

# AGENCY STRATEGIC PLAN

FISCAL YEARS 2021 TO 2025

BY

THE TEXAS MEDICAL BOARD

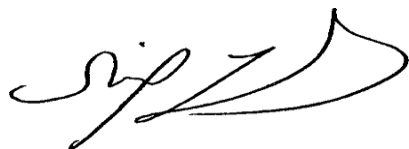
<u>Board Member</u>	<u>Dates of Term</u>	<u>Hometown</u>
Arun Agarwal	Sept. 30, 2019 to April 13, 2025	Dallas
Sharon J. Barnes	April 17, 2018 – April 13, 2023	Rosharon
Devinder S. Bhatia, M.D.	Sept. 30, 2019 - April 13, 2025	Houston
Michael E. Cokinos	January 13, 2017 - April 13, 2021	Houston
George L. De Loach, D.O.	April 17, 2018 – April 13, 2023	Livingston
Kandace B. Farmer, D.O.	January 13, 2017 - April 13, 2021	Highland Village
Robert Gracia	April 17, 2018 - April 13, 2023	Richmond
Tomeka M. Herod	April 20, 2020 – April 13, 2025	Allen
J. "Scott" Holiday, D.O.	Dec. 17, 2008 - April 13, 2019	University Park
Jeffery L. Luna, M.D.	January 13, 2017 - April 13, 2021	Livingston
Roberto D. Martinez, M.D.	June 14, 2018 – April 13, 2019	Mission
Linda Molina, J.D.	June 14, 2018 – April 13, 2021	San Antonio
LuAnn Morgan	January 13, 2017 - April 13, 2021	Midland
Jayaram B. Naidu, M.D.	January 13, 2017 - April 13, 2021	Odessa
Satish Nayak, M.D.	Sept. 30, 2019 – April 13, 2025	Andrews
Manuel M. Quinones, Jr, M.D.	April 17, 2018 - April 13, 2023	San Antonio
Jason K. Tibbels, M.D.	Sept. 30, 2019 – April 13, 2025	Decatur
David G. Vanderweide, M.D.	April 17, 2018 - April 13, 2023	League City
Sherif Zaafran, M.D.	January 13, 2017 - April 13, 2021	Houston

**3 June 2020**



Stephen 'Brint' Carlton, J.D., Executive Director

APPROVED:



Sherif Zaafran, M.D., Board President

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## PART 1. STRATEGIC PLAN

### AGENCY 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.

### AGENCY OPERATIONAL GOAL AND ACTION PLAN

The agency's operational goal of efficient and effective regulation supports the mission to protect and enhance public health and safety and to ensure quality health care through licensure, discipline and education.

The action items listed below continue to ensure this goal can be accomplished by August 31, 2024.

### SPECIFIC ACTION ITEMS TO ACHIEVE AGENCY GOAL

1. Leverage technology to ensure efficient agency operations.
2. Implement timely license issuance for all license types.
3. Maintain well-defined, structured licensure and enforcement processes as required by state law.
4. Successfully complete all state required reporting and audit requirements and ensure public information is readily accessible online and via electronic publications.
5. Efficiently fulfill new legislative mandates as required after each legislative session.

### **Five Statewide Objectives**

1. *Accountable to tax and fee payers of Texas.*
2. *Efficient such that maximum results are produced with a minimum waste of taxpayer funds, including through the elimination of redundant and non-core functions.*
3. *Effective in successfully fulfilling core functions, measuring success in achieving performance measures and implementing plans to continuously improve.*
4. *Providing excellent customer service.*
5. *Transparent such that agency actions can be understood by any Texan.*

- The agency's goal and action items support each of the five statewide objectives by ensuring that both personnel and technological resources are continuously reviewed in order to successfully implement the core functions of licensure, enforcement, and education.
- The agency's action items ensure accountability and transparency through: open meetings of all associated boards and committees and rules stakeholders groups; publication of agency information, actions, and processes; and fulfilling all state agency reporting and audit requirements.
- The agency's action item for leveraging technology uses the following four initiatives to assist in meeting all five statewide objectives:

### **Agency Management System (AMS)**

The agency's automated licensee management system provides a highly integrated data management and workflow for any information about licensees. All agency staff use licensee information to provide information to all stakeholders including the health professionals, public, and legislators. The agency is continuously modernizing, upgrading and expanding the system based on legislative requirements, to improve customer service, and to improve efficiency.

### **Electronic Document Management System (eDMS)**

The agency uses electronic document management to centrally store, organize and access huge volumes of electronic information previously only available as paper copies or previously contained in separate systems. The eDMS includes multiple media types in addition to paper such as medical imaging. The Enforcement and Licensure processes use this system to facilitate collaboration, share data, increase customer service performance and reduce costs. Additionally, all agency staff and Board Members use the system to access documents and the system supports the ability of the agency to efficiently conduct board meetings using electronic information. This ongoing initiative provides for the maintenance and expansion of the capabilities as needed to support agency business needs.

### **TMB Online Presence**

This initiative is the ongoing maintenance and continued expansion of the agency's online presence, including improved mobile compatibility. The agency offers several online services to licensees and the public including online application, renewals, updates and the highly rated physician profile information including public disciplinary actions. Specific licensure applicants can now upload documents electronically through a desktop or mobile portal and licensees can request license verification electronically. Online applications offer improved convenience and faster service for licensees along with saving agency staff time entering data while reducing data entry errors.

### **Infrastructure**

Information technologies are vital for the agency to successfully meet its statutory requirements and offer excellent customer service with the resources available. A modern infrastructure

provides the foundation for all other technology initiatives. This initiative addresses the continuing need to invest in the agency’s infrastructure to meet changing business needs through cloud and other shared services. New legislative requirements, advances in technology, changing security requirements and the need to support a remote workforce require the agency to make regular improvements to increase the ability of the agency to securely store, process and transmit information.

**REDUNDANCIES AND IMPEDIMENTS**

<p><b>Service, Statute, Rule or Regulation (Provide Specific Citation If Applicable)</b></p>	<p><b>Describe why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations</b></p>	<p><b>Provide Agency Recommendation for Modification or Elimination</b></p>	<p><b>Describe the Estimated Cost Savings or Other Benefit Associated with Recommended Change</b></p>
<p>Statute: Texas Occupations Code Sec. 154.0561</p>	<p>Per statute, if standard of care/treatment violations are alleged, all relevant information, including medical records, must be reviewed by at least two members of the TMB Expert Panel. These expert panelists must be board-certified in the same or similar medical specialty as the respondent. While expert panelists are compensated for their time, participation is voluntary. These factors often contribute to significant delays in complaint resolutions. This issue is further exacerbated when the TMB is faced with retaining experts in more highly specialized</p>	<p>Permit the Board to proceed with only one expert panel review if their findings conclude that there was no Standard of Care issue.</p>	<p>Aside from resolving complaints in a timelier fashion, cost savings can also be achieved. The work for the Board is remunerated at \$100 per hour as established by Board rule and in alignment with over-all agency budget considerations. Of the 1006 complaints received in FY2019, typical reviews take between 5-10 hours depending upon case complexity. In consideration that the second reviewer concludes the same findings about 66% of the time, this would result in about a 30% savings to an \$1.8 million-dollar expense (FY2019).</p>

	fields where there is an inherent lack of experts to call upon.		
Service: Licensure (Physician)	The inability to participate in the Compact establishes a barrier to entry for physicians licensed in another state wishing to lend their talents to Texans in need.	Legislative/statutory authority required to join the Compact.	Participation in the Compact would expedite and simplify physician licensing for those seeking to practice medicine in multiple states. It could also help with the expansion of state telemedicine use by expediting the licensure of doctors in other states, including specialists in various medical fields, to practice in Texas. Additionally, when faced with a public health crisis like COVID-19, the state would already have more doctors readily available and TMB could avoid establishing a special process to allow out of state physicians to temporarily practice here during such a time which would save time and resources. Finally, additional licensure revenue could be collected from out of state physicians seeking licensure in Texas through the Compact.

