



Texas Medical Board

Agency Strategic Plan

Fiscal Years 2015-2019

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

AGENCY STRATEGIC PLAN

FOR FISCAL YEARS 2015 – 2019

BY

TEXAS MEDICAL BOARD

BOARD MEMBER	DATES OF TERMS	HOMETOWN
Michael Arambula, M.D.	November 15, 2006 – April 13, 2019	San Antonio
Julie Attebury	September 8, 2005 – April 13, 2017	Amarillo
(Charles) David Baucom	November 4, 2008 – April 13, 2015	Sulphur Springs
Devinder S. Bhatia, M.D.	May 10, 2013—April 13, 2019	Houston
Frank S. Denton	May 10, 2013—April 13, 2019	Conroe
John D. Ellis, Jr.	April 14, 2009 – April 13, 2015	Houston
Carlos L. Gallardo	January 23, 2012 – April 13, 2017	Frisco
Manuel G. Guajardo, M.D.	November 30, 2005 – April 13, 2015	Brownsville
J. “Scott” Holiday, D.O.	December 17, 2008 – April 13, 2019	University Park
Margaret C. McNeese, M.D.	May 26, 2006 – April 13, 2019	Houston
Allan Shulkin, M.D.	January 10, 2008 – April 13, 2015	Dallas
Robert Simonson, D.O.	May 10, 2013—April 13, 2015	Duncanville
Wynne M. Snoots, M.D.	April 14, 2009 – April 13, 2015	Dallas
Paulette B. Southard	July 12, 1999 – April 13, 2015	Alice
Karl W. Swann, M.D.	May 10, 2013—April 13, 2019	San Antonio
Stanley S. Wang, M.D., J.D.	April 19, 2011 – April 13, 2017	Austin
Timothy Webb, J.D.	May 2007 – April 13, 2019	Houston
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Irvin E. Zeitler, Jr., D.O.	June 13, 2006 – April 13, 2017	San Angelo

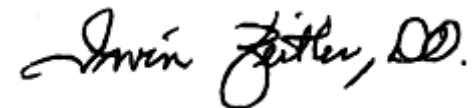
JUNE 23, 2014

SIGNED:



Mari Robison, J.D., Executive Director

APPROVED:



Irvin E. Zeitler, D.O., Board President

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I. STATEWIDE STRATEGIC PLAN ELEMENTS

STRENGTHENING OUR PROSPERITY

THE STATEWIDE STRATEGIC PLANNING ELEMENTS FOR TEXAS STATE GOVERNMENT

March 2014

Fellow Public Servants:

Since the last round of strategic planning began in March 2012, our nation's economic challenges have persisted, but Texas' commitment to an efficient and limited government has kept us on the pathway to prosperity. Our strong economic position relative to other states and the nation is not by accident. Texas has demonstrated the importance of fiscal discipline, setting priorities and demanding accountability and efficiency in state government. We have built and prudently managed important reserves in our state's "Rainy Day Fund," cut taxes on small businesses, balanced the state budget without raising taxes, protected essential services, and prioritized a stable and predictable regulatory climate to help make the Lone Star State the best place to build a business and raise a family.

Over the last several years, families across this state and nation have tightened their belts to live within their means, and Texas followed suit. Unlike people in Washington, D.C., here in Texas we believe government should function no differently than the families and employers it serves. As we begin this next round in our strategic planning process, we must continue to critically examine the role of state government by identifying the core programs and activities necessary for the long-term economic health of our state, while eliminating outdated and inefficient functions. We must continue to adhere to the priorities that have made Texas a national economic leader:

Ensuring the economic competitiveness of our state by adhering to principles of fiscal discipline, setting clear budget priorities, living within our means, and limiting the growth of government;

Investing in critical water, energy, and transportation infrastructure needs to meet the demands of our rapidly growing state;

Ensuring excellence and accountability in public schools and institutions of higher education as we invest in the future of this state and ensure Texans are prepared to compete in the global marketplace;

*Defending Texans by safeguarding our neighborhoods and protecting our international border;
and*

Increasing transparency and efficiency at all levels of government to guard against waste, fraud, and abuse, ensuring that Texas taxpayers keep more of their hard-earned money to keep our economy and our families strong.

I am confident we can address the priorities of our citizens with the limited-government principles and responsible governance they demand. I know you share my commitment to ensuring that this state continues to shine as a bright star for opportunity and prosperity for all Texans. I appreciate your dedication to excellence in public service and look forward to working with all of you as we continue to chart a strong course for our great state.

Sincerely,

Rick Perry
Governor of Texas

The Mission of Texas State Government

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

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

The Philosophy of Texas State Government

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

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

Statewide Goals and Benchmarks

Priority Goal: Regulatory

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

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

Benchmarks

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

II. AGENCY STRATEGIC PLAN ELEMENTS

STRATEGIC PLANNING ELEMENTS FOR THE TEXAS MEDICAL BOARD

Texas Medical Board Mission and Philosophy

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.*

Philosophy

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

III. INTERNAL/EXTERNAL ASSESSMENT

A. INTRODUCTION

Although the Texas Medical Board's name and identity are based in the regulation of physicians, the agency regulates, through licensing and enforcement, a variety of health care professionals. In addition to the Texas Medical Board (TMB), agency staff also supports the Texas Physician Assistant Board and the Texas State Board of Acupuncture Examiners. The agency is also required to regulate surgical assistants, non-profit health care entities, non-certified radiological technicians, and acudetox specialists. In 2009, legislation passed creating the Texas Physician Health Program (PHP), for licensees seeking assistance with drug or alcohol-related problems or mental or physical conditions that impact their ability to practice with reasonable skill and safety. The program is administratively attached to TMB but has its own staff and governing board.

Overall, there are 15 different types of licenses, permits, and certifications for which the board is responsible. Continuous improvement has been the hallmark of the agency for the last ten years and it continues to manage ongoing changes and process review. The 83rd Legislature provided the agency with the resources and level of funding necessary to maintain its mission of public protection.

B. TEXAS MEDICAL BOARD - OVERVIEW OF SCOPE AND FUNCTIONS

Statutory Basis

The Texas Medical Board's statutory responsibilities and authority are based in 20 chapters of the Occupations Code. The Medical Practice Act, which governs the regulation of the practice of medicine, includes Chapters 151 through 168. The Physician Assistant Licensing Act is located in Chapter 204, the Acupuncture Act is located in Chapter 205, the Surgical Assistants Act is located in Chapter 206, and non-certified radiological technicians are regulated under Chapter 604.

Historical Perspective

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

The Texas State Board of Medical Examiners was formed in 1907 composed of 11 physician members appointed by the governor and confirmed by the senate. Sunset legislation passed in 1981 provided that three public members be added. The size of the board and the role of public members have expanded several times with the total now at 19 members of whom 7 are non-physicians. The 79th Legislature changed the name to the Texas Medical Board effective September 1, 2005.

In 1993, the legislature added responsibilities for licensing physician assistants to the agency. The 9-member Physician Assistant Board is composed equally of physicians, physician assistants and public members appointed by the governor. The Board of Acupuncture Examiners was also created

in 1993 to regulate the practice of acupuncture. The 9-member board includes 4 acupuncturists, 2 physicians and 3 public members, appointed by the governor.

Board Oversight and Participation

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

Agency Functions

TMB currently regulates approximately 76,000 physicians; 7,000 physician assistants; 1,100 acupuncturists; and 360 surgical assistants, in addition to other types of licenses, permits, and registrations. 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. The agency is organized by function, rather than by license type, to increase the efficiency of operations.

Executive Leadership

The executive director of the agency is appointed by the Medical Board and serves at the pleasure of the board as the chief executive and administrative officer of the agency. She is required to administer and enforce the Medical Practice Act under the supervision and at the direction of the board. The executive director participates in the Board's formulation of its mission, strategic plan, rules and policies and is required to plan, organize, coordinate, direct and evaluate the programs, activities and staff of the agency. The executive director also serves as the chief administrator of the Physician Assistant and Acupuncture Boards.

The Medical Practice Act requires the executive director, if not a licensed physician, to appoint a medical director who is a physician licensed to practice in Texas and who is primarily responsible for implementing and maintaining policies, systems, and measures regarding clinical and professional issues and determinations. The medical director also provides quality assurance oversight on standard of care issues within the enforcement and licensing departments, and provides crucial training to, and communications with, the members of the Board's expert physician panel.

In addition to the agency's executive office, there are ten departments and divisions. Each department head reports directly to the executive director and the department's functions are described in detail below.

Agency Divisions and Departments

Enforcement Division

TMB has four departments that comprise the enforcement division: Enforcement Support, Investigations, Litigation, and Compliance.

- Enforcement Support staff are located at the headquarters/Austin office and receive and process complaints and provide administrative support for all enforcement departments.
- The Investigations Department is comprised of:
 - Investigative staff completing an initial review of complaints to determine if an investigation should be opened. These include physician-investigators who review standard of care complaints and an attorney-investigator who reviews non-standard of care complaints.
 - Field investigators, who are registered nurses or have a nursing background, located throughout the state to conduct investigations.
- The Litigation Department includes attorneys, legal assistants and administrative support staff. It is the responsibility of this department to prepare and present a case that has been investigated and referred to Litigation, based on possible violations of statute and rule, for a hearing by either an Informal Settlement Conference (ISC) panel, a Show Compliance panel, or a Temporary Suspension panel. Litigation staff also draft the orders proposed by the panels to licensees. Additionally, this group is responsible for litigating all cases that are not settled through ISCs and have been referred for formal hearings by the State Office of Administrative Hearings.
- If there is a disciplinary action or remedial plan instituted by the board following the hearings mentioned above, it is the responsibility of the Compliance Department to ensure that the licensee complies with the terms of the board action.

Licensure Division

This division is composed of the Pre-Licensure, Registration and Consumer Services Department and the Licensing Department.

- The Pre-Licensure, Registration and Consumer Services (PRC) Department has three functions: 1) assisting applicants in pre-licensure; 2) registration of licenses and permits; and 3) providing information to consumers. Staff review applications for completeness and communicate with physician licensure and physician assistant applicants about missing documentation and the status of their applications. The department is responsible for answering the questions and possible complaints from the public concerning physicians, physician assistants, surgical assistants, acupuncturists, and other types of licenses, permits, or registrations. In addition, the department is responsible for all maintenance requirements on licenses, such as registration and issuance of annual or biennial permits, and cancellation of licenses when the required fees are not paid or the forms are not filed.

- The Licensing Department is responsible for processing applications for licenses for physicians, physician assistants, acupuncturists, and surgical assistants, as well as for permits for physicians in training and various others. Licensure analysts examine the application content and documentation to determine whether applicants meet requirements of the statute and rules. Analysts may request additional documentation from applicants if problems in training programs or prior practice settings exist. For example, licensure analysts often must review documentation from countries throughout the world to determine whether the applicants meet statutory requirements that their education be substantially equivalent to that provided by a Texas medical school.

General Counsel's Office

The General Counsel's office provides legal counsel to the executive director, medical director, division and department directors, Medical Board, Physician Assistant Board, and Acupuncture Board. In addition to the General Counsel, the office includes three Assistant General Counsels, who have the following duties: provide legal counsel to the Licensure and Customer Affairs Division, serve as Hearings Counsel to disciplinary panel members at ISCs, Show Compliance hearings, and Temporary Suspension hearings, draft rules for all three boards, respond to open record requests, and conduct legal research.

Governmental Affairs & Communications

The staff of this department implement initiatives that affect multiple agency departments, prepare routine and special agency reports, coordinate a variety of requirements from oversight agencies, and manage legislative issues and contacts. Additionally, staff are responsible for coordinating and organizing agency outreach programs for licensees and other stakeholders. The Communications Officer is responsible for public information and news releases issued by the agency, including the agency newsletter, responses to media inquiries, and the agency website.

Information Resources

The department is responsible for maintaining the agency's custom information management system and for planning and managing major projects to enhance agency information technology systems. Information Resources also provides technical support for all computers, laptops, network functions, board meetings and any administrative hearings conducted by the agency. The agency uses technology to increase productivity and efficiency with a finite amount of resources. Field investigators, professional consultants, and board members all rely on the agency's electronic document management system via web-based access to conduct agency business from field and remote locations.

Finance

The Finance division performs administrative and support functions for the agency including purchasing, accounts payable, accounts receivable, travel reimbursement, payroll, reception, property management, and mail distribution.

C. TEXAS PHYSICIAN HEALTH PROGRAM

The Texas Physician Health Program (TXPHP) is a confidential, nondisciplinary, therapeutic program created by the 81st Texas Legislature to promote the wellness of health care professionals licensed through the Texas Medical Board (TMB) and protect the public welfare by directing professionals to seek evaluation or treatment and monitoring for conditions which have the potential to compromise their ability to practice medicine with reasonable skill and safety.

TXPHP's enabling statute is Title 3, Chapter 167 of the Texas Occupations Code. Although administratively attached to TMB, TXPHP has its own 11-member governing Board, an advisory committee, and is authorized 7 FTEs. It became operational in January 2010 and is self-funded through participant fees.

The Texas Medical Association, the Texas Osteopathic Medical Association, and the Texas Medical Board worked together to establish and shape TXPHP. These organizations are key stakeholders in TXPHP's success to reach and encourage the medical community statewide to refer or self-refer practitioners who may benefit from TXPHP services.

D. TMB ORGANIZATIONAL ASPECTS & ISSUES

Location

The Texas Medical Board is headquartered in the Hobby Building in Austin, along with the other health regulatory and licensing agencies that compose the Health Professions Council. Co-location of these agencies facilitates sharing of services and information between them. TMB's investigators and compliance staff are located around the state and work remotely through the agency's electronic document management system.

