

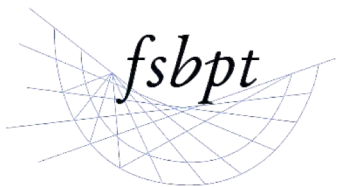


National Council of State Boards of Nursing 2018  
Annual Meeting

*Learning from others in the discipline space*

Disciplinary data: challenges and  
opportunities in physical therapy

Mark Lane Vice President, Federation of State Boards of Physical Therapy



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# The Issue

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- Terminology between member jurisdictions very different
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The Federation of State Boards of Physical Therapy

## **Basis for Disciplinary Action Definitions and Descriptions**

A tool to assist physical therapy regulatory bodies categorize  
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Version 4.0: October 2015

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- Training of administrators
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WRONG!!!

Big Obstacles Ahead!



# Big Obstacle #1

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# Overcoming Big Obstacle #1

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# Big Obstacle #2: No historical data

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- Staff went through the last 10 years of data and added FSBPT codes



# Big Obstacle #3: Participation in FSBPT ELDD

- The data we were getting into the ELDD was limited for lots of reasons
  - Using a unique identifier
  - Limited Board resources
  - Other



# Overcoming bit obstacle #3

- Star rating system
- Unique FSBPT Identifier
- Currently 23 - 5 star states and rising
  - PT Compact mandates providing data

# Tremendous and exciting opportunities ahead

- *Trends*
- *Preventing harm*
- *Who is at risk?*
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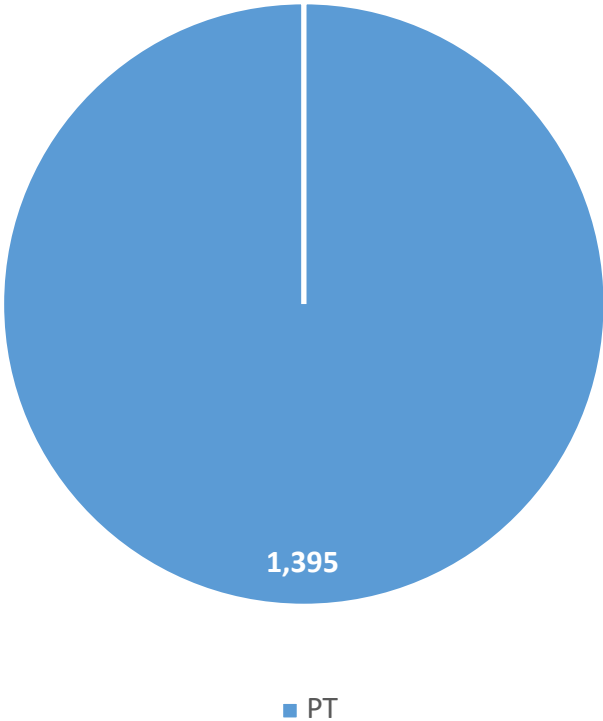
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\*Disciplinary incident = an incident that results in one statement of charges, hearing and final order.

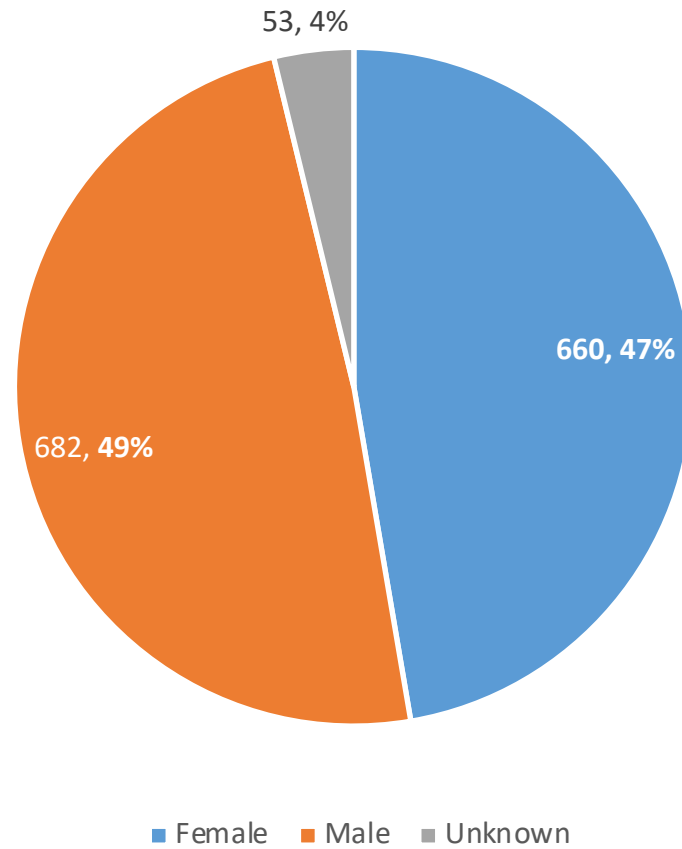
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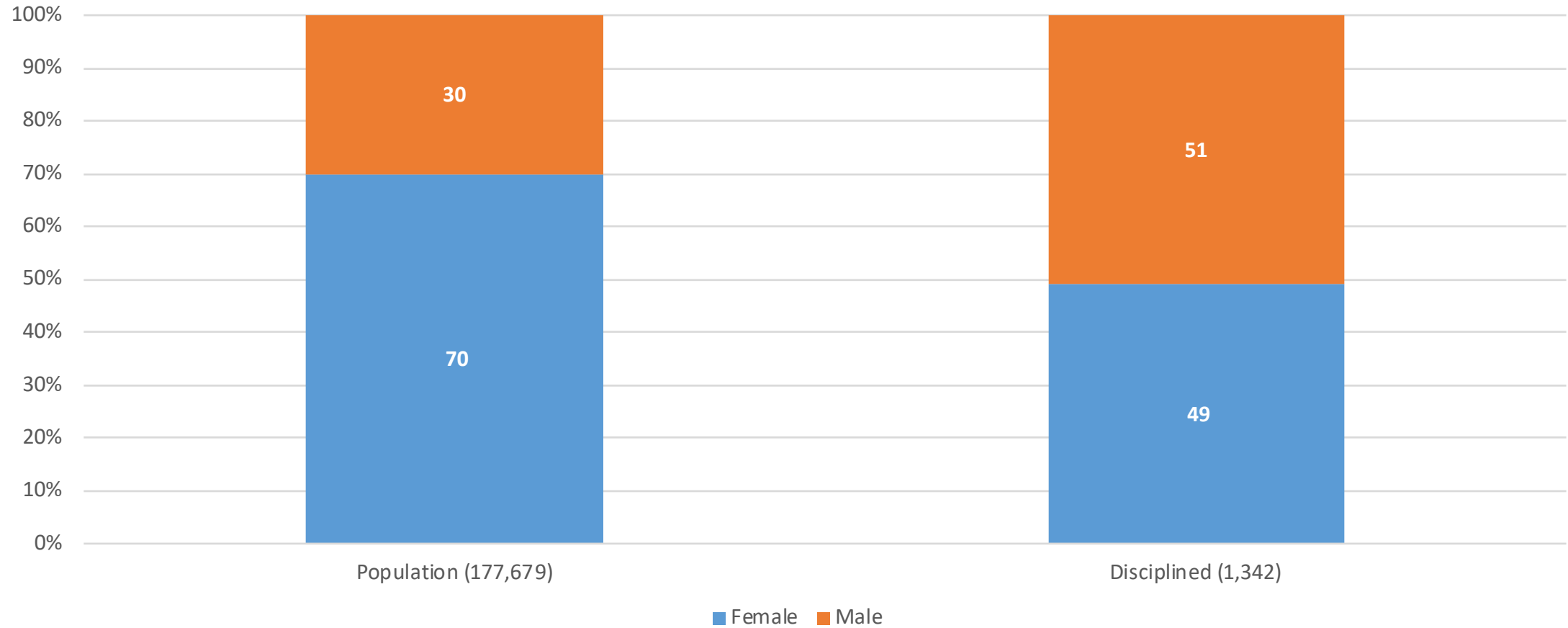