<p>Statute 153.007C</p>	<p>Given that there are only two options to serve subpoenas, either personally or by certified mail, this results in extraneous expense in both time and resources. This impediment has been exacerbated by the COVID19 pandemic.</p>	<p>An allowance for electronic delivery and verification of subpoenas. This could be achieved via email or an online verification system through MyTMB where Board staff can track and verify that the recipient has received the subpoena.</p>	<p>Savings on both certified mail and mileage costs.</p>
<p>Texas Occupations Code Sec. 168.001, 168.002(7), and 168.102(a)</p>	<p>Current statute makes it difficult to discern who must apply for a certificate to operate a pain management clinic (PMC) in Texas which creates an administrative burden for TMB. Currently, every physician working or affiliated with a clinic is required to apply. Furthermore, the exemption provided for in TX Occupations Code 168.002(7) is so broadly defined, that it results in a significant, if not a majority, of all clinics never obtaining a certificate.</p>	<p>The PMC certificate should be required to be obtained by either the physician owner or the medical director. If the owner is out of state and not a Texas licensed physician, then a Texas licensed physician who is the medical director, must apply for the PMC certificate. Remove the exemption for physicians currently in statute, Texas Occ. Code, Sec., 168.002(7).</p>	<p>Registered PMCs are subject to periodic inspection by the Texas Medical Board to ensure accountability in opioid prescribing practices and other operations. A statutory change resulting in more PMCs being registered will not only enhance accountability, but it will allow Texans seeking care from a PMC to more easily locate a clinic since all PMCs registered with the Board are listed on the TMB's website.</p>

## **PART 2. SUPPLEMENTAL SCHEDULES**



## SCHEDULE A: BUDGET STRUCTURE

### GOALS, OBJECTIVES AND PERFORMANCE MEASURES

#### A. Goal: LICENSURE

Protect the public by licensing qualified practitioners, and 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 and its associated boards and advisory committees.

#### Objective

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

#### 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.

#### Output Measures (8)

- 1 Number of New Licenses Issued to Individuals: Physician
- 2 Number of New Licenses Issued to Individuals: Allied Health Professionals **(new measure)**
- 3 Number of New Licenses Issued to Individuals: Physician Limited License **(new measure)**
- 4 Number of New Licenses Issued: Business Facilities **(new measure)**
- 5 Number of Licenses Renewed (Individuals): Physician
- 6 Number of Licenses Renewed (Individuals): Allied Health Professionals **(new measure)**
- 7 Number of Licenses Renewed (Individuals): Physician Limited License **(new measure)**
- 8 Number of Licenses Renewed: Business Facilities **(new measure)**

#### Efficiency Measures (2)

- 1 Average Number of Days for Individual License Issuance: Physician
- 2 Average Number of Days for Individual License Issuance: Allied Health Professionals **(new measure)**

#### Explanatory Measures (4)

- 1 Total Number of Individuals Licensed: Physicians
- 2 Total Number of Individuals Licensed: Allied Health Professionals **(new measure)**
- 3 Total Number of Individuals Licensed: Physician Limited License **(new measure)**
- 4 Total Number of Business Facilities Registered **(new measure)**

**B. Goal: ENFORCE MEDICAL ACT**

To 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 and its associated boards and advisory committees.

**Objective**

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

**Outcome Measures (6)**

- 1 Percent of Complaints Resulting in Disciplinary Action: Physician
- 2 Percent of Complaints Resulting in Disciplinary Action: Allied Health Professionals **(new measure)**
- 3 Percent of Complaints Resulting in Remedial Action: Physician
- 4 Percent of Complaints Resulting in Remedial Action: Allied Health Professionals **(new measure)**
- 5 Percent of Documented Complaints Resolved Within Six Months: Physician
- 6 Percent of Documented Complaints Resolved Within Six Months: Allied Health Professionals **(new measure)**

**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.

**Output Measures (2)**

- 1 Number of Complaints Resolved: Physician
- 2 Number of Complaints Resolved: Allied Health Professionals **(new measure)**

**Efficiency Measures (2)**

- 1 Average Time for Complaint Resolution: Physician
- 2 Average Time for Complaint Resolution: Allied Health Professionals **(new measure)**

**Explanatory Measures (2)**

- 1 Jurisdictional Complaints Received and Filed: Physician
- 2 Jurisdictional Complaints Received and Filed: Allied Health Professionals **(new measure)**

**B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM**

Protect Texas citizens by identifying potentially impaired physicians and other license types regulated by TMB's associated boards and committees; and directing these practitioners to evaluation and, if necessary, to treatment and monitoring for the participants in recovery.

**Output Measure (4)**

- 1 Number of Physicians voluntarily participating in the Texas Physician Health Program **(new measure)**
- 2 Number of Allied Health Professionals voluntarily participating in the Texas Physician Health Program **(new measure)**
- 3 Number of Physicians Ordered to Participate in the Texas Physician Health Program **(new measure)**
- 4 Number of Allied Health Professionals Ordered to Participate in the Texas Physician Health Program **(new measure)**

**B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION**

Improve public awareness by providing information and educational programs through public presentations, outreach to medical societies and professional associations, medical school visits, agency website and publications, and appropriate social media.

**Output Measure (1)**

- 1 Number of Unique Outreach Efforts **(new measure)**

## SCHEDULE B: LIST OF MEASURE DEFINITIONS

### A. Goal: LICENSURE

#### A.1.1. Strategy: LICENSING

<b>Licensing Output Measure 1</b>	<b>Number of New Licenses Issued to Individuals: Physician (Key)</b>
<i>Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed.
<i>Purpose</i>	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.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
<b>Licensing Output Measure 2</b>	<b>Number of New Licenses Issued to Individuals: Allied Health Professionals (Key)</b>
<i>Definition</i>	The number of licenses issued to allied health professionals for the following types of licenses during the reporting period: physician assistants, acupuncturists, surgical assistants, acudetox specialists, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry. Includes new licenses issued, and licenses reissued after having lapsed.
<i>Purpose</i>	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.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
<i>Methodology</i>	Number of new licenses issued and licenses reissued after having lapsed, during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Licensing Output Measure 3</b>	<b>Number of New Licenses Issued to Individuals: Physician Limited Licenses (Non-Key)</b>
<i>Definition</i>	The number of Physician Limited Licenses issued to individuals during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure registration issuance. This measure is a primary workload indicator which is intended to show the number of unlicensed unregistered/non-certified persons which were documented to have successfully met all criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new permits during the reporting period. Number of licenses, registrations and certificates issued to individuals during the reporting period. Includes newly issued and reissued after having lapsed. Types in this group are: Physicians in Training permits, faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, and DSHS-MUA temporary licenses.

<i>Data Limitations</i>	The agency has no control over the number of applicants who seek these license types, nor does the agency have control over the number of slots available to Physicians in Training in qualified Texas training programs.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Licensing Output Measure 4</b>	<b>Number of New Licenses Issued to Business Facilities (Non-Key)</b>
<i>Definition</i>	The number of licenses, registrations, and certificates issued to Business Facilities during the reporting period.
<i>Purpose</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure registration issuance. This measure is a primary workload indicator which is intended to show the number of Business Facilities which were documented to have successfully met all criteria established by statute and rule as verified by the agency during the reporting period.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Number of new permits during the reporting period. Number of licenses, registrations and certificates issued to Business Facilities during the reporting period. Includes newly issued and reissued after having lapsed. Types in this group are: non-profit health organizations and pain management clinics.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek these license types.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Licensing Output Measure 5</b>	<b>Number of Licenses Renewed (Individuals): Physicians (Key)</b>
<i>Definition</i>	The number of licensed individuals who held licenses previously and renewed their license during the current reporting period.
<i>Purpose</i>	Licensure renewal 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 licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	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.)
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew (register) their license.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
<b>Licensing Output Measure 6</b>	<b>Number of Licenses Renewed (Individuals): Allied Health Professionals</b>
<i>Definition</i>	The number of licensed allied health professionals who held licenses previously and renewed (registered) their license during the current reporting period. This includes: physician assistants, acupuncturists, surgical assistants, acudetox specialists, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	Licensure renewal 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 licenses that were issued during the reporting period to individuals who currently held a valid license.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's databases.
<i>Methodology</i>	The number of registration permits issued to all licensed Allied Health Professionals during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew (register) their license.