Workforce Issues

Agency staff at all levels have an extremely high commitment to the mission of the agency, understand how their job contributes to fulfillment of the mission, and believe that the work they do is important. However, increases in workload, constrained resources, and an environment of continuous process improvement create stress for staff at all levels. Service demands require that every FTE be fully competent and productive and individuals who are unable to meet performance expectations soon separate from the agency. TMB management constantly strives to ensure appropriate and balanced staffing levels based on agency workload and to increase employee satisfaction to the extent possible. Detailed information about agency workforce issues is provided in both Appendix E, the TMB Workforce Plan, and Appendix F, the TMB Survey of Employee Engagement.

Human Resources Strengths & Weaknesses

Strengths

TMB's greatest strength is in the dedication of its employees to the mission of the agency. In FY 09, the agency implemented significant reclassifications of many staff positions, with corresponding salary adjustments, in order to address the dire need for internal and external consistency of position duties and compensation. In the past biennium, as budgets have allowed, TMB has been able to reward employee performance with limited merit bonuses and raises.

Given the current environment of limited resources, the agency continues to maintain its strengths and to make advancements as follows:

- identifying ways to retain long-term experienced employees,
- hiring talented new staff with relevant experience,
- accountability for employee work performance,
- strong leadership in managers and directors, and
- implementing non-financial incentives such as a telecommuting policy and a flex-time policy.

Weaknesses

The agency continues to work on improving communications between departments as well as between management and staff. The agency is also addressing staff requests for additional types of training, including training on internal agency operations, recent statutory changes and state agency reporting requirements.

Information Technology Accomplishments, 2012-2014

The Texas Medical Board (TMB) is dependent on efficient and cost effective Information Technology (IT). TMB completed several IT initiatives and projects from 2012 through 2014 which are listed below. Each accomplishment brought a combination of new or enhanced services, improved customer service or reliability to licensees, the public and agency staff. The end result is an improved ability for TMB to complete its mission.

- *My TMB* is a new web site for licensees. The site serves as a centralized place to securely interact with the agency, similar to many consumer websites. The initial *My TMB* applications allow licensees to change their contact information and register the prescriptive delegation agreements. Consultants and agency staff can also securely access information through *My TMB*.
- Migrated the online applications licensees use to apply for and renew a license to a new platform resulting in improved service levels and cost savings estimated at \$195K.
- Implemented online payment options for physicians participating in the Physician Health Program. Program participants can easily pay their fees through multiple methods.
- Integrated the Federal of State Medical Board's Uniform Application (UA) with the Physician license application. The UA offers a way to apply for licenses in multiple states through sharing core information including education and work history.
- Launched a redesigned website making information more accessible to visitors. The redesign included a content management system to reduce maintenance costs and speed updating.
- Implemented a Multimedia Evidence Storage System (MESS) working in conjunction with TMB's existing electronic document management service and providing centralized storage for any type of electronic media (medical, audio, and video) received during an investigation as evidence. Features include media importing and management
- The TMB Medical Image viewer displays medical imagery stored in the MESS while reducing the costs associated with shipping X-rays or CDs to reviewers located statewide. The viewer runs within TMB's secure network to protect patient data.
- Two applications focused on improving TMB internal operations. The upgraded the Human Resources application increases the security of data, improves tracking and reporting of

employee information. The agency’s intranet, *TMB-Net*, provides improved departmental and agency collaboration and communication.

- Several infrastructure initiatives finished, including network, server and desktop hardware and software upgrades. These projects provide a strong foundation allowing TMB to further improve service delivery and reduce costs through information technology.

E. FISCAL ISSUES

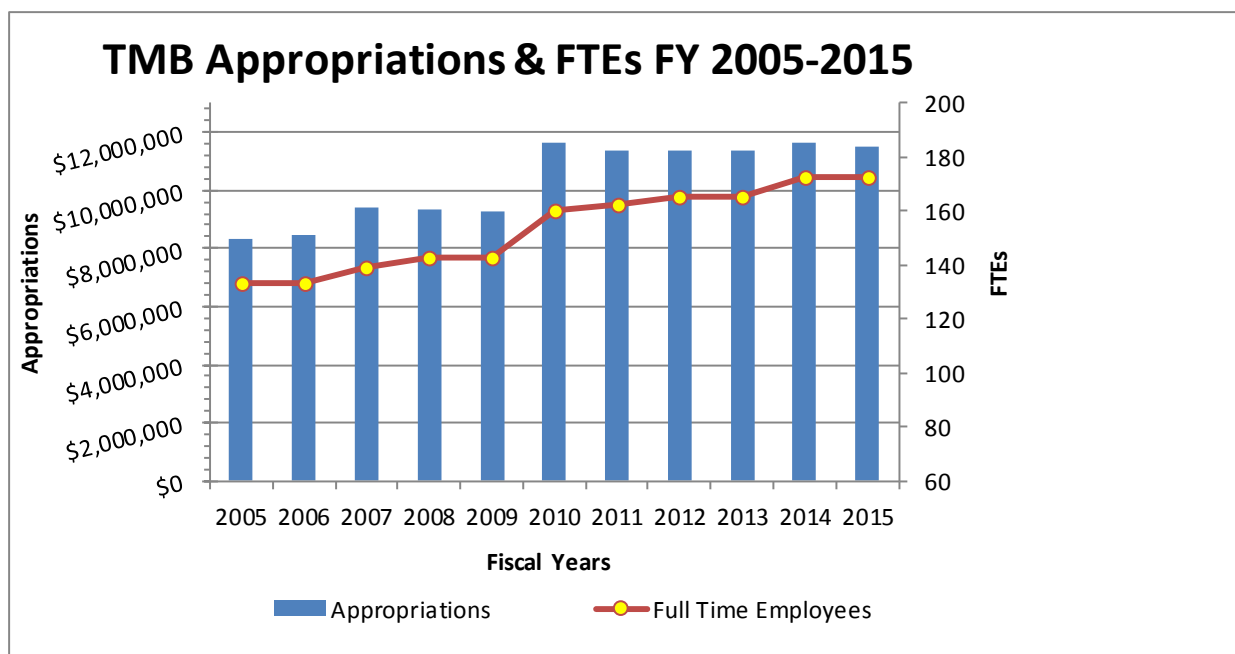
Budget Overview

The agency’s appropriation for the FY 14-15 biennium totals \$23.2 million, approximately \$11.6 million in each year. The agency was authorized 172.5 FTEs in each year of the biennium. The totals for both appropriations and FTEs include funding and FTEs authorized for the Texas Physician Health Program, which is administratively attached to TMB.

TMB is grateful to the 83rd Legislature for granting appropriations for three exceptional items: additional staff and operating costs for the Texas Physician Health Program, additional information technology resources for TMB, and additional staff and operating costs for inspections of pain management clinics and office-based anesthesia practice settings.

In terms of comparing revenue collections to agency annual appropriations, for the past few years TMB has, on average, collected in excess of \$35 million per year (including the state’s \$200 physician professional fee/surcharge) that goes to the state’s general revenue fund. TMB is appropriated approximately 1/3 of this revenue each year. As other licensing agencies are required to do, TMB must generate enough revenue to cover both its direct operating costs (appropriations) as well as indirect costs to cover appropriations made to other agencies for employee health benefits costs, retirement costs, etc.

The chart below depicts agency appropriations and FTEs from FY 05 to FY 15. For FY 10 through FY 15, funding and FTEs for the Texas Physician Health Program are also included.



Impact of Potential Budget Reductions

State leadership has not required agencies to reduce their operating budgets in FY 14 and there has been no indication to date that reductions will be required in FY 15. TMB's two biggest categories of expenditures are salaries and expert physician reviews for standard of care cases. Due to its relatively small size, the agency has very little discretionary spending and the remainder of its budget is spent on required operating costs such as rent, utilities, postage, travel reimbursement for board members and staff, etc. Consequently, any future requirements to identify budget cuts in the FY 16-17 LAR and beyond would significantly impact FTEs and the agency's ability to manage its enforcement and licensure workloads.

F. RECENT LEGISLATIVE CHANGES AND REQUIREMENTS

TMB has implemented the requirements enacted in the approximately 15 bills passed in the 83rd legislation session (2013) that impacted the agency. Below are highlights of key legislation.

1. Physician Practice and Supervision/Delegation Issues

SB 406

- Repeals current prescriptive delegation requirements and creates prescriptive authority agreements which may be entered into by a physician and midlevel (PA or APN) through which the physician delegates prescribing or ordering a drug or device.
- Agreements must be reviewed annually and include the following information: nature of the practice, practice locations/settings; types or categories of drugs/devices that may be prescribed or may not be prescribed; a general plan for addressing consultation and referral; the general process for communication and sharing of information; prescriptive authority quality assurance and improvement plan that includes chart review and periodic face-to-face meetings between the APN or PA and physician.
- Caps the combined number of APNs and PAs with whom a physician may enter into a prescriptive authority agreement at seven - with certain exceptions.
- Allows physicians working in a hospital or long term care facility to delegate prescriptive authority for Schedule II Controlled Substances to APNs and PAs in certain circumstances.
- Requires TMB, Nursing Bd, and PA Bd to develop a process to exchange information about licensees who have entered into these agreements.
- Requires TMB to make available to the public an on-line searchable list of physicians and mid-level practitioners who have entered into prescriptive authority agreements and identify the physician with whom each mid-level practitioner has an agreement.

2. Enforcement Issues

SB 1643

1) DPS Prescription Monitoring Program

Related to monitoring of prescriptions for Schedule II-V controlled substances via DPS' online prescription monitoring program (Prescription Access in Texas – PAT) which provides prescription dispensing history. Amends current program by: lengthening the amount of time records are kept from one year to three years; authorizing access to prescription information through a health information exchange; and authorizing access beyond midlevel practitioners (PAs/APNs) to registered and vocational nurses and pharmacy technicians.

Creates Interagency Prescription Monitoring Work Group to evaluate effectiveness of prescription monitoring and provide recommendations for regulation of dispensing controlled substances by prescription. Work group must include executive director or commissioner (or designee) from DPS, DSHS, TMB, PA Bd, Nursing Bd, and Pharmacy Bd. work group required to meet at least quarterly, proactively engage stakeholder input, and submit report with recommendations to legislature by Dec. 1 of each even-numbered year.

SB 1643, continued

2) Pain Management Clinic Registration

Strengthens oversight of pain management clinic registration by prohibiting board from making a decision on a clinic application until a final decision has been reached on an applicant who is under investigation for a violation related to pain management and/or controlled substance prescription/dispensation.

Specifies that a clinic/owner of a clinic is subject to a temporary suspension or restriction for a violation of statute and/or rules pertaining to pain management clinics.

(see also HB 1803 for sections re: regulation of pain management clinics)

SB 978 - Authorizes TMB to adopt rules regulating the use of local anesthesia and/or peripheral nerve blocks in outpatient settings using total dosage amounts that exceed 50% of the recommended maximum safe dosage per outpatient visit.

HB 1803

1) DPS Controlled Substances Registration Program:

Combines renewal of DPS controlled substance registration for physicians with TMB physician license registration.

2) Pain Management Clinic Registration:

Clarifies existing exemptions to pain management clinic registration requirements by specifying that the requirements do not apply to clinics owned/operated by a physician or advanced practice nurse who treat patients within their area of specialty and who *personally* use other forms of treatment with the issuance of a prescription for a majority of the patients.

Clarifies the enforcement of pain management clinic registration requirements by specifying that a person who owns or operates a pain management clinic is engaged in the practice of medicine.

3. Licensure Issues

SB 61 - Authorizes issuance of a “military limited volunteer license” to a physician applicant who is licensed and in good standing, or licensed/retired in good standing as a physician in another state; and is/was authorized to treat personnel enlisted in a branch of the US military. Limited to practice at a clinic primarily treating indigent patients; may not receive compensation for medical services rendered at the clinic.

SB 162 - Amends Chpt. 55 of the Occupations Code relating to licensing of military service members, military veterans, and military spouses by state licensing agencies. Requires an expedited initial license and renewal procedure for military spouses.

For applicants with military experience, requires a state licensing agency to credit verified military service, training, or education toward licensing requirements, other than an exam requirement, for a license issued by the agency.

SB 949 - Adds definition of “license holder” to clarify that the term includes a person holding a license, permit, or certificate issued under the Medical Practice Act.

Exempts physician licensure applicants who agree to practice in MUA/HPSA from current requirements to pass each section of USMLE within 7-10 year timeframe.

Repeals Sec. 155.0045, Occupations Code (established in 2011 by SB 189), relating to mandatory service requirements for physician license applicants who are not U.S. citizens.

4. Hospital Practice Setting - Identification Requirements

SB 945

Amends the Health & Safety Code (Chpt 241, Hospital Licensing) by adding requirement for hospitals to adopt policies requiring a health care provider providing direct patient care to wear a photo identification badge during all patient encounters, with certain exceptions. Specifies information that badge must contain including the type of license held by the provider, and if applicable, the provider’s status as a student, intern, trainee, or resident.

5. Texas Healthcare Policy Issues

SB 8 - relating to the state Medicaid program and the prevention of fraud, waste, and abuse in that program. Requires TMB in conjunction with the Health & Human Services Commission and the Dept. of State Health Services to conduct a review of laws and policies, that includes stakeholder input, and provide recommendations on suggested statutory changes by Jan 1, 2014 on: the use of non-emergent services provided by ambulance providers; licensure of nonemergency transportation providers; and delegation of health care services by physicians to EMS personnel as well as physicians’ assessments of patients’ needs for purposes of ambulatory transport.

SB 1609 - amends the Health & Safety Code (Chpt. 181, Medical Records Privacy) relating to the protection of personal health information by requiring that employees of “covered entities” (a broad term including entities that collect, analyze, transmit, store, and have possession of protected health information including governmental agencies, health care providers and facilities, information management entities, etc.) receive training on applicable state/federal laws regarding protected health information as necessary and appropriate for the employees to carry out their duties. Requires an employee to complete training no later than the 90th day after the employee is hired by the covered entity.

G. RECENT ACCOMPLISHMENTS AND CONTINUING INITIATIVES

In addition to the accomplishment of implementing the many substantive requirements of the legislation outlined above, TMB continues to enhance the efficiency and effectiveness of its internal

processes and to increase its communications with stakeholders. The following list highlights key accomplishments and ongoing initiatives.