- Total of 1,395 PT's who were disciplined during the time period.

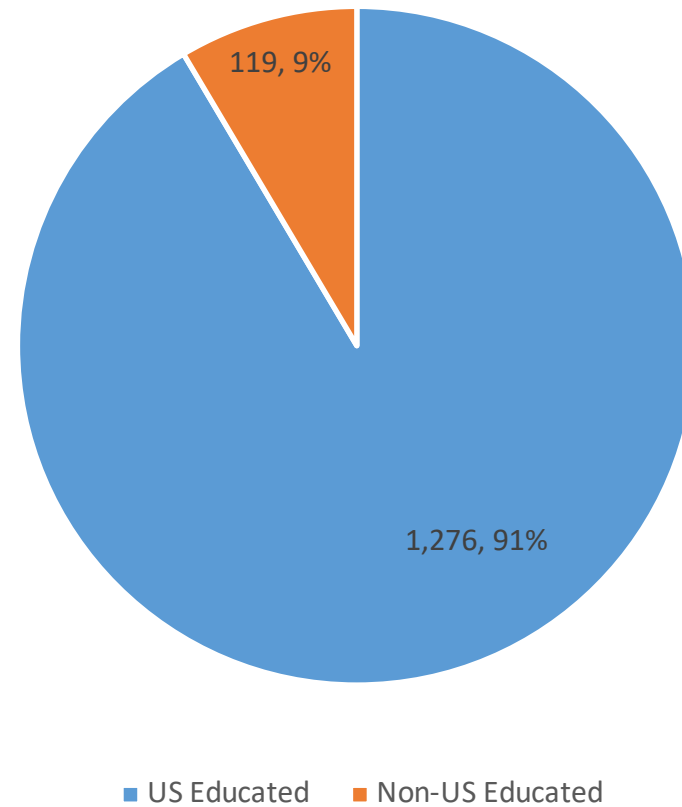
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# Gender Ratio Compared to the Population

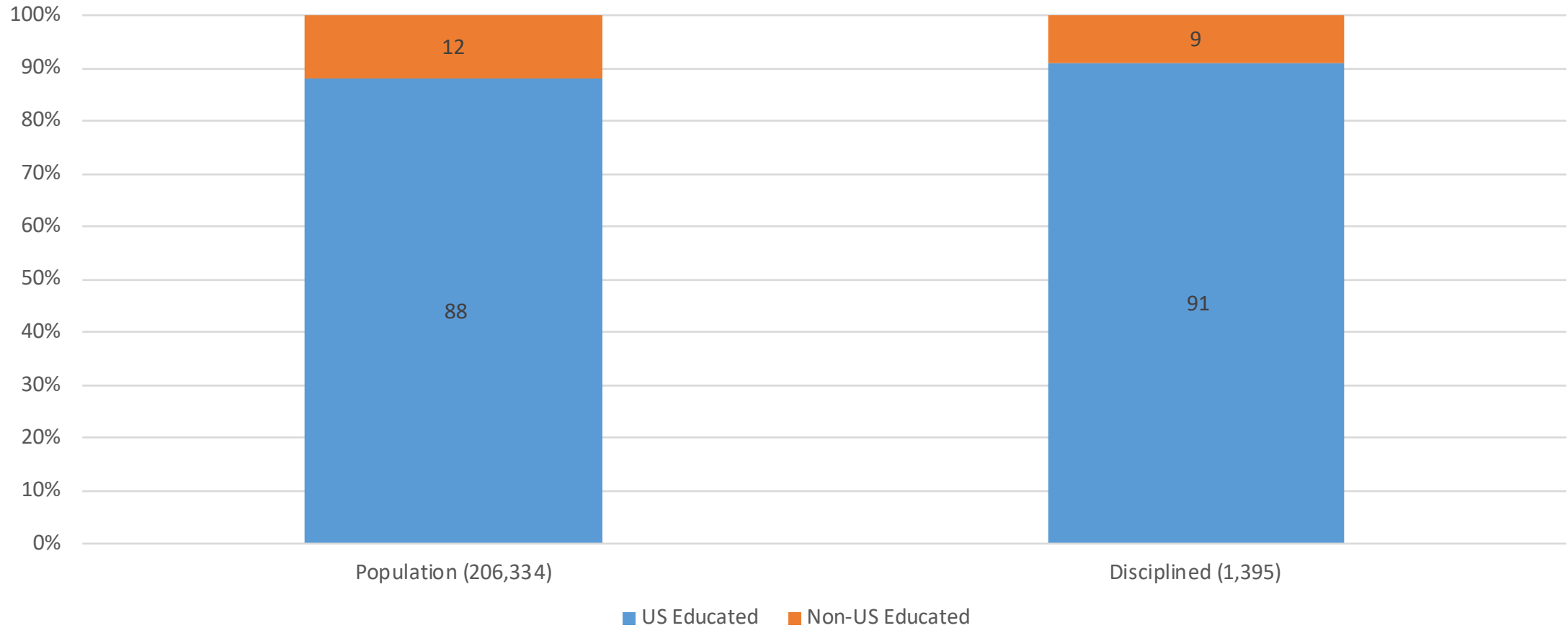


# Education of those Disciplined





# Educational Background Ratio



# Creating a severity scale

- Disciplinary Guidelines Task Force
  - Established Board Action Guidelines
  - Started with 5 severity levels and reduced it to 4

