



FOLLOW-UP REVIEW • REPORT NUMBER 23-01 • MAY 2023

Georgia Composite Medical Board – Physician Oversight

Steps taken to address audit findings, but additional action is needed to better serve the public

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Why we did this review

This follow-up review was conducted to determine the extent to which the Georgia Composite Medical Board (GCMB) addressed recommendations from our November 2020 performance audit (Report #19-14).

The performance audit examined GCMB's overall structure and administration in comparison to best practices recommended by the Federation of State Medical Boards (FSMB). The audit also reviewed processes related to licensing, complaint reporting, investigations, and discipline in comparison to FSMB recommendations and other states.

About GCMB

GCMB regulates approximately 41,000 physicians through licensure and enforcement activities. GCMB reviews physician license applications to determine whether the applicant meets requirements and is fit to practice. GCMB also receives complaints related to standard of care, over-prescribing, impairment, sexual misconduct, and other issues. Staff investigate each complaint and submit for board review. The board may decide to close the case, send a non-disciplinary letter of concern, or impose formal discipline ranging from a reprimand to license revocation.

In addition to regulating physicians, GCMB oversees other healthcare professionals, such as physician assistants and acupuncturists.

Composite Medical Board - Physician Oversight

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What we found

The Georgia Composite Medical Board (GCMB) has taken steps to address some recommendations related to communication, complaint investigation, and board member training. However, it has not formally implemented recommended policies, made changes to investigative forms, or begun conducting statutorily required background checks for general physician licensure applicants. These actions are critical to furthering GCMB's mission to protect the public and ensuring that unsafe physicians are not allowed to practice medicine.

Additionally, the General Assembly has not addressed recommendations related to GCMB's fee revenue retention, which may inhibit GCMB from further implementing recommendations. However, in the fiscal year 2024 budget, GCMB will receive additional funding for staff positions, which may enable additional action to address audit findings.

Funding and Licensing

The original audit found that GCMB aligns with other states and best practices in areas such as board member selection and licensing processes. However, it recommended additional steps for both GCMB and the General Assembly in other areas, several of which were not addressed. For example, GCMB has not established a formal conflict of interest policy, nor has it started conducting background checks for general physician licensure candidates.

Furthermore, the General Assembly has not increased the number of public board members or authorized GCMB to retain fee revenue for board operations. Research suggests that the number of public board members can influence disciplinary decisions because public members may be more consumer protection oriented and more likely to act when violations occur. Also, GCMB has struggled to maintain adequate staffing levels. While a fiscal year 2024 budget

increase will result in additional staff positions, historically GCMB has been appropriated about one-third of the amount collected in fee revenue.

Complaints and Investigations

The original performance audit recommended action to improve outreach and communication and better ensure sufficient investigations. GCMB has taken steps to improve outreach by updating its website to provide more detailed information on the complaint and investigation process. Additionally, GCMB stated that it now allows complainants to contact the board to receive updates on the status of their complaint investigations, and GCMB notifies complainants when their complaint investigation is closed with disciplinary action (in the original audit complainants were only notified when the investigation did not result in disciplinary action).

To better ensure sufficient complaint investigations, GCMB has drafted an intake policy and case review checklist and established timeliness standards, though these initiatives have not been officially implemented and adopted in the policy manual. GCMB noted that staff find it challenging to keep timeliness standards due to the number of open investigations.

Disciplinary Actions

In the original audit, we found that almost all investigations completed by GCMB were closed without formal disciplinary action, and we identified steps to ensure disciplinary decisions are consistent and appropriate. Since then, the number of physicians receiving public sanctions has increased from 18 in fiscal year 2020 to 40 in fiscal year 2022. This change was primarily due to an increase in minor sanctions, such as public reprimands and fines, rather than major sanctions such as license suspensions or revocations.

GCMB has also taken steps to improve training and guidelines for disciplinary action but has not made other recommended improvements. GCMB is implementing a formal training module for new board members and plans to establish a mentor program. GCMB is also in the process of developing guidelines for disciplinary actions that incorporate areas of risk in the disciplinary process. However, GCMB still lacks a deliberate decision point in the investigation process for determining and documenting whether a violation has occurred, which can inhibit the board's ability to monitor and ensure consistent disciplinary decisions.

