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# New Mexico Medical Board

## 2004 Annual Report

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The New Mexico Medical Board is pleased to present its Year 2004 Annual Report. The New Mexico Medical Board (NMMB) is the state agency responsible for the regulation and licensing of physicians (MDs), physician assistants, and, starting in FY01, anesthesiologist assistants. It is an executive agency supported solely by self-generated fees. It is one of five independent professional licensing agencies that exist outside the Regulation and Licensing Department. Although government supports over 200 boards and commissions, the five “independent” boards are unique in their mission and their funding.

### **OVERVIEW OF AGENCY**

The mission of the agency is to promote excellence in the practice of medicine through licensing, discipline, and rehabilitation. Our vision is “quality physicians and physician assistants in every needed area of the State.” We have further defined the purpose of our program as providing regulation and licensure to medical doctors, physician assistants, and anesthesiologist assistants, to ensure competent and ethical medical care to consumers.

The Medical Practice Act (Section 61-6-1 NMSA 1978) specifically defines the purpose of the board:

**“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 Board of Medical Examiners to implement and enforce those laws and regulations.**

**The primary duties and obligations of the board of medical examiners 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.”**

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

Agency values focus on the following three areas:

- **Employees.** Our employees are most important. 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: physicians and consumers. 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.

**BOARD**

The Board consists of 9 governor-appointed members who dedicate hundreds of hours each year reviewing complaints and developing policy for the agency. In 2004, the Medical Practice Act was amended to add a physician assistant position to the Board. Six of the appointed members are physicians, one is a physician assistant and two members represent the public.

Member Name	Initially Appointed	Re-appointed	Term Expires
John S. Romine, MD, Chair Farmington Orthopaedic Surgeon	11/30/95		
Paul Kovnat, MD, Vice-Chair Santa Fe Internal Medicine; Nephrology			
C. Grant La Farge, MD, Secretary Santa Fe Cardiology	3/16/98	2/19/02	
Vivian Giudice, M.D. Albuquerque Family Practice			
Prakash Ranka, M.D. Hobbs Obstetrics & Gynecology			
Steve Weiner, M.D. Santa Fe Orthopaedic Surgeon			
Reza Ghadimi, PA Albuquerque Orthopaedic Rehabilitation			
Maureen Boshier Albuquerque			

Public Member			
Richard Heim Albuquerque Public Member			

### ***Board Leadership***

**John S. Romine, M.D.**, a Farmington orthopaedic surgeon, has led the Board as Chair since 1999. He has a clear vision of bringing the NMMB into the electronic age and addressing the issues that face the practice of medicine head-on.

**Paul Kovnat, M.D.**, serves as Vice-Chair of the Board.

**C. Grant La Farge, M.D.**, Board Secretary-Treasurer, serves a vital function in Board operations. He is in the board office approximately 30 hours per week, primarily reviewing applications and interviewing applicants. He also serves as the Board liaison with the UNM School of Medicine and the NM Medical Review Association. Staff rely on Dr. La Farge to recommend rule and policy changes, review continuing medical education, coordinate committees for impaired practitioners and coordinate with other agencies on approval of medical colleges.

### ***Meetings***

The Board held four quarterly meetings in FY04. The Board also held special meetings in November and January to make decisions related to physician discipline and discuss proposed rule changes.

## **STAFF**

### ***Board Staff***

#### **Executive Director**

**Charlotte Kinney**

#### **Administrative Staff**

Lynn Tipton, Administrative Assistant

Jenny Felmley, Public Information Officer

Deborah Brandle, Financial and Human Resources Manager

Jutka Szabo, Financial Clerk

#### **Licensing Staff**

Barbara Mohler, Licensing Manager

Julie Martinez, License Renewals and Physician Assistant Licensing

Amanda Quintana, Quality Assurance Manager

Jessica Bransford, Licensing Clerk

#### **Investigative Staff**

Lynne Schmolke, Chief Investigator

## *Legal Staff*

G.T.S. Khalsa, Board Attorney

Corliss Thalley, Assistant Attorney General

## **ENFORCEMENT**

Quality enforcement is the most 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 tracking formal complaints, the Board keeps a comprehensive file on informal complaints, referrals to other agencies, and malpractice actions.

