Introduction to LSBME Investigations



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Today's Discussion

About the LSBME
Causes for Action
Unprofessional Conduct/Ethical Issues
Case Descriptions
Other topics/updates

About the LSBME

Who we are

Established in 1894, the Louisiana State Board of Medical Examiners (LSBME) protects the health, welfare and safety of Louisiana citizens against the unprofessional, improper, and unauthorized practice of medicine by ensuring that those who practice medicine and other allied health professions under our jurisdiction are qualified and competent to do so. In addition, the Board serves in an advisory capacity to the public and the state with respect to the practice of medicine.

Scope and Purpose

Initial validation of competency for license Develops regulations for practice by administrative rulemaking Enforces the practice acts and their regulations Serves in an advisory capacity to the public and the state in medical matters

Professionals we license (32,544)*

- Acupuncturists, ADS (96)
- Athletic Trainers (568)
- Clin. Ex. Phys. (57)
- Clinical Lab. Personnel (5,790)
- Physicians (17,752)
- Physician Assistants (1,245)
- Podiatrists (190)
- Licensed Midwives (22)

- Medical Psychologists (105)
- Occupational Therapists/Assts (2,918)
- Perfusionists (93)
- Polysomnography Personnel (198)
- Private Radiological Technologists (6)
- Respiratory Therapists (3,504)

*does not include Genetic Counselors (in process)

Board Organization

10 Board Members (9 physicians, 1 public)
Executive Director and staff
Licensing
Investigations and Enforcement
Advisory Committees
Staff and consulting attorneys

Nominating Organizations Louisiana State Medical Society (2) Louisiana Medical Association (2) Louisiana Academy of Family Practice Physicians (1)LSU Health Sciences Center – New Orleans (1) LSU Health Sciences Center - Shreveport (1) Louisiana Hospital Association (1) Tulane Medical School (1) Public member (non-healthcare) (1)

Jurisdiction

 Practice Act for each licensing category from the law
 Rules and Regulations
 Statements of Position
 Advisory Opinions

Board's Rules

 Rules page on website: <u>http://www.lsbme.la.gov/licensure/rules</u>
 Each practitioner type has rules on licensure and practice, created from original law passed by legislature

During Board meetings, the Board considers....

Applications for licensure Development of administrative rules and rule amendments Requests for advisory opinions Consent orders and other documents Impaired practitioner matters (HPF-LA) Formal hearings involving charges against licensees

Disciplinary Process

Complaint Investigation Licensee notified of potential violation; response requested Evaluation of facts by DOI Dismissed if no violations or insufficient evidence

Complaints received from

General public Employers Hospitals or clinics Agencies (DEA, BOP) Physicians Allied health personnel Family members or acquaintances

State and federal law enforcement National Practitioners Data Bank HPF-LA (impairment) Pharmacists Newspapers Self-reports

Complaints Process (1)

Process: Chapter 97 of the Board's rules Complaints received via phone, email, letter Preliminary review by Investigations staff Board required to review all complaints Licensee notified of potential violations; response requested

Complaints Process (2)

Evaluation of facts by DOI
 Majority dismissed re no violations found or insufficient evidence
 If further investigation warranted, then...

Formal Investigation

Investigation may include:

 Review of complaint, licensee response, and documents
 Subpoena credentials file, peer review, patient records
 Witness interviews

Licensee offered a meeting with DOI

Resolutions

Complaint Dismissed with No further action Education/counseling by DOI Referral for evaluation, monitoring or education Non-public Letter of Concern Formal Action Negotiated consent order approved by Board Administrative complaint heard by Board

A few statistics, but first... Statistics are for ALL licensees, but mostly physicians Complaints = Cases opened, with occasional exceptions Jurisdictional issue Incomplete Information Malpractice reviews

Statistical Overview of Complaints/Dispositions

6.9% 8.0% 5.5%



Statistical Overview Disciplinary Actions 2016



Decisions

Consent Orders

Summary Susp.

Voluntary Surrenders

Total **-** 68

Statistical Overview Disciplinary Actions 2017



Decisions

Consent Orders

Summary Susp.

