

Performance Audit of the Nevada State Board of Medical Examiners

For the 8 Year Period

Beginning July 1, 2011 and Ending June 30, 2019

Report to the Legislative Commission

November 30, 2020

Submitted by:

The Federation of State Medical Boards of the United States, Inc.

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- e. The methodology and efficiency of the Board in taking preventative steps or progressive actions to remedy or deter unprofessional conduct by a licensee before such conduct results in a violation under this chapter (NRS 630) that warrants disciplinary action; and *(Beginning Page 12)*
- f. The managerial and administrative efficiency of the Board in using the fees that it collects pursuant to this chapter (NRS 630). *(Beginning Page 12)*

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EXECUTIVE SUMMARY

The Review Team examined materials and conducted interviews with the Nevada State Board of Medical Examiners (“The Board”) to assess the Board’s performance on each of the elements outlined in NRS 630.127(7) and finds that the Board’s current operations are appropriate and acceptable. The Review Team offers the following recommendations, detailed in the “Report” section below, to continue to improve its processes and efficiencies.

The Review Team found that the Board’s response to complaints (NRS 630.127(a)-(b)) was prompt and appropriate. In handling complaints, the Board responds to and processes each complaint without differentiating by the source of the complaint. The Board has made efforts to streamline communications providing letters based on “significant updates” to complainants and has purchased a software system, detailed below, that will further improve the Board’s efficiencies in this process. The Review Team commends the Board on seeking to streamline its correspondence with complainants to reduce redundancy and confusion related to letters received from the Board.

The Review Team assessed the Board’s investigative process (NRS 630.127 (c)-(d)) and noted that it continues to investigate all complaints, including all medical malpractice complaints, without differentiation by the number of malpractice claims or reason for loss of professional privileges. The Board also retains the ability to take emergency actions on a license when necessary. The Review Team appreciates the Board’s efforts to streamline the organization of materials reviewed by each of the Investigative Committees and to improve consistency and efficiency throughout the investigative process. The Review Team was pleased to find that the Board has hired additional medical reviewers based on recommendations from previous audits. To further that effort, the Review Team recommends that Board Members receive state-issued email addresses for added security and efficiency in communications.

The Review Team also noted the number of cases reviewed at Investigative Committee and Board meetings. While the Review Team determined that the current processes are efficient and appropriate, it recommends the Board consider adding an additional Investigate Committee or, alternatively, meet more frequently if the case load exceeds the current threshold in the future.

With regard to efforts by the Board to deter unprofessional conduct (NRS 630.127(7)(e)), the Review Team assessed the Board’s outreach and engagement efforts and its Strategic Plan (2018-2023). The Review Team found that the Board is engaged on important issues related to the opioid epidemic, physician wellness and sexual misconduct. The Review Team was pleased to learn that the Board is engaging in an effort to cross-train investigators and recommends that the Board continue to take advantage of resources and training opportunities that may be helpful in furthering its mission to protect the public.

The Review Team also reviewed the managerial efficiency of the Board in using fees (NRS 630.127(7)(f)) and concluded that it is efficient and appropriate. The Review Team outlines major purchases below, including a new software platform that is anticipated to provide the Board with

technology capabilities similar to other state medical boards and the purchase of a new building, both of which are expected to result in net savings for the Board. The Review Team noted the Board's focus on increasing efficiency in all of its functions and recommends adding additional staff where needed to assist in that effort.

OBJECTIVES

The Federation of State Medical Boards of the United States, Inc., (FSMB) conducted this audit of the Nevada State Board of Medical Examiners (“the Board”) pursuant to NRS 630.127 and the terms of the Request for Proposal (“RFP”) of the Legislative Commission, dated November 7, 2019.

