



# **Texas Medical Board**

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## **Agency Strategic Plan**

**Fiscal Years 2011-2015**

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**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 2011 – 2015

BY

TEXAS MEDICAL BOARD

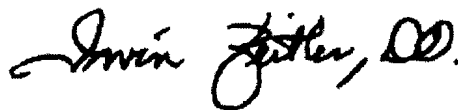
BOARD MEMBER	DATES OF TERM	HOMETOWN
Michael Arambula, M.D.	November 15, 2006 - April 13, 2013	San Antonio
Julie Attebury	September 8, 2005 - April 14, 2011	Amarillo
David Baucom	November 4, 2008 - April 13, 2015	Sulphur Springs
Jose M. Benavides, M.D.	July 8, 1999 - April 13, 2011	San Antonio
Patricia S. Blackwell	January 14, 2002 - April 13, 2013	Midland
Pat J. Crocker, D.O.	April 14, 2009 - April 13, 2015	Austin
John D. Ellis, Jr.	April 14, 2009 - April 13, 2015	Houston
Manuel G. Guajardo, M.D.	November 30, 2005 - April 13, 2015	Brownsville
J. Scott Holiday, D.O.	December 17, 2008 - April 13, 2013	University Park
Melinda McMichael, M.D.	April 17, 2007 - April 13, 2013	Austin
Margaret C. McNeese, M.D.	May 26, 2006 - April 13, 2013	Houston
Charles E. Oswalt, III, M.D.	March 30, 2006 - April 13, 2013	Waco
Allan Shulkin, M.D.	January 10, 2008 - April 13, 2015	Dallas
Wynne M. Snoots, M.D.	April 14, 2009 - April 13, 2015	Dallas
Paulette B. Southard	July 12, 1999 - April 14, 2011	Alice
Timothy J. Turner	August 28, 2003 - April 13, 2015	Houston
Timothy Webb, J.D.	May 2007- April 13, 2013	Houston
George Willeford III, MD	September 5, 2008 - April 13, 2011	Austin
Irvin E. Zeitler, Jr., D.O.	June 13, 2006 - April 13, 2011	San Angelo

JUNE 18, 2010

SIGNED:

  
Mari Robinson, J.D., Executive Director

APPROVED:

  
Irvin E. Zeitler, Board President

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## **I. STATEWIDE ELEMENTS**

*STRENGTHENING OUR PROSPERITY*

*THE STATEWIDE STRATEGIC PLANNING ELEMENTS FOR  
TEXAS STATE GOVERNMENT*

March 2010

Fellow Public Servants:

Since the last exercise in strategic planning began in March 2008, much has changed in the national economic picture. States across the nation have struggled with severe budget shortfalls and the national economy has yet to rebound as many hoped and predicted. Texas, however, has weathered the economic downturn better than other states and been recognized as an example for other states to follow.

Our position relative to other states 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 important reserves in our state's "Rainy Day Fund," cut taxes on small businesses, and emphasized a stable and predictable regulatory climate in an effort to show that the Lone Star State is a great place to build a business and raise a family.

Over the last year, families across this state and nation have tightened their belts in response to the economic challenges. Government should be no exception. As we begin this next round in our strategic planning process, we must critically reexamine 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 set clear priorities that will help maintain our position as a national leader now and in the future by:

*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 charting a strong course for our great state.

Rick Perry

## **The Mission of Texas State Government**

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

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

## **The Philosophy of Texas State Government**

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

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

## Statewide Goals and Benchmarks

### Priority Goal: Regulatory

- To ensure 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 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 the licensing and enforcement of 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 Acupuncture Board. The agency is also required to regulate surgical assistants, non-profit health care entities, non-certified radiological technicians, and acudetox specialists. Overall, there are at least 13 different types of licenses and permits for which the board is responsible. Continuous improvement has been the hallmark of the agency for the last ten years and it continues to be involved in ongoing changes and process improvement. The 81st Legislature provided both additional resources and responsibilities to the agency and further refined statutes, following actions by the previous three legislatures to strengthen the agency's ability to regulate the medical profession.

#### ***B. OVERVIEW OF AGENCY 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, which governs the regulation of the practice of medicine, includes Chapters 151 through 167. 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. A majority of these statutes underwent major revisions in the 2003, 2005, and 2009 legislative sessions.

##### **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 eight 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 69,000 physicians; 5,000 physician assistants; 940 acupuncturists; and 270 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.

Due to the statutory requirement that a medical director must be appointed if the executive director is not a licensed physician, TMB currently has a medical director. The Medical Practice Act requires the executive director 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.

All nine of the agency's departments and divisions report directly to the executive director and are described in the information below.

In addition to the executive office, the major functions of the agency include the following:

### *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 support for investigative work.

- The Investigations Department is comprised of field investigators located throughout the state who investigate complaints.
- The Litigation Department includes attorneys, legal assistants and support staff. It is the responsibility of this department to prepare and present cases that have been referred to Litigation to be heard before either an ISC panel or a Temporary Suspension panel, and for drafting orders that are proposed by the panels. Additionally, this group is responsible for litigating all cases that are not settled through ISCs and have been referred for formal hearings to the State Office of Administrative Hearings.
- If there is a disciplinary action 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 Affairs Department and the Licensing Department.

- The Pre-Licensure, Registration and Consumer Affairs 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 two 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 Informal Settlement

Conferences and Temporary Suspension Hearings, draft rules for all three boards, respond to open record requests, and conduct legal research.

#### *Public Information/Special Projects*

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

#### *Information Resources*

The department is responsible for 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. 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 officed in field locations and work remotely through the agency's electronic documents system. Currently, 43 field staff are located throughout the state.

TMB had to create space in the Hobby Building for an additional 15 FTEs appropriated to the agency by the 81<sup>st</sup> Legislature. A substantive reconfiguration of TMB offices was completed in late 2009, and walls were removed and offices eliminated to create space for new employees. Some of the space needs were addressed by sharing office space with the Pharmacy Board and Board of Nursing for the finance departments of all three agencies. This office sharing provides opportunities to share expertise and resources as well as mitigates office space problems that all three agencies were facing.

## **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. The agency continues to experience a higher turnover rate than the state's average which can largely be attributed to the high level of performance accountability that TMB management requires of staff. Service demands require that every FTE be fully competent and productive. Individuals who are unable to meet performance expectations soon separate from the agency.

