

## **BIENNIAL REPORT**

**MINNESOTA BOARD OF MEDICAL PRACTICE  
2829 UNIVERSITY AVENUE SE, SUITE 400  
MINNEAPOLIS, MINNESOTA 55414-3246**

**STATUTORY AUTHORITY: M.S. 146, 147, 148, 319A**

**REPORT PERIOD: JULY 1, 2000 TO JUNE 30, 2002**

**SUBMITTED BY: ROBERT A. LEACH, EXECUTIVE DIRECTOR**

1. General Information	1 - 6
2. Board Members, Staff, and Budget	
a. Board Members	7 - 8
b. Staff	9 - 10
c. Budget	11 - 12
3. Licensing and Registration	13 - 14
4. Complaints	15 - 18

**Minnesota Board of Medical Practice  
Biennial Report  
July 1, 2000 to June 30, 2002**

**I. General Information**

**A. Board Mission and Major Functions**

**BMP Mission**

The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants.

The Board of Medical Practice is made up of 11 physicians and 5 public members, all of whom are appointed by the governor. Approximately 16,000 physicians are licensed by the Board of Medical Practice and the board also regulates acupuncturists, athletic trainers, physician assistants, respiratory care practitioners, traditional midwives, and professional firms.

Currently, graduates from US medical schools must complete a one year residency program and pass the national standardized examination to be licensed in Minnesota. Foreign graduates must pass their examinations and complete two years of residency training in the United States or Canada. The board also considers other information provided by the applicant and may conduct interviews before a license is granted.

**BMP functions**

**Setting and administering educational and examination standards for initial and continuing licensure or registration for each health profession regulated by the Board**

- ◆ Setting licensure requirements through the legislative process.
- ◆ Selecting the licensing examination to assure an adequate candidate knowledge base.
- ◆ Reviewing individual applicant/licensee documentation to determine eligibility for initial and continuing licensure.
- ◆ Constantly reviewing statutes as well as working with professional organizations to assure current, up-to-date-laws, keeping pace with new or continuously changing professions.
- ◆ Working with Advisory Councils to set standards for initial and continuing licensure for each health profession regulated.
- ◆ Ensuring that initial and continuing licensure activities comply with relevant federal laws (e.g. Americans with Disabilities Act).

**Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports**

- ◆ Providing applicants and licensees education to improve practice and assure compliance with the statutes.
- ◆ Conducting audits of continuing education to assure continuing competency as well as compliance with the law.
- ◆ Working with Advisory Councils to direct and review investigations and provide advice in resolving issues and enforcing the statutes.

**Providing information and education about licensure requirements and procedures and standards of practice to the public, the health care community, and other interested clientele**

- ◆ Providing information to the health care community and other interested clientele concerning licensure requirements as well as information on licensees.
- ◆ Providing information about licensure requirements to prospective applicants for licensure.
- ◆ Providing information to licensees to assure compliance with the law through newsletters, websites, and meetings.
- ◆ Providing information to licensees, health care community, the general public, and other interested clientele regarding licensure laws as well as related laws.
- ◆ Working with the Advisory Councils to disseminate information to licensees, general public, health care facilities and other interested clientele.

**Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners**

- ◆ Accepting complaints and reports from the public, health care providers, and regulators.
- ◆ Deciding whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- ◆ Referring inquiries and complaints to other investigative, regulatory or assisting agencies.
- ◆ Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

**Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports**

- ◆ Setting standards of conduct and a basis for disciplinary action through the rules process.
- ◆ Seeking information directly from the licensee and securing investigative and fact finding information from other agencies in response to complaints or inquiries.
- ◆ Holding conferences with licensees to identify their role and responsibility in a matter under investigation.



- ◆ Providing applicants and licensees education to improve practice and prevent recurrence of problems.
- ◆ Obtaining disciplinary action through either voluntary agreement or through a due process, contested case hearing and potential court action.

## **B. Major Activities During the Biennium**

### **Pain Management Seminar Series**

In response to continuing concerns expressed by the Minnesota practice community, the Minnesota Board of Medical Practice fielded a series of educational seminars on the topic of Pain Management in the spring of 2001.

