

Texas Medical Board

Agency Strategic Plan

Fiscal Years 2009-2013

This document, created and produced in-house at TMB, is the result of the cooperative efforts of employees throughout the agency. Designed to be a living document, our Strategic Plan will continue to provide direction and inspiration for our efforts throughout the next biennium.

Agency Strategic Plan

For Fiscal Years 2009-2013

by the Texas Medical Board

Board Member	Dates of Term	Hometown
Lawrence L. Anderson, M.D.	August 22, 2005-April 13, 2011	Tyler
Michael Arambula, M.D.	November 15, 2006-April 13, 2013	San Antonio
Julie Attebury	September 8, 2005 - April 14, 2011	Amarillo
Jose M. Benavides, M.D.	July 8, 1999 - April 13, 2011	San Antonio
Patricia S. Blackwell	January 14, 2002 - April 13, 2013	Midland
Melinda S. Fredricks	August 26, 2003 - April 13, 2009	Conroe
Manuel G. Guajardo, M.D.	November 30, 2005 – April 13, 2009	Brownsville
Roberta M. Kalafut, D.O.	January 14, 2002 - April 13, 2013	Abilene
Amanullah Khan, M.D.	August 26, 2003 - April 13, 2009	Dallas
Melinda McMichael, M.D.	May 2007, - April 13, 2013	Austin
Margaret C. McNeese, M.D.	May 26, 2006 - April 13, 2013	Houston
Charles E. Oswalt, III, M.D.	March 30, 2006 - April 13, 2013	Waco
Larry Price, D.O.	April 12, 1997 - April 13, 2009	Temple
Annette P. Raggette	October 13, 2003 - April 13, 2009	Austin
Allan Shulkin, M.D.	January 10, 2008-April 13, 2009	Dallas
Paulette B. Southard	July 12, 1999 - April 14, 2011	Alice
Timothy J. Turner	September 26, 2003 - April 13, 2009	Houston
Timothy Webb, J.D.	May 2007-April 13, 2013	Houston
Irvin E. Zeitler, Jr., D.O.	June 13, 2006 - April 13, 2011	San Angelo

June 26, 2008

Signed: _____



Donald W. Patrick, M.D., J.D., Executive Director

Approved: _____



Roberta M. Kalafut, D.O., Board President

Table of Contents

Statewide Vision, Mission and Philosophy4
The Mission of Texas State Government5
The Philosophy of Texas State Government5
Statewide Goals and Benchmarks6
Agency Mission and Philosophy7

Assessment

Internal Assessment.....8
Technology Initiative13
External Assessment18
Human Resource Strengths and Weaknesses.....23
Agency Goals, Objectives and Outcomes24

Appendix

Strategic Planning Process27
Organizational Chart28
Five-Year Projections for Outcomes29
List of Measure Definitions.....30
Implementing the Texas Transformation63
Workforce Plan.....66
Historically Underused Business Plan81

Statewide Vision, Mission, and Philosophy

The Vision of Texas State Government

Fellow Public Servants:

The old adage remains true: If you fail to plan, you plan to fail. So, in leading our state, we will apply strategic planning with an eye to future opportunity and prosperity. We must always be willing to critically reexamine the role of Texas State Government and assess the efficiency of its operations. This document specifies our mission and priorities, reflecting my philosophy of limited government and my belief in personal responsibility. Please use it as your agency prepares its Strategic Plan. In a properly limited government, everything must be done with maximum efficiency and overriding fairness. Our first question should always be “what is best for the people of Texas?” Throughout the strategic planning process and the next legislative session, policymakers will work to address our state’s priorities and agencies will be asked for detailed information. I encourage you to not only provide open and complete information, but also offer your innovative ideas to improve the delivery of government services. Working together, I know we can address the priorities of our citizens. As my administration works to create greater opportunity and prosperity for our citizens, making our state and its people truly competitive in the global marketplace, we must remain focused on the following critical priorities:

Assuring open access to an educational system that not only guarantees the basic core knowledge necessary for productive citizens but also emphasizes excellence and accountability in all academic and intellectual undertakings;

Creating and retaining job opportunities and building a stronger economy to secure Texas’ global competitiveness, leading our people and a stable source of funding for core priorities;

Protecting and preserving the health, safety, and well-being of our citizens by ensuring healthcare is accessible

and affordable and by safeguarding our neighborhoods and communities from those who intend us harm; and

Providing disciplined, principled government that invests public funds wisely and efficiently.

I appreciate your commitment to excellence in public service and look forward to the outcome of this necessarily rigorous process.

-RICK PERRY

The Mission of Texas State Government

Texas state government must be limited, efficient, and completely accountable. It should foster opportunity and economic prosperity, focus on critical priorities, and support the creation of strong family environments for our children. The stewards of the public trust must be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

Aim high . . . we are not here to achieve inconsequential things!

The Philosophy of Texas State Government

The task before all state public servants is to govern in a manner worthy of this great state. We are a great enterprise, and as an enterprise, we will promote the following core principles:

- First and foremost, Texas matters most. This is the overarching, guiding principle by which we will make decisions. Our state, and its future, is more important than party, politics, or individual recognition.
- Government should be limited in size and mission, but it must be highly effective in performing the tasks it undertakes.
- Decisions affecting individual Texans, in most instances, are best made by those individuals, their families, and the local government closest to their communities.
- Competition is the greatest incentive for achievement and excellence. It inspires ingenuity and requires individuals to set their sights high. Just as competition inspires excellence, a sense of personal responsibility drives individual citizens to do more for their future and the future of those they love.
- Public administration must be open and honest, pursuing the high road rather than the expedient course. We must be accountable to taxpayers for our actions.
- State government has a responsibility to safeguard taxpayer dollars by eliminating waste and abuse and providing efficient and honest government.
- Finally, state government should be humble, recognizing that all its power and authority is granted to it by the people of Texas, and those who make decisions wielding the power of the state should exercise their authority cautiously and

Statewide Goals and Benchmarks

Priority Goal: Regulatory

To ensure high-quality professionals and businesses by effectively and efficiently serve Texans:

- Implementing clear standards;
- Ensuring compliance;
- Establishing market-based solutions; and
- Reducing the regulatory burden on people and business

Benchmarks

- Percent of state professional licensee population with no documented violations
- Percent of new professional licensees as compared to the existing population
- Percent of documented complaints to professional licensing agencies resolved within six months
- Number of utilization reviews conducted for treatment of occupational injuries
- Percent of individuals given a test for professional licensure who received a passing score
- Percent of new and renewed professional licenses issued via Internet
- Ratio of supply of electricity generation capacity to demand
- Percent of state financial institutions and credit providers rated “safe and sound” and/or in compliance with state requirements

Texas Medical Board Mission and Philosophy

Texas Medical Board Mission

The mission of the Texas Medical Board is to protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline, and education.

The agency has adopted a shortened version of its mission:

Safeguarding the public through professional accountability.

Texas Medical Board Philosophy

The Texas Medical Board will act in accordance with the highest standards of ethics, accountability, efficiency and openness. The public's health and welfare is a public trust and we will meet our obligations with responsibility and purpose. We believe that both the public and profession are best served by a regulatory system that is firm, fair and focused.

Internal Assessment

Introduction

Although the Texas Medical Board's name and identity are based in the regulation of physicians, the agency regulates multiple licenses related to health care. Major responsibilities include the Physician Assistant Board and the Acupuncture Board. Texas Medical Board (TMB) also has responsibility for regulation of Surgical Assistants, Non-profit Health Care Entities, and Acudetox specialists. Within these major categories of professions there are at least 13 different types of licenses and permits for which the board is responsible.

The agency is organized by function, rather than by license type, to increase the efficiency of operations. Continuous improvement has been the hallmark of the agency for at least the last seven years and it continues to be involved in ongoing changes and process improvement. The 80th Legislature improved the agency's resources and further refined statutes, following actions by the previous two legislatures to strengthen the agency's ability to regulate the medical profession. The current level of strength and vigilance in the current climate of diminishing professional resources remains a challenge in all areas.

Overview of Agency Scope and Function

Statutory Basis

The Texas Medical Board's statutory responsibilities and authority are based in 18 chapters of the Occupations Code. The Medical Practice Act, which governs the regulation of the practice of medicine, includes Chapters 151 through 165. The Physician Assistant Licensing Act is Chapter 204, the Acupuncture Act is Chapter 205 and the Surgical Assistants Act is Chapter 206. Agency statutes have undergone major revisions in recent legislative sessions.

Historical Perspective

In 1837, Dr. Anson Jones, one of the few formally trained physicians in Texas at that time, wrote the Medical Practice Act. The Congress of the Republic of Texas then created the Board of Medical Censors for the purposes of administering examinations and granting medical licenses. The Board was discontinued by legislative act in 1848, but another regulatory law for physicians was enacted in 1873.

The Texas State Board of Medical Examiners was formed in 1907 composed of 11 physician members appointed by the governor and confirmed by the senate. Sunset legislation passed in 1981 declared that three public members be added. The size of the board and the role of public members has expanded several times with the total now at 19 total members of whom seven are non-physicians. The 79th Legislature changed the name to Texas Medical Board, effective September 1, 2005.

In 1993, the legislature added responsibilities for licensing physician assistants to the agency. The nine members Physician Assistant Board are composed equally of physicians, physician

assistants and public members appointed by the governor. The Board of Acupuncture Examiners was also created in 1993 to regulate the practice of acupuncture. The nine-member board includes four acupuncturists, two physicians and three public members, appointed by the governor.

Board Oversight and Participation

The Texas Medical Board has primary responsibility for the agency. The executive director is hired by the Medical Board and serves at their pleasure. The board holds the traditional responsibilities associated with all state appointed boards including policy development and rule adoption. Under the Medical Practice Act, it is the board that issues licenses, imposes disciplinary actions and dismisses complaints. The Board holds five or six two-day board meetings per year. Board members must also serve on disciplinary panels for Informal Settlement Conferences approximately eight days per year. The 19 citizens are appointed by the Governor and volunteer their time for these duties and other activities such as legislative hearings.

Agency Functions

TMB currently regulates over 59,000 physicians, 4,215 physician assistants, 767 acupuncturists, and 255 surgical assistants. Although TMB provides direct services to more than 64,000 licensees, the agency's primary responsibility is to protect the public by assuring professional standards and accountability of those who provide care in to Texas patients. This presents the TMB with a unique challenge to oversee licensures and investigate all alleged violations of these medical professions with the size of Texas and a staff of only 142.5 employees.

Executive Leadership

The executive director of the agency is appointed by the Medical Board and serves at the pleasure of the Board as the chief executive and administrative officer of the agency. The executive director participates in the Board's formulation of its mission, strategic plan, rules and policies. Within that framework, the executive director is responsible to plan, organize, coordinate, control, direct and evaluate the programs, activities and staff of the agency. The director is responsible to the board for implementing the Medical Practice Act, rules and regulations and the Board's mission and goals. In addition, the agency director serves as administrator of the Medical, Physician Assistant and Acupuncture Boards. The Executive Management Team, which includes the General Counsel and the Chief of Staff, supports the Executive Director, as does the Senior Management Team that includes the Division Directors. In addition to the executive office, the major functions of the agency include the following:

Enforcement

TMB has consolidated all enforcement activities into one division including Investigations, Litigation, and Compliance. There are two main functional areas in Investigations: Field investigators located throughout the state who investigate complaints and staff in the Austin office who receive and process complaints and provide support for investigative work.

The Litigation Department is divided into two teams; the ISC team and the SOAH team both including attorneys, legal assistants and support staff. The ISC team is responsible for preparing and presenting all cases that have been referred to Litigation to be heard before either an Informal Settlement Conference panel or a Temporary Suspension panel, and for drafting orders that are proposed by the panels. The SOAH team is responsible for litigating all cases that are not settled through ISCs and have been referred for formal hearings at the State Office of Administrative Hearings.

Licensure and Customer Affairs Division

This division is composed of the Customer Information Center/Permits & Registration Department and the Licensure Department.

