



### **Arizona Medical Board**

Douglas D. Lee, M.D. Chair

9545 E. Doubletree Ranch Road • Scottsdale, AZ 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704
Website: www.azmd.gov

Lisa S. Wynn, B.S. Executive Director

June 14, 2011

Debra K. Davenport, CPA Auditor General Office of Auditor General State of Arizona 2910 N. 44th Street, Ste. 410 Phoenix, AZ 85018

Dear Ms. Davenport,

On behalf of the Arizona Medical Board, I have submitted the agency's response to the Audit Report conducted by your office.

The Arizona Medical Board and its staff sincerely appreciate the time and resources committed by the audit team to understand the complex nature of the procedures used to balance preserving the due process rights of licensees without compromising our core function of protecting the public.

I would also like to take this opportunity to recognize the professionalism of your staff throughout the audit process. The recommendations identified in the report, which have either been implemented or are in the process of being implemented, will allow the agency to continue in its ongoing commitment to excellence in the regulatory oversight of health professionals under the jurisdiction of the board.

Thank you, again, for your consideration.

Respectfully,

Lisa S. Wynn

cc: Arizona Medical Board Members

#### Final Audit Response Arizona Medical Board June 14, 2011

Finding 1: The Board should improve staff doctor and medical consultant selection, and medical consultant training and problem resolution practices.

The Board and its staff recognize the critical role played by staff doctors and medical consultants who conduct clinical reviews of cases. In response to this audit, the Board has developed written policies to enhance the quality of our pool of medical consultant volunteers, improve our process for selecting consultants for each case, and ensure that consultants receive adequate training,

#### Recommendations:

1.1 The Board should formalize its staff doctor and medical consultant selection practices in written policies and procedures, including how board staff should consider the nature of the complaint and licensees' practice specialties in determining the selection of consultants.

## The finding of the Auditor General is agreed to and the audit recommendation has been implemented.

1.2 The Board should establish and implement policies and procedures regarding medical consultant qualifications, and complaint review time frames and requirements.

# The finding of the Auditor General is agreed to and the audit recommendation has been implemented.

1.3 The Board should establish and implement a process for requiring and ensuring that its medical consultants complete board-provided training before they review complaints. One way to do this would be to request confirmation from the consultants that they had reviewed the training materials.

The finding of the Auditor General is agreed to and the audit recommendation will be implemented. Implementation will be complete by August 2011. The Board was recognized by the Federation of State Medical Boards in 2011 in its national bi-weekly publication for its best practice of on-line medical consultant training. In April 2010, Administrators in Medicine (AIM), a national association of medical board administrators, recognized the Board for its Outside Medical Consultant Recruitment and Education efforts as a Best of Boards honorable mention recipient.

1.4 The Board should establish and implement written policies and procedures that provide guidance on when medical consultants should not be used or should be used only for certain types of complaints.

## The finding of the Auditor General is agreed to and the audit recommendation has been implemented.

1.5 The Board should establish and implement policies and procedures on how and where problems with specific medical consultants' work and decisions regarding the continuing use of these consultants should be documented.

The finding of the Auditor General is agreed to and the audit recommendation has been implemented. This information is being entered into our data system on the profile of the consultant. We are utilizing a comments field to document if a consultant should not be utilized, or should be utilized only in certain types of cases, and why.

#### **Sunset Factors**

 Executive Director complaint dismissals appear appropriate, but additional guidance should be established in policy.

The finding of the Auditor General is agreed to and the audit recommendation has been implemented. The Board has established a policy that identifies the steps its Executive Director takes when deciding whether to dismiss a complaint. The policy includes the steps taken when the Executive Director denies a staff recommendation for dismissal and sends the case for further investigation.

Changes are needed to address complaint-handling timeliness.

The finding of the Auditor General is agreed to and the audit recommendation has been implemented. The Board has strived to maintain excellent response time, both in the issuance of licenses and the completion of complaint investigations. A portion of the complaint resolution timeframe is dependent on the provision of due process for the physician. Once a case has been referred to Formal Hearing, the Office of the Attorney General becomes responsible for preparing and scheduling it for hearing pursuant to timeframes established in A.R.S. § 41.1092.05. The Board has revised internal reports that track the timeliness of the handling of the complaint, including the priority level and post-investigation timeframes.

Board needs to improve two IT processes.

The finding of the Auditor General is agreed to and the audit recommendation will be implemented. The Board Chief Information Officer developed the Board's first IT Strategic Plan in 2010, and has continually updated it as needs are prioritized and resources become available. Both processes identified here are on the current IT Strategic Plan (Data Loss Prevention/Identity and Access Management/Disaster Recovery) with Disaster Recovery projected to be completed by June 30, 2011 and the others projected to be completed in FY2012. The Board has significantly improved the security posture of the agency and in May 2011 was recognized by the International Data Group's Computerworld Honors Program as a 2011 Laureate for the Board's Security Awareness initiatives.

Board needs to provide additional public information on its Web site.

The finding of the Auditor General is agreed to and the audit recommendation has been implemented. It would be extremely unusual for a physician to have a felony conviction and not have either a permanent or interim action on the physician profile as a result, but we have changed our policy and process to ensure that all felony convictions are posted as soon as they are reported.