

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING

Scott McCallum
Governor
Oscar Herrera
Secretary



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October 16, 2001

THE HONORABLE RODNEY MOEN, CHAIR
SENATE COMMITTEE ON HEALTH, UTILITIES, VETERANS AND MILITARY AFFAIRS
STATE CAPITOL
122 SOUTH
MADISON, WI 53702

RE: Senate Bill 108

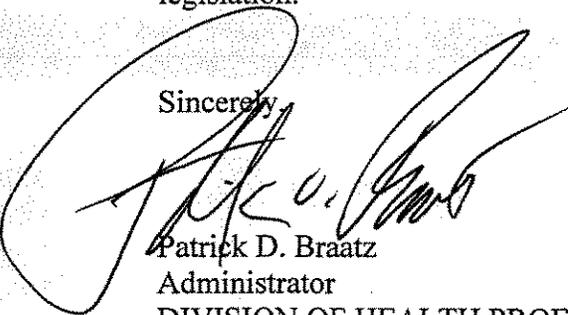
Dear Senator Moen and Committee Members:

The Wisconsin Medical Examining Board at their meeting on May 16, 2001 went on record with a vote of 7 to 4 to support Assembly Bill 256 and Senate Bill 108.

The members of the Board however expressed concerns regarding the temporary licensing provisions as well as the grandparenting provisions outlined in the proposed legislation.

The Board thanks the Committee for allowing the Board to have input into this proposed legislation.

Sincerely,



Patrick D. Braatz
Administrator

DIVISION OF HEALTH PROFESSIONS AND SERVICES LICENSING

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Date: October 17, 2001

To: Senate Health, Veterans and Military Affairs Committee

From: Darold A. Treffert, M.D. Vice Chairman, Medical Examining Board

Re: Senate Bills 108, 139 & 140

I am Dr. Darold Treffert, Vice Chairman of the Wisconsin Medical Examining Board. I am a physician specializing in Psychiatry on the staff of St. Agnes Hospital in Fond du Lac and have been a member of the Medical Examining Board for the past six years. The Medical Examining Board supports all three Senate Bills--SB108, SB139 and SB140—with some modifications, particularly with respect to SB 139 and SB140.

Senate Bill 108 which would license perfusionists does have the support of the Medical Examining Board. I assume there will be other testimony on that bill.

Senate Bill 139 also has the support of the Medical Examining Board but the Board has some modifications that the Board feels would make it a better, more affordable and more workable bill. This bill addresses Health Care Professionals more widely including, for example, dentists, nurses, pharmacists, psychologists, optometrists and others as well, but there are some provisions that affect the MEB more directly which I would like to address specifically:

- (1) The bill adds two public members to the Medical Examining Board. Public members provide a valuable and important input and perspective to the MEB and the Board welcomes these proposed additional public members. The Board is pleased, that, unlike earlier versions of this bill, SB 139 now adds those new public members without depleting the number of MD/DO members. There are some tasks such as oral license examinations, and evaluating, as case advisors, those complaints with complex medical/clinical issues, that require specialized medical background and experience. These tasks can be very time consuming so an adequate number of MD/DO members is required to share the workload in investigating complex complaints, including those referred as malpractice decisions for example, in a timely manner. This bill preserves that capability while adding valuable public member input.

