What You Don't Know About Your Doctor Could Hurt You

Thousands of doctors across the U.S. are on medical probation for reasons including drug abuse, sexual misconduct, and making careless—sometimes deadly—mistakes. But they're still out there practicing. And good luck figuring out who they are.

The state medical board's report on Leonard Kurian, an obstetrician-gynecologist in Southern California, tells in stark clinical detail what it says happened to several patients in his care. And it's not easy to read.

The report describes the time Kurian surgically removed the wrong ovary from a 37-year-old woman, a mistake the patient only learned about weeks later when, still in pain, she went for more tests. The good ovary was missing, and the cystic one was still inside her.

Kurian's record gets worse from there. The report makes the case of how his errors of medical knowledge, judgment, protocol, and attentiveness contributed to the deaths of two patients. Both were young mothers who had recently given birth to healthy babies.

You might think a doctor with that type of record would be barred from practicing medicine, but that didn't happen in this case.

Thousands of working physicians are currently being disciplined by their respective state medical boards for findings that patients may want to know about—things such as sexual misconduct, their own addiction problems, overprescribing controlled substances, and all sorts of other documented examples of unprofessional or dangerous doctoring.

Though the odds are quite good that your doctor isn't one of them, it's important to know for sure.

66%

of Americans lean toward keeping doctors from seeing patients until their probationary period ends.


Changing the System

Here's the problem: Even in a time when vast amounts of information sit at the end of our fingertips, it's still too difficult for consumers to find a doctor's disciplinary record and its causes.

Through our Safe Patient Project, Consumer Reports is working to change the way the system works around the country. "The onus shouldn't be on patients to investigate their physicians," says Lisa McGiffert, who directs the effort. "Doctors on probation should be required to tell their patients of their status."
Last fall in California, the state with the most doctors, Consumer Reports petitioned the medical board to do just that. The board rejected the idea, saying it would put too much of a burden on doctors and damage the doctor-patient relationship.

We also filed a public records request and were able to obtain California’s entire database of doctors on probation as of late September, information that is now searchable on our Safe Patient Project website.

Consumer Reports’ deep dive into California’s records brings this important issue into sharp focus. Read some of the probationary settlements, all signed by the doctors and their lawyers, and it becomes clear why this matters:

'You can find out more about the safety record of your toaster and whether or not it's going to catch on fire than you can find about your physicians.'

—Robert Oshel, former associate director for research and disputes at the National Practitioner Data Bank

There's the orthopedic surgeon whose inattention to a man's fractured thighbone resulted in a leg amputation. And the family practice physician, who, along with her cardiologist husband, ordered more than 4 million doses of hydrocodone in 15 months but when pressed by investigators could account for only a small fraction of it. You'll find examples of doctors practicing under the influence—a psychiatrist drinking midshift and the urologist arrested for DUI while on call, his blood alcohol reading almost twice the legal limit.

And what about the highly regarded surgeon with a seizure disorder? Is his condition something patients need to know about?

Some of the most egregious cases raise the question: What does it take for a doctor to have his or her license suspended or revoked? And if those sorts of transgressions are regularly tolerated with only modest and discreet sanctions, the system of disciplining physicians needs to be made more transparent, reliable, and accessible than it is today.

State medical boards are really hybrid regulatory agencies, combining government oversight with professional peer review. Their main purpose is to license and discipline physicians and to investigate complaints, whether they are filed directly by patients or come from other medical personnel, hospitals, the courts, or law enforcement. It's important work often performed by volunteers—doctors and also some outside the profession.

"One of the core defining points of what a profession is, is that it takes responsibility for regulating itself," says Jim E. Sabin, M.D., director of the ethics program at Harvard Pilgrim Health Care, an insurance company in Boston, and a clinical professor of psychiatry and population medicine at Harvard Medical School.

Board findings and sanctions should be public, Sabin says. "Can that be uncomfortable for the medical profession? Yes, it can. That's unfortunate—the discomfort—but the responsibility of an agency like a board of registration is to the public."