This series was co-sponsored by the Minnesota Board of Pharmacy, and offered three hours of continuing education credit to both physicians and pharmacists. The faculty consisted of national and state experts in pain management as well as staff from the Board of Medical Practice and Board of Pharmacy.

The series was offered in ten communities: Rochester, Mankato, Hibbing, Duluth, Minneapolis, St. Paul, Thief River Falls, Alexandria, St. Cloud, and Willmar. The series drew over 600 participants.

This series was one of the most successful educational outreach efforts the board has engaged in, and precipitated numerous requests for additional sessions.

### **Physician Profiling Taskforce**

In January 2001, the Minnesota Board of Medical Practice convened a taskforce to make recommendations as to whether Minnesota should implement physician profiling, and if so, what the elements of the profile should be, with a specific focus on medical malpractice data.

The taskforce consisted of board members, the Office of the Attorney General, representatives from the Minnesota Medical Association, the Minnesota Osteopathic Association, the Minnesota Legislature, the University of Minnesota, a physician owned medical malpractice carrier, and a commercial medical malpractice carrier. Beginning in January 2001, the taskforce held six meetings to debate and discuss the kind of information to be included in a physician profile.

The board accepted the Taskforce Report on Physician Profiling at its September 8, 2001, board meeting. A copy of the Taskforce Report is available from the board office.

### **New Information Technology and Electronic Government Services**

In 2001, we submitted a Request for Proposal (RFP) for the design portion (Phase 1) of the Automated Licensing Information System (ALIMS) project. After evaluating a number of respondents, we contracted with Shared Resource Management to perform the Phase 1 work efforts. Those work efforts included exhaustive interviews and business analysis of our processes and procedures to document the functional requirements ALIMS would need to accommodate.

The gathering of functional requirements and the documentation thereof concluded in February of 2002. Completion of the detailed designs that illustrate the proposed user

interface, database components, and security roles, was accomplished June 30, 2002. This entire Phase 1 Effort required 14 months to complete, finishing on time and within budget.

### **Telemedicine**

In 2002, the governor signed into law a bill giving the state authority over physicians residing and licensed outside Minnesota, who are directly treating patients in Minnesota by some telemedic means.

The bill, proposed by the board, was authored in the Senate by former board member, Senator Steve Kelley, and authored in the House by former board member, Representative Richard Mulder, M.D. It requires physicians residing and licensed in other states to register with the board prior to providing direct patient care in Minnesota.

Such registration allows the physician to practice via telemedic means only. Practice in residence in Minnesota requires a full Minnesota license. Registration also makes the physician subject to all the laws, rules and courts of Minnesota. Failure to register prior to treating a Minnesota patient makes the physician subject to penalties.

This legislation allows patients, especially those in underserved areas, to have access to medical services which would otherwise be unavailable. At the same time, it places physicians engaged in telepractice under the same performance requirements as a physician working and licensed in Minnesota.

Prior to this legislation, telemedic care provided by physicians unlicensed in Minnesota was unregulated. With this legislation, Minnesota patients, the Minnesota medical community and the state have the same legal and regulatory recourses with regard to this type of care as is available for care rendered by the Minnesota licensed physicians.

### **Audit by Legislative Audit Commission**

In 2001, the Board of Medical Practice was audited by the Legislative Audit Commission for the Period of July 1, 1995 through June 30, 2000. The audit scope included license revenue, personnel services, rent and other administrative expenditures.

#### **Overall Audit Conclusion:**

The Minnesota Board of Medical Practice's internal controls provide reasonable assurance that it accurately recorded its financial activity and adequately safeguarded its assets. The board accurately paid and recorded payroll expenditures. Expenditures for rent and other administrative expenses were properly authorized, accurately recorded and consistent with the board's purpose. The board's fees were sufficient to recover its total expenditures for the biennium ended June 30, 2000, as required by Minn. Stat. Sections 214.06 and 16A.1285.