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

## **Human Resources Strengths & Weaknesses**

### **Strengths**

TMB's greatest strength is in the dedication of its employees to the mission of the agency. The agency continues to make advancements in a number of areas:

- In FY 09, the agency conducted a significant reclassification of staff positions and salaries in order to address the need for both internal and external consistency of position duties and reimbursement.
- Increased accountability for employee work performance.
- Strong leadership in managers and directors.
- Long-term experienced employees and talented new hires.
- For employment law and HR policy assistance, TMB frequently relies on legal counsel from the Office of Attorney General assigned to state agency personnel issues.

### **Weaknesses**

- The agency has experienced higher than average turnover rates, although some turnover has been beneficial.
- The agency continues to lack funding for merit pay to reward exceptional performance.
- The agency has relied on one-time merit bonuses, but these do not build base income to benefit retirement income, which is helpful with retention of skilled staff.
- The agency continues to work on improving communications between staff and between management and staff.

## **Technology Initiatives**

### *1. SQL Rewrite for Licensure*

The agency's automated information system, SQL Tracer, has been in place for a number of years. It is based on a model of one license per individual, which is not always the case now. As licensing/permitting of different health professionals was added to the agency's responsibilities, SQL Tracer has not been able to keep pace. Some groups, such as surgical assistants, are tracked on a spreadsheet. Others are in desperate need of updating because of changes that have occurred in program requirements and processes

over the years. Each license type has its own application and registration systems, even though many of the functions are the same and could share functionality for better performance.

The overall structure of the system, down to the database level, must be redesigned to become a more flexible system for tracking the Licensure Program's data, reporting, and workflow needs. The new system will allow incorporation of new responsibilities to be accomplished more consistently, quickly, and accurately.

The Licensure System rewrite will involve an in-depth assessment of current requirements for all of the functions of the division, including those not currently available in SQL Tracer. Following development of user requirements, in-house IT developers will design the application, user interfaces, reports, etc., for deployment.

### *2. Add Licensure Department to Electronic Document Management System*

For the past several years, the agency has used an electronic document management system that enables staff to store, organize, and access a huge volume of electronic information that previously was only available as paper copies. The Enforcement Division was the first to migrate to this system and it has been a great success. Due to cost prohibitions, the Licensure Division has not yet migrated to this system but the division needs the same functionality that Enforcement has to scan, store, organize, and access large files and sets of documents. If funds are available in the current fiscal year, the agency will begin the process of migrating Licensure to the document management system.

### *3. Teleconferencing Functionality for Agency Disciplinary Hearings*

In order to reduce the amount of time, effort, and cost for board members to travel from around the state to attend disciplinary hearings (called Informal Settlement Conferences or ISCs) at the agency headquarters in Austin, the agency has researched the technology and cost for providing a teleconference option. Currently, the cost would be prohibitive but the agency will revisit the issue in the future to determine if more technology options will be available.

### *4. Distribution of Electronic Information to Licensees, Consumers, and Other Interested Parties*

The agency needs an inexpensive and efficient mechanism for communicating with the regulated community, the public, and stakeholders. Staff has been researching the technology options available to create distribution lists for news releases, the TMB Bulletin, and other key information. If funding is available in the current fiscal year, the agency would be able to purchase this technology and enhance its ability to communicate crucial information to all interested parties.

### *5. Upgrade website for product purchasing*

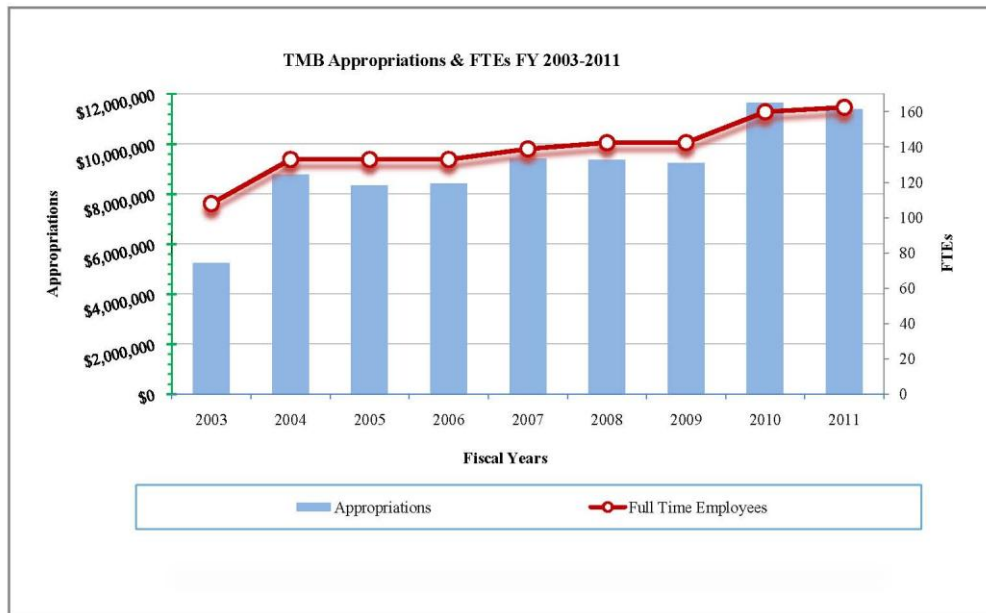
As a potential revenue raiser in future years, the agency is planning to research technology that would enable physician licensees to purchase and watch video on the TMB website for continuing medical education (CME) credit.



## D. FISCAL ISSUES

### Budget Overview

The agency's appropriation for the current biennium totals \$11.7 million for FY 10 and \$11.4 million for FY 11. In the 81<sup>st</sup> legislative session, TMB requested funding for some critical items including: additional FTEs and support for the agency's enforcement programs, necessary salary increases for the reclassification of key staff positions, and information technology requirements. The agency was extremely grateful to receive funding from the Legislature for these items which enabled TMB to address a 30% increase in complaints as well as retain key staff and reduce turnover due to the appropriate classification and salary compensation for several positions. However, with the current requirements for budget reductions and the request to identify cuts in the FY 12-13 biennium, TMB is in danger of losing some of the significant gains it made last session.



In terms of comparing annual revenue generated by the agency to the annual appropriation, for the past few years TMB has typically collected in excess of \$26 million per year (including the physician professional fee/surcharge) and is appropriated approximately 40% percent of that revenue each year.

