

**FLORIDA BOARD OF MEDICINE
FINANCE & STATISTICS COMMITTEE MEETING
SEPTEMBER 17, 2008
Meet-me-number: (888) 808-6959
Meeting code: 2454131
Draft Meeting Report**

12:05 p.m. Roll Call

Members Present:

John Beebe, Consumer Member, Chair
Tully Patrowicz, M.D.
Onelia Lage, M.D. (arrived at 12:11 p.m.)

Members Absent:

Staff Present:

Larry McPherson, Jr., J.D., Executive Director
Ed Tellechea, J.D., Board Counsel
Ephraim Livingston, J.D., Prosecution Services Unit (arrived at 12:10 p.m.)
Crystal Sanford, CPM, Program Operations Administrator
Melinda Gray, CPM, Regulatory Supervisor/Consultant
Gwyn Willis, Regulatory Specialist II
Whitney Bowen, Regulatory Specialist II

Tab 2 – Review of Revenues and Expenses at June 30, 2008

Tab 3 – Review of Expenses by Function at June 30, 2008

Mr. Beebe asked Ms. Sanford to provide these spreadsheets on CD so that members can make changes to the spreadsheets if necessary. He stated he would forward the Revenues and Expenditures document again so it can be provided to the Board Members when the report is given at the October Board Meeting.

Mr. Beebe pointed out the 1.3% increase over last year in expenditures. He stated this demonstrates a stable budget and also shows good to excellent budget restraint. He also said this was the healthiest the Board has been since 2002. He also pointed out that Enforcement expenditures have remained stable since 2002. He explained the variation in operating totals is due to a change in how the Department classifies expenses which was changed in 2007.

Dr. Patrowicz asked Mr. Beebe to provide that type of information in the footnotes so it is easier to follow.

Tab 4 – Review of Case Backlog

Mr. Beebe explained this Committee was the first to complete this analysis and the resulting document can be used as a benchmarking tool. He said the chart demonstrates a

decrease in the backlog of cases and that Mr. Livingston and Ms. Price were making progress.

Dr. Patrowicz showed concern for physicians who have a case in a backlog status and that it is very stressful on the physician.

Mr. Livingston addressed the Committee and advised his attorneys have been instructed to pull older cases and to develop a case plan on how to resolve the case including deadlines. He also stated that the goal is to have the backlog down to 10% of the total cases by year end.

Mr. Beebe suggested that Prosecution Services use this tool and conduct a monthly review of the backlog.

Dr. Lage suggested Mr. Livingston provide an update at each Board Meeting.

Mr. Livingston stated this information is included in the Prosecutors Report that is now presented at each Board Meeting. He requested and received permission to utilize Mr. Beebe's chart with his report.

Tab 5 – Wrong site surgery/procedure/person statistics

Mr. Beebe explained that he committed this committee to taking a look at these statistics and to determine if the cases are major or minor. He believes this information will have an impact on how the Board responds to these types of disciplinary cases.

Ms. Sanford advised that Ms. Willis prepared the information on the spreadsheet and that staff did not feel like we were capable of making a determination regarding whether the wrong site/procedure/person was major or minor.

Mr. Beebe suggested looking at each case and answering the following questions:

1. Was the procedure scheduled major or minor?
2. Was the procedure done at a superficial level, partially completed or totally completed?
3. Was the outcome or harm done zero to near zero, minor or major.

He also stated the specialty and where the procedure was done (ambulatory surgery center, hospital, or physician office) should also be included in the report.

A review of the statistics indicates the following:

139 total cases
54 cases in 2005
40 cases in 2006
45 cases in 2007

Mr. Beebe suggested each member take a portion of the chart to review the Final Order and make a determination of whether the procedure is considered major or minor.

Dr. Patrowicz indicated concern about the ability to make that determination and suggested we use the expertise of the full Board.

Mr. Beebe stated the Board would have the final blessing of the report, but the Committee generally does all the work that is ultimately presented to the Board. He suggested the Committee make an attempt to do this and then any cases in the gray area could be presented to the Board for input.

Dr. Patrowicz asked where this information is going to lead the Board.

Mr. Beebe stated this information would show trends. He reminded the Committee that previously the Board took a hard line on wrong site cases, but subsequent to that, has determined there are mitigating and aggravating circumstances that has led the Board to a softer line on this type of violation. He explained the Board has qualitative data regarding these procedures but not quantitative data and this approach would give the Board a systematic review with which to make decisions.

Dr. Patrowicz asked if this report would have any legal implications.

Mr. Tellechea stated this review is being conducted to improve or correct a problem and he did not believe it would have any legal implications.

Dr. Lage stated this was an important issue and worth the effort to attempt to make a determination regarding major or minor procedures. She suggested the Committee do this review together during the Finance & Statistics Committee Meetings.

Dr. Patrowicz felt this analysis would not have an impact on the disciplinary cases because each case is reviewed on its individual merits and decisions were made on a case by case basis.

Mr. McPherson stated this analysis would reveal where the Board started with this issue, what the Board has done and to identify trends. He outlined the facts that staff could provide in the report including harm, location of surgery and the specialty areas.

Mr. Beebe suggested the Committee ask the Board during the Committee Report if the Board wants the Committee to attempt to make determinations regarding major or minor and any other suggestions they may have to improve the analysis.

Dr. Patrowicz reminded the Committee that the work of the Ophthalmology Society has had an impact on a national level.

Dr. Lage asked if there has been a policy paper written on wrong site/surgery/person cases.

Mr. McPherson stated he believed this would be the first attempt at such analysis at the state level to look at a problem, trends and to take action for improvements.

Dr. Patrowicz also suggested this matter be presented to the Surgical Care/Quality Assurance Committee for input. All members agreed.

A motion was made, seconded and carried unanimously to provide this information to the Surgical Care/Quality Assurance Committee for input.

A motion was made, seconded and carried unanimously to accept the reports provided in the agenda materials and to present to the Board.

Dr. Patrowicz thanked Ms. Willis for the information she provided to the Ophthalmology Society.

Mr. Beebe thanked Ms. Willis for her work on the spreadsheet and for presenting it in a format that will make analysis easier.

The meeting adjourned at 1:03 p.m.