The only problems noted by the Commission were technical in nature:

The board did not adequately separate the duties of recording cash, issuing licenses and preparing the cash deposit.

The board did not complete a reconciliation between cash collected and licenses issued.

The board hired employees for the Health Professional Services Program outside the compensation structure without evidence of approval from DOER, though the board had received verbal approval.



Steps were taken to ensure board compliance with the recommendations.

### **Board of Medical Practice Resolutions to the Federation of State Medical Boards**

The Minnesota Board of Medical Practice submitted two resolutions to the House of Delegates of the Federation of State Medical Boards at its annual meeting in San Diego, California, in April of 2002.

Both resolutions grew out of the board's monitoring of complaint review subjects and input from the Minnesota practice community.

The first resolution was that the Federation support inclusion of questions related to the origins of pain, proper pain assessment, and pain management in the national standardized licensure examinations used to assess the knowledge base and clinical skills of applicants for medical licensure.

This resolution grew out of the board's view that most physicians receive little education and training on these topics, based on the frequency of problems related to pain in the complaint review activities of the board, and from input from the practice community, specifically in requests for the board to continue to provide post-licensure educational opportunities in pain management.

The second resolution was that the Federation engage in efforts to guide state medical boards in dealing with systems problems which lead to sub-standard patient care. Systems problems are problems in patient care delivery which originate in the environment in which the care is rendered, rather than in the competency of individual care givers.

This resolution was based on the amount of time, effort and cost the board has found that it must invest in separating true practitioner competence problems from problems induced by the care environment in investigating complaints regarding substandard patient care.

Both resolutions were passed by the Federation at the April 2002 meeting.

### **Administrators in Medicine Gives the Minnesota Board of Medical Practice its 2002 "Best of Boards" Award**

Administrators in Medicine (AIM) is the national professional association for executives of state medical regulatory agencies.

Each year, at its annual meeting, AIM presents its "Best of Boards" award to a state board for innovative policies and or practices in the field of medical regulation.

The Minnesota Board of Medical Practice's "Use of External Policy Advisory Task Forces" was selected for this award at the AIM annual meeting on April 24, 2002, in San Diego, California.

The criteria for granting this award are:

- ◆ Support for the board's mission to protect the public;
- ◆ Education of the public and practitioners;
- ◆ Demonstration of a partnership approach to problem-solving;
- ◆ Benefit to multiple boards;
- ◆ Increased efficiency of board operations.

Minnesota's submission was based on its long history of using external task forces to assist in developing and implementing policy related to its mission to protect the public.

### **Board Members Assume Leadership Within the Federation of State Medical Boards**

At its annual meeting in April, 2002, the House of Delegates of the Federation of State Medical Boards elected former Minnesota board member, Doris Brooker, M.D., to the office of Vice President of the Federation's Board of Directors.

Dr. Brooker served on the Minnesota Board of Medical Practice from 1990 – 1998 and from 2000 – 2001.

Dr. Brooker was elected to the Federation Board of Directors in 1997.

The board has nominated Dr. Brooker to run for the office of President-elect of the Federation at the Federation's annual meeting in April 2003.

In addition, two current members of the board, Steven Altchuler, M.D., Ph.D., and Jon Thomas, M.D., have been asked to serve on Federation Committees. Dr. Altchuler is currently serving on the Program Committee and Dr. Thomas is serving on the Federations' Policy Committee.

### **Executive Director Appointed to Two National Committees**

Robert A. Leach, J.D., Executive Director of the Minnesota Board of Medical Practice has been appointed to serve on two national committees.

Mr. Leach has been appointed to the National Board of Medical Examiners' Committee on Irregular Behavior and the Federation of State Medical Boards' Executive Advisory Council.

