laws and regulations.

The primary duties and obligations of the Medical Board are to issue licenses to qualified physicians, to register qualified physician assistants, to discipline incompetent or unprofessional physicians or physician assistants and to aid in the rehabilitation of impaired physicians and physician assistants for the purpose of protecting the public.

Mission

"Promote excellence in the practice of medicine through licensing, discipline, and rehabilitation "

Vision

"Have high quality physicians, physician assistants, and anesthesiologist assistants in every area of the State, to ensure competent and ethical medical care for consumers "

Stakeholders

Our key stakeholders are applicants for licenses, current license holders, individuals requesting license reinstatement, patients, insurance companies, hospitals, clinics, attorneys, and other boards and agencies

Strategic Goals

Licensing of qualified applicants:

Continuous improvements to the licensing processes to assure applicants for licensure or re-licensure are qualified and that licenses are issued as quickly as possible

Timely and appropriate investigation of complaints against licensees:

Continually improve the complaint and disciplinary processes to identify and sanction practitioners who are incompetent, unprofessional, or in violation of statutory or regulatory requirements

Consistent discipline of individuals in violation of law and/or rules:

Continually improve the disciplinary processes to sanction practitioners who are incompetent, unprofessional, or in violation of statutory or regulatory requirements.

Aid in the rehabilitation of impaired practitioners:

Continuously improve the process for identification and monitoring of licensees who may be impaired by reason of mental illness, physical illness, or the habitual or excessive use or abuse of drugs or alcohol

Public information and education:

Fulfill the board's primary purpose to protect the public by continuing to improve the quality, quantity, and distribution of available information

Agency Values

Employees:

We value our employees and support them. We trust them to do their jobs to the best of their ability, and to give high quality service to our customers. We all share a common purpose and we support each other as a team.

Customers:

We value our customers. It is the job of each employee to serve our customers with integrity and respect. We will do everything we can to serve our customers and to make the licensing or complaint process as efficient and effective as possible. Our aim is to exceed all expectations.

Honesty:

We will be honest in our dealings with each other and our customers. We will foster an environment where accurate information is shared willingly and openly. Our interactions with customers will always be based on the statute and rules that govern the practice of medicine in New Mexico.

Executive Summary

Program Description

The New Mexico Medical Board (NMMB) is the state agency responsible for the regulation and licensing of physicians (MDs), physician assistants (PAs), and anesthesiologist assistants (AAs). It is an executive agency supported solely by self-generated fees (other state funds), and consists of thirteen (13) FTE's. It is one of five independent professional licensing agencies that exist outside the Regulation and Licensing Department.

The Board consists of a total of nine (9) governor-appointed members – six (6) physicians, two (2) public members, and one (1) physician assistant. The Board is responsible for making policy decisions about licensing, discipline, and practice-related issues. Staff members use established policies, guidelines, and guidance from the Board to perform required tasks.

Section 61-6-3, NMSA 1978 requires the Board to hold four (4) regular meetings every fiscal year, with an annual meeting held the second quarter of each year, requiring election of a Chair, Vice-Chair and Secretary-Treasurer. The Board holds quarterly meetings in February, May, August and November, with Interim meetings, as needed, in January, March, June, and September. In addition, the Board dedicates many hours to reviewing licensing issues and complaints, hearing cases, and developing policy for the Agency.

Primary Services

The primary services provided by the Board include the licensing of qualified applicants and the enforcement of the Medical Practice Act through the investigation of complaints against license holders with the subsequent discipline of those found to be in violation of the Medical Practice Act or rules. The Board also promotes the rehabilitation of impaired physicians, physician assistants and anesthesiologist assistants, and the provision of information to interested consumers.

In FY08, the Board issued the following licenses: 526 - Physician, 65 - Physician Assistant, 27 - Public Service, 160 - Resident, 125 - Telemedicine, 32 - Temporary Youth Camp or School, 4 - Temporary Teaching, 2 - Anesthesiologist Assistant, and 3 - Pharmacist Clinician Supervisor. In addition, the Board issued the following renewals: 2,143 - Physician, 197 - Physician Assistant, 9 - Public Service, 119 - Telemedicine, and 0 Anesthesiologist Assistant. Licensing for Genetic Counselors and Polysomnographic Technologists was enacted during FY08; however, licenses will not be issued until FY09 and FY10.

The Board maintains the following active licenses: 7,188 - Physician (with 4,386 maintaining a New Mexico address), 526 - Physician Assistant, 5 - Public Service, 494 - Resident, 391 - Telemedicine, 32 - Temporary Youth Camp or School, 4 - Temporary Teaching, 10 - Anesthesiologist Assistant, and 17 - Pharmacist Clinician Supervisor.

In FY08, the Board received 209 complaints. 89 complaints were closed (as were some complaints from the previous fiscal year), 10 cases resulted in Board action, and 110 cases remain open as of June 30, 2008.

In FY08, 28 physicians and physician assistants entered into a monitored treatment program voluntarily and 35 were mandated into a monitored treatment program by the Board.

Members of the Board

The Board consists of a total of nine (9) governor-appointed members – six (6) physicians, two (2) public members, and one (1) physician assistant. In FY08 the following changes took place:

- Prakash Ranka, MD (Hobbs) resigned in August 2007 after approximately four years of service
- Governor Richardson appointed Dr. Robert L. McRoberts (Albuquerque) in August 2007 to replace Dr. Alfredo Vigil.
- Governor Richardson appointed Dr. Frank Crespin (Las Cruces) in November 2007 to fill the position vacated by Dr. Prakash Ranka

Board Leadership

Paul J. Kovnat, M.D. (Santa Fe) Dr. Kovnat was re-elected Board Chair in May 2008. Dr. Kovnat is board certified in internal medicine and nephrology, practicing in Santa Fe since 1975. A graduate of the University of Pennsylvania Medical School, Dr. Kovnat was the 2002 American College of Physicians Laureate, has taught at the Medical College of Pennsylvania and at the University of New Mexico. He was the organizing Medical Director of Centro Campesino de Salud, now Health Centers of Northern New Mexico.

Steve Weiner, M.D. (Santa Fe) Dr. Weiner has been a member of the Board since 2003. He was re-elected Vice Chairman of the Board in May 2008. He is a board certified orthopaedic surgeon who has been in private practice in Santa Fe since 1978. A graduate of Harvard University and Northwestern University Medical School, Dr. Weiner is President of Santa Fe Orthopaedic Associates. He is a fellow of the American Academy of Orthopaedic Surgeons and the American College of Surgeons, among other organizations.

John Lauriello, M.D. (Albuquerque) Dr. Lauriello was re-elected Secretary/Treasurer of the Board in May 2008. He is Professor and Vice Chairman of the Department of Psychiatry at the University of New Mexico, where he also serves as the Executive Medical Director of the UNM Psychiatric Center, and the Director of the Schizophrenia Research Group. Dr. Lauriello's recent publishing work includes serving as a co-editor on Atypical Antipsychotics from Bench to Bedside. He was recognized in the 2001-2008 editions of the *Best Doctors in America* and is a past recipient of the National Alliance for the Mentally Ill Exemplary Psychiatrist Award and the Milton Rosenbaum UNM Psychiatry Faculty Award. Dr. Lauriello completed his psychiatry residency at New York Hospital-Payne Whitney Clinic, followed by fellowships in clinical psychopharmacology at UC San Diego and Stanford University/Palo Alto VAMC. He received his medical degree from Temple University Medical School and is a graduate of Yale College.