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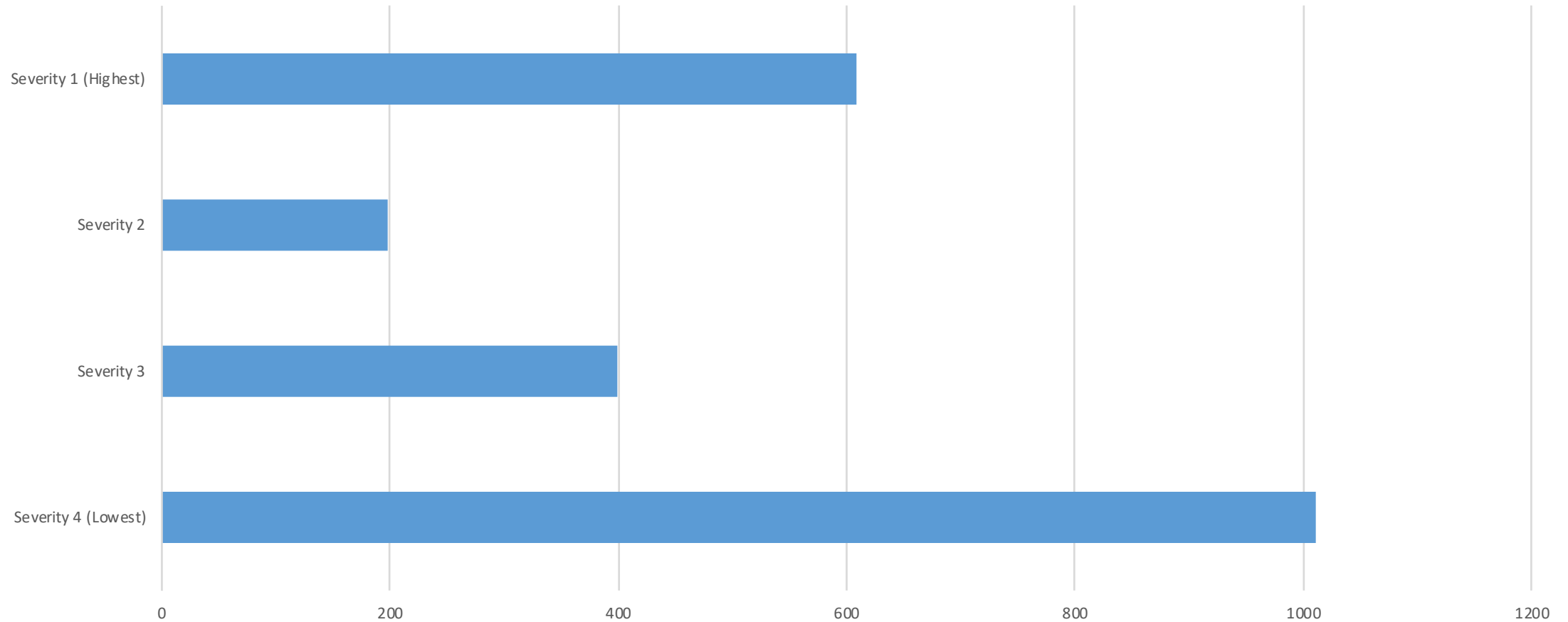
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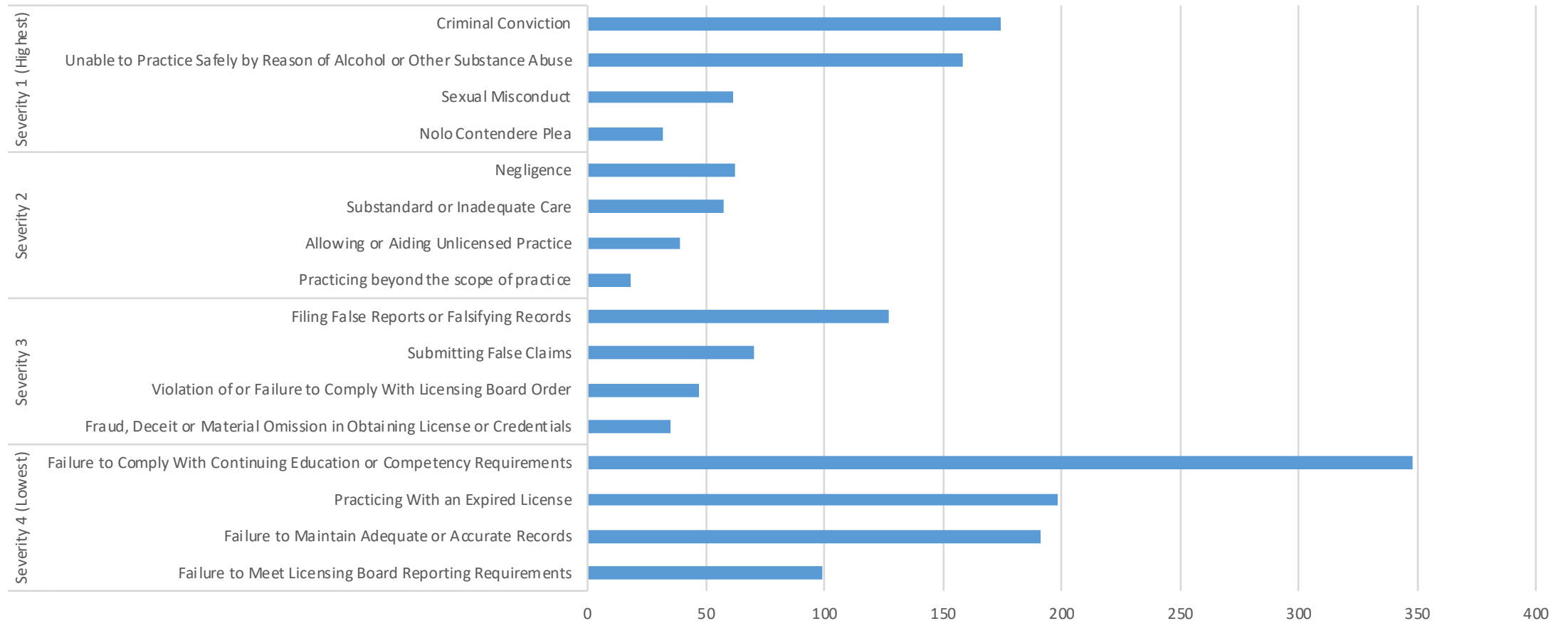