The Legislative Commission directed that the audit include, without limitation, a comprehensive review and evaluation of:

- a. The methodology and efficiency of the Board in responding to complaints filed by the public against a licensee;
- b. The methodology and efficiency of the Board in responding to complaints filed by a licensee against another licensee;
- c. The methodology and efficiency of the Board in conducting investigations of licensees who have had two or more malpractice claims filed against them within a period of 12 months;
- d. The methodology and efficiency of the Board in conducting investigations of licensees who have been subject to one or more peer review actions at a medical facility resulting that resulted in the licensee losing professional privileges at the medical facility for more than 30 days within a period of 12 months;
- e. The methodology and efficiency of the Board in taking preventative steps or progressive actions to remedy or deter unprofessional conduct by a licensee before such conduct results in a violation under this chapter (NRS 630) that warrants disciplinary action; and
- f. The managerial and administrative efficiency of the Board in using the fees that it collects pursuant to this chapter (NRS 630).

This audit included an examination of the records described in the Response to the RFP; virtual site visits to interview the Board on August 25th, August 26th, and September 28th, 2020, including interviews with two Board members, seven staff members, and the Board’s external financial auditor; and a review of the materials listed in Attachment 1.

REPORT

- a) **The methodology and efficiency of the Board in responding to complaints filed by the public against a licensee;**
- b) **The methodology and efficiency of the Board in responding to certain complaints filed by a licensee against another licensee;**

The Board does not differentiate between complaints based on the source, and continues to investigate all complaints within its jurisdiction, prioritizing them on the seriousness of the complaint and the potential risk of harm to the public. Upon receiving a complaint from any source, including those filed against a licensee by the public, another licensee, law enforcement, in-state or out-of-state regulatory boards, or anonymously, the Board determines whether to designate it as a low, medium, or high priority case using a system developed to triage cases and respond quickly to those posing an immediate threat to the health and safety of the public. The Executive Director or Chief of Investigation are involved in managing cases that are designated as high priority and those cases are assigned to an investigator based on the investigator's experience level and expertise on certain issues. The Board maintains the ability to take immediate actions, including summary suspension of a license, when necessary.

The Board accepts complaints submitted through its website, via email, fax, or mail, and over the telephone when necessary, with staff taking written dictation of the complaint and entering it into the complaint system for those who may not have access to the internet. Complaints go to the administrative staff regardless of how they are received to be entered into the digital complaint system. An acknowledgement letter is generated and sent to the complainant to inform them that a case has been opened, give them a brief overview of the Board's investigative process, and provide them with the contact information of the investigator that has been assigned to their case.

At the time of the 2012 audit, the Board's process was to send status update letters to the complainant every 45 days, but it is currently revising that process to eliminate redundancy and confusion for the complainant. The Board is moving toward sending update letters to the complainant when significant updates occur, which the Review Team finds to be a more efficient and effective approach, eliminating the need to send repeat status update letters to a complainant. The Board also directs complainants to the complaint process flow-chart available on the Board's website to provide a visual overview of its processes.¹

When a case is opened, the Board sends an allegation letter to the licensee requesting a written response, including relevant medical records, within 21 days. The medical records are reviewed by one of the Board's medical reviewers, who prepares a case summary for the Investigative

¹ Available at:

<http://medboard.nv.gov/uploadedFiles/mednvgov/content/Patients/InvestigativeComplaintProcess.pdf>

Committee. If a case moves from the Investigative Division to the Legal Division, the Legal Division provides periodic reports to the complainant. The complainant will be notified if formal charges are being filed and moved to a public proceeding.

The Review Team finds the Board's complaint process is efficient and appropriate and the Board's efforts to streamline correspondence with complainants achieves the goal of decreasing redundancy and confusion that may result from receiving multiple letters.

c) The methodology and efficiency of the Board in conducting investigations of licensees who have had two or more malpractice claims filed against them within a twelve (12) month period;

The Board continues to investigate all referred malpractice claims, regardless of the number of malpractice claims filed against the licensee in a 12-month period. The Board's responsibilities for investigating medical malpractice claims are governed by Nevada Statute, which outlines entities that must report medical malpractice to the Board, including physicians, courts, and insurers.² The Board continues to be unique among its peers in investigating all medical malpractice claims.

