The Commonwealth of Massachusetts

Board of Registration in Medicine
Patient Care Assessment Division

Health Care Technology Oversight Hearing
Thursday, May 5, 2005

INTRODUCTION

Good morning Chairman Moore, Chairwoman Walrath, Chairman Hart and Chairman Bosley. Thank you for inviting me to this special hearing on health care technology. My name is Nancy Achin Audesse and I am the Executive Director for the Board of Registration in Medicine. I am also a former state senator and health care advocate.

In 1996, prior to my position at the Board, I led a successful effort to implement the Board of Registration in Medicine's Physicians Profiles program, a first-in-the-nation on-line effort to give patients more information about their health care providers. This, if you will, was one of the first health care quality technological improvements in Massachusetts. And I have not stopped since.

Since becoming Executive Director of the Board in 2000, the Board has made more technology advancements. For example:

Wallet Cards
In 2004, the Board replaced the traditional paper wallet card with a heavy-duty laminated wallet card that is that is more durable, more professional and protects the licensing information from of being altered. Furthermore, adding photographs to the physician wallet cards will allow them to be used to satisfy a JCAHO requirement, saving time and effort for both hospitals and physicians, and creating a universal form of licensed physician identification that may have applications during times of serious emergency.

Common License Application
The Board is working with the Federation of State Medical Boards (FSMB) to develop a Common License Application (CLA) for physicians who apply for state licensure. It would be a single online license application that a physician would be required to complete, and that could be stored electronically and updated as often as necessary. The time consuming and expensive redundancy of providing the same information to each state will be eliminated for both physicians and the state medical boards. The increased demand for telemedicine services has expanded the scope of the practice of medicine by enabling physicians to provide health services across state lines via the Internet. The CLA will expedite the licensing process since all states require a physician to hold some type of licensure in that state in order to practice medicine across state lines.

CLARIS Licensing System

In 1999 BORIM successfully implemented a state of the art web based licensing and complaint system known as the *Consolidated Licensing and Regulatory Information System* (CLARIS). CLARIS currently supports the licensing of approximately 34,000 physicians in Massachusetts. The Commonwealth has a major investment in the CLARIS system. Over the past six years, we have invested approximately $ 5 million in the development, installation and modification of this software at BORIM and DOI.

OVERVIEW

While those are great strides, today, like you, the Board is looking for more ways to improve health care quality through technology.

To give you an idea of what the Board is doing, I would like to draw your attention to Chairman Moore's five-point plan for real reform of the Massachusetts Health Care System. His five-point plan consists of:

1. Reforming the administration of health care in Massachusetts
2. Improving health care access and affordability
3. Promoting safe patient care
4. Reforming the Professional Medical Malpractice Liability System, and
5. Providing for Investment of Technology to improve management and delivery of health care.

What if I said to you that there are three technological investments that you could make that would achieve all five points, and in answering "Who is Going to Pay?" that there would be no cost to the General Fund.

Would you be interested? Would you do something about it?

The three technological investments to which I am referring are investments that the Board of Registration in Medicine is planning and hoping to implement in the coming months. They are:

1. Online Physician Licensing
2. Clinical Skills Assessment, and
3. Web-Based Medical Error reporting

ONLINE PHYSICIAN RENEWAL

Background

In the Commonwealth, physicians with full licenses are renewed every two years. This is a time consuming, costly, and inefficient process. During busy renewal cycles, it becomes necessary to hire temporary data entry clerks to keep pace with the volume of renewal applications received.

The manual nature of the work puts the agency at risk for data entry, cancellation and renewal errors

The renewal cycle is also a primary mechanism for BORIM to obtain updates from the physicians on medical malpractice claims and demographic changes. Doctors are required to report all such changes to the Board as soon as they occur, but in practice, the Board receives the majority of these updates during the renewal process. As a result, the Board's records are often as much as 2 years out of date. This severely impedes the Board's ability to protect the public safety.

Initiative

As a result of this initiative to have online physician license renewal, BORIM intends to: provide physicians with the ability to renew their licenses on-line via the web; provide physicians with the ability to view and change demographic information via the web; require physicians to report malpractice information annually on-line via the web; and provide access to hospitals, insurance plans, and other credentialing entities to current, on-line information to streamline the credentialing process.

As part of this project, BORIM also intends to provide hospitals and Health Maintenance organizations with data sharing subscription services to assist the facility in their credentialing of physicians affiliated with their facility. During a facility's open enrollment process, using this function to verify credentials for their physicians is a very labor intensive and time consuming process. A subscription service for facilities to check all affiliated practitioners at once would greatly reduce the administrative burden in these facilities.