### Impact of Current and Future Budget Reductions

When state leadership requested agencies to identify five percent budget reductions for the FY 10-11 biennium in January 2010, TMB identified two primary areas for cost reductions: salary savings through a hiring freeze and delays in expert physician reviews of standard of care cases. These two areas of cuts also represent the two biggest categories of expenditures for the agency.

TMB implemented a hiring freeze in February 2010 that affected 8.5 FTE positions in both the Licensure and Enforcement Divisions and will not lift the freeze until July 1, 2010. In March 2010, after further review and consideration of the impact of the cuts, the TMB requested an exemption from the entire five percent reduction which totaled \$1.1 million over the biennium. In May 2010, the agency was notified that it had received an exemption for more than half of the

total reduction amount, almost \$642,000. State leadership had decided to exempt the agency's hiring freeze from the cuts. This will enable TMB to hire much needed staff before the end of FY 10 and the agency is extremely grateful to state leadership for this reprieve. TMB's remaining budget reduction for the FY 10-11 biennium is approximately \$504,000.

As mentioned above, salaries and costs of expert physician reviews of standard of care cases represent the two biggest categories of expenditures for TMB. Due to its small size, the agency has almost no discretionary spending and the remainder of its budget is spent on requirements such as rent, utilities, postage, travel reimbursement for board members and staff, etc. Consequently, future requirements to identify budget cuts in the FY 12-13 LAR and beyond will result in the same areas slated for cuts as in the current biennium. TMB will have to reduce FTEs and/or delay the ability to send cases for review by experts because these are the only areas that will yield the cost savings required by state leadership.

## ***E. LEGISLATIVE CHARGES FOR THE CURRENT BIENNIUM***

### **Overview**

The FY 10-11 biennium had a busy start for the agency and TMB acted quickly to pass necessary rules and initiate implementation of new provisions for 10 bills that directly impacted the agency's enabling statutes. While the impact of legislation passed by the 81<sup>st</sup> Legislature was not nearly as great for TMB as that of the 2003 and 2005 legislative sessions, which addressed tort reform and the agency's Sunset Review respectively, there were a number of new and significant responsibilities placed on the agency.

#### **1. Texas Physician Health Program, SB 292**

The Texas Physician Health Program (PHP), created by SB 292, is an entity that is administratively attached to TMB but has its own governing board comprised of 11 members who are physicians, physician assistants and other health care professionals with expertise in physician health issues. PHP also has its own advisory committee and staff. PHP is charged with the mission of protecting TX citizens by: identifying potentially impaired physicians (those who have a physical or mental health condition that could be potentially dangerous and compromise the ability to practice) as well as physician assistants; directing these practitioners to evaluation or treatment; and monitoring the participants in recovery. At its Aug. 21, 2009, meeting, the TMB took action to formally establish the program and it became operational in early 2010.

The new program will replace existing rehabilitation orders established in Chpt. 164 of the Medical Practice Act and Chpt. 204 of the PA Act, and Chapter 180 of TMB's rules, while allowing those still under the old rehabilitation orders to continue as the new program is phased in. PHP was appropriated 2.5 FTEs in FY 10 and 5 in FY 11 and its office space is located in the Hobby Building but in a separate tower from TMB. The location allows PHP to function separately from TMB while still receiving some administrative support from TMB.

#### **2. Registration of Pain Management Clinics, SB 911**

The bill analysis for SB 911 provides the following background information on the issue of pain management clinics:

*The legitimate practice of pain management has a valuable role in the medical community. However, some pain management clinics engage in illegal drug diversion and cause great harm to their communities and the state. There has been explosive growth in the market for controlled substances and part of the problem is the proliferation of these "pill mills." One explanation for the proliferation in Texas is that Louisiana passed legislation that requires pain management clinics to be licensed and therefore shut down most of the illicit clinics in that state.*

SB 911 establishes a pain management clinic certification as of 9/1/10 and prohibits a clinic from operating in Texas unless the clinic is certified with TMB. The bill requires a clinic to be owned and operated by a medical director who is a Texas licensed physician. TMB has adopted rules to promulgate the requirements of the legislation and has made the registration form and a list of frequently asked questions about the requirements on its website.

### **3. Prescriptive Delegation Requirements, SB 532**

This bill revised several requirements for a physician's delegation of prescriptive authority to physician assistants (PAs) and/or advanced practice nurses (APNs), including increasing the number of PAs and APNs to whom a physician may delegate prescriptive authority. The legislation also reinstated a prior requirement that physicians register all prescriptive delegations to PAs and APNs with TMB. This registration was required beginning 1/31/10 and due to the high volume of registrations received, has added significantly to the workload of the agency's Licensure Division.

### **4. Emergency Contact Information for Physicians, SB 292**

This bill requires TMB to collect email, telephone and fax numbers for physicians for emergency contact use and provides protection of information from disclosure under open records statutes. Use of the data is restricted to certain public health entities in declared emergency situations. TMB has worked with Texas Online to collect the required information in the online registration form that physicians complete in order to have their licenses renewed biennially.

## ***F. 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 are key initiatives from 2008 and 2009 that are currently ongoing and will continue into the foreseeable future.

### **1. Quality Assurance Process**

In 2009, TMB initiated new internal procedures for its investigations process and created a Quality Assurance (QA) Committee, comprised of board members, district review committee members, and board staff to informally resolve cases when appropriate in order to save the agency's limited litigation resources for the more egregious violations of the Medical Practice Act. TMB has passed rules authorizing the QA Committee to review cases referred by the investigations department to determine whether the complaint should be accepted for legal action. The QA Committee is also authorized to determine if an offer of settlement in the form of a "corrective order" should be made to a licensee against whom a complaint has been filed. If the licensee accepts the order then the order is presented to the board for final approval. If the

licensee fails to timely accept the corrective order or requests that a disciplinary hearing (an informal settlement conference) be held before a board panel, then the order is deemed to be rejected and a disciplinary hearing is scheduled.

## **2. Fast Track Disciplinary Process**

Since 2008, TMB has implemented a “fast-track” enforcement procedure that allows doctors facing discipline for relatively minor administrative violations to quickly resolve the matter rather than undergoing a lengthy investigation. The process has freed up investigative resources that are redirected to more serious violations involving inadequate patient care or unprofessional conduct.