- The Customer Information Center/Permits and Registration Department has three primary functions: 1) screening of physician licensure applications; 2) providing information to applicants, licensees, the general public, and others; and, 3) registration of licenses and permits. Staff review applications for completeness and communicate with physician licensure applicants about missing documentation and the status of their applications. The department is responsible for answering the questions and possible complaints of the public concerning physicians, physician assistants, surgical assistants, and acupuncturists and answering all phone calls to the agency's main telephone numbers. In addition, the department is responsible for all maintenance requirements on licenses, such as registration and issuance of annual or biennial permits, and cancellation of licenses when the required fees are not paid or the forms are not filed.
- The Licensing Department is responsible for processing applications for licenses for physicians, physician assistants, acupuncturists, and surgical assistants, as well as for permits for physicians in training and various other permits. Completed applications are transferred from Customer Affairs to the Licensure staff, where analysts examine the application content to determine whether applicants meet requirements of the statute and rules. Analysts request additional documentation from applicants on potential barriers to licensure such as evidence of problems in their training programs or prior practice settings. Licensure analysts often must review documentation from countries throughout the world to determine whether the applicants meet statutory requirements that their education be substantially equivalent to that provided by a Texas medical school.

General Counsel's Office

The General Counsel is responsible for providing legal counsel to the Executive Director, the Chief of Staff, division directors, the Medical Board, Physician Assistant Board, and Acupuncture Board. The Office of General Counsel includes, in addition to the General Counsel, the Assistant General Counsel, who provides legal counsel to the Licensure and Customer Affairs Division, and the Hearings Counsel who provides legal counsel to disciplinary panel members at Informal Settlement Conferences and Temporary Suspension Hearings.

Public Information/Special Projects

Special Projects staff coordinate implementation of initiatives that cross agency departments, prepare routine and special agency reports, coordinate agency policies, and manage legislative issues and contacts. The Public Information Officer is responsible for all information released to the public by this agency, including press releases, the agency newsletter, responses to media inquiries, public displays, and the agency website. An Outreach Coordinator is responsible for organizing agency outreach programs for stakeholders including licensees and the public.

Information Resources

The department is responsible for the agency's custom automated information system and for planning and managing major projects to enhance agency information technology systems as well as for support of all personal computers, network function and board meetings. The agency is highly reliant on technology. Field investigators, professional consultants, and board members all rely on the agency's electronic document system via web-based access.

Finance

This division includes all finance and administrative support operations for the agency. In addition to their general duties, this division handles purchasing, mail distribution, reimbursement and payroll for the agency. A recent study by the Office of the Governor that reviewed business process in the health licensing agencies found that TMB finance staff process more than twice as many payments per FTE as any other agency reviewed.

Location

The Texas Medical Board is headquartered in the Hobby Building in Austin, along with the other health regulatory agencies that compose the Health Professions Council. Co-location of these agencies facilitates sharing of services and information between them. The staff of the Health Professions Council assists TMB with human resources functions by handling job postings and new employee orientation for the agency.

Agency investigators and compliance staff are office in field locations and work remotely through the agency's electronic documents system. Currently, 37 field staff members are located in more than 30 towns throughout the state.

Workforce Issues

Agency staff at all levels have an extremely high commitment to the mission of the agency, understand how their job contributes to fulfillment of the mission, and believe that the work they do is important. However, huge increases in workload, constrained resources, and an environment of constant change and process improvement create stress for staff at all levels. The agency has experienced high turnover and difficulty in filling certain types of positions. These issues are specially addressed in Appendix H Workforce Plan. Much of the turnover is due to the high level of accountability that TMB management sets for staff. Service demands require that every FTE be fully competent and productive. Individuals who are unable to meet performance expectations soon separate from the agency. Performance accountability is a major strength of the agency, but we recognize that we need to improve the overall climate of employee satisfaction and reward. To this end, the management team has planned a major human resources initiative for the summer of 2008 to focus on employee feedback and satisfaction.

Staff Workload

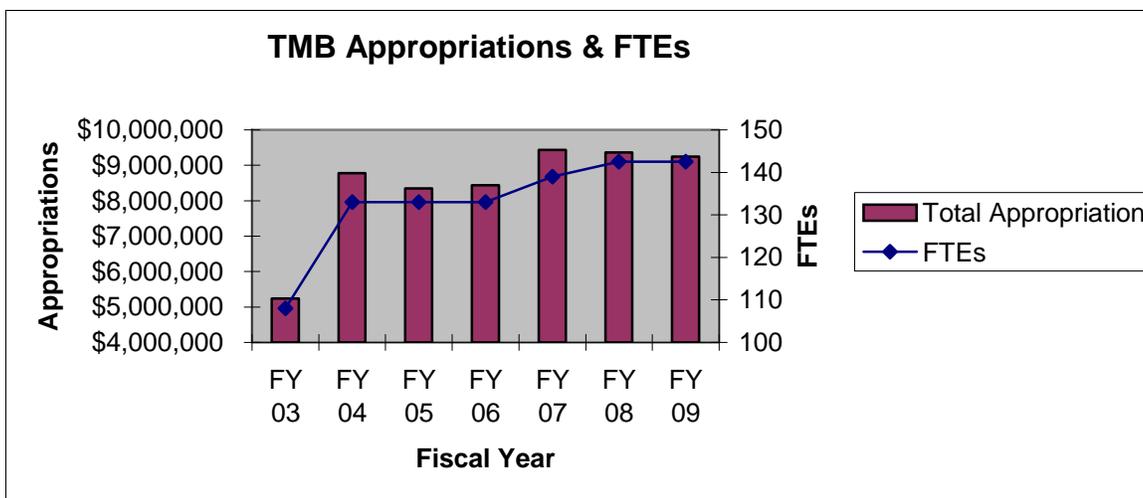
Pressure to meet licensure application deadlines, increased numbers of investigations, major IT initiatives, a high volume of finance transactions and staff turnover have contributed to extremely high workloads for employees throughout the agency. In some areas, overtime work has been mandatory.

Diversity

TMB is proud of its record in hiring a more diverse workforce, especially in positions that are mid-level and higher. One third of employees hired into positions with a professional classification during the current fiscal year are ethnic minorities. Thirty per cent of the agency's supervisory managers are ethnic minorities compared to only 10 per cent two years ago.

Fiscal Issues

The agency's appropriation totals \$9,364,683 for FY 08 and \$9,248,083 for FY 09. The legislature provided an additional 9.5 FTEs for the current biennium, primarily to meet growth in licensure applications.



The agency produces revenue in excess of \$25,246,792 per year and is appropriated approximately 36 per cent of the revenue generated.

Technology Initiatives

Technology initiatives are of critical importance to the work of both licensure and enforcement. Over the last three years, TMB has greatly reduced the use of paper documents.

- All board meeting materials are produced electronically now in the Laser Fiche system, eliminating the need to mail 4-5 inch thick packets to board members. Laser Fiche also allows rapid dissemination of updated board materials.
- All investigations documents are converted to electronic format to facilitate sharing between the Austin office and field staff.
- Litigation packets for hearings are disseminated electronically.
- Criminal background checks (DPS and FBI) on physician licensure applications are accomplished with an automated system through DPS and data is sent electronically to TMB.
- Both consumers and health care entities can access licensure verification and the physician's profile report via the agency web page.
- 100 per cent of applicants for licensure submit applications online.
- An online registration process eliminates paperwork and in-house processing of payments for almost 90 per cent of licensees.

TMB has a long list of technology projects to be completed in the current biennium, but initiatives related to physician licensure have taken priority over all others. The agency received one additional FTE for 08/09, but sequencing the projects and allocating limited staff resources are a challenge.

- **Licensure automated information system enhancements that must be made include:**
 - Licensure database changes were required to track new legislative requirements including priority for applicants treating Medicaid/Medicare patients and corresponding changes to the Texas Online application system are needed.
 - Licensure automated information system enhancements to improve efficiency of the licensure process, such as integration with e-mail and improved monitoring and tracking capabilities.
 - The criminal conduct reporting required by HB 1973 requires revisions to the licensure automated information system, changes to both the Texas Online physician registration system and the Texas Online physician original application system, and modifications to the electronic data exchange with Texas Online.
 - Integration of imaging into the Licensure automated information system, to improve efficiency and effectiveness of the process.
- **Integration of a fund accounting software package into the Finance Department.** As reported in Section I of this report, this has been completed.
- **Minimum dataset required by SB 29.** Changes to the Licensure automated information system and Texas Online will require coordination between TMB IT department, TMB Licensure department, Bearing Point, and SHCC.
- **Enforcement automated information system enhancements.** Much of the work is done, but the enhancements cannot be brought into the system until Licensure enhancements are completed.

Another major issue facing the agency is that software applications are outdated and we frequently receive documents from customers in formats that are not accessible with our software programs.

Legislative Charges for Current Biennium

The impact of legislation passed by the 80th Legislature was not nearly as great for TMB as that of the past two sessions. However, there were new responsibilities placed on the agency, including the following:

- **HB 1** rider requires that TMB expedite applications for physicians who treat Medicare and Medicaid patients.
- **SB 1789** requires TMB board representation on a new Pain Treatment Review Committee and on a DPS advisory committee to oversee implementation of the bill requirement. The agency is also required to submit a report to the Legislature on prosecution of violations of the Texas Controlled Substances Act.
- **HB 1973** requires an annual report regarding licensure policies and procedures and an assessment of needs to reduce delays; requires a biennial report to include the status of the licensure process, yearly budget for licensure staffing and technology and applicant information including criminal history; sets a mandate to reduce the time to issue a physician license to 51 days; and requires that the board prioritize applicants intending to practice in medically underserved areas.
- **SB 1731** requires that a consumer healthcare guide be available on TMB website and requires facility-based physicians to include with billing statement a notice that patient may file complaints with TMB.
- **SB 29** requires the agency to collect additional workforce data on licensees.
- **SB 625** – requires Pharmacy Board and TMB to establish joint committee to recommend to Pharmacy Board a list of narrow therapeutic index drugs and the rules, if any, which will apply.
- **HB 3429** requires an evaluation by Sunset Commission of TMB management efforts to comply with legislative direction and performance measure targets and recommendations as determined by the commission.
- **SB 36** provides for exceptions to three-attempt limit on licensure exam for: 1) applicants who had a PIT or a pending PIT application as of 9/1/05 and 2) out-of-state applicants who have been licensed for five years.

Recent Accomplishments and Current Initiatives

Licensure Backlog

A huge increase in licensure applications beginning in 2005 had created a backlog of applications and increased the time to receive a new license to an average of 100 days by the start of the current fiscal year.

In spite of the overwhelming workload, TMB was able to issue 811 more licenses in FY2007 over FY2006, almost a one-third increase over the prior year. This was done with the same number of

employees, 32 FTEs the same level as set in the Appropriations Bill adopted by the Legislature in 2001.

The Legislature responded to the need last session with additional funds and six additional licensure staff and the agency is working hard to reduce the backlog. The new licensure resources provided by the legislature last session have produced dramatic results. For licenses completed in mid June 2008, the average time to complete was 44 days. Further evidence of progress is that there are currently only 33 applications awaiting screening with the oldest being only 14 days old, compared to only five months ago when there were 507 applications backlogged for screening with the average age being 90 days.

In spite of the recent long waits for licensure, physicians are still coming to Texas. The number of applications received for physician licensure remains high and is on track to equal the all-time highs FY 06 and FY 07. The total number of applications received in the first seven months of FY 08 is almost equal to the year-end total for FY 03.

Licensure System of Texas (LIST)

On June 1, 2008, The Texas Medical Board implemented the Licensure Inquiry System of Texas (LIST), an web-based license application tracking system that allows applicants to track the status of their physician licensure applications at anytime from anywhere in the world with internet access. The system provides two-way electronic communication between applicants and TMB staff. The new system is expected to reduce the time required to license a physician in Texas by adding efficiencies not only for TMB staff but also for the applicants, who will have real-time access to all the materials they submitted. More than 70 per cent of physician applications currently pending licensure are lacking required documentation and this new system should accelerate the receipt of missing documents. Development of the system was paid by grant funds from the Texas Hospital Association.