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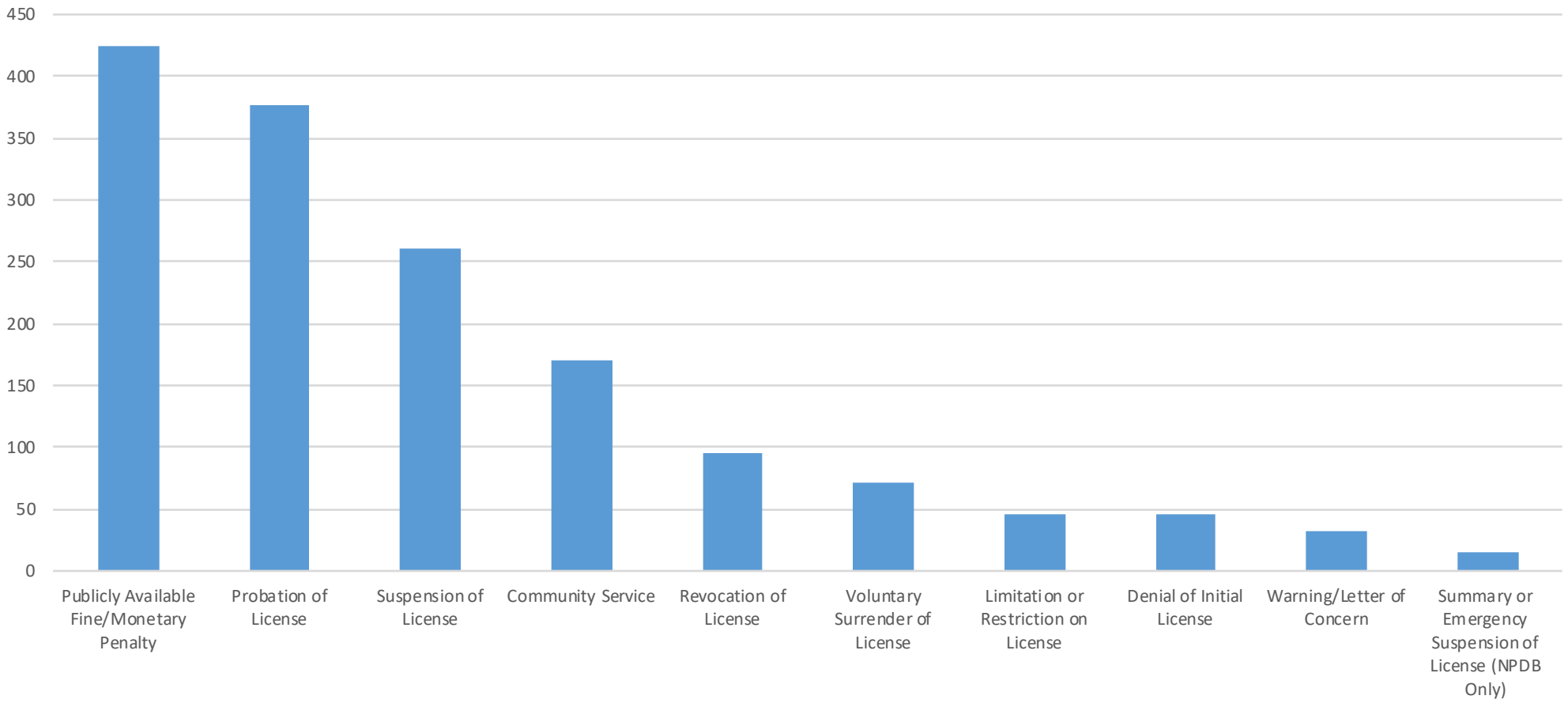
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# Top 10 Most Frequently Used Sanctions