<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Licensing Output Measure 7</b>	<b>Number of Licenses Renewed (Individuals): Physician Limited Licenses</b>
<i>Definition</i>	The number of Physician Limited Licenses which completed initial or renewal registrations during the reporting period..
<i>Purpose</i>	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, and organization. This measure is intended to show the number of registrations that were issued during the reporting period to individuals.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of registration permits issued to licensees, permit holders, registrants, and certificate holders 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, and DSHS-MUA temporary licenses
<i>Data Limitations</i>	The agency has no control over the number of individuals which seek licensure/registration.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Licensing Output Measure 8</b>	<b>Number of Licenses Renewed: Business Facilities</b>
<i>Definition</i>	The number of registered Business Facilities which completed initial or renewal registrations during the reporting period.
<i>Purpose</i>	Registration is intended to ensure that persons who want to continue to practice in their respective profession and businesses that want to continue to operate as non-profit health organizations or pain management clinics satisfy current legal standards established by statute and rule for professional



	education and practice, and organization. This measure is intended to show the number of registrations that were issued during the reporting period to business facilities.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of registration permits issued to licensees, permit holders, registrants, and certificate holders during the reporting period. Types in this group are: Non-profit Health Organizations and Pain Management clinics.
<i>Data Limitations</i>	The agency has no control over the number of business facilities which seek licensure/registration.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Licensing Efficiency Measure 1</b>	<b>Average Number of Days for Individual License Issuance: Physician (Key)</b>
<i>Definition</i>	The average number of days to process a physician license application of individuals licensed during the reporting period.
<i>Purpose</i>	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.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The average number of days between successful completion of the initial license application, including all expected documents, and the date each physician applicant is notified that the application evaluation is complete and he/she is eligible for a temporary license, for all physicians licensed during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No

<i>Target Attainment</i>	Lower than target
<b>Licensing Efficiency Measure 2</b>	<b>Average Number of Days for Individual License Issuance: Allied Health Professionals</b>
<i>Definition</i>	The average number of days to process a physician assistant, acupuncturist, surgical assistant, acudetox specialist, respiratory care practitioner, medical physicist, perfusionist, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry license application for all individuals licensed during the reporting period.
<i>Purpose</i>	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.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	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.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Lower than target
<b>Licensing Explanatory Measure 1</b>	<b>Total Number of Individuals Licensed: Physician (Key)</b>
<i>Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose</i>	The measure shows the total number of individual licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	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 permits holders (in programs they have not completed and who have an unexpired permit).
<i>Data Limitations</i>	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.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
<b>Licensing Explanatory Measure 2</b>	<b>Total Number of Individuals Licensed: Allied Health Professionals</b>
<i>Definition</i>	Total number of individual allied health professionals licensed at the end of the reporting period. This includes physician assistants, acupuncturists, surgical assistants, acudetox specialists, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCTs) included on the NCT registry.
<i>Purpose</i>	The measure shows the total number of individual allied health professions licenses currently issued which indicates the size of one of the agency's primary constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of active licenses, for all allied health professions license types, at the end of the reporting period.
<i>Data Limitations</i>	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.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Licensing Explanatory Measure 3</b>	<b>Total Number of Individuals Licensed: Physician Limited Licenses</b>
<i>Definition</i>	Total number of Physician Limited Licenses registered during the reporting period.

<i>Purpose</i>	The measure shows the total number of Physicians in Training permits, faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, and DSHS-MUA temporary licenses licensed at the end of the reporting period, which indicates the size of other agency constituencies.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	Total number of Physician Limited Licenses registered, active and inactive, but not cancelled or revoked, at the end of the reporting period.
<i>Data Limitations</i>	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.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Licensing Explanatory Measure 4</b>	<b>Total Number of Licensed Business Facilities</b>
<i>Definition</i>	Total number of business facilities registered during the reporting period.
<i>Purpose</i>	The measure shows the total number of business facilities registered at the end of the reporting period, which indicates the size of other agency constituencies. Included in this group are Non-profit health organizations and Pain Management clinics..
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	Total number of business facilities registered, active and inactive, but not cancelled or revoked, at the end of the reporting period.
<i>Data Limitations</i>	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.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes

<i>Target Attainment</i>	Higher than target
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**B. Goal: ENFORCE MEDICAL ACT**

<b>Enforcement Outcome Measure 1</b>	<b>Percent of Complaints Resulting in Disciplinary Action: Physician (Key)</b>
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in disciplinary action.
<i>Purpose</i>	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.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	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.
<i>Data Limitations</i>	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.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
<b>Enforcement Outcome Measure 2</b>	<b>Percent of Complaints Resulting in Disciplinary Action: Allied Health Professionals (Key)</b>
<i>Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action for seven allied health professions: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	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.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	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.
<i>Data Limitations</i>	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.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Enforcement Outcome Measure 3</b>	<b>Percent of Complaints Resulting in Remedial Action: Physician (Key)</b>
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action 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.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	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 a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative

<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
<b>Enforcement Outcome Measure 4</b>	<b>Percent of Complaints Resulting in Remedial Action: Allied Health Professionals (Key)</b>
<i>Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in a remedial plan which is a corrective non-disciplinary action for seven allied health professionals: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action 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.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of complaints resolved that resulted in remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
<i>Data Limitations</i>	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 a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Enforcement Outcome Measure 5</b>	<b>Percent of Documented Complaints Resolved Within Six Months: Physician</b>
<i>Definition</i>	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.

<i>Purpose</i>	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 which is an agency goal.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	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.
<i>Data Limitations</i>	The agency has no control over the number of 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
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
<b>Enforcement Outcome Measure 6</b>	<b>Percent of Documented Complaints Resolved Within Six Months: Allied Health Professionals</b>
<i>Definition</i>	The percent of complaints resolved during the reporting period, that were resolved within in a six month period from the time they were filed by the agency for seven allied health professions: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	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 each health occupation's respective practice act which is an agency goal.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	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.
<i>Data Limitations</i>	



	The agency has no control over the number of 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.
<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target

**B.1.1. Strategy: ENFORCEMENT**

<b>Enforcement Output Measure 1</b>	<b>Number of Complaints Resolved: Physician (Key)</b>
<i>Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose</i>	The measure shows the workload associated with resolving complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database
<i>Methodology</i>	The number of jurisdictional filed complaints dismissed by the Medical Board and the number of jurisdictional filed complaints where the Medical Board enters an order or remedial plan.
<i>Data Limitations</i>	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.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
<b>Enforcement Output Measure 2</b>	<b>Number of Complaints Resolved: Allied Health Professionals (Key)</b>
<i>Definition</i>	The total number of jurisdictional filed complaints, resolved during the reporting period, for seven allied health professions – acupuncturists,

	physician assistants, surgical assistants, medical radiologic technologists, respiratory care practitioners, medical physicists, and perfusionists.
<i>Purpose</i>	The measure shows the workload associated with resolving complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional filed complaints dismissed by the Medical Board or allied health professions boards and the number of jurisdictional filed complaints where the Medical Board or allied health professions boards enter an order or remedial plan.
<i>Data Limitations</i>	The agency has no control over the number of complaints received, which is the essential input before the agency can initiate action to resolve the complaint.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Enforcement Efficiency Measure 1</b>	<b>Average Time for Complaint Resolution: Physician (Key)</b>
<i>Definition</i>	The average length of time to resolve a jurisdictional filed complaint for all complaints resolved within the reporting period.
<i>Purpose</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The summed total of the number of calendar days that elapsed between the date the jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
<i>Data Limitations</i>	The agency has no control over the number of 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.