Fast Track Disciplinary Process

TMB, in response to stakeholder concerns, has adopted a new “fast-track” enforcement procedure that will allow doctors facing discipline for relatively minor administrative violations to quickly resolve the matter rather than undergoing a lengthy investigation. It was envisioned that diverting administrative cases into the new streamlined procedure would allow TMB to free up investigative resources that can then be redirected to more serious violations involving inadequate patient care or unprofessional conduct.

Expedited Licensure Mandates Controlled Substances

In the past legislative session, many concerns were raised about the current trend of non-therapeutic prescribing of controlled substances. Particularly in southeast Texas, there appeared to be excessive amounts of addictive prescription drugs being released into the community by unscrupulous health care professionals. The board has taken an active role in addressing this problem, and has held temporary suspension proceedings against licensees who have been discovered to be contributing to this epidemic. Recently, a task force meeting of various state and federal law enforcement groups was held in Houston, and the board participated in that meeting. It was agreed that all law enforcement should try to work together to solve this looming issue. Additionally, a group has been created out of the task force to put together solutions to this problem and bring them to the next legislative session for consideration

A statutory change in the state of Louisiana has contributed to the problems in Texas. Louisiana enacted legislation requiring that any physician operating a “pain management clinic” had to be board-certified in pain management by a recognized national medical specialty board. This new law shut down “pill mills” in Texas and drove them across the state line into Texas. TMB has acted to take disciplinary action against physicians involved in this activity, but such clinics can disappear and relocate quickly.

Stakeholder Outreach Plan

The agency has committed to an aggressive customer outreach program for the summer of 2008. A series of Town Hall meetings is planned for communities across the state to meet with medical professionals and the public to gather input and feedback about regulation of the medical profession. In conjunction with the Town Hall meetings, TMB also will offer in-depth seminars for entities that recruit or credential physicians to assist those entities in streamlining the application process for their applicants and to minimize application errors. There are 10 meetings planned for the summer of 2008. It is anticipated that additional meetings will be scheduled after the summer as agency resources permit.

Stakeholder Workgroups

TMB has found stakeholder participation helpful not only on rules development, but for facilitating communication and understanding between the agency and major stakeholders.

TMB established standing workgroups of major stakeholders in four broad areas: Physician Licensure, Physician Enforcement, Physician Assistants, and Acupuncture. In addition the agency has formed other resource or focus groups to provide input on specific issues such as administrative medicine, pain management rules, postgraduate fellowship training programs, pathology issues, impairment, and office-based anesthesia. In all, more than 100 individuals have participated as representatives of major stakeholders such as professional associations/licensees, hospitals, health plans, other state agencies, medical schools, defense attorneys, and consumers. The participants have provided valuable insight for the board and agency and have had a constructive influence on rules development and process improvements. TMB has incorporated almost

Human Resources Sharing

The Health Professions Council, through its Human Resources Pilot Project, has managing the job-posting functions for TMB and providing orientation training for the agency's new employees. TMB also draws on the professional HR expertise of another member agency, the Texas Nursing Board. Thanks to these services, TMB has been able to leave its HR position vacant and temporarily use the FTE to meet critical needs in other areas of the agency. The routine/clerical functions of HR were transferred to another employee. Some of the funds previously budgeted for the HR Specialist salary has been reallocated for training and consulting. The agency has been able to contract for professional expertise to update and revise personnel policies and to provide training for staff and managers.

External Assessment

External Relationships

Public Perception

There continues to be a lack of understanding in the general public and, perhaps, even in the medical profession, about the role and responsibilities of TMB. There are several primary areas of misunderstanding:

- Patients lack understanding of the difference between regulatory functions of the agency and medical malpractice compensation issues.
- Both the medical profession and the public lack clarity about the differing roles of the professional trade associations and the state regulatory function.
- Statutory confidentiality may lead both licensees and the public to believe that the agency is hiding information.
- There are dueling perceptions: Citizens believe that TMB is protecting physicians and physicians believe TMB is overzealous in protecting the public.

The Profession

In the 2003 legislative session, the legislature provided TMB with needed statutory strength and increased resources to further enhance public protection and provide a firm and fair regulatory system for licensee. Statutes were further strengthened during the next legislative session. However, increased vigilance created a perception among many licensees that TMB was too harsh in its disciplinary process particularly regarding more minor administrative violations such as those concerning medical records release or continuing medical education requirements. As TMB grew more aggressive in protecting the public, there was a corresponding decrease in the trust between the agency and the professions.

While it is appropriate that there be a clear separation of interests between the regulatory agency and the professional associations, both the agency and the associations have worked to improve communications and build a solid working relationship that serves the differing interests of the parties, as well as the public. The Texas Medical Association (TMA), which represents the largest group of TMB stakeholders other than patients, conducted a study of TMB's disciplinary process including a survey of local medical society members. TMA suggested several process improvements and TMB has responded by implementing some of the suggested changes.

License Application Customers

Physicians applying for Texas licenses and entities seeking to recruit and employ them have complained frequently about the time it has taken in recent years to complete the application process. There is a perception that the agency is too slow. In reality TMB was struggling with a more than one-third increase in the number of applications in FY2006 over FY2005, with no let-up in FY2007 when they reached the all-time high of 4,041. TMB was able to issue 811 more licenses in FY2007 than in FY2006, almost a one-third increase. This was done with the same number of employees, 32 FTEs, as set in the Appropriations Bill adopted by the Legislature in 2001 when applications totaled fewer than 2,500.

Health Professions Council

TMB is one of 13 health regulatory agencies that are, by statute, members of the Health Professions Council (HPC). The State of Texas created HPC in 1993 to achieve the potentially desirable outcomes of consolidation of small independent health licensing agencies without sacrificing the quality, independence accessibility and accountability of independent boards. HPC facilitates resource sharing among the member agencies that are co-located in the Hobby Building. As a mid-sized agency, TMB is by far the largest of the member agencies and thus has not always benefited from some HPC initiatives to the extent that smaller agencies do. However, TMB has experienced a tremendous benefit from the HPC Human Resources Pilot Program.

Trends and Emerging Issues

Shortages of Healthcare Professionals

Demographic experts predict that Texas will require an additional 6000 physicians per year to match population growth and current shortages. There are currently 1,700 residency slots a year in Texas, which means that there will be expanded efforts to create new training programs within the state and to recruit physicians from other states. Since Texas programs produced only 1x700 possible applicants for licensure last year, it can be estimated that more than 2,300 applicants for Texas licenses came from outside the state.

Access vs. Protection

The agency faces an ongoing challenge in the tension between increasing patient access to care and upholding its mission to protect the public by assuring that only competent professionals are providing health care. The Medical Board encounters this conflict primarily as it regards three issues:

- Licensure of applicants who do not clearly meet current requirements
- Scope of practice
- Appropriate delegation of prescriptive medical devices

Licensure: Agency staff is frequently contacted by employing entities and public officials regarding applicants who have difficulty demonstrating that they meet statutory criteria. TMB frequently receives applications for physician licensing from graduates of foreign medical schools that the agency has not determined to be “substantially equivalent” to a Texas medical school, as required by statute. Each applicant from such a school must prepare an individual education profile that establishes the “equivalence” of their education to a Texas medical school for evaluation by agency staff. This process delays the ability of applicants to establish eligibility for licensure, increases the time and costs to the agency to review their applications, and increases the time of processing for other applications. The agency is considering remedies to improve the process and facilitate determination of whether an applicant should be considered eligible for licensure.

Scope of practice issues: We are aware that the legislature faces pressure to improve access to health care for people in medically underserved communities and that one solution is to expand the scope of various professions. The medical board understands that it is the goal of the legislature to set scope of practice statutes that best serves the health and safety of Texas patients. If the legislature desires to expand the scope of practice of other licensed professionals to encompass what is now considered to be the practice of medicine, we recommend that provisions be made to assure that the standard of care is upheld, regardless of the license type of the provider. There should be one standard for the delivery

of care and anyone performing that treatment should be held to same standard to protect Texas patients.

Prescriptive medical devices: TMB has found itself grappling with issues related to the appropriate delegation of the use of prescriptive medical devices that, under federal statutes, may only be purchased and prescribed for use by a physician. The issue is closely related to scope of practice issues and includes a broad range of situations and questions.

Increasing Enforcement Demands

The number of complaints open for investigation in May 2008 was 62 per cent higher than in May 2006 and 26 per cent higher than in May 2007. Factors contributing to increased complaints include the following:

- **Tort Reform:** A growth in complaints and investigations was foreseen by the Legislature with the passage of tort reform legislation in 2005. It was expected that the state regulatory agency would be the resource to assure quality care when the access to judicial remedies was limited. TMB was given 20 additional FTEs and a dedicated revenue source to fund enforcement activities. However, process revisions and new statutory deadlines consumed greater staff resources.
- **Billing Legislation:** SB 1731 passed last session requires certain physicians to place a notice on their bills that a complaint may be filed with the Texas Medical Board. The agency received 2.5 additional FTEs to implement the bill.
- **Increased public awareness:** The agency has received increased media attention in recent years and increased public awareness always produces an increase in complaints filed.

No reduction in complaints is foreseen and numbers will likely continue to grow. TMB is conducting a series of outreach meetings throughout the state. While the focus is on communication with stakeholders, the meetings will also create additional awareness for the general public. Furthermore, there is an increase of 17 per cent in the total number of physicians with Texas license in the last five years. Additional growth can be anticipated for several reasons:

- Applicant growth
- Recruiting efforts
- Economic viability of the state

Physician Rehabilitation

In 1995, the Legislature revised the Medical Practice Act to provide confidential rehabilitation orders for physicians with mental, physical or substance-related impairment. The goal was to improve public protection by encouraging impaired physicians to self-report and seek treatment and to allow those who were capable to remain safely in practice with monitoring. There has reportedly been increasing reluctance for physicians to report for fear of disciplinary reprisal. Last year the board was approached by the leadership of the Texas Medical Association Physician Health and Rehabilitation committee who were seeking to improve the rehabilitation options for the physicians of Texas while still protecting the public. The board saw this opportunity to try to enhance the current system of handling impaired physicians, and has begun to work with this group discuss the ways to improve the current system. New solutions for a physician rehabilitation program may be presented to legislators for consideration next session.

Other States

In addition to the Louisiana legislative action discussed previously, other intra-state issues that affect TMB and effective public protection include the following:

- Confidentiality laws in Texas and other states inhibit full sharing of information regarding actions against licensees. TMB has no subpoena power to obtain information about licensure applicants or current licensees from entities outside the state.
- TMB needs a statutory change to allow access to the confidential orders of other states. Such orders could be deposited with the Federation of State Medical Boards, where state regulators could access needed information regarding applicants for licensure or licensees who also hold licenses in other states.

Challenges

- Capital Budget limitations constrain the agency's ability to manage optimally its hardware and software and to support the agency's rapidly growing dependence on technology.
- The rapid growth in complaints filed will make it impossible for enforcement staff to meet statutory deadlines for case closure. Furthermore, the current investigations workload will soon affect litigation staff and board members who must serve on disciplinary panels. The time demands upon board members will soon be unmanageable for the limited number of appointed members. Licensees will experience longer waits for case closure.
- Space limitations on state agencies have caused the elimination of meeting spaces within agencies. Conference rooms in the Hobby Building that were furnished and equipped by agencies in the Health Professions Council and were managed by HPC are now in the control of the Facilities Commission and available to all. TMB has had great difficulty in obtaining meeting space for required board and committee meetings, even though plans are made more than a year in advance. The situation is complicated by the necessity of Internet connections to support the agency's paperless meetings. TMB paid to wire some Hobby meeting rooms under the control of the Department of Insurance, as well as some of the rooms previously controlled by HPC. TMB also pays the ongoing costs of the Internet connections. TDI room reservations are not opened to other agencies as far in advance as TMB must schedule board meetings; therefore, the agency frequently finds spaces are unavailable as they are booked for training classes or other employee activities. Additional spaces for large meetings are needed and reservations policies should be consistent and fair for all state agency rooms.
- There are increasing demands from different customers, including elected officials, for workforce data on healthcare professionals. While TMB is the most accurate source for data on physicians, data needs of customers differ from the agency's data needs for business purposes. TMB needs resources to meet these demands if there is no other entity charged with the responsibility.
- Management recognizes the need to improve the consistency and effectiveness of communication from the top down and between departments in a workplace where staff are stressed by constant change and constantly growing workloads. Staff continually looks for ways to ensure better communication strategies.
- The biennial nature of planning and budgeting and the cap on the number of agency employees make it difficult to respond to rapid growth in service demands, such as the recent growth in licensure applications and the current growth in investigations.