## **3. Licensure System of Texas (LIST)**

Since the summer of 2008, the agency has seen increased efficiency in communications between TMB licensure staff and applicants for licensure due to the implementation of the Licensure Inquiry System of Texas (LIST), a web-based license application tracking system that allows applicants to track the status of their physician licensure applications at anytime from anywhere in the world with internet access. The system provides two-way electronic communication between applicants and TMB staff. The system has reduced the time required to license a physician in Texas by adding efficiencies not only for TMB staff but also for the applicants, who have real-time access to all the status of their application. More than 70% of physician applications currently pending licensure are lacking required documentation and this system has accelerated both the identification and receipt of missing documents.

## **4. Stakeholder Outreach Plan**

TMB has long recognized the need to enhance its communications with all stakeholders including licensees, the public, medical schools, and medical students and residents, but needed additional resources in order to accomplish this goal. In 2008, TMB was able to complete an aggressive customer outreach program and held a series of Town Hall meetings in communities across the state to meet with medical professionals and the public to gather input and feedback about regulation of the medical profession. In conjunction with those meetings, TMB also offered in-depth seminars for entities that recruit or credential physicians to assist them in streamlining the application process for their applicants and to minimize application errors.

In 2010, TMB organized presentations in ten different cities around the state in order to better educate medical students/residents, licensees, and the general public about the board’s licensure and enforcement processes. In particular, the agency has focused on meeting with students attending the different medical schools around the state in order to increase their awareness of the statutory and rule requirements on physician licensees and the practice of medicine in Texas.

## **5. Stakeholder Workgroups**

In 2005, TMB established standing workgroups of major stakeholders in four broad areas: Physician Licensure, Physician Enforcement, Physician Assistants, and Acupuncture. TMB has found stakeholder participation helpful not only on rules development, but also for facilitating communication and understanding between the agency and major stakeholders.

In addition to the major stakeholders, the agency has formed other resource or focus groups to provide input on specific issues such as telemedicine, administrative medicine, pain management

rules, and postgraduate fellowship training programs, pathology issues, impairment, and office-based anesthesia. In all, more than 100 individuals have participated as representatives of major stakeholders such as professional associations, licensees, hospitals, health plans, other state agencies, medical schools, defense attorneys, and consumers. The participants have provided valuable insight for the board and agency and have had a constructive influence on rules development and process improvements.

## ***G. EXTERNAL RELATIONSHIPS***

### **1. Public Perception**

There continues to be a lack of understanding in the general public, and to some degree in the medical profession, about the role and responsibilities of TMB. With the advent of the stakeholder outreach meetings and presentations described above, TMB has worked hard to increase awareness of the agency's duties and to clear up any misconceptions. However, primary areas of misunderstanding continue to include:

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

### **2. The Profession**

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. As TMB implemented legislative mandates for increased public protection, there was a corresponding decrease in the trust between the agency and the relevant professional associations.

While it is appropriate that there be a clear separation of interests between the regulatory agency and the professional associations, both the agency and the associations have worked to improve communications and build a solid working relationship that serves the differing interests of the parties, as well as the public.

### **3. License Application Customers**

Since the fourth quarter of FY 08, the time to license physician applicants has been maintained below the legislatively mandated 51 day average. In FY 2009, 3,129 physicians were licensed in an average of 39 days. The number of applications received for physician licensure saw a new high in FY 2009: 4,094 applications for physician licensure were submitted.

Since 2008, the TMB has received far fewer complaints from applicants and entities that recruit physicians to Texas about the speed of the licensure process. This is due to the fact that the agency has worked to increase the efficiency of its licensure processes and that the agency requested and received additional resources from the legislature in 2007 in order to address a significant increase (more than one-third) in FY 06 in the number of applications received over FY 05. The increase had caused a significant backlog of licensure applications due to the fact that the agency had a static number of staff to process the applications while they continued to increase. In 2006, the backlog caused the perception that the agency was extremely slow to process applications and FY 07 offered no relief from the backlog when the number of applications received reached the second all-time high of 4,041. In reality, TMB was processing applications as quickly as possible but was hampered by limited resources in the face of increasing workload.

**Average Number of Days to Issue License Compared to  
Number of Applications Received, FY 02 – FY 09**

<b>FY</b>	<b>Average # of Days to Issue License</b>	<b>Applications Received</b>	<b>Licenses Issued &amp; Reissued</b>
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

*\*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.*

#### **4. 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. As a mid-sized agency, TMB is by far the largest of the member agencies and, thus, has not always benefited from some HPC initiatives to the extent that smaller agencies have. HPC staff facilitates quarterly meetings with all the member agencies to provide the opportunity to discuss timely and pertinent issues.

## ***H. TRENDS AND EMERGING ISSUES***

### **1. Federal Health Care Reform**

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (H.R. 3590) into law. Due to the complexity of the law and the inability to forecast the implementation of its requirements in Texas, TMB is currently unable to identify the direct and indirect impacts of the legislation to the regulatory requirements of the agency. Both the Texas House and Senate have held interim hearings on the legislation and a variety of questions remain about the impact of reform to the state. Also adding to the continuing dialogue are the following issues:

- The American Medical Association and state medical associations are determining which provisions in the new law may have an immediate impact on a physician's practice and patients, and which will likely have a much longer time frame before they take effect.
- Texas Attorney General Greg Abbot has filed suit against the federal government seeking to halt the measure's implementation.
- It is uncertain what the cost and impact to Texas will be due to the expansion of Medicaid to cover an estimated additional 1.4 million to 2 million recipients/participants by 2019.

### **2. Shortage of Healthcare Professionals**

Demographic experts continue to observe and predict a shortage of physicians and other health professionals in the state. The supply of health professionals in rural and border areas continues to be far less than it is in urban and non-border areas and 73 percent of the counties in Texas are designated Health Professions Shortage Areas. Specifically for physicians, the following demographic information and data has been presented to state leadership:

- Texas ranks 42nd in state rankings of physicians per 100,000 population.
- Growth in physicians is barely keeping pace with population.
- There are currently shortages in 37 of 40 medical specialty groups, compared with total U.S. ratios per capita.
- The number of specialist physicians is growing faster than the state's population but the number of primary care physicians is not.
- Graduates of Texas medical schools account for 40% of the increase in physician supply from 2004 to 2009.
- The physician workforce is aging along with the population.