<i>Calculation Method</i>	Non-cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Lower than target
<b>Enforcement Efficiency Measure 2</b>	<b>Average Time for Complaint Resolution: Allied Health Professionals</b>
<i>Definition</i>	The average length of time to resolve a jurisdictional complaint, for all complaints resolved during the reporting period for seven allied health professions: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The summed total of the number of calendar days that elapsed between the date the jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
<i>Data Limitations</i>	The agency has no control over the number of 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..
<i>Calculation Method</i>	Non-Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Lower than target
<b>Enforcement Explanatory Measure 1</b>	<b>Jurisdictional Complaints Received and Filed: Physician (Key)</b>
<i>Definition</i>	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility.

<i>Purpose</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional 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 (jurisdictional-not-filed or JNF).
<i>Data Limitations</i>	The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.
<i>Calculation Method</i>	Non-Cumulative
<i>New Measure</i>	No
<i>Target Attainment</i>	Higher than target
<b>Enforcement Explanatory Measure 2</b>	<b>Jurisdictional Complaints Received and Filed: Allied Health Professionals (Key)</b>
<i>Definition</i>	The total number of jurisdictional complaints filed during the reporting period that are within the agency's jurisdiction of statutory responsibility for seven Allied Health professions: acupuncturists, physician assistants, surgical assistants, respiratory care practitioners, medical physicists, perfusionists, and all license types for medical radiologic technologists including non-certified medical radiologic technologists (NCT) included on the NCT registry.
<i>Purpose</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Data Source</i>	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Methodology</i>	The number of jurisdictional 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 (jurisdictional-not-filed or JNF).
<i>Data Limitations</i>	The agency has neither control over the number of complaints it receives, nor as to whether the complaint lies within agency jurisdiction for enforcement.
<i>Calculation Method</i>	Non-Cumulative

<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target

**B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM**

<b>Output Measure 1</b>	<b>Number of Physicians Voluntarily Participating in TXPHP (Key)</b>
<i>Definition</i>	The number of physicians and medical students who self-referred to the Texas Physician Health Program during the fiscal year.
<i>Purpose</i>	This measure shows the number of licensed individuals or medical students (who are not yet required to be licensed) who self-referred and are participating in the Texas Physician Health Program.
<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, and to include unlicensed medical students, is collected and stored by TXPHP staff in both paper and electronic formats.
<i>Methodology</i>	Reports will include the number of licensed individuals, as well as medical students, who have had signed contracts during the respective quarter for the cumulative year to-date number to be the total number of licensed individuals, as well as medical students, who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Output Measure 2</b>	<b>Number of Allied Health Professionals Voluntarily Participating in TXPHP (Key)</b>
<i>Definition</i>	The number of Allied Health Professionals who self-referred to Texas Physician Health Program during the fiscal year. Allied health professionals include licensees and certificate holders of the Texas Medical Board’s four affiliated advisory boards (Physician Assistant, Acupuncture, Medical Radiologic Technologist, and Respiratory Care) and three affiliated advisory committees (Medical Physicians, Perfusionists, and Surgical Assistants).
<i>Purpose</i>	This measure shows the number of allied health professionals who self-referred and are participating in the Texas Physician Health Program.

<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, is collected and stored by TXPHP staff in both paper and electronic formats.
<i>Methodology</i>	Reports will include the number of allied health professionals who have had signed contracts during the respective quarter for the cumulative year to-date number to be the total number of licensed individuals who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Output Measure 3</b>	<b>Number of Physicians Ordered to Participate in TXPHP (Key)</b>
<i>Definition</i>	The number of physicians and medical students who were ordered to participate in the Texas Physician Health Program during the fiscal year.
<i>Purpose</i>	This measure shows the number of licensed individuals or medical students (who are not yet required to be licensed) who have had disciplinary orders entered requiring the individual to participate in the Texas Physician Health Program.
<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, and to include unlicensed medical students, is collected and stored by TXPHP staff in both paper and electronic formats.
<i>Methodology</i>	Reports will include the number of licensed individuals, as well as medical students, who have had disciplinary orders entered during the respective quarter for the cumulative year to-date number to be the total number of licensed individuals, as well as medical students, who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target
<b>Output Measure 4</b>	<b>Number of Allied Health Professionals Ordered to Participate in TXPHP (Key)</b>

<i>Definition</i>	The number of allied health professionals who were ordered to participate in the Texas Physician Health Program during the fiscal year. Allied health professionals include licensees and certificate holders of the Texas Medical Board's four affiliated advisory boards (Physician Assistant, Acupuncture, Medical Radiologic Technologist, and Respiratory Care) and three affiliated advisory committees (Medical Physicists, Perfusionists, and Surgical Assistants).
<i>Purpose</i>	This measure shows the number of allied health professionals who have had disciplinary orders entered requiring the individual to participate in the Texas Physician Health Program.
<i>Data Source</i>	Data regarding the number of participants, and categorized by license/certification type, and to include unlicensed medical students, is collected and stored by TXPHP staff in both paper and electronic formats.
<i>Methodology</i>	Reports will include the number of allied health professionals who have had disciplinary orders entered during the respective quarter for the cumulative year to-date number to be the total number of licensed individuals who participated in TXPHP during the current fiscal year.
<i>Data Limitations</i>	TXPHP has no control over how many participants will enter into the program.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target

**B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION**

<b>Output Measure 1</b>	<b>Number of Unique Outreach Efforts</b>
<i>Definition</i>	Number of newsletters and press releases that are distributed to licenses and other individuals, as well as the number of off-site and web-based information presentations conducted for licensees and other individuals.
<i>Purpose</i>	Shows that agency is providing ongoing information to its licensed professionals and to the public.
<i>Data Source</i>	Data regarding the number of newsletters, press releases, off-site and web-based information presentations executed is collected by agency staff and stored electronically.
<i>Methodology</i>	The total number of unique outreach efforts: newsletters, press releases, off-site and web-based information presentations executed by agency staff.

<i>Data Limitations</i>	Press release volume is variable depending on agency happenings. The agency has no control over the number of education presentations requested.
<i>Calculation Method</i>	Cumulative
<i>New Measure</i>	Yes
<i>Target Attainment</i>	Higher than target



## **SCHEDULE C: HISTORICALLY UNDERUTILIZED BUSINESS PLAN**

Texas Administrative Code §20.13(b) requires that each state agency make a good faith effort to award procurement opportunities to businesses certified as historically underutilized. The goal of this good faith effort is to ensure that a fair share of state business is awarded to Historically Underutilized Businesses (HUBs). To be certified as a HUB, a business must:

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

### Use of Historically Underutilized Businesses

The Historically Underutilized Business (HUB) program is governed by the Texas Government Code, Title 10, Subtitle D, Chapter 2161. The purpose of the program is to increase contracting opportunities with the State of Texas for minority and women-owned businesses.

### HUB Participation

The Texas Medical Board (TMB) is continuously developing strategies to increase the agency's HUB participation and to ensure that the agency remains in compliance with all of the laws and rules established for the HUB program.

### HUB Outreach

The agency focuses on the manner in which awards are distributed among the various ethnic HUB groups. TMB's goal is to ensure that contract awards are distributed among all HUB groups and not concentrated within just one or two ethnic HUB groups. The agency distributes information regarding the HUB program at various HUB events.

### HUB Goal

To make a good faith effort to award procurement opportunities to businesses certified as historically underutilized.

### HUB Objective

To make a good faith effort to increase utilization of historically underutilized businesses. The TMB strives to meet the statewide HUB goals as established by the Comptroller of Public Accounts (CPA) and has implemented policies to ensure that contracts are awarded to HUB vendors who provide the best value and are the most cost-efficient to the agency. These current goals include 23.7% for professional services contracts, 26% for all other service contracts and 21.1% for commodities contracts. The TMB is committed to reach its goal of purchasing from Historically Underutilized business (HUBs). TMB is continually striving to increase procurements with HUB vendors and will continue to explore new opportunities whenever possible.