Human Resource Strengths and Weaknesses

Strengths

TMB's greatest strength is in the dedication of its employees to the mission of the agency. The agency has made great advancements in a number of human resources initiatives:

- Rewriting of the employee handbook to update, clarify and simplify the information.
- Development of a manual for supervisors.
- Increased accountability for employee work performance.
- Strong leadership in managers and directors.
- Long-term experienced employees and talented new hires.
- New training for managers.
- Training for staff at all levels in communications and teamwork.
- Support of the Health Professions Council and the Nursing Board for human resources functions.

Weaknesses

- The competitive hiring environment has made it difficult for the agency to recruit and retain qualified staff in specialty positions such as nurse investigators, finance, and information technology.
- The agency has experienced high turnover rates, although some turnover has been beneficial.
- Lack of merit pay to reward exceptional performance may affect recruitment and retention. The agency has relied on one-time merit bonuses, but these do not build base income to benefit retirement income.
- Staff salaries and classifications need to be reviewed to assess internal and external consistency.
- The heated criticism of the agency from small segment of the physician population and the resulting political pressure has, at times, affected staff morale, especially among lower level staff who are less experienced in the public agency environment.
- The agency will experience retirements in key positions in the next one to five years.
- Communications between staff and between management and staff need improvement.

Agency Goals, Objectives and Outcomes

A.

Goal: LICENSURE

Outcome:

Protect the public by licensing qualified practitioners or non-profit entities, by determining eligibility for licensure through, credential verification or renewal, and by collecting information on professionals regulated by the Texas Medical Board, the Texas State Board of Acupuncture Examiners, and the Texas Physician Assistant Board.

Objective:

To ensure 100 percent compliance with Board rules for processing each licensure application in a timely manner in order to protect the public through the year 2009.

Percent of Licensees Who Renew Online: Physician (Key)

Percent of Licensees Who Renew Online: Physician Assistant (Key)

B. Goal: Enforcement Acts

Outcome:

Protect the public by conducting investigations of allegations against licensees and taking appropriate corrective and/or disciplinary action when necessary; by educating the public, staff, and licensees regarding the functions and services of the Texas Medical Board, the Texas State Board of Acupuncture Examiners, and the Texas Physician Assistant Board.

Objective:

To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public through the year 2009

Percent of Licensees With No Recent Violations: Physician (Key)

Percent of Licensees With No Recent Violations: Acupuncture

Percent of Licensees With No Recent Violations: Physician Assistant

Percent of Licensees With No Recent Violations: Surgical Assistant

Percent of complaints resulting in disciplinary action – Physician

Percent of complaints resulting in disciplinary action – Acupuncture

Percent of complaints resulting in disciplinary action - Physician Assistant

Percent of complaints resulting in disciplinary action - Surgical Assistant

Recidivism Rate for Those Receiving Disciplinary Action: Physician

Recidivism rate for those receiving disciplinary action - Acupuncture

Recidivism rate for those receiving disciplinary action - Physician Assistant

Recidivism rate for those receiving disciplinary action - Surgical Assistant

Percent of documented complaints resolved within six months - Physician

Percent of documented complaints resolved within six months - Acupuncture

Percent of documented complaints resolved within six months - Physician Assistant

Percent of documented complaints resolved within six months - Surgical Assistant

Strategies and Output, Efficiency, and Explanatory Measures:

A.1.1. Strategy: LICENSING

Conduct a timely, efficient, and cost-effective licensure process through specific requirements for credentials verification of initial licensure and license renewals.

Outputs:

Number of New Licenses Issued to Individuals: Physician (Key)
Number of New Licenses Issued to Individuals: Acupuncture (Key)
Number of New Licenses Issued to Individuals: Physician Assistant (Key)
Number of New Licenses Issued to Individuals: Surgical Assistant (Key)
Number of Licenses Renewed (Individuals): Physician (Key)
Number of Licenses Renewed (Individuals): Acupuncture (Key)
Number of Licenses Renewed (Individuals): Physician Assistant (Key)
Number of Licenses Renewed (Individuals): Surgical Assistant (Key)

Efficiencies:

Average Number of Days for Individual License Issuance – Physician (Key)
Average Number of Days for Individual License Issuance – Acupuncturist
Average Number of Days for Individual License Issuance – Physician Assistant
Average Number of Days for Individual License Issuance – Surgical Assistant
Average Number of Days to Renew License: - Physician
Average Number of Days to Renew License: - Acupuncture
Average Number of Days to Renew License: - Physician Assistant
Average Number of Days to Renew License: - Surgical Assistant

Explanatory:

Total Number of Individuals Licensed: Physician
Total Number of Individuals Licensed: Acupuncture
Total Number of Individuals Licensed: Physician Assistant
Total Number of Individuals Licensed: Surgical Assistant
Total Number of Permit Holders: Other and Businesses Facilities

B.1.1. Strategy: ENFORCEMENT

Conduct competent, fair, and timely investigation; ensure due process for respondents; monitor the resolution of complaints; maintain adequate monitoring of all probationers in a timely fashion and contact consumer complainants in a timely and regular manner.

Outputs:

Number of Complaints Resolved: Physician (Key)
Number of Complaints Resolved: Acupuncture (Key)
Number of Complaints Resolved: Physician Assistant (Key)
Number of Complaints Resolved: Surgical Assistant (Key)

Efficiencies:

Average Time for Complaint Resolution: Physician (Key)

Average Time for Complaint Resolution: Acupuncture
Average Time for Complaint Resolution: Physician Assistant
Average Time for Complaint Resolution: Surgical Assistant

Explanatory:

Jurisdictional Complaints Received: Physician (Key)
Jurisdictional Complaints Received: Acupuncture (Key)
Jurisdictional Complaints Received: Physician Assistant (Key)
Jurisdictional Complaints Received: Surgical Assistant (Key)

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

Improve public awareness by providing information and educational programs to educate the public and licensees regarding the agency's functions, services and responsibilities.

Output:

Number of Publications Distributed

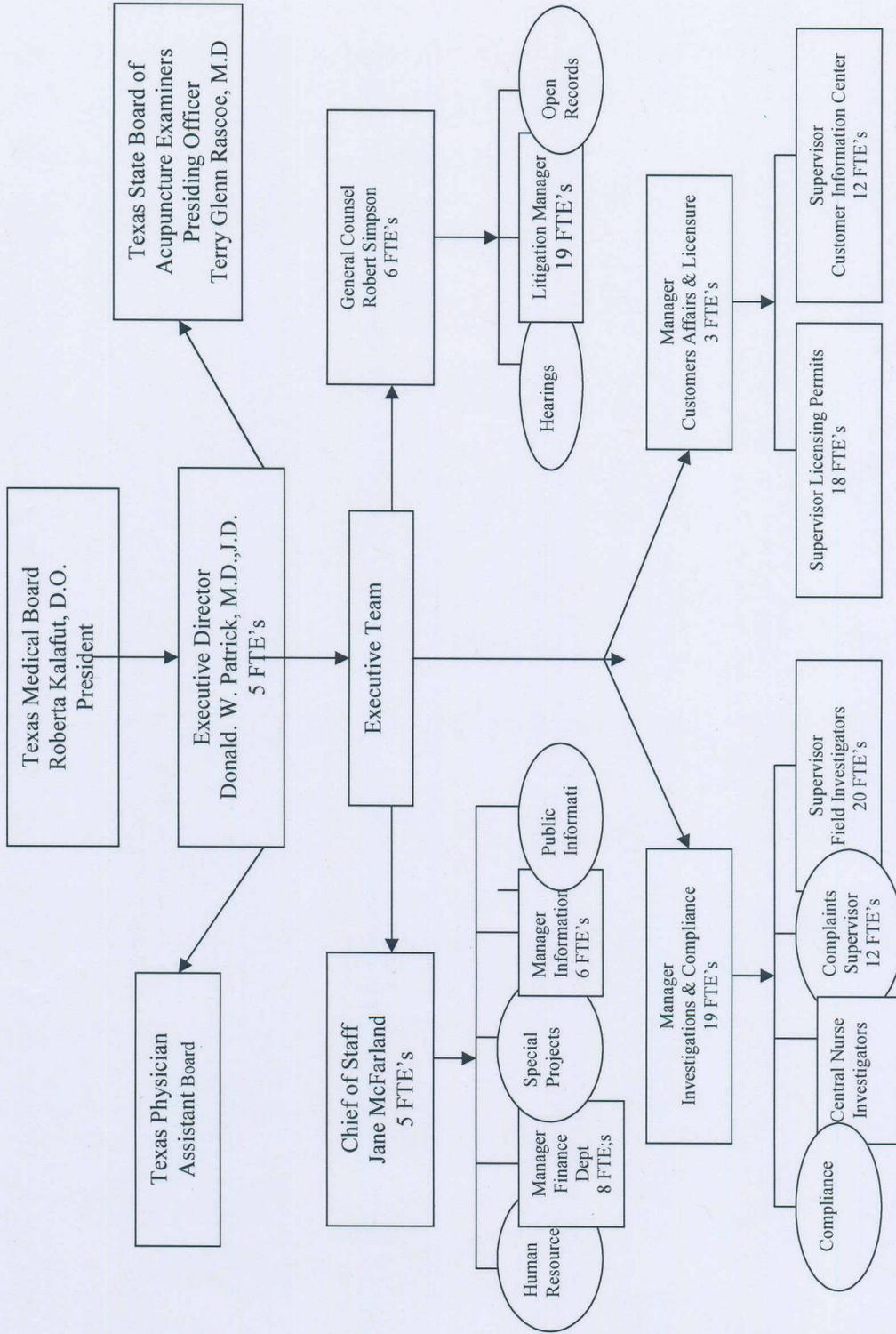
Efficiency:

Average Cost Per Publication

Appendix A: Strategic Planning Process

- The agency's Senior Management Team serves as the work group for strategic planning issues under the leadership of the Chief of Staff.
- Strategic policy issues are developed from the following:
 - ongoing policy discussions of the agency's board and committees and a special board retreat meeting in August 2007.
 - participation in interstate dialogue through national organizations
 - input of stakeholder workgroups
 - dialogue with professional organizations
- All members of the agency's directors, managers, and supervisors participated in a strategic planning session to discuss the major issues facing the agency.
- The Medical Board designated the Executive Committee and the Board President to act as board liaisons to the staff in the plan development.
- A drafting team assembled information, reviewed changes in requirements, and consulted with management. Each element was reviewed, refined, and assembled into a draft.
- Copies were distributed to the Executive Committee of the board for comment and further direction prior to final submission.

Appendix B: Current Organizational Chart



Appendix C: Five-Year Projections for Outcomes

Licensure	2009	2010	2011	2012	2013
Percent of licensees who renew online - Physician	92%	92%	94%	100%	100%
Percent of licensees who renew online - Physician Assistant	85%	86	87	88	89
Enforcement					
Percent of licensees with no recent violations - Physician	99%	99%	99%	99%	99%
Percent of licensees with no recent violations - Acupuncture	99%	99%	99%	99%	99%
Percent of licensees with no recent violations -Physician Assistant	99%	99%	99%	99%	99%
Percent of licensees with no recent violations - Surgical Assistant	99%	99%	99%	99%	99%
Percent of complaints resulting in disciplinary action - Physician	15%	15%	15%	15%	15%
Percent of complaints resulting in disciplinary action - Acupuncture	15%	15%	15%	15%	15%
Percent of complaints resulting in disciplinary action - Physician Assistant	15%	15%	15%	15%	15%
Percent of complaints resulting in disciplinary action - Surgical Assistant	15%	15%	15%	15%	15%
Recidivism rate for those receiving disciplinary action - Physician	10%	10%	10%	10%	10%
Recidivism rate for those receiving disciplinary action - Acupuncture	10%	10%	10%	10%	10%
Recidivism rate for those receiving disciplinary action - Physician Assistant	10%	10%	10%	10%	10%
Recidivism rate for those receiving disciplinary action - Surgical Assistant	10%	10%	10%	10%	10%
Percent of documented complaints resolved within six months - Physician	45%	45%	45%	45%	45%
Percent of documented complaints resolved within six months - Acupuncture	45%	45%	45%	45%	45%
Percent of documented complaints resolved within six months - Physician Assistant	45%	45%	45%	45%	45%
Percent of documented complaints resolved within six months - Surgical Assistant	45%	45%	45%	45%	45%

*By Statute, these licenses require Board action before a license can be issued

Appendix D: Performance Measure Definitions for fiscal year 2008 and 2009

A. Goal: LICENSURE

Protect the public by licensing qualified practitioners or non-profit entities, by determining eligibility for licensure through, credential verification or renewal, and by collecting information on professionals regulated by the Texas Medical Board, the Texas State Board of Acupuncture Examiners, and the Texas Physician Assistant Board.

