PUBLIC CITIZEN HEALTH RESEARCH GROUP

Health Letter

SIDNEY M. WOLFE, M.D., EDITOR

December 2006 ◆ VOL. 22, NO.12

Report of Doctor Disciplinary Information on State Web Sites

A Survey and Ranking of State Medical and Osteopathic Board Web Sites in 2006

The following is a summary of an original research study conducted by Public Citizen's Health Research Group. The full report, including citations, appendix, and an interactive display of individual state results, can be found online at http://www.citizen.org/medicalboard.

Introduction

Medical boards are the entities in each state that are charged with licensing and regulating the practice of medicine. In that capacity, boards take disciplinary actions against physicians licensed in their states who violate the state Medical Practice Acts. Actions range from serious (revocation or restriction of license) to mild (reprimands or fines) for offenses running the gamut from patient abuse, substandard care, and insurance fraud, to failure to renew a license in a timely manner.

While some information that analyzes rates, types, trends, and predictive factors for medical board discipline exists in the medical literature, little attention has been paid to the quality of information provided to consumers regarding these disciplinary actions. Even less attention has been paid to evaluating the methods used by the boards to communicate disciplinary histories.

An April 2006 report by the Federation of State Medical Boards (FSMB) notes that 22 states have passed laws requiring that medical boards provide physician profiles on their web sites. Profiles contain basic information about a specific physician such as name, license number, and license status. In most cases, this basic identifying information is accompanied by disciplinary information from the medical board. Some states' sites include even more complete disciplinary information from other sources such as hospitals, the federal government, and the civil and criminal courts. Basic profiles do not provide disciplinary information beyond indicating whether a disciplinary history exists, forcing consumers to find details elsewhere and greatly limiting the utility of the profile as a consumer tool. Some states provide profiles and disciplinary information together; others provide basic profiles in one location on their web sites and disciplinary information in other locations.

The FSMB report, which briefly addressed the issue of "proactively providing information about physicians to the public," provides a snapshot of the information available via state medical board web sites but does not provide quantitative analysis. "Profiles created by legislative mandate tend to be more comprehensive than those created by board initiative," the report states, and "generally have required the inclusion of criminal convictions, medical malpractice information, and disciplinary actions by state medical boards and hospitals."

Previous reports by Public Citizen have focused on rates of physician discipline, including two that focused specifically on providing information about disciplined physicians on the Internet. In 2000, and again in 2002, Public Citizen analyzed the information available on each state's web site and issued grades to each medical board. In 2000, each state had a web site, but only 41 out of 51 medical boards provided state medical board discipli-

continued on page 2

CONTENTS

SURVEY, *from page 1*
nary information on their web sites. Of these, 16 provided only cursory information, receiving a content grade of "C" or below. Only one state, Maryland, received an "A" grade for its content. By 2002, 49 of 51 state medical boards provided disciplinary information, 15 of which provided only cursory information and seven of which received an "A" grade for content.

Both surveys also performed reviews of user-friendliness, or the ease with which consumers could use the site. A site was considered not user-friendly if it provided either no disciplinary information or did so only in an unsearchable format. (Searchable formats were defined as a true search engine, an alphabetical listing of disciplined doctors, and an alphabetical listing of all doctors that indicated which physicians have been disciplined.) In 2000, 23 of 51 medical board sites did not provide information in a searchable format. In the 2002 survey, only six medical boards did not provide information in a searchable format.

The first two Public Citizen web site surveys sought to establish whether and to what extent boards provided basic internally generated disciplinary information on their web sites. The 2006 survey evaluates the same aspects in much greater detail; describes whether web sites include data from outside sources such as hospitals, the federal government, insurance company malpractice payouts, and the courts; and uses more specific criteria to evaluate user-friendliness.

Methods

We evaluated each state's profile and disciplinary information on their web sites using criteria that fit into two basic categories. The first category addresses the content of the site — the information about physicians (including various kinds of disciplinary information) that is available to consumers, whatever the format. The second addresses the function of the site — the methods by which consumers can retrieve disciplinary information about their physicians. Each category was subdivided further into criteria, which were the actual components of the web site content and function that we scored.

Major Categories Assessed

Types of Physician-Identifying Information

We determined whether board sites provided each physician's name, year of birth, and the address at which the physician practices or resides. We established whether the site provided a physician's license number, license status, and specialty, if applicable. We also determined whether the board verified the physician's specialty with the American Board of Medical Specialties or any other source.

State Board Disciplinary Action Information

For this study, full board disciplinary information was defined as the offense committed, the action taken, the date of the action taken, the full board order, and a summary narrative of the offense and board action. We determined whether sites maintain records for physicians no longer licensed to practice in their state. Sites could also receive credit if disciplinary information was provided in electronic copies of newsletters, board meeting minutes, or other documents containing listings of disciplined physicians, but information presented only in this way produced a lower overall score because such sites lost points for lacking search capabilities. We also determined whether the site contained information about doctors currently under investigation by the board.

Some physicians are licensed in multiple states. Many boards take reciprocal disciplinary action if a physician who is licensed in their state has also been disciplined in another state. However, only those states that provided a section describing disciplinary actions taking place in another state in some detail were credited with having information about disciplinary actions taken by another state. Boards that only had detailed information on their own reciprocal action did not qualify as having met these criteria. Some states link to the AIM Multi-State Search, (a data base compiled by the national organization of medical board directors — Administrators in Medicine or AIM) and those states received credit for providing information about discipline in other states even though the only accessible data are those from states who house their data on AIM.

