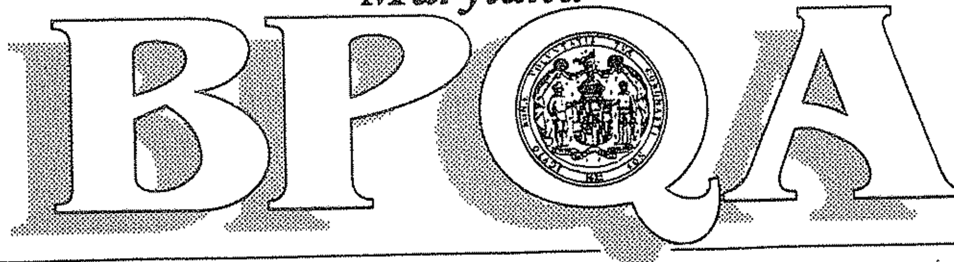

NEWSLETTER

Maryland Board of Physician Quality Assurance

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WNL = "WE NEVER LOOKED" REMEDIAL TUTORIALS IN RECORD-KEEPING

by: John R. Steinberg, M.D.

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Many of the physicians who have entered into consent agreements with the Board of Physician Quality Assurance are found to have deficiencies in their medical records. There are currently a number of courses available for physicians to take regarding medical records. The majority seem to focus on enhancing billing efficiency and revenue generation and collection, rather than on the particular skills required to develop and maintain a quality medical record. Under the auspices of the University of Maryland Professional Assistance Center, Mr. Robert K. White and I developed and implemented a program which is designed to improve a physician's medical record-keeping skills.

Physicians referred by BPQA undergo both a critique of their records and an on-site visit to the doctor's office. Our goal is to teach the physician that the patient's chart and medical records must fulfill several essential requirements. First, the physician is responsible for maintaining an adequate medical record for any patient for whom they provide care. Second, the medical record is the vehicle for providing continuity of care when the patient subsequently seeks care from another physician. The content of the record should be sufficient to allow any other treating professional to assume care for the patient. Third, the medical record is a tool in patient management. Properly kept, the medical record can help physicians make more accurate diagnoses, focus attention on important symptoms and findings, and further help to avoid errors in treatment. Fourth, a well-kept medical record is often the physician's best friend and best defense when undergoing a peer review or suit for malpractice.

The three major deficiencies generally encountered are poor legibility, poor organization, and poor content.

Many times a physician's handwriting is totally illegible. Legibility is a prerequisite for any document, including a medical record. Using a transcriptionist to provide a typed medical record can be very helpful. The physician makes a few handwritten notes and supplements them with a dictated medical entry and legibility becomes a moot issue. Some physicians adopt a style of writing or printing which is legible even though the original records which triggered their referral to this course were clearly not legible.

Frequently, organization of the medical record is also a problem. This includes both a lack of a system to track through the patient's record, as well as the inability to quickly detect that a medical record is incomplete. Two successful organizational methods are to organize a chart entirely in a chronological fashion, or to organize by sections (such as progress notes, laboratory reviews, consultations, communications, etc.), and have a chronological organization within each section. There should be a system to know when dictations, laboratory reports or consultations are outstanding, as well as a system for tracking whether laboratory results and appropriate medical information have been communicated to the patient.

The third problem in medical record keeping is maintaining adequate content. In both history and physical examinations, pertinent negative findings as well as pertinent positive findings should be noted. What is necessary for a complete and appropriate medical record may be different for different medical specialties. A patient's allergies to medications should always be clearly and readily visible. Using warning stickers on the record is very helpful. An updated problem list, a list of the current medications (including dosages and routes of administration), and a flow chart for patients with chronic diseases such as diabetes (to show that indicated observations and investigations are made) should be available at the front of the chart. Prior history should be as detailed as needed for the proper management of the patient.

One of the common notations in the review of systems or physical examination is the abbreviation "WNL" (within normal limits) or "NEG" (negative). This should be avoided. I remember being instructed early on in medical school that the alternative translation of "WNL" is "we never looked."

