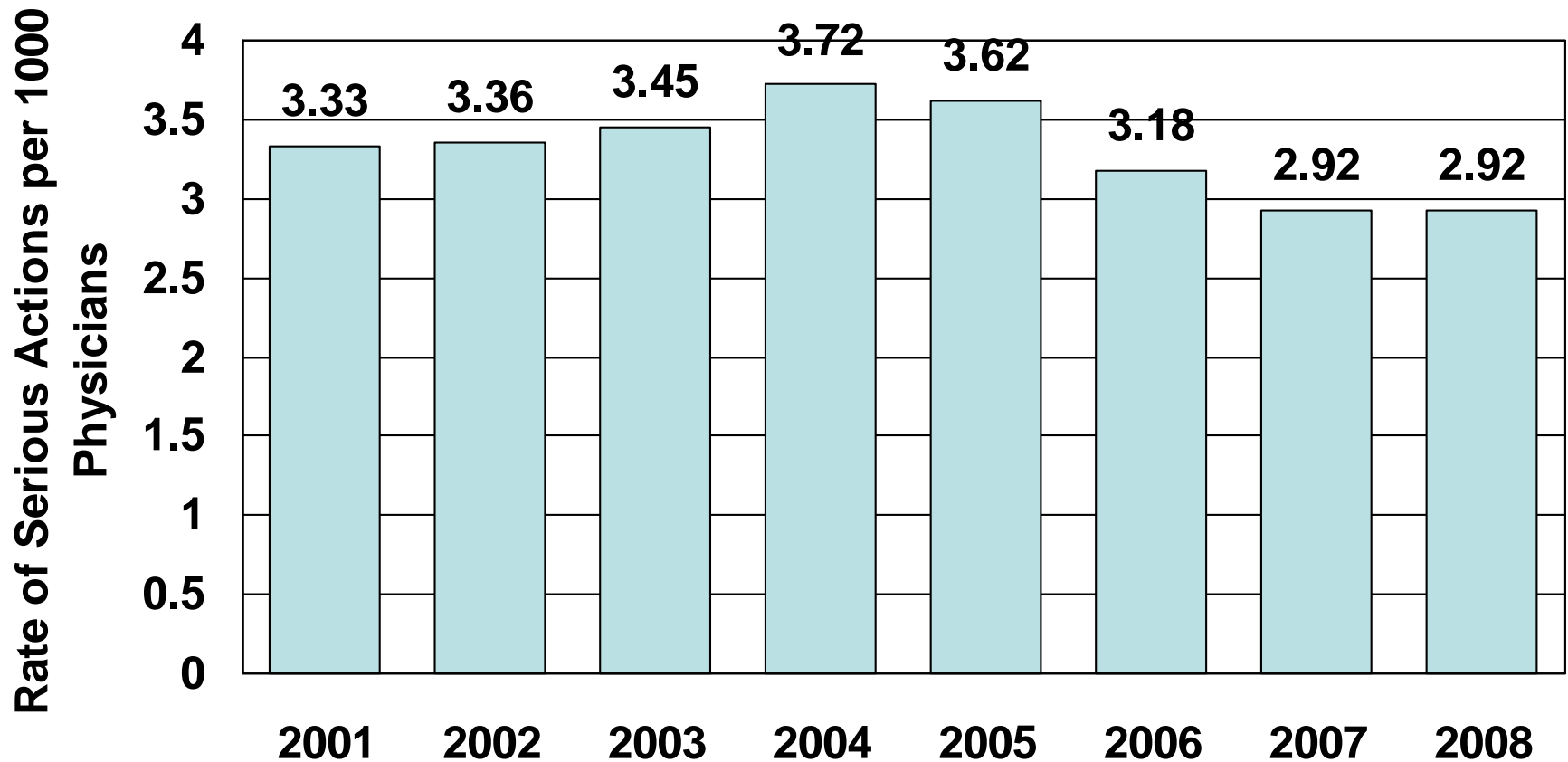


Public Citizen's Brief Medical Board Disciplinary Rate Update and Board Web Site Report Card

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Presented at:
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Washington, D.C.
May 2, 2009

Annual Rate of Serious Disciplinary Actions by State Medical Boards: 2001-2008



Five States With Largest Increases in Rank for the Rate of Serious Disciplinary Actions From 2001-3 to 2006-8

State	01-03 Rank	06-08 Rank	Increase in Rank	Increase Rate/1000 docs
D.C.	42	17	25	1.68
Hawaii	51	13	38	2.86
Illinois	35	15	20	1.47
Maine	34	10	24	1.93
North Carolina	41	14	27	1.85

Five States With Largest Decreases in Rank for the Rate of Serious Disciplinary Actions from 2001-3 to 2006-8

State	01-03 Rank	06-08 Rank	Decr. in Rank	Decrease Rate/1000 docs
Alabama	13	36	23	2.10
California	22	43	21	0.93
Georgia	15	42	27	1.95
Mississippi	20	48	28	1.50
New Hampshire	25	46	21	1.13

- Only 8.3 percent of doctors who made two or more malpractice payouts were disciplined by any state board.
- Only 11.4 percent of doctors who made three or more malpractice payouts were disciplined by any state board.
- Only 14.6 percent of doctors who made four or more malpractice payouts were disciplined by any state board.
- Only 32.5 percent of doctors who made 10 or more malpractice payouts were disciplined by any state board.

