

# EDITORIAL

## CHALLENGES FACING A MEDICAL BOARD PUBLIC INFORMATION OFFICER

*Roger Downey*

Media interest in the Arizona Medical Board can run hot or cold. When a physician is accused of doing something seriously wrong, or if the board is under fire for what it did or did not do, the phone rings. News department managers and editors feed on controversy because it engages audiences. At other times, they ignore the board. The challenges for a public information officer (PIO) at this or any other health care regulatory board fluctuate with the editorial temperature.

What triggers an initial contact by newspapers, television and radio stations and magazines varies considerably, but once reporters sense they're onto a "good story" about a physician or the medical board, denying them access to case information because of the confidential aspect of investigations whets their journalistic appetite. Some who have educated themselves on the state's public records statute after getting the runaround from other government offices think they can get more than what the PIO tells them by filing a request for all public records in a case. In any event, time must be spent explaining the limits of public information to reporters who face considerable deadline and competitive pressures — assuring them others asking the same questions will receive the same answer.

Many reporters groan when told state and federal laws prohibit the release of information about investigations, but generally appreciate an overview of the board's investigative process. A small number of the media seem to believe the PIO conceals information to protect bad physicians. In an attempt to counter this false perception, the Arizona board is working to improve its communications with the media, placing greater emphasis on customer service for both physicians and citizens, and embarking on an outreach public speaking program to tell the board's story.

The Arizona Medical Board and its investigators deal with

a great deal of privileged physician information that must be protected from disclosure to outside parties. When the board receives a complaint against a physician and opens an investigation, all information in the case file — whether it be interviews, records or reports — is confidential, unless and until board members adjudicate the case during an open meeting. Even then, their comments, actions and orders are what become "public," while the file itself, as well as the identities of any patients, remains confidential. So it would seem a PIO would have very little "public" information with which to work.

Suspicion usually shadows mystery. Whenever people don't understand a process and cannot have access to information, the natural tendency is to suspect wrongdoing. In 2000, Arizonans had good reason to suspect the system was broken when *The Arizona Republic*, the state's largest newspaper, ran a series of reports<sup>1</sup> as part of an eight-month investigation of the board. The newspaper reported that 20 physicians banned from practicing medicine in other states were "welcome to do business in Arizona" and the board's own records seemed to show some physicians faulted for deviating from the standard of care were given second chance after second chance. It was a low point in public relations for the Arizona Medical Board.

For many, the newspaper articles were evidence of special treatment of physicians and indifference to citizen complaints. Citizens and physicians complained to lawmakers and the governor's office. The negative publicity had a ripple effect, leading to more decision-making authority for the board's executive director and a more vigilant attitude. Whether there were more complaints or the board was handing out stiffer penalties in cases, the number of serious disciplinary actions rose. The citizen watchdog group Public Citizen<sup>2</sup> took notice and began ranking the Arizona Medical Board among the top 10 states for disciplining physicians.

Licenses were paying attention, too. Some of the more vocal critics of the board were physicians. A few had even worked at the board before staff began implementing changes. Media coverage of their concerns coincided with a serious case backlog problem created by bottlenecks in the investigative process and extenuated by a small staff of investigators. The backlog went as high as 1,300 cases in the spring and early summer of 2005 and helped drag case resolution beyond the board goal of 180 days. While the board hired more trained investigators, it also approved a new investigative process, and procedural changes sped the flow of cases. As a result, the number of outstanding cases has dropped at a much faster pace than expected and is now less than 1,000.

PIOs must respond quickly and sincerely to media requests to provide reporters with information before their deadlines. But there's more to the position than a go-to source for information. Here at the Arizona Medical Board, the job entails keeping the agency's website fresh, informative and consumer-friendly; producing a bimonthly newsletter for licensees; a yearly directory of physicians and physician assistants licensed by the state; involvement in health care initiatives to reduce medical errors; and public speaking appearances to educate people about the board. During the turmoil, members of the board's executive team explained what the board was doing at meetings with stakeholder groups. They fielded questions on licensure, on lengthy investigations and on frivolous complaints. These exchanges have helped produce a greater understanding among physicians of how the board operates and investigates complaints. The positive feedback demonstrates a regulatory agency must make a deliberate and frequent effort to tell its story to the public and its licensees.

#### AFFILIATIONS

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#### REFERENCES

1. Parrish D, Snyder J. Special Report: Bad Medicine. *The Arizona Republic*, August 27-31, 2000.
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