### **Obsolete Rules**

In January 2001, the Minnesota Boards of Medical Practice and Physical Therapy approved authorizing resolutions to adopt exempt rules. The purpose of the exempt rules was to transfer the physical therapy fees found under Minnesota Board of Medical Practice Rule 5600.2500 (G) (H) (I) and (J) to rules under the Minnesota Board of Physical Therapy. On March 20, 2001, the Office of Administrative Hearings approved the Exempt Rule repealing the physical therapist application fee \$100, physical therapist annual registration fee \$60, physical therapist late fee \$20, and physical therapist temporary permit fee \$25. Minnesota Rule 5600.2500 was then renumbered to adjust to the removed provisions. The four fees were placed in Physical Therapy Rule 5601.3000 with the approval of the Minnesota Board of Physical Therapy Exempt Fee Rule. Both Exempt Fee Rules took effect on May 7, 2001. Thus the adoption of the Exempt Rule repealing the physical therapy fees avoided the problem of having duplicate fee rules.

### **Minnesota State Fair**

At the 2001 Minnesota State Fair, the board had a booth in the Education Building. The board participated in the Fair to increase public awareness of the board and its activities. During the twelve days of the Fair, 20,000 informational brochures were given to the public.



## II. Board Members, Staff, and Budget

### A. Board Composition

#### LIST OF BOARD MEMBERS WHO SERVED DURING FISCAL YEARS 2001 AND 2002

NUMBER OF BOARD MEMBERS REQUIRED BY STATUTE: 16  
LENGTH OF TERM: 4 YEARS

Name & Address	Occupation	Term(s)
Steven Altchuler, M.D., Ph.D. Mayo Clinic 200 First Street SW Rochester, MN 55905	Medical Doctor	1/00 - 1/01 1/01 - 1/05
Hilda Bettermann 8435 Sara Road NW Brandon, MN 56315	Educator	6/98 - 1/02 1/02 - 1/06
Gail Bender, M.D. 6490 Excelsior Blvd., W-106 St. Louis Park, MN 55426	Medical Doctor	1/00 - 1/04
Doris Brooker, M.D. 10164 Trotters Path Eden Prairie, MN 55347	Medical Doctor	9/90 - 1/94 1/94 - 1/98 1/00 - 1/01
Robert Ferderer 1586 Blackhawk Hills Road Eagan, MN 55122	Retired Businessman	6/00 - 12/01
Rebecca Hafner, M.D. St. John's College Health Center PO Box 7177 Collegeville, MN 56321	Medical Doctor	1/98 - 1/02 1/02 - 1/06
Gerald Kaplan, M.A., L.P. 2712 Fremont Avenue South Minneapolis, MN 55408-1198	Psychologist	3/00 - 1/04
Barbara LeTourneau, M.D. Regions Hospital 640 Jackson Street St. Paul, MN 55102	Medical Doctor	5/96 - 1/00 1/00 - 1/04
Janet Lindquist, M.D. 2229 3 <sup>rd</sup> Avenue East Hibbing, MN 55746	Medical Doctor	2/93 - 1/97 1/97 - 1/01
Gloria Perez-Jordan The Jeremiah Program 1510 Laurel Avenue Minneapolis, MN 55403	Administrator	9/90 - 1/94 7/00 - 1/02 1/02 - 1/06
Allen Rasmussen Rainy River Community College 1501 Highway 71 International Falls, MN 56649	Educator	3/02 - 1/04



<b>Name &amp; Address</b>	<b>Occupation</b>	<b>Term(s)</b>
Kris Sanda 11730 Hastings Street NE Blaine, MN 55449-7912	Businesswoman	7/99 - 1/03
Burton Schwartz, M.D. 405 Piper Bldg., 800 E. 28 <sup>th</sup> St. Minneapolis, MN 55407	Medical Doctor	2/98 - 1/02 1/02 - 1/06
Carl Smith, M.D. Hennepin County Medical Center 701 Park Avenue South, 869A Minneapolis, MN 55414	Medical Doctor	2/01 - 1/05
Peter Smyth, M.D. Glencoe Medical Clinic 525 18 <sup>th</sup> Street East Glencoe, MN 55336	Medical Doctor	5/95 - 1/99 1/99 - 1/03
Jon Thomas, M.D. 347 North Smith Avenue, Suite 602 St. Paul, MN 55102	Medical Doctor	2/01 - 1/05
Scott Tongen, M.D. United Hospital 333 N. Smith Avenue, Suite 4314 St. Paul, MN 55102	Medical Doctor	5/96 - 1/00 1/00 - 1/04
Elliott Troup, M.D. Roseville Eye Clinic, P.A. 1330 West County Road B Roseville, MN 55113	Medical Doctor	6/94 - 1/97 1/97 - 1/01
Linda Lee Van Etta, M.D. St. Mary's Health System Duluth Clinic 400 East 3 <sup>rd</sup> Street Duluth, MN 55805	Medical Doctor	2/01 - 1/05
Joseph Willett, D.O. Affiliated Community Medical Centers 300 South Bruce Street Marshall, MN 56258	Doctor of Osteopathy	7/96 - 1/99 1/99 - 1/03