Benefits

The benefits of online licensing results in:

Increased Efficiencies. The ability to renew an existing license online would be a major benefit to physicians, due to the savings they would realize in time and effort.

Reduction in Costs. Online renewals will be cost effective by reducing reproduction costs, mailing costs, the data entry process and the current manual process of reviewing every renewal application for completeness.

Improved Quality. Electronic access for online renewals will improve data quality and reduce data entry errors. And the online renewal technology will enable the Board to collect malpractice, legal and criminal information more frequently and increase the Board's ability to protect the public by receiving and acting on adverse information in a more timely manner.

Better Credentialing. Sharing licensing data with hospitals and HMO's will significantly streamline the credentialing process for these facilities, decrease the time required for the Board to renew licenses, and provide a service to physicians by notifying them of the need to renew their licenses, and

Enhanced Ability to Protect the Public. On-line renewals will enable the Board to require much more timely accurate information about malpractice information that will enable the Board to better inform and protect the citizens of the Commonwealth.

CLINICAL SKILLS ASSESSMENT

Overview

Another technology investment the Board wants to pursue in the coming years continues to be Clinical Skills Assessment. This testing procedure would measure the clinical skills, not only of new doctors, but of physicians coming into the state from elsewhere, who have been away from practice for an extended period or who may have had multiple medical malpractice payments or other problems.

Furthermore, as technology is introduced in health care facilities and in the health care marketplace, how do we ensure that physicians know how to use the technology? Whether is it CPOE systems, medical devices or prescribing knowledge, the Board can be a resource to provide education and training in these areas to ensure that physicians have the tools they need to practice competently.

In 2004, the National Medical Board of Examiners began requiring all new physicians to pass a clinical skills exam. But there are only five locations nationwide where such physicians may take the test. The closest one to Massachusetts is in Philadelphia. The Board remains committed to add a sixth site – in the Boston area. Such a site could be used not only for testing new physicians, but also for those veteran physicians whose clinical skills may be in question. Massachusetts is an ideal site for such a program as it has a depth of medical schools, teaching hospitals and expertise unmatched in the nation.

Also, having such a site in Massachusetts could provide an economic resource for the state as physicians come here for education and training. This program could also assist with the physician shortage. Many physicians are leaving the practice as technology becomes more complicated. Or physicians are subjected to malpractice claims because they are using new technologies on 'live' patients without having the opportunity to train in alternative setting, and the malpractice rates are driving them out of the profession. By offering training and education opportunities, it may ensure additional physicians stay in the profession.

The Massachusetts Board of Registration in Medicine believes that such a center could be of great assistance not only to the Massachusetts Board, but also to hospitals, liability insurers, health plans and other state medical boards in the region when confronted with substantial doubts about a physician's competence. In addition to providing a much-desired upgrade in the Board's capacity to assess clinical competence, the proposal has the benefit of responding to a statutory mandate, in Chapter 112, Section 5, that the Board develop a remediation program.

Mandate

The Board was directed in the 1996 Physicians Profiles Bill to establish a remediation program for physicians who otherwise might be subject to disciplinary action. The statute is meant to complement and not replace the Board's disciplinary function, so that only cases deemed appropriate by the Board would be diverted to the remediation track. Indeed, the statute envisions that disciplinary action could be taken even after assessment and attempts at remediation had been made.

The statute directs that there shall be no cost to the Commonwealth for the mandated remediation program. Given that the Board necessarily must expend public resources during the course of developing and implementing the mandated program, this prohibition cannot be intended to extend to the costs required to develop, implement and oversee a remediation program.

Current Process

Presently, the Board's primary tool for assessing physicians' competence is chart review. While chart review is a valuable technique in some cases, it has substantial limitations and cannot answer all questions in every case.

Aside from the logistical and economic issues associated with expert chart review, medical records provide, at best, a partial picture of a physician's performance and capabilities. One major shortcoming of chart review is that most care is provided in outpatient settings where the documentation is not as comprehensive as that maintained for patients admitted to hospitals. Review of office records often does not yield enough information on which to make judgments concerning the clinical skills of primary care physicians.

There also is the issue of what is not in the chart, even hospital charts. For example, patient records generally document adverse events without revealing their causes. Nor is every aspect of every physician-patient encounter documented in the patient's record. Communication issues, for example, are common problems that affect the quality of care, but generally it is impossible to assess a physician's communications skills by reviewing a chart.