The 2012 audit recommended that the Board "engage in a comprehensive review of its existing statutes to determine which cases, and to what extent, those cases must be developed in order to meet the investigative requirements set out in statute." The 2012 audit suggested determining a threshold for initiating an investigation of a medical malpractice claim, which is common practice among state medical boards. The Board continues to investigate all malpractice claims, noting that multiple medical malpractice claims may provide value when assessing cases where multiple claims have been filed, and evaluates each case individually. The Board highlighted challenges in getting records and obtaining expert reviews for older medical malpractice cases that were resolved by settlement. It has now processed or disposed of all cases referred over five years old.

The Board's process for investigating malpractice claims mirrors its process for investigating all other complaints, with each case assigned to an investigator and reviewed by a medical reviewer who is a licensed physician. The medical reviewers provide a case summary and an initial assessment based on their professional opinion. This summary and opinion are provided to the assigned Investigative Committee, however, any decisions regarding the disposition of a case must be made by the Investigative Committee Members or the full Board. The 2012 audit recommended that the Board consider hiring a full-time medical reviewer and utilizing a part-time reviewer as an alternate to enhance consistency in the process and result in fewer recusals by reviewers. The Board currently employs four medical reviewers, one full-time and three-part time, in contrast with the one part-time reviewer the Board employed at the time of the 2012

² See NRS 630.3067-9 & NRS 630.307

audit. This Review Team is pleased to see that the Board has made additional hires to enhance the Board's efforts to improve caseloads and consistency.

The Board currently utilizes two statutorily created Investigative Committees ("IC")³, with one based in Northern Nevada and one in Southern Nevada. The ICs meet quarterly before Board meetings and are made up of three members: two physicians and one public member each. The IC's meet separately, but the Executive Director, investigators, and legal counsel work with both ICs, which ensures consistency of processes.

IC Members receive a Review Packet for each of the 30 – 70 cases they consider during quarterly meetings. Each Review Packet is compiled by staff and contains a summary of the case, the original complaint, licensee's history, the medical reviewer's report and professional opinion, and any additional documents relevant to the case. These Review Packets are provided to IC Members in advance of the meeting, via encrypted flash drives in order to allow adequate time for review. The Board will be making the Review Packets available in digital form as part of the larger software overhaul that is set to be completed in 2021. Although the case load was an initial concern to the Review Team, a review of the process and information provided reassured the Review Team that the cases were being appropriately managed by the IC Members.

Changes have been made to the format of the Review Packets to create uniformity, streamline the review process and increase efficiency of the ICs. The Review Team appreciates the efforts toward consistency considering the number of cases the ICs and the full Board review during quarterly meetings and anticipates that the new software system will enable a more efficient approach to distributing the Review Packets to IC Members. All information shared by the Board is currently encrypted, however, the Review Team recommends that Board Members receive state-issued email addresses for added security and efficiency in communications.

The IC is responsible for reviewing cases and making determinations for dispositions or disciplinary action to be presented to the full Board. A determination of "malpractice" by the IC is guided by the Nevada Administrative Code, which defines malpractice for the purposes of Chapter 630 of NRS as, "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."⁴ If the IC determines that no violation has occurred, they may decide to close a case or issue a letter of concern that is drafted to meet the severity of the behavior. During their meetings, IC Members can extract any case on the agenda for discussion, even if the recommendation is that the case be closed. They also have the ability to request appearances by licensees, at times having more than 10 licensees appearing at a meeting. The IC may also ask for a peer review based on the complexity of the case and may make a finding of malpractice or a violation resulting in a formal action or settlement requiring a vote by the Board. IC members are not allowed to vote on settlement

³ NRS 630.311

⁴ NAC 630.040

recommendations made by their IC. Settlements are public record, with certain statutory exceptions.⁵

The Board has also reinstated having pre-IC and post-IC meetings for staff. In a pre-IC meeting, staff seeks to improve efficiency in the process by discussing issues and gathering information they feel the IC may have questions on during a forthcoming meeting. In the post-IC meetings, staff will debrief on any issues that arise during discussions with the IC. The Review Team finds that the pre-IC and post-IC meetings are important for consistency, particularly considering the number of cases each IC team reviews.