GCMB Response: *GCMB provided minor corrections and comments for clarity. GCMB noted that the disruption caused by the death of its previous executive director and the subsequent departure of several key management staff greatly hindered the Board's response to address many of the audit's initial recommendations. GCMB stated that it looks forward to fully addressing all recommendations and implementing more actions in the future.*

The following table summarizes the findings and recommendations in our 2020 report and actions taken to address them. A copy of the 2020 performance audit report (#19-14) may be accessed at: [Georgia Composite Medical Board - Physician Oversight](#).

Georgia Composite Medical Board Follow-Up Review, May 2023

Status: 9 Findings			
Substantially Addressed:	Partially Addressed:	Not Addressed:	No Recommendations:
1	6	1	1

<p>Finding 1: While GCMB’s board structure and responsibilities align with best practices in some respects, changes could be made to improve board composition, funding, and administration.</p> <p>Partially Addressed – The General Assembly has not changed board composition or funding requirements, but GCMB has made improvements to its annual reports.</p>	
Original Recommendations	Action Taken
1.1 The General Assembly should consider requiring additional public members as part of the Composite Medical Board.	Not Implemented – The General Assembly has not increased the number of public members.
1.2 The General Assembly should consider directing all fee revenue to purposes related to licensure, discipline, and board administration.	Not Implemented – The General Assembly has not made changes related to the use of fee revenue. In fiscal year 2022, GCMB remitted approximately \$8.5 million in fees to the state general fund, though it received \$2.6 million in state appropriations the following year.
1.3 GCMB should establish a formal conflict of interest policy.	Not Implemented – GCMB has not established a formal conflict of interest policy, though staff stated that they may establish one in the future.
1.4 GCMB should improve its annual report by including additional activity data and a description of goals and objectives.	Partially Implemented – GCMB improved its most recent annual report by including additional activity data. While the most recent annual report contains goals for the next year, these are limited to plans such as moving office locations and changing the physician license renewal application. They are not the broader strategic plans, goals, and objectives recommended in the report.

Georgia Composite Medical Board Follow-Up Review, May 2023

Finding 2: GCMB’s licensing requirements and application review process are similar to other states and best practices, with the exception of criminal background checks and post-graduate training requirements.

Not Addressed – GCMB does not monitor the years of Graduate Medical Education (GME) completed or conduct criminal background checks on general applicants.

Original Recommendations	Action Taken
2.1 GCMB should monitor the years of GME completed and re-evaluate the requirements and potential risks.	Not Implemented – GCMB staff indicated that they do not monitor the years of GME completed and that they are not required to track this information. As noted in the original report, Georgia requires fewer years of postgraduate training for graduates of approved international medical schools compared to best practices and other states.
2.2 GCMB should implement criminal background checks for general applicants.	Not Implemented – Despite statutory requirements, GCMB has not implemented criminal background checks for general applicants. Staff stated that doing so would increase workloads on existing staff and potentially require more resources.

Finding 3: Georgia’s Medical Practice Act does not require informed sources such as hospitals and peer licensees to report potential violations to GCMB.

Partially Addressed – The General Assembly has expanded violation reporting requirements to include physician sexual assault on a patient and established corresponding civil penalties for failure to report.

Original Recommendations	Action Taken
3.1 The General Assembly should consider requiring violation reporting from additional groups such as hospitals, health care organizations, and peer licenses.	Partially Implemented – The General Assembly passed requirements for healthcare providers to report the name of a physician if they have knowledge that the physician committed sexual assault on a patient. The General Assembly has otherwise not expanded reporting requirements.
3.2 The General Assembly should consider establishing civil penalties for failure to report.	Partially Implemented – The General Assembly established civil penalties through fines for healthcare providers who knowingly and willfully fail to report physician sexual assault on a patient. Fines range from \$1,000 to \$5,000, though GCMB may impose additional disciplinary action. There are no fines for failure to comply with other reporting requirements.