Sites were expected to update the available disciplinary information within two weeks of an action being

Editor.....*Sidney M. Wolfe, MD*
Managing Editor.....*Kate Resnevic*
Contributors.....*Meredith Larson, Benita Marcus, Peter Lurie, MD, MPH, Sidney M. Wolfe, MD*
Proofreader.....*Shiloh Stark*
Production Mgr......*Kristy I. Jackson*
President.....*Joan Claybrook*

THE PUBLIC CITIZEN HEALTH RESEARCH GROUP
Health Letter

The Health Research Group was co-founded in 1971 by Ralph Nader and Sidney Wolfe in Washington, D.C. to fight for the public's health, and to give consumers more control over decisions that affect their health.

Annual subscription price is $18.00 (12 issues). Mail subscriptions and address changes to Health Letter, Circulation Department, 1600 20th St., NW, Washington, D.C., 20009.
Our Web site address is **www.citizen.org/hrg**.

taken by the board and to post emergency actions (summary suspensions and other actions taken prior to a full hearing) prior to the next scheduled update. Sites that were updated on a daily basis or each time an action was taken received credit for updating emergency actions prior to the next scheduled update.

Hospital Disciplinary Action Information

For information generated by disciplinary bodies other than the state medical board, we included information that physicians reported to boards if it was available on the web site. A separate item determined whether this information had been verified by an entity other than the disciplined physician (either the disciplining authority or another concerned neutral party).

Full hospital disciplinary information consisted of the offense committed, the action taken, the date of action, a summary of the hospital order, and the hospital order itself. Because no publicly accessible source provides hospital disciplinary information on a national level, we could not confirm with certainty whether a particular hospital action was listed. We did search the web sites in a variety of ways to confirm our initial evaluations.

Federal Government Disciplinary Action Information

We reviewed the extent to which states provided information about physicians who had been disciplined by Medicare, the FDA, or the DEA. We used a database of physicians disciplined by Medicare (maintained by the Department of Health and Human Services) to find disciplined physicians for each state and cross-checked this with information provided by each state. The FDA provided information on their Web site about physicians who had been disciplined by the agency. The information provided by the federal government about physicians disciplined by the DEA was not available in a format that allowed verification by us. Required details for federal discipline were the offense, action, and date of action, scored separately for each of the three government agencies. We also determined whether information on federal actions was verified by the state.

Malpractice and Conviction Information

A web site had to include all judgments and settlements against each physician in the past ten years and the dollar amount of any such settlements to receive credit for having all malpractice information available. This included a specific item for providing the dollar amount of settlements and/or judgments. Sites that contained some, but not all, of this information received partial credit for having some information available.

Similarly, a physician record that included information about all felony and misdemeanor convictions (or *nolo contendere* pleas) in the previous ten years received credit for having all conviction information available, and those with less complete conviction information received credit for having some information available. We checked to see whether a state provided the number of criminal convictions and any detailed information about convictions beyond whether a conviction or *nolo contendere* plea had taken place. We also determined whether the information had been verified.

User-Friendliness

We evaluated the functionality of the site by examining the process necessary for a web user to obtain disciplinary information. If a site allowed the user to search for a single physician by name and the results of that search revealed detailed information about the physician's state board disciplinary history, the site was said to have fulfilled the "Search by Name for Disciplinary Actions" requirement. In this instance, we required information beyond license status or whether or not that physician has been disciplined: either offense, board action, a summary of the offense and board action taken, or the board order itself had to be both available and accessible from the results of a single search. Alphabetical lists of disciplined physicians were also considered to fulfill the "Search by Name" requirement if the list contained details of the offense or the action taken. If similar information resulted from searches according to license number, location, specialty, or hospital, the site received additional credit. Importantly, it was possible for a web site to receive credit for providing the details of medical board discipline for a physician without receiving credit for search capabilities if the search function did not retrieve those details. We did not require the search engine to include disciplinary actions taken external to the medical board such as hospital actions and criminal convictions.

We also ascertained whether online complaint forms and copies of the Medical Practice Acts were provided. In addition, we looked for a Frequently Asked Questions section that provided information about how to find and interpret disciplinary actions about physicians.

Confirmation and Clarification of Web Site Information with Medical Boards

After the web sites were evaluated, we created reports for all 65 boards and mailed a copy of our preliminary findings to each board, accompanied by a letter requesting that the report be reviewed and that any questions left blank be answered. We asked each board to submit any corrections or additional information, accompanied by proof of any changes. Such proof consisted of either a URL leading to the relevant information or the name of a physician whose profile demonstrated the availability of a certain type of information. Boards were informed that any question left blank would result in the corresponding information being coded as absent.

Most boards responded promptly. We telephoned each board that did not respond to ensure that they had received the survey. The few boards that still did not respond were sent an e-mail request for a response. If e-mail contact information was not available, we continued to attempt to reach the board staff by telephone. If, after these attempts, we still had not received a response from a particular board, we

continued on page 4

SURVEY, *from page 3*
scored that board as not having any information beyond what our survey initially found. We received no response from boards in Arkansas, Illinois, Iowa, Nevada (osteopathic board only), South Carolina, and Vermont (osteopathic board only).

If necessary, boards were contacted to clarify changes or additions they had made to the preliminary survey findings. Each state board was contacted as many times as necessary via telephone and e-mail. The California Board of Osteopathy was the only board not to respond to these inquiries and so did not receive credit for the changes they claimed. The dataset was closed on May 4, 2006.