The Board regularly considers cases referred from the ICs during its quarterly meetings. The Review Team determined that the Board's methodology and efficiency in conducting its investigations is efficient and appropriate but would caution the Board in exceeding its current case load per meeting. If the Board finds that the case load per IC or Board meeting will need to increase beyond the current thresholds, the Review Team would recommend considering an additional IC or more frequent meetings of the ICs and the Board to accommodate consideration of additional cases.

d) The methodology and efficiency of the Board in conducting investigations of licensees who have been subject to one or more peer review actions at a medical facility resulting that resulted in the loss of licensee losing professional privileges at the medical facility for more than thirty (30) days within a period of twelve (12) months;

Nevada Statute requires that certain changes in privileges be reported to the Board by hospitals, clinics, or medical societies within five days.⁶ The Board continues to investigate all complaints related to a change in privileges, even if the change is voluntary.

The 2012 audit highlighted the success of the Board in obtaining 100% reporting from hospitals and medical facilities, as many state medical boards experience difficulty doing so. The Review Team is pleased that the Board continues to have success on this measure and has no recommendations to change the current procedures.

Investigations into changes in privileges conducted by the Board are uniform and follow the same procedure regardless of the number of cases within a 12-month period.

e) The methodology and efficiency of the Board in taking preventative steps or progressive actions to remedy or deter unprofessional conduct by licensees a licensee before such conduct results in a violation under this chapter (NRS Chapter 630) that warrants disciplinary action;

⁵ See NRS 622.330

⁶ NRS 630.307(4)

As part of this performance audit, the Review Team considered the benchmarks the Board identified in its 2018-2023 Strategic Plan⁷. The Strategic Plan outlines several objectives and action items identified to further the mission of consumer protection, quality care, education, operational effectiveness and financial stewardship. During the Review Team’s virtual interviews, the Board’s Executive Team identified areas of the plan that are in progress or completed.

One action item identified in the Strategic Plan was adoption of “best practices identified by the Federation of State Medical Board’s performance audit.”⁸ In previous audits, the Review Team focused on the Board’s outreach efforts and relationships with the media and external stakeholders in communicating the message and mission of the Board. During the interviews for this audit, the Review Team spent significant time discussing outreach efforts with the Board and determined that the Board is meeting its duty to educate licensees to deter unprofessional conduct. Based on previous audit recommendations, the Board continues to utilize the Executive Director for most media engagements as the spokesperson for the Board. The Review Team appreciates the Executive Director’s ability to delegate this duty when necessary and concurs with previous audit recommendations regarding the importance of consistency in providing communications from the Board.

The Strategic Plan also highlighted outreach to public and licensees.⁹ The Board recognizes the geographic challenges in reaching all Nevadans and conducts presentations in different regions, at hospitals, and to residency programs. It also distributes a quarterly newsletter¹⁰ and manages licensee list serves that provide specific information about renewals and other updates that are applicable to specific subsets of licensees (i.e. physicians, PAs, etc.). The Board noted that its list serves have been utilized more frequently during COVID-19 to share information on testing, health updates, CME, and other issues.

The Board also provided information regarding its website, which is utilized to provide up-to-date information regarding licensees and resources on the role of the Board to the public. The website currently includes links to look up a licensee, access information on board meetings and outreach activities, and a visual tool for understanding the Board’s internal processes.¹¹ The Board is in the process of reviewing the websites of other state medical boards to determine whether there are additional resources that could be developed that would be beneficial to the public and licensees.