Georgia Composite Medical Board Follow-Up Review, May 2023

<p>3.3 If reporting requirements are expanded, GCMB should clearly indicate in its rules and on its website the types of issues that should and should not be reported.</p>	<p>Not Applicable – Since reporting requirements were narrowly expanded to only include sexual assault violations, it is unnecessary for GCMB to provide additional guidance on which issues should and should not be reported.</p>
<p>Finding 4: GCMB could take additional steps to improve its outreach and communication to both the public and complainants.</p> <p>Substantially Addressed – GCMB has improved communication on its website regarding complaints and now allows complainants to receive status updates on their investigations.</p>	
Original Recommendations	Action Taken
<p>4.1 GCMB should consider implementing low-cost public outreach initiatives, such as issuing monthly press releases on disciplinary actions and utilizing social media accounts. GCMB should also consider providing licensees a copy of the flier that is required to be posted in provider offices.</p>	<p>Partially Implemented – While the number of press releases published by GCMB has increased, they do not address disciplinary actions taken by the Board. GCMB has begun publishing a list of recent public actions in its quarterly newsletter. Additionally, staff stated that they do not utilize social media, but they plan to provide a copy of the flier to licensees.</p>
<p>4.2 GCMB should provide additional information on its complaint reporting page, such as a description of the types of complaints investigated, complainant notification procedures, and a general timeline of the process.</p>	<p>Fully Implemented – GCMB has added guidance on its website regarding the types of complaints investigated by the Board, its processes for communicating with complainants, and a general timeline for complaint review.</p>
<p>4.3 GCMB should notify complainants when cases are closed with disciplinary action. In addition, GCMB should better ensure that all required notifications are sent.</p>	<p>Fully Implemented – GCMB now notifies complainants via mail when cases are closed with disciplinary action (in addition to those closed without disciplinary action). GCMB stated that these communications are documented within its database.</p>
<p>4.4 GCMB should consider strategies for providing complainants more information regarding the investigation status while maintaining an appropriate level of confidentiality.</p>	<p>Partially Implemented – While GCMB does not provide routine status updates, management stated that they will now provide information on the complaint’s status if complainants call or email the Board.</p>

Georgia Composite Medical Board Follow-Up Review, May 2023

Finding 5: GCMB could better ensure sufficient complaint investigations through more consistent prioritization, clearly outlined investigative steps, and more in-depth medical reviews.

Partially Addressed – GCMB is developing an intake policy and a case review checklist. It is also continuing efforts to ensure investigative documents are completed. However, other recommended policies have not been adopted, and data system constraints hinder full implementation of recommendations.

Original Recommendations	Action Taken
5.1 GCMB should establish clear intake policies for assessing complaints and assigning a priority level, whether on the basis of case type, level of threat, or both.	Partially Implemented – GCMB has developed a draft intake policy, though its policy manual has not been updated since before the original audit.
5.2 GCMB should modify the initial complaint review form and/or the prioritization field in the database to make these consistent and reflective of established policies. Management should continue efforts to ensure the forms and the data fields are completed.	Partially Implemented – GCMB has modified prioritization fields to ensure consistency between the initial complaint review form and the database. GCMB stated it works with staff to ensure all forms and data fields are completed and will update the policy manual.
5.3 GCMB should consider establishing comprehensive checklists for more routine case reviews and investigative plans for more complex investigations.	Partially Implemented – GCMB has developed a draft case review checklist for all case types under investigation.
5.4 GCMB should establish more specific policies regarding medical director reviews and should consider whether additional resources are necessary to adequately assess the standard of care.	Not Implemented – GCMB has not updated policies regarding medical director reviews. Staff stated that additional resources could result in more medical director reviewers. (GCMB noted these reviewers are generally former Board members with the clinical knowledge to review cases.)
5.5 GCMB should ensure that board members properly document decisions on the investigative committee review forms.	Fully Implemented – GCMB reported that after each investigative committee meeting, forms are completed and submitted to management. GCMB relies on the committee chair to ensure there is proper documentation for every decision.
5.6 GCMB should consider documenting the reason for closing cases without discipline for internal purposes.	Partially Implemented – The investigative committee case review form has not been updated to provide a space to explain the reason for closing cases without discipline. However, a rationale is included in medical director review documents for cases concerning quality of care.