Voluntary Surrenders

Total **–** 73

Statistical Overview Disciplinary Actions 2018



Total **-** 48

Board Website – take a look... http://www.lsbme.la.gov



Unprofessional Conduct

Definition of a Profession

- Accepted by the public as possessing special knowledge and skills, derived from education and training at a high level, and who are prepared to exercise this knowledge and these skills in the interest of others
- Individuals in the profession are bound by a shared commitment
- Practice in accordance with a code of ethics
- Members regulate themselves

Unprofessional Conduct for Physicians (LSBME)

The LSBME definition of *unprofessional conduct* : conduct that includes but is not limited to the departure from, or the failure to conform to, the standards of acceptable and established by the American Medical Association, the American Osteopathic Association, and relevant medical specialty associations...or the commission of any act contrary to honesty, justice, good morals, patient safety or the best the physician's practice or otherwise, and whether committed within or without this state.

Chapter 76 of the Board's Rules Unprofessional Conduct (MD/DO)

- Sexual Misconduct
- Disruptive Behavior
- Failing to cooperate with the Board
- Failing to maintain independent medical judgment
- Improper Delegation or supervision
- Enabling unauthorized practice or enabling practice by an impaired provider
- Failing to adhere to accepted practices
- Failing to Create or maintain medical records
- Self treatment; treatment of immediate family members

LSBME Definition of Sexual Misconduct Any act of sexual intimacy, contact, exposure, gratification, abuse, exploitation or other sexual behavior with or in the presence of a patientregardless of consent. Such conduct may be verbal, physical, visual, written or electronic, or it may consist of expressions of thoughts, feelings or gestures that are sexual or reasonably may be construed by a patient or other individual as sexual or which may reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient or another individual.

Dr. A Cause of Action: Sexual Boundary Violations OB-GYN Physician has sexual relations with 24 year old employee of same healthcare organization who is also his patient

Board receives complaint

Dr. A **Results of investigation** Initial examination at Pine Grove Recommendations for therapy at Acumen Eventual 3 year probation Use of chaperones required when examining females Reports to board

The Impaired professional

Most common reason for sanctions of all licensees
 LA-HPFL
 Duty to report

Dr. B Cause of Action: Impairment Dr. B charged with DWI Dr. B's lawyer notifies LSBME of charges and that s/he will be representing her Investigation opened re DWI and careless operation charges

Dr. B

Cause of Action: Impairment Findings: A few prior complaints to board re various possible violations Referred to HFP-LA PEth test indicates alcohol issues may be more severe than previously suspected

Evaluation at recommended facility

Dr. B Impairment: Results Dr. B evaluated at LSBME (FSMB) recommended facilities Found to have Substance Use Disorder (SUD) Signs 5 year contract with HPFLA Board knows but doesn't know.... Case closed Violation of contract will re-open case; bring sanction

Dr. C Cause of Action: **Improper Prescribing** Board receives complaints that Dr. C is prescribing CDS in unsafe manner Patient records obtained and analyzed

Dr. C: Improper Prescribing **Findings from Investigation** Patient records did not indicate: appropriate examinations to find cause of pain or sufficient Dx justification for large amounts of narcotics and other CDS attempts to use non pharma modalities consultation with other specialists

Dr. C: Improper Prescribing Findings from Investigation

Prior treatment records not obtained
 Initial and follow-up care delegated to unqualified provider
 Treatment goals not established
 Signs of misuse or diversion not addressed

Dr. C: Improper Prescribing Results

Dr. C found in violation of Chronic Pain Rules

Officially reprimanded (public record)
 Required to take courses on medical ethics, proper prescribing, medical recordkeeping

Personal appearance before Board
 Fined \$5,000

Dr. D Improper Prescribing/ **Diversion/Self Treatment** Board receives complaint from Pharmacist alleging CDS prescriptions to family/self. Case assigned to investigator and PMP queried. Prescribing to self fraudulently Family members Physician referred to HPFLA Physician referred for formal evaluation

Dr. D Resolution

Evaluated by Addictionologist Recommended inpatient treatment for 8 weeks and HPFLA contract. Impairment kept confidential Referred to Board after relapse Interim consent order suspending the license until treatment obtained.

Improper prescribing

Non legitimate use
Stay within scope
Understand Diversion schemes
Self Prescribing or prescribing for family

medical judgment
medical records

Conclusion

Complaints can come from various sources, not just patients. LSBME MUST investigate all complaints over licensees whom we have jurisdiction. Majority of received complaints are closed with no action. Licensee may be required to undergo an evaluation if impairment of any type suspected.