Determining the Weights for Questionnaire Items

To determine the relative weight of each category and criterion in scoring the sites, the lists of categories and criteria were submitted to two experts in the field of physician discipline (David Swankin, President of the Citizen Advocacy Center, and Mark Yessian, an independent consultant and former Regional Inspector General for the U.S. Department of Health and Human Services). They were asked to first distribute 100 points among the six content categories and the two user-friendliness categories. They were then asked to distribute 100 points among the criteria within each of these eight categories (usually six to seven items per category). The score for each criterion was the product of the criterion percentage and the relevant category percentage. The scores from each expert for each item were averaged.

Results

The median overall score is 42.4. Scores range from 83.7 to 12.3. The interquartile range is 35.2-59.7 (this means that 75 percent of sites had scores lower than 60 out of a possible 100).

Best States

The web site for New Jersey scores the highest, receiving 83.7 out of 100 possible points. The 10 boards receiving the highest scores are:

- New Jersey (83.7 points)
- Virginia (79.2)
- Massachusetts (79.1)
- New York (70.9)
- Vermont (70.9, Medical only)
- Georgia (68.7)
- California (68.0, Medical only)
- Idaho (65.0)
- Florida (64.1, Osteo only)
- Florida (64.1, Medical only).

For the sites providing disciplinary information for each of these 10 boards, physician profiles are required by legislative mandate, but we do not know what other elements the laws in each state require the profiles to display.

Worst States

The North Dakota web site scores the lowest, receiving 12.3 points, barely one-seventh as many as top-ranked New Jersey. The 10 lowest scoring web sites are:

- North Dakota (12.3)
- New Mexico (12.5, Osteo only)
- West Virginia (13.0, Osteo only)
- Louisiana (14.9)
- South Dakota (16.6)
- Arkansas (16.9)
- Alaska (18.4)
- Indiana (20.1)
- Montana (20.3)
- Minnesota (20.5).

Of these 10 states, Indiana is the only one whose legislature requires that physician profiles be made available.

The table accompanying this article, Total Points by Category ("the Table"), shows the total number of points earned by each board, as well as the points earned by each state in each category.

The Table permits an analysis of general trends in the categories of scoring. All board sites but one provide, at minimum, some information that identifies licensed physicians and some additional information — a Frequently Asked Questions section, the state's Medical Practice Act, or an online complaint form. All but five also provide some information about board disciplinary actions. All but the 13 lowest-ranked sites also offer some method of searching for information about disciplinary actions, either by offering a searchable database of licensed physicians or by providing an alphabetized list of disciplined physicians. The remaining variation between sites is largely related to the inclusion of disciplinary information from other authorities. Malpractice is the most common type of information to appear in those sites with the higher scores. Hospital discipline and convictions are the next most common, and only four boards provide federal disciplinary action information.

Only two boards (Virginia and Idaho) provide data from all four non-state disciplinary sources. Only three sites that rank below the top 20 offer information from any regulatory authorities other than state boards. Conversely, only two sites in the top 20, the Oklahoma Medical Board site and the Alabama site, did not provide information from at least one other authority. Eighteen of the 20 highest-ranked states provide information about malpractice, 15 provide information about convictions, 11 provide information about hospital discipline, and 13 provide all three of these types of information. The figure titled "Non-State Diciplinary Actions," which appears on page 7, compares the 21 sites that include information about at least one type of disciplinary action taken by an entity other than the state medical board.

Given that there are a possible 40 points for having all of the information from these four non-state medical board disciplinary sources, the fact that 44 sites (all but these 21 sites) therefore had scores of zero for this part of the analysis illustrates the impact of the absence of any such information on total scores.

Discussion

Ten years after the first legislative mandate for online physician profiles, almost all boards provide some form of physician disciplinary information online. Some boards provide information that is scant at best, and many provide information in a format that

does not allow easy or efficient consumer access. The types of information available range from detailed, verified listings about an individual physician to PDF files that contain the names of disciplined physicians and little else. Some sites are designed to allow convenient, multi-variable searches for physicians by name, location, license number, and other criteria; others have disciplinary information buried in almost-inaccessible monthly newsletters that are not searchable by any method other than reading each newsletter one by one. Five states provided no disciplinary information to consumers, and 13 states did not allow users to search for disciplinary information.

On a 100-point scale, the median overall score was 42.4, but the range is wide. With a top score of 83.7 for New Jersey, it is clear that all board sites do have the ability to provide information closely approximating what we have used as a standard in this report.

Given that all sites provide physician profile information, usually of relatively good quality, and most provide at least some board disciplinary information and what we termed "Other Web Site Information," the greatest determinant of overall score is whether sites provide external information such as hospital discipline, malpractice, and conviction information. Because only four boards provide information on federal discipline, the presence or absence of this category of information did not have a large impact on rankings. Two boards do provide information from all four non-state sources and they are ranked second and eighth. However, 44 boards provide no information about any of these four sources, thus collecting none of the 40 points assigned to these categories.

An important element of board disciplinary action that is often lacking involves disciplinary actions taken by other states. Physicians can hold licenses to practice in multiple states, but when a physician is disciplined in one state, it is not certain that other states are made aware of the action. In the past, it was even possible for a physician to lose licensure in one state and then become licensed in another without the state issuing the new license having knowledge of the previous action. This situation has been improved by the advent of the National Practitioner Data Bank, but this information is not available to patients and better coordination of disciplinary information between states remains necessary. Only 20 states post actions from other states on their web sites or link to the AIM Multi-State search tool. Twenty states currently house data in the AIM DocFinder database, thus allowing users to determine whether their physician has been disciplined in any of the other 19 states (but not those not housing their data in AIM). All states can easily utilize this system and link to the database to provide users in their states with the useful information that it provides.

