

**REPORT
 HIGHLIGHTS
 PERFORMANCE AUDIT**

Our Conclusion

The Arizona Medical Board (Board) regulates medical doctors through licensing and investigating complaints against them. The Board should establish written guidance for executive director complaint dismissals and take steps to improve complaint-handling timeliness. The Board uses staff doctors and medical consultants to assist it in investigating complaints against doctors. The Board should improve the staff doctor/medical consultant selection process and ensure that consultants complete training. The Board should also develop guidance on using medical consultants whose previous work may have been inadequate.



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Board regulates medical doctors

The Board regulates medical doctors through licensing and by investigating complaints and taking appropriate disciplinary or nondisciplinary action. The Board also uses a private contractor to administer two integrated programs established to assist doctors who are impaired by drug or alcohol abuse, or who have medical, psychiatric,



psychological, or behavioral health disorders that may impact their ability to safely practice.

Board should enhance executive director complaint dismissal guidance and improve complaint-handling timeliness

Board lacks guidance for executive director dismissals—As authorized by statute, the Board has delegated authority to the Executive Director to dismiss complaints. Although the Board generally sustained the Executive Director’s calendar year 2010 decisions, it has not established policies and procedures to guide the Executive Director’s decision making, including what factors should be considered when deciding whether to dismiss a complaint.

Some complaints not resolved in a timely manner—We have found that health regulatory boards should generally process complaints within 180 days from the time the complaint is received to when the board resolves it. However, our analysis of board data showed that if the Executive Director did not dismiss a complaint, it generally took more than 180 days before it was resolved. To ensure that it processes more complaints within 180 days, the Board needs additional information that will allow it to determine its overall timeliness. For example, the Board has a report that provides information only about timeliness of

complaint investigations, but it should develop a report to capture additional complaint-handling steps, such as the date its Staff Investigational Review Committee reviews the complaint before forwarding the complaint to the Executive Director for dismissal or to the Board for review and/or final action. The Board should use this information to address factors within its control that cause delays in the complaint-handling process.

Recommendations:

The Board should:

- Adopt written policies and procedures its Executive Director can use in deciding whether to dismiss a complaint.
- Develop a report to capture additional complaint-handling timeliness information and use the information to address timeliness issues.

Board should formalize and enhance staff doctor and medical consultant processes

According to board management, in addition to staff investigators who review professional conduct complaints, the Board has one full-time and three part-time staff doctors who review quality-of-care and, in limited cases, professional conduct complaints. According to board staff, for complaints where these doctors do not have the time or needed expertise or have a conflict of interest, the Board will choose a medical consultant from among almost 1,500 doctors who have volunteered their services and meet certain qualifications established by the Board. A consultant receives \$150 to review a complaint and advise the Board whether the doctor under investigation deviated from the standard of care. According to board information, approximately 380 medical consultants reviewed about 870 complaints in fiscal year 2010.

Board lacks clear guidance on how to select a staff doctor or medical consultant—Based on our review of a sample of complaints, most assignments were made because the staff doctor's or consultant's expertise was the same as that of the doctor under investigation. However, in some cases, the reasons for selecting a staff doctor or consultant were not documented. Because a formalized process helps ensure that the Board's intentions are carried out, the Board should establish criteria in policies and procedures for selecting staff doctors or consultants with the appropriate expertise to review complaints.

Board should ensure that consultants complete training—The Board provides its consultants with training materials that provide guidance on how to identify the standard of care, how to determine whether the doctor deviated from the standard, and what information to include in the report that the consultant prepares. However, the Board does not require or verify that consultants complete the training before reviewing complaints.

Guidance is needed on what to do when a consultant's work is inadequate—Sometimes a consultant is not qualified to review a complaint or a consultant's report is inadequate.

For example, in one complaint, the consultant did not address all of a complainant's concerns, and in another complaint, a consultant provided inconsistent information on whether the doctor deviated from the standard of care.

Board staff and the Board have opportunities to review medical consultant reports, and these reviews have identified concerns. According to board staff, new consultants can be selected if concerns are identified. In addition, staff reported that licensees sometimes raise concerns about a consultant's conflict of interest or applying the appropriate standard of care. If these concerns have a sound basis, board staff will request that another consultant review the complaint.

However, when these instances occur, staff have no guidance on whether or not to use the same consultant again. Consequently, staff sometimes give consultants a second chance. This may be appropriate, such as when a report is late because of unforeseen circumstances; however, it may not be appropriate if the consultant failed to recuse himself/herself because of a conflict of interest. In addition to lacking guidance, the Board does not adequately document problems with consultants' work in its computer system. Without adequate information in the system, it may not be clear whether a medical consultant should be used again.

Recommendations:

The Board should:

- Formalize the staff doctor and medical consultant selection process in policies and procedures.
- Require that consultants complete the board training before reviewing complaints.
- Provide guidance on when consultants should not be used again and where this information should be documented.