Board Members

Rebecca Cochran (Farmington). Ms. Cochran is currently the Director of Medical Staff Services for San Juan Regional Medical Center, where she is responsible for credentialing the medical staff and for educating the Board of Directors on credentialing and case law. Ms. Cochran served on the National Association Medical Staff Services (NAMSS) Education Council, and was elected as NAMSS Central Regional Representative, and she will sit on the NAMSS board for three years, 2006-2009. Ms. Cochran also received NAMSS's prestigious Icon award, given in recognition for being the first in her profession to be appointed to a state medical board.

Reza Ghadimi, PA-C (Albuquerque). Mr. Ghadimi was appointed in November 2003 as the first Physician Assistant to serve on the Medical Board; he was also one of the very first Physician Assistants licensed in New Mexico. While working for the New Mexico State Health Agency in the 1970's, he traveled the state providing healthcare to many

children in rural areas of New Mexico. Mr. Ghadimi was actively involved in establishing several of the Northern New Mexico clinics, including the clinic in Embudo and others. He also participated in initiating the PA program at the University of New Mexico.

Vivian Giudice, M.D. (Albuquerque) Dr. Giudice is board certified in family practice and has been practicing in Albuquerque since 1990. A graduate of the University of Health Sciences/Chicago Medical School, Dr. Giudice has 25 years of experience in community, academic and military medicine. She has been a Fellow with the American Academy of Family Physicians, a Diplomat with the National Board of Medical Examiners and is a member of the Greater Albuquerque Medical Association and the Wilderness Medical Society, among other organizations.

Richard Heim (Albuquerque) Mr. Heim has spent the past 35 years or so primarily working in the field of health care policy and administration. Mr. Heim is now retired, after a long career in public service. He arrived in New Mexico in 1949, assigned to the Special Weapons Project at Sandia, and since that time has held many public sector positions, such as Secretary of the NM Human Services Department and Assistant Commissioner of the NM State Land Office. He was also the National Medicaid Director during President Carter's administration. Mr. Heim's private sector work includes 10 years as a health policy consultant in both state and national arenas.

Robert L. McRoberts, M.D. (Albuquerque) Dr. McRoberts has been licensed in New Mexico since having come to the University of New Mexico as an instructor in Orthopaedic Surgery in 1972. He was certified by the American Board of Orthopaedic Surgery in 1974. Dr. McRoberts is a graduate of Amherst College and Yale University. He completed a four-year Orthopaedic residence program at the Mayo Clinic in Rochester, MN in 1972. From 1978 until 2003, Dr. McRoberts was in Orthopaedic Surgery private practice in Albuquerque. Dr. McRoberts is currently a visiting Associate Professor of Orthopaedics at the University of New Mexico. He is a member of the Greater Albuquerque Medical Association, NM Medical Society, American Academy of Orthopaedic Surgeons, & NM Orthopaedic Association.

Frank Crespín, M.D. (Las Cruces) Dr. Crespín is the Chief Medical Officer at La Clínica de Familia, Inc. (LCDF) in Las Cruces. Dr. Crespín earned his Masters in Public Health with a concentration in Health Services from the University of Washington School of Public Health and Community Medicine in Seattle and attended medical school at the University of Utah in Salt Lake City. He completed a Family Medicine residency at Saginaw Cooperative Hospital in Saginaw, Michigan and a Family Medicine Faculty Development Fellowship at the Michigan State School of Human Medicine in East Lansing. From 1984 – 1990, Dr. Crespín was on the clinical staff of LCDF, serving as Medical Director from 1985 – 1990. In 1990, he accepted the position of Health Officer with the NM Department of Health where he oversaw various public health programs in an eight-county area of southwestern New Mexico. In 1996, Dr. Crespín returned to LCDF as the Chief Medical Officer. Dr. Crespín is on the medical staff at two hospitals in Las Cruces, Memorial Medical Center and Mountain View Regional Medical Center. He is certified by the American Board of Family Medicine, American Board of Preventive Medicine, and the Certifying Commission in Medical Management. Dr. Crespín is a fellow of the American Academy of Family Physicians and the American College of Preventive Medicine.

	First Appointed	Re-appointed	Term Expires
Paul J Kovnat, MD, Chairman Professional Member, Santa Fe	04/03		12/08
Steven Weiner, M D, Secretary Professional Member, Santa Fe	04/03	01/05	12/09
Vivian Giudice, M D Professional Member, Albuquerque	04/03		12/08
Richard Heim Public Member, Albuquerque	04/03		12/08
Reza Ghadimi, P A. P A. Member, Albuquerque	11/03	12/05	12/09
Rebecca Cochran Public Member, Farmington	04/05		12/08
John Lauriello, MD Professional Member, Albuquerque	10/06		12/09
Robert L. McRoberts, M D. Professional Member, Albuquerque	08/07		12/08
Frank Crespin, M D Professional Member, Las Cruces	11/07		12/09

Board Meetings

In FY08 the Board held regular quarterly meetings in August and November of 2007 and February and May of 2008

To meet the licensing and disciplinary deadlines established in the Medical Practice Act and the Uniform Licensing Act, the Medical Board occasionally needs to hold Special/Interim meetings. There were Special/Interim meetings held in September of 2007, and January, April and June of 2008.

Meeting minutes are available on the Board's website (www.nmmb.state.nm.us) where they may be viewed or printed.

Board Staff

Name	Phone Number	E-Mail
Lynn Hart Executive Director	476-7221	lynns.hart@state.nm.us
Medical Director		
Grant LaFarge Medical Director (Contract Employee)	476-7231	grant.lafarge@state.nm.us
Administrative Support		
Lynn Tipton Administrator	476-7222	lynn.tipton@state.nm.us
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Julie Martinez Financial/Human Resource Administrator	476-7228	julie.martinez@state.nm.us
Jutka Szabo Licensing Clerk (Shared 50%)	476-7229	jutka.szabo@state.nm.us
Vacant Licensing Clerk (Shared 50%)		
Licensing		
Amanda Quintana Licensing Manager	476-7232	amanda1.quintana@state.nm.us
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Samantha Breen Licensing Clerk	476-7227	samantha.breen@state.nm.us
Veronica Griego Licensing Clerk	476-7245	veronica.griego12@state.nm.us
Investigations		
GTS Khalsa Prosecuting Attorney	476-7223	gts.khalsa@state.nm.us
Debbie Dieterich Investigator	476-7240	debbie.dieterich@state.nm.us
Jonni Pool Investigator	476-7219	jonni.pool@state.nm.us
Compliance		
J J Walker Compliance Manager/Public Information Officer	476-7230	jj.walker@state.nm.us

Licensing

A majority of Board resources go into the initial licensing and license renewal of physicians and physician assistants. The following statistics provides a comparison of licenses issued in FY07 and FY08:

Category	FY07 (7/1/06 – 6/30/07)	FY08 (7/1/07 – 6/30/08)
# of Medical Doctor Licensees (including Telemedicine, Public Service & Federal Emergency RS)	7362	7584
# of Medical Doctor Licensees identified as practicing in NM (including Public Service)	4346	4386
# of Medical Doctor applications received (including Telemedicine & Public Service)	681	678
# of Medical Doctor Applicants using Credential Verification Organizations	237	298
# of new Medical Doctor Licenses Issued (including Telemedicine & Public Service)	631	678
# of Medical Doctor Licenses Renewed (including Telemedicine & Public Service)	2200	2271
# of Resident Licenses	518	494
# of Physician Assistant Licenses	475	526
# of New Physician Assistant Licenses	45	65
# of Physician Assistant Licenses Renewed	200	197
# of Anesthesiologist Assistant Licenses	9	10
# of New Anesthesiologist Assistant Licenses	2	2

Application Process for Physicians:

Physician applicants for licensure in NM may select from three options: they may have one of two credentials verification organizations gather the necessary documentation for their license application (the Federation Credentials Verification Service (FCVS) or the Hospital Services Corporation (HSC)). Alternatively, they may work directly with Board staff to compile their application.

In FY08, 303 applicants chose to work directly with the Board, 138 chose to work with FCVS (the same number as in FY07), and 85 chose to work with HSC (14 less than in FY07). The Board averaged 75 days from receipt of application to issuance of license (2 days less than in FY07), whereas FCVS averaged 108 days (19.5 days more than in FY07), and HSC averaged 71 days (16 days less than in FY07). The overall average was 85 days.

Medical Doctor Roster by County

In FY08 the Board maintained 7,188 active Medical Doctors, with 4,386 maintaining a New Mexico address. The following is a breakdown by county of the 4,386 Medical Doctors who maintained a New Mexico address.

<i>County</i>	<i>Licensees</i>
Bernalillo	2384
Catron	4
Chavez	118
Cibola	15
Colfax	16
Curry	56
De Baca	1
Dona Ana	308
Eddy	67
Grant	66
Guadalupe	4
Hidalgo	1
Lea	55
Lincoln	30
Los Alamos	56
Luna	25
McKinley	115
Mora	1
Otero	66
Quay	6
Rio Arriba	48
Roosevelt	16
San Juan	162
San Miguel	58
Sandoval	122
Santa Fe	461
Sierra	8
Socorro	14
Taos	72
Torrance	3
Union	3
Valencia	25

Physician Assistant Roster by County

In FY08 the Board maintained 526 active Physician Assistants, with 418 maintaining a New Mexico address. The following is a breakdown by county of the 418 Physician Assistants who maintained a New Mexico address.

<i>County</i>	<i>Licenseses</i>
Bernalillo	187
Chavez	14
Cibola	5
Colfax	3
Curry	1
Dona Ana	31
Eddy	4
Grant	16
Hidalgo	2
Lea	5
Lincoln	2
Los Alamos	9
Luna	5
McKinley	11
Mora	1
Otero	8
Rio Arriba	13
Roosevelt	2
San Juan	33
San Miguel	12
Sandoval	12
Santa Fe	43
Sierra	2
Socorro	2
Taos	12
Torrance	1
Valencia	9

Verification of Licensure

An important service that all medical boards perform is the verification of license status. Verifications are requested by other state boards, hospitals and health plans, consumers and other interested parties, and are the primary method for ensuring that a physician's license is in good standing. Some sources accept the website as verification; others still require that the Board provide written and notarized verifications.

The majority of all license verification information is currently provided through the Board's website and DocBoard [obtained through the Administrators in Medicine organization, which is the organization that is charged with maintenance of the DocBoard website and providing the number of inquiries ("hits"), with an average of 4,643 "hits" per day during FY08. In addition, the Board provided approximately 1,620 verifications through written/VeriDoc requests.

A fee is charged for processing and mailing written verification requests. The Board continues to provide phone verifications as a courtesy to other state agencies, other state medical boards, and concerned citizens at no charge.

Investigations

Assurance of medical practice quality is a critical component of any state medical board. Through our enforcement program, the Board responds to consumers who initiate complaints against licensed physicians and physician assistants. In addition to complaints from consumers, the Board's investigators handle cases of alleged misrepresentation on licensure applications and renewals, reports of actions taken against licensees by other state boards, and reports of adverse actions taken by hospitals or other health care facilities.

Complaints:

The Board uses four complaint committees, each made up of two Board members (at least one of whom is an M.D.), to review consumer and Board complaints against physicians. The complaint committees meet prior to quarterly Board meetings, carefully reviewing the records and evidence obtained in the investigative process.

After a thorough review, the complaint committee makes a recommendation to the full Board for further action or closure of the complaint case. All complaints are confidential, except to members of the complaint committee, and referred to only by number unless, or until, action is taken in an open meeting of the Board. When action is taken by the full Board, the members of the recommending complaint committee are recused, and do not vote on the issue.

Investigations and Compliance:

In FY08, the Board received 209 complaints for investigation, of which 58 were initiated by the Board's Investigative Staff or the Executive Director. The Board has been proactive in initiating complaints through its Investigative staff.

In FY08, out of the 209 complaints received, 89 were closed with a determination that there was no violation of the Medical Practice Act, and 10 cases resulted in Board action.

One of the most common formal actions that the Board takes is to issue a stipulated license. This is an agreement between the Board and the licensee that places certain stipulations or limitations on the continued practice of the licensee. The stipulated license allows the licensee to continue providing needed health care to New Mexicans, but under limitations placed by the Board to ensure that the licensee is safe to practice. Frequent stipulations include monitoring and treatment for substance abuse issues, or limitations on the practice environment.

The following is a breakdown of the complaints received in FY08 with a description of the allegations identified, the disposition and date of disposition:

Case Number	Date Received	Allegations Identified	Disposition	Date of Disposition
2007-C-117	07/02/07	Failure to report action in another state; adverse action	Closed	11/15/07
2007-D-118	07/06/07	Patient interaction; quality of care	Closed	11/15/07
2007-E-119	07/18/07	Impairment	Closed	08/16/07
2007-D-120	07/17/07	Impairment; injudicious prescribing	Closed	11/15/07
2007-A-121	07/12/07	Failure to report; action in another state; adverse action	Closed	11/15/07
2007-D-122	07/13/07	Quality of care	Closed	11/15/07