State leadership continues to look for remedies to workforce shortage issues including maintaining adequate funding for graduate medical education and medical schools, including residency training programs, and for the State Physician Education Loan Repayment program.

### **3. Access vs. Protection Issues**

TMB faces an ongoing challenge in the tension between increasing patient access to care and upholding its mission to protect the public by assuring that only competent professionals are providing health care. TMB encounters this conflict primarily in regard to two issues: scope of practice and telemedicine.

#### *Scope of practice*

TMB is aware that the legislature faces pressure to improve access to health care for people in medically underserved communities and that one solution is to expand the scope of various professions. These issues could potentially affect all the professions licensed by TMB as the legislature strives to set scope of practice statutes that best serve the health and safety of Texas patients.

#### *Telemedicine*

Starting in 2009 in order to address billing and new technology issues, TMB began meeting with stakeholders to discuss changes to the current rules governing the use of telemedicine in Texas. Telemedicine is generally described as the ability of a physician or other health professional to treat a patient who is in a separate physical location to the extent that the use of advanced telecommunications technology (video conferencing, Skype, etc.) is required in order for treatment – including the ability of the health professional to see and hear the patient - to occur. As of June 2010, the agency had held three meetings that included input from key stakeholders and had drafted several versions of telemedicine rules to include stakeholder comments. In June, due to the complexity of the issues involved, the Board elected to postpone adoption of the proposed rules in order to provide adequate time to fully educate stakeholders and elected officials on the impact of the rules.

TMB recognizes the importance of telemedicine in expanding access to care, particularly to patients in the rural and remote parts of the state. TMB also recognizes the importance of establishing minimum patient safeguards to ensure that the patient is able to receive adequate and appropriate care through the use of advanced technology.



#### 4. Increasing Enforcement Demands

A record 6,968 complaints were received in FY 09, resulting in 2,873 investigations opened. The information in the chart below demonstrates the significant growth in workload for both the agency staff and board members:

	FY 2009	FY 2008	FY 2007
<b>I.S.C./Show Compliance Proceedings</b>	<b>775</b>	<b>521</b>	<b>482</b>
<b>Temporary Suspension Hearings</b>	<b>12</b>	<b>11</b>	<b>26</b>
<b>Formal Complaints Filed at S.O.A.H.</b>	<b>82</b>	<b>70</b>	<b>48</b>
<b>Hearings with S.O.A.H.</b>	<b>11</b>	<b>28</b>	<b>19</b>
<b>% of current caseload at S.O.A.H.</b>	<b>17.4%</b>	<b>9.2%</b>	<b>12.8%</b>
<b><u>Final Disciplinary Actions</u></b>			
Revocations/Surrenders	34	26	27
Suspensions	11	23	13
Public Reprimands	43	28	10
Restrictions	196	161	147
Administrative Penalties	114	100	88
Cease and Desist	3	2	2
<b><u>Total Disciplinary Decisions</u></b>	<b>411</b>	<b>351</b>	<b>311</b>
<b>Complaints Received</b>	<b>6,968</b>	<b>6,514</b>	<b>6,923</b>
<b>Investigations Opened</b>	<b>2,873</b>	<b>2,725</b>	<b>2,593</b>
<b>Jurisdictional Not Filed Complaints</b>	<b>2,405</b>	<b>1,860</b>	<b>2,905</b>
<b>Non-Jurisdictional Complaints</b>	<b>1,690</b>	<b>1,929</b>	<b>1,425</b>
<b>Current Probationers</b>	<b>820</b>	<b>641</b>	<b>687</b>

As the chart above demonstrates, the TMB continues to see an increase in its Enforcement workload which is likely to continue well into the future. Factors contributing to increased complaints include the following:

- **Tort Reform:** A growth in complaints and investigations was foreseen by the Legislature with the passage of tort reform legislation in 2005. It was expected that the state regulatory agency would be the entity to ensure quality care when the access to judicial remedies was limited. TMB was given 20 additional FTEs and a dedicated revenue source to fund enforcement activities. However, process revisions and new statutory deadlines consumed much of these staff resources.
- **Billing Legislation:** SB 1731 passed in 2007 requires certain physicians to place a notice on their bills that a complaint may be filed with the Texas Medical Board. The agency received 2.5 additional FTEs to implement this legislation.
- **Increased public awareness:** The agency has received increased media attention in recent years and increased public awareness always produces an increase in complaints filed.
- **Increased number of licenses:** As the number of licensee increases, so does the number of complaints received by the agency.

## *I. CHALLENGES*

- In addition to the budget challenges presented with the current and future requests for budget reductions, current **capital budget** requirements constrain the agency's ability to optimally manage its information technology infrastructure hardware and software and to support agency's rapidly growing dependence on the greater use of technology.
- The continued growth in complaints filed makes it impossible for enforcement staff to meet statutory deadlines for case closure. Furthermore, the investigations workload affects litigation staff and board members who must serve on disciplinary panels. The time demands upon board members are severe since there are a limited number of appointed members. Also, licensees will experience longer waits for case closure.
- There are increasing demands from different customers, including elected officials, for workforce data on healthcare professionals. While TMB is the source for most state data on physicians, data needs of customers differ from the agency's data needs for business purposes. TMB continues to require resources to meet these demands.
- Management recognizes the need to improve the consistency and effectiveness of communication from the top down and between departments in a workplace where staff is stressed by constant change and constantly growing workloads. Staff continually looks for ways to ensure better communication strategies.

## **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 through the year 2015.

##### **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 through the year 2015.

##### **Outcome Measures:**

Percent of Licensees with no recent violations: Physician (Key)

Percent of Licensees with no recent violations: Acupuncture

Percent of Licensees with no recent violations: Physician Assistant

Percent of Licensees with no recent violations: Surgical Assistant

Percent of complaints resulting in disciplinary action – Physician

Percent of complaints resulting in disciplinary action – Acupuncture

Percent of complaints resulting in disciplinary action - Physician Assistant

Percent of complaints resulting in disciplinary action - Surgical Assistant

Recidivism rate for those receiving disciplinary action: Physician

Recidivism rate for those receiving disciplinary action – Acupuncture

Recidivism rate for those receiving disciplinary action - Physician Assistant

Recidivism rate for those receiving disciplinary action - Surgical Assistant

Percent of documented complaints resolved within six months - Physician

Percent of documented complaints resolved within six months - Acupuncture

Percent of documented complaints resolved within six months - Physician Assistant

Percent of documented complaints resolved within six months - Surgical Assistant

## **Strategies and Output, Efficiency, and Explanatory Measures**

### **A.1.1. Strategy: LICENSING**

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

#### **Outputs:**

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

### **A.1.2. Strategy: TEXAS ONLINE**

Provide the processing of occupational license, registrations, or permit fee through TexasOnline, Estimated and non-transferable.