# Moral of the story

- Don't take "no" for an answer
- Big obstacles are challenges to overcome
- Worthwhile projects take time and perseverance
- There are some big opportunities for inter-professional and international collaboration on terminology and definitions

# Learning from Others in the Discipline Space: Challenges in Tracking and Researching Physician Disciplinary Actions



Susie Allen, DrPH, MBA

National Council of State Boards of Nursing

Annual Meeting

August 16, 2018

# My talk

- Study description
- **Intertwined with research issues**
- Inter/Intra issues
- Things to think about



# End result

Allen SH, Marier RL, Mouton C, Shankar A. "Training Matters: A Retrospective Study of Physician Disciplinary Actions by the Louisiana State Board of Medical Examiners, 1990-2010." *Journal of Medical Regulation*, Vol. 102, No. 4: 7-16, 2016.

Rule change enacted, February 2018.

# Research Question

- Are physicians who don't complete 3 years of residency training more likely to be disciplined by the state medical board than physicians who do?

3 year proxy

# Data

- Study period 1990-2010
  - 652 publicly sanctioned; 6,552 controls
    - Docs sanctioned during residency removed
    - Only public actions, no letters of concern
- LSBME Licensing and Investigation Files
- AMA Masterfile
- **Investigator classification/Interpretation**
  - Severity of action
  - Disciplinary History
  - \*\*\*Occasional Reading between the lines \*\*\*

# Analysis

- Likelihood of being subject of disciplinary action
- Specific likelihood of being sanctioned for
  - Competence/standard of care
  - Crime
  - Improper Prescribing
  - Fraud/Lying
  - Substance Abuse
- Controlled for demographics, time period of graduation, and Specialty
- Separate models for years of PGT and board certification status

# Issues in Researching Physician Discipline

- Treatment setting/Training/Specialty
- Type of violation
  - MPA
  - **Unbundling “unprofessional conduct”**
- Severity/History
- Normative changes
  - Profession
  - Disciplinary regime

# Severity level of action

1=reprimand

2=probation/restriction

3=suspended/revoked

- Individual actions coded, also “Final severity” at end of study, =0 if fully reinstated (past disciplinary action)

# What They Were Sanctioned For

- 36% for drugs/alcohol
  - >half for relapse
- 35% for pain/obesity rules
- 27% involved competency/standards
- 26% involved fraud or lying
- 16% of cases involved the DEA
- 12.7% for diversion
- 15% were self-prescribing
- 16% MH issue not related to addiction or abuse
- 10% for sexual boundary issues
- 25% tracking actions from other state boards
- 6% prior actions

# Disciplinary History Type

1. One time offense, compliance with terms, all clear-fully reinstated, uncomplicated (34% - 211)
2. Sanctioned with issues, terms change during probation, additional terms (33% - 206)
3. Many problems which end in loss of licensure after various attempts at resolution (11% - 69)
4. Immediate revocation/yield/surrender or immediate suspension and failure to get off of suspension (22% - 138)
  - Those with <3 years PGT over-represented in this category



# Main findings (1)

- Only 4.8% of all study subjects <3 years GME, 22.8% of those were disciplined, compared to 8% of those 3+ GME
- 12.7% of sanctioned <3 years GME, 4.1% of controls
- Physicians with <3 years training more likely to be disciplined (OR 1.74,  $p < .005$ ) after controlling for gender, specialty, IMG
- Physicians who did an internship but did not complete the next 2 years of training more than twice as likely to be the subject of a disciplinary action (OR 2.64,  $p < .005$ )
- Physicians who had never been board certified were 4 times more likely to be sanctioned (OR 4.24,  $p < .0001$ )

## Main findings (2)

- Male physicians more likely to be disciplined
- International medical graduates less likely to be disciplined
- Surgeons, pediatricians, anesthesiologists and medical subspecialists were significantly less likely to be disciplined than other specialties (IM was reference group)
- Certain specialties over-represented depending upon cause of sanction

# Time variables and issues

- Average age at first sanction – 51 (24 years in practice)
- Controlled for normative changes with time variable from graduation year:
  - Before 1950
  - 1950-1976
  - 1977-1990
  - 1990+

# Current Requirements for licensure

- 33 states require 1 post-graduate year for full licensure
- 2 states require 2 years
- 1 state requires residency completion (South Dakota)
- Various differing requirements for international medical graduates

# Current Norms

- Residency completion
- Board Eligibility
- Board Certification
- MOC/Re-cert

# Lack of residency completion

- Job options poor
- Potential for bad choices
- Debt issues
- Issues re moonlighting/rural hospitals

# Things to think about

- Varied MPAs
  - By state AND profession
- Unprofessional behavior
- Classification of Severity
  - for public
  - for individual
- Disconnect between NDBP and disciplinary actions