1. Enforcement – Inspections of Pain Management Clinics and Office-Based Anesthesia Practice Settings

In 2013, TMB received funding and an additional five FTEs from the 83rd Legislature to begin a program of enforcement inspections for pain management clinics and office-based anesthesia (OBA) practice settings in FY 14-15. In addition to the statutory requirements for registration and certification of these types of physician practice sites, the Medical Practice Act authorizes TMB to conduct inspections of these facilities.

TMB has successfully begun the rollout of inspections which has included developing necessary policies and procedures, hiring and training of additional staff, and ensuring appropriate communication with affected licensees. The pain management clinics will be inspected biennially with an estimated 150 clinics inspected per year. OBA practice settings will be inspected on a four-year cycle with approximately 380 sites inspected per year.

After the initial rollout, staff will continue to review the process to determine if changes need to be made to ensure effective and efficient regulation of these facilities.

2. Outreach and Education to Licensees and Students

TMB has long recognized the need to enhance its communications with all stakeholders including licensees, the public, medical schools, and medical students and residents. As resources and time have become available, TMB has been better able to accomplish this goal.

Since 2012, TMB staff have organized and conducted significant outreach throughout the state. TMB has successfully conducted dozens of presentations to county medical societies, specialty societies, hospitals, as well as medical schools and residency programs. In addition to physicians and medical students, TMB staff have also conducted outreach to physician assistant students and acupuncture students.

The presentations focus on the licensure and enforcement processes, recent legislative and statutory changes, and common rule violations. The presentations provided to physicians are eligible for TMB credit to meet TMB rule requirements for ethics/professional responsibility continuing medical education. .

In the future, TMB plans to make web-based presentations available on-line in order to continue to reach as many licensees and students as possible with a convenient and user-friendly format.

3. Stakeholder Working Groups & Rules Development

Since their establishment in 2005, TMB has worked with four standing groups of major stakeholders in the categories of: Physician Licensure, Physician Enforcement, Physician Assistants, and Acupuncture. In recent years, TMB has also established an annual Academic Stakeholders group that includes representatives from Texas medical schools and residency programs. TMB has found

this participation extremely beneficial not only for rules development, but also for generally facilitating communication and understanding between the agency and the stakeholders.

In addition to the standing working groups, the agency has formed a number of ad-hoc resource or focus groups to provide input on specific issues such as telemedicine, pain management, postgraduate fellowship training programs, delegation of cosmetic procedures, office-based anesthesia, and use of stem cells. In all, more than 150 individuals have participated as stakeholders representing professional associations, licensees, hospitals, health plans, other state agencies, medical schools, defense attorneys, and consumers. The participants have provided valuable insight for the board and agency and have had a constructive influence on TMB rules development and process improvements.

H. EXTERNAL RELATIONSHIPS

1. Public Perception

With the launch of an updated, redesigned, and more user-friendly website in 2014, TMB has improved its outreach to the general public and strives to provide consumers and stakeholders with the most accurate and relevant information about the role and responsibilities of TMB.

In addition, with the continued success of the stakeholder outreach meetings and presentations described above, TMB has worked hard to increase public and licensee awareness of the agency's duties and to clear up misconceptions that may exist. The board will continue its educational efforts to address the most common areas of misunderstanding with the public and consumers, including:

- the difference between the regulatory functions of the agency and medical malpractice compensation issues;
- clarity about the differing roles of the professional licensee associations versus the state regulatory function;
- understanding that TMB is required to keep the vast majority of complaint and investigations information confidential as required by state law; and
- addressing the dueling perceptions between the public and the profession that TMB is more focused on protecting physicians versus the TMB being overzealous in protecting the public.

2. The Profession

While maintaining the clear separation of interests that must exist between a regulatory entity and corresponding professional associations, TMB has successfully worked to improve communications and build a solid working relationship with the relevant associations. This ensures effective regulation of the profession while ensuring the mission of public protection is maintained. The TMB stakeholder process for rulemaking ensures continuous and clear communications between all parties and ensures that the necessary input on regulatory processes is obtained from licensees and professional associations. In addition, the TMB outreach efforts to licensees around the state have also been critical in ensuring a more accurate and comprehensive understanding of the agency and its mission.

In 2003, the legislature provided TMB with needed statutory strength and increased resources needed to further enhance public protection and provide a firm and fair regulatory system for licensees. Statutes were further strengthened during the 2005 legislative session when the agency

underwent its Sunset Review. However, increased vigilance created a perception among many licensees that TMB was too harsh in its disciplinary process particularly regarding minor administrative violations such as those concerning the release of medical records or continuing medical education requirements.

In 2010, the Senate Health & Human Services Committee held hearings on an interim charge on the TMB complaint process and issued recommendations providing the TMB with the ability to address minor infractions through remedial actions rather than disciplinary actions. These and other recommendations that enhanced due process for licensees were enacted into law with the passage of HB 680 in 2011. All of these changes have led to an increased understanding, and a more realistic perception, of the agency's role.

3. Health Professions Council

TMB is one of 13 health regulatory agencies who are, by statute, members of the Health Professions Council (HPC). The State of Texas created HPC in 1993 to achieve the potentially desirable outcomes of consolidation of small independent health licensing agencies without sacrificing the quality, independence, accessibility and accountability of independent boards. HPC facilitates resource sharing among the member agencies that are co-located in the Hobby Building.

HPC staff facilitates quarterly meetings with all the member agencies to provide the opportunity to discuss timely and pertinent issues. As a mid-sized agency, TMB is by far the largest of the member agencies. Consequently, many HPC initiatives, particularly those relating to information technology, are beneficial to the smaller member agencies but are not applicable to TMB since its resource needs are much greater than can be supported by HPC staff. TMB does benefit from the HPC's research and information-sharing on agency-wide issues such as business continuity planning and disaster recovery.

I. TRENDS AND EMERGING ISSUES

1. Prescription Drug Abuse – Regulatory Challenges

The abuse of prescription drugs continues to be a major health care crisis in the United States. Drug poisoning and overdoses from both prescription and illegal drugs are leading causes of accidental death in the U.S. In Texas, drug overdose mortality has increased 78% from 1999 to 2010 (5.4 per 100,000 in 1999 to 9.6 in 2010). According to a September 2011 *Los Angeles Times* article:

Propelled by an increase in prescription narcotic overdoses, drug deaths now outnumber traffic fatalities in the United States, a Times analysis of government data has found. Drugs exceeded motor vehicle accidents as a cause of death in 2009, killing at least 37,485 people nationwide, according to preliminary data from the U.S. Centers for Disease Control and Prevention."

Since the passage of 2009 legislation (SB 911) regulating pain management clinics, the TMB has continued to work closely with local law enforcement entities and other state and federal agencies to timely address violations by licensees and to shut down illegal pain management clinics as quickly as possible. Based on this authority and these actions, TMB has had approximately 100 enforcement actions related to nontherapeutic prescribing, including over 25 emergency temporary suspensions,

on physicians and physician assistants since 2012. The regulation of pain management clinics and enforcement against pill mills continues to be the TMB's primary enforcement focus.

TMB continuously works to educate licensees about relevant regulations and enforcement actions, including appropriate prescribing for pain, through outreach presentations, articles in the TMB Newsletter, and information on the TMB website. As TMB continues to roll out the new inspection process for pain management clinics, additional educational and regulatory issues will be identified and addressed.

In addition to the passage of SB 911 in Texas, other states including Delaware and Florida, have enacted laws to prevent the operation of so-called pill mills by targeting physicians who abuse their prescribing rights. Florida has also passed laws that restrict dispensing of controlled substances and create reporting mandates for doctors treating chronic malignant pain. Many states continue to struggle with the best way to address the regulation of prescribing controlled substances and ensuring patient safety.

One concern of some chronic pain patients is that the increased scrutiny and regulation has had the unintended consequence of physicians limiting their treatment of legitimate pain patients. TMB will continue to inform doctors about the requirements of pain management treatment in Texas and to ensure that doctors are aware of pain management guidelines, currently in rule, that specify criteria for legitimate pain management for those suffering from chronic pain. The preamble to the rules expressly state that:

The treatment of pain is a vital part of the practice of medicine. Patients look to physicians not only to cure disease, but also to try to relieve their pain. Physicians should be able to treat their patients' pain using sound clinical judgment without fear that the board will pursue disciplinary action. This Rule sets forth the board's policy for the proper treatment of pain. The board's intent is to protect the public and give guidance to physicians.

2. Increase in Physician Licensure Applications

Since 2008, the agency has successfully worked to increase the efficiency of its licensure processes and to maintain the time to license physician applicants below the legislatively-mandated 51 day average. In addition to implementing a web-based communication system for applicants in 2008, the *Licensure Inquiry System of Texas*, TMB received additional resources from the legislature in 2007 to address a significant increase in the number of applications received.

Similar to the significant increase in applications in 2007, TMB is once again facing a record number of applications. The agency received over 4,600 applications in FY 13 and is on track to receive approximately 5,000 applications in FY 14. This influx of applications is impeding the agency's ability to efficiently process applications. Consequently, TMB will be addressing this issue in the FY 16-17 Legislative Appropriations Request and requesting an exceptional item for additional licensure staff and resources in order to appropriately address the workload increase.

**Average Number of Days to Issue License Compared to
Number of Applications Received, FY 02 – FY 13**

FY	Average # of Days to Issue License	Applications Received	Licenses Issued
FY 02*	132	2,552	2,828
FY 03	123	2,561	2,513
FY 04	59	2,947	2,343
FY 05	95	2,992	2,692
FY 06	97	4,026	2,516
FY 07	81	4,041	3,324
FY 08	62	4,023	3,621
FY 09	39	4,094	3,129
FY 10	35	4,218	3,522
FY 11	42	4,181	3,436
FY 12	31	4,253	3,630
FY 13	34	4,610	3,594

**One board meeting moved from FY 01 to FY 02, which increased the number of licenses issued in FY 02 and caused the number of licenses issued to be greater than the number of applications received.*

3. Evolving Role of Telemedicine

Over the past several years, TMB has had great success enhancing healthcare in Texas by allowing and regulating telemedicine, including allowing out-of-state telemedicine practitioners to obtain licenses. TMB supports the expansion and use of telemedicine while also stressing the importance of quality patient care, whether it is via telemedicine or traditional “in-person” care.

TMB also supports the development of a Model Interstate Compact for Medical Licensure that will allow portability of licenses among states joining the Compact and allow qualified physicians to practice medicine outside their state of principal licensure. This progression to multistate licensure would expand healthcare markets in telemedicine as well as traditional practices. Telemedicine issues have received increasing national attention and TMB is monitoring federal legislation that could impact a state’s ability to regulate telemedicine. Additionally, the Federation of State Medical Boards, of which TMB is a member, recently adopted policy guidelines for the safe practice of telemedicine in April 2014.

The Board will continue to examine its rules and consider changes that can further facilitate the use of telemedicine in Texas. However, because the Board’s paramount concern is establishing patient safeguards to ensure patients receive adequate, appropriate and quality care, the Board will consider rule changes and progress while maintaining a reasonable balance that also protects patients.

Texas rules currently allow telemedicine practice under two different models. One model allows a patient to receive care through telemedicine at an “established medical site,” such as a hospital or clinic or other site that has the required medical professionals (patient site presenters) and necessary

equipment. There are no specific limitations on the types of care that a patient may receive at an established site and both initial visits and follow up visits may be done at this type of site. One exception to the requirement for patient site presenters is that if the health care provided is related to mental health, a patient site presenter is not required unless patients may be a danger to themselves or others.

Under the other permissible model, a patient can access health care via telemedicine (video conferencing with a live feed) from their homes so long as the patient is a pre-existing patient previously seen in person either by the physician or mid-level with whom the patient is teleconferencing (or another physician who has referred the patient to the physician providing telemedicine care and the referral is documented in the medical record). After the initial diagnosis is made in person (or at an established site), the patient can receive follow-up care for the condition via telemedicine in their homes. Texas also allows distant site providers to treat existing patients via telemedicine in their homes for new conditions/symptoms that appear so long as certain criteria for follow-up care is followed.

Additionally, Texas offers an out-of-state telemedicine license to those practitioners wanting to limit their Texas practice exclusively to the interpretation of diagnostic testing and reporting results to a physician fully licensed and located in Texas (or for the follow-up of patients where the majority of patient care was rendered in another state). Texas also provides that certain activities are exempt from the requirements of an out-of-state telemedicine license, including, but not limited to: 1) episodic consultations by a medical specialist who provides consultation services on request to a person licensed in this state (episodic consultation is defined as consultation on an irregular or infrequent basis involving no more than 24 patients of a physician's diagnostic or therapeutic practice per calendar year; multiple consultations may be performed for one or more patients up to 24 patients per calendar year); 2) informal consultation performed by a physician outside the context of a contractual relationship and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation; and 3) the ordering of home health or hospice services for a resident of this state, to be delivered by a home and community support services agency licensed by this state, by the resident's treating physician who is located in another jurisdiction of a state having borders contiguous with the borders of this state.

The use of advance telemedicine technologies has enhanced medical care in Texas by facilitating communication with physicians and their patients or other healthcare providers, obtaining laboratory results, scheduling appointments, monitoring chronic conditions, providing healthcare information, and clarifying medical advice. Because the technology allows for virtual consultations between patients and providers, which helps reduce costs of travel, it is more efficient especially for many chronically ill patients who require routine monitoring (such as diabetics). Telemedicine has also impacted the field of psychiatry by bringing mental healthcare to areas and populations that were once overlooked and untreated.