- (2) The bill addresses a system of priorities and time lines for dealing with cases in the disciplinary process in a prompt manner. Many of those mechanisms and time lines are already in place and have helped already to process cases in a more timely fashion. With respect to the MEB, for example, there were over 400 open cases as recently as 1997. At one time that number was as high as 600 cases. There are now 108 open cases, with the delays in many cases because of legal matters involving due process, administrative hearings or court appeals over which the MEB has no jurisdiction or control. Cases are now being processed in a much more timely manner. The Board supports the idea of forfeitures for certain credential holder violations, and for failure to comply with time limits or reporting requirements. It also supports Suspensions Pending Hearing provisions extending to limiting licenses along with the present authority to suspend the license in its entirety.
- (3) The provision for "identification of health care professionals who may warrant evaluation", while noble in intent is, in the Board's view, a provision that should be dropped from the bill for a number of reasons. First, there is as yet no firm science or finding to support exactly what those "markers" warranting disciplinary evaluation might be. The whole arena of outcome-based, or evidence-based, performance indicators is under study by hospitals, JACHO, managed care and specialty organizations and is a very complex task. If those organizations cannot yet agree on exactly what those performance indicator--or markers--should be, the Board doubts the DRL is in position to do so either. The time may come, hopefully, when the MEB can be more preventive, than reactive, by using accepted "markers" but that time is not yet here. Second, the MEB has all it can do with its present resources to keep up with the complaints it already has. It would be best to get that caseload under good control and timeliness with complaints being regularly lodged rather than diluting efforts trying to establish and monitor new markers--whatever those might be. Third, "identification of health care professionals who may warrant evaluation" is a very expensive endeavor. Of the 12 new positions tied to SB139, it appears at least 5 of those are linked to this new "marker identifying" endeavor, a premature task, it appears to the Board, more tied to hopes and aspirations than science for the reasons mentioned. Fourth, the MEB already has problems making some decisions stick legally based on reasonably well established and objective "community standards of care" and definitions of "negligence". Making disciplinary decisions stick based on a system of even more vague "markers", whatever they might be, would be even more problematical and not cost effective. The Board would do better, it is felt, to use the already allocated resources on the present caseload, continuing to process those complaints carefully still, but in an even more timely and efficient manner.

Senate Bill 140 makes a variety of information about physicians more readily available to the public, including medical education, specialization, education appointments, professional experience, practice settings, hospital affiliations, disciplinary & malpractice history, license status and felony convictions, for example. It is patterned in large part on the Massachusetts Board of Registration Physician Profile, operating as an easily accessible web site in that state. **The Medical Examining Board supports that type of information being readily accessible to the public and thus supports the thrust and purpose of SB 140, but feels there may be better, more cost effective and efficient ways than proposed to accomplish its objectives. Other options, including consolidation or centralization of already existing information repositories and web sites in this fast changing mosaic, should be further explored before establishing an entirely new and separate site, requiring yet another submission of duplicated data to a yet another setting.**

The MEB has several concerns and suggestions:

- (1) From the fiscal estimate attached to the bill, it appears there would be a first year cost of about \$ 544,000.00 and an on-going cost of about \$ 281,000.00 (including **5 new** FTE positions). Divided by 18,000 physicians that would amount to about \$ 30.00 per physician in the first year and \$ 15.00 per physician annually thereafter (at today's costs). Physicians have not objected to increased costs of licensing and discipline, even though assessed to them individually, **if** those program revenues end up dedicated specifically to the MD/DO programs. That has not always been the case in recent years, however, but this bill proposes, at least, that such revenue would be dedicated to that purpose.

But it is not the added fee that is of concern to the MEB. Rather what is of concern is that physicians are already required to provide, and re-provide, and then provide again and again, the same information SB 140 seeks, in other numerous inquires, forms and documents they already are required to file with their various hospital and clinic affiliations, managed care plans, insurers, and other private or public agencies. Also, many physicians already voluntarily maintain their own web sites, or are listed on web sites available to the public through their clinics or specialty organizations. Before establishing yet another web site, and requiring another set of duplicative forms to be filled out, there should be an effort toward adding information to already existing web sites (such as that already maintained by the Department of Regulation and Licensing and already available to the public).

Attached is a sample (mine) of web site data already readily available to the public through DRL. This is typical of similar data that other states provide (a sample of the Oregon material available off the web is attached as well). Perhaps malpractice history and hospital privilege history, already reportable events, could be added to the already existent DRL web site, with a paragraph of explanation, instead of establishing another, duplicative site. In addition, detailed information about many physicians can be obtained through American Medical Association, State Medical Society, specialty organizations or other individual physician web sites. Some clinics now even provide individual physician videotapes to help patients choose physicians.