Objective:

To ensure 100 percent compliance with Board rules for processing each licensure application in a timely manner in order to protect the public through the year 2009.

Outcome

Percent of Licensees Who Renew Online: Physician (Key)

Short Definition: Percent of the total number of licensed, registered, or certified individuals that renewed their license, registration, or certification online during the reporting period.

Purpose/Importance: To track use of online license renewal technology by the licensee population.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Total number of initial or renewal registrations performed online divided by the total number of initial or renewal registration notices sent during the reporting period. 100 to achieve a percentage should multiply the result.

Data Limitations: The agency has no control over the number of individuals who choose to renew their license online.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Licensees Who Renew Online: Physician Assistant (Key)

Short Definition: Percent of the total number of licensed, registered, or certified individuals that renewed their license, registration, or certification online during the reporting period.

Purpose/Importance: To track use of online license renewal technology by the licensee population.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Total number of initial or renewal registrations performed online divided by the total number of initial or renewal registration notices sent during the reporting period. 100 to achieve a percentage should multiply the result.

Data Limitations: The agency has no control over the number of individuals who choose to renew their license online.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Outputs:

Number of New Licenses Issued to Individuals: Physician (Key)

Short Definition: The number of licenses issued to individuals during the reporting period. Includes new licenses issued and licenses reissued after having lapsed

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.

Data Limitations: The agency has no control over the number of applicants who seek licensure.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of New Licenses Issued to Individuals: Acupuncture (Key)

Short Definition: The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which

is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Number of new licenses issued and licenses reissued after having lapsed, during the reporting period

Data Limitations: The agency has no control over the number of applicants who seek licensure.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of New Licenses Issued to Individuals: Physician Assistant (Key)

Short Definition: The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed.

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.

Data Limitations: The agency has no control over the number of applicants who seek licensure.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of New Licenses Issued to Individuals: Surgical Assistant (Key)

Short Definition: The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed.

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.

Data Limitations: The agency has no control over the number of applicants who seek licensure.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of Permits Issued : Other

Short Definition: # of permits, license, etc. issued during the reporting period.

Purpose/Importance: A successful licensing/permitting structure must ensure that legal standards for professional education and practice are met prior to licensure/permit issuance. This measure is a primary workload indicator which is intended to show the number of unlicensed/intermitted persons who were documented to have successfully met all licensure/permit criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Number of licenses, permits, registrations and certificates issued to individuals (other than the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) during the reporting period. Includes newly issued and reissued after having lapsed. Types in this group are: faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, DSHS-MUA temporary licenses, acudetox certifications, non-certified radiological technologist registrations, non-profit health organization registrations and physician-in-training permits.

Data Limitations: The agency has no control over the number of individuals who seek licensure.

Calculation Type: Cumulative

New Measure: Yes

Desired performances: Meet the target of 3600

Number of Licenses Renewed (Individuals): Physician (Key)

Short Definition: The number of licensed physicians who completed initial or renewal registrations during the current reporting period.

Purpose/Importance: Licensure registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of registrations that were issued during the reporting period to individuals.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation:

The number of registration permits issued to licensed physicians during the reporting period. (Note: Physician in training permits are no longer renewed, but are issued initially for the length of the training program. Thus they are eliminated from this calculation.)

Data Limitations: The agency has no control over the number of individuals who choose to register their license.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of Licenses Renewed (Individuals): Acupuncture (Key)

Short Definition: The number of licensed acupuncturists who completed initial or renewal registrations during the current reporting period.

Purpose/Importance: Licensure registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of registrations that were issued during the reporting period to individuals.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of registration permits issued to licensed acupuncturists during the reporting period.

Data Limitations: The agency has no control over the number of individuals who choose to renew their license.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of Licenses Renewed (Individuals): Physician Assistant (Key)

Short Definition: The number of licensed physician assistants who completed initial or renewal registrations during the current reporting period

Purpose/Importance: Licensure registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of registrations that were issued during the reporting period to individuals.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of registration permits issued to licensed physician assistants during the reporting period.

Data Limitations: The agency has no control over the number of individuals who choose to renew their license.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of Licenses Renewed (Individuals): Surgical Assistant (Key)

Short Definition: The number of licensed surgical assistants who completed initial or renewal registrations during the current reporting period

Purpose/Importance: Licensure registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of registrations that were issued during the reporting period to individuals.

Source of Data: Data regarding the number of complaints, actions and license holder is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of registration permits issued to licensed surgical assistants during the reporting period.

Data Limitations: The agency has no control over the number of individuals who choose to renew their license.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of Permits Renewed: Other

Short Definition during the reporting period.

Purpose/Importance: Registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of registrations that were issued during the reporting period to individuals.

Source of Data: Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of registration permits issued to licensees, permit holders, registrants, and certificate holders (other than the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) during the reporting period. Types in this group are: faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, DSHS-MUA temporary licenses, acudetox certifications, non-certified radiological technologist registrations, non-profit health organization registrations and physician-in-training permits.

Data Limitations: The agency has no control over the number of individuals who seek licensure

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Meet the target of 1750.

Efficiencies:

Average Number of Days for Individual License Issuance – Physician (Key)

Short Definition: The average number of days to process a physician application of previously unlicensed individuals during the reporting period.

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator, which is intended to show the time to process unlicensed persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The average number of days between receipt of completed license application and the date each physician applicant is issued a temporary or permanent license, for all physicians issued a temporary or permanent license during the reporting period.

Data Limitations: The agency has no control over the number of applicants who seek licensure.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Lower than target.

Average Number of Days for Individual License Issuance – Acupuncturist

Short Definition: The average number of days to process an acupuncture license application for all individuals licensed during the reporting period.

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The average number of days between the time in which a completed application is received until the date the license is issued, for all licenses issued during the reporting period.

Data Limitations: The agency has no control over the number of applicants who seek licensure.

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Lower than target.

Average Number of Days for Individual License Issuance – Physician Assistant

Short Definition: The average number of days to process a physician assistant license application for all individuals licensed during the reporting period.

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The average number of days between the time in which a completed application is received until the date the license is issued, for all licenses issued during the reporting period.

Data Limitations: The agency has no control over the number of applicants who seek licensure.

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Lower than target.

Average Number of Days for Individual License Issuance – Surgical Assistant

Short Definition: The average number of days to process a surgical assistant license application for all individuals licensed during the reporting period.

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The average number of days between the time in which a completed application is received until the date the license is issued, for all licenses issued during the reporting period.

Data Limitations: The agency has no control over the number of applicants who seek licensure.

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Lower than target

Average Number Days to Renew License: Physician

Short Definition: Average number of days to process renewals in report period

Purpose/Importance: This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (physicians).

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.

Data Limitations: For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Average number Days to Renew License: Physician Assistant

Short Definition: Average number of days to process renewals in report period

Purpose/Importance: This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (physician assistants).

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.

Data Limitations: For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Average number of Days to Renew License: Acupuncturist

Short Definition: Average number days to process renewals in report period

Purpose/Importance: This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (acupuncturists).

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.

Data Limitations: For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Average Number of Days to Renew License: SA

Short Definition: Average number of days to process renewals in report period

Purpose/Importance: This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (surgical assistants).

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database and in spreadsheets.

Method of Calculation: The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.

Data Limitations: Data regarding surgical assistants is stored in the agency's automated information system and in spreadsheets, which may at times make reporting a little more complicated.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Explanatory:

Total Number of Individuals Licensed: Physician

Short Definition: Total number of individuals licensed at the end of the reporting period.

Purpose/Importance: The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of physicians licensed (not cancelled-either for non-registration or for cause, not retired, and not deceased) plus the number of physician in training permit holders (in programs they have not completed and who have an unexpired permit).

Data Limitations: The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.

Calculation Type: Non-cumulative

New Measure: No

Total Number of Individuals Licensed: Acupuncture

Short Definition: Total number of individuals licensed at the end of the reporting period.

Purpose/Importance: The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of active acupuncturist licenses at the end of the reporting period.

Data Limitations: The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.

Calculation Type: Non-cumulative

New Measure: No

Total Number of Individuals Licensed: Physician Assistant

Short Definition: Total number of individuals licensed at the end of the reporting period.

Purpose/Importance: The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database

Method of Calculation: The number of active and inactive physician assistant licenses at the end of the reporting period.

Data Limitations: The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.

Calculation Type: Non-cumulative

New Measure: No

Total Number of Individuals Licensed: Surgical Assistant

Short Definition: Total number of individuals licensed at the end of the reporting period.

Purpose/Importance: The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database

Method of Calculation: The number of active and inactive surgical assistant licenses at the end of the reporting period.

Data Limitations: The number is dependent upon outside individuals seeking initial licensure or renewing their current license. These are choices made by individuals and are not within the control of the agency.

Calculation Type: Non-cumulative

New Measure: No

Total Number of Permit Holders: Other & Bus Fa

Short Definition: Total # individuals licensed & business facilities.

Purpose/Importance: The measure shows the total number of individuals licensed, permitted, registered, certified plus business facilities licensed (other than the 4 main license types of physician,

physician assistant, acupuncturist, and surgical assistant) at the end of the reporting period, which indicates the size of other agency constituencies.

Source of Data: Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Total number of individuals licensed, permitted, registered, certified plus business facilities licensed, active and inactive, but not cancelled or revoked, (other than the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) at the end of the reporting period.

Data Limitations: The number is dependent upon outside individuals seeking licensure, permits, registration, certification or business registrations or registrations of such. This is not within the control of the agency.

Calculation Type: Non-cumulative

New Measure: Yes

B. Goal: ENFORCE MEDICAL ACT

Protect the public by conducting investigations of allegations against licensees and taking appropriate corrective and/or disciplinary action when necessary; by educating the public, staff, and licensees regarding the functions and services of the Texas Medical Board, the Texas State Board of Acupuncture Examiners, and the Texas Physician Assistant Board.

Objective:

To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public through the year 2009.

Outcome:

Percent of Licensees With No Recent Violations: Physician (Key)

Short Definition: The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).

Purpose/Importance: Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation:

Total number of disciplinary actions for physicians and physician in training permit holders incurred during the current year plus the preceding two years, subtracted from the total number of individual physicians and physician in training permit holders currently licensed. The total number of individual physicians then divides this resulting number and physician in training permit holders currently licensed.

Data Limitations: The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Licensees With No Recent Violations: Acupuncture

Short Definition: The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period that have not incurred a violation within the current and preceding two years (three years total).

Purpose/Importance: Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation:

Total number of disciplinary actions on acupuncturists incurred during the current year plus the preceding two years, subtracted from the total number of individual acupuncturists currently licensed. The total number of individual acupuncturists currently licensed then divides this resulting number.

Data Limitations: The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Licensees With No Recent Violations: Physician Assistant

Short Definition: The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period that have not incurred a violation within the current and preceding two years (three years total).

Purpose/Importance: Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: Total number of disciplinary actions on physician assistants incurred during the current year plus the preceding two years, subtracted from the total number of individual physician assistants currently licensed. The total number of individual physician assistants currently licensed then divides this resulting number.

Total number of disciplinary actions on physician assistants incurred during the current year plus the preceding two years, subtracted from the total number of individual physician assistants currently licensed. The total number of individual physician assistants currently licensed then divides this resulting number.