In fulfilling our mission to protect the public, the Board often faces complex regulatory challenges and patient safety concerns in adopting regulations and standards for the provision of traditional “in-person” medical care. With the advent of new delivery models, such as telemedicine, the concerns expanded to include: 1) determining when a physician-patient relationship is established; 2) assuring privacy of patient data; 3) guaranteeing proper evaluation and treatment of the patient; and 4) ensuring that any prescribing or dispensing of prescriptions are warranted, appropriate and supported

by objective medical findings, especially with regard to controlled substances and the non-judicious use of antibiotics.

In response to these evolving concerns and complexities, Texas recognized, early on, the increased importance of telemedicine in expanding access to care to patients in the rural and remote parts of the state. As such, TMB rules were carefully drafted relating to telemedicine and, in turn, addressed deficiencies in healthcare access while protecting patients along the way. TMB licensees are able to practice effectively within the current delineated telemedicine parameters. Furthermore, TMB continues to provide support and guidance to licensees with regard to implementation and interpretation of agency rules through our website's FAQs.

4. Healthcare Technology & Electronic Medical Records

The role of technology and innovation are always important factors in the health care arena and important trends that are currently shaping health care and will continue to do so in the future include the continued digitization of the health care system and use of electronic medical records.

In order to address these trends, TMB established an Electronic Medical Records Ad-Hoc Committee in 2013 to research the scope of the issues and determine the Board's role and parameters of regulation. Since its inception, the Committee has drafted and the Board has passed rule changes clarifying a physician's allowable charges for supplies related to creating paper copies and electronic media for medical records. The Committee continues to address the issue of including medical decision-making information in medical records. Both the Committee and the Board want to ensure that medical records maintain their substantive value in order to provide for the best possible patient care including maintaining the continuity of a patient's care amongst multiple providers.

In the 83rd Legislative session, technology and efficiency issues continued to be addressed including expanding on issues and legislation passed in the 2011 session through HB 300 and SB 7. The Texas Health Services Authority (THSA) was created as a public-private collaborative to implement state-level health information technology functions and to serve as a catalyst for the development of a seamless electronic health information infrastructure. HB 300 added to the duties of the THSA by requiring it, along with other relevant state agencies including TMB, to develop recommendations for privacy and security standards for the electronic sharing of protected health information (PHI).

SB 7, an omnibus health care bill that expanded Medicaid managed care and streamlined programs to achieve cost savings needed to balance the health and human services budget, also created the *Institute of Health Care Quality and Efficiency*, which was charged with researching and developing recommendations in the following four areas:

- *Maximizing benefits of current healthcare data* (complete an inventory of all health care data collected in the state);
- *Building next generation health data & information infrastructure* (create statewide database to track claim info for healthcare provided in Texas);
- *Promoting efficient and accountable health care* (examine transparency of health care costs); and
- *Measuring & reporting health care quality and efficiency* (research needed to recognize exemplary facilities and develop criteria).

As an ex-officio member of the Institute, the TMB has worked closely with other key stakeholders in researching the issues stated above and developing required reports to the Legislature.

5. Integrated Health Care

A national and worldwide trend in health care reform, known as “integrated care” or “coordinated care,” focuses on new organizational arrangements for the provision of health care.

While it remains to be seen what overlap or impact this trend could directly have to TMB, it is a notable new approach to health care that is gaining increasing attention.

The World Health Organization defines “integrated care” as:

a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency.

A basic example of integrated care is the implementation of a health care delivery system that allows a health plan, a hospital and physicians and medical group to work together in a coordinated fashion for the benefit of the patient. This level of integration, supported by sophisticated information technology, means that the patient, along with her/his appropriate medical information, can move smoothly from the clinic to the hospital or from primary care to specialty care.

One specific model of integrated care is the “medical home,” also known as the patient-centered medical home (PCMH), which is a team based health care delivery model, led by a physician, that provides comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. Care coordination is an essential component of the PCMH. Care coordination requires additional resources such as health information technology, and appropriately trained staff to provide coordinated care through team-based models.

The medical home model may use a community-based team approach where collaborative teams of physicians, nurse practitioners, and/or physician assistants provide office, hospital, and home care. These teams make extensive use of technology, including electronic medical records, to ensure optimal communication and coordination of care.

In 2007, the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association — the largest primary care physician organizations in the United States — released the *Joint Principles of the Patient-Centered Medical Home*. The principles listed are:

- **Personal physician:** "each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care."
- **Physician directed medical practice:** "the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients."
- **Whole person orientation:** "the personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals."

6. Federal Policy Issues

The TMB believes that the regulation of health care professionals is appropriately addressed at the state level by regulatory entities, subject to state oversight, with jurisdiction over specific occupations. Currently, two important policy issues are undergoing federal review that could have serious implications to states' abilities to regulate medical professionals. The first involves anti-competition issues and the regulation of health professionals, and the second involves physician licensure issues.

Federal Trade Commission (FTC)

In December 2011, the FTC voted that the North Carolina Board of Dental Examiners had illegally stifled competition by excluding non-dentists from providing teeth-whitening services or products to consumers. This disagreement over what constitutes the practice of dentistry raises constitutional questions that are currently before the U.S. Supreme Court.

The FTC's complaint against the N.C. dental board, the first of its kind in the nation, contends that the practice of allowing professions and occupations to be regulated solely by state occupational licensing boards, comprised of a majority of the licensees of the profession, is anti-competitive and exclusionary because the members of those boards have a financial conflict of interest. The case will address how federal antitrust laws overlap with a state's sovereign authority to regulate industries and professions within its borders.

Interstate Physician Licensure Compact

Congress is currently considering legislation that could eliminate a state's ability to protect patients, and appropriately regulate physicians, by authorizing Medicare providers in any state to treat patients residing in other states via telemedicine with no requirement to obtain a license in the state where the patient resides. This type of practice scenario would lead to the inability of states to take enforcement action against a physician for patient harm since the physician would not have to be licensed in the same state in which the patient resides. Consequently, a state would have no recourse and no ability to appropriately regulate and discipline a physician for patient harm and any other applicable violation of that state's laws.

A more comprehensive solution to physician licensure which would preserve states' rights and ensure appropriate state oversight and regulation as well as address the expansion of medical care via telemedicine, is an Interstate Compact for Physician Licensure. The Federation of State Medical Boards (FSMB), of which TMB is a member, is developing a model compact that would create an efficient licensure process for multi-state physician licensure while ensuring high standards for licensure are maintained. TMB supports the development of a Model Interstate Compact for Medical Licensure that will allow portability of licenses among states joining the Compact and allow qualified physicians to practice medicine outside their state of principal licensure.

Interstate compacts are formal agreements between states that have been successfully used to help state governments facilitate a wide range of activities that cross state lines, eliminating the need for federal intervention. Regulation of the health professions is mandated to the states by the 10th Amendment of the U.S. Constitution.

7. Emerging Health Care Issues

Federal Drug Administration (FDA) Warnings for Testosterone Treatments

On January 31, 2014, the U.S. Food and Drug Association (FDA) issued a safety announcement that alerted the public that the FDA is “investigating the risk of stroke, heart attack, and death in men taking FDA-approved testosterone products. The FDA, which stated that although it had previously been monitoring the risk related to testosterone products, it decided to “reassess this safety issue based on the recent publication of two separate studies that each suggested an increased risk cardiovascular events among groups of men prescribed testosterone therapy.”

The safety announcement stresses that the FDA has not concluded that FDA-approved testosterone increases the risk of stroke, heart attack, or death, and that patients should not stop taking prescribed testosterone products without first discussing any questions or concerns with their health care providers. What the FDA safety announcement does mean is that:

- The FDA is studying the issue of increased risk of stroke or heart attack death in men taking FDA-approved testosterone products;
- Health Care professional should consider whether the benefits of FDA-approved Testosterone treatments is likely to exceed the potential benefits of risk of treatment;
- Prescribing information in drugs labels of FDA-approved testosterone products should be followed;
- FDA Testosterone products are to be used only for use in men who lack or have low testosterone *in connection with an associated medical condition*. Examples of medical conditions include failure of testicles to produce testosterone because of reasons such as genetic problems or chemo therapy. Other examples include problems with the hypothalamus and pituitary, brain structures that control the production of testosterone by the testicles.
- The FDA is urging health care professional and patients to report side effects involving prescription testosterone products to the FDA MedWatch program.

Potential disciplinary issues with testosterone therapy could arise with the “off-label” use of testosterone if a physician does not provide and obtain proper informed consent for off-label use or if a physician does not discuss the benefits weighed against possible risks of the therapy. TMB rules providing standards for physicians practicing complementary and alternative medicine should be consulted. Chapter 200 of Board rules requires, in part: patient assessment, disclosure of expected outcomes, risks and benefits, a documented treatment plan with periodic review, adequate medical records, and therapeutic validity.

At its May 2014 meeting, the Medical Board discussed the topic of testosterone therapy and decided to highlight this emerging health care issue for licensees, including sharing information about the FDA announcement in the TMB newsletter and highlighting relevant Board rules.

J. CHALLENGES

1. Hospital Reporting of Peer Review Actions

Background

As currently required under Section 160.002 of the Texas Occupations Code, medical peer review committees (typically in hospital settings) or health care entities are required to report in writing to the Medical Board results and circumstances of the review of a physician that:

- 1) adversely affect the clinical privileges of a physician for a period of longer than 30 days;
- 2) accepts a physician's surrender of clinical privileges while the physician is under investigation or in lieu of conducting an investigation; or
- 3) adversely affects the membership of a physician in a professional society or association, if conducted by that society or association.

Challenge

A serious enforcement challenge the Board faces pertains to these requirements. In order to protect the public and allow cases to be properly investigated in a timely manner, the Board relies on the required reporting from hospitals. However, as recent enforcement cases have demonstrated, this reporting is not always occurring. The outcome in these instances is obvious: in the best case, the Board becomes aware of this issue in a different manner, such as a patient complaint, but that causes a delay in the board becoming aware of a potential violation of law and acting appropriately to address it. In the worst case, the Board does not become aware of an issue until other violations have occurred and are then reported to the Board.

Another issue that can arise is that the hospital will wait until a matter goes through a several month-long process, sometimes involving lengthy litigation, to declare an action final before issuing a report to the Board. As above, this delay means that the public is in a vulnerable situation, as the hospital already has made at least an initial determination of problems with a physician, but the Board has no information about these problems. A physician in this case can simply continue to work at other facilities or in his private office while the matter works its way through the hospital's system, and the public is not aware of the issues.

Complicating this matter is the fact that even if the Board uncovers an issue of a failure to report, the Board has no authority over these health care entities. There is no specific statute to guide oversight in this exact area to help ensure compliance.

Consideration

Given the above, there are two areas that may merit consideration in this matter:

- 1) Perhaps the event that triggers reporting should not focus on whether a peer review group acted, but rather on what action the licensee committed. For example, the requirement could be that if a peer review group is aware or should have been aware that a licensee committed an act that causes death or serious injury to a patient, the peer review group is required to report that act to the Board. Or, there could be a designated reporter at every hospital, separate and apart from the peer review process, who would be responsible for reporting incidents to the TMB based on clear, set criteria.
- 2) An express enforcement structure could be created to ensure that the Department of State Health Services has the authority to audit hospital facilities for proper reporting, as well as investigate any potential failures to report as submitted by the Board. Appropriate penalties could be established to deter violations in this area.

2. Public Physician Profile: Verification of Licensee-Reported Information

As required by statute, TMB makes available to the public on-line profile information about every licensed physician in Texas. Each piece of information required to be made public is listed in statute and includes a physician's license number, date of birth, educational history, years in active practice,

current practice site, and many other specified criteria. TMB verifies a majority of this information; however, information that is not maintained by the Board in the ordinary course of the Board's duties is required to be reported by the physician licensee to the Board during license renewal (every two years). TMB makes this distinction very clear on each physician profile so that viewers can identify which information is verified by the Board versus which is self-reported by a physician.

Despite the TMB's efforts to educate and inform physician profile users of the distinction between the two types of information provided, there is continued confusion about which information is confirmed by the Board and which is reported by the physician. In order to eliminate the confusion and to ensure that information published about each licensed physician is as accurate as possible, TMB is currently considering the possibility of requesting additional staff and resources in the FY 16-17 Legislative Appropriations Request to establish a verification process for the information that a physician self-reports to the Board. This way, TMB could better ensure that the information provided on each physician's profile was as accurate as possible.

3. Funding for Salary Increases

One of the continual challenges for the agency, and a constant issue that staff raise as an area of concern, is the limited ability of management to consistently provide salary increases in a given fiscal year— whether those increases are in the form of a one-time bonus or a permanent raise. TMB management has researched several non-monetary options to reward and commend staff but the consistent feedback received from the vast majority of employees is that the most meaningful recognition is a substantive monetary one. TMB management also strives to provide, under certain conditions, a flexible work environment for qualified employees. This includes the ability to telecommute.

As the Texas economy continues improve, TMB will continue to see fairly consistent turnover in professional staff, including attorneys and nurse investigators, to other state agencies as well as the private sector, where salaries are more competitive. TMB management will continue to explore options to determine how salary increases can be generated – including through cost savings elsewhere and through possible inclusion as an exceptional item in the upcoming legislative appropriations request.

IV. TMB STRATEGIC STRUCTURE

Agency Goals, Objectives, and Outcome Measures

A. GOAL: LICENSURE

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

Objective:

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

Outcome Measures:

Percent of Licensees Who Renew Online: Physician (Key)

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

B. GOAL: ENFORCEMENT 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, the Texas State Board of Acupuncture Examiners, and the Texas Physician Assistant Board.