Connecticut Physician 183018

Four malpractice payouts between 2002 and 2003, twice for improperly performed surgeries, a wrong diagnosis and an unspecified surgical error. The damage payouts total \$12,625,000.

New York Physician 24867

Eight malpractice payouts between 1993 and 2002, four times for improperly performed surgeries, twice for unspecified monitoring errors and twice for unspecified surgical errors. The damage payouts total \$12,712,000.

Public Citizen Reports on Doctor Discipline

- Questionable Doctors
 - Books
 - Online
- Annual disciplinary ranking of state boards
- Web site survey (2000, 2002, 2006)

Methods

- Survey of 65 medical and osteopathic boards as of May 2006
- 8 categories
 - Disciplinary information
 - Physician profiles
 - Board disciplinary actions
 - Hospital disciplinary actions
 - Federal disciplinary actions (Medicare, DEA, FDA)
 - Malpractice
 - Criminal convictions
 - User-friendliness
 - Searchability
 - Other
- Weights assigned by outside experts
- Boards offered opportunity to correct any errors

Methods

- Survey of 65 medical and osteopathic boards as of May 2006
- 8 categories
 - Disciplinary information (72.5 points)
 - Physician profiles (15)
 - Board disciplinary actions (17.5)
 - Hospital disciplinary actions (15)
 - Federal disciplinary actions (7.5)
 - Malpractice (10)
 - Criminal convictions (7.5)
 - User-friendliness (27.5)
 - Searchability (22.5)
 - Other (5)
- Weights assigned by outside experts
- Boards offered opportunity to correct any errors

Report's Interactive Web Site

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2006 Report on Doctor Disciplinary Information on State Web Sites

A Survey and Ranking of State Medical and Osteopathic Board Web Sites

View your board's report card by selecting from the pulldown menu below

Select Individual Medical Board

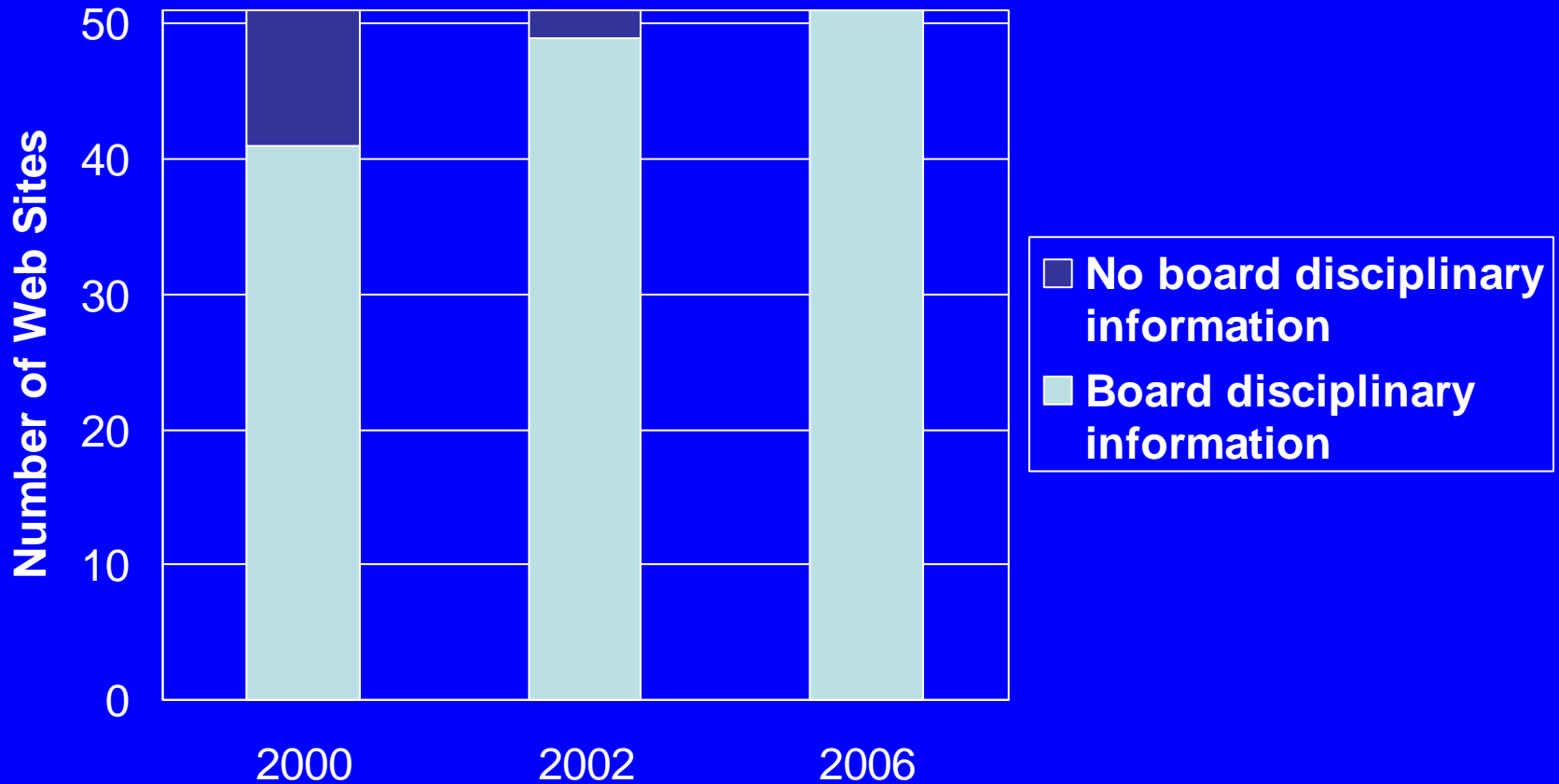
Compare ALL state board web sites by:

- Rank and Score
- Physician-Identifying Information
- State Disciplinary Action Information
- Hospital Disciplinary Actions
- Malpractice Information
- Conviction Information
- Federal Disciplinary Actions
- Medical Board Web Site Search Capabilities
- Other Web Site Items

search

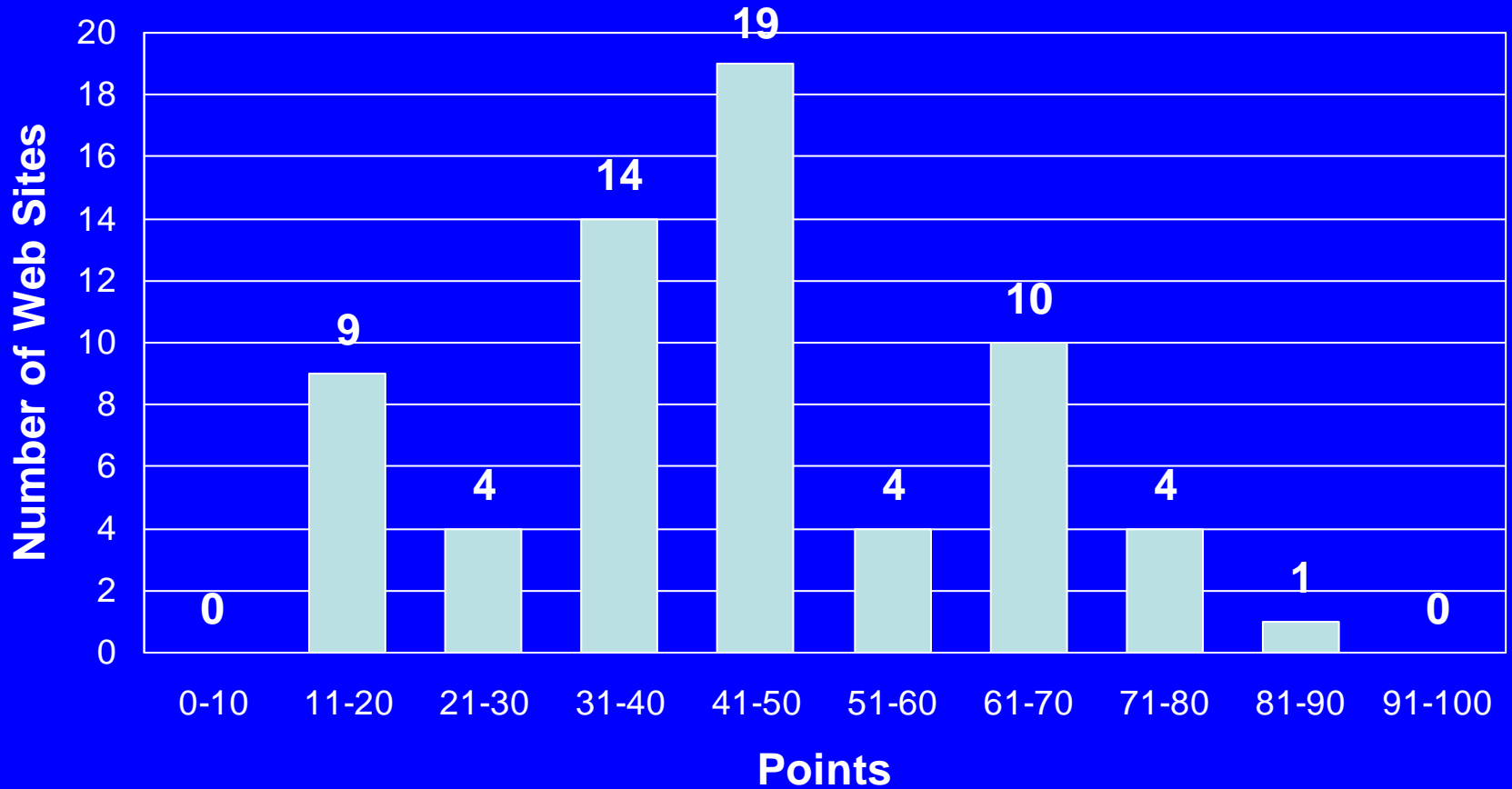
Entire Site

Trends in Number of Web Sites (Medical Boards Only)