Initiative

A proposal to create, pursuant to statute, a pilot program for such an assessment and remediation center in Massachusetts would serve as a referral resource for the Massachusetts Board of Registration in Medicine when faced with questions involving a physician's clinical competence.

The Center would have four (4) basic components:

- Pre-licensure Assessment Services
- Post-licensure Assessment & Remediation Services
- Training for New Medical Techniques & Devices and Established Best Practices.
- Data Collection and Analysis

Ultimately, this program can improve quality, increase competency, and reduce medical errors

WEB-BASED REPORTING

As you know, the Patient Care Assessment Division at the Board gets confidential healthcare facilities' reports of serious events. However, having a secure, *web-based* system at the Board that enables healthcare facilities to submit reports of serious events online, can enable facilities to better report, spend less time reporting, and save money. Furthermore, the Board can better analyze the collected data, than it can now, to identify trends and recommend changes in healthcare practices and procedures that may be instituted to reduce the number and severity of future serious events and incidents.

The web-based system could also provide individual facilities with detailed reports analyzing data related to their specific facilities or to certain geographic regions and the state as a whole. Facility managers would able to use these reports for their internal quality improvement and patient safety activities.

Because reports are confidential, all information submitted through the system would remain confidential, and no information about individual facilities or providers will be made public. But the aggregate data would give the public data.

In addition, the web-system's capacity to include the submission of reports to the Department of Public Health, even though those reports fall outside the scope of the Board's responsibility. This assures that facilities have a single portal for the submission of various types of reports and creates a unified reporting tool for the agencies involved.

Ultimately, the database would allow individual facilities and Board analysts to assess the types of adverse events and near misses that are occurring, identify why they occurred and suggest steps they can take to prevent reoccurrence. Hospitals do not have the funds to invest in technology to track their own adverse reporting and even if they did, it would be fragmented across the system. Having a centralized reporting system at the Board would enable facilities to have their own confidential report cards, without additional cost, and would enable the Board and others to have a report card on the entire system.

Most health care and medical errors take place in ambulatory settings so web-based reporting would ensure that we are getting accurate, timely information from these sites, which notoriously have fewer resources to paper report. The Board has identified an existing system that has a proven record of web-based reporting of adverse events. Thus, it is extremely possible for the Board to purchase this system and test pilot the online reporting this fall.

CONCLUSION

In conclusion, the Board believes that the application of technology must be expanded to bring greater safety, quality, and affordability to the health care system, and we are working to provide assistance and encouragement for doctors and hospitals to embrace new technologies that could, save billions of dollars a year, but more importantly, thousands of lives. The Board is also hosting the 2006 Annual Federation of State Medical Boards Meeting in Boston. The

Conference will be entitled "Technology in Medicine" and we hope to be able to showcase the work Massachusetts is doing and will be doing in this area.

The On-line license renewal project could be completed in 6 months and the projected cost of the project would be approximately $1 million.

The Clinical Skills assessment project is expected to generate an operating deficit totaling $432,000 during the three-year pilot phase. However, the assessment center could be fully operational in less than two years.

Lastly, the Board may be able to buy an existing web-based reporting system for use at the Board. Projected costs are around $400,000, and the system could be piloted this fall.

These initiatives can be funded and realized if language, to allow unexpended sums in the Board's Trust Fund to carry over to the next fiscal year, is passed by the Legislature. The Board of Medicine is the only Health and Human Agency whose Trust Fund money reverts at the end of the fiscal year.

The problem is that the vast majority of the Board's licensing fee revenue comes in odd-numbered years, and such an uneven revenue stream makes it extraordinarily difficult for the Board to make intelligent planning and expenditure decisions. The revenue stream is so unbalanced because nearly all physicians renew their licenses in odd-numbered years.

Thus, in even-numbered years the Board receives very little fee revenue, while in odd-numbered years it receives quite a lot. The Board is alternately short of funds or winds up reverting *significant* amounts to the General Fund.

Thus, this makes it very hard to complete technology improvement projects like the ones discussed above. Furthermore, since it is unknown how much money will revert from year to year, and that money is only reverted in practice every other year, the money is never accounted for in budget planning in the General Fund.

Lastly, in addition to the carry over language, ultimately the Board hopes to be able to retain 100% of physician license fees. Right now only approximately 75% of fee revenue is available to the Board.

So with your Legislative support in passing the carry over language and full license fee retention, online licensing, web-based reporting, and a state-of-the-art clinical skills assessment center can become a reality, and sooner than we think, with no additional funding by the Legislature.

We look forward to making it happen.