Data Limitations: The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Licensees With No Recent Violations: Surgical Assistant

Short Definition: The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).

Purpose/Importance: Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation:

Total number of disciplinary actions on surgical assistants incurred during the current year plus the preceding two years, subtracted from the total number of individual surgical assistants currently licensed. The total number of individual surgical assistants currently licensed then divides this resulting number.

Data Limitations: The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed

Calculation Type: Non-cumulative

New Measure: No

Percent of Complaints Resulting in Disciplinary Action: Physician (Key)

Short Definition: Percent of complaints, which were resolved during the reporting period that resulted in disciplinary action.

Purpose/Importance: The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints resolved that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.

Data Limitations: The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Complaints Resulting in Disciplinary Action: Acupuncture (Key)

Short Definition: Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.

Purpose/Importance: The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the

public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database

Method of Calculation: The number of complaints resolved that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.

Data Limitations: The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Complaints Resulting in Disciplinary Action: Physician Assistant (Key)

Short Definition: Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.

Purpose/Importance: The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints resolved that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.

Data Limitations: The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Complaints Resulting in Disciplinary Action: Surgical Assistant (Key)

Short Definition: Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.

Purpose/Importance: The measure is intended to show the extent to which the agency exercises its disciplinary authority in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints resolved that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.

Data Limitations: The agency has no control over the number of complaints it receives, nor does it have any control over the substance of that complaint, and whether disciplinary action is justified based upon jurisdiction and evidence.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Recidivism Rate for Those Receiving Disciplinary Action: Physician

Short Definition: The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.

Purpose/Importance: The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current

and preceding two fiscal years who have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.

Data Limitations: The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Recidivism Rate for Those Receiving Disciplinary Action: Acupuncture

Short Definition: The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.

Purpose/Importance: The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years who have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.

Data Limitations: The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Recidivism Rate for Those Receiving Disciplinary Action: Physician Assistant

Short Definition: The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.

Purpose/Importance: The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years who have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.

Data Limitations: The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Recidivism Rate for Those Receiving Disciplinary Action: Surgical Assistant

Short Definition: The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.

Purpose/Importance: The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years who have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.

Data Limitations: The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Percent of Documented Complaints Resolved Within Six Months: Physician

Short Definition: The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were initially filed by the agency.

Purpose/Importance: The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act (Texas Occupations Code, Subtitle B, Vernon's 2000) that is an agency goal.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints resolved within a period of six months or less from the date of filed divided by the total number of complaints resolved during the reporting period.

Data Limitations: The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Documented Complaints Resolved Within Six Months: Acupuncture

Short Definition: The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were initially filed by the agency.

Purpose/Importance: The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act (Texas Occupations Code, Subtitle B, Vernon's 2000), which is an agency goal.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints resolved within a period of six months or less from the date filed divided by the total number of complaints resolved during the reporting period.

Data Limitations: The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Documented Complaints Resolved Within Six Months: Physician Assistant

Short Definition: The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were initially filed by the agency.

Purpose/Importance: The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act (Texas Occupations Code, Subtitle B, Vernon's 2000) which is an agency goal.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints resolved within a period of six months or less from the date filed divided by the total number of complaints resolved during the reporting period.

Data Limitations: The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Percent of Documented Complaints Resolved Within Six Months: Surgical Assistant

Short Definition: The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were initially filed by the agency.

Purpose/Importance: The measure is intended to show the percentage of complaints that are resolved within a reasonable period of time. It is important to ensure the swift enforcement of the Medical Practice Act (Texas Occupations Code, Subtitle B, Vernon's 2000), which is an agency goal.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints resolved within a period of six months or less from the date filed divided by the total number of complaints resolved during the reporting period.

Data Limitations: The agency has no control over the number of complaints it receives, or the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Conduct competent, fair, and timely investigation; ensure due process for respondents; monitor the resolution of complaints; maintain adequate monitoring of all probationers in a timely fashion and contact consumer complainants in a timely and regular manner.

Outputs:

Number of Complaints Resolved: Physician (Key)

Short Definition: The total number of complaints resolved during the reporting period.

Purpose/Importance: The measure shows the workload associated with resolving complaints.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database

Method of Calculation: The number of complaints dismissed by the Medical Board and the number of complaints where the Medical Board takes action and an order is signed.

Data Limitations: The agency has no control over the number of complaints it receives, which is the essential input before the agency can initiate action to resolve the complaint.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of Complaints Resolved: Acupuncture (Key)

Short Definition: The total number of complaints resolved during the reporting period.

Purpose/Importance: The measure shows the workload associated with resolving complaints.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints dismissed by the Medical Board and the number of complaints where the Medical Board takes action and an order is signed. Medical Board decision is preceded by a recommendation from the Acupuncture Board.

Data Limitations: The agency has no control over the number of complaints it receives, which is the essential input before the agency can initiate action to resolve the complaint.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of Complaints Resolved: Physician Assistant (Key)

Short Definition: The total number of complaints resolved during the reporting period.

Purpose/Importance: The measure shows the workload associated with resolving complaints.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints dismissed by the Physician Assistant Board and the number of complaints where the Physician Assistant Board takes action and an order is signed.

Data Limitations: The agency has no control over the number of complaints it receives, which is the essential input before the agency can initiate action to resolve the complaint.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Number of Complaints Resolved: Surgical Assistant (Key)

Short Definition: The total number of complaints resolved during the reporting period.

Purpose/Importance: The measure shows the workload associated with resolving complaints.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints dismissed by the Medical Board and the number of complaints where the Medical Board takes action and an order is signed.

Data Limitations: The agency has no control over the number of complaints it receives, which is the essential input before the agency can initiate action to resolve the complaint.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Efficiencies:

Average Time for Complaint Resolution: Physician (Key)

Short Definition: . The average length of time to resolve a filed complaint for all complaints resolved within the reporting period.

Purpose/Importance: The measure shows the agency's efficiency in resolving complaints.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The summed total of the number of calendar days that elapsed between the date the complaint was filed and the date the complaint was resolved for all resolved complaints divided by the number of complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.

Data Limitations: The agency has no control over the number of complaints it receives, or the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Average Time for Complaint Resolution: Acupuncture

Short Definition: The average length of time to resolve a complaint, for all complaints resolved during the reporting period.

Purpose/Importance: The measure shows the agency's efficiency in resolving complaints.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database

Method of Calculation: The number of calendar days per complaint resolved, summed for all complaints resolved, that elapsed from the receipt of a request for agency intervention or mediation, or from the assignment of a staff-initiated investigation, until the final resolution of the complaint, divided by the number of complaints resolved. The calculation excludes complaints determined to be non-jurisdictional of the agency's statutory responsibilities.

Data Limitations: The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Average Time for Complaint Resolution: Physician Assistant

Short Definition: The average length of time to resolve a complaint, for all complaints resolved during the reporting period. The average length of time to resolve a filed complaint for all complaints resolved within the reporting period.

Purpose/Importance: The measure shows the agency's efficiency in resolving complaints.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The summed total of the number of calendar days that lapsed between the date that the complaint was filed and the date the complaint was resolved for all resolved complaints

divided by the number of complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.

Data Limitations: The agency has no control over the number of complaints it receives, or the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Average Time for Complaint Resolution: Surgical Assistant

Short Definition: The average length of time to resolve a complaint, for all complaints resolved during the reporting period.

Purpose/Importance: The measure shows the agency's efficiency in resolving complaint

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of calendar days per complaint resolved, summed for all complaints resolved, that elapsed from the receipt of a request for agency intervention or mediation, or from the assignment of a staff-initiated investigation, until the final resolution of the complaint, divided by the number of complaints resolved. The calculation excludes complaints determined to be non-jurisdictional of the agency's statutory responsibilities

Data Limitations: The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Explanatory:

Jurisdictional Complaints Received: Physician (Key)

Short Definition: The total number of complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.

Purpose/Importance: The measure shows the number of jurisdictional complaints that helps determine agency workload.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints, which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints, which are not filed by the board.

Data Limitations: The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.

Calculation Type: Cumulative

New Measure: No

Jurisdictional Complaints Received: Acupuncture (Key)

Short Definition: The total number of complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.

Purpose/Importance: The measure shows the number of jurisdictional complaints that helps determine agency workload.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints, which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board.

Data Limitations: The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.

Calculation Type: Cumulative

New Measure: No

Jurisdictional Complaints Received: Physician Assistant (Key)

Short Definition: The total number of complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.

Purpose/Importance: The measure shows the number of jurisdictional complaints that helps determine agency workload.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints, which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board.

Data Limitations: The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.

Calculation Type: Cumulative

New Measure: No

Jurisdictional Complaints Received: Surgical Assistant (Key)

Short Definition: The total number of complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.

Purpose/Importance: The measure shows the number of jurisdictional complaints that helps determine agency workload.

Source of Data: Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.

Method of Calculation: The number of complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints, which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints, which are not filed by the board.

Data Limitations: The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.

Calculation Type: Cumulative

New Measure: No

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

Improve public awareness by providing information and educational programs to educate the public and licensees regarding the agency's functions, services and responsibilities.

Output:

Number of Publications Distributed

Short Definition: Number of published documents that are distributed to licensees and other individuals, as well as the number of press releases issued electronically.

Purpose/Importance: Shows that agency is providing ongoing information to its licensed professionals and to the public.

Source of Data: Data regarding the number of license holders and others who request the information is collected by agency staff and stored electronically in the agency's SQL database; distribution lists for news releases are maintained by the Public Information Officer.

Method of Calculation: The total number of individuals currently licensed, registered, or certified by the agency, to whom the agency newsletter is distributed, as well as the number of entities and individuals who request the newsletter; and the total number of press releases issued.

Data Limitations: Number will always exceed number of licensees, due to outside requests for information.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Efficiency:

Average Cost Per Publication

Short Definition: Total expenditures for preparing and publishing the newsletter and press releases divided by the total number of newsletters printed and press releases distributed during the reporting period.

Purpose/Importance: This measure is intended to show how cost-effectively the agency publishes its newsletter and provides information through electronic media.

Source of Data: Data regarding the number of license holders is collected by agency staff and stored electronically in the agency's SQL database. The financial data is obtained from expenditures recorded into USAS, the state's accounting system. The Public Information Officer maintains distribution lists for news releases.

Method of Calculation: Cost of printing the agency newsletter and the related postage, plus the cost of staff time to prepare the newsletter and press releases, divided by the number of publications and press releases distributed during the reporting period.

Data Limitations: The number does not show all aspects of this strategy. Other informational efforts of this strategy are not as easily identified with specific costs.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

APPENDIX E

Implementing the Texas Transformation

Managed Service Delivery

The agency is an active participant in TexasOnline, the official electronic government Web portal for the State of Texas. The online service provides efficiencies and a secured environment to the agency's licensee customers, who use the service to apply for physician licenses, renewals and permits.

The agency utilizes the centralized telecommunications system for the State of Texas (Tex-An). The Tex-An 2000 platform provides unified, scalable, redundant, flexible and extremely cost-effective networking solutions to the agency.

By using the managed services, the agency has realized efficiencies and cost savings by leveraging staffing resources and utilizing cost effective networking solutions

Managed IT Supply Chain

The agency benefits and realizes cost savings by participating and using the Information Technology Cooperative Contracts program.

Planning and purchasing commodity hardware, software and overall IT services through the ITC has allowed the agency to directly negotiate and leverage IT purchasing:

- Maximized value
- Reduced information technology cost
- Decreased administrative time and cost
- Time savings by acquiring goods and services expeditiously

Security and Privacy

The agency is committed to protecting the Information Resources assets. TMB works in partnership with the Department of Information Resources, Information Technology Security Division to implement the State Enterprise Security Plan to secure the agency's technological assets and data resources.

The agency complies with the state technology mandates and recommendations and is an active participant in the DIR-sponsored Security Forums, Security Alerts, annual security network penetration testing and business continuity planning that includes business impact analysis, development, testing, awareness training and maintenance.

The agency complies with the privacy and confidentiality provisions of state and federal law. Specifically, the agency focuses on policies, procedures, practice standards, and guidelines to protect its IT functions from internal data or programming errors and from misuse by individuals within or outside the agency to protect the agency from the risk of compromising the integrity of

state programs, violating individual rights to privacy and confidentiality, violating criminal law, or potentially endangering the public's safety.