Note: Uses 2000/2002 study definition of disciplinary information

Distribution of Overall Scores



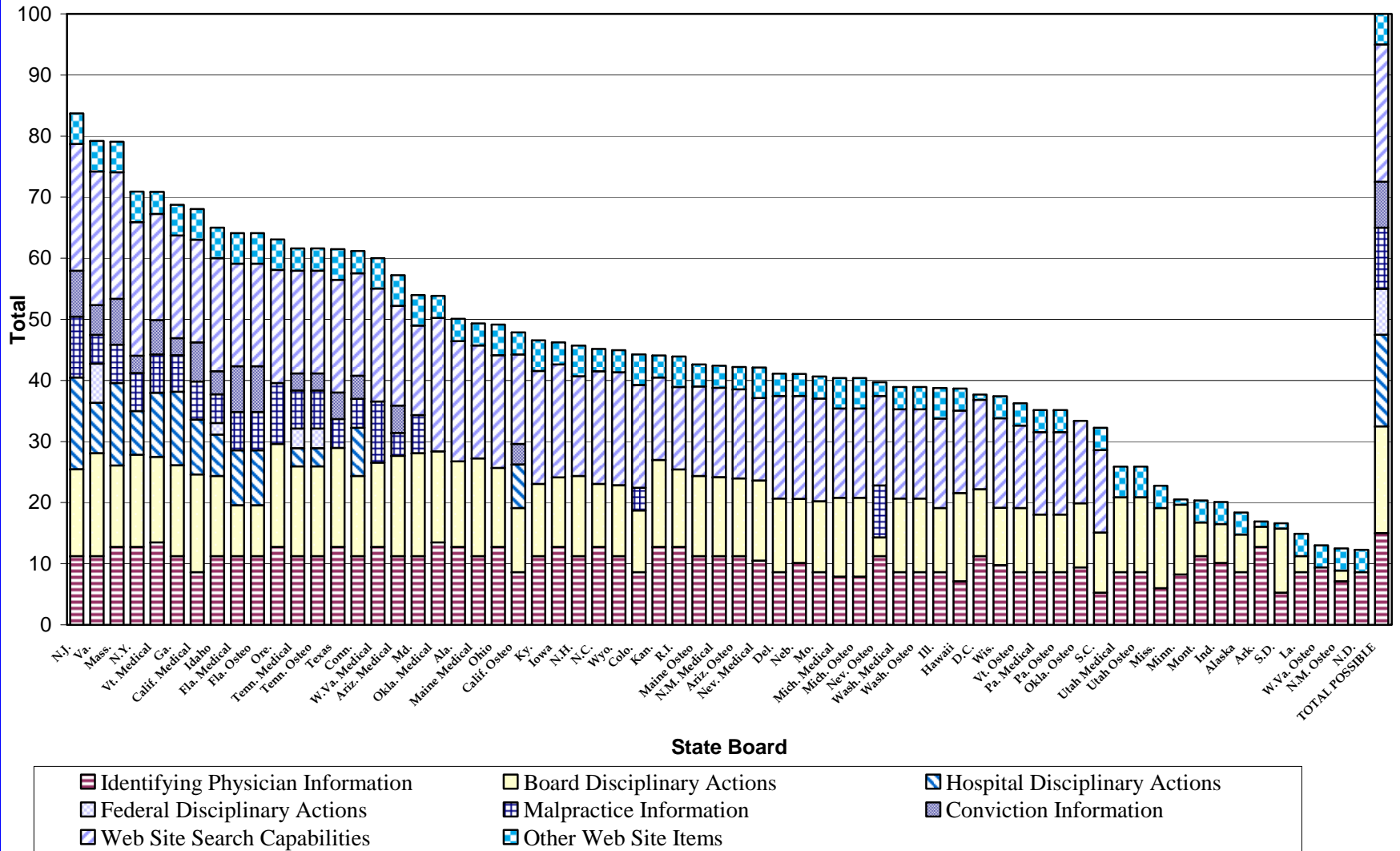
Median: 42.4

Interquartile range: 35.2-59.7

Top 10 and Bottom 10 Boards

Top 10 Boards	Overall Score	Bottom 10 Boards	Overall Score
New Jersey	83.7	Minnesota	20.5
Virginia	79.2	Montana	20.3
Massachusetts	79.1	Indiana	20.1
New York	70.9	Alaska	18.4
Vermont-MD	70.9	Arkansas	16.9
Georgia	68.7	South Dakota	16.6
California-MD	68.0	Louisiana	14.9
Idaho	65.0	West Virginia-DO	13.0
Florida-DO	64.1	New Mexico-DO	12.5
Florida-MD	64.1	North Dakota	12.3