Case Number	Date Received	Allegations Identified	Disposition	Date of Disposition
2007-C-123	07/13/07	Medical records	Closed	11/15/07
2007-A-124	07/18/07	Injudicious prescribing; unprofessional conduct	Closed	11/15/07
2007-B-125	07/23/07	Billing Dispute Fraud	Closed	11/15/07
2007-B-126	07/23/07	Quality of Care; pain management	Closed	02/14/08
2007-C-127	07/23/07	Medical records	Closed	11/15/07
2007-E-128	07/23/07	Impairment; action in another state	Closed	11/15/07
2007-B-129	07/25/07	Quality of care; patient interaction	Closed	11/15/07
2007-D-130	06/19/07	Fraud; practicing without a license; unprofessional conduct	Open	
2007-E-131	08/01/07	Impairment crimes	Closed	09/27/07
2007-B-132	08/03/07	Quality of care; negligence; injudicious prescribing	Closed	02/14/08
2007-C-133	07/30/07	Quality of care; incompetence; negligence	Closed	11/15/07
2007-E-135	08/06/07	Impairment; unprofessional conduct	Closed with Action	08/07
2007-E-136	08/06/07	Impairment; unprofessional conduct	Closed with Action	08/07
2007-A-137	08/08/07	Action in another state; adverse action; impairment	Open	
2007-A-138	08/06/07	Quality of care; incompetence; negligence; pain management	Closed	02/14/08
2007-B-139	08/06/07	Quality of care; patient interaction	Closed	02/14/08
2007-B-140	08/06/07	Billing dispute; patient abandonment	Closed	02/14/08
2007-C-141	08/08/07	Injudicious prescribing; billing dispute	Closed	02/14/08
2007-C-142	08/08/07	Unprofessional conduct; patient interaction; billing dispute	Closed	02/14/08
2007-B-143	08/13/07	Quality of care; negligence	Closed	02/14/08
2007-D-144	08/13/07	Breach of confidentiality; billing dispute patient interaction	Closed	02/14/08
2007-A-145	08/13/07	Breach of confidentiality; patient interaction; unprofessional conduct; pain management	Closed	02/14/08
2007-A-146	08/13/07	Quality of care; negligence; failure to supervise; patient interaction	Closed	02/14/08
2007-C-147	08/15/07	Billing dispute	Closed	02/14/08

Case Number	Date Received	Allegations Identified	Disposition	Date of Disposition
2007-C-148	08/15/07	Pain management; injudicious prescribing	NCA for injudicious prescribing	11/15/07
2007-C-149	08/16/07	Patient interaction; quality of care; unprofessional conduct	Closed	02/14/08
2007-B-150	08/20/07	Unprofessional conduct	Closed	02/14/08
2007-A-151	08/20/07	Patient interaction; quality of care	Closed	02/14/08
2007-D-152	08/27/07	Unprofessional conduct; failure to report impairment	Letter of Reprimand for failure to report	02/14/08
2007-D-153	08/20/07	Practicing without a license; unprofessional conduct; billing dispute; fraud	Open	
2007-A-154	09/05/07	Patient interaction; unprofessional conduct; pain management; quality of care; negligence	Closed	02/14/08
2007-B-155	08/22/07	Billing dispute; quality of care	Closed	02/14/08
2007-D-157	09/18/07	Unlicensed practice	Sent to DA for unlicensed practice	
2007-D-158	10/04/07	Violation of stipulation / order	Surrendered License; IPC	09/07
2007-B-159	09/24/07	Unprofessional conduct	Closed	02/14/08
2007-A-160	09/24/07	Injudicious prescribing; patient interaction; unprofessional conduct	Closed	02/14/08
2007-D-161	09/24/07	Unprofessional conduct; patient interaction; quality of care	Open	
2007-C-162	10/16/07	Patient interaction; quality of care	Closed with Advisory Letter	08/08
2007-B-163	10/05/07	Injudicious prescribing; unprofessional conduct	Closed	08/08
2007-A-164	10/17/07	Medical records	Closed	05/22/08
2007-D-165	10/17/07	Pain management; patient interaction; sexual misconduct	Closed	05/22/08
2007-A-166	10/19/07	Breach of confidentiality; impairment; disruptive physician	Closed	02/14/08
2007-A-167	10/25/07	Impairment	Stipulated License	02/14/08
2007-A-168	10/25/07	Impairment	Stipulated License	02/14/08
2007-D-169	10/24/07	Quality of care; patient interaction	Closed	05/22/08
2007-A-170	10/26/07	Injudicious prescribing	Closed	05/22/08
2007-A-171	10/02/07	Injudicious prescribing; patient interaction; quality of care	Closed	02/14/08
2007-B-172	10/30/07	Quality of care; negligence; incompetency; patient interaction	Open	
2007-C-173	11/01/07	Quality of care; negligence; incompetency	Open	

Case Number	Date Received	Allegations Identified	Disposition	Date of Disposition
2007-D-174	11/02/07	Sexual misconduct	Closed	02/14/08
2007-C-175	11/02/07	Quality of care; negligence; incompetence	Open	
2007-A-176	08/20/07	Quality of care	Closed	02/14/08
2007-A-177	11/06/07	Injudicious prescribing; unprofessional conduct	Open	
2007-D-178	11/13/07	Unprofessional conduct	Closed with Advisory Letter	05/08/08
2007-B-179	11/13/07	Quality of care; patient interaction; unprofessional conduct; injudicious prescribing	Closed	05/22/08
2007-C-180	11/05/07	Quality of care; negligence; incompetency	Open	
2007-A-182	11/29/07	Patient Abandonment; patient interaction; quality of care	Closed	05/22/08
2007-A-183	12/04/07	Quality of care; negligence; incompetency; patient interaction	Closed	05/22/08
2007-A-184	12/07/07	Billing dispute; patient interaction	Closed	05/22/08
2007-B-185	11/21/07	Patient interaction; unprofessional conduct	Closed	05/22/08
2007-C-186	11/26/07	Quality of care; billing dispute	Closed	05/22/08
2007-D-187	11/26/07	Quality of care; negligence; patient interaction	Closed	05/22/08
2007-A-188	11/28/07	Quality of care; patient abandonment; patient interaction	Closed with Advisory Letter	08/08
2007-B-189	11/30/07	Quality of care; patient interaction; pain management	Closed	05/22/08
2007-C-190	12/10/07	Pain management; injudicious prescribing	Added allegation to NCA for 2007-C-148; Injudicious Prescribing	
2007-A-191	12/14/07	Medical records; quality of care; patient abandonment	Closed	08/08
2008-A-001	12/26/07	Quality of care	Closed	05/22/08
2008-B-002	12/31/07	Patient interaction; quality of care; unprofessional conduct	Closed	05/22/08
2008-B-003	01/07/08	Medical records; patient interaction; unprofessional conduct	Closed	05/22/08
2008-C-004	02/12/08	Patient interaction; quality of care; unprofessional conduct	Closed	08/08
2008-A-005	01/07/08	Patient interaction; medical records; unprofessional conduct	Closed	05/22/08
2008-B-006	01/08/08	Quality of care	Closed	08/08
2008-C-007	01/10/08	Quality of care	Open	
2008-A-009	01/17/08	Adverse action; action in another state	NCA	05/08
2008-C-010	01/11/08	Quality of care; patient interaction; patient abandonment	Closed	05/22/08