## *Disciplinary Actions*

In 2002, the Board took the following actions, a significant increase from previous years:

<b>Physicians:</b>	<b>2001</b>	<b>2002</b>
Notice of Contemplated Action Issued	6	13
Hearings	4	2
Summary suspensions	1	1
Licenses revoked	3	2
License suspended	1	1
License stipulated	13	8
Licenses surrendered or applications withdrawn in lieu of action	0	4
Applications/reinstatements denied	0	3
Other disciplinary actions		7
Public Letter of Reprimand	1	1
Referrals to examining committees under Impaired Physician Act	2	9
Voluntary surrender of license under Impaired Health Care Provider Act	1	3
<b><i>Total Licensing Actions</i></b>	<b><i>22</i></b>	<b><i>39</i></b>
Reduction of stipulated terms	7	6
Completed terms of probation and unrestricted license restored	3	6

**Physician Assistants – no actions were taken against PAs in 2002.**

## *Investigations*

In 2002, the Board received 125 complaints for investigation. Of that number, eleven were closed with some type of Board action. The Board closed sixty-one cases with a determination that there was no violation of the Medical Practice Act. Fifty-four cases remain open as of December 31, 2002. The number of closed complaints with action is higher than eleven because some actions are the result of investigations from previous years or, in some cases, there is no actual investigation when a physician self-reports a substance abuse problem.

### ***Complaints***

The Board uses three complaint committees; each made up of two board members, to review consumer complaints against physicians. The complaint committees meet prior to quarterly board meetings, carefully reviewing the records and evidence. When a committee considers a complaint regarding a physician assistant, a member of the Physician Assistant Advisory Committee participates in the review.

After a thorough review, the complaint committee makes a recommendation to the full Board for further action or closure. All complaints are confidential 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.

### ***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.

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 to provide these services. To fund this program, \$30 per year is collected as part of each license renewal.

### ***Expert Witness/Medical Record Review***

The Board has executed an agreement with the University of New Mexico School of Medicine for expert review of medical records. The Board also contracts as needed with medical experts to review records, render opinions and testify at hearings.

## ***PUBLIC AWARENESS***

### ***Consumer Information***

The Board continues to provide interested consumers with a brochure 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.

Board members and staff were active participants in the New Mexico Pain Conference and Summit, a two-day meeting on October 14 and 15 sponsored by the New Mexico Pain Initiative.

### ***Website***

Since April 2001 the Board’s website ([www.state.nm.us/nmbme/](http://www.state.nm.us/nmbme/)) has contained basic demographic and license information as part of the “Physician Locator.” Hosted by the Administrators in Medicine (AIM), an organization of Medical Board Executive Directors, information about licensing in twenty-three states is available at the one site: [www.docboard.org](http://www.docboard.org). Information on physicians and is updated at least two times per week to accurately reflect updated information.

In 2002 the Board added all public disciplinary information to the Physician Locator. When a physician or physician assistant is entered there will be a statement at the bottom of the demographic data indicating if there are any Public Actions. If there are public actions there is a link to a copy of all public documents related to the physician, often including a Stipulation of Licensure, Notice of Contemplated Action (the charging document), and any Orders. This information makes it much easier for the public to access information they need to know about individual practitioners.

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 and newsletters, recent disciplinary actions (as part of “What’s New”), and a board meeting schedule. Other information, including applications, fee information, policy statements and a copy of the current rules and statute 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 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.

### ***Newsletter***

Two newsletters were published during FY02. All disciplinary actions taken by the Board for the year are listed in this newsletter. Newsletters are also available on the Board’s website to allow public access to the information.

## **LICENSING**

A majority of Board resources go into the initial licensing and license renewal of physicians and physician assistants.

<b><i>Category</i></b>	<b><i>FY01</i></b>	<b><i>FY02</i></b>
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# of MD licensees	5822	5801
# of MD licensees identified as practicing in NM	3603	3800
# of new licenses issued	325	352
# of licenses renewed	1796	1813
# of physician assistant licenses	264	315
# of new physician assistant licenses	23	28
# of anesthesiologist assistant licenses	4	5

### *Physician Application Process*

Numerous changes have been made in the licensing process for physicians during the past year, with more changes being planned based on proposed statutory changes to the Medical Practice Act.

A careful analysis showed that the physician licensing process was being delayed by the requirement that source documents be provided through the Federation Credentials Verification Service (FCVS). The average processing time for FCVS was 78 days just to verify education, training and examinations. Additional time is required after the receipt of the FCVS profile for review and, in some cases, clarification of findings. However, the Board believes that FCVS is a valuable tool for applicants so at this time each applicant may choose to apply directly to the Board or to use FCVS for source documents. The advantage of using FCVS is that once the documents are on file subsequent applications can be easily verified, making it an attractive resource to physicians who want licensure in multiple States.