## B. Employees

<u>NAME</u>	<u>CURRENT JOB CLASSIFICATION/TITLE</u>	<u>DATES OF SERVICE</u>
Therese Anderson	Office & Administrative Specialist Intermediate Licensure Specialist	10-25-76 -- present
Richard Auld	Assistant Executive Director	11-25-85 -- 06-16-92 08-24-94 -- 01-21-98 01-01-99 -- present
Nancy Bigelow	Office & Administrative Specialist Complaint Review Unit Assistant	03-15-99 -- 05-28-01
Patricia Burke	Office & Administrative Specialist Complaint Review Unit Assistant	12-13-00 -- 01-15-02 03-14-02 -- present
Timothy Carnahan	Office & Administrative Specialist Complaint Review Unit Assistant	06-04-01 - present
Jennifer Cheney	Office & Administrative Specialist Registration Assistant	11-08-99 -- present
Mark Chu	Information Technology Specialist 4 Database Administrator	12-10-01 -- present
Barbara Dressel	Office & Administrative Specialist Receptionist	10-20-76 -- present
Mary Erickson	Investigator Senior Medical Regulations Analyst Senior	04-24-91 -- present
Jason Fremouw	Student Worker	06-17-02 - present
Patricia Hayes	Office & Administrative Specialist Principal Licensure Specialist	02-27-89 -- present
Jeanne Hoffman	Management Analyst Supervisor 3 Licensure Supervisor	04-01-87 -- present
Lois Kauppila	Office Services Supervisor 2 Office Manager	11-25-85 -- present
Cheryl Kohanek	Office & Administrative Specialist Principal Executive Assistant	12-10-97 -- present
Brad Lagoon	Office & Administrative Specialist Complaint Review Unit Assistant	11-02-94 -- 8-27-00
Robert Leach	Executive Director	01-20-88 -- present
Mary Leinberger	Investigation Supervisor Complaint Review Unit Supervisor	02-17-88 -- present
Denise Lorsung	Office & Administrative Specialist Intermediate Licensure Specialist	04-15-87 -- 02-18-02 05-09-02 -- present



<u>NAME</u>	<u>CURRENT JOB CLASSIFICATION/TITLE</u>	<u>DATES OF SERVICE</u>
Paul Luecke	Office & Administrative Specialist Intermediate Registration Specialist	04-03-96 – present
William Marczewski	Investigator Medical Regulations Analyst	02-03-88 – present
Ruth Martinez	Investigator Senior Medical Regulations Analyst Senior	01-20-88 – 07-07-93 06-01-94 – present
Debra Milla	Accounting Officer	12-04-91 – present
Erika Oberfrank	Office & Administrative Specialist Intermediate Complaint Review Unit Assistant	01-13-93 – 10-15-97 04-15-98 – 01-01-02
Helen Patrikus	Investigator Medical Regulations Analyst	10-23-91 – present
Stephanie Preble	Investigator Medical Regulations Analyst	10-09-91 – present
Cassy Ringwald	Information Technology Specialist 1 Network Administrator	10-12-98 – present
T'Yanna Singleton	Student Worker	02-19-02 – 5-24-02
Kevin Slator	Investigator Medical Regulations Analyst	01-04-99 – present
Eva Thompson	Information Technology Specialist 2	04-08-92 – 12-19-01