In addition to outreach efforts on the website, list serves, and presentations, the Board has also focused on addressing current issues including the opioid epidemic, physician wellness, and sexual misconduct. The Federation of State Medical Boards also focused on these issues and

⁷ See Attachment 3, 2018-2023 Strategic Plan

⁸ See Attachment 3, Strategic Plan Objective #1

⁹ See Attachment 3, Strategic Plan Objective #3

¹⁰ Newsletters are archived on the Board’s website at:

<http://medboard.nv.gov/Resources/Newsletters/Newsletters/>

¹¹ Available at: <http://medboard.nv.gov/>

created guidelines which were adopted by the House of Delegates since the 2012 audit. The Review Team recognizes the Board's efforts to stay current on important issues impacting the public, licensees and state medical boards.

One area that has continued to be part of the national conversation since the 2012 audit is the opioid epidemic. Nevada Statutes outline several requirements related to opioid prescribing, including a mandated utilization of the Prescription Monitoring Program,¹² which the Board acknowledges has resulted in a reduction of inappropriate prescribing. The Board noted that legislative directives are adequate and have made a positive impact on the opioid crisis. However, the Board continues to see cases of inappropriate prescribing. One of the Board's Strategic Plan Objectives for 2018-2023,¹³ is to educate the public and licensee base on the issue of prescription drug abuse, which included launching and maintaining a website providing resources to the public. This website, knowyourpainmeds.org, is active and provides many educational resources for the public and licensees.¹⁴

The Board is also actively engaged on the issue of physician wellness. Since the 2012 audit, the FSMB adopted policy from its *Report on Physician Wellness and Burnout*.¹⁵ The Review Team commends the Board for actively seeking to address the issue in Nevada by engaging with licensees, providing resources for mental health in newsletters, utilizing support programs, and maintaining a relationship with its Physician Health Program. In its outreach, the Board encourages licensees to seek appropriate care; however, the Board maintains the authority to order competency assessments when necessary to determine a licensee's fitness to practice.

Sexual misconduct by licensees is a national issue for state medical boards that has received significant media attention since the 2012 audit. The Review Team learned that the Board consistently designates these cases as high priority. Hospitals are required to report incidents of misconduct to the Board, and the Board investigates each instance of sexual misconduct by gathering as much background information as possible on all parties to the complaint and works with law enforcement as needed. The Board currently employs one investigator with special training on this issue and indicated that it is interested in having staff receive additional training as it becomes available.

The Review Team strongly supports the efforts of the Chief of Investigations to cross-train investigators on different types of cases to maximize their capacity to investigate complaints and recommends that the Board utilize external training programs where available.

¹² NRS 630.3026 (g); See also: <http://medboard.nv.gov/Resources/ControlledSubstancePrescribing/>

¹³ See Attachment 3, Strategic Plan Objective #3

¹⁴ Available at: www.knowyourpainmeds.org

¹⁵ Available at: <https://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf>

The Review Team also recommends that the Board continue to engage in training for its staff through available resources. The Board expressed a willingness to take advantage of any resources that may be helpful in furthering its mission to protect the public.¹⁶

f) The managerial and administrative efficiency of the Board in using the fees that it collects pursuant to NRS Chapter 630.

The Board continues to be self-funded through the collection of licensing fees and does not receive tax funds from the State. The Board remits fines imposed by the Board to the State so fines are not perceived as a way for the Board to benefit financially. The Board does recover costs of investigations from licensees when possible in order to keep licensing fees down.

The Board conducted a review of the fees of other state medical boards in the region and lowered its fees during the 2016-2017 fiscal year. The Board found that its fees are within the range of boards within the region and informed the Review Team that fees continue to be below statutory caps in the State. The Board has included a regular evaluation of licensing fees as part of its 2018-2023 Strategic Plan.¹⁷

The Board highlighted efforts to improve efficiencies by streamlining investigative processes, updating software systems, and reducing licensing times. The Board has prioritized efforts to reduce license processing times, particularly considering COVID-19 and Nevada's limited number of providers to serve its population. The Board has increased its staff since the 2012 audit, going from 31 staff members in 2012 to 38 staff members in 2020. The Review Team believes this increase is appropriate given the recommendations of the 2012 audit and the current case and licensing loads.