### HUB Strategy

In an effort to meet the agency's goals and objectives, TMB has established strategies that include:

- complying with HUB planning and reporting requirements;
- utilizing the CPA's Centralized Master Bidders List (CMBL) and HUB search to ensure that a good faith effort is made to increase the award of goods and services contracts to HUBs;
- adhering to the HUB purchasing procedures and requirements established by the CPA's Texas Procurement and Support Services division;
- informing staff of procurement procedures that encourage HUBs to compete for state contracts;
- holding internal agency meetings with HUB vendors;
- attending HUB Coordinator meetings, HUB small business trainings and HUB agency functions;
- utilizing HUB resellers from the Department of Information Resources' contracts as often as possible; and
- promoting historically underutilized businesses in the competitive bid process on all goods and services.

**SCHEDULE D: STATEWIDE CAPITAL PLAN** (*NOT APPLICABLE TO TMB*)

**SCHEDULE E: HEALTH & HUMAN SERVICES STRATEGIC PLAN** *(NOT APPLICABLE TO TMB)*

## SCHEDULE F: AGENCY WORKFORCE PLAN

### I. AGENCY OVERVIEW

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 regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education.

#### Goals, Objectives and Strategies

##### 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 and its associated boards and advisory committees.

- *Objective*
  - To ensure 100 percent compliance with Board rules by applicants for processing each licensure application in a timely manner in order to protect the public.
    - Strategy – Conduct a timely, efficient and cost-effective licensure process through specific requirements for credentials verification of initial licensure and license renewals.

##### B: Goal: Enforce Acts

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 and its associated boards and advisory committees.

- *Objective*
  - To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public.
    - Strategy – 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.
    - Strategy – Protect Texas citizens by identifying potentially impaired physicians and other license types regulated by TMB's associated boards and committees; and directing these practitioners to evaluation and, if necessary, to treatment and monitoring for the participants in recovery.
    - Strategy – Improve public awareness by providing information and educational programs through public presentations, outreach to medical societies and professional associations, medical school visits, agency website and publications, and appropriate social media.

### Agency Functions

TMB currently regulates, through licensure and enforcement, approximately 155,200 licensees and entities and is responsible for approximately 25 different types of licenses, permits, and certifications. Although TMB provides direct services to these licensees, the agency's primary responsibility is to protect the public by assuring professional standards and accountability of those who provide care to Texas patients.

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

With the conclusion of the 86<sup>th</sup> legislative session, the agency emerged from a multi-session Sunset review where a number of changes were addressed and the agency was reauthorized for another twelve years. The agency continues to work on the implementation of those changes but does not anticipate major changes to the agency's mission or current goals and strategies in the next five years.

### TMB's Organization and Structure

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 agency is organized by function, rather than by license type, to increase the efficiency of operations. The executive director oversees the agency's medical director as well as all of the agency's departments: General Counsel's Office, Licensure, Registrations, Enforcement Support, Investigations, Compliance, Governmental Affairs and Communications, Finance, and Information Technology.

## **II. CURRENT WORKFORCE PROFILE**

The TMB's talented workforce is the agency's greatest resource. However, it is often difficult to recruit and maintain staff. It continues to be a challenge to attract qualified applicants and minimize turnover due to the inability to consistently provide competitive salaries and merit raises or one-time merit bonuses. For FY20, TMB (including the Texas Physician Health Program) is authorized 217.5 FTEs in the General Appropriations Act, and as of May 31, 2020, has 202 actual FTEs.

### General Demographics:

The TMB workforce has the following composition in FY 2020:

- The average age of TMB's employees is 46 years. Approximately 66% of staff is age 40 or older compared to 58.08% of the state's workforce. The percentage of TMB employees under 30 is 6.2% and over 60 is 12.8%. The corresponding state workforce percentage as of May 31, 2020 is 17.65% for employees under age 30 and 11.28% for employees age 60 and older. The corresponding state workforce percentages for FY19 were 18.19% for employees under age 30 and 11% for employees age 60 and older. The corresponding state workforce percentages for FY18 were 18.13% for employees under age 30 and 11.08% for employees age 60 and older.

- TMB's current workforce continues to be predominantly female. The workforce split is 75.25% female and 24.75% male. In comparison, the current state's workforce is 53.68% female and 46.32% male. For FY 2019 the state's workforce was 53.30% female and 46.70% male and for FY18 it was 53.77% female and 46.23% male.
- Approximately 49% of the agency's current workforce is comprised of ethnic minorities, which is just under the state percentage of 50.18%. In FY19 the agency's workforce was approximately 48% comprised of ethnic minorities while the FY19 state's workforce was comprised of 49.65% ethnic minorities. In FY2018, approximately 51% of the TMB's workforce was comprised of ethnic minorities while the FY18 state's workforce was roughly 49%.

### Current Staffing Levels

The TMB's FTE cap increased by 9 FTEs (7 FTEs for TMB and 2 FTEs for TXPHP) from 208.5 FTEs in FY18 and FY19. The FTEs for FY20 is 217.5. The increase in FTEs was to address the continued impact and additional workload that the agency experienced due to Senate Bill 202 (2015) which transferred four license types from the Department of State Health Services (DSHS) to the TMB and increased the licensee population by almost 50% (approx. 46,000 licensees). The listing of the titles and salaries for the additional FTEs is listed below:

- 1 License Program Supervisor IV @ \$59,473/yr
- 1 License & Permit Specialist IV position @ \$43,493/yr
- 2 License & Permit Specialist III positions @ \$36,312; \$72,624/yr for both FTEs
- 1 Investigator VII position (Physician Investigator) @ \$90,713/yr
- 2 Call Center staff (License & Permit Specialist III positions) @ \$36,112; \$72,224/yr for both FTEs
- 1 Substance Abuse Counselor for TXPHP @ \$54,000/yr
- 1 Administrative Assistant IV for TXPHP @ \$41,500/yr

### Employee Turnover and Exit Interview Information

For the period covering September 1, 2019 through May 31, 2020, the current turnover is 3.96%. For FY19, it was 16.8% and for FY18 it was 20.9%. The TMB's turnover has seen a significant decrease (this includes transfers between state agencies). The Board's turnover for FY19 was 4.4 percent lower than the average state turnover rate of 21.2% (includes transfers between state agencies).

Employees responding to exit interviews since FY18 to the present have listed a variety of reasons for their choice of voluntarily terminating their employment with TMB. In addition to retirement, employees listed: took job at private sector, transfer to another state agency, self-employment, child-care, inadequate training, limited career opportunities, and location or transportation issues. However, one of the most common responses to what exiting employees would like to see changed at the agency was compensation and benefits. Additionally, it was noted that employees listed that they would want to work for the agency again when completing the State of Texas Employee Exit Survey.

### Projected Turnover Rate Over the Next Five Years

The TMB anticipates that employee turnover may continue to trend upward over the next five years since all departments will continue to experience very high volumes of workload and the agency requires high performance standards from all of its employees.

### Percentage of Workforce Eligible to Retire

As of May 31, 2020, the TMB estimates approximately 8.9% of its workforce will be eligible, or are already eligible, to retire within the next 12 months. The Board estimates that over the next five years, at least 15.3% of the current workforce will meet retirement eligibility requirements.

### Workforce Skills Critical to TMB's Mission and Goals

One thing is for certain, the way the TMB operates daily may likely change. Employees' workplace may be their home the majority of their weekly work schedule. A new way of performing some of the core business functions of the agency may need to be implemented. Employees will need to be able to adapt to changes in their workplaces. Employees will need to have the ability to continuously update and rejuvenate their work skills. The critical workforce skills and credentials needed for the agency to successfully continue to administer and provide services to our licensees, stakeholders, public, legislators, and other interested parties are listed below:

- Decision Making and Problem Solving
- Leadership Skills
- Emerging and Advanced Computer Technology
- Creativity and Innovation
- Ability to adapt to change
- Ability to be tech savvy
- Critical Thinking/Problem Solving
- Digital skills
- Communication
- Mediation/Conflict Resolution
- Customer Service
- Legislative Process
- Rulemaking
- Emotional Intelligence/Interpersonal Relationships
- Personal Responsibility
- Policy Development and Implementation
- Research/Writing/Editing
- Investigation
- Compliance Regulation
- Risk Assessment
- Data Analysis/Management
- RN, LVN, or PA credentials
- Paralegal credentials
- Healthcare/Medical Quality Assurance



- L.L.B. or J.D. Degree
- M.D. License
- Health Law

All employees must be minimally proficient in various technologies as it relates to the job function. Employees should have the ability to adapt quickly to changes in the processes and procedures of their departments, must have the aptitude to learn new technologies and develop the skills to use evolving tools to perform their work responsibilities. Employees must be proficient with Microsoft Office, the agency's imaging program, and web-based services.