In the case of Kurian, the California board placed him on probation from 2015 until 2022, citing 40 instances of his negligence and incompetence, yet allowed him to keep practicing on the condition that he completes courses in clinical training, ethics, and medical record-keeping. And he doesn't have to tell new or existing patients he's on probation or what's in the board's 25-page investigative report that details his mistakes. Kurian did not respond to messages left with his office staff. Two of his lawyers declined to comment.

Follow the Malpractice Money

Average Payment

$0
A very small percentage of doctors have accounted for most of the country’s medical malpractice payouts over the last quarter century. That’s according to an analysis done for Consumer Reports of the National Practitioner Data Bank, a federal repository that has collected disciplinary actions and medical malpractice payouts since 1990.

Robert E. Oshel, who worked as the associate director for research and disputes at the NPDB for almost 15 years until he retired in 2008, ran the numbers and figured out that less than 2 percent of the nation’s doctors have been responsible for half of the total payouts since the government began collecting malpractice information.

Malpractice is considered an inexact indication of substandard care, for many reasons. Cases often settle before trial and without documented findings of wrongdoing. And even the best doctors and surgeons can sometimes face lawsuits.

"Still," Oshel says, "when doctors have multiple large settlements against them, it can be a warning sign ... suggesting that if licensing boards and hospital peer reviewers were willing to either get these doctors to stop practicing or get retraining, we’d all be better off."

1,247,500

Doctors have practiced in the U.S. since 1990

191,856

Or 15 percent, had at least one malpractice payout

22,741

Or less than 2 percent, were responsible for half of all malpractice payouts

506

Were responsible for 5 percent of all malpractice payouts

Hidden Information

How can consumers figure out whether their doctor has been cited for substandard medical care, bad behavior, or other problems—and why?

The availability of that crucial information varies from state to state, and it's too hard to find.

The National Practitioner Data Bank (NPDB), part of the Department of Health and Human Services, collects data on medical malpractice payouts and certain levels of disciplinary actions in the U.S. for physicians and other licensed healthcare practitioners. About 1.25 million doctors have practiced medicine in this country since 1990, when the database opened. Over that time, roughly 192,000 doctors, or about 15 percent, have had at least one malpractice payout and 50,000 have had an "unfavorable adverse action" against them by their state medical board or other
agencies, according to a Consumer Reports analysis of the database. Actions include things such as a reprimand, probation, and license suspension or revocation.

The trouble is, you can't go to that central database and simply type in a name and examine your internist or surgeon's record. Only hospitals, doctors, law enforcement, insurance companies, and a few other select groups are granted access.

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–Jim E. Sabin, M.D., professor, Harvard Medical School

The American Medical Association has long lobbied against public access to the NPDB, maintaining that its information is unreliable and unfair to physicians. The doctors' group answered some of Consumer Reports' questions about those concerns but not others, and would not agree to an on-the-record interview.

AMA president Steven J. Stack, M.D., in a statement to Consumer Reports, called the NPDB "inherently flawed," citing a 15-year-old Government Accountability Office report as proof. Opening it up, his statement said, "would not help patients."

The National Physicians Alliance, an organization of doctors committed to social justice and healthcare reform, believes the disciplinary reporting system should be less secretive and more useful to consumers. "A good place for that information might be at the point of decision when patients are choosing their doctor," says William Jordan, M.D., M.P.H., past president of the NPA. He says he'd like to see disciplinary information of the sort contained in the NPDB integrated with healthcare provider lists from insurance companies and employers. He says one concern is how to simplify this information for consumers while still being fair to the doctors.

Robert E. Oshel agrees with that kind of transparency. He was the NPDB's associate director for research and disputes for almost 15 years until he retired in 2008, and has since become a patient-safety advocate, working with Consumer Reports and other organizations, without compensation, to make information on sanctioned doctors more accessible.

"You can find out more about the safety record of your toaster and whether or not it's going to catch on fire than you can find about your physicians," he says.

The AMA, meanwhile, suggests that consumers seeking that information go to one of the 50-plus state medical board websites.

But that's not an elegant solution. Each state has its own peculiar way of providing this information, explained Eric Fish, legal counsel for the Federation of State Medical Boards. "This information is either couched in the minutes of the board meetings, or some states do have a separate sort of a rolling tally of action."