### C. Receipts and Disbursements and Major Fees Assessed by the Board

Item	FY 2001	FY 2002
Receipts	\$3,864,224	\$4,112,176
Disbursements	\$3,109,100	\$3,045,251

Source Codes	Description	ACTUAL RECEIPTS FY 2001	ACTUAL RECEIPTS FY 2002
<i>Fund -</i>	<i>171 Receipts</i>		
5194	Midwifery Certification	0	0
5195	Midwifery Late Fee	0	0
5196	Midwifery Temporary Permit	0	0
5197	Midwifery Annual License	800	1,300
5198	Midwifery Inactive Status	0	0
5199	Midwifery Application	200	100
5200	MD Annual Registration	3,035,438	3,254,997
5201	MD Application Fee	231,326	230,400
5202	Exam Administrative Fee	0	0
5203	MD Temporary License	38,100	39,180
5204	MD Endorsement Fee	1,270	1,230
5205	MD Certification	55,900	54,660
5206	MD Verification	0	0
5207	MD Late Fee	43,800	42,480
5208	MD Residency Permit	15,415	15,385
5210	Emeritus Registration	450	850
5211	PA Annual Registration With Prescribing	72,557	103,721
5212	PA Application Fee	10,920	13,680
5216	PA Certification Fee	1,725	1,550
5218	PA Late Fee	2,200	4,450
5226	RCP Annual Registration	118,860	135,360
5227	RCP Application Fee	10,400	11,300
5229	RCP Certification Fee	1,020	1,725
5230	RCP Temporary Permit	2,460	2,460
5231	RCP Late Fee	3,250	3,750
5232	AT Annual Registration	34,131	57,232
5233	AT Application Fee	3,600	3,313
5234	AT Temporary Permit	1,800	1,150
5235	AT Certification Fee	725	625
5236	AT Late Fee	900	1,425
5237	Civil Penalties	29,379	42,482
5238	Miscellaneous	21,884	4,989
5239	Duplicate License	2,520	2,660
5240	Education Approval	0	0
5241	Competitive Athletic Event	0	50
5242	Medical Corporate Annual Registration	12,575	12,350
5243	Corporate Application	2,500	2,600
5245	AP Annual Registration	23,600	29,275
5246	AP Application	5,250	4,200



Source Codes	Description	ACTUAL RECEIPTS FY 2001	ACTUAL RECEIPTS FY 2002
<i>Fund -</i>	<i>171 Receipts</i>		
5247	AP Certification	175	150
5248	AP Late Fee	450	450
5249	AP Temporary Permit	1,020	1,080
5250	AP Inactive Status	150	200
5251	PA Annual Registration Without Prescribing	5,368	6,594
5252	PA Temporary Permit	4,380	5,965
5253	PA Temporary Registration	2,990	2,875
5254	PA Locum Tenens Permit	0	0
5255	RCP Temporary Registration	1,650	1,830
5256	RCP Inactive Status	50	150
5257	Report Generation	0	11,655
5258	AT Temporary Registration	100	300
	REVENUE RECEIPTS TOTAL FUND 171	<u>3,801,288</u>	<u>4,112,176</u>
<i>Fund -</i>	<i>200 Receipts</i>		
5244	Seminars/Workshops	62,936	0
		<u>62,936</u>	<u>0</u>
	TOTAL RECEIPTS	<u>3,864,224</u>	<u>4,112,176</u>