Objective:

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

Outcome Measures:

Percent of complaints resulting in disciplinary action – Physician (Key)

Percent of complaints resulting in disciplinary action – Acupuncture (Key)

Percent of complaints resulting in disciplinary action - Physician Assistant (Key)

Percent of complaints resulting in disciplinary action - Surgical Assistant (Key)

Percent of complaints resulting in remedial action – Physician

Percent of complaints resulting in remedial action – Acupuncture

Percent of complaints resulting in remedial action - Physician Assistant

Percent of complaints resulting in remedial action - Surgical Assistant

Percent of Licensees with no recent violations: Physician

Percent of Licensees with no recent violations: Acupuncture

Percent of Licensees with no recent violations: Physician Assistant

Percent of Licensees with no recent violations: Surgical Assistant

Recidivism rate for those receiving disciplinary action: Physician

Recidivism rate for those receiving disciplinary action – Acupuncture

Recidivism rate for those receiving disciplinary action - Physician Assistant

Recidivism rate for those receiving disciplinary action - Surgical Assistant

Percent of documented complaints resolved within six months - Physician
Percent of documented complaints resolved within six months - Acupuncture
Percent of documented complaints resolved within six months - Physician Assistant
Percent of documented complaints resolved within six months - Surgical Assistant

Strategies and Output, Efficiency, and Explanatory Measures

A.1.1. Strategy: LICENSING

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

Outputs:

Number of New Licenses Issued to Individuals: Physician (Key)
Number of New Licenses Issued to Individuals: Acupuncture (Key)
Number of New Licenses Issued to Individuals: Physician Assistant (Key)
Number of New Licenses Issued to Individuals: Surgical Assistant (Key)
Number of New Licenses Issued to Individuals: Physicians in Training Permits
Number of New Licenses Issued: Other
Number of Licenses Renewed (Individuals): Physician (Key)
Number of Licenses Renewed (Individuals): Acupuncture (Key)
Number of Licenses Renewed (Individuals): Physician Assistant (Key)
Number of Licenses Renewed (Individuals): Surgical Assistant (Key)
Number of Licenses Renewed: Other

Efficiencies:

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

Explanatory:

Total Number of Individuals Licensed: Physician
Total Number of Individuals Licensed: Acupuncture
Total Number of Individuals Licensed: Physician Assistant
Total Number of Individuals Licensed: Surgical Assistant
Total Number of Individuals Licensed: Physician in Training Permits
Total Number of Licenses Issued: Other

B.1.1. Strategy: ENFORCEMENT

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

Outputs:

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

Efficiencies:

Average Time for Complaint Resolution: Physician (Key)
Average Time for Complaint Resolution: Acupuncture
Average Time for Complaint Resolution: Physician Assistant
Average Time for Complaint Resolution: Surgical Assistant

Explanatory:

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

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM

Protect Texas citizens by identifying potentially impaired physicians, physician assistants, acupuncturists and surgical assistants; directing these practitioners to evaluation and/or treatment, and monitoring the participants in recovery.

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

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

Output:

Number of Publications Distributed

C. GOAL: INDIRECT ADMINISTRATION

C.1.1. Strategy: INDIRECT ADMINISTRATION – LICENSURE

C.1.2. Strategy: INDIRECT ADMINISTRATION- ENFORCEMENT

V. TECHNOLOGY RESOURCE PLANNING

Texas Medical Board Information Technology Resource Planning 2015-2019

Outlined below are the four projects comprising TMB’s technology initiatives aligned with the statewide technology priorities:

- Licensee Management System (LMS)
- Electronic Document Management System (eDMS) Expansion
- TMB Online Presence
- Infrastructure

1. Initiative Name: Name of the current or planned technology initiative.	
Licensee Management System (LMS)	
2. Initiative Description: Brief description of the technology initiative.	
The agency’s automated licensee management system is SQL Tracer provides data management and workflow for any information about licensees. Various modules serve the licensing and enforcement (investigation and litigation) processes. All agency staff uses licensee information to provide information to all stakeholders including the health professionals, public, and legislators. This ongoing initiative provides for the maintenance and expansion of capabilities as needed to support agency business needs and meet legislative requirements	
3. Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency’s Information Technology Detail.	
Name	Status
4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.	
The Licensee Management System supports the agency’s Licensure and Enforcement objectives.	
5. Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration 	<ul style="list-style-type: none"> • IT Workforce • Virtualization • Data Management • Mobility • Network
The Licensee Management System supports multiple priorities including Security and Privacy; Business Continuity and Data Management.	
6. Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology	

initiative. Types of benefits include:

- Operational efficiencies (time, cost, productivity)
- Citizen/customer satisfaction (service delivery quality, cycle time)
- Security improvements
- Foundation for future operational improvements
- Compliance (required by State/Federal laws or regulations)

The initiative is one of the technical foundations that provide the agency with the tools necessary to complete its mission. The agency receives improved operations resulting in higher customer satisfaction quicker and lower in cost than without it.

7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency’s ability to successfully implement the technology initiative.

Obtaining qualified staff is the primary barrier for this initiative. The resurgence of Texas’ economy has created a high demand for those with the necessary skills. This same challenge also affects the ability to find out-sourced solutions or the cost can be two to three times higher than using permanent staff.

1. Initiative Name: Name of the current or planned technology initiative.

Electronic Document Management System (eDMS) Expansion

2. Initiative Description: Brief description of the technology initiative.

The agency uses an electronic document management system (eDMS) that enables staff to store, organize and access huge volumes of electronic information previously only available as paper copies. The Enforcement and Licensure processes both use this system to facilitate collaboration, increase customer service performance and reduce costs. Additionally, all agency staff and Board Members use the system to access documents. . This ongoing initiative provides for the maintenance and expansion of the capabilities as needed to support agency business needs.

3. Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency’s Information Technology Detail.

Name	Status

4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.

The eDMS supports the agency’s Licensure and Enforcement objectives through the capture, storage and retrieval of information.

5. Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.

<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration 	<ul style="list-style-type: none"> • IT Workforce • Virtualization • Data Management • Mobility • Network
<p>The initiative aligns with Security and Privacy; Data Management and Business Continuity because this initiative focuses on moving from paper records. Additionally, Mobility is supported as remote staff can access information easier.</p>	
<p>6. Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:</p> <ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements • Compliance (required by State/Federal laws or regulations) 	
<p>Collaboration and operational efficiency are the primary benefits from the eDMS initiative through more effective organization of the large amounts of data received from licensees and/or produced by the agency. Effective organization and storage will also improve customer service by reducing staff requests for licensee documentation. Reducing the amount of data shipped to expert witnesses increased data security and privacy, by accessing the eDMS through agency systems.</p>	
<p>7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.</p>	
<p>The primary challenge to implementation is changing business processes to support eDMS. The infrastructure is in place. Expanding its use throughout the organization requires review of existing process and making any necessary modifications. Managers must actively work to manage the effects of change on their staff.</p>	

<p>1. Initiative Name: Name of the current or planned technology initiative.</p>	
<p>TMB Online Presence</p>	
<p>2. Initiative Description: Brief description of the technology initiative.</p>	
<p>This initiative is the ongoing maintenance and continued expansion of the agency's online presence. The agency currently offers several online services to licensees and the public including online registration, renewals, updates and physician profile information including public disciplinary actions. Online applications offer improved convenience and faster service for licenses along with saving agency staff time entering data.</p>	
<p>3. Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency's Information Technology Detail.</p>	
<p>Name</p>	<p>Status</p>

4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.	
Agency online offerings support the agency’s Licensure and Enforcement goals through making licensing, renewal and verification of enforcement actions easier for practitioners and staff.	
5. Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration • IT Workforce • Virtualization • Data Management • Mobility • Network 	
This initiative supports Security and Privacy; Business Continuity; Data Management and Mobility.	
6. Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:	
<ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements • Compliance (required by State/Federal laws or regulations) 	
The benefits of this initiative include operational efficiencies from reduced staff time for data entry; customer satisfaction because information is easier to find and licensees will spend less time preparing applications; security improvements from taking advantage of new technology and compliance with accessibility requirements.	
7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency’s ability to successfully implement the technology initiative.	
The primary barrier to expanding the agency’s online presence is the staff to create or migrate paper forms to online systems.	

1. Initiative Name: Name of the current or planned technology initiative.
Infrastructure
2. Initiative Description: Brief description of the technology initiative.
Information technologies are vital for the agency to successfully meet its statutory requirements and offer excellent customer service with the resources available. This initiative addresses the continuing need to invest in the agency’s infrastructure to meet changing business needs. New legislative requirements, advances in technology and the need to support a remote workforce require the agency

to make regular improvements to increase the ability of the agency to store, process and transmit information.	
3. Associated Project(s): Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency's Information Technology Detail.	
Name	Status
Network and Data Security Lifecycle	Ongoing
Desktop PC and Printer Lifecycle	Ongoing
Software Lifecycle	Ongoing
4. Agency Objective(s): Identify the agency objective(s) that the technology initiative supports.	
The initiative supports agency Licensure and Enforcement objectives by providing the foundation used by all agency applications and staff.	
5. Statewide Technology Priority(ies): Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> • Security and Privacy • Cloud Services • Legacy Applications • Business Continuity • Enterprise Planning and Collaboration • IT Workforce • Virtualization • Data Management • Mobility • Network 	
Infrastructure upgrades lay the foundation for migrating from existing to new technology. This initiative serves to prepare the agency to support many of the state priorities including Security and Privacy; Cloud Services; Business Continuity; Virtualization; Data Management; Mobility and Network.	
6. Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:	
<ul style="list-style-type: none"> • Operational efficiencies (time, cost, productivity) • Citizen/customer satisfaction (service delivery quality, cycle time) • Security improvements • Foundation for future operational improvements • Compliance (required by State/Federal laws or regulations) 	
A robust infrastructure brings many benefits including increased reliability, reductions in lost productivity; increased security; and improved customer service through faster response times. Continuous improvements also serve as the foundation for other improvements such as allowing for the delivery of new services electronically; using lower cost technologies; or supporting future mobile platforms.	
7. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.	
Budgeting for technology is the largest barrier to infrastructure initiatives. The agency is dependent on technology to deliver public services and meet its mission. The agency regularly chooses enterprise	

class products and services when purchasing technology to ensure the necessary features and vendor support is available to support the agency.

APPENDICES A - G

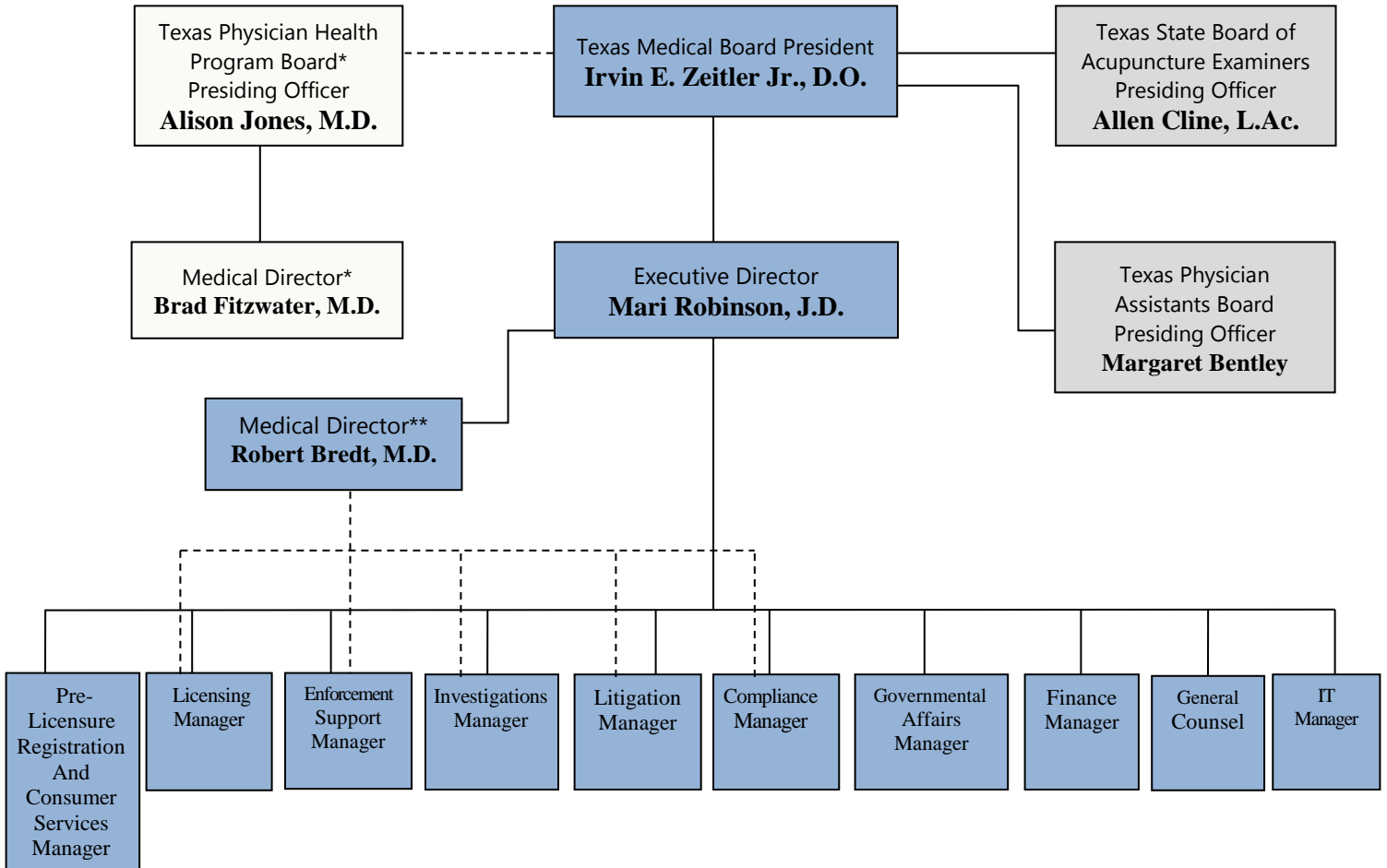
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APPENDIX A: TMB STRATEGIC PLANNING PROCESS

- The agency's Management Team serves as the work group for strategic planning issues.
- Strategic policy issues are developed from a variety of sources, including:
 - ongoing policy discussions of the agency's board and committees;
 - participation in interstate dialogue through national organizations;
 - input of stakeholder workgroups and dialogue with professional organizations;
 - legislative interim committee charges and enacted legislation.
- A drafting team assembled information, reviewed changes in requirements, and consulted with management. Each element was reviewed, refined, and assembled into a draft. Specific assistance was provided by the agency's HR staff, Finance staff, IT Staff, and Governmental Affairs & Communications staff.
- Draft outlines and information were reviewed with the Texas Medical Board's Executive Committee as well as the full Board for comment and further direction prior to final submission of the plan.