Consumer Reports analyzed the state medical board websites for their completeness and ease of use. We rated them best to worst and found that even when consumers arrive at the right website, information on a particular doctor was still difficult to locate and very often, where malpractice cases were concerned, incomplete. In Mississippi, which fared the worst in our Ratings, the information is sparse and vague. To get details about a physician, consumers are directed to a page that says they must pay $25 per request.

In California and New York—which have two of the better-rated board websites—researching a doctor's disciplinary history can still require searching out and downloading lengthy documents, in the form of PDFs, then sorting through pages of legalese to get at the crux of the findings.

Online Confusion
People looking for a primary care doctor or specialist often ask friends, relatives, or other doctors to refer them to someone they trust. And more and more, when consumers want to check out a doctor's record or bedside manner, they go to Internet sites such as Healthgrades or Yelp that offer patient reviews and ratings.

That's what Cynthia Mora did in 2010, when she learned she was pregnant with her third child after moving to Lancaster, Calif.

Her husband, Ismael Aguirre, says that his wife did a typical search online for doctors in the area and landed on the aforementioned OB-GYN, Leonard Kurian. Then, he says, she researched his name "to see what popped up," and was persuaded by the mostly positive reviews she found.

Aguirre is certain his wife did not know that her new obstetrician had already been reprimanded by the state medical board in 2006 for "negligent" and "incompetent" care and "dishonest" behavior.

Patients casually researching Kurian on widely used doctor rating sites today are still unlikely to find clear, accurate, or up-to-date information about his record. On Healthgrades and Yelp, the first impression one gets of Kurian is positive.

When this report went to press, he had a rating of four out of five stars on Yelp, based on 17 patient reviews, many of them glowing, some not: "He is the best Dr I have ever had," posted Kayla M. "I'll never go anywhere else!" wrote Leah C. "Although some women swear Dr. Kurian is the best, I beg to differ. He totally dropped the ball with me," Sharon C. says.

Kurian's record on Healthgrades did mention a sanction against him, but it was for "failure to keep adequate medical records," obscuring the more serious medical board findings of negligence and incompetence.

Yelp is built around user reviews and does not check a doctor's record with state medical boards or other sources, says Morgan Remmers, senior manager of business outreach at the company.

On Healthgrades, Kurian had 3.4 out of 5 stars based on 38 user responses. That site provides information on whether physicians have had medical malpractice claims or board actions taken against them, but finding any details requires more savvy and diligence.

For example, though Kurian's record on Healthgrades did mention a sanction against him, it was for "failure to keep adequate medical records," obscuring the more serious medical board findings of negligence and incompetence.

Under Healthgrades' category of Board Actions, it said, "No board actions found for the years that Healthgrades collects data."

And it's far from obvious that the medical board's full and damning report on Kurian is there but mislabeled—linked to the somewhat innocuous "medical records" finding.

Healthgrades does not show any malpractice lawsuits against Kurian even though the Los Angeles County courthouse has a record of 18 in which he was named. A Healthgrades representative says the site draws data from more than 100 external sources and relies on them to be current and accurate.

One suit against Kurian and others was brought by Ismael Aguirre over the death of his wife, Cynthia Mora, and was settled out of court in 2013 for $950,000. (California malpractice law caps noneconomic damages—such as the loss of companionship—at $250,000.)

**What Went Wrong**

In its report, the Medical Board of California was quite specific as to what it says went wrong with the care Cynthia Mora received.
In the final weeks of her pregnancy, she went to the emergency room with excruciating pain in her side, and while there, her labor began. But that pain did not subside with the birth of her third child, a healthy daughter.

The medical board investigation found that Kurian missed signs of a ruptured appendix and for days stuck with an alternative diagnosis that didn't match her symptoms. It said he also failed to run the right tests and "adequately evaluate [her] status" before discharging her.

Ismael Aguirre tells his story of his wife's death to a Consumer Reports writer.

In the board findings, it said Kurian "later admitted that he never read the nurses' notes documenting [her] three-day history of pain and change in vital signs" and that "doing so would not be part of his custom and practice."