Fourteen states have separate medical and osteopathic boards and eight of these states' separate boards have separate web sites. In these cases, medical boards consistently rank higher than the osteopathic board in the same state, in some cases by a substantial margin. The cause of this phenomenon is unknown, but may relate to disparities in funding or in oversight between the two boards. The fact that some states require physician profiles for medical doctors but not osteopathic ones supports the idea that in some states osteopathic boards receive less attention that medical boards. Clearly both boards should provide information of the same quality.

According to data collected by the FSMB, two to five percent of physicians in responding states had criminal histories, and one to three percent of these physicians did not report them to the board. Unreported crimes most commonly involved driving under the influence and theft, though they also included sex crimes, assault, and child abuse. The FSMB report also cites a 2000 Florida survey completed that revealed that an astonishing 44 percent of doctors with criminal histories did not report these to the state medical board when applying for licensure. Yet only seven of the 16 sites providing conviction information verified that information, and 13 of 20 sites verified information about malpractice. Nine of 14 sites verified hospital discipline, and only one of six verified federal disciplinary information.

Some boards are limited by unduly restrictive state legislative mandates or the lack of a mandate altogether. Legislatures should pass legislation that requires medical boards to obtain verified criminal, malpractice, and hospital disciplinary information about physicians and to provide such information to consumers in an easily-accessible format. Currently, 22 states have mandates that require their medical boards to provide physician profiles. While state-specific laws were not analyzed in this study, an analysis of the scores of states that do have such mandates compared to those that do not reveals that the presence of a legislative mandate is a strong indicator of a high-quality site. Sixteen of the top 20 sites have legislative mandates, but only one of the 20 lowest-ranked sites also has such a mandate.

This survey has certain limitations. We acknowledge that our decisions on what categories to include are subjective, but we did limit ourselves only to categories that were covered by at least some states. To guard against bias in deciding which categories were most important, we engaged two outside experts to assign the weights both between and within categories. Some boards did not respond to repeated entreaties from us either to confirm our initial assessments of their web sites or to respond to questions related to their clarifications. Some web sites may have been changed since the data set for this study was closed in May 2006.

The quality of web sites has improved somewhat since Public Citizen first surveyed sites in 2000 and 2002. The present survey is much more extensive than our previous surveys, inquiring in greater detail about areas included in the previous surveys and including assessments of external (hospital, federal, malpractice and criminal conviction) disciplinary proceedings (40 points). Although it is clear that search engines are much more common now, the content

continued on page 6

SURVEY, *from page 5*

remains lacking in these crucial external areas in most states. All sites should provide detailed disciplinary information that is updated frequently and includes the action taken, the date of action, the offense leading to the action, a brief summary of the details of the action, and the full text of the board order. The information that results from a single search should also include similar information about hospital discipline, all available information about medical malpractice and criminal convictions, and federal disciplinary actions. As mentioned in the Methods section, for this report we gave states credit for search capabilities even if the search was limited to medical board disciplinary information. We urge you to demand that your state legislatures take the necessary steps to allow all sites to provide all four categories of searchable external disciplinary information. In the absence of these steps, consumers in many states will remain in the dark.

The current mantra in health care is consumer choice. But there can be no meaningful consumer choice if critical information is denied patients as they make the most fundamental of choices: selecting their own doctors. ■

Written by Meredith Larson, Benita Marcus, Peter Lurie, M.D., MPH, Sidney Wolfe, M.D.

Total Points, by Category

Rank	Site	Physician-Identifying Information (of 15.0)	Board Discipline (of 17.5)	Hospital Discipline (of 15.0)	Federal Discipline (of 7.5)	Malpractice Information (of 10.0)	Conviction Information (of 7.5)	Search Capabilities (of 22.5)	Other Items (of 5.0)	TOTAL (of 100)*
59	Alaska	8.6	6.1	0.0	0.0	0.0	0.0	0.0	3.6	18.4
20	Ala.	12.8	14.0	0.0	0.0	0.0	0.0	19.7	3.6	50.1
60	Ark.	12.8	3.3	0.0	0.0	0.0	0.0	0.0	0.9	16.9
34	Ariz. Osteo	11.3	12.7	0.0	0.0	0.0	0.0	14.6	3.6	42.2
17	Ariz. Medical	11.3	16.4	0.0	0.0	3.8	4.5	16.3	5.0	57.2
23	Calif. Osteo	8.6	10.5	7.1	0.0	0.0	3.4	14.6	3.6	47.9
7	Calif. Medical	8.6	16.0	9.0	0.0	6.3	6.4	16.8	5.0	68.0
29	Colo.	8.6	10.1	0.0	0.0	3.8	0.0	16.8	5.0	44.2
15	Conn.	11.3	13.1	7.9	0.0	4.8	3.8	16.8	3.6	61.2
46	D.C.	11.3	10.9	0.0	0.0	0.0	0.0	14.6	0.9	37.7
36	Del.	8.6	12.0	0.0	0.0	0.0	0.0	16.8	3.6	41.1
9	Fla. Osteo	11.3	8.3	9.0	0.0	6.3	7.5	16.8	5.0	64.1
9	Fla. Medical	11.3	8.3	9.0	0.0	6.3	7.5	16.8	5.0	64.1
6	Ga.	11.3	14.9	12.0	0.0	6.0	2.8	16.8	5.0	68.7
45	Hawaii	7.1	14.4	0.0	0.0	0.0	0.0	13.5	3.6	38.7
25	Iowa	12.8	11.4	0.0	0.0	0.0	0.0	18.5	3.6	46.2
8	Idaho	11.3	13.1	6.8	1.9	4.8	3.8	18.5	5.0	65.0
44	Ill.	8.6	10.5	0.0	0.0	0.0	0.0	14.6	5.0	38.8
58	Ind.	10.1	6.3	0.0	0.0	0.0	0.0	0.0	3.6	20.1
30	Kan.	12.8	14.2	0.0	0.0	0.0	0.0	13.5	3.6	44.1
24	Ky.	11.3	11.8	0.0	0.0	0.0	0.0	18.5	5.0	46.6
62	La.	8.6	2.6	0.0	0.0	0.0	0.0	0.0	3.6	14.9
3	Mass.	12.8	13.3	13.5	0.0	6.3	7.5	20.7	5.0	79.1
18	Md.	11.3	16.8	0.0	0.0	6.3	0.0	14.6	5.0	54.0
32	Maine Osteo	11.3	13.1	0.0	0.0	0.0	0.0	14.6	3.6	42.6
21	Maine Medical	11.3	16.0	0.0	0.0	0.0	0.0	18.5	3.6	49.3
39	Mich. Osteo	7.9	12.9	0.0	0.0	0.0	0.0	14.6	5.0	40.4
39	Mich. Medical	7.9	12.9	0.0	0.0	0.0	0.0	14.6	5.0	40.4
56	Minn.	8.3	11.4	0.0	0.0	0.0	0.0	0.0	0.9	20.5
38	Mo.	8.6	11.6	0.0	0.0	0.0	0.0	16.8	3.6	40.7
55	Miss.	6.0	13.1	0.0	0.0	0.0	0.0	0.0	3.6	22.8
57	Mont.	11.3	5.5	0.0	0.0	0.0	0.0	0.0	3.6	20.3
27	N.C.	12.8	10.3	0.0	0.0	0.0	0.0	18.5	3.6	45.2
65	N.D.	8.6	0.0	0.0	0.0	0.0	0.0	0.0	3.6	12.3