Case Number	Date Received	Allegations Identified	Disposition	Date of Disposition
2008-B-011	01/23/08	Unprofessional conduct	Stipulated License; NCA; Unprofessional Conduct	05/08
2008-C-012	01/17/08	Patient interaction; pain management; unprofessional conduct	Closed	08/08
2008-D-013	01/22/08	Patient interaction; quality of care	Closed	08/08
2008-A-014	01/24/08	Failure to report; adverse action	Open	
2008-A-015	01/28/08	Action in another state; adverse action; quality of care; malpractice	NCA; Action in Another State	08/08
2008-C-016	01/29/08	Patient abandonment	Closed	08/08
2008-D-017	01/30/08	Billing dispute; patient interaction	Open	
2008-BRD-018	02/04/08	Violation of the Parental Responsibility Act	Closed	05/22/08
2008-BRD-020	02/08/08	Violation of the Parental Responsibility Act	Open	
2008-B-021	01/30/08	Patient interaction; failure to supervise	Closed	05/08
2008-A-022	01/31/08	Injudicious prescribing	Closed	05/08
2008-C-023	02/14/08	Failure to report	Closed with Advisory Letter	08/08
2008-D-024	02/14/08	Failure to report impairment	Order of Suspension	08/08
2008-A-025	02/20/08	Failure to report crimes	Closed with Advisory Letter	05/08
2008-D-026	02/20/08	Failure to report crimes	Referred to MTP for Evaluation – Open	05/08
2008-C-027	02/20/08	Failure to report crimes	Referred to MTP for Evaluation – Open	05/08
2008-B-028	02/20/08	Failure to report crimes	NCA	05/08
2008-A-029	02/20/08	Crimes	Open	
2008-B-030	02/20/08	Excessive Use of Alcohol	Closed	05/22/08
2008-C-031	02/20/08	Unprofessional conduct; unlicensed practice	Open	
2008-D-032	02/12/08	Quality of care; patient interaction	Open	
2008-A-033	02/19/08	Quality of care; unprofessional conduct	Closed	08/08
2008-C-034	02/19/08	Quality of care; billing dispute; malpractice	Closed	08/08
2008-D-036	02/12/08	Breach of confidentiality	Closed with Advisory Letter	08/08
2008-A-037	02/21/08	Quality of care	Open	
2008-B-038	02/27/08	Quality of care; medical records	Closed	08/08
2008-B-039	02/04/08	Quality of care	Open	
2008-C-040	03/05/08	Quality of care	Closed	08/08
2008-D-041	03/06/08	Patient interaction	Closed	08/08
2008-A-042	03/06/08	Medical records	Closed	08/08
2008-B-043	03/04/08	Quality of care; medical records	Closed	08/08

Case Number	Date Received	Allegations Identified	Disposition	Date of Disposition
2008-C-044	03/11/08	Quality of care; patient interaction	Open	
2008-D-045	03/11/08	Quality of care; pain management	Closed	08/08
2008-A-046	03/17/08	Patient interaction	Closed	08/08
2008-C-047	03/19/08	Patient abandonment	Open	
2008-C-048	03/18/08	Medical records; patient interaction; patient abandonment; quality of care	Closed	08/08
2008-B-049	03/25/08	Competency	Open – Referred to CPEP	
2008-A-050	03/25/08	Adverse action competency	Open – NCA action in another state	
2008-D-052	03/28/08	Action in another state; crimes	Stipulated License to MTP	05/08
2008-A-053	03/25/08	Quality of care; patient abandonment; pain management	Closed	08/08
2008-B-054	03/27/08	Quality of care; pain management	Open	
2008-A-055	03/27/08	Quality of care	Open	
2008-D-057	03/28/08	Possible action in another state; disruptive physician; making false statement on application for licensure	Open	
2008-A-058	04/01/08	Quality of care; patient interaction	Closed	08/08
2008-B-059	04/02/08	Quality of care; patient interaction	Open	
2008-C-060	04/02/08	Quality of care	Open	
2008-D-061	04/04/08	Quality of care; patient interaction	Closed	08/08
2008-A-062	04/04/08	Quality of care	Open	
2008-B-063	04/07/08	Quality of care; patient interaction; patient abandonment; pain management	Open	
2008-C-064	04/07/08	Medical records	Open	
2008-D-065	04/07/08	Patient interaction; quality of care	Open	
2008-A-066	04/07/08	Quality of care	Open	
2008-C-067	04/07/08	Medical records; patient abandonment	Open	
2008-D-068	04/09/08	Unprofessional conduct; patient interaction	Open	
2008-D-069	04/09/08	Patient interaction	Open	
2008-A-070	04/14/08	Quality of care	Open	
2008-B-071	02/16/08	Quality of care	Open	
2008-B-072	04/17/08	Quality of care	Open	
2008-A-073	04/17/08	Quality of care; unprofessional conduct	Open	
2008-A-074	04/21/08	Unprofessional conduct	Open	
2008-D-075	04/21/08	Unprofessional conduct; quality of care; billing dispute	Open	
2008-D-077	04/22/08	Unprofessional conduct; quality of care	Open	

Case Number	Date Received	Allegations Identified	Disposition	Date of Disposition
2008-B-079	04/16/08	Quality of care	Open	
2008-C-080	04/24/08	Quality of care	Open	
2008-D-081	04/25/08	Patient interaction; quality of care; unprofessional conduct	Open	
2008-A-082	04/25/08	Patient interaction; quality of care; unlicensed practice	Open	
2008-B-085	04/30/08	Quality of care; patient interaction; unprofessional conduct	Open	
2008-C-086	05/01/08	Patient interaction; quality of care	Open	
2008-A-087	05/02/08	Patient interaction; patient abandonment	Open	
2008-C-088	05/02/08	Quality of care; patient abandonment	Open	
2008-B-089	05/05/08	Pain management; quality of care	Open	
2008-C-090	05/09/08	Billing dispute; patient interaction; unprofessional conduct	Open	
2008-B-091	05/15/08	Patient interaction; quality of care; unprofessional conduct	Open	
2008-A-092	05/14/08	Patient interaction; unprofessional conduct	Open	
2008-D-094	05/16/08	Medical records; patient interaction; quality of care	Open	
2008-B-095	05/23/08	Patient interaction; sexual misconduct	Open	
2008-D-096	05/29/08	Patient abandonment; patient interaction; quality of care	Open	
2008-A-097	05/29/08	Malpractice; quality of care	NCA for Gross Negligence	08/08
2008-B-098	05/22/08	Excessive use of alcohol	Referred to MTP for Assessment	
2008-C-099	05/22/08	Fraud crimes	Open	
2008-D-100	05/22/08	Failure to report crimes	Open	
2008-A-101	05/22/08	Failure to report; excessive use of alcohol	Closed	06/26/08
2008-B-102	05/22/08	Action in another state; failure to report; incompetent to practice	Voluntary Relinquishment Order	08/08
2008-C-103	05/22/08	Failure to report; quality of care	Closed	08/08
2008-D-104	03/03/08	Malpractice	Referred to MTP for assessment; Open	
2008-A-105	05/22/08	Action in another state	Open	
2008-B-106	05/22/08	Failure to disclose	Referred to MTP for assessment; Open	
2008-C-107	05/22/08	Failure to disclose	Open	
2008-D-108	05/22/08	Failure to disclose	Open	
2008-D-109	05/22/08	Failure to disclose	NCA based on fraud when applying for licensure	08/08
2008-A-110	05/22/08	Failure to disclose	Open	