The Board made additional strategic financial decisions to further its mission, including digitizing many of the Board's current administrative processes and migrating them onto a new software platform. The need for updated software has been highlighted by previous audits and the Review Team expects the Board's decision to update software will improve efficiency and effectiveness in the Board's administrative processes. The Review Team found that the Board does not currently have the ability to process credit cards for initial licensure applications electronically; however, the new software platform will address this shortcoming and reflect the technology capabilities of other state medical boards.

The new software platform will include a portal for Board Members, reducing the need for paper or encrypted flash drives in providing Investigative Committee Review Packets and other documents. It will also allow licensees to apply for licensure online, allow complaints to be filed directly into the system, and manage administrative processes related to licensure verification. The Board noted that this software overhaul will not only improve the efficiency of the Board's

¹⁶ The Board may wish to consult resources and training programs offered by national organizations such as the Federation of State Medical Boards (FSMB), Council on Licensure, Enforcement and Regulation (CLEAR), and others.

¹⁷ See Attachment 3, Strategic Plan Objective #5

administrative duties, but will also save money by eliminating the costs of an outdated, expensive software platform. The Board conducted an extensive review process in selecting a vendor and is confident that the new system will meet its administrative needs and be operational in 2021.

The Board purchased an office building in Reno in 2018. Prior to this purchase, the Board leased a shared space and identified the “purchase of office space through state lands to reduce rent expense,” in its 2018-2023 Strategic Plan.¹⁸ The Board worked with State agencies to utilize its reserves to purchase an office building which will result in a net cost savings for Board operations. This new space will provide capacity for increased staff positions as needed. The Board has also entered into a lease for new office space in Las Vegas which will decrease meeting and audio-visual support costs by providing the ability to hold meetings in-house in Southern Nevada.

The Board’s financial staff is currently developing a system to comply with the new audit process mandated under Nevada Statute¹⁹ to establish “written internal controls required concerning withdraws of money deposited by regulatory bod(ies).” The statute requires that two or more members of the Board conduct reviews of the Board’s expenditures and supporting documentation. The Board’s current process requires that a form stating the purpose of the expenditure be attached to each of the 2,000+ checks it issues per year.

The Review Team interviewed the Board’s external financial auditor as part of the performance audit and was informed that the Board has been extremely cooperative in the process by providing necessary information. The auditor did note that some of the Board’s financial processes were still being conducted manually, but the external auditor and the Review Team understand that these processes will be addressed with the new software system.

The Review Team finds that the Board’s managerial efficiency in utilizing the fees it collects is appropriate and acceptable. Because improvements can always be made, the Review Team recommends that the Board continue to seek opportunities to add staff to improve the mission and efficiency of the Board. Since the 2012 audit, the state of Nevada has become a member of the Interstate Medical Licensure Compact,²⁰ which has led to additional licenses being issued in the state and may create a need for additional staff to process applications related to the Compact.

¹⁸ See Attachment 3, Strategic Plan Objective #5

¹⁹ NRS 622.234

²⁰ NRS 629A.100

COMPARATIVE DATA

The FSMB Research and Data Integration staff was asked to provide an “aggregate assessment of the NBME disciplinary activity as compared to boards of similar physician population and structure.”

The FSMB Research and Data Integration staff found that a total of 557 disciplinary actions were taken against the licenses of 227 physicians by the Nevada Medical Board from 2010 through 2018, accounting for approximately 1% of the physicians sanctioned by all medical boards in United States.

The type of actions most often taken by the Nevada State Board of Medical Examiners were reprimands (174), requiring CME (119) and imposing a fine (89). The top three actions taken by medical boards across the country were: placing restrictions against a license (10,875), reprimands (9,219) and imposing fines (6,780), excluding administrative actions.

When looking at physicians sanctioned by the number of physicians licensed in the state, the FSMB Research and Data Integration staff found that the Nevada State Board of Medical Examiners had a ratio of 2.6% which represents 26 physicians disciplined per 1,000 physicians licensed. This is higher than the ratio for 39 other medical boards and higher than the national level at a 2.2% or 22 physicians disciplined per 1,000 licensed physicians.

