
NEWSLETTER

Volume 1 Issue 3

February, 1996

INVESTIGATIONS

The Board of Medicine typically receives 8-12 consumer complaints each month. It also receives notice of all malpractice suits filed in New Hampshire, malpractice settlements and hospital actions against physicians. Every notice is reviewed by the Board at its monthly meeting. A decision is made at that time whether or not a particular notice should be investigated further by the Medical Review Subcommittee and the state investigator.

The review of complaints and other notices are divided among the members of the MRSC. The vast majority of complaints relate to allegations of medical mismanagement, allegations of sexual overtures toward the patient and substance abuse or prescribing irregularities.

After reviewing medical records, the response of the physician and the complaint, the MRSC member leads the discussion in the committee to determine if there has been a violation of the Medical Practice Act, and if so, what recommendation should be made to the Medical Board. If the MRSC determines that the law has not been violated, it will recommend that no further action

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ABOUT THE BOARD

Board Members:

Lawrence W. O'Connell PhD
President **Durham**

Cynthia S. Cooper, M.D.
Vice President **Dover**

Maureen P Knepp PA-C **Nashua**
Vice President/Legislative Affairs

Paul F. Racicot MD **Laconia**

Raymond E Merrill MD **Bedford**

Wassfy M. Hanna, M.D. **Rye**

Bruce J. Friedman M.D. **Lebanon**

RECENT CHANGES

1996 has brought several changes to the Board.

NAME CHANGE

Following the passage of new legislation in 1995, we have become the New Hampshire Board of Medicine. **Cont. on page 2**

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RESIGNATION

Robert C. Charman, MD of Lebanon retired and resigned from the Board in January. Dr. Charman had served as Vice President of the Board and as chairman of the Medical Review Subcommittee. His colleagues here will miss his sound judgment and solid service to the Board.

APPOINTMENTS

Since our last newsletter, Governor Stephen Merrill has made two appointments to the Board. Wassfy Hanna, MD, a psychiatrist from Portsmouth replaces Albert Drukteinis, MD. Bruce Friedman MD a cardiologist from Lebanon replaces Robert C. Charman, MD.

ELECTION OF OFFICERS

For 1996, the Board reelected Lawrence W. O'Connell, public member from Durham as its President. Cynthia Cooper, MD of Dover has been chosen as Vice President of the Board, and Maureen Knepp, PA-C remains Vice President of Legislative Affairs.

PUBLIC MEMBER TO BE NAMED

At this time the position of the second public member of the Board, created by the 1995 legislation, has not yet been filled.

MEDICAL REVIEW SUBCOMMITTEE

Cynthia Cooper, MD has been nominated to chair the Medical Review Subcommittee. Governor Merrill has appointed Stanley Paras, MD a Bedford Pediatrician, and Robert Englund MD, an internist from Keene to fill the new positions on the MRSC created by the 1995 legislation.

INVESTIGATIONS

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be taken. If there are causes for concern, but no violation of the law, a confidential letter of concern can be recommended. If the committee determines that the law has been violated it can recommend that a disciplinary hearing be commenced which is a public process which can lead to sanctions up to and including revocation of license. These are only recommendations. The Board of Medicine has the final word on any disciplinary action.

The Board urges the cooperation of all physicians when asked for patient records or their explanation of the events. The large majority of cases represent instances of poor communication between the provider and the patient and result in a recommendation of no further action. It is, however, the Board's primary goal to protect the public from substandard medical treatment, sexual abuse and from physicians who are not in successful treatment for substance abuse.

MRSC MEMBERS:

- Cynthia S. Cooper, MD Chair
- David G. Publow, MD
- Cathrine R Caouette, Public Member
- Dana Merrithew, MD
- Robert W. Crichlow, MD
- Robert J. Englund, MD
- Stanley S. Paras, MD

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LEGISLATIVE UPDATE

BY Maureen Knepp, PA-C

The Board of Medicine has been following several bills during the 1996 session of the New Hampshire Legislature. The Board has taken positions, testified and monitored bills before the Health, Human Services and Elderly Affairs Committee and the Executive Departments and Administration Committee in the House of Representatives.