continued on page 7

Total Points, by Category

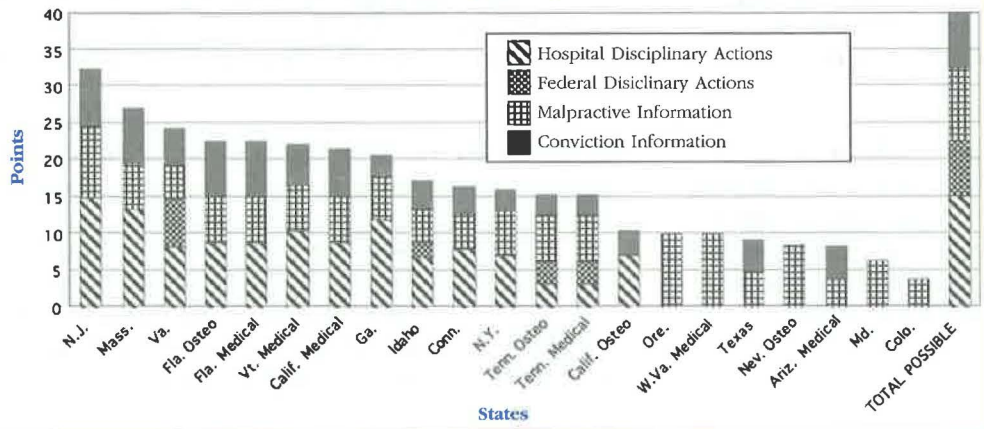
continued from page 6

Rank	Site	Physician-Identifying Information (of 15.0)	Board Discipline (of 17.5)	Hospital Discipline (of 15.0)	Federal Discipline (of 7.5)	Malpractice Information (of 10.0)	Conviction Information (of 7.5)	Search Capabilities (of 22.5)	Other Items (of 5.0)	TOTAL (of 100)*
37	Neb.	10.1	10.5	0.0	0.0	0.0	0.0	16.8	3.6	41.1
26	N.H.	11.3	13.1	0.0	0.0	0.0	0.0	16.3	5.0	45.7
1	N.J.	11.3	14.2	15.0	0.0	10.0	7.5	20.7	5.0	83.7
64	N.M. Osteo	7.1	1.8	0.0	0.0	0.0	0.0	0.0	3.6	12.5
32	N.M. Medical	11.3	12.9	0.0	0.0	0.0	0.0	14.6	3.6	42.4
41	Nev. Osteo	11.3	3.1	0.0	0.0	8.5	0.0	14.6	2.3	39.7
35	Nev. Medical	10.5	13.1	0.0	0.0	0.0	0.0	13.5	5.0	42.1
4	N.Y.	12.8	15.1	7.1	0.0	6.3	2.8	21.9	5.0	70.9**
22	Ohio	12.8	12.9	0.0	0.0	0.0	0.0	18.5	5.0	49.2
51	Okla. Osteo	9.4	10.5	0.0	0.0	0.0	0.0.	13.5	0.0	33.4
19	Okla. Medical	13.5	14.9	0.0	0.0	0.0	0.0	21.9	3.6	53.9
11	Ore.	12.8	16.8	0.0	0.0	10.0	0.0	18.5	5.0	63.1
49	Pa. Osteo	8.6	9.4	0.0	0.0	0.0	0.0	13.5	3.6	35.2
49	Pa. Medical	8.6	9.4	0.0	0.0	0.0	0.0	13.5	3.6	35.2
31	R.I.	12.8	12.7	0.0	0.0	0.0	0.0	13.5	5.0	43.9
52	S.C.	5.3	9.8	0.0	0.0	0.0	0.0	13.5	3.6	32.2
61	S.D.	5.3	10.5	0.0	0.0	0.0	0.0	0.0	0.9	16.6
12	Tenn. Osteo	11.3	14.7	3.0	3.2	6.3	2.8	16.8	3.6	61.6
12	Tenn. Medical	11.3	14.7	3.0	3.2	6.3	2.8	16.8	3.6	61.6
14	Texas	12.8	16.2	0.0	0.0	4.8	4.3	18.5	5.0	61.5
53	Utah Osteo	8.6	12.3	0.0	0.0	0.0	0.0	0.0	5.0	25.9
53	Utah Medical	8.6	12.3	0.0	0.0	0.0	0.0	0.0	5.0	25.9
2	Va.	11.3	16.8	8.3	6.4	4.8	4.9	21.9	5.0	79.2
48	Vt. Osteo	8.6	10.5	0.0	0.0	0.0	0.0	13.5	3.6	36.3
5	Vt. Medical	13.5	14.0	10.5	0.0	6.3	5.6	17.4	3.6	70.9**
42	Wash. Osteo	8.6	12.0	0.0	0.0	0.0	0.0	14.6	3.6	38.9
42	Wash. Medical	8.6	12.0	0.0	0.0	0.0	0.0	14.6	3.6	38.9
47	Wis.	9.8	9.4	0.0	0.0	0.0	0.0	14.6	3.6	37.4
63	W.Va. Osteo	9.4	0.0	0.0	0.0	0.0	0.0	0.0	3.6	13.0
16	W.Va. Medical	12.8	13.8	0.0	0.0	10.0	0.0	18.5	5.0	60.0
28	Wyo.	11.3	11.6	0.0	0.0	0.0	0.0	18.5	3.6	45.0
All States (Median)		**11.3**	**12.3**	**0.0**	**0.0**	**0.0**	**0.0**	**14.6**	**3.6**	**42.4**