- (2) Better still would be a central registry of such information that would permit physicians to provide that information in a single place and then require hospitals, organizations, agencies and the proposed web site to use that data base as a single source of information otherwise so duplicatively sought. There are some organizations, such as the Federation of Medical Examining Boards, that make such a consolidated data repository available, for a fee, to physicians so that they can provide that single source of information to the hospitals, licensing bodies, insurers, managed care organizations or other agencies that require it. But those organizations and entities to which the physician may wish to send the data are not required to use it and they often still require a separate submission on their particular form.
- (3) A final consideration is why this public information site, however it is established, does not include other practitioners as well such as dentists, chiropractors, psychologists, nurse practitioners and other health care professionals? It would seem the benefits of such public access would be equally as great from those practitioners as well as from physicians. If a central practitioner public information site is good public policy, then it should apply to all health care professionals that patient's are seeking to choose.

Darold A. Treffert, M.D., Vice Chairman
Wisconsin Medical Examining Board
October 17, 2001

Wisconsin Department of Regulation and Licensing Credential Holder Query

Page 1 of 1

Please look at query help screen and information at bottom of this screen for help interpreting query info

Name: TREFFERT MD, DAROLD A.
Address: FOND DU LAC, WI 54935
Credential Number: 13459
Profession: Medicine and Surgery
Current Through: 31-OCT-03
Status: ACTIVE
Eligible to Practice: YES
Granted on: 24-AUG-59
Discipline: No
Specialty Date:
Specialty Description: PSYCHIATRY

[View Payment History](#)

Consistent with JCAHO and NCQA standards for primary source verification

The credential holder query reports eligibility as of the date of the query. The "Current Through" date is also the credential holders renewal due date. To determine if a credential holder has recently renewed a credential, check the "View Payment History" screen. The credential holder will be eligible to practice past the "Current Through" date if the following three conditions are true, the "View Payment History" screen displays a payment, the "For Renewal Year" displays the current year, and there are no "Credential Renewal Requirements" listed.

Always look at BOTH the "Current Through" and "Eligible to Practice" information to determine eligibility. If "Status" is LIMITED or "Eligible to Practice" is UNKNOWN, contact the Department of Regulation and Licensing for further information.

AIM

Association of State Medical Board Executive Directors

Oregon Board of Medical Examiners Search Results

License Number	MD09682
License Type	MEDICAL PHYSICIAN AND/OR SURGEON
License Status	INACTIVE
License Expiration Date	12/31/2001
Name	DAROLD ALLEN TREFFERT MD
Gender	MALE
City	FOND DU LAC
County	NONE/UNKNOWN
State	WISCONSIN
First License Date	10/10/1975
Business Phone	920-926-4297
Reported Specialty	PSYCHIATRY
Birthdate	03/12/1933
School	U/WI MED SCH
School Location	MADISON, WI
School Graduation Date	06/16/1958
Standing	UNRESTRICTED
Limitations	NONE
Basis of Licensure	RECIPROCITY
State of Reciprocity	WISCONSIN

This data effective 09/15/2001

Please read the BME DisclaimerOregon Board of Medical Examiners Homepage

Direct questions and comments about these results via

E-Mail or you may call us at 503-229-5770 503-229-5027 from 1:00 p.m. to 4:30p.m. Pacific

Time This Board's data has been searched 475060 times since 02/04/1999

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AIM

Association of State Medical Board Executive Directors

**Massachusetts Board of Registration in Medicine
Physician Profile**



I. Physician Information

The information in sections I - V has been provided by the physician.