His unresponsiveness was also at issue. The report says that he "remained in his office during the day" and it took almost 10 hours and seven phone calls from nurses and worried family before Kurian went to see her after she was readmitted.

It was four days after giving birth, and she was suffering from high fever and debilitating pain. The report says she died two days later with complications that included infection, kidney failure, and cardiac arrest stemming from the ruptured appendix he failed to diagnose.

Kurian did not admit to all of the board's allegations but chose not to fight any of them.

When asked why Kurian was allowed to continue practicing, Cassandra Hockenson, public affairs manager for the California medical board, declined to discuss the details of any particular case. More generally, the board considers probation "if we believe a physician can continue to practice with conditions and monitoring," she says, adding, "It all boils down to the safety of the consumer."

When the state medical board puts doctors on probation, it can have little effect on their practice. In fact, the board's imposed terms and penalties sometimes seem crafted specifically to keep a doctor working.

Luis Felix Tincopa-Minan, a family practice doctor in Whittier, Calif., is on probation for repeatedly sexually assaulting a "vulnerable" female patient with "many psychological problems." According to the medical board report, the young woman kept returning to his office in spite of his groping her because she needed her attention deficit hyperactivity disorder and seizure medications refilled. "She was in the exam room alone with him and he locked the door." After he was caught, the report says, Tincopa-Minan first denied it, then said it was consensual yet admitted that it wasn't the first time he'd had sexual contact with a patient.

The state board's solution to that problem, on top of other more pro forma probationary terms, was to require Tincopa-Minan to undergo a psychiatric evaluation and have a chaperone with him when he examines female
patients. And he doesn't have to tell his patients why that person is present or that he is on probation for sexual misconduct.

When reached for comment, Tincopa-Minan told us he was too busy working to talk about his probationary status.

IMPAIRED AT WORK
Yessennia Candelaria: Pediatrician

The medical board cited her for 13 causes of discipline, saying she was "under the influence of drugs to such an extent as to impair her ability to practice medicine with safety to her patients and the public."

Even in some of the most egregious cases of physicians placed on probation, the punishments meted out by the California state medical board—and sometimes even the criminal justice system—amount to a slap on the wrist. Take the case of pediatrician Yessennia Candelaria and her husband, Efrain Gonzalez, an OB-GYN.

He worked as a cosmetic surgeon, the board's report said, and Candelaria joined him as his anesthesiologist, sometimes providing deep sedation. There were many problems with that arrangement, beginning with the fact that she is neither trained nor certified to offer that level of anesthesia.

On the day in March 2013 when law enforcement agents raided their clinics, the medical board report says, she was visibly impaired, with "extreme body shakes and tremors" on a day that surgeries were scheduled. A search found loose pills in her pocket, syringes in her car, and injectable vials of fentanyl and Demerol in her home bathroom.

Husband and wife were arrested, and Gonzalez surrendered his license to practice medicine. The medical board cited him for more than 100 examples of his negligent and incompetent care—including botched surgeries and allowing staff with no medical training to insert intravenous lines. The board cited Candelaria for 13 causes of discipline, writing that she was "under the influence of drugs to such an extent as to impair her ability to practice medicine with safety to her patients and the public."

Gonzalez was sentenced to 90 days in jail and one year of probation for three felonies, including tax evasion and conspiracy to practice medicine without a license, according to a local news account. He was also ordered to pay $100,000 to compensate harmed former patients, who agreed not to sue.

About the same time last spring, the state board lifted Candelaria's temporary suspension and placed her on probation for seven years but allowed her to continue practicing as a pediatrician if she adhered to certain terms,
including not practicing alone and biological fluid testing. She is now accepting new patients. She must tell them she is prohibited from providing deep sedation, though she doesn’t have to explain why. Nor does she have to mention her disciplinary history or drug use. When we called her office, Candelaria declined to comment.

Although the California medical board reports describe the underpinnings of the cases against doctors, they rarely explain the board’s thinking on why it is leveling a particular sanction. To Harvard’s Sabin, the medical ethicist, that is a lost opportunity for more transparency.

"I think it's important to provide the rationale," he says. "A board’s finding could range from permanently taking away the license to requiring someone to take a course in ethics. It ought to explain why it is doing that."