Questions?  
Comments?  
Discussion





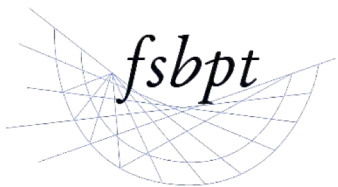
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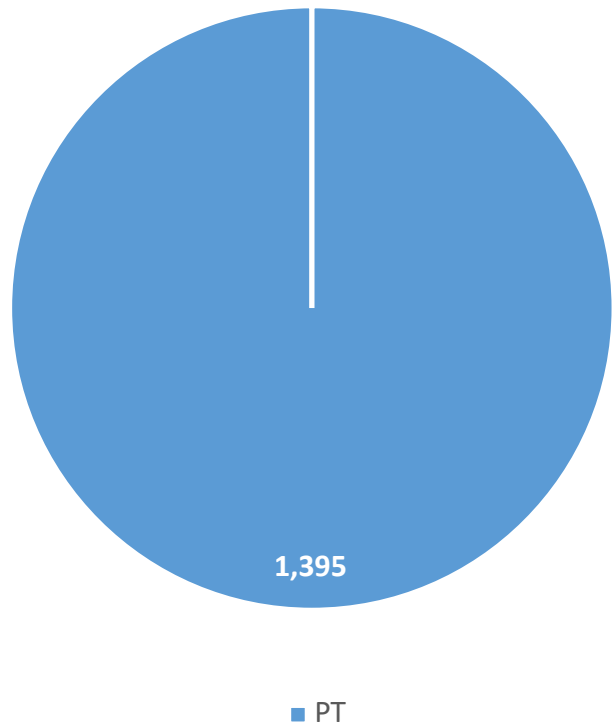
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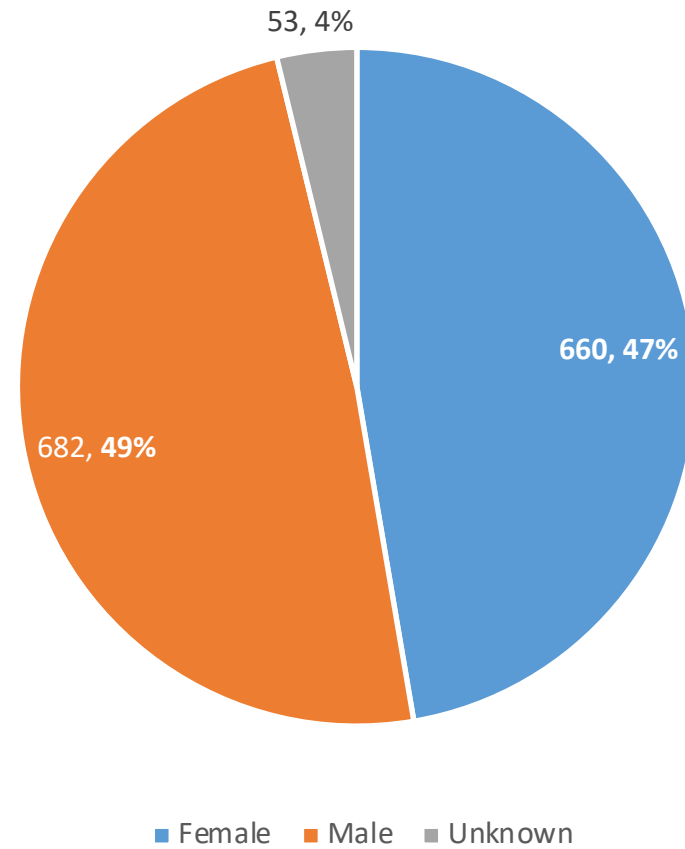