### III. FUTURE WORKFORCE PROFILE

#### Expected Workforce Changes

With the current challenges employers and employees are now experiencing due to Covid-19, TMB eligible staff have been able to adapt to working remotely every work day of their weekly work schedule during this global crisis. Managers reported that employees' productivity has increased and that employees have become resourceful in order to successfully complete the work of their departments. Managers report that employees have what they need to successfully perform their work responsibilities. There were some initial setbacks with the Board's ability to conduct enforcement hearings remotely; however, IT/technology solutions were quickly implemented by staff. The agency's ability to establish a successful work remote plan for employees was due to the agency's current practice of allowing employees to work remotely 2 to 3 times a week. The agency's telecommuting policy had already identified and addressed all the possible issues that eligible employees experienced while working remotely. When Managers were surveyed to identify what resources or requirements employees would need to successfully work remotely, no significant requirements or needs were identified.

Since we do not know what the "new normal" will be in the workplace after this pandemic, the TMB should consider adopting and implementing some operational changes that call for a more virtual work environment. The TMB should be proactive rather than reactive in assessing what worked during this pandemic and then implement the successful processes and procedures into the daily work days of its employees. TMB's IT department will have a pivotal role in the agency's success for implementing a permanent virtual work environment. An assessment of our current hardware and infrastructure may need to be performed. The agency may see some cost-savings as the overhead expenses (e.g. rent, cost of utilities, etc.) may be reduced. Additionally, on-line meetings may replace actual face-to-face meetings. This would reduce travel expenses and other costs associated with travel for employees, board members, and other individuals who perform the work of the agency.

Even in the midst of this pandemic, the TMB must continue to meet legislative and public needs. The agency must continue to make better use of available budget/FTEs, and continue with cross-training within and outside of departments, especially if working remotely may now be the norm. Again, we have to be proactive in increasing the use of technology and automated

procedures to provide efficiency, streamline processes, and improve communication across departments.

#### Anticipated Changes in the Number of Employees Needed

It is anticipated that the demand for TMB services will continue to grow based on demographic projections for the state, new licensees to regulate, a business climate that is attractive to physicians, and the legislative interest in increasing the health professions workforce in underserved areas. It is imperative that the agency do everything possible to retain staff that performs functions critical to the agency.

#### **IV. WORKFORCE & GAP ANALYSIS**

With the recent additional funding for salary increases for all positions across the agency (Executive Director Position was excluded) received in FY19, the agency has seen a decrease in turnover. For the period covering September 1, 2019 through May 31, 2020, the current turnover is 3.96%. For FY19, it was 16.8% and for FY18 it was 20.9%. The TMB must continue to address workforce salaries to be competitive with other state agencies and the private sector due to continued difficulty in recruiting all level of positions across the agency, specifically in positions that require IT or medical expertise.

Key managerial staff and employees assigned to perform critical functions for the agency are either currently eligible to retire or will be eligible within the next two to five years. Succession planning and knowledge transfer provide the opportunity for the next generation of employees to launch new ideas that may improve and streamline services to new levels.

Due to budget constraints and the lack of competitive salaries, it continues to be difficult for departments to attract and retain staff with the skills needed to address change management, process re-engineering and problem solving at a supervisory level. Ongoing internal training to match the agency culture and expectations could assist with this deficit as well as additional funding for salaries.

#### **V. WORKFORCE STRATEGIES**

The TMB proposes the following strategies to address the issues identified in the workforce analysis.

##### ***Strategy 1 – Recruitment and Retention Programs***

Every department's goal is to attract and retain high performing individuals with valuable work skill sets. Therefore, a variety of recruitment and retention strategies are available throughout the agency including, but not limited to, the following:

- Promoting state benefits
- Providing telecommuting opportunities
- When funds permit, hiring above the minimum salary and awarding One-Time Bonus and Merit Increases
- Providing in-house promotional opportunities for current employees

- Providing flexible work schedules for positions that allow flexibility
- Professional development opportunities
- Recognition Programs
- Outstanding Performance Leave Awards
- Educational Leave/Scholarship opportunities
- Fitness Leave
- Expanding the size and diversity of the applicant pool by broadening the sites where jobs are posted.

### ***Strategy 2 - Career Development Programs***

All managers are responsible for planning the development needs for their employees. The Human Resources Department is able to assist each individual manager and employees to create development plans based on the required knowledge and skills.

### ***Strategy 3 - Leadership Development and Replacement***

The following are essential to the leadership development and replacement process:

- Identify pivotal positions across the agency that are critical to the mission and goals of the agency to include in the succession plan
- Develop methods for preparing and developing employees for advancement
- Develop processes and methods to transfer institutional knowledge
- Create a management development program for first-line and senior staff
- Provide more cross training opportunities between departments

## VI. 2020 SURVEY OF EMPLOYEE ENGAGEMENT

### Survey

The Institute of Organizational Excellence, part of UT Austin’s School of Social Work, administered the Survey of Employee Engagement to Texas Medical Board (TMB) employees in late January and early February 2020 and provided the results in late February 2020.

Many state agencies participate in this survey, which allows the TMB to compare itself to agencies of similar size and mission. TMB was compared to other agencies with between 101 and 300 employees and to agencies involved with the regulation of medical, financial and other service industries. The survey also allows the agency to compare current results to prior years.

The SEE is specifically focused on the key drivers relative to the ability to engage employees towards successfully fulfilling the vision and mission of the organization. The survey consists of 48 primary items used to assess essential and fundamental aspects of how an organization functions, potential barriers to improvement, and internal organizational strengths.

Similar items are grouped together and scores averaged to produce 12 “construct” measures. These constructs capture the concepts most utilized by leadership and drive organizational performance and engagement.

12 Constructs	
Workgroup	Internal Communication
Strategic	Pay
Supervision	Benefits
Workplace	Employee Development
Community	Job Satisfaction
Information	Employee Engagement

Additionally, six of the primary items are also used to assess the agency’s climate. These items address: harassment, ethics, fairness, supervisor feedback, and Executive leadership.

### Results

The survey was distributed to 198 TMB employees, of which 174 employees, or **87.9 percent**, responded. The TMB has a response rate that is considered high as it exceeds the 50 percent benchmark that suggests a strong level of soundness of the results. The TMB’s response rate is historically strong, and the 2020 response rate is an increase from the two prior surveys in 2016 (82%) and 2018 (77%).

### Overall Score

Agencies’ overall scores typically fall between 325 and 375. Overall scores above 350 are desirable, while scores above 400 are considered a product of a highly engaged workforce. **TMB’s overall score was 381**, 9 points higher than the overall score of 372 in 2018, and is back up to matching the 2016 score after taking a dip.

Scores above 350 suggest employees perceive the construct or dimension more positively than negatively, with scores higher than 375 indicating a substantial strength.

In contrast, scores below 350 suggest employees perceive the construct or dimension less positively, with scores below 325 indicating an area should be a significant source of concern for the organization.

### **TMB Strengths**

TMB's top three strengths are considered substantial strengths with each receiving a score of well above 375.

**Strategic, Score: 410**, captures employees' perceptions of their role in the organization and the organization's mission, vision, and strategic plan. Higher scores suggest that employees understand their role in the organization and consider the organization's reputation to be positive. This is an increase of 13 points from the previous score of 394 in 2018.

**Supervision, Score: 409**, captures employees' perceptions of the nature of supervisory relationships within the organization. Higher scores suggest that employees view their supervisors as fair, helpful and critical to the flow of work. Supervision was the highest scoring construct in the 2018 survey at 407.

**Workplace, Score: 403**, captures employees' perceptions of the total work atmosphere, the degree to which they consider it safe, and the overall feel. Higher scores suggest that employees see the setting as satisfactory, safe and that adequate tools and resources are available at the time. The Workplace score in 2018 was 400.