### **B.1.1. Strategy: ENFORCEMENT**

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

#### **Outputs:**

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

Number of Complaints Resolved: Surgical Assistant (Key)

**Efficiencies:**

Average Time for Complaint Resolution: Physician (Key)

Average Time for Complaint Resolution: Acupuncture

Average Time for Complaint Resolution: Physician Assistant

Average Time for Complaint Resolution: Surgical Assistant

**Explanatory:**

Jurisdictional Complaints Received: Physician (Key)

Jurisdictional Complaints Received: Acupuncture (Key)

Jurisdictional Complaints Received: Physician Assistant (Key)

Jurisdictional Complaints Received: Surgical Assistant (Key)

**B.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

### Part 1: Technology Assessment Summary

1) Provide a brief description of the planned technology solutions that respond to the key factors that will affect the agency. Consider how those solutions align with the statewide technology goals reflected in the State Strategic Plan for Information Resources (*Advancing Texas Technology*).

The Texas Medical Board (TMB) anticipates demand for innovative information systems infrastructure, and technology services will continue to expand and evolve. TMB has several critical information assets: the Licensing and Enforcement application and the Document Management System. To protect these critical information assets, TMB will be replacing an aging security infrastructure with comprehensive database security monitoring, application security tools, and wider use of encryption.

In order to comply with significant legislative mandates for the licensing of additional and various health professions and facilities, the agency's Licensing and Enforcement application will require a rewrite in order to accommodate the additional responsibilities.

TMB is planning on expanding the use of the Document Management System to the Licensure Department allowing staff to store, organize and access the continuous growth of data. This expansion will decrease physical storage required for the physical documents.

Virtualization is being researched to reduce the number of servers needed for operations. Virtualization is a key technology that promises to reduce space and overhead.

The agency is exploring an inexpensive and efficient mechanism in order to communicate with the regulated community, the public and stakeholders.

2) Provide agency descriptions related to each statewide technology goal listed below. The criteria for these descriptions appear after each goal and are labeled 1.a, 1.b, 2.a, and so forth.

#### **Statewide Technology Goal 1**

Strengthen and Expand the Use of Enterprise Services and Infrastructure

##### 1.1 Enhance Capabilities of the Shared Infrastructure

- Data Center Infrastructure
- Communications Technology Infrastructure
- Statewide Portal Infrastructure

##### 1.2 Leverage Shared Applications

- Enterprise Resource Planning (ERP)

- Email Messaging

1.3 Leverage the State's Purchasing Power

- Product and Services Portfolio Expansion

- 1.a Describe agency plans to strengthen and/or expand its capabilities through the initiatives described in Statewide Technology Goal 1.

The agency utilizes the Tex-An Capitol Complex phone system and the Capitol Area Network (CAPNet), the State's network supporting up to 10 GB backbone connection providing internet access to the agency at reduced rates.

The continued use of these low cost services allows the agency to provide internet services to communicate with the public and Licensees.

The agency collaborates with the Department of Information Resources in participating in the Information Systems Controlled penetration testing utilizing an interagency contract. The agency is reviewing the Security Information Management (SIM) service offered through the Department of Information Resources, Information Security Division. The service will provide agency-specific monitoring, alerting, reporting and notification of malicious internet traffic to the agency. The SIM will support the external facing components e.g. firewalls, and security appliances.

- 1.b Describe agency plans to strengthen and/or expand its capabilities through other initiatives that leverage enterprise or multi-agency services and infrastructure, including managed services, shared applications, internal consolidation efforts, and procurement strategies.

The agency participates in several shared and collaborative data exchange and verification initiatives, including the use of TexasOnline. Continued efforts are ongoing to automate all data exchanges with the Texas Department of State Health Services, Texas Department of Public Safety, and the Office of Attorney General. Automating and streamlining these processes will benefit all agencies involved by reducing time and money spent on manual data processing.

## **Statewide Technology Goal 2**

### Secure and Safeguard Technology Assets and Information

#### 2.1 Align the State's Approach to Enterprise Security with other State and National Strategies

- State Enterprise Security Plan
- Vulnerability to Cyber Attacks
- Response and Recovery Capabilities

#### 2.2 Integrate Identity Management, Credentialing, and Access Privileges

- Identity Management Services

#### 2.a Provide an update on the agency's progress in implementing strategies to align with the *State Enterprise Security Plan*.

The agency participates in an annual controlled penetration testing. Remedial measures are then adopted to correct any valid findings. TMB's IT staff participates in Information Security Training sponsored through the Department of Information Resources, Security Division. The agency reviews, updates and implements IT security policies and procedures based on TAC 202. The TMB provides monthly incident reports to DIR, IT Security Division.

Planning is underway to participate in DIR's Security Incident Monitoring service (SIM).

#### 2.b Describe the agency's identity management strategies in place or planned.

The TMB has strict physical security to the various floors within the building used by TMB staff and visitors. Badge entry is utilized and employees access interior offices during defined core working hours. Security reports are generated showing the date and time of entry (identity management). The agency maintains access control lists to regulated systems and software. Managers authorize access to designated employees and access is based on the employees' assigned duties.

## **Statewide Technology Goal 3**

### Serve Citizens Anytime, Anywhere

#### 3.1 Expand and Enhance Access to Agency Services

- Multi-Channel Access
- Rural Broadband Expansion

#### 3.2 Facilitate Open and Transparent Government

- Best Practices for Information Assets



- 3.a Describe the agency's plans to expand or enhance access to its services and promote citizen engagement through online services and emerging technologies.

The TMB utilizes TexasOnline to host new Licensure applications and Renewal applications for Physicians, Physician Assistants, Acupuncturists, Acudetox Specialists, and Non-Certified Radiological Technicians.

The Texas Medical Board is expanding its web functionality to include online capabilities for Prescriptive Delegation and Physician Assistants' Supervision. The new online Prescriptive Delegation System will allow Physicians, Physician Assistants and Advanced Practice Nurses the capability to create and maintain their delegation and supervision requirements in a secure web-based environment.