APPENDIX B: CURRENT ORGANIZATIONAL CHART

Organizational Chart for Texas Medical Board and Associated Boards



* The Texas Physician Health Program, which is administratively attached to the TMB, has a governing board appointed by the President of the Medical Board.

**The Medical Director has quality oversight on standard of care issues within the Enforcement and Licensing Departments.

APPENDIX C: FIVE-YEAR PROJECTIONS FOR OUTCOMES*(Bolded italicized text signifies current key measure)*

	Licensure	2015	2016	2017	2018	2019
1	<i>Percent of licensees who renew online – Physician</i>	97%	97%	97%	97%	97%
2	<i>Percent of licensees who renew online - Physician Assistant</i>	90%	92%	92%	92%	92%
	Enforcement					
3	<i>Percent of complaints resulting in disciplinary action – Physician</i>	9%	9%	9%	9%	9%
4	<i>Percent of complaints resulting in disciplinary action – Acupuncture</i>	9%	9%	9%	9%	9%
5	<i>Percent of complaints resulting in disciplinary action - Physician Assistant</i>	9%	9%	9%	9%	9%
6	<i>Percent of complaints resulting in disciplinary action - Surgical Assistant</i>	9%	9%	9%	9%	9%
7	<i>Percent of complaints resulting in remedial action – Physician</i>	9%	9%	9%	9%	9%
8	<i>Percent of complaints resulting in remedial action – Acupuncture</i>	9%	9%	9%	9%	9%
9	<i>Percent of complaints resulting in remedial action - Physician Assistant</i>	9%	9%	9%	9%	9%
10	<i>Percent of complaints resulting in remedial action - Surgical Assistant</i>	9%	9%	9%	9%	9%
11	Percent of licensees with no recent violations - Physician	99%	99%	99%	99%	99%
12	Percent of licensees with no recent violations – Acupuncture	99%	99%	99%	99%	99%
13	Percent of licensees with no recent violations-Physician Assistant	99%	99%	99%	99%	99%
14	Percent of licensees with no recent violations-Surgical Assistant	99%	99%	99%	99%	99%
15	Recidivism rate for those receiving disciplinary action – Physician	8%	8%	8%	8%	8%
16	Recidivism rate for those receiving disciplinary action – Acupuncture	8%	8%	8%	8%	8%
17	Recidivism rate for those receiving disciplinary action - Physician Assistant	8%	8%	8%	8%	8%

Enforcement (con't)						
18	Recidivism rate for those receiving disciplinary action - Surgical Assistant	8%	8%	8%	8%	8%
19	Percent of documented complaints resolved within six months - Physician	35%	35%	35%	35%	35%
20	Percent of documented complaints resolved within six months - Acupuncture	35%	35%	35%	35%	35%
21	Percent of documented complaints resolved within six months - Physician Assistant	35%	35%	35%	35%	35%
22	Percent of documented complaints resolved within six months - Surgical Assistant	35%	35%	35%	35%	35%

APPENDIX D: PERFORMANCE MEASURE DEFINITIONS FOR FY 14-15**A. Goal: LICENSURE**

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

Objective:

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

Outcome Measure 1	Percent of Licensees Who Renew Online: Physician (Key)
<i>Short Definition</i>	Percent of the total number of licensed, registered, or certified individuals that renewed their license, registration, or certification online during the reporting period.
<i>Purpose/Importance</i>	To track use of online license renewal technology by the licensee population.
<i>Source of Data</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>Method of Calculation</i>	Total number of initial or renewal registrations performed online divided by the total number of initial or renewal registration notices sent during the reporting period. The result should be multiplied by 100 to achieve a percentage.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license online.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Outcome Measure 2	Percent of Licensees Who Renew Online: Physician Assistant (Key)
<i>Short Definition</i>	Percent of the total number of licensed, registered, or certified individuals that renewed their license, registration, or certification online during the reporting period.
<i>Purpose/Importance</i>	To track use of online license renewal technology by the licensee population.
<i>Source of Data</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>Method of Calculation</i>	Total number of initial or renewal registrations performed online divided by the total number of initial or renewal registration notices sent during the reporting

	period. The result should be multiplied by 100 to achieve a percentage.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license online.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

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.

Licensing Output Measure 1	Number of New Licenses Issued to Individuals: Physician (Key)
<i>Short Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 2	Number of New Licenses Issued to Individuals: Acupuncture (Key)
<i>Short Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 3	Number of New Licenses Issued to Individuals: Physician Assistant (Key)
<i>Short Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 4	Number of New Licenses Issued to Individuals: Surgical Assistant (Key)
<i>Short Definition</i>	The number of licenses issued to individuals during the reporting period. Includes new licenses issued, licenses reissued after having lapsed. .

<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 5	Number of New Licenses Issued to Individuals: Physician in Training Permits
<i>Short Definition</i>	The number of Physician in Training permits issued to individuals during the reporting period.
<i>Purpose/Importance</i>	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to issuance of a Physician in Training permits. 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 criteria for Physician in Training permits established by statute and rule as verified by the agency during the reporting period.
<i>Source of Data</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>Method of Calculation</i>	Number of new permits during the reporting period
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek Physician in Training permits or the number of slots available in qualified Texas training programs.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No (This change listed on LBB approval list)
<i>Desired Performance</i>	Meets target

Licensing Output Measure 6	Number of New Licenses Issued: Other Types
<i>Short Definition</i>	Number of other licenses, registrations, etc. issued during the reporting period.
<i>Purpose/Importance</i>	A successful licensing registration 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 or 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>Source of Data</i>	Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Method of Calculation</i>	Number of licenses, registrations and certificates issued to individuals and business facilities (other than the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) during the reporting period. Includes newly issued and reissued after having lapsed. Types in this group are: faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, DSHS-MUA temporary licenses, acudetox certifications, non-certified radiological technologist registrations, non-profit health organization registrations.
<i>Data Limitations</i>	The agency has no control over the number of individuals or businesses who seek licensure/registration.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meet the target

Licensing Output Measure 7	Number of Licenses Renewed (Individuals): Physician (Key)
<i>Short Definition</i>	The number of licensed individuals who held licenses previously and renewed their license during the current reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 register their license.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 8	Number of Licenses Renewed (Individuals): Acupuncture (Key)
<i>Short Definition</i>	The number of licensed acupuncturists who held licenses previously and renewed their license during the current reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</i>	The number of registration permits issued to licensed acupuncturists during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 9	Number of Licenses Renewed (Individuals): Physician Assistant (Key)
<i>Short Definition</i>	The number of licensed individuals who completed held licenses previously and renewed their license during the current reporting period.
<i>Purpose/Importance</i>	Licensure registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.

<i>Source of Data</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>Method of Calculation</i>	The number of registration permits issued to licensed physician assistants during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 10	Number of Licenses Renewed (Individuals): Surgical Assistant (Key)
<i>Short Definition</i>	The number of licensed surgical assistants held licenses previously and renewed their license during the current reporting period
<i>Purpose/Importance</i>	Licensure registration is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of license that were issued during the reporting period to individuals who currently held a valid license.
<i>Source of Data</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>Method of Calculation</i>	The number of registration permits issued to licensed surgical assistants during the reporting period.
<i>Data Limitations</i>	The agency has no control over the number of individuals who choose to renew their license.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Licensing Output Measure 11	Number of Licenses Renew: Other Types
<i>Short Definition</i>	The number of other licensed individuals or registered business facilities which completed initial or renewal registrations during the reporting period.

<i>Purpose/Importance</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 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 and business facilities.
<i>Source of Data</i>	Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Method of Calculation</i>	The number of registration permits issued to licensees, permit holders, registrants, and certificate holders (other than Physician in Training permits and the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) during the reporting period. Types in this group are: faculty temporary licenses, visiting professor temporary licenses, state health agency temporary licenses, national health service corps temporary licenses, postgraduate research temporary licenses, DSHS-MUA temporary licenses, acudetox certifications, non-certified radiological technologist registrations, and non-profit health organization registrations. Physician in training permits are not renewable so are not included in this measure.
<i>Data Limitations</i>	The agency has no control over the number of individuals/business facilities which seek licensure/registration.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Meet target.
Licensing Efficiency Measure 1	Average Number of Days for Individual License Issuance – Physician (Key)
<i>Short Definition</i>	The average number of days to process a physician license application of individuals licensed during the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target.

Licensing Efficiency Measure 2	Average Number of Days for Individual License Issuance – Acupuncturist
<i>Short Definition</i>	The average number of days to process acupuncture license application for all individuals licensed during the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</i>	The average number of days between the times 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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 3	Average Number of Days for Individual License Issuance – Physician Assistant
<i>Short Definition</i>	The average number of days to process a physician assistant license application for all individuals licensed during the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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. Time spent under a supervised temporary license, either six months or 12 months, is not counted as part of the application processing time.
<i>Data Limitations</i>	The agency has no control over the number of applicants who seek licensure.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 4	Average Number of Days for Individual License Issuance – Surgical Assistant
<i>Short Definition</i>	The average number of days to process a surgical assistant license application for all individuals licensed during the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target.

Licensing Efficiency Measure 5	Average Number of Days to Renew License – Physician
<i>Short Definition</i>	Average number of days to process renewals in report period
<i>Purpose/Importance</i>	This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group

	(physicians).
<i>Source of Data</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>Method of Calculation</i>	The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.
<i>Data Limitations</i>	For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 6	Average Number of Days to Renew License – Acupuncturist
<i>Short Definition</i>	Average number of days to process renewals in report period
<i>Purpose/Importance</i>	This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (acupuncturists).
<i>Source of Data</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>Method of Calculation</i>	The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.
<i>Data Limitations</i>	For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.
<i>Calculation Type</i>	Non-cumulative

<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 7	Average Number of Days to Renew License – Physician Assistant
<i>Short Definition</i>	Average number days to process renewals in report period
<i>Purpose/Importance</i>	This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (physician assistant).
<i>Source of Data</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>Method of Calculation</i>	The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.
<i>Data Limitations</i>	For renewals and registrations processed through Texas Online, the completed registration application date is the date the payment is made, because only completed registrations are accepted for payment in the online system. A small percentage of registrants submit paper renewal or registration forms and checks. In a few cases, registrants do not fully complete the form, thereby increasing the number of days to process their applications.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Efficiency Measure 8	Average Number of Days to Renew License – Surgical Assistant
<i>Short Definition</i>	Average number of days to process renewals in report period
<i>Purpose/Importance</i>	This measures the ability of the agency to process renewal applications in a timely manner and its responsiveness to a primary constituent group (surgical assistants).
<i>Source of Data</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 and in spreadsheets.
<i>Method of Calculation</i>	The number of calendar days between receipt of license registration or renewal applications for those processed during the reporting period, measured from the time of receipt of a completed registration application until the date the

	registration permit is mailed, divided by the total number of license registration applications processed in the same manner regardless of the number of days.
<i>Data Limitations</i>	Data regarding surgical assistants is stored in the agency's automated information system and in spreadsheets, which may at times make reporting a little more complicated.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Licensing Explanatory Measure 1	Total Number of Individuals Licensed: Physician
<i>Short Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	No

Licensing Explanatory Measure 2	Total Number of Individuals Licensed: Acupuncture
<i>Short Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</i>	The number of active acupuncturist licenses 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 Type</i>	Non-cumulative
<i>New Measure</i>	No

Licensing Explanatory Measure 3	Total Number of Individuals Licensed: Physician Assistant
<i>Short Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</i>	The number of active and inactive physician assistant licenses 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 Type</i>	Non-cumulative
<i>New Measure</i>	No

Licensing Explanatory Measure 4	Total Number of Individuals Licensed: Surgical Assistant
<i>Short Definition</i>	Total number of individuals licensed at the end of the reporting period.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</i>	The number of active and inactive surgical assistant licenses 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 Type</i>	Non-cumulative

<i>New Measure</i>	No
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Licensing Explanatory Measure 5	Total Number of Individuals Licensed: Physician in Training Permits
<i>Short Definition</i>	Total # of physicians in training licensed.
<i>Purpose/Importance</i>	The measure shows the total number of physicians in training licensed at the end of the reporting period, which indicates the size of one of the agency's primary constituencies.
<i>Source of Data</i>	Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Method of Calculation</i>	Total number of physicians in training holding active permits at the end of the reporting period.
<i>Data Limitations</i>	The number is dependent upon outside individuals seeking licensure. This is not within the control of the agency.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No (This change listed on LBB approval sheet)

Licensing Explanatory Measure 6	Total Number of Licensed Issued: Other
<i>Short Definition</i>	Total # of individuals licensed and business facilities registered.
<i>Purpose/Importance</i>	The measure shows the total number of individuals licensed, registered, or certified and the total number of business facilities registered (other than Physicians in Training and the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) at the end of the reporting period, which indicates the size of other agency constituencies.
<i>Source of Data</i>	Data regarding the number of complaints, actions and license/permit holders is collected by agency staff and stored electronically in the agency's SQL database.
<i>Method of Calculation</i>	Total number of individuals licensed, registered, or certified and the total number of business facilities registered, active and inactive, but not cancelled or revoked, (other than Physicians in Training and the 4 main license types of physician, physician assistant, acupuncturist, and surgical assistant) 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 Type</i>	Non-cumulative

<i>New Measure</i>	No
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B. Goal: ENFORCE MEDICAL ACT

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

Objective:

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

Enforcement Outcome Measure 1	Percent of Complaints Resulting in Disciplinary Action: Physician (Key)
<i>Short Definition</i>	Percent of complaints, which were resolved during the reporting period that, resulted in disciplinary action.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 2	Percent of Complaints Resulting in Disciplinary Action: Acupuncture (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 3	Percent of Complaints Resulting in Disciplinary Action: Physician Assistant (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative

<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 4	Percent of Complaints Resulting in Disciplinary Action: Surgical Assistant (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in disciplinary action.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 5	Percent of Complaints Resulting in Remedial Action: Physician (Key)
<i>Short 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/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Outcome Measure 6	Percent of Complaints Resulting in Remedial Action: Physician Assistant (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Outcome Measure 7	Percent of Complaints Resulting in Remedial Action: Acupuncture (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Outcome Measure 8	Percent of Complaints Resulting in Remedial Action: Surgical Assistant (Key)
<i>Short Definition</i>	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
<i>Purpose/Importance</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>Source of Data</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>Method of Calculation</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 Type</i>	Non-cumulative
<i>New Measure</i>	Yes
<i>Desired Performance</i>	Meets target

Enforcement Outcome Measure 9	Recidivism Rate for Those Receiving Disciplinary Action: Physician
<i>Short Definition</i>	The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.
<i>Purpose/Importance</i>	The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.
<i>Source of Data</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>Method of Calculation</i>	The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years that have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.
<i>Data Limitations</i>	The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Outcome Measure 10	Recidivism Rate for Those Receiving Disciplinary Action: Acupuncture
<i>Short Definition</i>	The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.
<i>Purpose/Importance</i>	The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.