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**A Pyramid System**

Patients who believe they've been harmed or mistreated can file a complaint with their state medical board, which then investigates. If the complaint goes forward, all parties are notified, the case is reviewed, a decision is made, and a hearing is scheduled.

In California, certain kinds of medical malpractice judgments or arbitration agreements against a doctor for more than $30,000 are supposed to be reported to the state board. So, too, any physician convicted of a misdemeanor or charged with a felony-level crime such as unlawfully discharging a firearm (in one case during a dispute over a neighbor’s goat) should be reported to the board.
Only a small percentage of complaints result in a sanction against a doctor, according to numbers published in the California board's most recent annual report. There were 8,267 official complaints brought against state doctors in the 2014 to 2015 fiscal year. The board opened cases against 1,381 physicians and surgeons, and reprimanded 86.

An additional 136 were placed on probation and allowed to keep practicing, 14 after serving temporary license suspensions. Forty-five more doctors had their licenses revoked by the board. And 85 others surrendered their licenses before the board made a final ruling.

The disciplinary rate is that low in part because the burden of proof is high. There needs to be "clear and convincing evidence" that a violation has occurred and that it meets the guidelines to move forward, says Kim Kirchmeyer, executive director of the California board.

Other people interpret the numbers differently, including patient advocate Robert E. Oshel, the former official at the NPDB. He says medical boards tend to protect their own. "They're run mostly by doctors, and they are often reluctant to take actions against physicians unless they get a lot of pressure, or if something comes out in the press," he says.

Medical boards have complicated rules that can effectively keep information out of the hands of the public, such as listing a doctor's malpractice cases only if they hit a certain monetary threshold or a doctor has several cases over a period of time, says Consumer Reports' McGiffert. "As a result, a physician may have a long history of malpractice, but it never shows up in his or her public record," she says.

Boards frequently don't discipline physicians unless there are repeat offenses, says William Newkirk, a malpractice
attorney in California who represented the family of Cynthia Mora, the patient of Kurian's who died. Newkirk sees an imperfect system limited by the boards' small staffs and modest budgets. For a doctor to be sanctioned, Newkirk says, "the complaint has to be dramatic and the evidence strong."

**WHY DOCTORS Are Put on Probation**

Examples of unprofessional conduct that can warrant disciplinary action by a state medical board:

- Physician abuse of a patient
- Inadequate record keeping
- Failing to meet the standard of care
- Prescribing drugs in excess or without legitimate reason
- Failing to meet continuing medical education requirements
- Dishonesty
- Conviction of a felony
- Delegating the practice of medicine to an unlicensed individual

Minor fee disagreements and poor customer service are not considered unprofessional conduct.

*Source: The Federation of State Medical Boards*

**The Right to Know**

Many of the hundreds of probation decisions from the Medical Board of California we reviewed involve shoddy personal or professional behavior, both blatant and documented. But not every disciplinary case is clear-cut.

Consider Scott Eisenkop, a highly trained gynecologic oncologist whose probationary report describes his physical limitations following treatment for throat cancer in 1996. Though successful, the chemotherapy and radiation left him with numbness in the face, dry mouth, and hearing loss, making it difficult to communicate with him. Eisenkop also has to take medication for a seizure disorder.

A complaint was filed about Eisenkop over an operation he performed at St. Joseph's Medical Center in Burbank, Calif., in May 2012. At issue was his behavior.

During the board's investigation, a surgical technician assisting on the surgery said he had found Eisenkop to be "confused, incoherent, and disoriented" for several minutes in the midst of a complicated abdominal surgery.

Some of the experts who were called in to evaluate him during the investigation said that Eisenkop could have suffered a seizure.

He disputes that, testifying at his hearing and telling Consumer Reports more recently that it wasn't a seizure at all; he says he was simply conserving his voice for when he needed it most.

In their report, the California medical board members bent over backwards to acknowledge his expertise, writing that Eisenkop "enjoys a reputation as an extraordinary surgeon" and "is dedicated to his profession."
A COMPLICATED CASE
Scott Eisenkop: Gynecologic Oncologist

The state medical board report says the highly trained surgeon is devoted to his profession, but it also said that the possible effects of his medical condition place at risk "every patient on whom the surgeon operates."