All communications with the patient should be documented in the medical record, including telephone conversations. When medications are prescribed or renewed or when treatments are recommended, the medical record should clearly reflect the rationale for these decisions. When the chronic use of a controlled substance is appropriate, there are at least four things which should be documented: (1) that less addictive treatments have been tried and have provided inadequate relief of the symptoms or condition; (2) that informed consent (a discussion with the patient) has been conducted; (3) that the medication provides the desired relief; and (4) there is no evidence of unacceptable adverse effects.

A physician should document when patients fail to keep appointments or fail to comply with recommended treatments. Any information communicated to the physician about the patient from any source should be made a part of the medical record.

Approximately four months after the initial visit to the physician's office, a follow-up visit is conducted to review medical records generated in the period after the initial evaluation and critique. If there is sufficient compliance and only minor problems remain, a positive report is made to BPQA. Rarely, a third visit is necessary to continue to refine record-keeping skills. I have conducted many such record-keeping tutorials and, without exception, the physicians have been appreciative of the skills they have acquired.

LEGISLATIVE WRAP-UP

The following three bills passed during the 1996 Maryland General Assembly and will have an impact on health professionals licensed in the State of Maryland:

SB68 -- Effective April 9, 1996, BPQA will accept the Licentiate of the Medical Council of Canada (LMCC) examination for the fulfillment of the examination requirement for physician licensure in Maryland.

SB235/HB 222 -- Effective October 1, 1996, the act that permits physicians to seek identification by BPQA as specialists will be repealed. Physicians who have received specialty identification by BPQA will be permitted to continue to represent themselves as specialists. BPQA will continue to retain ABMS Specialty Board certification information for Maryland licensed physicians.

SB533/HB 1034 -- Effective July 1, 1996, Respiratory Care Practitioners will be granted licensure by BPQA rather than certification as currently provided by the law. In addition, graduates of accredited educational respiratory care programs may be eligible for a temporary license.

If you are interested in obtaining more information about the above legislative initiatives, please call Dawn S. Wiggins at (410) 764-4782.

ACCESS TO CARRIER PROVIDER PANELS

by Arlene Stephenson

During the 1995 legislative session the Maryland General Assembly passed the Patient Access Act. One of the provisions of the Act provides standards that carriers must follow to process applications for participation in carriers' provider panels.

Carriers are defined as insurers, nonprofit health service plans (Blue Cross and Blue Shield plans), HMOs, dental plans and any other person or organization who utilizes a provider panel and which provide health benefit plans subject to State regulation. A panel does not include a discounted fee-for-service arrangement between a provider and a carrier.

The law stipulates that the carrier must provide an application and information upon request and must make efforts to increase the opportunity for a broad range of minority providers to participate. The law sets the requirements for time frames and written notification of acceptance or rejection based on whether they are doing credentialing or not. It stipulates that a reasonable fee may be charged. The carrier may not deny an application nor terminate on any discriminatory basis. The carrier may not deny the application nor terminate a provider on the basis of the license, certification, or other authorization of the provider to provide services if the carrier provides services within the provider's lawful scope of practice. They may, however, reject or terminate a provider based on the participation of a sufficient number of similarly qualified providers. An internal review system for grievances must be established. If the provider is terminated, the carrier must reimburse the provider at the same rate for 90 days after termination, and the provider must continue to provide care, if a patient wishes to continue to see the provider.

The Maryland Insurance Administration will oversee compliance with this provision of the Act. They have published proposed regulations that will further clarify some of the points above. These would require a carrier to maintain an application log, publish in the newspaper at least quarterly information on how to apply, and retain the application and any related correspondence for three years. The nonrefundable application fee may not exceed $75.00, and would be uniform for all physicians within a specialty.

Questions concerning the law or the proposed regulations may be directed to the Maryland Insurance Administration, 501 St. Paul Place, Baltimore, MD 21202, or call (410) 333-4968.