Georgia Composite Medical Board Follow-Up Review, May 2023

<p>5.7 GCMB should continue to expand data system reporting capabilities for monitoring purposes.</p>	<p>Not Implemented – GCMB indicated that current resources do not allow for expansion of its data system or case management reporting.</p>
<p>Finding 6: GCMB should establish timeliness goals for major milestones and should monitor to ensure cases progress in a timely manner.</p> <p>Partially Addressed – GCMB has developed timeliness goals, though database constraints and staff workloads continue to inhibit investigations.</p>	
Original Recommendations	Action Taken
<p>6.1 GCMB should formally establish timeframes for overall complaint resolution, as well as major milestones.</p>	<p>Partially Implemented – GCMB has developed timeliness goals for complaint resolution, but they have not been adopted as official policies. GCMB staff stated that they will begin working toward achieving the timeliness goals now that they are fully staffed.</p>
<p>6.2 GCMB should track the extent to which timeliness standards are met and determine where delays may occur.</p>	<p>Partially Implemented – GCMB lacks a case management system to track the timeliness of investigations, noting that staff find it challenging to keep timeliness standards with the number of open investigations. GCMB stated that investigators use Excel spreadsheets to track their investigations, which management reviews monthly.</p>
<p>6.3 GCMB should implement specific strategies for addressing common delays. For example, to reduce time waiting for physician responses and records, GCMB could implement automated triggers at designated time intervals and send more strongly worded reminders.</p>	<p>Not Implemented – GCMB reported that data system constraints prevent sending automated triggers to physicians to reduce waiting time for responses and records. While reminders are sent to licensees, compliance is voluntary and there are no consequences for noncompliance.</p>
<p>Finding 7: GCMB issues fewer disciplinary actions than other states.</p>	
Original Recommendations	Action Taken
<p>No Recommendations</p>	<p>No Recommendations</p>

Georgia Composite Medical Board Follow-Up Review, May 2023

Finding 8: GCMB should implement additional strategies to ensure consistent and appropriate disciplinary decisions.

Partially Addressed – GCMB has begun developing strategies to ensure consistent and appropriate disciplinary decisions, though investigative forms have not been updated to provide for a formal violation determination.

Original Recommendations	Action Taken
8.1 For each complaint investigated, GCMB should determine and document whether there was sufficient evidence that a violation occurred.	Not Implemented – While investigative documents contain facts of the case, there is no formally documented determination of whether a violation has occurred.
8.2 GCMB should implement a more formal training program for board members.	Fully Implemented – GCMB conducts a training for new board members, during which the executive director reviews information on topics such as the Board’s mission, meetings, and committees. GCMB also stated that it plans to implement a mentorship program for the next member to join the Board.
8.3 GCMB should establish sanctioning guidelines that outline criteria for determining appropriate disciplinary action. The guidelines should address the use of private actions, including non-disciplinary letters of concern and private reprimands.	Partially Implemented – GCMB reported that it is currently developing guidelines for use in disciplinary action in partnership with the attorney general’s office.
8.4 GCMB should identify areas of greatest risk in the disciplinary process (e.g., certain case types, characteristics, or steps in the process) and evaluate how resources could be used to implement additional reviews and/or monitoring practices.	Partially Implemented – GCMB stated that it will incorporate areas of greatest risk into its guidelines for disciplinary action (discussed in recommendation 8.3).

Georgia Composite Medical Board Follow-Up Review, May 2023

Finding 9: GCMB’s physician profiles do not provide the public with easy access to important information such as disciplinary history or malpractice insurance coverage.

Partially Addressed – GCMB has improved discipline reporting on physician profiles and made changes to profile layout, though data system limitations have prevented full implementation of recommendations.

Original Recommendations	Action Taken
<p>9.1 GCMB should organize physician profile information into better delineated subsections and consider eliminating some of the optional fields (publications, awards, etc.).</p>	<p>Partially Implemented – GCMB has moved the section on disciplinary actions higher up on the physician profile. However, GCMB has not otherwise organized physician profile information into better delineated subsections, and optional fields remain.</p>
<p>9.2 GCMB should provide a narrative summary of any violations and disciplinary action. Links to the full board orders should be included in the discipline section.</p>	<p>Partially Implemented – GCMB has provided greater detail on violations on some profiles, though inconsistently. Links to public board orders were available for all physicians sanctioned in fiscal year 2022; however, these links were not located within the discipline section of the profile. According to staff, this is due to data system limitations.</p>
<p>9.3 GCMB should enter disciplinary action when it is imposed or when the report of discipline taken by other states is received. Physicians should not have the ability to change this information.</p>	<p>Partially Implemented – GCMB enters disciplinary actions issued by other states on physician profiles. However, the disciplinary sections of physician profiles have not been consistently updated when GCMB imposes disciplinary action. GCMB stated that only Board staff can make changes to this section of the profile.</p>
<p>9.4 GCMB should require physicians to update their profiles during license renewal and provide an entry for every field to eliminate blanks. GCMB should ensure data system controls are used to enforce this requirement.</p>	<p>Not Implemented – GCMB stated it requests that physicians edit their profiles during license renewal, but the data system does not have controls to ensure responses are required for every field. Staff indicated that they plan to discuss potential data system controls with the vendor.</p>

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