At the same time, the board recognized the potential danger he poses and in 2014 put him on probation for 10 years, concluding that the possible effects of his medical condition place at risk "every patient on whom the surgeon operates." The board decided that Eisenkop could continue practicing medicine only if he continues to get medical evaluation and treatment, limits his work shifts to no more than 10 consecutive hours, and has a backup surgeon with him whenever he serves as the primary surgeon.

But the board did not require him to tell patients of his disorder or that he is on probation. Nor did it tell him to permanently stop operating on patients—even though he's still susceptible to seizures.

Eisenkop says he feels no obligation to share either of those facts with his patients. "No, I don't want to do a disclaimer and say right away, 'This is what I was falsely accused of.' No, thank you," he said in an interview with Consumer Reports. Eisenkop maintains that he is safe to operate so long as he gets enough sleep and takes his medication.

Edythe Preet believes she was entitled to know that information before Eisenkop collaborated with her gynecologist to remove a cyst and both of her ovaries in 2013. The writer from Van Nuys, Calif., is suing Eisenkop and her gynecologist. Her lawsuit alleges that the surgery left her with permanent injuries. The medical center and its board of directors are also named in the suit—for letting Eisenkop perform the surgery even though they were aware of his condition.

Eisenkop says her claims against him are baseless and that nothing went wrong during Preet's surgery.

What really bothers Preet now is how little she knew about Eisenkop before her procedure. Preet's lawsuit alleges that she asked her gynecologist if she could meet Eisenkop before the scheduled operation but was told that he was "too busy."

She says she didn't press the matter or even think to research his record. "I'm of the generation that thinks—thought—of doctors as gods and infallible," she says.

Nor did she know that at the time of her operation a formal complaint against Eisenkop was being investigated by
the state medical board.

"Had I known," she told Consumer Reports, "I would not have agreed to have him in the operating room."

Clarification: Scott Eisenkop, M.D., is a gynecologic oncologist certified by the American Board of Obstetrics and Gynecology. An earlier version of this article referred to him as a surgical oncologist.

3 Signs You Have a Great Doctor

What Makes a Great Doctor?

Many of us yearn for a wise, empathetic doctor who knows us, and our loved ones, inside and out.

Sadly, it's difficult to find a doctor like that even on television these days. And that's a problem: Evidence suggests that we all need good primary care doctors. Patients who see such physicians have reported better overall health and are less likely to die of cancer, heart disease, or stroke; go to the emergency room; or be admitted to the hospital.

Even better, though, is a primary care physician who belongs to a good medical practice. How well a primary care doctor cares for you can depend, in part, on his or her team and the culture they've created.

What does a good practice look like? The Peterson Center on Healthcare and researchers at Stanford University's Clinical Excellence Research Center worked together to answer that question.

First, they collected data from 15,000 U.S. primary care practices. To winnow the list down to the most successful ones, they used 41 accepted quality-of-care measures along with data on healthcare spending. They then sent a team of investigators to a sample of the highest-performing practices to see what set them apart. The most successful ones shared these characteristics:

Joseph Garland, D.O.

Extended Hours SureCare Medical Center in Springboro, Ohio, offers extended hours starting at 7 a.m. during the week and on Saturdays at 8 a.m. Doctors take turns working the late shift and on Saturdays. "Patients know if they call at 7 in the morning that they are going to get seen that day," says Joseph Garland, D.O., one of the medical center's six physicians. Knowing that the office opens early helps patients avoid trips to the emergency room, Garland says. "I think patients have to feel that the availability is there," Garland says. "It's part of the culture here."

Two-Way Communication The best practices actively follow up—through phone calls, repeat visits, or emails—to make sure, for example, that patients take their medications as directed and that they are seen soon after they are admitted to the hospital, Garland says. And when patients get care from other providers, physicians follow up with the specialists to get the records, he says.

James Welters, M.D.