Case Number	Date Received	Allegations Identified	Disposition	Date of Disposition
2008-B-111	05/28/08	Malpractice; quality of care; pain management	Open	
2008-C-112	05/30/08	Quality of care	Open	
2008-D-113	05/30/08	Quality of care; patient interaction	Open	
2008-A-114	05/30/08	Quality of care; patient interaction	Open	
2008-C-116	06/06/08	Billing Dispute	Open	
2008-D-117	06/11/08	Quality of care; patient interaction; patient abandonment	Open	
2008-A-118	06/11/08	Patient Abandonment	Open	
2008-B-119	06/12/08	Patient interaction; quality of care	Open	
2008-C-121	06/17/08	Medical records	Open	
2008-D-122	06/19/08	Patient interaction; quality of care	Open	
2008-C-123	06/19/08	Patient interaction; quality of care	Open	
2008-B-124	05/22/08	Failure to report crimes	Open	
2008-C-125	03/07/08	Gross negligence	Open	
2008-D-126	04/03/08	Injudicious prescribing	Open	
2008-B-127	03/12/08	Substance abuse	Stipulated to MTP	08/08
2008-B-128	03/17/08	Substance abuse; failure to disclose	Closed with Advisory Letter	08/08
2008-C-129	05/06/08	Substance abuse	Open	
2008-D-130	05/22/08	Injudicious prescribing; unsupervised practice	Open	
2008-D-131	05/22/08	Failure to disclose; substance abuse	Open	
2008-B-132	05/22/08	Failure to disclose; substance abuse	Closed with Advisory Letter	08/08
2008-A-134	06/26/08	Substance abuse	Agreed Order	08/08
2008-C-135	06/27/08	Negligence	Open	08/08
2008-D-184	04/13/08	Action in another state; failure to report	Open	
2008-A-185	05/12/08	Action in another state; failure to report	Open	
2008-B-186	05/16/08	Incompetency to practice	Open	
2008-D-187	05/30/08	Injudicious prescribing	Open	
2008-C-188	06/18/08	Substance abuse	Open	
2008-A-189	06/27/08	Substance abuse; failure to disclose	Open	

Disciplinary Actions

All Board disciplinary actions are scanned and posted on the Board's website, where they are easily available to concerned consumers. Actions are also reported to the National Practitioner Data Bank and the Health Integrity Protection Data Bank

The following is a breakdown of the actions taken against Physicians in FY08:

Description	FY08
Notice of Contemplated Action Issued	11
Hearings	5
Summary suspensions	0
Licenses revoked	1
License suspended	0
License stipulated	11
Licenses surrendered or applications withdrawn in lieu of action	3
Applications/reinstatements denied	0
Other disciplinary actions	3
Public Letter of Reprimand	2
Referrals to examining committees under Impaired Physician Act	1
Voluntary surrender of license under Impaired Health Care Provider Act	0
Total Licensing Actions	37
Reduction of stipulated terms	2
Completed terms of probation and unrestricted license restored	7

Physician Assistants:

During FY08, one application was withdrawn by a physician assistant as a result of an investigation. This action is not included in the total above.

Impaired Health Care Provider Act:

The Impaired Health Care Provider Act, §61-7-1 to 61-7-5, NMSA 1978, gives the Board authority to restrict, suspend or revoke a license if the practitioner is unable to practice with reasonable skill or safety because of mental illness, physical illness, or habitual or excessive use or abuse of drugs or alcohol. Physicians can request voluntary restriction of their license, or the Board may, through the use of an examining committee, make the determination the physician is impaired. In FY08, the Board referred one physician for evaluation by a special examining committee. Other licensees were referred directly to the Monitored Treatment Program or to other physician evaluation services.

The Impaired Health Care Provider Act also gives the Board authority to contract with a program of care and rehabilitation services to provide for the detection, intervention and monitoring of impaired providers. The Board has a current contractual agreement with the New Mexico Monitored Treatment Program (MTP) to provide these services. In FY08, a total of 63 physicians and physician assistants participated in MTP; 35 of these were mandated by the Board and 28 were voluntary participants. There were 2 physicians and 1 physician assistant that relapsed, all were mandatory participants. Fourteen physicians successfully completed the program, 8 were voluntary and 6 were board mandated. One physician assistant successfully completed the program during FY08.

Information and Education

Consumer Information:

The Board provides interested consumers with a brochure, either in Spanish or English, containing information on how to submit a complaint against a physician or a physician assistant. This brochure is sent on request to individuals who have called the Board office with questions about filing a complaint against a licensed practitioner. It is also available through the New Mexico Medical Society and has been sent to hospitals statewide to be available to patients on request. This brochure contains information on how to file a complaint, the Board's statutory jurisdiction, and information on other avenues that a patient may pursue if the complaint falls outside of the Board's jurisdiction. A second brochure is provided to physicians, physician assistants and anesthesiologist assistants who are named in a complaint. This brochure provides information about the complaint process, the respondent's responsibilities, and possible outcomes of an investigation.

Website:

Since April 2001 the Board's website (www.nmmb.state.nm.us) has contained basic demographic and license information as part of the "Physician Locator." Hosted by Administrators in Medicine (AIM), an organization of Medical Board Executive Directors, information about licensing in twenty-three states is available at one site: www.docBoard.org. Information on physicians and physician assistants is updated at least two times per week to reflect current information accurately.

Additional information on the website of interest to consumers includes information on filing a complaint against a physician or physician assistant, a copy of the most recent roster of licensees, links to other agencies, meeting minutes, newsletters, and a Board meeting schedule. Other information, including applications, fee information, policy statements and a copy of the current rules and statutes are generally of more interest to applicants and licensees.

Physician Directory:

The Official List of active physicians and physician assistants continues to be published annually and mailed to those licensees who have requested a copy, as well as to the State Library. A hard copy is available for other individuals or facilities that pay a nominal fee of \$20 to cover the cost of printing and mailing. The information is also available in PDF format on the website and on a procurable CD-ROM.

Newsletter:

The Board publishes two newsletters each year, in April/May, and again in October/November. All disciplinary actions taken by the Board are listed in the newsletter. Any proposed statutory or rule changes receive prominent placement in the newsletter so that the Board can receive as much public input as possible. Newsletters are also available on the Board's website and at the State Library to allow public access to the information.

Budget

The approved operating budget for FY08 was \$1,586,600 00, with expenditures as follows:

Account	Description	Expended
200	Personal Services and Benefits	\$ 908.1
300	Contractual Services	\$ 298.1
400	Other	\$ 279.3
500	Other Financing Uses	\$ 0
Total Expenditures:		\$1,485.5

Revenues:

The operation of the Board is funded entirely through self-generated fees, primarily through initial licensing and license renewal. At the end of FY08 the Board maintained a fund balance that totaled \$1,097,600. The fund balance consists of revenue from past years that exceeded Board expenses. It is used for capital investments or unanticipated expenses that could result from legal actions. In FY08, renewal fees were increased to cover overall licensing operations.

Account	Description	Received
4164	Trade & Professions Licenses	\$ 268,450
4174	Reg for Trades & Professions	\$1,090,615
4179	Other Registration Fees	\$ 337,400
4339	Other	\$ 52,485
4614	Other Penalties	\$ 18,775
Total Revenues:		\$1,767,725

Audit:

The annual audit of the agency has been completed for June 30, 2007 (FY07), submitted, and approved by the State Auditor with two (2) adverse findings, as follows:

- 1 The Board did not approve the Final Audit; and
- 2 The Board did not report Board Member Per Diem as required under Section 10-8-5 I of the Per Diem & Mileage Act.