APPENDIX

Attachment 1: Materials Reviewed by the Review Team (*Beginning Page 16*)

Attachment 2: Virtual Site Visit Schedule (*Beginning Page 19*)

Attachment 3: NSBME Strategic Plan, 2018 – 2023 (*Beginning Page 21*)

Attachment 1: Materials Reviewed by the Review Team

Materials Reviewed by the FSMB Review Team

(Links are provided below - items not attached to this report are available upon request.)

1. [FSMB Report to the Legislative Commission for Year Ending June 30, 2011](#)
2. [FSMB Report to the Legislative Commission for Year Ending June 30, 2003](#) (Pages 59-93)
3. FSMB [Guidelines for the Structure and Function of a State Medical and Osteopathic Board](#)
(Adopted as policy by the Federation of State Medical Boards in April 2018)
4. FSMB Report on [Physician Wellness and Burnout](#) (Adopted as policy by the Federation of State Medical Boards in April 2018)
5. NSBME Employee List (2020)
6. Investigations Division Operations Manual, Section II Jurisdictional Review
7. NSBME Management Organizational Chart
8. NSBME Policy and Procedure Manual (Updated September 2018)
9. SPOLR Report August 2015
10. Statement of Fees
11. NSBME Strategic Plan, 2018-2023 (Attachment 7)
12. Sections of the Nevada Revised Statutes
 - [NRS 630.127](#)
 - [NRS 630.3067](#)
 - [NRS 630.3068](#)
 - [NRS 630.3069](#)
 - [NRS 622.234](#)
 - [NRS 622.330](#)
 - [NRS 629A.234 \(Interstate Medical Licensure Compact\)](#)
 - [NRS 630.3026](#)
 - [NRS 630.307](#)
 - [NRS 630.311](#)
 - [NAC 630.040](#)
13. NSBME Financial Audits (2014, 2015, 2016)
14. NSBME Budget and Financial Statements (2017)
15. NSBME Budget (2018)
16. NSBME “Training Packet for New Investigative Committee Members”
17. 2019 Complaint Statistics
18. NSBME Communication Letters
 - Complaint Acknowledgement and Assignment Letter
 - 60 Day Follow Up Letter
 - Doctor Response Letter
 - Letter of Concern
 - Hospital Medical Records Request
 - Request for Coroner’s Report Letter
19. Compliance Reports
20. Reports Required by NRS
 - NSBME Biennial Statistic Report (2015, 2017)
 - Consultant Reports (NRS 33.705(7))

- Reports Required Pursuant to NRS 622.100(1)
- 21. Outreach Materials
 - KnowYourPainMeds.org
 - [Know Your Pain Meds Brochure](#)
- 22. NSBME Outreach Presentations
 - Renown Regional Medical Center, (Reno, 1/15/19)
 - Philippine Medical Association of Nevada (Las Vegas, 3/21/19)
 - UNR Medical School PA Program (2020)
- 23. Sunset Subcommittee Report
 - NSBME License Fee Comparisons

Attachment 2: Virtual Site Visit Schedule

Virtual Site Visit Schedule

Tuesday, 8/25/20

9am – 10am PT/12:00pm – 1:00pm ET – Dr. Victor Muro, Board Member

10am – 11am PT/1:00pm – 2:00pm ET – April Mastroluca, Public Member – Secretary Treasurer

11:15am - 12:15pm PT/2:15pm- 3:15pm ET – Ed Cousineau, Executive Director

12:15pm – 1:15pm PT/3:15pm - 4:15pm ET – Financial Auditor

1:30pm – 2:30pm PT/4:30pm-5:30pm ET - Laurie Munson, Chief of Administration and Information Systems