### III. Licensing and Registration

#### **A. Persons licensed as of June 30, 2002**

##### Licenses/Registrations issued by Health Profession

<b>PHYSICIANS</b>	<b>FY 01</b>	<b>FY 02</b>
Federation Licensing Examination	114	83
Licentiate Medical Council Canada	15	12
National Board of medical Examiners	166	165
National Board of Osteopathic Medical Examiners	40	50
State Examination	14	10
Examination Combination	41	26
United States Medical Licensing Examination	<u>670</u>	<u>745</u>
TOTAL LICENSED/REGISTERED	1,060	1,091
<b>PHYSICIAN RESIDENCY PERMITS</b>	752	700
<b>PHYSICAL THERAPISTS</b>		
Assessment Systems Inc./Professional Examination Service		
National Physical Therapist Examination		
TOTAL LICENSED/REGISTERED	*	0
<b>ATHLETIC TRAINERS</b>		
Equivalency	2	2
General Registration	59	51
Reciprocity	10	6
Transitional	<u>0</u>	<u>0</u>
TOTAL LICENSED/REGISTERED	71	59
<b>PHYSICIAN ASSSITANTS</b>		
National Commission on Certifications of Pas	<u>94</u>	<u>104</u>
TOTAL LICENSED/REGISTERED	94	104
<b>RESPIRATORY CARE PRACTITIONERS</b>		
Equivalency	0	0
General Registration	59	55
Reciprocity	<u>36</u>	<u>55</u>
TOTAL LICENSED/REGISTERED	95	110
<b>ACUPUNCTURISTS</b>		
Equivalency	0	0
General Licensure	26	31
Reciprocity	4	4
TOTAL LICENSED/REGISTERED	30	35
<b>MIDWIVES</b>	6	1
<b>PROFESSIONAL FIRMS</b>	26	27

\*The Board of Physical Therapy was established in 1999. The Board of Medical Practice has been the administering board. The Board of Medical Practice processed 236 licenses in FY01 on behalf of the Board of Physical Therapy.



## B. NUMBER OF NEWLY REGULATED

Fiscal Year	Physicians & Surgeons	Residency Permits	PT's	PA's	RCP's	AT's	AP's	Traditional Midwives	Total
2002	1,091	700	0	104	110	59	35	1	2,100
2001	1,060	752	*	94	95	71	30	6	2,108

## C. NUMBER OF ACTIVELY REGULATED

Fiscal Year	Physicians & Surgeons	PT's	PA's	RCP's	AT's	AP's	Traditional Midwives	Total
2002	16,354	0	729	1,437	450	183	9	21,164
2001	15,951	*	617	1,305	368	149	9	18,399

\*The Board of Physical Therapy was established in 1999. The Board of Medical Practice has been the administering board. The Board of Medical Practice processed 3,211 renewals in FY01 on behalf of the Board of Physical Therapy.

#### IV. Complaints

##### A. Complaints Received

##### NUMBER OF COMPLAINTS RECEIVED EACH YEAR

Fiscal Year	Number of Complaints Received	Percent of Change From Previous Year
2002	835	7
2001	775	.5

##### C. Open Complaints

As of June 30 of each year of the previous biennium (i.e., June 30 of the current year and June 30 of last year):

	FY 01	FY 02
Less than 3 months	241	233
3 - 6 months	81	76
6 - 12 months	36	60
12 months +	<u>61</u>	<u>70</u>
Total open complaints:	419	439