The Texas Medical Board's General Counsel reviews open records requests for information. The General Counsel's office determines the appropriate public document before release to ensure that all information has been properly processed and that all legal provisions have been met.

When data that involves electronic media is requested, the General Counsel's office coordinates the request with the Information Technology Manager to obtain electronic data. In the event the requests are questionable the TMB's General Counsel seeks a formal opinion from the Office of Attorney General.

Additional measures are taken by the Information Resources Division to secure application and database information. Each supervisor and manager must submit a computer access request form to designate access rights to an employee under his or her specific division, granting the employee access based on the need of the individual's job function. The same process to grant access is used to deactivate an employee, securing the database and applications.

Technology Policy, Best Practices, and Partnerships

The agency plans to continue its efforts to assure web accessibility to members of the public. Plans are in progress for redesigning the public website to make it more efficient and effective to better meet the public needs.

The agency most recently deployed the Licensing Inquiry System of Texas, a web-based application that assists physician licensee applicants and internal staff. The application allows licensees to track the status of their applications throughout the licensing process while also benefiting TMB staff by allowing broadcasts to applicants of rule modifications and requirements or changes in statute. The application has been well received by applicants and staff.

Processes are in place to comply with open records requests. Documents and data are kept in compliance with the agency's record retention schedule.

The agency participates in data sharing and provides publicly available information to other state and federal entities without charge upon request.

Core Missions

The role of the Information Resources Division is to implement and maintain policy in support of the agency's mission in protecting the health of the citizens of the State of Texas by supporting, maintaining and improving the agency's technological infrastructure.

APPENDIX F



Texas Medical Board

Workforce Plan

2009-2011

Agency Overview

Vision and Mission

The vision of the Texas Medical TMB (TMB) is to serve and protect the public's welfare by ensuring that the State's licensed healthcare professionals are competent and provide quality patient health care, and to educate consumers regarding their rights as patients seeking quality health care.

The mission of the TMB is to protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in the regulation of the practice of medicine and ensuring quality healthcare for the citizens of Texas through licensure, discipline and education.

Strategic Goals and Objectives

Goal 1 –To protect the public safety by licensing and permitting qualified practitioners and non-profit entities through collection and evaluation of verified credentials information in a timely and efficient manner for all professionals regulated by the Texas Medical Board, Texas State Board of Acupuncture Examiners, and Texas State Board of Physician Assistant Examiners.

Objectives

- To ensure that all practitioners and non-profit entities, licensed and/or permitted, meet qualifications required in statute and board rules.
- To maintain a licensing and/or permitting process that is efficient and timely.

Goal 2

To protect the public safety by investigating licensees and permit holders with alleged violations of statute and board rules, prosecuting violations to disciplinary action, and monitoring compliance with board orders.

Objectives

- To identify complaints to be filed for investigation and conduct a complete and timely investigation to collect evidence of possible violation of statute and board rules within the timelines required by statute.
- To successfully prosecute violations of statute and board rules to disciplinary action within timelines required by statute to resolve cases.
- To monitor probationer's compliance with board orders and collect evidence to successfully prosecute non-compliance probationers to additional disciplinary action.

Goal 3

To protect the public safety through public information initiatives, by informing TMB's customers of the responsibility, authority and mission of the agency and to ensure the compliance of licensees and permit holders with statute and board rules.

Objectives

- To inform licensees and permit holders of statutory and rule requirements, disciplinary actions of the board, and related regulatory topics.
- To inform the public of the complaint process and mission of the TMB.

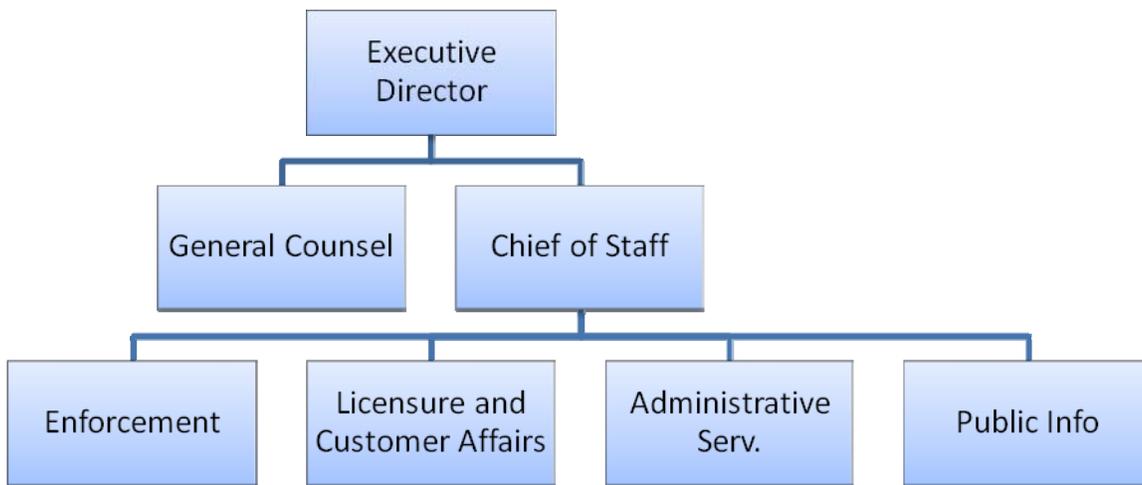
Agency Functions

The TMB was created to protect the Texas public by licensing only those physicians, physician assistants, acupuncturists, and surgical assistants who are properly trained. The TMB regulates over 59,000 physicians. The agency also regulates approximately 4215 physician assistants, 767 acupuncturists, and 255 surgical assistants. This presents the TMB with a unique challenge to oversee licensures and investigate all alleged violations of these medical professions with the size of Texas and a staff of only 142.5 employees.

Anticipated Changes to the Mission, Strategies, and Goals Over the Next Five Years

The TMB does not anticipate any changes within the mission, strategies, and goals over the next five years.

TMB's Organization and Structure.



Current Workforce Profile

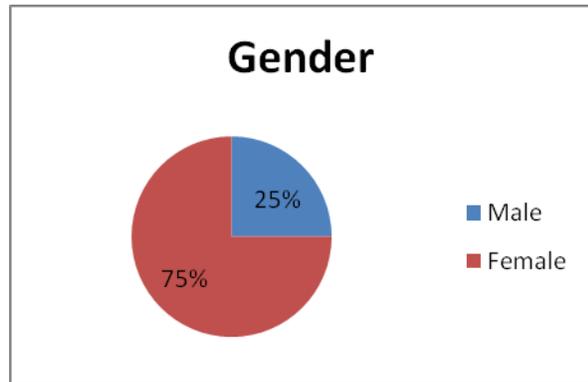
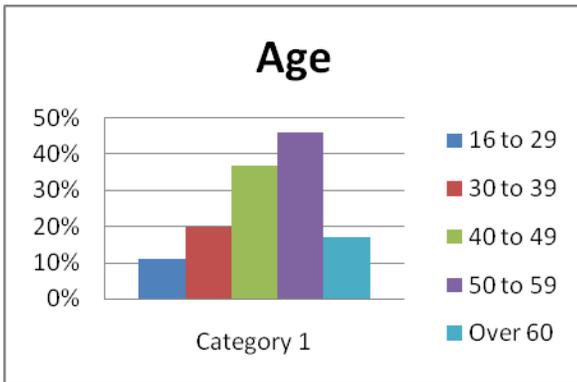
TMB’s talented workforce is our greatest resource. However, it is difficult to maintain this staff due to the increased demands placed on the agency. TMB is authorized 142.5 FTEs and currently has approximately 139 employees.

General Demographics

TMB’s workforce is somewhat older than the State’s workforce – 75% of TMB employees are over 40 compared to only 62% of the State’s workforce. TMB’s workforce is primarily female while the State’s workforce is more evenly split between men and women. TMB also has slightly less Hispanics (16% vs. 22%) and Blacks (9% vs. 20%) than the State’s overall percentages.

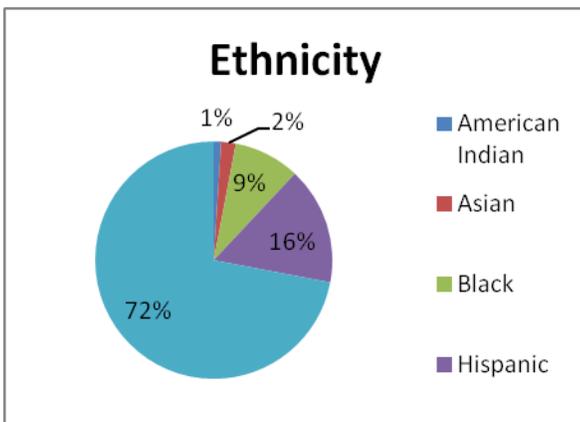
Approximately 75% of TMB’s workforce is over the age of 40.

TMB’s workforce is primarily female.



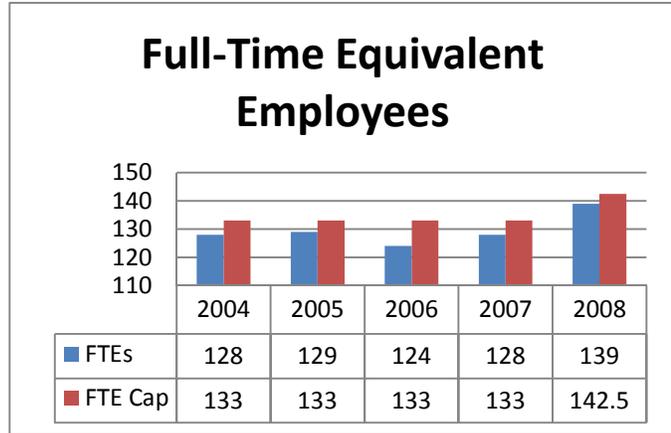
TMB’s workforce is 72% white, approximately 9% are African American and approximately 16% are Hispanic.

Approximately 64% of employees have been with the TMB for less than 5 years.
Tools tab to change the formatting of the pull



Current Staffing Levels

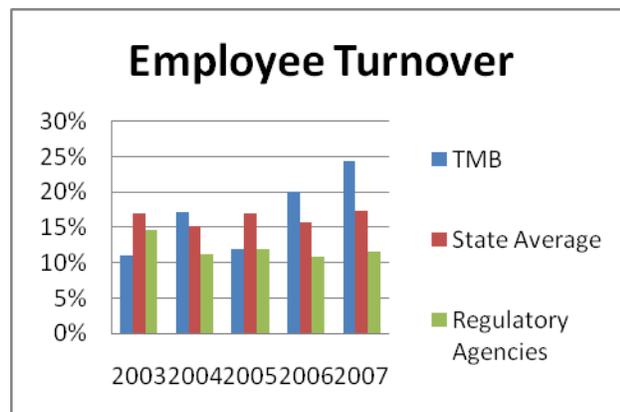
The TMB's FTE cap has remained fairly flat since 2004 with an increase of only 9.5 FTEs last biennium. TMB's current FTE cap is 142.5 FTEs. TMB has difficulty accomplishing the goals of the agency with this restricted staffing number. HB 1973 added new additional reporting requirements regarding licensure, licensee criminal history, technology issues and budget. This bill also set a new requirement that the average time to issue a new physician license must not exceed 51 days. TMB must also make an effort to prioritize applicants intending to practice in Medically Underserved Areas. These additional requirements put stress on the full workload of our staff.