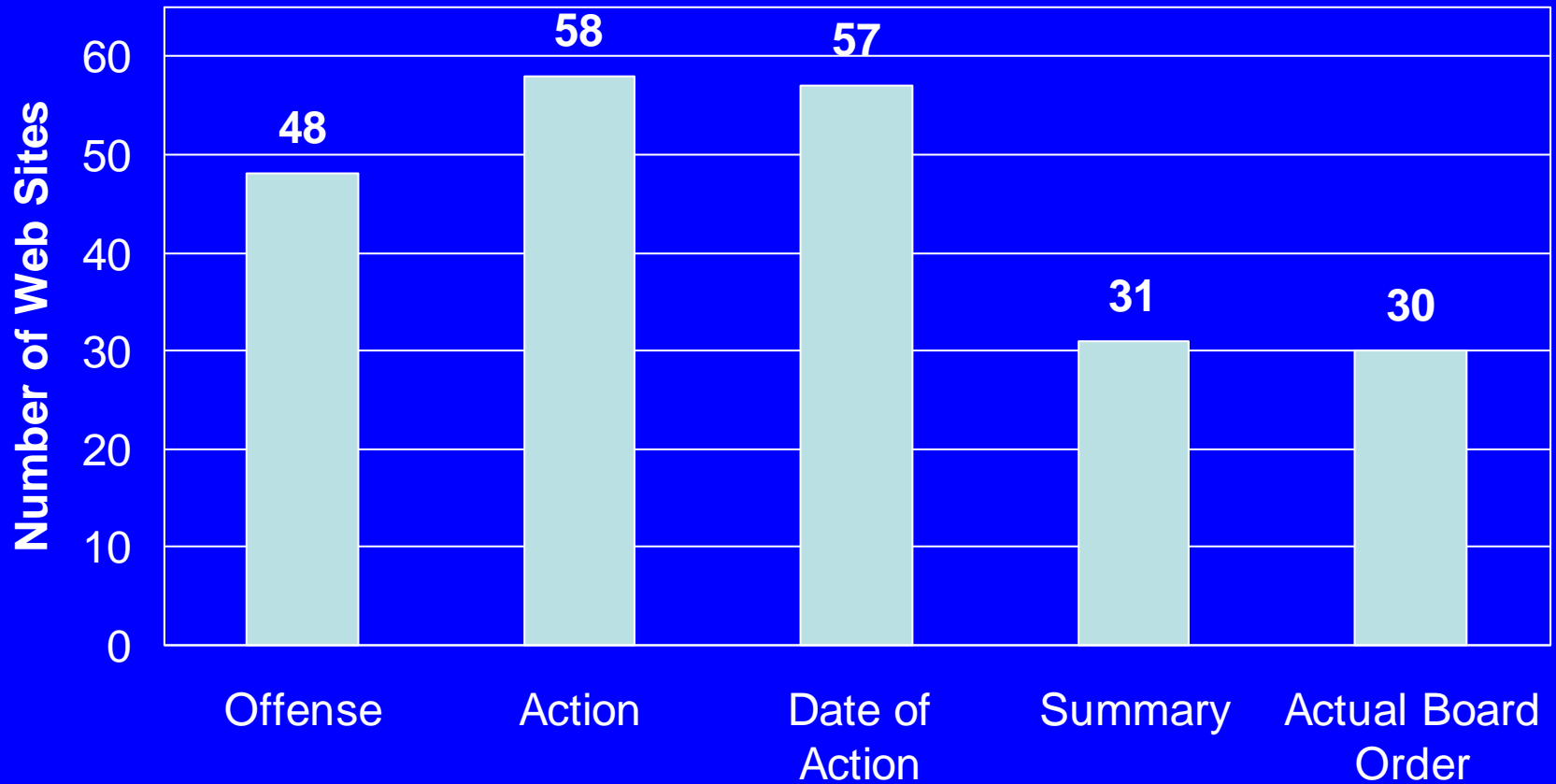
Overall Scores, by Category



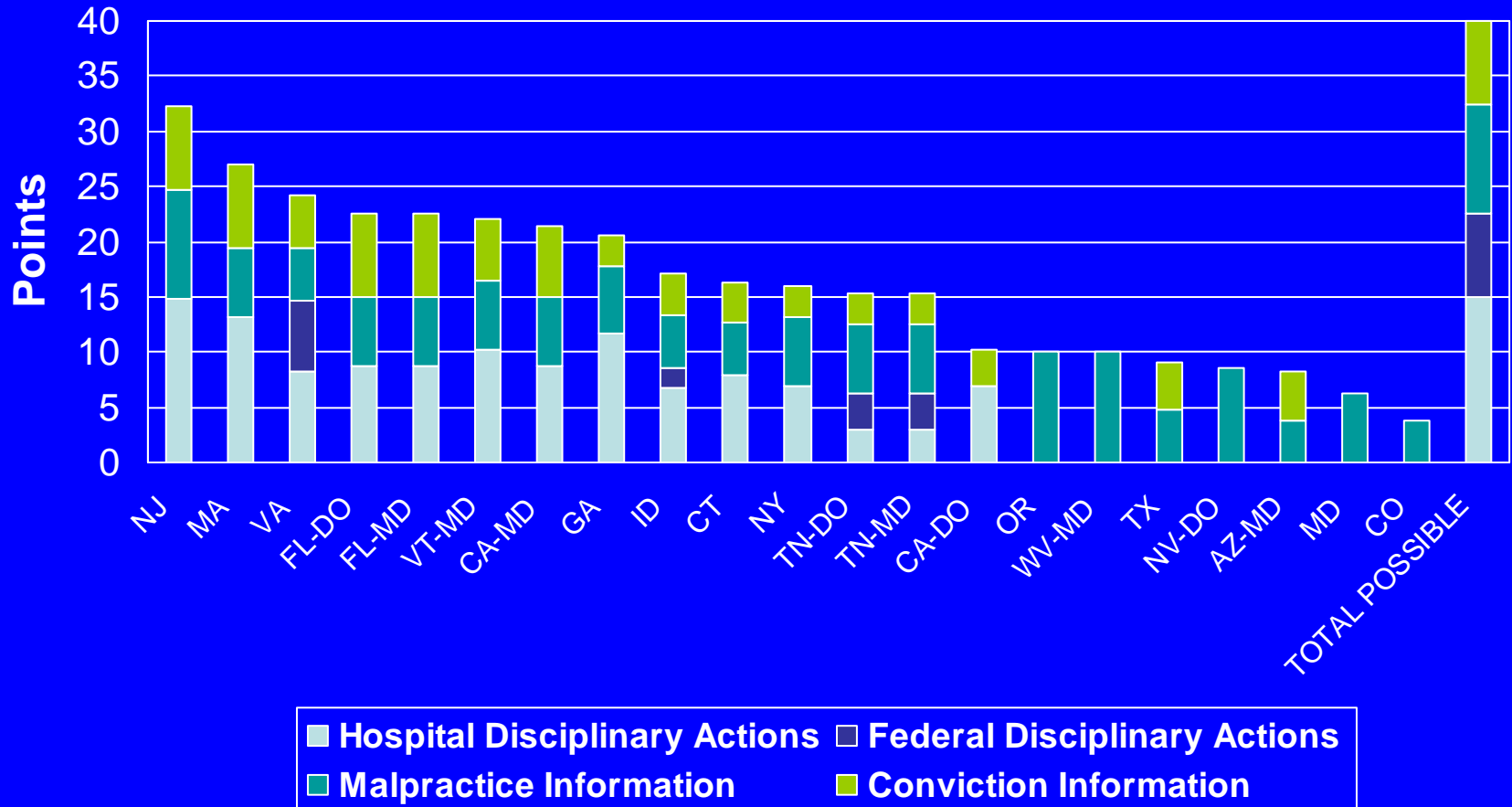
Category Scores

Category	Maximum	Median	Range
Physician profiles	15	11.3	5.3-13.5
Board discipline	17.5	12.3	0-16.8
Hospital discipline	15	0	0-15
Federal discipline	7.5	0	0-6.4
Malpractice	10	0	0-10
Criminal convictions	7.5	0	0-7.5
Searchability	22.5	14.6	0-21.9
Other user-friendliness	5	3.6	0-5