* Totals may not add precisely due to rounding error.

** Before rounding, New York had a higher score and so has a higher rank than Vermont Medical.

Non-State Diciplinary Actions



* The following sites did not provide any information about non-state disciplinary actions and so score zero points in this category: Ala., Alaska, Ariz. Osteo, Ark., D.C., Del., Hawaii, Ill., Ind., Iowa, Kan., Ky., La., Maine Medical, Maine Medical, Mich. Medical, Mich. Osteo, Minn., Miss., Mo., Mont., N.C., N.D., N.H., N.M. Medical, N.M. Osteo, Neb., Nev. Medical, Ohio, Okla. Medical, Okla. Osteo, Pa. Medical, Pa. Osteo, R.I., S.C., S.D., Utah Medical, Utah Osteo, Vt. Osteo, W.Va. Osteo, Wash. Medical, Wash. Osteo, Wis. and Wyo.

** States are displayed if scored any points in one of the four non-state disciplinary action categories.

Product Recalls

October 21, 2006 — November 20, 2006

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS AND DIETARY SUPPLEMENTS

The recalls noted here reflect actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by FDA request or by FDA order under statutory authority. If you have any of the drugs noted here, label them "Do Not Use" and put them in a secure place until you can return them to the place of purchase for a full refund. You can also contact the manufacturer. If you want to report an adverse drug reaction to the FDA, call (800) FDA-1088. The FDA Web site is *www.fda.gov*. Visit *www.recalls.gov* for information about FDA recalls and recalls issued by other government agencies.

Recalls and Field Corrections: Drugs — CLASS II

Indicates a problem that may cause temporary or reversible health effects; unlikely to cause serious injury or death

Name of Drug or Supplement; Problem; Recall Information

ADVAIR DISKUS® (fluticasone propionate/salmeterol inhalation powder), 250/50 mcg, 60-dose pack, Rx only; Diskus unit may be defective resulting in medication not being dispensed as the doses are advanced. Lot # 6ZP3320, exp. date 08/2007, GlaxoSmithKline Inc.

Amantadine Hydrochloride Capsules, USP, 100mg, packaged in 100 and 500 count bottles; Failed USP Test Requirements for Content Uniformity. Batch #215103, exp. date 10/2007 (bottles of 500), Batch #215105, exp. date 10/2007 (bottles of 500), Batch #223755, exp. date 03/2007 (bottles of 100). Banner Pharmacaps, Inc.

Derma 50 Wound Care Ointment, Emu Oil, 2 oz. jar; Undeclared sulfur. Lot 03/16/2006, Iren Corp.

CONSUMER PRODUCTS

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the Consumer Product Safety Commission, call their hotline at (800) 638-2772. The CPSC web site is *www.cpsc.gov*. Visit *www.recalls.gov* for information about FDA recalls and recalls issued by other government agencies.

Name of Product; Problem; Manufacturer and Contact Information

ATV Winch Sets. A component of the Warn ATV and Utility Vehicle Winch Kit, the eight-post contactor, can continue to pull current when in the "off" position, which can cause it to overheat and pose a fire hazard. Warn Industries Inc., (866) 408-3767 or email contact@warn.com.

Bathtub and Shower Control Valves. The device in Universal MultiChoice Valves (the valve that limits the amount of hot water that can flow from the shower head or bathtub spout) can disengage after being manually set, causing consumers to come in contact with water that is hotter than expected. This poses a risk of scalding injuries. Delta Faucet, Co., (800) 336-6696 or www.deltafaucet.com.