*\*Strategic, Supervision, and Workplace were also the top constructs in the 2018 SEE.*

### **Areas of Concern**

TMB areas of concern, the three lowest ranking constructs, had scores ranging from 215 to 376. As noted above, the tipping point between positive and negative employee perceptions on a construct is 350. While one of the constructs was part of TMB's lowest three, it still had a score greater than 350.

**Pay: Score 215**, captures employees' perceptions about how well the compensation package offered by the organization holds up when compared to similar jobs in other organizations. Lower scores suggest that pay is a central concern or reason for discontent and is not comparable to similar organizations.

The score has held steady at 215 since 2018; however, it is consistently lower than state agencies of similar size (269), with a similar mission (299), and all state agencies (277). Previously, TMB saw a three-biennium score increase from 2012 to 2016, topping out at 253. Even after receiving an across-the-board pay increase in fiscal year 2020, employee perceptions of this construct did not change.

**Employee Development: Score 335**, captures employees' perceptions about the priority given to their personal and job growth needs. Lower scores suggest that employees feel stymied in their education and growth in job competence. The Employee Development score increased 4 points from 331 in 2018.

**Benefits: Score 376**, captures employees’ perceptions about how the benefits package compares to packages at similar organizations and how flexible it is. Lower scores suggest that employees perceive benefits as not valuable or unfair in comparison to similar jobs in the community. The Benefits score increased 11 points from 365 in 2018.

**Climate Analysis**

While not scored as a Construct, the climate in which employees work is also surveyed using the following 6 primary items. The appropriate climate is a combination of a safe, non-harassing environment with ethical abiding employees who treat each other with fairness and respect. The climate in which employees work does, to a large extent, determine the efficiency and effectiveness of an organization.

The scores for climate are presented slightly differently. Scores above a 3.50 are viewed in the same way as Construct scores of 350, as being more positive than negative by employees.

<b>Climate Analysis</b>		
<b>ITEM</b>	<b>2020</b>	<b>2018</b>
Harassment is not tolerated at my workplace.	4.27	4.07
Employees are generally ethical in my workplace.	4.15	3.98
I believe we will use the information from this survey to improve our workplace.	3.48	3.25
I am satisfied with the opportunities I have to give feedback on my supervisor’s performance.	3.64	3.45
Upper management (Executive and/or Senior Leadership) effectively communicates important information.	4.22	3.86
I am treated fairly in my workplace.	4.09	3.98

When looking at the individual climate items for 2020, the scores ranged from 3.48 to 4.27. Of the six items, only one fell below the 3.50 tipping point: “I believe we will use the information from this survey to improve our workplace” had a score of 3.48. This equates to 19% of the respondents. Overall, the table reflects across the board improvements from 2018 to 2020.

**SCHEDULE G: WORKFORCE DEVELOPMENT SYSTEM STRATEGIC PLANNING** *(NOT APPLICABLE TO TMB)*

## SCHEDULE H: REPORT ON CUSTOMER SERVICE

### I. AGENCY OVERVIEW

The mission of Texas Medical Board (TMB) 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.

With the transfer of four license types and approximately 45,000 licensees to TMB from DSHS based on SB 202 (2015), agency staff supports five boards and two advisory committees. These are the: Texas Medical Board, Texas Physician Assistant Board, Texas State Board of Acupuncture Examiners, Texas Board of Medical Radiologic Technology, Texas Board of Respiratory Care, Medical Physicists Licensure Advisory Committee and Perfusionist Licensure Advisory Committee.

Consequently, the agency currently regulates approximately 155,200 licensees and entities and received approximately 8,800 complaints in FY 19. Overall, TMB is responsible for approximately 25 different types of licenses, permits, and certifications.

### II. CUSTOMER INVENTORY

TMB has identified 18 primary customer groups served by the strategies in all three TMB goals (licensure, enforcement, administration). Individuals, especially those regulated by TMB, may receive a variety of information and services from the agency and may be included in more than one customer category for the purpose of assessing customer service.

**Table 1** shows TMB's categories of customers, and information and services they receive by strategy for FY 19 - 20.

<b>Table 1 – Customers by Strategy and Services for FY 19 - 20</b>	
<b><i>Licensing &amp; Administrative Strategies – includes information and services provided by three departments (1) Licensing, (2) Registration and (3) Registration – Call Center</i></b>	
<b>Customer Categories</b>	<b>Services and Information Received</b>
<b>1) Applicants for licenses or permits</b> <b>2) Current license or permit holders</b>	<p>TMB issues initial licenses or permits to the following customer groups. The majority of these licenses/permits are renewed (registered) on either a biennial or annual basis.</p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Physicians-in-Training</li> <li>• Physician Assistants</li> <li>• Acupuncturists</li> <li>• Surgical Assistants</li> <li>• Medical Radiologic Technologists</li> <li>• Respiratory Care Practitioners</li> <li>• Medical Physicists</li> <li>• Perfusionists</li> </ul>



	<ul style="list-style-type: none"> <li>• Non-profit Health Care Entities</li> <li>• Non-certified Radiological Technicians</li> <li>• Acudetox Specialists</li> </ul>
<p>1 &amp; 2 above as well as all categories of TMB customers including:</p> <p><b>3) General Public (including patients)</b></p>	<p>Customer Service Support -</p> <p>The Registrations Department runs the agency's call center/customer service line which fields questions about licensure information and agency processes (and forwards as necessary to the appropriate departments) from all categories of TMB customers in addition to applicants and licensees - including the general public, other governmental entities, etc.</p> <p>The Registrations Department responds to the email received via the Customer Service email address and forwards to the appropriate departments as necessary.</p>
<p><b>4) Health Care Entities and State Regulatory Boards seeking verification of licensure</b></p>	<p>The Registrations Department responds to numerous verification requests for licensure of physicians and other license types. The department also provides license verifications to other state boards upon request of licensees.</p>
<p><b>Enforcement Strategy – includes information and services provided by four departments (1) Enforcement Support, (2) Investigations, (3) Litigation, and (4) Compliance</b></p>	
Customer Categories	Services Received
<p><b>5) Complainants</b> – individuals or entities that file complaints including patients, family or friends of patients, other health professionals, government agencies, law enforcement, TMB itself as the result of specific regulatory activities, or health care entities such as insurance companies.</p> <p><b>6) Respondents</b> (and representatives such as defense counsel) – a respondent is any licensee of the agency responding to a complaint inquiry including physicians, physician assistants, acupuncturists, surgical assistants, etc.</p> <p><b>7) Probationers</b> – a licensee fulfilling the terms of a remedial/corrective action or disciplinary order.</p>	<p>A complaint received by TMB against a licensed individual or entity triggers the enforcement process.</p> <p>Each complaint receives an initial review and if necessary is investigated to determine if a violation has occurred and, if so, what appropriate remedial/corrective or disciplinary action is needed.</p> <p>If a remedial plan or disciplinary action is issued by the board, then a compliance officer works with the licensee (probationer) to ensure the terms of the action are met.</p>
<p><b>Physician Health Program Strategy – information and services provided by the Texas Physician Health Program</b></p>	
Customer Categories	Services Received