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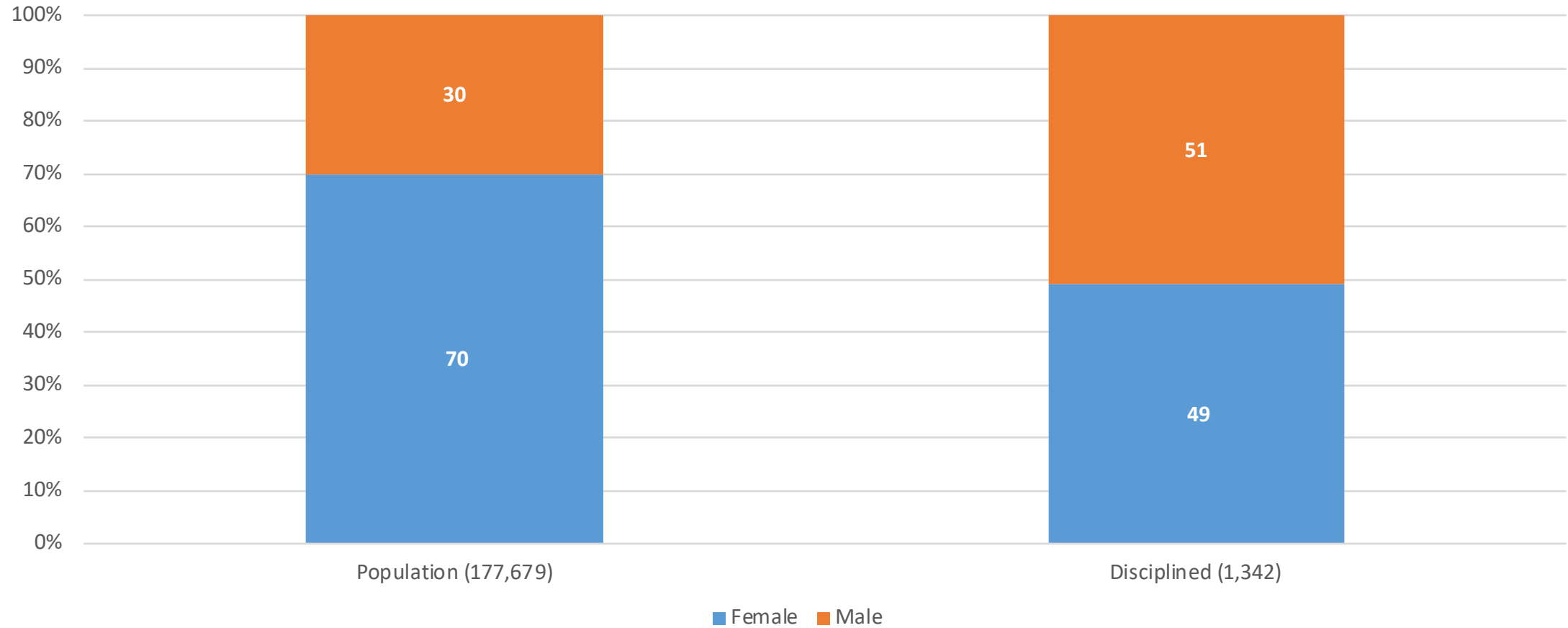


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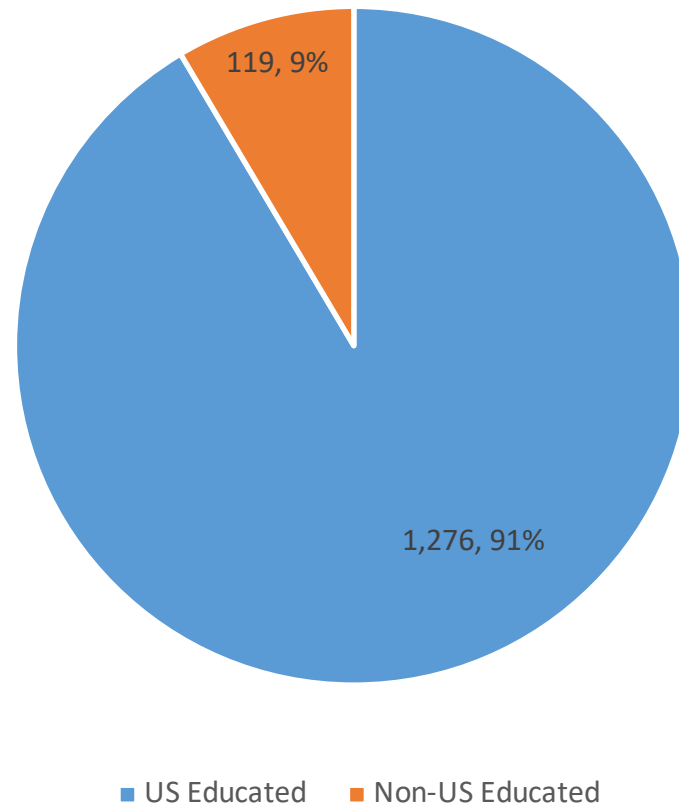
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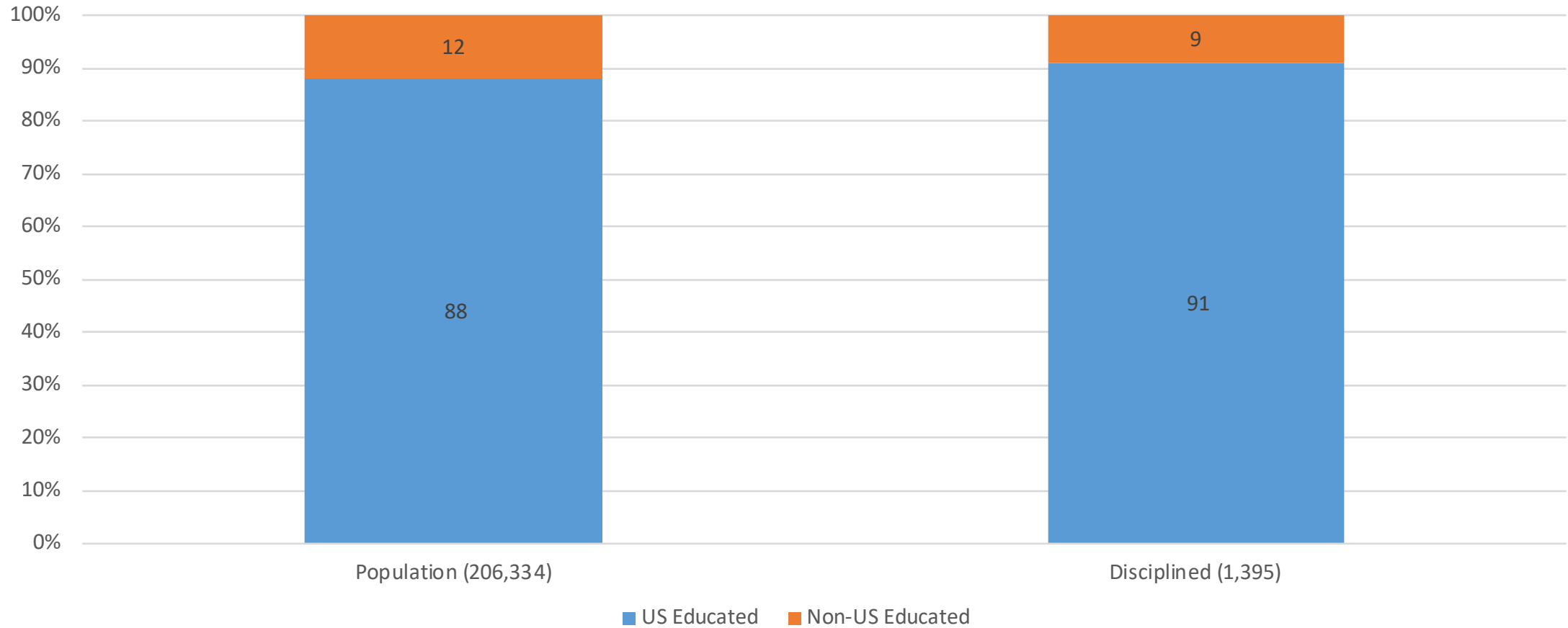