Bicycle Pedals. Time RXS Titan Carbon, RXS Carbon, RXS and RXE Bicycle Pedals' bearing caps can fail causing the pedal to come off the bicycle. This poses a fall hazard for riders. Time Sport International/ATAC, (800) 240-8051 or www.TIMESPORTUSA.com.

Charcoal Grills. Like all charcoal grills, the Cobb Premier Charcoal Grill emits carbon monoxide gas, which can kill within minutes when used indoors. The Web sites, recipe book, and visuals in a promotional video create the impression that the Cobb Cooker can be used indoors. The recipe book says that it can be used on your dining room table, and the promotional video showed a man carrying the grill into the house while the charcoal was still burning. Cobb America, Inc., (954) 427-5202 or chris@cobbamerica.com.

CONSUMER PRODUCTS *cont.*

Name of Product; Problem; Manufacturer and Contact Information

Children's Puzzle Tables. The handles on the puzzle pieces in "Play Wonder" Puzzle Tables can come off, posing a choking hazard to young children. Also, the tips of the nails on the inside shelf of the puzzle table could be exposed, posing a laceration or puncture hazard. Target, (800) 440-0680 or www.target.com.

Counterfeit Circuit Breakers. The recalled Counterfeit "Square D" Circuit Breakers labeled "Square D" are counterfeit and might not trip when they are overloaded, posing a fire hazard to consumers. Scott Electric Co., (877) 222-0473 or www.scottelectricusa.com.

Decorative Snaps and Metal Clips. The recalled clips and snaps contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. Provo Craft, (800) 955-9490 or www.recall.provocraft.com.

Desk Lamps. The fiberglass sheath intended to protect the electrical cord of Taylor Desk Lamps can become improperly aligned during consumer assembly of the lamp. This poses a shock hazard to consumers. Environmental Lighting Concepts, Inc., (866) 421-5180 or www.ott-lite.com/recall.

Espresso Makers. The Espresso Express™ Espresso Maker's heating element can forcefully separate from its base during the brewing cycle. This poses burn and impact injury hazards to nearby consumers. Atico International USA, Inc., (877) 546-4835 or www.aticousa.com.

Fire Extinguishers. If the K-GUARD®, SENTRY® and FLAG FIRE® Model Fire Extinguishers is dropped horizontally from a height of approximately 2 to 3 feet, the pick-up tube could crack at the threads between the pick-up tube adaptor and the stainless steel tube. If a pick-up tube is cracked, the extinguisher can fail to discharge properly when activated, which can put users at risk during a fire. Ansul Incorporated, (800) 906-3575 (US/Canada) or (715) 732-3575 (Outside US/Canada) or www.ansul.com or www.pyrochem.com.

Flashing Pacifiers. These pacifiers failed to meet federal safety standards for pacifiers. The nipple can separate from the shield easily, posing a choking hazard. Some pacifiers were sold with necklaces that pose a strangulation hazard, and one of the necklaces has beads that can come loose, which poses an aspiration hazard. Though they are marketed for older children, they could be given to babies, and can cause serious injury or death. Rhode Island Novelty, (800) 528-5599, www.rinovelty.com; Hayes Specialties Corp., (800) 642-9373, www.ehayes.com; My Bargain Bin LLC, (800) 431-1389, www.mybargainbin.com; Ravesupply.com, recall@ravesupply.com; Vistawholesale.com, Call collect at (765) 653-0906, www.vistawholesale.com/pacyrecall; Xtreme Jewelry, (866) 388-3838, Email: kit@xtremejewelry.com; Intertradecorp.com, (888) 622-7348, www.intertradecorp.com; Litesrus.com, Customerservice@litesrus.com; Dollar Days International LLC, (877) 969-7742, www.dollardays.com.

Footstools. Due to improper construction, the Home Trends Wood Footstools can break and collapse, posing a fall hazard to consumers. Wal-Mart Stores, Inc., (800) 925-6278 or www.walmartstores.com.

Framing and Circular Saws. The lower blade guard of DeWalt DW378G/DW378GT Framing Saws and DC300 Circular Saws can fail to close, leaving the blade exposed and presenting a laceration hazard to consumers. DeWalt Industrial Tool Co., (866) 854-5214 or www.dewalt.com.

Gas Boilers. Weil-McLain Ultra Series Gas Boilers were manufactured for use with natural gas, but could have a blue tag incorrectly indicating to installers that they are intended for use with LP (propane) gas. If an installer connects one of the boilers to LP gas without installing a propane conversion kit, carbon monoxide (CO) can build up due to incomplete combustion, posing a risk of CO poisoning. Weil-McLain, (866) 426-6172 or www.weil-mclain.com.

Laptop Computer Batteries. Rechargeable, lithium ion batteries containing Sony cells used in Fujitsu Computer Systems Corporation, Gateway Inc., Sony Electronics Inc., and Toshiba America Information Systems Inc. notebook computers can overheat, posing a fire hazard to consumers. Sony Energy Devices Corp., Fujitsu (800) 8FUJITSU or www.computers.us.fujitsu.com/battery, Gateway (800) 292-6813 or www.gateway.com/battery, Sony (888) 476-6972 or http://esupport.sony.com/battery, Toshiba (800) 457-7777 or www.bxinfo.toshiba.com.

Minnie Mouse Cardigans. If the cardigan of a Minnie Mouse cardigan set is buttoned, the ribbon woven around the neckline poses a strangulation hazard for children. Wal-Mart Stores Inc., (800) 925-6278 or www.walmartstores.com.