<p><b>8) Self-referrals – TMB applicants and licensees.</b>  <b>9) Referrals - TMB, concerned colleagues, hospitals and others who may refer or suggest self-referral to TMB applicants and licensees.</b></p>	<p>The Texas Physician Health Program (PHP) is administratively attached to the Texas Medical Board, but overseen by an 11-member governing board.</p> <p>PHP is a non-disciplinary program that encourages physicians, physician assistants, acupuncturists and other licensees to seek early assistance with drug or alcohol-related problems or mental or physical conditions that present a potentially dangerous limitation or inability to practice medicine with reasonable skill and safety.</p>
<p><b>Public Education &amp; Administration Strategies – includes information and services provided by four departments: (1) General Counsel, (2) Governmental Affairs &amp; Communications, (3) Information Resources, and (4) Finance.</b></p>	
<p>Customer Categories</p>	<p>Services Received</p>
<p>In addition to many of the customers listed above, the following groups are also served by these departments.</p> <p><b>10) Elected Officials</b>  <b>11) Media/News outlets</b>  <b>12) Open Records Requestors</b>  <b>13) Oversight agencies</b>  <b>14) Professional associations and societies</b>  <b>15) Licensee/Respondent Representatives such as defense counsel and consultants</b>  <b>16) Vendors &amp; Contracted Professional Services</b>  <b>17) Medical schools, PA schools, and acupuncture schools</b>  <b>18) Hospitals</b></p>	<p>A wide variety of information and services are provided including:</p> <ul style="list-style-type: none"> <li>- TMB Website</li> <li>- Outreach presentations to medical societies, medical schools, and hospital groups</li> <li>- Responses to constituent information requests</li> <li>- Policy, rules, and regulations information</li> <li>- Responses to media inquiries</li> <li>- Open Records responses</li> <li>- TMB Data Products</li> </ul>

### III. DESCRIPTION OF THE SURVEY PROCESS

Over the years, TMB has utilized a variety of methods to survey its consumers, including automated surveys on incoming phone calls to the agency’s call center, and online surveys posted to the agency’s website.

This year’s survey focused on the satisfaction of the agency’s facilities, staff interactions, communications, website, complaint handling process, timeliness, printed information, and overall satisfaction with the agency. TMB created an online survey which was published to the homepage with a hyperlink directing customers to the online survey; the hyperlink was added to specific agency auto-reply email accounts; the agency’s call center directed callers to the online survey published on the homepage; and email correspondence was sent to all subscribers who receive TMB communications.

The first question was meant to identify the participant’s demographic category. The next thirteen items asked the participants specifically to rank their satisfaction level with the TMB and

the TMB’s website. The survey required responses to all fourteen items for submission. Ratings ranged from **Very Satisfied – Satisfied – Neither Satisfied nor Dissatisfied – Dissatisfied – Very Dissatisfied – Very Dissatisfied – Not Applicable**.

The primary limitation of the survey and its results was timing. When the survey was published TMB offices were closed to any visitors and the public due to the increased presence of COVID-19 in the state. In addition, individuals that did not call the customer service line, visit the website or were subscribed to receive TMB’s email correspondence, would not have had the option to participate.

**IV. CUSTOMER SATISFACTION SURVEY RESULTS AND ANALYSIS**

There were 3,743 survey participants. Participants primarily identified themselves as “Current Licensee” (3,388), followed by “Other” (210), “Public” (95), “Stakeholder” (32), and “Applicant” (18). See Table 1.

**Table 1**

Summary of Responses to Item #1						
	Current Licensee	Other	Public	Stakeholder	Applicant	Total
1) Which category best describes you?	90.52% 3,388	5.61% 210	2.54% 95	0.85% 32	0.48% 18	3,743

The majority of participants were either “satisfied”, “very satisfied” or selected “n/a” for each survey item.

Questions 2 – 8 sought feedback on the general impression of the TMB including agency’s facilities, staff interactions, communications, complaint handling process, timeliness, printed information, and overall satisfaction with the agency.

Surveying participants regarding their satisfaction with TMB facilities, 41% were satisfied or very satisfied, 39% indicated N/A; 44% were satisfied or very satisfied with staff interactions, 36% indicated N/A; 55% were satisfied or very satisfied with agency communications; 27% were satisfied or very satisfied with the complaint handling process, 46% indicated N/A; 38% were satisfied or very satisfied with the agency’s timeliness, 36% indicated N/A; 52% were satisfied or very satisfied with agency brochures or other printed information, 28% indicated N/A. Finally, 67% of the survey participants had overall satisfaction with the agency. **See Table 2.**

**Table 2**

	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Neither Satisfied or Dissatisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>N/A</b>
2) How satisfied are you with the agency's facilities, including your ability to access the agency, the office location, signs, and cleanliness?	18.46% 691	22.76% 852	14.37% 538	3.05% 114	2.43% 91	38.93% 1,457
3) How satisfied are you with agency staff, including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of nameplates or tags for accountability?	21.69% 812	22.04% 825	14.19% 531	3.69% 138	2.78% 104	35.61% 1,333
4) How satisfied are you with agency communications, including toll-free telephone access, the average time you spend on hold, call transfers, access to a live person, letters, electronic mail, and any applicable text messaging or mobile applications?	24.55% 919	30.19% 1,130	14.67% 549	7.21% 270	4.70% 176	18.67% 699

5) How satisfied are you with the agency's complaint handling process, including whether it is easy to file a complaint and whether responses are timely?	12.74% 477	14.32% 536	15.01% 562	5.56% 208	6.28% 235	46.09% 1,725
6) How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?	16.59% 621	21.80% 816	15.28% 572	5.66% 212	4.76% 178	35.91% 1,344
7) How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?	22.07% 826	29.92% 1,120	15.60% 584	2.64% 99	1.98% 74	27.79% 1,040
8) Please rate your overall satisfaction with the agency	27.06% 1,013	39.51% 1,479	16.99% 636	7.40% 277	5.90% 221	3.13% 117

Questions 9 – 14 of the survey asked the participants to help the agency understand their impression of the TMB's website ([www.tmb.state.tx.us](http://www.tmb.state.tx.us)) including the clarity and readability of the website content, organization/layout, ease of use of the site, mobile and information accessibility.

Of the total survey participants, 74% indicated that they were satisfied or very satisfied with the clarity and readability of the website content; 70% were satisfied or very satisfied with the organization/layout of the website; 69% were satisfied or very satisfied with the ease of use of the website; 43% were satisfied or very satisfied with the mobile access to the website, 36% selected N/A; 60% were satisfied or very satisfied with the information accessible through the website such as a listing of services and programs and whom to contact for further information or to complain. Overall 70% of the total survey participants were satisfied or very satisfied with the TMB website. **See Table 3.**

**Table 3**

	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Neither Satisfied or Dissatisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>N/A</b>
9) How satisfied are you with the clarity and readability of the website content?	29.58% 1,107	44.64% 1,671	14.13% 529	6.14% 230	2.00% 75	3.50% 131
10) How satisfied are you with the organization/layout of the website?	26.13% 978	43.47% 1,627	16.78% 628	7.48% 280	2.16% 81	3.98% 149
11) How satisfied are you with the ease of use of the website?	25.59% 958	42.99% 1,609	16.40% 614	8.07% 302	2.75% 103	4.19% 157
12) How satisfied are you with the mobile access to the website?	17.29% 647	25.41% 951	16.03% 600	3.37% 126	1.87% 70	36.04% 1,349
13) How satisfied are you with the information accessible through the site such as a listing of services and programs and whom to contact for further information or to complain?	22.68% 849	37.22% 1,393	18.73% 701	6.55% 245	2.70% 101	12.13% 454
14) What is your overall satisfaction rating with the TMB's website?	26.26% 983	42.88% 1,605	16.88% 632	7.45% 279	2.70% 101	3.82% 143

**V. ONGOING MEASURES OF CUSTOMER SATISFACTION**

TMB will continue researching other methods to measure customer satisfaction to ensure a robust survey process in future years. The agency generally receives feedback on services and processes throughout a given year from a wide variety of customers that interact with agency departments and processes – ranging from licensees’ feedback to interactions with consumers of medical services to feedback from other state agencies and elected officials.

**VI. PERFORMANCE MEASURES FY 20**Outcome Measures

66.57% Percentage of Surveyed Customer Respondents Expressing Overall Satisfaction with Services Received

Output Measures

N/A\* Total Customers Surveyed

N/A\* Response Rate (%)

500,000 Total Customers Served (estimated)

Efficiency Measures

\$0.01 Cost Per Customer Surveyed

Explanatory Measures

500,000 Total Customers Identified (estimated)

18 Total Customer Groups Inventoried

\*This number is not available as the survey was conducted online with information about the survey provided to all subscribers who receive TMB communications, those who were directed to the website by the agency's call center or email auto-replies, and anyone visiting the TMB website when the survey was taking place.