The Board has implemented internal controls and procedures for correcting the above adverse audit findings.

Performance Based Budgeting:

The New Mexico Medical Board began using performance based budgeting in 2002. Through the agency's participation in Quality New Mexico and work with the Performance Based Budget requirements, staff members have gained a new perspective and appreciation for the planning process. We have spent many hours evaluating and reviewing how we operate and how we want to operate more strategically and developing work processes and performance measures for each aspect of the agency's primary functions.

The application of new technology in licensing and enforcement will continue to put pressure on regulatory agencies to improve responsiveness to customer needs while keeping costs low. This technology includes e-commerce, expanded automation of licensing and enforcement activities, total integration of licensing and enforcement activities into a single system, increased security over all records, remote access, integrated document management and electronic exchange of information.

Accomplishments

Beginning July 1, 2008, the New Mexico Medical Board (NMMB) began waiving the licensure application fee for applicants who choose New Mexico as their first state of licensure. In collaboration with the Governor's Health Solutions, NM Legislature, the NM Medical Society and the University of New Mexico, the NMMB voted to waive the application fee on a trial basis in an effort to recruit and retain physicians in New Mexico. The authority to waive the fee was passed during the 2008 Legislative Session and signed by Governor Richardson pursuant to Senate Bill 127.

During the 2008 Regular Legislative Session, the following bills were passed that affect the New Mexico Medical Board:

- *HB 177 – Amended the Medical Practice Act to grant the NMMB authority to issue emergency summary suspensions of licenses under certain conditions
- *SB 127 – Authorized the NMMB to waive licensure fees for applicants who choose New Mexico as the first state of licensure to promote medical doctor recruitment and extended the Sunset date of the Medical Practice Act from 2009 – 2015
- *SB 269 – Created the Polysomnography Practice Act and provides for licensure of Polysomnographic Technicians & Technologists under the NMMB
- *SB 415 – Amended the Medical Practice Act to include licensing requirements for Genetic Counselors under the NMMB
- *HB 89 – Amended the Umbilical Cord Blood Banking Act to add Physician Assistants under the definitions of health care providers.
- *HB 275 – Established the Advanced Practice Chiropractic Certification Registry for Chiropractic Physicians and authorizes Certified Advanced Practice Chiropractic Physicians to issue prescriptions

Other accomplishments included a comprehensive review and revision of several Board rules. The following is a summary of the revisions:

1. Licensure (16.10.2) – Added a provision: "If New Mexico is the first state of licensure, initial licenses are valid for a period of not less than twenty-four months or more than thirty-five months and shall be renewed on July 1";
2. License Expiration (16.10.2) – Revised Subsection D of Section 12, License Expiration to read: "Postgraduate training licenses are valid for no longer than three years but may be renewed for a period not to exceed six years, as long as the license holder is enrolled in a board approved training program";
3. License Expiration (16-10-2) – Removed Subsection D of Section 17 regarding accepting criminal background checks from another state because the FBI does not allow criminal background check documentation to be shared from agency-to-agency;
4. Examinations (16.10.3) – Subsection E of Section 9 was revised to expand and clarify the Board's authority to grant exceptions to the seven-year requirement for qualified applicants;
5. Examinations (16.10.3) – Added definitions in Section 7. Revised Subsections A, B & C to clarify and simplify eligible exam combinations;
6. Continuing Medical Education (16.10.4) – Subsections A, B & C of Section 8 were revised for clarification. Subsections A & B of Section 11, added language "whether taken in an on-site format or taken using the Internet". In Section 12, language was removed limiting the number of hours that are obtained using the Internet. Subsections A, B & C of Section 13, Verification of CME, were revised for clarification; added that settlements and fines may be offered for physicians unable to provide the required documentation in lieu of initiating disciplinary action;
7. Continuing Medical Education (16.10.4) – In Subsection B of Section 10, NM Specific CME, corrected language to delete "whether taken in an on site format or taken using the internet", as these credits are for committee participation and not available on the Internet;

8. Complaint Procedure & Institution of Disciplinary Action (16.10.6) – Added Section 29, Parental Responsibility Act Compliance, that outlines the regulations for complying with the Parental Responsibility Act;
9. License Expiration, Renewal & Reinstatement (16.10.7) – Added definitions in Section 7 of “nationwide criminal history record” and “nationwide criminal history screening”. In Sections 9 & 18, added that the criminal background screening includes nationwide;
10. Medical Ethics (16.10.8) – In Section 7, added the definition of an established physician-patient relationship. Revised Subsection L of Section 8 to define prescribing, dispensing or administering drugs to a patient when there is no established physician-patient relationship;
11. Fees (16.10.9) – Revised Subsection H of Section 7 to state the fee for a nationwide criminal history screening is equal to the current FBI and Department of Public Safety fee. In Section 12, Miscellaneous Fees, increased the copying fee and license verification fee;
12. Fees (16.10.9) – Increased fees for license application, triennial renewal, late fee, and reinstatement. Deleted fees for duplicate licenses.;
13. Pharmacist Clinicians (16.10.11) – Revised Subsection I of Section 9 to read: “A physician may supervise as many pharmacist clinicians as the physician can effectively supervise and communicate with in the circumstances of their particular practice setting.”;
14. Supervision of Non-Licensed Physicians (16.10.12) – Establishes rules for Board approval of any proposed practice of a supervised non-licensed physician, and clarifies scope of practice and time frames;
15. Delegated Use of Devices and Procedures by Medical Assistants; Cosmetic Injections (16.10.13) – Clarified the definition of “medical therapeutic or cosmetic medical procedure device, or treatment” and added a “Public Communication” section addressing advertising cosmetic procedures;
16. Physician Assistants: Licensure & Practice Requirements (16.10.15) – In Section 7, Definitions, clarified “alternate supervising physician”, added “effective supervision”, removed “oral communication”, and added “direct communication”. In Subsection H of Section 9, removed rule accepting criminal background checks from another state because the FBI does not allow criminal background check documentation to be shared from agency-to-agency. In Section 10, Interim Training & Permits, added training permits may be issued to eligible applicants, regardless of NCCPA certification. In Subsection A of Section 11, Approval of Supervising Physicians, revised to allow a physician to supervise as many physician assistants as the physician can effectively supervise and communicate with in the circumstances of their particular practice setting; and
17. Administering, Prescribing and Distribution of Medications (16.10.16) – removed the archaic formulary language for physician assistant prescribing

✚ The Board continues to support physicians and physician assistants with their continuing medical education and approves awarding 2 CME credits to physicians and physician assistants who review the Board’s Rule on the management of chronic pain and read the booklet “Responsible Opioid Prescribing: A Physician’s Guide” developed by the Federation of State Medical Boards

✚ The Board office collaborated with the NM Medical Society, the Greater Albuquerque Medical Association, the NM Hospital Association, the UNM Medical Students Society and state hospitals to assist all state physicians with access to fingerprinting resources. A list of certified fingerprinting agencies, in addition to law enforcement agencies or university campus police, was compiled and posted on the Board’s web site for physician reference. The Board completed the first of three rounds of renewals requiring criminal background checks, with over 2900 background checks successfully processed. As a result of the background checks, a number of licensees with DUIs have been referred into the monitored treatment program

✚ In FY08, the Board created a temporary position for a Medical Director, then moved that contract position to a salaried one. The Board is requesting an expansion in FY10 to create an authorized classified position.