Ms. Stephensen is the Chief of Staff for Public Health Services at the Department of Health and Mental Hygiene.

DVORINE, William, M.D., License #D01507. **Reprimand.** The physician failed to meet the standard of care for patients who were subject to peer review because of his failure to keep legible medical records on his patients, his failure to provide details in the patients' charts, and his failure to maintain adequate medical records for each patient. Effective 1/16/96.

GERNER, Robert H., M.D., License #D17422. **Probation, subject to terms and conditions.** Probation will run concurrent with the probation set out in the California disciplinary order. The physician shall not practice in the State of Maryland until he appears before the Board. Effective 1/24/96.

GONSALVES, Annette C., M.D., License #D19947. **Termination of probation imposed by the Final Order dated May 31, 1994.** Effective 1/24/96.

HOLMES, John H., III, M.D., License #D16152. **Inactive status.** The Board received a peer review report which was critical of the physician's current practice of internal medicine. If the physician applies for reinstatement, he must appear before a panel of the Board which may impose conditions or restrictions. Effective 1/24/96.

RASTOGI, Jagat M., M.D., License #D19646. **Termination of probation imposed by order dated April 13, 1993.** The physician has complied with probationary conditions. Effective 1/24/96.

LEE, Hoa S., M.D., License #D16198. **Probation imposed by the Consent Order dated November 18, 1992, is terminated.** The physician has complied with the conditions and terms under the probationary period. Effective 1/30/96.

TANNA, Peter, M.D., License #D24861. **License suspended.** The physician comes under the mandate of State law that requires suspension of a license, because he pled guilty to one misdemeanor count of Medicaid fraud in violation of Maryland law. Effective 2/8/96.

FUHRMANN, Calvin F., M.D., License # D13343. **Reprimand.** The Board found the physician guilty of unprofessional conduct, because he did not adequately supervise a physician assistant for whom he was the primary supervisor. Effective 2/13/96.

MORGAN, Tommy Dan, M.D., License # D42709. **License suspended indefinitely until the physician's license to practice medicine and surgery in the State of Mississippi is reinstated.** The Board took reciprocal jurisdiction based on a Mississippi order pertaining to a violation of the rules and regulations for prescribing, administering, and dispensing medication. Effective 2/13/96.

WATHEN, George Holland, M.D., License #D20629. **Reprimand, $10,000 fine, and probation for three years subject to terms and conditions.** The Board concluded that the physician failed to meet standards of care based on a peer review of his treatment of two patients. Effective 2/13/96.

DELAPAZ, William J., M.D., License #D35373. **Probation for three years subject to terms and conditions.** The physician failed to meet standards of care in his practice of obstetrics and gynecology with regard to a patient. Effective 2/20/96.

ROSS, Alan J., M.D., License #D22050. **Termination of probation** imposed by Consent Orders dated December 28, 1993 and October 26, 1994. Effective 2/28/96.

KAREFA-JOHNSON, (a.k.a. Karefa-Smart) Suzanne, M.D., License #D31727. **License reinstated, probation for two years subject to terms and conditions.** The applicant had been disciplined by the Medical Board of California and pled nolo contendere to one misdemeanor count of unlawfully furnishing amoxicillin by prescription in violation of §11153 of the California Health and Safety Code. Effective 3/5/96.

INOCENCIO, Narciso F., M.D., License #D41106. **Termination of probation imposed by the Consent Order, dated December 29, 1994.** Effective 3/12/96.

SMITH, Robert Lewis, M.D., License #D24858. (Telegraph Road, Elkton, MD 21921) **Consent Order of September 20, 1994, is modified to add an additional condition of a medical record-keeping course and a peer review thereafter.** The Board considered the findings of a peer review report of November 21, 1995, and the physician's request for early termination of probation. Effective 3/22/96.