The Texas Medical Board is migrating from an outdated imaging system to an updated web accessible imaging system. The TMB Board Orders will be displayed via the web and accessible to the general public. The migration includes enhancements to improve security, data integrity and disaster recovery.

- 3.b Describe initiatives planned or in process that will facilitate access to agency information and public data.

A planned initiative is improving the availability of Data Product and services with the creation of a web based application that will publish agency information and generate public data on demand, such as Board Rules, Directory of Practitioners, Board Actions and New Physician lists. An additional planned initiative is the implementation of a Listserv for distributing TMB communications to members of the general public, Licensees and stakeholders. The Listserv will facilitate the dissemination of TMB News, announcement of town hall meetings and schedules, announcements on new legislation, rules, Physician Licensure, disciplinary actions and regulations in Texas.

#### **Statewide Technology Goal 4**

Pursue Excellence and Foster Innovation across the Enterprise

##### 4.1 Link Technology Solutions to Workplace Innovations

- Workplace Productivity and Collaboration

##### 4.2 Pursue Leading-Edge Strategies for Application Deployment

- Cloud Computing
- Specifications, Toolkits, and the Application Marketplace
- Legacy Systems Modernization

##### 4.3 Optimize Information Asset Management

- Best Practices for Managing Digital Information

##### 4.4 Promote the Use and Sharing of Information

- Health Information Exchange
- Statewide Communications Interoperability
- Justice Information System Integration

• Enterprise Geospatial Services

- 4.a Describe agency plans to implement or enhance workplace productivity and to leverage collaboration tools.

The agency offers a variety of on-line training courses: Equal Employment Opportunity, Expert Panelist and Consultants Tutorials with proof of certification upon completion. Currently in place is online Microsoft training for business related applications such as Outlook and Word. A future plan describes the creation of additional on-line training such as IT Security policies and procedures, and an online basic computer assessment of knowledge and skills.

- 4.b Describe agency strategies to develop and deploy applications more efficiently (i.e., through Cloud Computing, Software as a Service, Application Toolkits, Legacy System Modernization).

The agency participates in cloud computing as a service through TexasOnline which hosts the agency's initial license application and renewals for the agency's regulated communities including the online payment processes. The Agency is planning to implement additional services through TexasOnline to expand and host interactive courses and additional payment processing services. The agency is a member of the National Practitioner Data Bank(NPDB); the organization provides guidance on federal laws to state licensing authorities, information resources and facilitates user interaction with the NPDB.

The agency is a member of the United States Computer Emergency Readiness Team hosted by the US Department of Homeland Security, which incorporates Cloud Computing and Software as a service.

- 4.c Describe agency strategies to enhance information asset management practices.

Currently in place is a robust, versatile and scalable storage device to assist the agency in managing and protecting information systems data. The device provides the flexibility to economically scale the agency's infrastructure to accommodate the business needs and continuous data growth.

- 4.d Describe agency practices or plans to enhance the use and sharing of information with agency business partners.

Interagency collaboration and partnerships exist with a number of state agencies to provide data exchanges. Data is provided on a monthly basis or yearly depending on the various agencies needs.

## Part 2: Technology Initiative Alignment

The table below depicts the mapping of the Texas Medical Board's current and planned technology initiatives to the agency's objectives and the State IT Strategic Plan strategies.

TECHNOLOGY INITIATIVE	RELATED AGENCY OBJECTIVE/(S)	RELATED SSP STRATEGY/(IES)	CURRENT OR PLANNED	ANTICIPATED BENEFIT(S)	INNOVATION, BEST PRACTICE, BENCHMARKING
Update the agency's automated information system for the Licensure Division	All	1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 4.1,4.2, 4.3, 4.4	CURRENT AND PLANNED	Operational Efficiencies, Customer Satisfaction, Foundation for future enhancements	Fulfills multiple requirements, updates automation
Migrate Licensure Division to the Agency's Document Management System and workflow processes	All	1.1, 1.2, 1.3, 2.1, 2.2,4.1	PLANNED	Operational Efficiencies, Customer Satisfaction	
Bulk email distribution of agency information to licensees, consumers and other interested parties	External, outreach to the public and licensees.	3.1, 3.2	CURRENT	Operational Efficiencies, Customer Satisfaction	
Upgrade website for public information and data product.	All	3.1	PLANNED	Customer Satisfaction	