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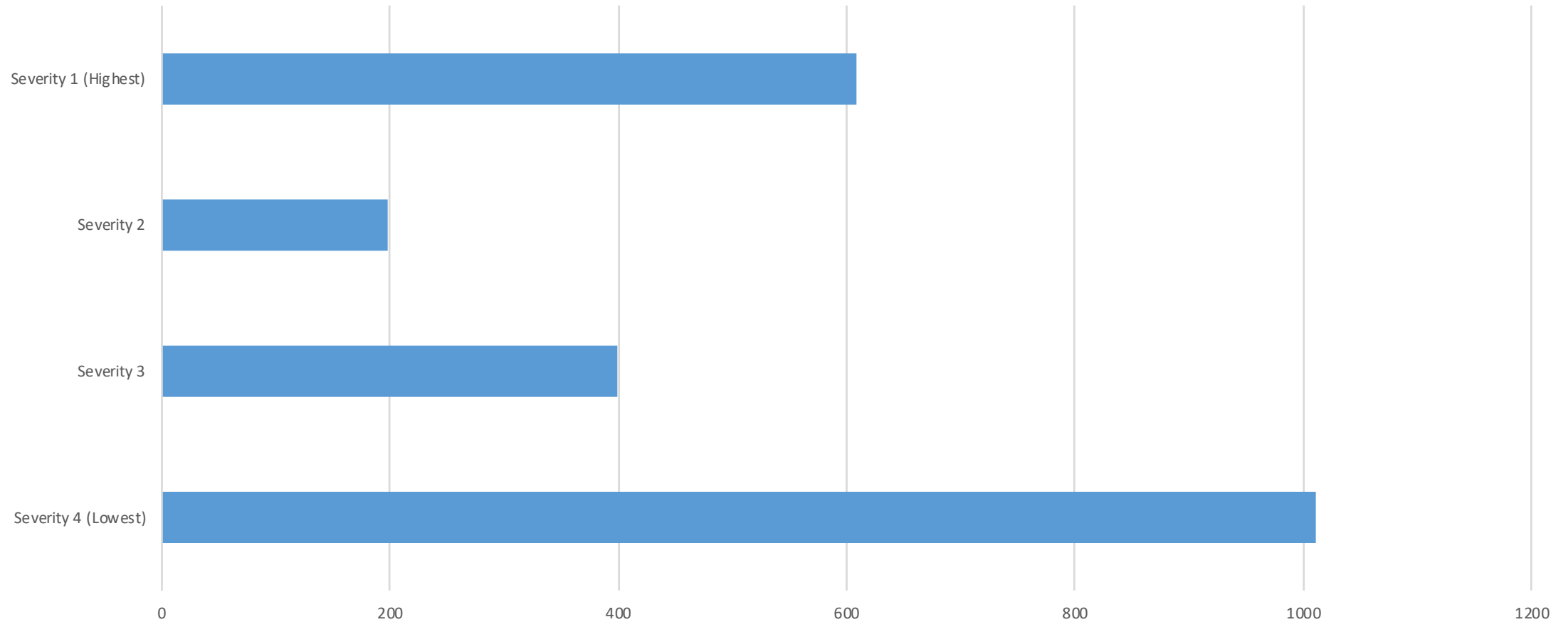
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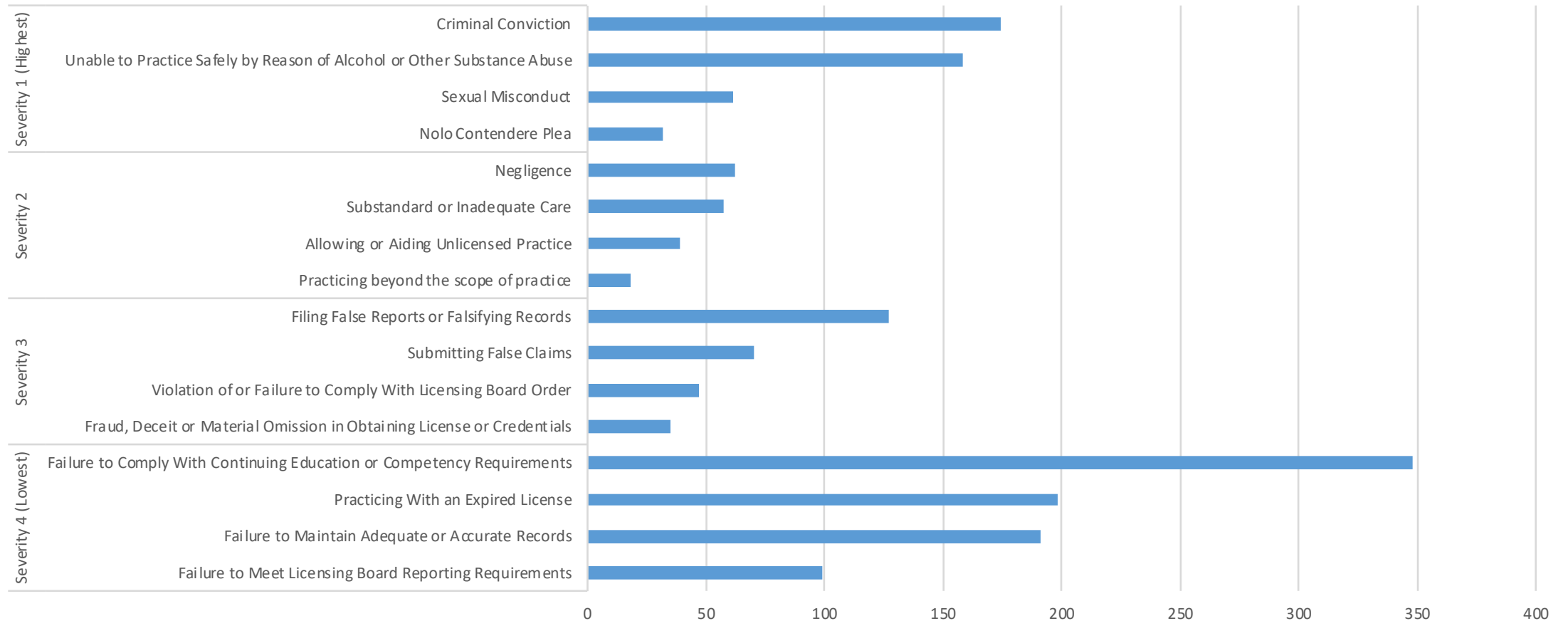
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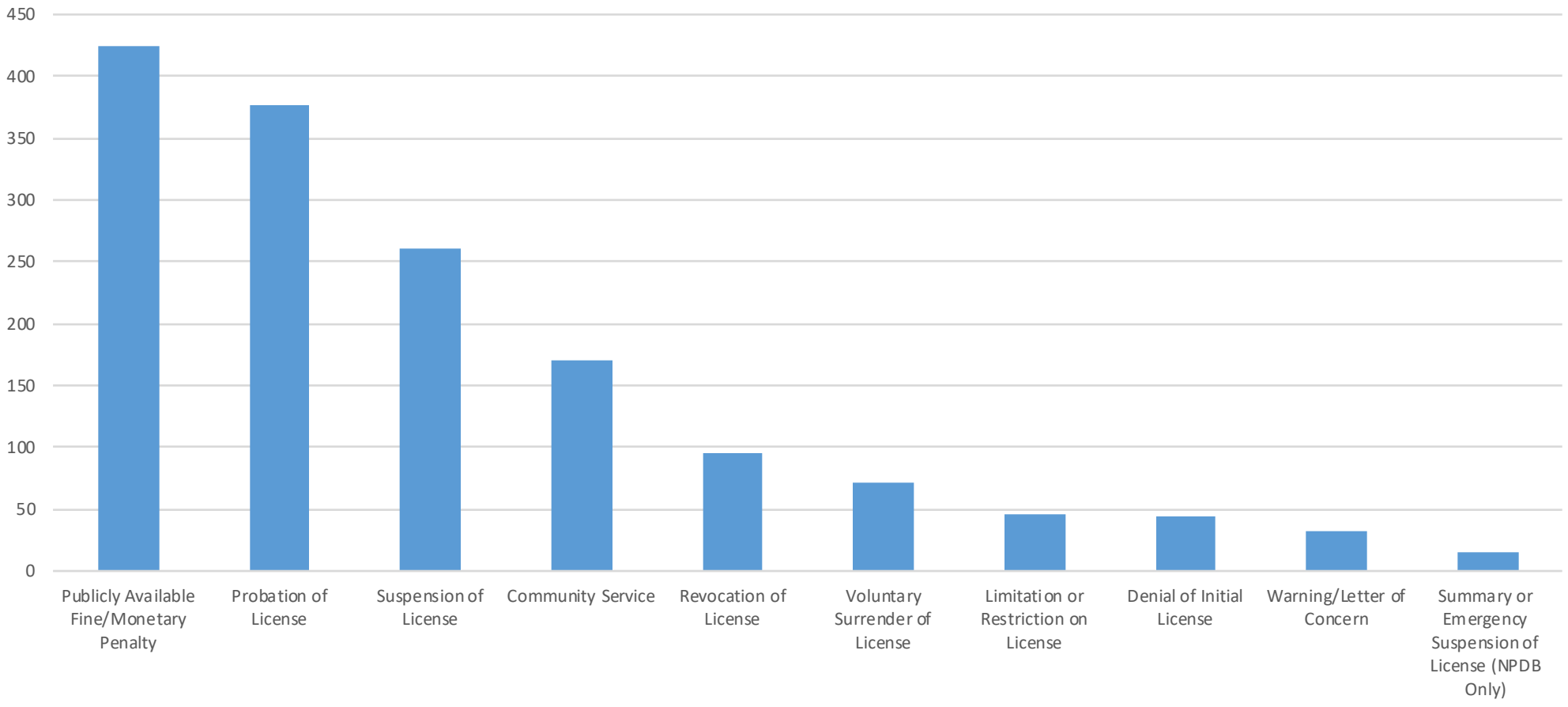
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