ARROYO, Jose Cleofe, M.D., License #D02433. **License suspended for a period of 30 days from the effective date of the order; the suspension is immediately stayed. Fine of $10,000, probation for three years subject to terms and condition.** The physician grossly overutilized health care services and failed to meet standards of care in his treatment of two patients by excessive use of nerve block injections. Effective 3/27/96.

BARR, J. Frederick, M.D., License #D00255. (College Avenue, College Park, MD 20740) **Reprimand. The Board accepted the non-renewal of the physician's license as a surrender.** The physician was found guilty of unprofessional conduct with regard to non-consensual physical touching of certain female laboratory personnel employed at a hospital. Effective 3/27/96.

JUPITER, Jacquelyn A. M.D., License #D26229. **Termination of probation imposed by the Consent Order of July 13, 1993.** Effective 3/27/96.

MALONE, Daniel Ray, M.D., License #D33906. (Gatewater Court, Glen Burnie, MD 21060) **License reinstated, probation for five years subject to terms and conditions.** After the physician surrendered his license, he complied with the terms of the letter and completed an intensive inpatient rehabilitation program and has currently established a vigorous monitoring and treatment plan. Effective 3/27/96.

PANLILIO, Lutgardo G., M.D., License #D16531. **Reprimand, fine of $5,000, and three years probation subject to terms and conditions.** The physician grossly overutilized health care services and failed to meet standards of care in his treatment of two patients by excessive use of nerve block injections. Effective 3/27/96.

SHERRY, Stacey Robin, M.D., License #D48140. **License surrendered.** The decision to surrender the license was prompted by a hospital adverse action report and an investigation by the Board in regard to competency to practice medicine. Effective 3/27/96.

STROBEL, Frederick L. Jr., R.T., Certificate #R03107. **Termination of probation imposed by the Consent Order dated June 8, 1994.** Effective 3/27/96.

WHITE, Robert L., Jr., P.A., License #C00377. (Beech Drive, Baltimore, MD 21220) **Termination of probation imposed by the Consent Orders of July 23, 1991 and January 26, 1992.** Effective 3/27/96.

ROTHSTEIN, Binyamin (Formerly "Brian"), D.O., License #H30277. (Smith Avenue, Baltimore, MD 21209) **Suspension for three years to commence on April 1, 1996; suspension to be stayed in 90 days contingent upon compliance with conditions and probation for three years subject to terms and conditions.** The Board concluded from a peer review that the physician failed to meet the standards of care in his treatment of ten patients. Effective 3/28/96.

HEARING FOR PROPOSED DECLARATORY RULING ON MEDICAL RECORDS

BPQA will be receiving comments for a declaratory ruling that proposes to establish standards, with the exception of psychiatric records, for adequate medical records. The hearing has been scheduled for **August 15, 1996 at 4:00 p.m. in room 109 of the Metro Executive Building**. If you would like to attend the meeting, please contact Dawn S. Wiggins, Esq. at (410) 764-4782.

Send or fax (410-764-2478) written comments on this issue to Ms. Wiggins at BPQA, 4201 Patterson Avenue, Baltimore, MD 21215.

RENEWAL TIME FOR PHYSICIANS

Physicians whose last names begin with the letters "A" to "L" must renew their medical licenses before September 30, 1996. The renewal applications are mailed in late June to the last address the physician supplied to the Board.

Physicians who apply for and are approved for "inactive" status receive the BPQA newsletter for two years.

Physicians whose renewal applications are not postmarked by September 30, 1996 are no longer licensed to practice in Maryland.

In the two month period following expiration of licensure, the Board will accept the renewal application form with the renewal application fees and a $50 late renewal fee. **Until their licenses are renewed, physicians who file late applications are not authorized to practice medicine.**

Do not delegate filling out a licensure renewal form to your staff. Errors or omissions may subject you to disciplinary action by the Board.

Physicians whose licensure has lapsed or who wish to change their licensure from "Inactive" to "Active" status may apply for reinstatement on a form supplied by the Board.

BOARD OF PHYSICIAN QUALITY ASSURANCE
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