<i>Source of Data</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>Method of Calculation</i>	The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years that have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.
<i>Data Limitations</i>	The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Outcome Measure 11	Recidivism Rate for Those Receiving Disciplinary Action: Physician Assistant
<i>Short Definition</i>	The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.
<i>Purpose/Importance</i>	The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.
<i>Source of Data</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>Method of Calculation</i>	The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years that have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.
<i>Data Limitations</i>	The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Outcome Measure 12	Recidivism Rate for Those Receiving Disciplinary Action: Surgical Assistant
<i>Short Definition</i>	The number of repeat offenders at the end of the reporting period as a percentage of all offenders during the most recent three-year period.
<i>Purpose/Importance</i>	The measure is intended to show how effectively the agency enforces its regulatory requirements and prohibitions. It is important that the agency enforce its act and rules strictly enough to ensure consumers are protected from unsafe, incompetent and unethical practice by the registered or licensed professional.
<i>Source of Data</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>Method of Calculation</i>	The number of repeat offenders as a percentage of all offenders during the most recent three-year period. The number of individuals placed under board order within the current and preceding two fiscal years that have been found to violate that board order during that time divided by the total number of individuals placed under a board order within the current and preceding two fiscal years.
<i>Data Limitations</i>	The agency has no control over the actions taken by those previously disciplined, and their acceptance of risk as to further disciplinary action which would be taken.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Outcome Measure 13	Percent of Documented Complaints Resolved Within Six Months: Physician
<i>Short 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/Importance</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 (Texas Occupations Code, Subtitle B, Vernon's 2000) which is an agency goal.
<i>Source of Data</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>Method of Calculation</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 neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of

	complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 14	Percent of Documented Complaints Resolved Within Six Months: Acupuncture
<i>Short 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.
<i>Purpose/Importance</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 (Texas Occupations Code, Subtitle C) which is an agency goal.
<i>Source of Data</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>Method of Calculation</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 neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 15	Percent of Documented Complaints Resolved Within Six Months: Physician Assistant
<i>Short 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/Importance</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 (Texas Occupations Code, Subtitle C) which is an agency goal.
<i>Source of Data</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>Method of Calculation</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 neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 16	Percent of Documented Complaints Resolved Within Six Months: Surgical Assistant
<i>Short 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 received by the agency.
<i>Purpose/Importance</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 (Texas Occupations Code, Subtitle B (C?), Vernon's 2000) which is an agency goal.
<i>Source of Data</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>Method of Calculation</i>	The number of complaints resolved within a period of six months or less from the date of receipt 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 Type</i>	Non-cumulative

<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 17	Percent of Licensees with No Recent Violations: Physician
<i>Short Definition</i>	The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
<i>Purpose/Importance</i>	Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.
<i>Source of Data</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>Method of Calculation</i>	Total number of disciplinary actions for physicians and physician in training permit holders incurred during the current year plus the preceding two years, subtracted from the total number of individual physicians and physician in training permit holders currently licensed. The resulting number is then divided by the total number of individual physicians and physician in training permit holders currently licensed.
<i>Data Limitations</i>	The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 18	Percent of Licensees with No Recent Violations: Acupuncture
<i>Short Definition</i>	The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
<i>Purpose/Importance</i>	Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.
<i>Source of Data</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>Method of Calculation</i>	Total number of disciplinary actions on acupuncturists incurred during the current year plus the preceding two years, subtracted from the total number of individual acupuncturists currently licensed. This resulting number is then divided by the total number of individual acupuncturists currently licensed.
<i>Data Limitations</i>	The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 19	Percent of Licensees with No Recent Violations: Physician Assistant
<i>Short Definition</i>	The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).
<i>Purpose/Importance</i>	Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.
<i>Source of Data</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>Method of Calculation</i>	Total number of disciplinary actions on physician assistants incurred during the current year plus the preceding two years, subtracted from the total number of individual physician assistants currently licensed. This resulting number is then divided by the total number of individual physician assistants currently licensed.
<i>Data Limitations</i>	The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Outcome Measure 20	Percent of Licensees with No Recent Violations: Surgical Assistant
<i>Short Definition</i>	The percent of the total number of licensed, registered, or certified individuals at the end of the reporting period who have not incurred a violation within the

	current and preceding two years (three years total).
<i>Purpose/Importance</i>	Licensing, registering, or certifying individuals helps ensure that practitioners meet legal standards for professional education and practice which is a primary agency goal. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.
<i>Source of Data</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>Method of Calculation</i>	Total number of disciplinary actions on surgical assistants incurred during the current year plus the preceding two years, subtracted from the total number of individual surgical assistants currently licensed. This resulting number is then divided by the total number of individual surgical assistants currently licensed.
<i>Data Limitations</i>	The agency has no control over the number of disciplinary actions that will occur, as these are dependent upon jurisdictional complaints filed
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

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.

Enforcement Output Measure 1	Number of Complaints Resolved: Physician (Key)
<i>Short Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the workload associated with resolving complaints.
<i>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative

<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Output Measure 2	Number of Complaints Resolved: Acupuncture (Key)
<i>Short Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the workload associated with resolving complaints.
<i>Source of Data</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>Method of Calculation</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. Medical Board decision is preceded by a recommendation from the Acupuncture Board.
<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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Output Measure 3	Number of Complaints Resolved: Physician Assistant (Key)
<i>Short Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the workload associated with resolving complaints.
<i>Source of Data</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>Method of Calculation</i>	The number of jurisdictional filed complaints dismissed by the Physician Assistant Board and the number of jurisdictional filed complaints where the Physician Assistant 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 Type</i>	Cumulative
<i>New Measure</i>	No

<i>Desired Performance</i>	Higher than target
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Enforcement Output Measure 4	Number of Complaints Resolved: Surgical Assistant (Key)
<i>Short Definition</i>	The total number of jurisdictional filed complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the workload associated with resolving complaints.
<i>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

Enforcement Efficiency Measure 1	Average Time for Complaint Resolution: Physician (Key)
<i>Short Definition</i>	The average length of time to resolve a jurisdictional filed complaint for all complaints resolved within the reporting period.
<i>Purpose/Importance</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Source of Data</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>Method of Calculation</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, or the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will

	impact the length of time necessary to resolve the complaint.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Efficiency Measure 2	Average Time for Complaint Resolution: Acupuncture
<i>Short Definition</i>	The average length of time to resolve a jurisdictional complaint, for all complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Source of Data</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>Method of Calculation</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 neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Efficiency Measure 3	Average Time for Complaint Resolution: Physician Assistant
<i>Short Definition</i>	The average length of time to resolve a jurisdictional filed complaint, for all complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Source of Data</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>Method of Calculation</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, or the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Efficiency Measure 4	Average Time for Complaint Resolution: Surgical Assistant
<i>Short Definition</i>	The average length of time to resolve a jurisdictional filed complaint, for all complaints resolved during the reporting period.
<i>Purpose/Importance</i>	The measure shows the agency's efficiency in resolving jurisdictional filed complaints.
<i>Source of Data</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>Method of Calculation</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 neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.
<i>Calculation Type</i>	Non-cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Lower than target

Enforcement Explanatory Measure 1	Jurisdictional Complaints Received and Filed: Physician (Key)
<i>Short 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/Importance</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No

Enforcement Explanatory Measure 2	Jurisdictional Complaints Received and Filed: Acupuncture (Key)
<i>Short 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/Importance</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No

Enforcement Explanatory Measure 3	Jurisdictional Complaints Received and Filed: Physician Assistant (Key)
<i>Short 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/Importance</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No

Enforcement Explanatory Measure 4	Jurisdictional Complaints Received and Filed: Surgical Assistant (Key)
<i>Short 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/Importance</i>	The measure shows the number of jurisdictional complaints filed that helps determine agency workload.
<i>Source of Data</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>Method of Calculation</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 Type</i>	Cumulative
<i>New Measure</i>	No

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM

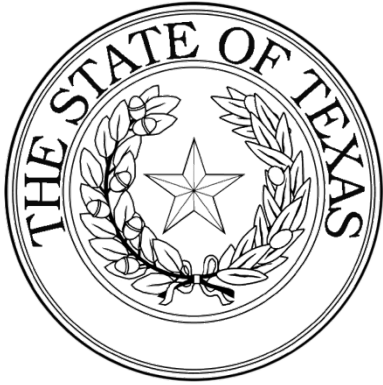
Protect Texas citizens by identifying potentially impaired physicians, physician assistants, acupuncturists and surgical assistants; directing these practitioners to evaluation and/or treatment, and monitoring the participants in recovery.

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION

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

Public Information & Education Output Measure 1	Number of Publications Distributed
<i>Short Definition</i>	Number of published documents that are distributed to licenses and other individuals, as well as the number of press releases issued electronically.
<i>Purpose/Importance</i>	Shows that agency is providing ongoing information to its licensed professionals and to the public.
<i>Source of Data</i>	Data regarding the number of license holders and others who request the information is collected by agency staff and stored electronically in the agency’s SQL database; distribution lists for news releases are maintained by the Public Information Officer.
<i>Method of Calculation</i>	The total number of individuals currently licensed, registered, or certified by the agency, to whom the agency newsletter is distributed, as well as the number of entities and individuals who request the newsletter; and the total number of press releases issued.
<i>Data Limitations</i>	Number will always exceed number of licensees, due to outside requests for information.
<i>Calculation Type</i>	Cumulative
<i>New Measure</i>	No
<i>Desired Performance</i>	Higher than target

APPENDIX E. WORKFORCE PLAN



Texas Medical Board

Workforce Plan

I. AGENCY OVERVIEW

Vision and Mission

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

The mission of the TMB is to protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in 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, the Texas State Board of Acupuncture Examiners, and the Texas Physician Assistant Board.

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, the Texas State Board of Acupuncture Examiners, and the Texas Physician Assistant Board.

Objective

- To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public.
 - 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, physician assistants, acupuncturists and surgical assistants; directing these practitioners to evaluation and/or treatment, and monitoring the participants in recovery.
 - Strategy – Improve public awareness by providing information and educational programs to educate the public and licensees regarding the agency's functions, services and responsibilities.

Agency Functions

TMB currently regulates approximately 76,000 physicians; 7,000 physician assistants; 1,100 acupuncturists; and 360 surgical assistants, in addition to other types of licenses, permits, and registrations. 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.

This presents the TMB with a unique challenge to regulate thousands of licensees and investigate thousands of alleged violations of these medical professions in a large and populous state with a budgeted staff of approximately 172 employees.

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

The TMB does not anticipate any changes within the mission and goals over the next five years. The agency continues to have a separate strategy for the Texas Physician Health Program which was created by SB 292 in the 81st Legislature (2009) and is administratively attached to TMB.

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 divisions and departments: General Counsel's Office, Licensure Division, Enforcement Division, Governmental Affairs Department, and Administrative Departments (Finance, IT).

II. CURRENT WORKFORCE PROFILE

TMB's talented workforce is the agency's greatest resource. However, it is often difficult to maintain this staff and minimize turnover due to the inability to consistently provide for merit raises or bonuses. For FY 2014, TMB is authorized 172.5 FTEs in the General Appropriations Act and an additional six FTEs through Article IX rider authorization. TMB has 169 actual FTEs as of May 31, 2014. Of the 172.5 authorized FTEs, 9.5 FTEs are allocated to the Texas Physician Health Program.