Careful About Overtreating At Northwest Family Physicians in Crystal, Minn., a six-physician office, the emphasis is on spending time with patients and understanding the case, not necessarily rushing to tests. "If a patient has back pain but there's no sign that they need surgery, there's no point in sending them for an MRI before trying medication
and physical therapy,” explains James Welters, M.D.

Open to Complaints Patient gripes are "as valuable as compliments," according to the Peterson Center-Stanford study. "At most places, complaints go to a manager or a complaint department and die," Welters says. At Northwest Family Physicians, a team of nurses, managers, lab technicians, physicians, and care coordinators meets every few weeks to review all patient comments and complaints.

A Fair Workplace Physicians in high-performing groups were not compensated primarily on how many patients they see—and thus how much money they make for the practice. At Northwest Family Physicians, "we have a quality bonus program," Welters says. If the teams reach certain targets in quality and patient satisfaction, everyone gets a bonus. "That makes it clear that quality of care is everyone's responsibility," he says.

Spend Wisely High-scoring doctor groups tend to avoid expensive, high-tech devices—such as the newest bone density scanner—in part because that can push doctors to order unnecessary tests to recoup the costs of the fancy equipment. Instead, responsible practices focus on the kind of technology that encourages efficiency, such as electronic medical records.

One-Stop Shopping Top practices perform some relatively minor procedures that other practices often refer out, such as skin biopsies and injections for joint pain. They also try to arrange for specialists to come into the office, so they can perform certain exams, such as exercise stress tests, in house.

Nayana Vyas, M.D.

Like-Minded Specialists, and Only as Needed When they send patients to specialists, they think hard about who they’re referring them to. "You want specialists who share your attitude and philosophy," says Nayana Vyas, M.D., of Family Physicians Group in Kissimmee, Fla., so patients don't end up with too much or too little care. Her group also confers with specialists to ensure that patients can avoid problems such as duplicate tests or prescriptions.

A Team Approach Physicians at top practices embrace teams that include an array of healthcare providers, including nurses, nurse practitioners, physician assistants, nutrition counselors, and social workers. "We have a team approach," Vyas says. It's similar at Northwest Family Physicians. "One of our mantras is ‘the doctor can't do it all,'" Welters says. In his office, everyone who sees the patient, from the receptionist on up, asks questions about what patients need. "Someone might come for a sprained ankle, but when they get here we check to see if there is anything else they might need, from lab tests to a flu shot."

—Elizabeth DeVita-Raeburn

Making It Easier to Learn THE TRUTH

Michele Monserratt-Ramos describes how the death of her fiancé turned her into a patient-safety activist.

Michele Monserratt-Ramos decided to volunteer with Consumer Reports’ Safe Patient Project after her fiancé, Lloyd Monserratt, died at age 36 from complications following gallbladder removal and bariatric surgery. Ramos later learned that Lloyd’s surgeon had a history of arrests, including for possession of crack cocaine.

She also learned that California’s medical board at the time had a program for doctors with substance-abuse problems, which allowed them to keep their addictions private,
provided they enrolled in a recovery program.

Angered that doctors with that kind of history could remain hidden and still practice, Ramos worked with others in the state to change that policy, something that finally happened after years of lobbying. Doctors with a history of substance abuse can now be found on the board’s website, along with other actions. “It’s progress,” Monserratt-Ramos says. “But it’s still too hard for patients to find out whether their doctor is really safe.” She points out that most consumers don’t know about those boards or how to navigate their complicated websites.

That’s why she’s now working with other Safe Patient Project activists in California and across the country to make it easier for patients to learn about their doctors’ disciplinary history.

Those efforts are focusing on five areas:

- Doctors on probation should be required to tell patients that they are being disciplined and explain why.
- The state medical boards, where consumers must go to file complaints about doctors or investigate their records, should present information in a clear, consistent way, including plain-language summaries of why doctors are on probation.
- State medical boards should include more consumer representatives. They are now dominated by physicians.
- State boards should be more aggressive in pulling the licenses of doctors who are clearly a danger to patients.
- The National Practitioner Data Bank, a federal repository that includes disciplinary actions taken by state boards, hospitals, and other healthcare agencies as well as malpractice payments, should be open to the public.