##### D. Closed Complaints That Were Open for More Than 1 Year:

FY01	FY02
140	48

##### E. Number of Complaints Received Each Year by Occupation:

	AP	AT	PA	PT	PY	RT	Other
FY 02	2	5	20	N/A	751	21	36
FY 01	2	2	12	16	674	11	58

##### F. Number of Complaints Received Per 1,000 Persons of Each Occupation:

	AP	AT	PA	PT	PY	RT
FY 02	10.92	11.09	27.40	N/A	45.47	14.56
FY 01	12.27	4.3	18.45	4.99	44.46	46.36

##### G. Number of Open Complaints as of June 30 of Each Year:

FY01	FY02
419	439



## G. SUMMARY OF COMPLAINTS BY SOURCE

<u>COMPLAINT SOURCE</u>	<u>#OF COMPLAINTS</u>		<u>% OF TOTAL</u>	
	<u>FY 01</u>	<u>FY 02</u>	<u>FY 01</u>	<u>FY 02</u>
BMP License Renewal Form	32	42	4.2	5.0
BMP Application Form	3	2	.4	.2
BMP Staff; EX. Anonymous	46	61	6.1	7.2
BMP Non-Compliance with Order	2	3	.3	.4
Family Member	147	98	19.4	11.6
Patient	267	314	35.2	37.2
Third Party	21	15	2.7	1.8
Courts	0	0	0	0
Professional Liability Settlements	81	107	10.5	12.7
Enforcement Agency	2	0	.3	0
AGO	1	0	.1	0
Peer Review Organization	0	0	0	0
Pharmacists	1	1	.1	.1
Federal DHHS	2	1	.3	.1
Medical Examiner/Coroner	0	0	0	0
Department of Health	2	11	.3	1.3
HPSP	24	31	3.2	3.7
MN Health Related Boards	2	0	.3	0
Police/Sheriff Dept.	0	1	0	.1
DHS	1	7	.1	.8
Drug Enforcement Agency	0	0	0	0
OHFC	14	20	1.8	.2
Medical Board Other-Federation-AMA	16	13	2.1	1.5
Medical Societies	1	4	.1	.5
Other Enforcement Agency	9	7	1.2	.8
Health Care Institution	24	41	3.2	4.9
Licensed Health Professional	50	56	6.5	6.6
PADS	0	0	0	0
Self-Report	<u>11</u>	<u>8</u>	1.4	.9
<b>TOTAL</b>	<b>759</b>	<b>843</b>		

**SUBJECTS OF COMPLAINTS**

	<b><u>FY 01</u></b>	<b><u>FY 02</u></b>
D. Actions by another jurisdiction	29	19
G Incompetency	210	278
K Unprofessional Conduct	519	569
L Illness	48	73
NJ Non-jurisdictional	26	24
O Medical Records	81	42
R Becoming Addicted	5	16
S Prescribing	136	55
T Sexual Misconduct	43	42
Miscellaneous	<u>146</u>	<u>182</u>
<b>TOTAL</b>	<b>1,243</b>	<b>1,300</b>

**CAUSES OF BOARD ORDER**

	<b><u>FY 01</u></b>	<b><u>FY 02</u></b>
Illness	13	27
Chemical dependency	19	20
License disciplined (other state)	5	4
Billing practices	1	0
Unprofessional conduct	26	12
Sexual misconduct with a patient	2	3
Unethical conduct	26	13
Improper management of medical records	11	4
Convicted of felony related to practice of medicine	2	1
Prescribing	6	3
Aiding & abetting unlicensed person to practice medicine/failure to supervise	0	0
Violating a Board rule, Federal law, and/or state law related to the practice of medicine	9	3
Delinquent taxes/student loans	0	4
Reporting obligation/failure to cooperate	5	2
Reinstatement of unconditional	14	22
Medical license failure to quality	2	0
Fee splitting	0	0
Adjudication as MI/CD	0	0
Revealed privileged communication	1	0
False advertising	<u>1</u>	<u>0</u>
<b>TOTAL</b>	<b>143</b>	<b>118</b>

**TYPES OF BOARD ORDERS**

	<b><u>FY 01</u></b>	<b><u>FY 02</u></b>
Amended order/civil penalty/restriction	19	25
Permanent/voluntary surrender	3	2
Reinstatement of unconditional license	14	22
Reprimand and civil penalty/restricted reprimand w/civil penalty/restricted reprimand/amended	6	4
Revoke license and revocation w/civil penalty	0	0
Stayed suspension/amended stayed	1	0
Suspended license including amended order	13	12
Temporary suspension	<u>1</u>	<u>0</u>
<b>TOTAL</b>	57	65

**COMPLAINT INVENTORY**

Complaints on hand (6/30/02)	439
New complaints received (FY02)	835
Complaints dismissed/closed, including those resulting in Orders or Corrective Actions	815
Complaints on hand (6/30/01)	419

**EDUCATIONAL ACTIVITIES**

	<b><u>FY 01</u></b>	<b><u>FY 02</u></b>
Corrective actions	4	8
Medical Coordinator Conferences	66	79
Complaint Review Committee Appearances which did not result in a Board Order	12	37