Beginning in 2003 an additional resource will be available for physicians seeking a New Mexico license. The rules have been changed to accept licensing documents directly from Hospital Services Corporation (HSC), a New Mexico corporation certified by NCQA as a Credential Verification Organization. Because most hospitals and health plans in the State use HSC for verifying credentials, this will not only expedite the licensing and credentialing process for physicians moving to New Mexico, but it will reduce paperwork because the Board and HSC will share the “statewide application.” The physician will only need to complete one application form for both licensing and credentialing.

Telemedicine licenses were issued starting in May 2002. This is a “fast track” licensing process for physicians who work in another state where they hold a valid license with no discipline, but who “treat” patients located in New Mexico. Most practitioners with a Telemedicine license are either radiologists or pathologists who provide services under contract to facilities in New Mexico.

As required by the Medical Practice Act, a member of the Board interviews all applicants for licensure. When the application is complete, including the interview, the applicant is issued an interim permit. Permanent licenses are issued twice a year, in May and in November, following a mandatory Orientation meeting. As part of an initiative to streamline the application process the board has voted to eliminate mandatory personal interviews and on-site orientation. Although the Board has decided to head in this direction, it will take a change to the Medical Practice Act and the rules before they can be implemented. The Board plans to maintain the personal interview for any applicants with a licensing history that needs further clarification, but not mandate it for those with a totally “clean” history with no unexplained gaps or questionable references. Orientation

material will continue to be distributed to assist the physician who is new to practice or new to the State. However, it will not require on-site attendance at a meeting.

### ***Physician Assistant Application Process***

Applicants for licensure as a physician assistant complete a New Mexico application form and are interviewed by a member of the Board. When the application is complete, including the interview, the applicant is issued an interim permit. Permanent PA licenses are issued twice a year, in May and in November, following a mandatory Orientation meeting. This process will also be changed consistent with changes to the physician licensing process.

### ***Verification of Licensure***

In past years telephonic and written license verification was a major task, requiring the effort of a full-time employee. Before licensing information was available on the Internet over 13,000 verifications were processed each year. In 2002 only 1,067 requests for written verification were received and processed. Many of these written requests are required by other states when a physician licensed in New Mexico applies for license in another state to verify good standing and disciplinary status.

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.

Future plans include a program that will allow hospitals, health plans, and other agencies to gain direct view-only access to the 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 status.

## **BUDGET**

The Approved Operating Budget for FY02 was \$909,400 with expenditures totaling only \$819,800.

### ***Revenues***

The operation of the Board is funded entirely through self-generated fees, primarily through licensing and license verification. The Board maintains a fund balance that totaled \$2,001,900 at the end of FY02. The fund balance consists of revenue from past years that exceeded board expenses. It is to be used for capital investments or unanticipated expenses that could result from legal actions. In FY03 an additional \$226,500 has been budgeted from cash reserves to purchase a new licensing software program for physicians and physician assistants. This software will be web-enabled and allow applications and license renewals to be performed on-line. This special funding is not included in the base expenses listed below.



*Revenue, by category*

	<i><b>FY02 (actual)</b></i>	<i><b>FY03 (projected)</b></i>
Licensing Fees, initial and renewal licenses:	\$ 204,400	\$ 224,000
Other Fees, primarily license verification	\$ 395,800	\$ 410,000
Other Registration Fees (Impaired Program)	\$ 168,500	\$ 179,800
Other Misc. Fees (License verification, etc.)	\$ 36,300	\$ 72,600
Late Fees and Penalties	\$ 16,400	\$ 23,000
Fund Balance	0	\$ 22,200
<b><i>Total Revenue:</i></b>	<b><i>\$ 821,400</i></b>	<b><i>\$ 931,600</i></b>

*Expenses, by category (includes valid encumbrances)*

	<i><b>FY02 (actual)</b></i>	<i><b>FY03 (projected)</b></i>
200 Personal Services/Employee Expenses	\$ 493,800	\$ 519,300
300 Contractual Services	\$ 204,300	\$ 257,600
400 Other Costs, incl. Operating Transfers	\$ 121,700	\$ 154,700
<b><i>Total Expenditures</i></b>	<b><i>\$ 819,800</i></b>	<b><i>\$ 931,600</i></b>

***Audit***

The annual audit of the agency has been completed, submitted, and approved by the State Auditor with no adverse findings on the audit for the past seven years.