Mitre Saws. The aluminum cast pivot joint that connects the base of Wilton Mitre Saws to the head assembly (which contains the saw blade) can crack under extreme pressure or force, causing the blade assembly to unexpectedly break free from the stationary base. This poses a laceration hazard to consumers. WMH Tool Group Inc., (877) 328-7200 or www.wmhtoolgroup.com.

Name of Product; Problem; Manufacturer and Contact Information

Remote Control Toy Helicopter. The power supply controller of Helix Remote Control Micro Helicopters can overheat posing a burn hazard to consumers. Spin Master Toys, (800) 622-8339 or www.spinmaster.com.

Toy Chests. The red paint on the partition panels of the "Cars" Toy Storage Benches contains high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. Delta Enterprise Corp., (877) 660-3777 or www.deltachildrensproducts.com.

Toy Keys. The colored top portion of the toy keys can crack, resulting in the release of small parts, which poses a choking hazard to young children. RC2 Brands, Inc., (800) 704-8697 or www.learningcurve.com.

Turtle Sprinklers. When connected to a garden hose, under normal household water pressure, the Heartwood Creek® Turtle Sprinklers can break or shatter, presenting a laceration hazard to consumers. Enesco Group, Inc., (888) 443-8669 or www.enesco.com.

Various Toys Sold at Target. Various "Kool Toyz" Children's Products contain lead paint, which is toxic if ingested by young children and can cause adverse health effects. Also, some of the toys have sharp points, posing laceration or puncture wound hazards. Target, (800) 440-0680 or www.target.com.

Woodles Activity Toys. The wooden rings on the Baby Gund Woodles™ Activity Toys can break, posing a small parts choking hazard to young children. Gund, Inc., (800) 448 4863 or woodles@gund.com.

OUTRAGE, *from page 12*

population, but they make up only 14 percent of the physicians in America. This underrepresentation is a major barrier for minorities in accessing quality care. Since African American health professionals are five times more likely than majority professionals to serve African American patients, and Hispanic health professionals are three times more likely to serve Hispanic patients, we must work to elevate the representation of minorities in the health professions. These groups should be introduced to the health professions at a young age and encouraged to pursue careers in these areas.

We must understand the relevance of culture to improving the quality of care. The cultural background of health-care providers influences how they interact with patients, and how they diagnose and treat health problems. We should also keep in mind that the cultural background of patients influences how, when, and where they present with illness and how they express it. A culturally competent health-care provider or team is able to identify with, relate to, and accommodate the cultural background of the patient.

Lifestyle is another major determinant of health and is critical to the elimination of health disparities. The most important lifestyle indicators, according to the Leading Health Indicators of Healthy People 2010 (http://www.healthypeople.gov/LHI) and the Surgeon General's Prescription developed in 1999 (http://www.mediarelations.k-state.edu/WEB/News/NewsReleases/satchertext92001.html), are shown in the "Leading Health Indicators" box that accompanies this article.

While all of these factors are important and even crucial to eliminating disparities in health, the epidemic of overweight and obesity and its disproportionate impact on African Americans and other minorities is an increasing and troublesome problem in this country. Obesity is a major risk factor for cardiovascular disease, including hypertension and strokes, as well as for diabetes and cancer of the breast, colon, and prostate.

Communities must address policies at all levels of government to ensure support for education, physical exercise, and good nutrition in our schools. Some states have passed legislation in this regard.

Environment — both social and physical — is another major determinant of health disparities. The social environment must be targeted, especially environments of hopelessness that lead children to devalue themselves and to succumb to drugs, violence, and premature sexual activity. And we can all work to create safe and clean environments for children to grow up in. ■

Leading Health Indicators

- physical activity
- good nutrition (especially consumption of fruits and vegetables)
- overweight and obesity
- avoidance of toxins, especially tobacco
- responsible sexual behavior, including delaying or abstaining from sex where appropriate and minimizing unplanned pregnancy and sexually transmitted diseases when sexually active

What If We Were Equal?

The following is an excerpt from an article written by former U.S. Surgeon General, Dr. David Satcher, entitled Ethnic Disparities in Health: The Public's Role in Working for Equality. *The article was posted on the free health/science web site PLOS.org. This is one of a series of articles in the current issue on the topic of social medicine in the 21st century.*

In an attempt to put health disparities in perspective, for a recent special issue of Health Affairs devoted to racial and ethnic disparities, we asked the question, "What if we had eliminated disparities in health in the last century?" By our calculations, there would have been 83,500 fewer black deaths overall in the year 2000 alone. That would have included about 24,000 fewer black deaths from cardiovascular disease. If infant mortality had been equal across racial and ethnic groups in 2000, 4,700 fewer black infants would have died in their first year of life. Without disparities, there would have been 22,000 fewer black deaths from diabetes and almost 2,000 fewer black women would have died from breast cancer. Indeed, 250,000 fewer blacks would have been infected with HIV/AIDS and 7,000 fewer blacks would have died from AIDS in 2000. As many as 2.5 million additional blacks, including 650,000 children, would have had health insurance in that year.

There are certain key determinants of health and of disparities in health. These include physical and social environments, individual behavior and biology, access to quality health care, and policies and interventions that affect people's health. Access to quality health care is a major barrier to successful health outcomes in the United States. African Americans and other racial and ethnic minorities are disproportionately affected by problems with access to quality care.

In seeking solutions to the problem of ethnic disparities, we all must be proactive as advocates for change. The general public can work to improve access to quality care by advocating for universal access to such care. This means we must participate in the democratic process and elect representatives who will support legislation that ensures the availability of and access to quality care for all.

Underrepresented minorities make up almost 30 percent of America's

continued on page 10