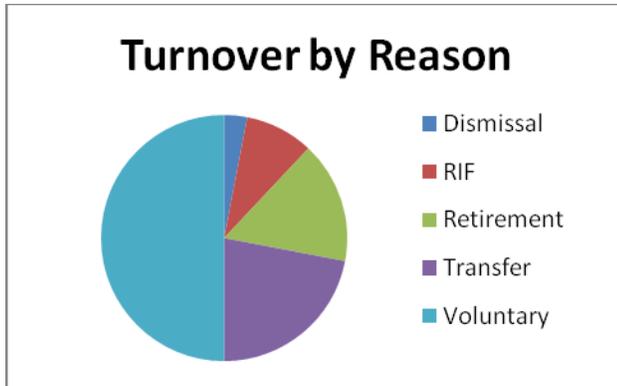


TMB has experienced a large growth in applications for physician licensure in the last three years and the Legislature addressed the need for additional licensure staff during the last session. Now, the agency is experiencing large growth in the number of complaints received and is unable to meet statutory deadlines for completion of investigations. The number of complaints in FY 2007 increased by 26% over previous highs and FY 08 numbers are projected to be 26% greater than FY 07 and 62% greater than in FY 06. There are currently 68 staff in the Enforcement Division and an additional 10 staff are needed in order to meet the deadlines imposed by statute for the investigation and close of complaints.

Employee Turnover

The turnover rate during 2007 was 24%. This poses an ongoing recruiting issue for TMB. TMB's turnover rate has been trending up the last few years and is higher than the average State turnover and other Regulatory agencies. Our exit interview data shows that we are losing employees to other agencies for higher salaries.





Projected Turnover Rate Over the Next Five Years

TMB's 2007 turnover rate of 24% is significantly higher than the State's average and we anticipate that employee turnover will stay at a high level if we are not able to address certain issues regarding salary issues. Salary levels also create difficulty in recruiting qualified employees to fill vacancies.

Percentage of Workforce Eligible to Retire

TMB estimates that approximately 8% - 20% of its workforce will be eligible to retire in the next five years. Eleven employees are currently eligible to retire and another 18 employees may reach their eligibility within the next two years.

Workforce Skills Critical to TMB's Mission and Goals

It is critical that the TMB employ employees who maintain the necessary skill set and knowledge that is needed to meet the overall mission and strategic goals and objectives of the agency. TMB has set the following requirements for the major jobs:

Investigation:

- Graduation from an accredited university with an RN, LVN, or PA degree
- Licensed in good standing to practice as a nurse or physician assistant in Texas
- Extensive experience in nursing, healthcare, medical quality assurance, clinical, investigative, and paralegal

Licensing:

- Graduation from an accredited four-year college or university
- Administrative support experience
- Experience reviewing and/or processing applicant files for a regulatory agency

Litigation:

- Graduation from an accredited law school with an L.L.B. or J.D. degree
- Licensed in good standing to practice law in Texas
- Litigation experience in administrative, regulatory or health law, or prosecutorial experience

Technology Skills:

All staff will have to be minimally proficient in various technologies as it relates to the job function. TMB is moving to paperless functions and this means that all staff will need to be proficient with Microsoft Office, the imaging program used, web-based services and record retention technology.

Customer Service:

All staff will need to continue providing excellent customer service to the TMB's customers, both internal and external.

Salary Levels

Due to budgetary constraints, TMB usually must hire new employees at the minimum of the salary range. Currently, over 78% of all employees are paid below the midpoint of their salary group. Other agencies routinely hire at midpoint, making it difficult for TMB employee salaries to remain competitive. For similar reasons, TMB also rarely awards merit increases which increase employees' base salaries. Rather, we must provide one-time lump sum payments for performance which do not continually increase employees' due to budgetary reasons.

TMB Salary

TMB Salaries



Future Workforce Profile

Expected Workforce Changes

TMB's service load has increased due to increased numbers of new physicians and applicants for licensure and increased numbers of complaints received. Advances in technology will greatly impact the TMB by requiring that employees be able to function proficiently in a business environment that is dependent upon electronic data and documents. In addition, individuals hired for field positions must have access to high-speed internet in order to work with the TMB's web-based electronic document system.

Future Workforce Skills Needed

TMB will need employees with skills that allow them to analyze complex information, make decisions, communicate effectively, and work in a team environment. Staff will also need technology skills to function in a paperless environment.

Anticipated Changes in the Number of Employees Needed

TMB does not have adequate staff to meet current demand for services. The number of physicians holding a Texas license has increased by 17% in the last five years. While the legislature provided new FTEs for this biennium to meet the increased demand for licensure, there is now a significant increase in the number of investigations required. The number of investigations open now is 62% higher than it was when the last Strategic Plan was published in FY 06. Additional enforcement staff will be required if the TMB is to meet statutory deadlines for closure of complaint investigations. It is anticipated that the demand for TMB services will continue to grow based on demographic projections for the state, the business climate that is attractive to physicians, and the legislative interest in increasing the health professions workforce in underserved areas.

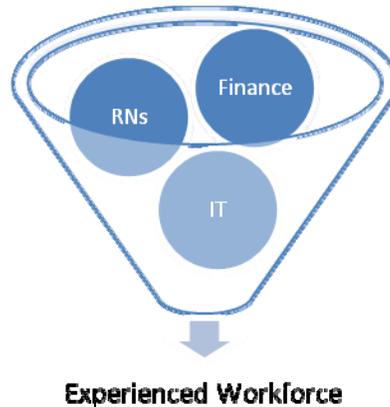
We also anticipate growth in our reliance on information technology and the required staff to support operations.

Gap Analysis

Anticipated Shortage of Employees

TMB anticipates shortages of employees in the following areas:

- **RNs** - We anticipate the need for additional RNs by the end of the next five year cycle. These employees will be needed in the Enforcement Department to investigate alleged violations of the law and rules and one will be used in a consultant capacity to interpret complex practice issues and prepare cases for litigation. TMB salaries are not competitive for RNs, making it more difficult to fill positions.
- **Experienced Finance/Budget Professionals** – The shortage of skilled finance and budget staff is already apparent as the agency has been unable to fill positions over the current biennium.
- **Skilled IT Professionals** – The shortage of skilled IT professionals is already apparent as the agency has experienced difficulty in filling such positions this biennium and postings have been open for months before filled.



Anticipated Shortage of Skills

TMB anticipates a shortage of skills in the following areas:

- **Supervisors**– TMB has identified a need for additional supervisory skills to manage front-line staff. Due to succession planning, we will need to develop this management team to move up with little or no training and orientation. We also see a deficit in change management, process re-engineering and problem solving skills. This will require ongoing internal training to match the agency culture and expectations.
- **Manager/Director** – TMB had identified that that there are management positions that will be vacated in the next 2 – 5 years due to retirements and other possible career moves. TMB needs to provide salaries that are sufficiently competitive to retain lower and mid-level employees in order to develop the required maturity of experience so these employees can move into management positions.
- **Skilled Professionals** – TMB has experienced increasing difficulty in recruiting professional employees, particularly in the areas of Law, Finance, and IT. Interviews and job offers have been declined because agency salaries were not competitive with other available positions in state government or the private sector.

Salary Issues

TMB salaries are not competitive for RNs, making it more difficult to fill positions. The agency has had difficulty filling Finance and IT positions due to salary issues. We also have trouble remaining competitive with other agencies and the private sector because we cannot utilize the full salary range

for positions due to budgetary constraints. Our turnover rate also shows that we are losing employees at a higher rate than other agencies.

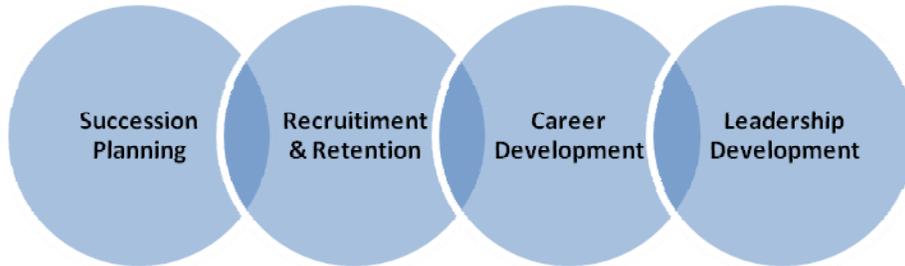
Summary

The most important fiscal issues for the next biennium are requests for additional funding to:

- Hire additional staff for investigations, litigation and compliance functions.
- Increase operational funds for merit increases to retain employees
- Increase starting salaries to attract qualified applicants.
- Increase retention funding to provide career ladders and to upgrade positions that are either underclassified or underpaid.

Workforce Strategies

TMB will initiate the following strategies to address the gaps identified in our workforce analysis.



Strategy 1 -
Succession
Planning
TMB
will
develop

Develop a succession plan that addresses key management positions currently filled by employees who will soon be eligible to retire. We will identify potential employees who could move into these key management positions and prepare them through a combination of informal executive mentoring and formal management/leadership training.

Strategy 2 – Recruitment and Retention Programs.

TMB will initiate programs to recognize and reward employee commitment and dedication. Examples of programs being considered include:

- When appropriate, flexible schedules for employees who perform satisfactorily will be developed, to allow greater individual emphasis to be placed on personal/home priorities while at the same time accomplishing TMB goals and objectives.
- Request additional operating funds in the next legislative session to enhance employee compensation especially in the recruitment and retention of employees.
- Increased communication of educational reimbursement opportunities for employees who wish to obtain outside education/training directly related to their job duties.
- Professional development activities to support employee's specific job duties.
- Career ladders for classified positions to provide financial incentives for employees with critical skills and abilities to stay in their positions.
- Classification and compensation study to determine if current positions are being paid competitively in the market.
- Closer analyses of positions that indicate high turnover rates.

Strategy 3 - Career Development Programs

TMB employees will be encouraged to attend career development programs and training, at agency expense and on agency time. In addition, the TMB will research and develop in-house development programs for employees to assist them in reaching their maximum personal and professional potential. TMB will provide ongoing employee training in the following areas:

- Communications
- Team-Building
- Personnel Policies
- New Technologies

Strategy 4 - Leadership Development

A management development program addressing first line and senior management development will be developed and staff training will be supported to attend these activities. Focus will be on managing employee performance and core supervision/management skill development. First-line supervisor training also will be developed to address supervision issues that have high impact on employee morale and retention. Topics for supervisor training will include:

- Motivating and managing employee performance
- Proper performance evaluation strategies
- Techniques for creating appropriate workplace environments
- Process re-engineering
- Change management
- Problem solving

Appendix G: Historically Underutilized Business Plan

The Texas Medical Board (TMB) is constantly looking to work with businesses certified as Historically Underutilized Business (HUBs). The goal of this good-faith effort is to actively involve HUBs in the Texas procurement process and ensure they receive a fair share of state business.

HUBs consist of the following characteristics:

- is at least 51% owned by an Asian Pacific American, Black American, Hispanic American, Native American and/or American woman,
- is an entity with its principal place of business in Texas, and
- has an owner residing in Texas with a proportionate interest that actively participates in the control, operations and management of the entity's affairs.

The TMB is committed to offering contracting opportunities to all Texans. TMB's goal is to award at least 20 per cent of the total value of professional services contracts to HUBs each fiscal year. TMB is committed to assisting HUBs by providing equal opportunities to compete for procurement opportunities within the agency. In accordance with Texas Gov't Code §2161.252 and Texas Administrative Code §20.14, each state agency (including institutions of higher education) as defined by §2151.002 that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. If subcontracting opportunities are probable, each state agency's invitation for bids or other purchase solicitation documents for construction, professional services, other services, and commodities with an expected value of \$100,000 or more shall state that probability and require a HUB Subcontracting Plan (HSP)

In order for TMB to reach its goals it has put into place several objectives. The following is a listing of those objectives:

- Comply with HUB planning requirements;
- Comply with HUB reporting requirements;
- Ensure that a good faith effort is made to increase the award of goods and services contracts to HUBs;
- Utilize the TBPC HUB directory of approved vendors;
- Purchase from local HUB vendors when possible;
- Adhere to TBPC purchasing procedures and requirements of the HUB program.

TMB, in an effort to reach its HUB goals and meet its objectives, has a strategy plan that includes specific programs to be conducted by the agency in order to reach those goals and meet its objectives. Some of those strategies include:

- Inform staff of procurement procedures that encourage HUBs to compete for state contracts;
- Utilize available HUB directories to solicit bids;
- Maintain a HUB procurement reporting system (Purchase Order Log) for reporting all contracts and purchases to HUBs;

- Specify reasonable, realistic contract specifications, and terms and conditions consistent with agency requirements to encourage greater participation by all small businesses;
- Support the designated HUB coordinator;

Monitor purchasing to ensure that agency goals are met.