Wednesday, 8/26/20

9:00am – 10:00am PT/12:00pm – 1:00pm ET – Ernesto Diaz, Chief of Investigations

10:00am – 11:00am PT/1:00pm – 2:00pm ET – Lynette Daniels, Chief of Licensing

1:00pm – 2:00pm PT/4:00pm – 5:00pm ET – Donya Jenkins, Finance Manager

2:00pm – 3:00pm PT/5:00pm – 6:00pm ET - Robert Kilroy, General Counsel

3:15pm – 4:15pm PT/6:15pm – 7:15pm ET - Sarah Bradley, Deputy Executive Director

Monday, 9/28/20

10:00am – 11:00am PT/1:00pm – 2:00pm ET – Ed Cousineau, Executive Director

12:00pm – 1:00pm PT/3:00pm – 4:00pm ET – Ernesto Diaz, Chief of Investigations

Attachment 3: NSBME 2018 – 2023 Strategic Plan



Nevada State Board Of Medical Examiners

Strategic Plan

2018-2023

Mission of the Board

- ▶ The Nevada State Board of Medical Examiners serves the state of Nevada by ensuring that only well-qualified, competent physicians, physician assistants, practitioners of respiratory care and perfusionists receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees by conducting fair, complete investigations that result in appropriate action. In all Board activities, the Board will place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we improve the quality of medical practice in Nevada.
-

Board Composition

Rachakonda D. Prabhu, M.D.

President

Wayne Hardwick, M.D.

Vice President

Mr. M. Neil Duxbury

Secretary-Treasurer

Ms. Sandy Peltyn

Victor M. Muro, M.D.

Ms. April Mastroluca

Aury Nagy, M.D.

Michael C. Edwards, M.D., FACS

Weldon Havins, M.D., J.D.

Edward O. Cousineau, J.D. – Executive Director



Introduction

- ▶ The following are the strategic objectives and corresponding activities for the Nevada State Board of Medical Examiners for the year 2018 to 2023. These objectives are designed be in complete alignment with the mission of the board and provide actionable items that will move the organization forward. This is the most recent strategic plan that has been undertaken by the Board's executive leadership team.



Objective #1 – Protect Nevada Consumers

Protect Nevada Consumers by Engaging in Timely and Fair Enforcement Activities

Activities


1. Develop appropriate time frames for assigning and investigating consumer complaints
2. Monitor thoroughness and timeliness of investigations
3. Review of internal investigative procedures to ensure consistent application
4. Engage in the evaluation of medical peer reviewers
5. Adopt best practices identified by the Federation of State Medical Board's performance audit.



Objective #2 – Improve Access to Quality Care

Improve Access to Quality Care Through Efficient and Timely Management of Licensure Application and Renewal

Activities

1. Review and refine all licensing processes
 2. Plan continuing education for each licensing specialist
 3. Participate in national forums regarding consistency and streamlining of the licensing process.
 4. Add additional staff within budgetary constraints to address growing licensee base
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Objective #3 – Educate Public and Licensee Base

Educate Public and Licensee Base by Clearly Communicating Role, Value and Function of the Board

Activities & Training

1. Outreach to various stakeholders– e.g. live presentations, advertising, co-ordination with media outlets
 2. Co-ordinate with other advocacy and occupational licensee boards regarding new legislation
 3. Launch and maintain a website regarding prescription drug abuse “knowyourpainmeds.com”
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Objective #4 – Improve Operational Effectiveness

Improve Operational Effectiveness

Activities

1. Engage in data-driven training to identify efficiency improvements for executive management staff
2. Undertake data-driven streamlining exercise to find operational efficiencies in each division
3. Improve technological tools used by staff
4. Management training for all supervisors and continuing education for all staff
5. Move to improved office space with greater capacity
6. Comprehensive evaluation and updates for policies and procedures manual with 12 months and then bi-annual review thereafter



Objective #5 – Strong Financial Stewardship

Ensuring Financial Stability by Having a Minimum Reserve of Six Months of Operating Funds

Activities

1. Engage in purchase of office space through state lands to reduce rent expense
2. Evaluate licensing fees on a bi-annual basis
3. Continue to improve collection of cost reimbursement for compliance and enforcement
4. Continue to pursue cost savings measures
5. Conduct a wage and salary study