***Performance Based Budgeting***

Starting in FY02 NMBME is using performance based budgeting, which incorporates strategic planning and performance measurement. Through the agency's participation in Quality New Mexico and work with the Performance Based Budget requirements, staff members are gaining a new perspective and appreciation for the planning process. The process is time consuming and with no "trainer" or other expert available on-staff, we have spent many hours evaluating and reviewing how we operate and how we want to operate more strategically.

Healthcare regulation has been the focus of national attention over the past few years. Both the PEW Foundation and the Institute of Medicine issuing reports calling for sweeping

changes in regulation of the industry. These reports addressed issues of medical errors, assuring continued competence of medical professionals, and facilitating practice across state boundaries (telemedicine). Other national trends affecting the licensing of physicians include provider profiling and rigorous background checks prior to licensing.

The application of new technology in licensing and enforcement will 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**

The New Mexico Board of Medical Examiners made a number of major accomplishments in 2002. Many were related to the Board's goal of a "paperless" office.

In May, the Board held its first strategic planning retreat, working with a facilitator to define a vision of a proactive board that communicates effectively with the public, works collaboratively to develop a strong educational component, with a reputation as competent advocates or coaches. The retreat helped to clarify the roll of the board and improve communication between board members and executive staff. It was clear from the discussions that the board desires to be proactive in their role of protecting the public and facilitating licensing.

In August the first regular board meeting was held using laptop computers for all meeting information instead of the large notebooks previously required. In October the Complaint Committees also went paperless. Meeting documents are all scanned into Adobe Acrobat files and transmitted on a CD to each board member, thus eliminating the need for copying, re-copying (when issues require several meetings to reach a decision), and shredding confidential documents following the meeting.

Renewal and malpractice information is now scanned and kept in a paperless format for easy access. In the past the chore of filing over 2,000 renewal applications each year was a major drain on staff resources.

All permanent licensing files have been transferred to the State Archives for safe storage. Since these files contain original licensing documents there were serious concerns about loss or destruction from a leaky roof or fire. In addition a storage locker that contained closed complaint files has been emptied with the contents archived to be easily retrievable.

In addition, much of the information provided to our customers is now available on CD as well as paper. This includes licensee lists and labels and the Orientation information given to new licensees.

Other significant accomplishments during 2002 were related to legislative initiatives. New Mexico became the first state to allow licensed psychologists to prescribe controlled substances with the caveat that the education, examination, supervised clinical experience and supervised practicum required in the law must be approved by both the Board of Psychologist Examiners and the Board of Medical Examiners. A joint committee of the two boards has been meeting, along with various subcommittees, since June to develop recommendations for training standards, formulary, examination, and supervision requirements. The Board anticipates a joint rule hearing to approve rules implementing this initiative in 2003.

Board members and staff also participated in the Task Force created by Senate Memorial 22 to study pain management in New Mexico. As a result of recommendations made by this Task Force the Board made several changes, including changed the existing Guidelines on Pain Management to a rule titled “Management of Chronic Pain with Controlled Substances.” In addition, the board is working to make the disciplinary process more transparent to providers, an identified concern that may have a deleterious effect on appropriate prescribing for pain.

The Executive Director chaired the licensing subcommittee of House Joint Memorial 61, the Standardize Licensing and Credentialing of Health Care Providers Study. Based on the recommendations of this study the Board has agreed to use the Statewide Provider Application and other changes to make the licensing process more consistent with the credentialing process.

***A LOOK AHEAD***

While the Board is positioning to deal effectively with the ever-changing healthcare environment, they have been careful not to “over-regulate.” As they begin participating in the planning process we anticipate increased focus on strategic issues. Both staff and board members actively monitor the regulatory environment through attendance at state and national meetings.

The physician shortage, real or perceived, is another issue that will impact the NMBME in the next several years. The Board must determine if changes are required in the regulatory system to facilitate the entry of physicians and physician assistants into the state.

Goals for the next few years include: update licensing and complaint processing software, streamline licensing and enforcement processes, update paper management procedures to assure important documents are protected, develop work process flow charts, develop a coordinated training effort for staff and board members, and improve outreach to consumers.

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Charlotte J. Kinney,  
Executive Director

Date

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C. Grant La Farge, M.D.  
Secretary-Treasurer