



OLR RESEARCH REPORT

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PHYSICIAN DISCIPLINE DATA, 1998 TO 2002

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You asked for data on physician discipline in Connecticut over the past few years.

The data in this memo were obtained from reports the Department of Public Health annually files pursuant to CGS § 20-13i.

SUMMARY

The Department of Public Health (DPH) is responsible for receiving and investigating petitions concerning physicians; the Medical Examining Board makes final disciplinary decisions. On average, DPH received about 240 petitions a year between 1998 and 2002. It closed most of them for lack of evidence. Most petitions came from consumers; malpractice reports from insurance companies and referrals from other state agencies constituted the next largest sources. The vast majority of complaints concerned physician negligence or incompetence; drug-related issues were a distant second.

Placing a doctor on probation was the most often used discipline followed by civil penalties and therapy. Licenses were revoked or suspended infrequently. In most cases, DPH, the Medical Examining Board, and the physician reached a settlement that resulted in a consent order or the physician voluntarily surrendered his license.

PETITIONS RECEIVED/DISPOSITION

DPH received between 200 and 300 petitions per year during the five years we reviewed. If DPH's investigation finds sufficient evidence to bring a complaint to the Medical Examining Board, that board convenes a three-person panel to hear evidence and, if necessary, recommend that the full board take disciplinary action. On average, the board took 55 disciplinary actions a year during this period. Table 1 summarizes DPH and examining board actions over the past five years.

Table 1: Cases Opened and Disposed, Summary, 1998-2002

Year	Cases Opened & Investigated	Cases Closed For Lack Of Evidence			Disciplinary Actions Taken
		Total	Opened in current year	Opened in prior years	
1998	240	287	124	163	58
1999	251	168	68	100	49
2000	227	172	44	128	73
2001	197	197	49	148	41
2002	295	179	80	99	55

SOURCES OF PETITIONS AND THEIR NATURE

Petitions come from a variety of sources, as shown in Table 2. Consumers account for over 50%; reports from insurance companies on malpractice settlements and awards and from other state agencies (e. g. , consumer protection drug control, social services, mental retardation, children and families, and the Attorney General and State's Attorneys offices) account for about 40% annually; while reports from other physicians, hospitals, and medical societies account for the remainder. Reports from medical societies concerning drug- or alcohol-impaired physicians are handled under a separate procedure from other reports.

Table 2: Petitions by Source, 1998-2002

Year	Consumers	Hospitals or Physicians	Insurance Companies	Other Agencies	Medical Societies	Total
1998	141	4	62	26	7	240

1999	145	2	62	37	5	251
2000	135	10	30	46	6	227
2001	137	6	12	36	6	197
2002	156	9	26	90	14	295

The statutes permit the Medical Examining Board to take action against a physician for the following reasons:

1. physical illness, including deterioration due to aging, mental illness, or emotional disorder;
2. alcohol or drug abuse;
3. illegal, incompetent, or negligent practice;
4. possessing, using, prescribing for use, or distributing controlled or legend drugs for other than therapeutic purposes;
5. misrepresenting or concealing facts in having a license reinstated;
6. failing to maintain required malpractice insurance, adequately supervise a physician assistant, fulfill National Health Service Corps obligations, or provide DPH with information for its physician profiles;
7. performing magnetic resonance imaging or administering anesthesia without proper accreditation and failing to provide DPH with evidence of that accreditation; and
8. violating any part of the Medical Practice Act or regulations implementing it (CGS § 20-13c).

As Table 3 shows, about 75% of the petitions concern physician incompetence or negligence. Substance abuse and prescription-related issues are a distant second.

Table 3: Allegations by Type, 1998-2002

<i>Allegation</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
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Incompetence/negligence	191	205	162	150	196
Substance abuse-drugs	11	4	16	1	14
Substance abuse-alcohol	1	5	3	5	4
Other drug-related	2	2	7	6	6
Sexual misconduct	6	3	7	4	5
Unlicensed practice	2	1	3	1	4
Fraud/deceit	1	1	2	4	5
Mental illness	4	2	4	4	6
Business practice	8	8	5	9	14
Medical records	1	4	3	1	4
Illegal conduct	1	1	3	2	12
Professional ethics	9	8	9	5	9
Probation violation	2	3	0	0	3
Lack of cooperation	0	1	0	1	12
Unsanitary conditions	0	0	2	1	4

Patient abuse	0	0	0	0	2
Scope of practice	0	0	1	1	0
Other	0	3	0	2	3
TOTAL	239	251	227	197	303

TYPES OF ACTION TAKEN

The statutes authorize the board to revoke or suspend a doctor's license, censure or reprimand him, place him on probation, limit the scope of his practice, require him to take continuing education, or assess a civil penalty up to \$ 10,000. It can take any of these actions summarily if it finds that he has been (1) found guilty of a felony here or in another jurisdiction or (2) subject to disciplinary action in another jurisdiction (CGS §§19a-17, 20-13c). As Table 4 shows, probation is the most frequently applied followed by civil penalties and therapy.

Table 4: Type of Disciplinary Action, 1998-2002

Type	1998	1999	2000	2001	2002
Revocation	3	0	0	1	1
Suspension	4	2	0	1	1
Voluntary Surrender	4	2	7	5	8
Restricted	0	1	7	4	5
Civil Penalty	6	4	11	8	10
Probation	17	18	16	10	10

Rehabilitation	0	0	5	1	0
Education	5	8	9	2	3
Therapy	11	10	12	7	5
Reprimand	5	1	4	2	8
Stay	3	1	0	0	0
Cease & Desist	0	2	0	0	0
Negative Finding	0	0	1	0	0
Remove Finding	0	0	1	0	0
Agreement not to Renew/Reinstate	0	0	0	0	2
Dismissed	0	0	0	0	2
Total*	58	49	73	41	55

* some doctors were subject to multiple disciplinary actions in a single case

FORMS OF ACTION

The board's action can take several forms. A memorandum of decision comes after a hearing panel conducts a formal evidentiary hearing and makes a disciplinary recommendation to the board. A consent order (and interim order and modification) results from a settlement agreement reached between the DPH, the board, and the physician after the investigation but a formal hearing. If the board issues a summary order disciplining a doctor, a hearing occurs shortly thereafter. And, a doctor can voluntarily surrender his license at any time during the investigation/hearing process.

Table 5 shows that most doctors choose to settle or voluntarily surrender their licenses.

Table 5: Form of Disciplinary Action, 1998-2002

<i>Form</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Memorandum of Decision	11	3	5	10	9
Consent Order	22	21	26	16	28
Interim Consent Order	2	2	0	2	3
Consent Order Modification	4	3	2	3	3
Summary Order	5	3	8	3	2
Voluntary Surrender	4	2	10	5	8

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