We present here a brief synopsis of our position on these bills.

House Bill 1490 would enlarge the practice parameters of optometrists to include treatment of glaucoma, as well as expand surgical and prescribing capacities of optometrists. The Board of Medicine unanimously opposed the bill, and Board President O'Connell presented that position at the public hearing. O'Connell said that there was compelling evidence that the public would be placed at risk were the bill to be passed.

Board Vice President Knepp testified on House Bill 15 14, which would create a separate board for physical therapists. At this time, the Board of Medicine licenses and administers physical therapist rules and laws. Knepp outlined the Board's support for a separate board, but recommended placing Occupational therapists, Respiratory Care practitioners and Athletic trainers into a new paramedical board to administer the laws for all these groups. This bill has been sent for interim study and will be reported back at the next session of the legislature.

The Board views on House Bills 1111 and 1181, which would study all boards and commissions of the state were outlined by Board Administrator Karen LaCroix. These bills were combined and have passed in the House of Representatives.

Finally the Board of Medicine opposed House Bill 1258 which would have empowered pharmacists to originate and alter medications for patients. This bill was amended authorize a study committee.

The Board will continue to monitor developments involving these bills.

DISCIPLINARY ACTION

Edward L. Rowan, M.D. - Privilege to become relicensed suspended for one year and until such time as he complies with Board's order in pending investigation.

Laurence E. Levine, M.D. - License suspended pending final disciplinary action.

Many questions have been raised regarding the disciplinary actions that are published in this newsletter. The Board has established a policy of disclosing all public disciplinary actions to the appropriate regulatory authorities, to the state wide news organizations and in this newsletter.

Patient complaints and investigations are confidential. If the Board decides that no further action is to be taken after investigation, that information is confidential. Only formal disciplinary actions are reported. Settlement agreements that are negotiated in lieu of a disciplinary

hearing are formal, reportable actions.

It should be noted that most other state medical boards have published disciplinary actions against physicians for many years. The Board believes that it is the right of referring physicians, hospitals, and consumers to have knowledge of these actions.

HELP AVAILABLE FOR IMPAIRED PHYSICIANS

The New Hampshire Medical Society has restructured its Physician Effective Committee which has traditionally been available to physicians struggling with the illness of addiction.

The restructuring effort included the hiring of a permanent part-time medical director, John Dalco, MD, who heads the program established by the Maine Medical Association. The effort also involved the creation of a model treatment plan contract which meets the standards created by the Federation of State Medical Boards.

Physicians concerned about substance abuse or potential addiction either for themselves or on behalf of a colleague are encouraged to contact Dr. Dalco directly at 226-3494. All calls will be answered directly by Dr. Dalco and will be strictly confidential.

The Board believes that physicians afflicted with the disease of addiction represent a significant potential risk to patients. In the past, probationary monitoring has been used to ensure that physicians with histories of substance abuse were maintaining successful recovery. After review of the NHMS program, the Board has determined that the monitoring system is substantially similar to

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that used by the Board in its probationary monitoring process

For this reason the Board has endorsed the NHMS program as an **alternative to disciplinary action by the Board.** Physicians who voluntarily participate in the NHMS Physician Effective Program will not be reported to the Board. During the course of annual renewal, physicians must disclose their voluntary participation in the NHMS program to the Board. Such disclosures will be confidential and will not be grounds for disciplinary action.

The Board wishes to encourage physicians to seek assistance before any patient is put at risk. Any physician who is currently participating in another rehabilitation program is encouraged to contact Dr. Dalco. The NHMS physician effectiveness program is currently the only program approved by the Board for diversion from potential disciplinary action.

ANNUAL RENEWAL!

Annual renewal applications will be mailed in April, 1996 and are due on or before June 30, 1996.

The cards must be completed in full, signed and all attachments must be included or the application will be returned to you unprocessed.

You must also ensure that your CME requirement has been fulfilled and reported to the NH Medical Society or the NH Osteopathic Society.

The penalty for late renewal is \$100. Contact our office if you have not received your renewal application by May 1.