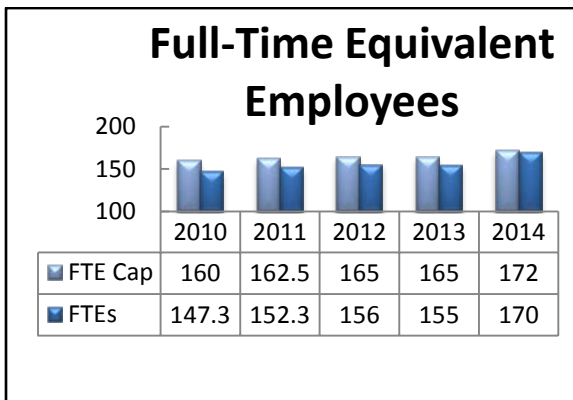
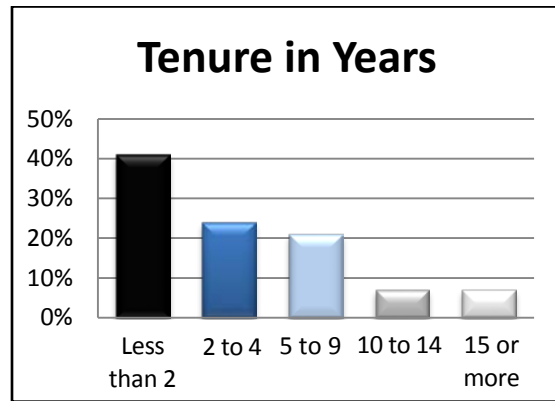
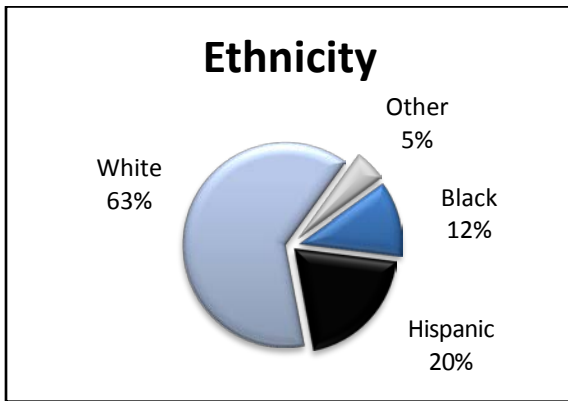
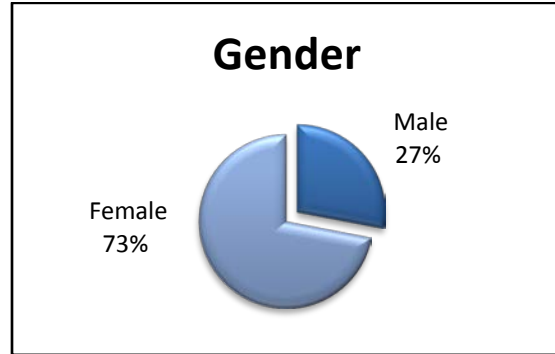
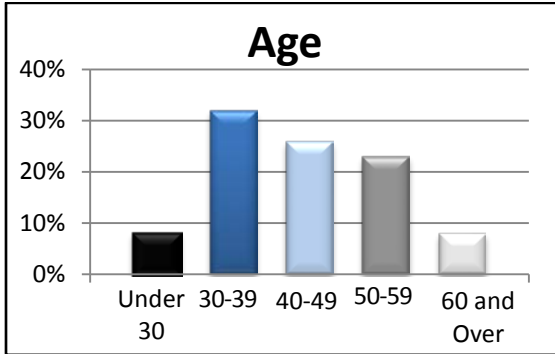
General Demographics

The TMB workforce had the following composition in FY 2014:

- TMB has a mature workforce. The average age of TMB's employees is 47.4 years. Approximately 58% of staff is age 40 or older compared to 63% of the state's workforce. The lowest percentage of TMB's employees is evenly split between those employees who are under 30 and over 60 at 9% of the workforce for each age category.
- The percentage of TMB's female workforce has increased slightly, from 72% in FY 2012 to 73% in FY 2014. The state's workforce is more evenly split between men (44%) and women (56%).
- Approximately 36% of TMB's workforce is comprised of ethnic minorities, which is less than the state percentage of 48%.

- Approximately 59 percent of TMB employees have been with the agency longer than two years, while 35 percent of TMB employees have been with the agency for more than five years.

TMB Demographic Charts

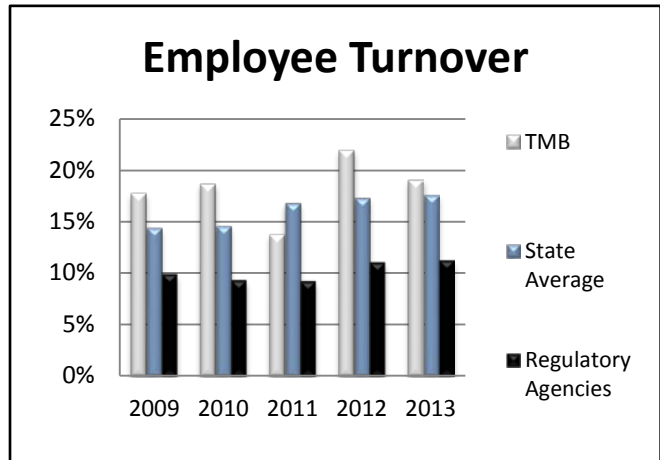


Current Staffing Levels

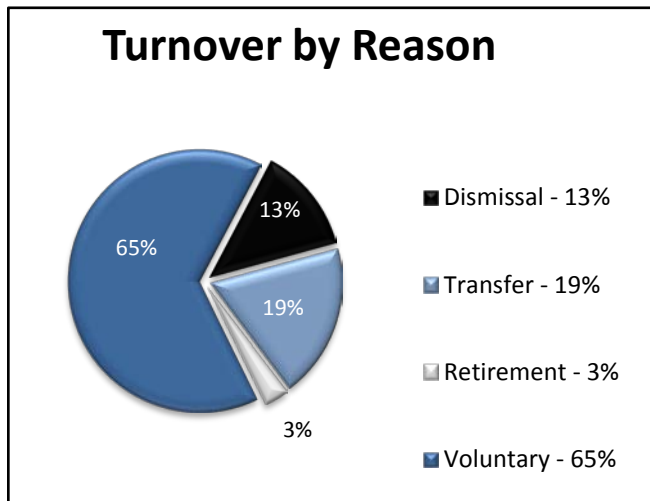
The TMB’s FTE cap has increased from 160 FTEs in FY 2010 to the present authorization of 172.5 in FY 14-15. Of these, 9.5 FTEs are expressly designated for the Physician Health Program (PHP). The majority of the FTE increases granted since 2010 have been to assist with increases in both the TMB’s and PHP’s enforcement workloads.

Employee Turnover and Exit Interview Information

The TMB employee turnover rate for FY 2013 was 19.1 percent, which is trending down from 22.2 percent in FY 2012, but remains above the 11.9 percent turnover rate in FY 2011. TMB's turnover is above the average state turnover rate of 16 percent in FY 2013. TMB's turnover rate is higher than the 11 percent turnover rate for regulatory agencies and has consistently remained at higher levels since FY 2008.



Employees responding to exit interviews since FY11 have listed a variety of reasons for their choice of voluntarily terminating their employment with TMB. In addition to retirement, employees listed: entering or returning to school, relocation, self-employment, 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.



Projected Turnover Rate over the Next Five Years

TMB anticipates that employee turnover will remain slightly above the state average because all departments will continue to have very high volumes of workload and the agency requires high performance standards from all of its employees.

Percentage of Workforce Eligible to Retire

Based on 2013 data, TMB estimates that approximately six percent of its workforce will be eligible to retire at the end of calendar year 2014. The TMB estimates that over the next five years, twelve percent of the current workforce will be eligible to retire.

Workforce Skills Critical to TMB's Mission and Goals

TMB is a complex regulatory agency requiring a variety of critical workforce skills and credentials in order to perform the core business functions. Based on the agency's mission and goals, the following identify the agency's critical workforce skills and credentials for the agency to successfully administer and provide service to our stakeholders, public, legislators, and other interested parties:

- Decision Making
- Independent Judgment
- Detailed Oriented
- Problem Solving

- Negotiation
- Communication
- Mediation/Conflict Resolution
- Customer Service
- Legislative Process
- Rulemaking
- Interpersonal Relationships
- Personal Responsibility
- Policy Development and Implementation
- Research/Writing/Editing
- Investigation
- Emerging and Advanced Computer Technology
- Compliance Regulation
- Interviewing and Information Gathering
- Risk Assessment
- Data Analysis/Management
- Telecommunication Technology
- Computer/Automated Services Skills
- RN, LVN, or PA credentials
- Paralegal credentials
- Healthcare/Medical Quality Assurance
- Clinical Investigative
- Litigation
- L.L.B. or J.D. Degree
- M.D. License
- Health Law

Technology Skills:

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

Customer Service:

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

III. FUTURE WORKFORCE PROFILE

Expected Workforce Changes

To continue to meet TMB's workload, legislative and public needs, the agency must make better use of available budget/FTEs, cross-train within and outside of departments, establish automated procedures to provide efficiency and streamline processes, improve communication across departments, prepare and plan for change in leadership as retirements occur and increase the use of technology throughout the agency.

Future Workforce Skills Needed

With anticipated increased workload and to meet future workforce required skill sets, TMB must commit to developing the work skills of the current workforce as well as recruit individuals that possess the critical work skills identified below to fulfill the agency's mission and goals:

- Expert Program/Regulatory Knowledge
- Policy and Rules Development/Making
- Independent Judgment
- Customer Service
- Data Collection and Data Analysis
- Advanced Computer Skills
- Investigation
- Influencing and Negotiation Skills
- Oral Presentation and Facilitation Skills
- Research/Writing/Editing Skills
- Critical Decision Making Skills
- Team Building and Motivation
- Staff Development and Mentoring
- Mediation/Conflict Resolution
- Detailed Oriented
- Financial and Budget Management
- Interpersonal Relationships
- Personal Responsibility
- Legislative Process
- Communication Skills

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, 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

Similar to many other small to medium size state agencies, recruitment and retention of staff is frequently a challenge primarily due to uncompetitive salary levels. Key managerial staff and employees assigned to perform critical functions for the agency may be eligible to retire within the next two to five years. Succession Planning and knowledge transfer provides 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, it is 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.

TMB continues to experienced difficulty in recruiting professional employees, particularly in the positions that require IT or medical expertise. As the economy improves, and the agency continues to operate within budget constraints that do not allow for salary increases, it's likely that the agency will find itself with the same shortage of professional staff in the future.

V. WORKFORCE STRATEGIES

In the prior Workforce Plan, TMB proposed 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
- Educational reimbursement opportunities
- Professional development opportunities
- Recognition Programs
- Outstanding Performance Leave Awards
- Teambuilding activities
- 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 can 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. Develop a business plan necessary to prepare key potential employees to be replacements in critical positions across the agency

The Human Resources Department can assist managers in developing a long-range goal plan to prepare employees to perform competencies within specific at-risk functions, and to prepare them to be competitive for future career opportunities.

APPENDIX F: 2014 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 January 2014 and provided the results in February 2014.

Most state agencies participate in this survey, which allows the agency 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 survey uses 71 standard questions to provide information about the agency in two broad categories – 1) Workplace Dimensions and 2) Climate.

Workplace Dimensions – Sixty (60) of the 71 standard questions are divided into 14 “constructs”, or categories, that drive organizational performance and engagement. These 14 constructs are then grouped into five workplace dimensions as shown in **Table 1**. The survey results report scores at the construct level, but not at the workplace dimension level.

Climate – Eleven (11) of the 71 standard questions assess five **areas** of an agency’s climate. The five **areas** include: 1) atmosphere, 2) ethics, 3) fairness, 4) feedback and 5) management. The survey results report scores at the area level, but an overall composite score for climate is not reported.

Results

The survey was distributed to 155 TMB employees, of which 128 employees, or 83 percent, responded. TMB’s response rate is considered high because response rates higher than 50 percent indicates a strong level of participation.

Agencies overall scores typically fall between 325 and 375. TMB’s overall score was **376**, 25 points higher than the overall score of 351 in 2012. **Scores that are above 350 suggest the employees perceive the construct or dimension more positively than negatively, with scores higher than 375 indicating a substantial strength.**

Table 1: Workplace Dimensions & Constructs

WORKPLACE DIMENSIONS	CONSTRUCTS
Work Group	Supervision Team Quality
Organization	Strategic Diversity
Information	Information System Internal Communication External Communication
Personnel	Employee Engagement Employee Development Job Satisfaction
Accommodations	Pay Benefits Physical Environment

In contrast, scores that are below 350 suggest the 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 strengths include ***four constructs considered substantial strengths*** comprised of a score of 375 or above.

Supervision, Score: 406, provides insight into the nature of supervisory relationships within the organization, including aspects of leadership, communication of expectations and employee perception of fairness between themselves and supervisors. High scores indicate that employees view their supervisors as fair. The Supervision score increased by 37 points from a previous score of 369 in 2012.

External Communication, Score: 395, looks at how information flows into and out of the organization and the organization's ability to synthesize and apply external information to the work performed by the organization. High scores indicate employees view their organization as communicating effectively. External Communication also ranked as a substantial strength in 2012.

Strategic, Score: 393, reflects employees' thinking about how the organization responds to external influences that play a role in defining the organization's vision, mission, services, and products. High scores indicate employees view the organization as able to quickly relate its mission and goals to environmental changes and demands. Strategic also ranked as a substantial strength in 2012.

Physical Environment, Score: 388, captures employees' perceptions of the total work atmosphere and the degree to which they believe it is a "safe" working environment. There was an increase in the Physical Environment score from 374 in 2012, placing this construct in the substantial strength category.

Areas of Concern

TMB areas of concern consist of one construct that fell below the cutoff score of 325.

Pay, Score: 233, addresses perceptions of the overall compensation package offered by the organization, describing how well the package "holds up" when employees compare it to similar jobs in other organizations. The score for pay was below 325 statewide, for all agencies of similar size, and for all state agencies with a similar mission.

TMB employees recognize that the agency has limited control over the overall compensation package as all state employees are subject to the classification schedule and access the same benefits options. The Pay score increased from a previous score of 207 in 2012 but remains below the cutoff score of 325.

Climate Analysis

Each area within climate is scored individually. ***Atmosphere, ethics, fairness and management scored above 375 indicating they are areas of substantial strengths.*** Feedback scored at 357, indicating it is perceived as more positively than negatively by employees. The Feedback score has steadily increased in the past three surveys from 318 in 2010 to 325 in 2012 and to 357 in 2014.

Management Plan

With 128 of 155 employees participating in the survey, management is very pleased with the participation and employees have seen the value in the process.

Addressing the area of concern “Pay” will be challenging for the TMB given the budget constraints and high and increasing volume of workload. The two most frequent reasons employees cite for leaving the TMB are retirement and pay/benefits. However, approximately 80 percent of employees indicated they plan to be working for the TMB in one year.

APPENDIX G: 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 goals include 20% for professional services contracts, 33% for all other service contracts and 12.6% 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