Board Disciplinary Actions

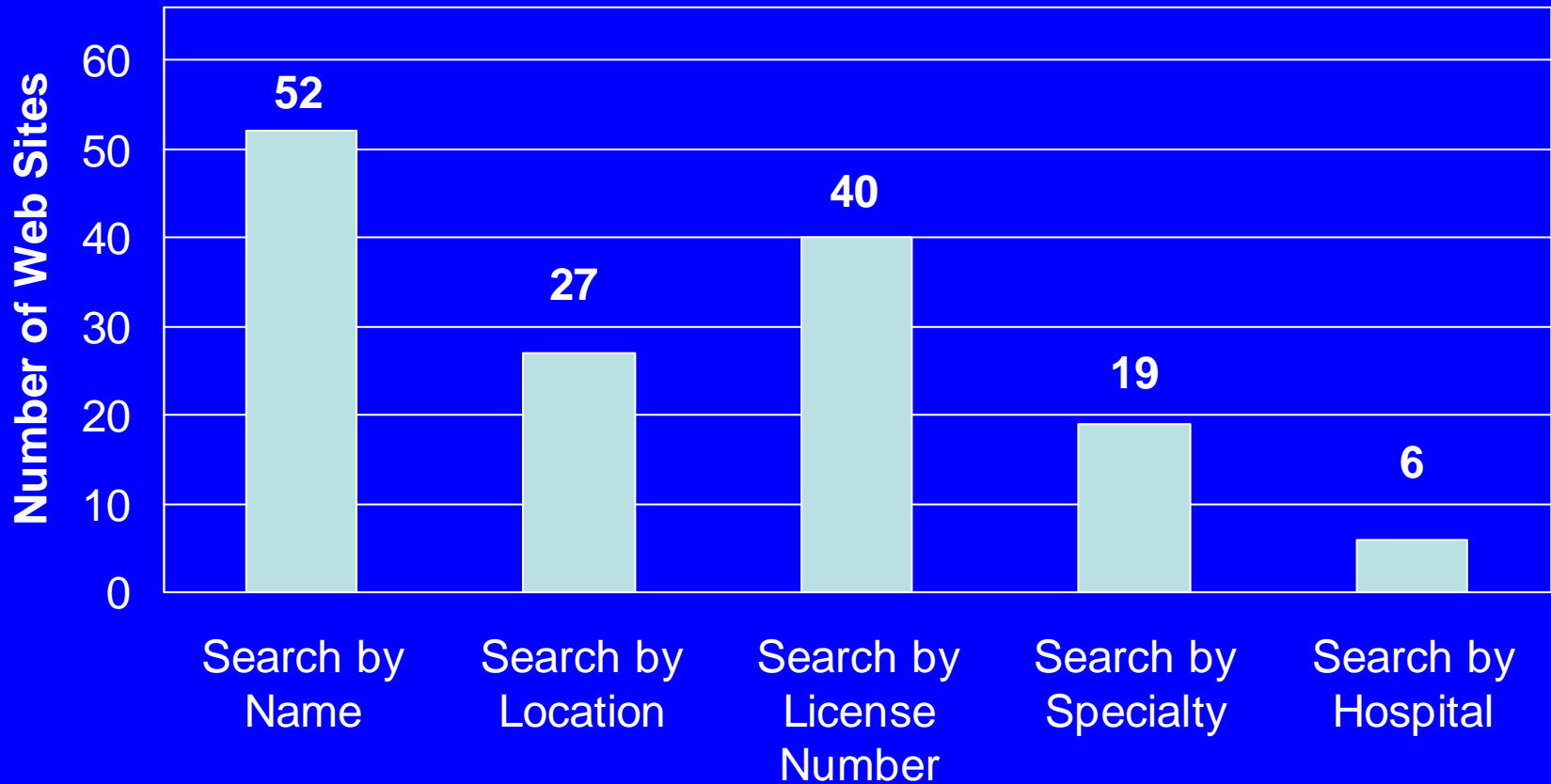


Non-State Disciplinary Actions

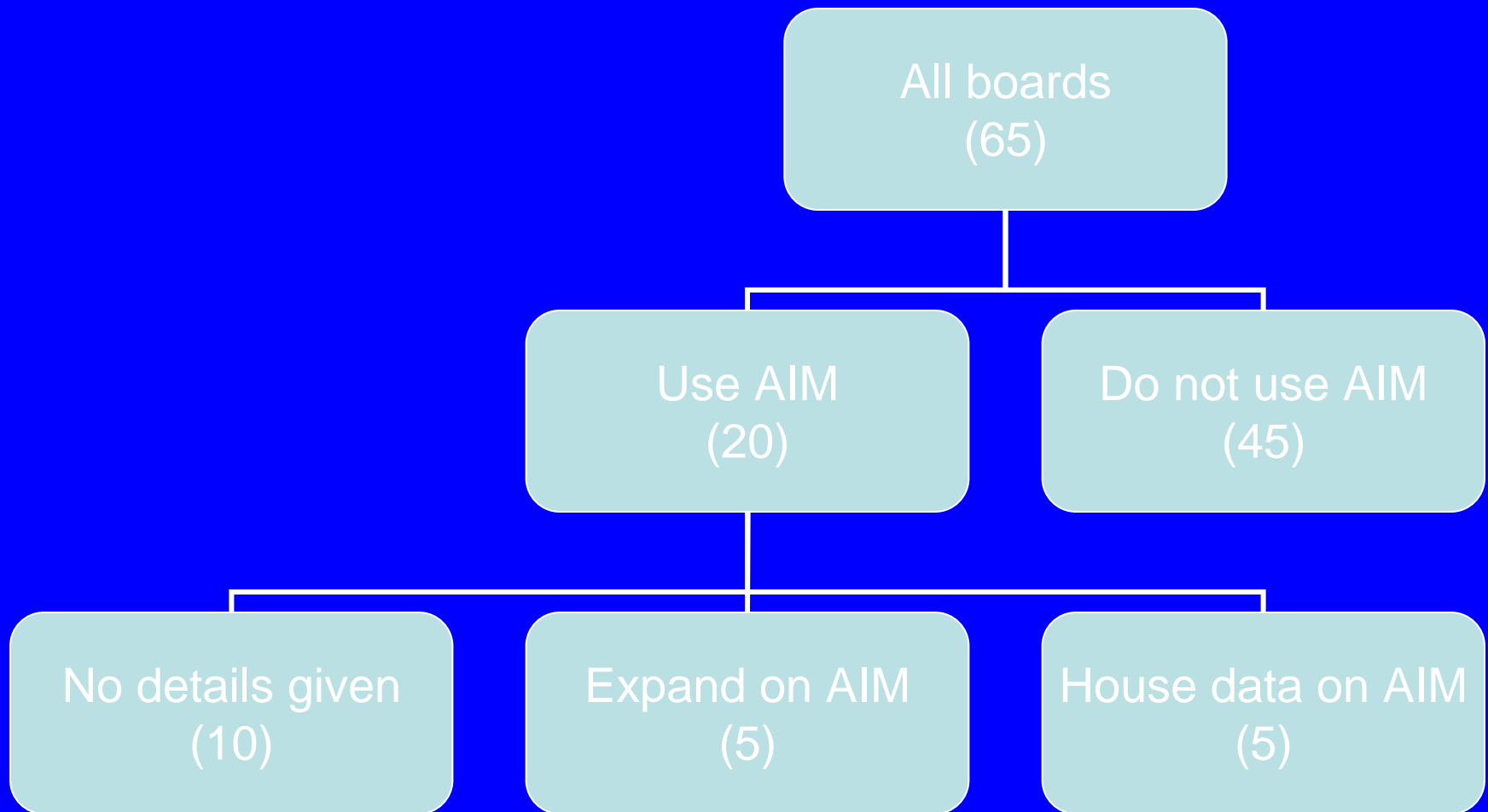


Note: Excludes 44 web sites with no non-state disciplinary actions

Web Site Search Capabilities



Use of Administrators in Medicine (AIM) Search Function



Comparison to Previous Studies (Medical Boards Only)

	2000	2002	2006
“A” for Content	1	7	12
User-Friendly	28	N/A	41

Note: Uses 2000/2002 study definitions

Summary

- All boards have web sites
- All boards have some profile information
- One board has no “other” information
- 5 web sites provide none of the basic board disciplinary elements; 12 provide all 5
- 44 boards have no non-board disciplinary actions
 - 20 have malpractice information
 - 16 have criminal conviction information
 - 14 have hospital disciplinary information
 - 4 have federal disciplinary information
- 13 web sites have no search capability
- Osteopathy boards are generally poorer
- AIM database is underutilized

Acknowledgments

- Meredith Larson
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- Peter Lurie MD, MPH

What Makes Boards Better ?

Excellent leadership

Adequate funding (all money from license fees going to fund board)

Adequate staffing

Proactive investigations not just after complaints

The use of all available/reliable data from other

sources such as hospital sanctions, malpractice payouts, Medicare and Medicaid sanctions, NPDB

Independence from state medical societies and other parts of the state government

A reasonable legal framework for disciplining doctors (preponderance of the evidence not beyond reasonable doubt or clear and convincing evidence)

“The success of boards to improve medical discipline will finally depend, of course, on the funding, staffing, and authority of state boards. These can only come from state legislatures willing to act responsibly. Those who sit in the legislatures of the various states must recognize that the effective regulation of medical practice is in their hands.”

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FSMB Leadership in 1987: JAMA Editorial
(February 13, Volume 257 pp 828-9)