Accepting new patients? Yes Accepts Medicaid? No

Primary work setting: Hospital

Business address: [Redacted]
BOSTON, MA 02115-6113
Phone: 617-232-1113

Translation services available: None

Insurance Plans Accepted

No insurance plans reported

Hospital Affiliations

Massachusetts Mental Health Center
McLean Hospital
Beth Israel Deaconess Medical Center

II. Education & Training

Medical School: State Univ of NY College of Medicine, Upstate
Graduation Date: 1963

Post Graduate Training:

07/01/64 - 06/30/67 MASS MENTAL HEALTH CENTER PSYCHIATRY
07/01/67 - 06/30/69 NATIONAL INST MENTAL HEALTH

III. Specialty

Psychiatry
ABMS Board Certified: Psychiatry and Neurology

IV. Honors and Awards

VESTERMARK AWARD FOR PSYCHIATRIC EDU, APA
ELVIN SEMRAD TEACHING AWARD
PAST PRESIDENT, MASS PSYCHIATRIC SOCIETY
CONSULTANT TO NIMH
CONSULTANT TO FDA
CONSULTANT TO US PHARMACOPOEIA



Physician Directory

Public information
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physicians

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State Medical Society Member Physician Information

Darold A. Treffert MD
St. Agnes Hospital
430 E Division St
Fond Du Lac, WI 54935

Phone: (920) 921-9381
Fax: (920) 926-8933

Medical School: U of WI Medical School, Madison
Graduation Year: 1958
Residency: U of WI Hospital & Clinics
Residency Graduation Year: 1962
WI License Year: 1959
Specialty: Psychiatry
Board Certification: Psychiatry and Neurology

Health Plan Affiliation(s):
St. Agnes Hospital

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MEMBER

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This physician is a member of the American Medical Association. AMA members agree to subscribe and adhere to the AMA Principles of Medical Ethics.

**Information on:
DAROLD ALLEN TREFFERT MD**



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Office Phone
..... 920-921-6110

Fax
..... 920-921-6118

Location

 **View a Map** 430 E DIVISION ST
FOND DU LAC, WI
54935

 **Get Driving Directions**

Gender
..... MALE

**Primary Practice
Specialty Self-
Designated by
Physician**
..... PSYCHIATRY

Medical School UNIV OF WI MED SCH, MADISON WI 53706

Year of Graduation from Medical School 1958

Residency Training
..... UNIV OF WI HOSP & CLI, PSYCHIATRY

SACRED HEART
 GEN HOSP ,
 FLEXIBLE OR
 TRANSITIONAL
 YEAR

Major Professional Activity

OFFICE BASED
 PRACTICE

American Board of Medical Specialties Certification

AM BRD OF
 PSYCHIATRY AND
 NEUROLOGY

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Practice Philosophy or Description

MY GENERAL PSYCHIATRIC PRACTICE HAS A SPECIAL EMPHASIS ON FORENSIC PSYCHIATRY AND RESEARCH INTEREST IN AUTISM AND SAVANT SYNDROME. I ACCEPT NEW OUTPATIENTS UPON SPECIAL REFERRAL OR FOR FORENSIC, AUTISM, AND SAVANT SYNDROME EVALUATION.

Accepts New Patients

YES

Office Hours

Day of Week	Open	Closed
MONDAY	8:00 AM	5:00 PM
TUESDAY	8:00 AM	5:00 PM
WEDNESDAY	8:00 AM	5:00 PM
THURSDAY	8:00 AM	5:00 PM
FRIDAY	8:00 AM	12:00 PM
SATURDAY		
SUNDAY		

Accepts Medicare

YES

Health Plan Participation

BLUE CROSS AND BLUE SHIELD UNI PARTICIPATES WITH OTHER PLANS

Hospital Admitting Privileges

ST AGNES HOSPITAL , FOND DU LAC , WI

Group Practice Participation

ASSOCIATED PSYCHIATRIC CONSUL S C

Key Professional

Achievements and Awards ASSOCIATE CLINICAL PROFESSOR OF MEDICINE (1965-1978), UNIVERSITY OF WISCONSIN AT MADISON MEDICAL SCHOOL

PRESIDENT, AMERICAN ASSOCIATION OF PSYCHIATRIC ADMINISTRATORS (1983-1985), STATE MEDICAL SOCIETY OF WISCONSIN (1979-1980)

CHAIR (1970-1982), CONTROLLED SUBSTANCES BOARD OF WISCONSIN

MEMBER (1996-), WISCONSIN MEDICAL EXAMINING BOARD

REFERS
TO RESULTS

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