✚ The Board enhanced their contract for the L2000 database services that maintain the active files and archives on all licensed physicians, physician assistants, and anesthesiologist assistants in conjunction with the Regulation and

Licensing Department. The enhancement included meaningful scope of work targets that also provide for accountability

✦ The Board has been able to meet the requirements of the state Strategic Monitoring Plan, and has measured the licensing operations more efficiently, which has also included monitoring revenues by type of licensing fee received, that then leads to accounting for the number of licenses issued. This tool allows the Board to determine the number of applications received versus the number of licenses issued.

✦ The Board continued to collaborate with many other state agencies and organizations during FY08. The Board's representative participated in the Governor's Pain Management Advisory Council. In addition, the Board's Executive Director has been reaching out to credentialing entities in presenting an overview of the Board's functions, projects and new initiatives.

✦ The Board continues to survey new licensees with respect to the service they are provided during the process of application and licensing. Approximately 30% of new licensees return the survey to the Board and, of these, 97% rated their overall satisfaction with the service they received by the Board as "excellent" or "very good".

✦ The Board has continued to work in collaboration with the Board of Psychologist Examiners in the on-going implementation of rules governing prescribing authority by psychologists. The Board recommended that the Board of Psychologist Examiners make no further substantive changes to the psychology prescribing rules for at least three years in order for the program to stabilize, and to be measured and evaluated. In addition, the Board continues to support supervising physicians by providing clear and consistent guidelines; therefore, a Physician Supervision Taskforce was formed to review all of the various supervisory roles and relationships of physicians.

A Look Ahead

- ✦ Access to medical care continues to be an issue in New Mexico. The Board is continually assessing the existing processes and identifying and pursuing any changes required in the regulatory system to facilitate the entry of qualified physicians and physician assistants into the state. For example, physicians who applied for licensure by endorsement generally benefited from a shorter application processing time, since a more streamlined licensing process is available to physicians with a current, undisciplined license in another state. The Board's new criminal background check rule allows for the overall licensing process to proceed while the background check is conducted, and this avoids an unwieldy regulatory barrier that would delay licensing.
- ✦ The Board is in the process of creating an on-line application process. Initial applications for licensure are much more complex to process than license renewals due to the number and variety of original source documents that must be received to confirm training and experience. We anticipate that on-line initial applications will begin in the Spring of 2009. This on-line process also will allow applicants access to on-line information about the status of their application – for example, to know what required documents are still missing. Board staff anticipates that this feature alone will significantly decrease the licensure processing time, both because applicants will be able to follow up on missing items, and because licensing staff will be able to spend less time providing frequent telephone status-checks, and more time on processing applications.
- ✦ Future plans also include a program that will allow hospitals, health plans, and other agencies to gain direct view-only access to public information on the Board's licensing database for identified physicians. We envision an annual fee that would allow an eligible entity to select physicians associated with the entity. The entity would be allowed to query the database for those selected physicians at any time to check the status.
- ✦ The Board will continue to work at implementing incentives for Residents and Fellows who graduate from UNM to remain and practice medicine in New Mexico.
- ✦ The Resident and Graduate Assisted Placement Services (RAPS & GAPS) programs of the University of New Mexico Health Sciences Center strive to increase the number of UNM health professions graduates choosing to practice in underserved areas in New Mexico. Job Fairs designed to introduce practice opportunities in New Mexico for graduates of UNM Residencies and Fellowships were held annually from 2000 through 2003. The Job Fair program was reintroduced this year and sponsored, in part, by the NM Medical Society. A Job Fair was held in November 2007, with the commitment of many health care organizations offering attendees with information on job opportunities. The Board participated and presented the licensing requirements, including the "Do's and Don'ts" in applying for licensure, in order to streamline and minimize the application and licensure process.
- ✦ The Board, at its November 2007 meeting, appointed an Executive Committee comprised of the Executive Members of the Board, Dr. Kovnat, Dr. Weiner, and Lynn Hart, Executive Director. This Committee will review the FBI positive fingerprint reports and anonymous complaints to the Board before opening any investigation of the information received by the Board. Drs. Kovnat and Weiner currently present the summaries of these deliberations to the Board with a recommendation as to whether or not a case file should be opened by the Investigation Department. The Board then votes on a case-by-case basis. A summary of the information will be kept in a "For Information Only" file.
- ✦ The Board, in collaboration with the Health Policy Commission, is working on implementing an on-line physician survey for the purpose of developing and maintaining meaningful demographic and longitudinal data.
- ✦ During FY09, the NMMB will draft regulations providing licensing requirements for Genetic Counselors. Pursuant to SB 415, all Genetic Counselors practicing in New Mexico will need to be licensed effective July 1, 2009.

In FY09, the NMMB will appoint a Polysomnography Practice Advisory Committee (PPAC) to work with Board Staff in developing regulations providing licensing requirements for Polysomnography Technologists Pursuant to SB 269, all Polysomnographic Technologists practicing in New Mexico will need to be licensed effective July 1, 2010

The Board expects the second round of criminal background checks processed during the FY09 triennial renewal cycle to progress as efficiently and effectively as the first round in FY08.

The NMMB will continue to collaborate with the Board of Psychologist Examiners on all issues that may arise in the on-going licensing and regulation of Prescribing Psychologists and any proposals to expand or revise existing regulations

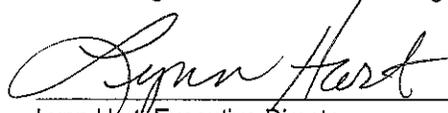
Pursuant to HB 275, the NMMB will begin collaborating with the Pharmacy Board and the Chiropractic Board in the implementation of training for a prescriptive formulary for Certified Advanced Practice Chiropractic Physicians

During FY09, the Board will be required to request proposals for the renewal of the contract for the Monitored Treatment Program for impaired practitioners.

The NMMB and the University of New Mexico continue to work on programs and procedures that benefit Residents and Fellows, in addition to building a synergistic relationship with the University Using a variety of approaches, experts, and investigators, the NMMB supports the University's efforts to provide training to Residents and Fellows in such areas as ethics, prescription-writing and practitioner substance use disorders

The Board's expansion request to have a Medical Director on staff, versus a contract position, will provide enhanced benefits to the operation of the Agency through the additional accessibility of the Medical Director's expertise The Medical Director provides advice on several key activities related to the receipt and initial processing of licenses, and problems arising with license renewals and reinstatements. This position also provides consultative assistance to staff on questions about scope of practice, standards of medical care, and medically-related questions arising during an investigation.

The Board anticipates continued vigorous growth in both licensure and disciplinary activities. Throughout this growth, Board members and staff remain committed to our statutory mandate of protecting the health and well-being of the New Mexican public, and our agency goal of increasing access to quality health care by careful and efficient licensing and thorough and constructive oversight.


Lynn Hart, Executive Director