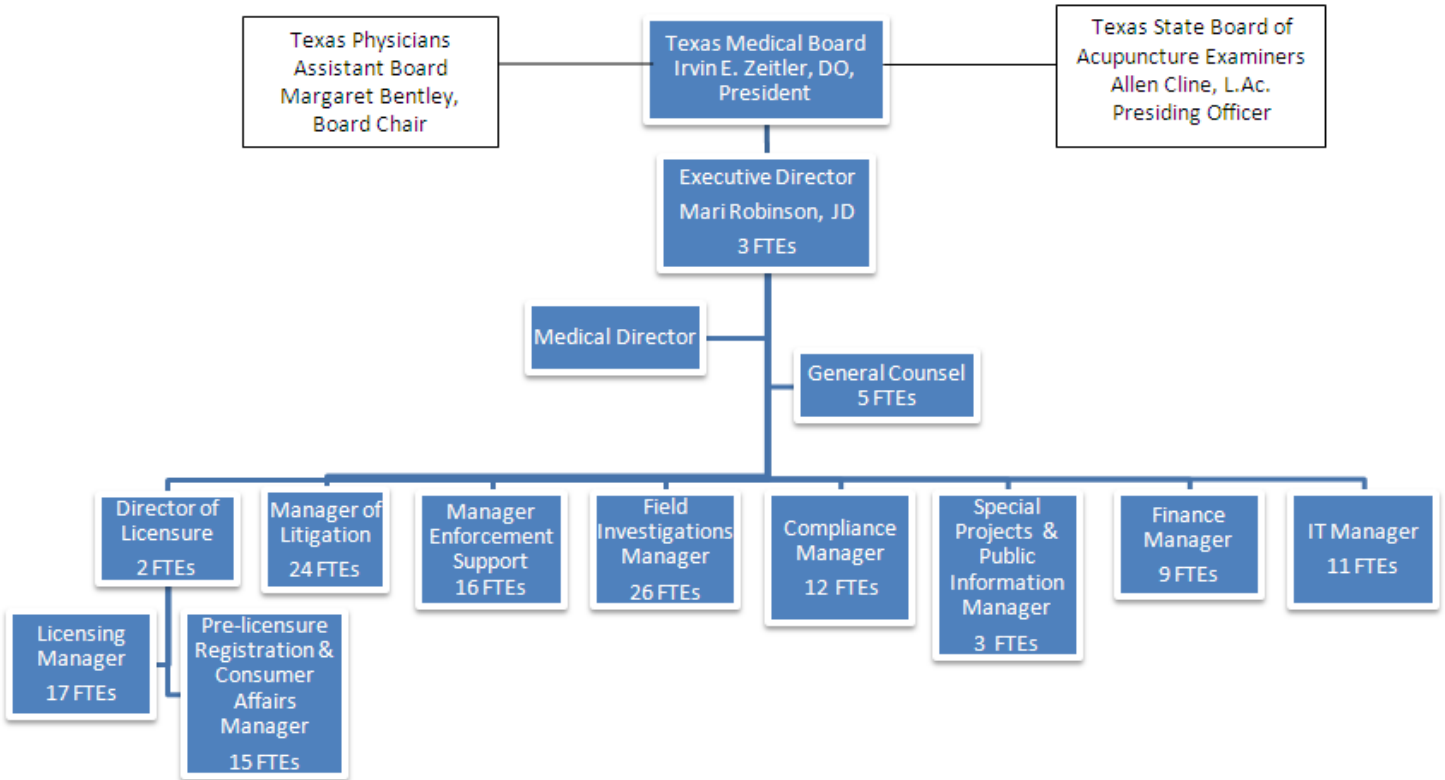
## **VI. APPENDICES**

## **APPENDIX A: TMB STRATEGIC PLANNING PROCESS**

- The agency's Senior Management Team serves as the work group for strategic planning issues.
- Strategic policy issues are developed from the
  - 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.
- The Medical Board designated the Executive Committee and the Board President to act as board liaisons to the staff in the plan development.
- A drafting team assembled information, reviewed changes in requirements, and consulted with management. Each element was reviewed, refined, and assembled into a draft.
- Draft copies were distributed to the Executive Committee of the board for comment and further direction prior to final submission.

## APPENDIX B: CURRENT ORGANIZATIONAL CHART

Texas Medical Board  
Organizational Chart – June 2010\*



\*As of June 2010, due to a hiring freeze implemented in Feb. 2010, TMB has 145.5 actual FTEs and 160 budgeted FTEs. 2.5 FTEs are assigned to the Texas Physician Health Program which is administratively attached to the TMB.

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

	<b>Licensure</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>1</b>	<b><i>Percent of licensees who renew online – Physician</i></b>	<b>93%</b>	95%	95%	95%	95%
<b>2</b>	<b><i>Percent of licensees who renew online - Physician Assistant</i></b>	<b>85%</b>	90%	90%	92%	92%
	<b>Enforcement</b>					
<b>3</b>	Percent of licensees with no recent violations - Physician	99%	99%	99%	99%	99%
<b>4</b>	Percent of licensees with no recent violations – Acupuncture	99%	99%	99%	99%	99%
<b>5</b>	Percent of licensees with no recent violations-Physician Assistant	99%	99%	99%	99%	99%
<b>6</b>	Percent of licensees with no recent violations-Surgical Assistant	99%	99%	99%	99%	99%
<b>7</b>	<b><i>Percent of complaints resulting in disciplinary action – Physician</i></b>	<b>18%</b>	18%	18%	18%	18%
<b>8</b>	<b><i>Percent of complaints resulting in disciplinary action – Acupuncture</i></b>	<b>18%</b>	18%	18%	18%	18%
<b>9</b>	<b><i>Percent of complaints resulting in disciplinary action - Physician Assistant</i></b>	<b>18%</b>	18%	18%	18%	18%
<b>10</b>	<b><i>Percent of complaints resulting in disciplinary action - Surgical Assistant</i></b>	<b>18%</b>	18%	18%	18%	18%
<b>11</b>	Recidivism rate for those receiving disciplinary action – Physician	10%	8%	8%	8%	8%
<b>12</b>	Recidivism rate for those receiving disciplinary action – Acupuncture	10%	8%	8%	8%	8%
<b>13</b>	Recidivism rate for those receiving disciplinary action - Physician Assistant	10%	8%	8%	8%	8%
<b>14</b>	Recidivism rate for those receiving disciplinary action - Surgical Assistant	10%	8%	8%	8%	8%
<b>15</b>	Percent of documented complaints resolved within six months - Physician	35%	35%	35%	35%	35%
<b>16</b>	Percent of documented complaints resolved within six months - Acupuncture	35%	35%	35%	35%	35%
<b>17</b>	Percent of documented complaints resolved within six months - Physician Assistant	35%	35%	35%	35%	35%
<b>18</b>	Percent of documented complaints resolved within six months - Surgical Assistant	35%	35%	35%	35%	35%

## **APPENDIX D: PERFORMANCE MEASURE DEFINITIONS FOR FY 12-13**

### **A. Goal: LICENSURE**

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

#### **Objective:**

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

#### **Percent of Licensees Who Renew Online: Physician (Key)**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

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

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

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

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

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



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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

### **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)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

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

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

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were

documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

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

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

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

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

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the number of unlicensed persons who were

documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

### **Number of New Licenses Issued to Individuals: Physician in Training Permits**

Short Definition: The number of Physician in Training permits issued to individuals during the reporting period.

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to 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.

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

Method of Calculation: Number of new permits during the reporting period.

Data Limitations: 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.

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Meets target

### **Number of New Licenses Issued: Other Types**

Short Definition: # of other licenses, registrations, etc. issued during the reporting period. .

Purpose/Importance: 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.

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

Method of Calculation: Number of licenses, 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.

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

Calculation Type: Cumulative

New Measure: No

Desired performances: Meet the target

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

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

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

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

Method of Calculation:

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

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

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

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

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

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

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

**Number of Licenses Renew: Other Types**

Short Definition: The number of other licensed individuals or registered business facilities which completed initial or renewal registrations during the reporting period.

Purpose/Importance: 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.

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

Method of Calculation: The number of registration permits issued to licensees, permit holders, registrants, and certificate holders (other than 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.

Data Limitations: The agency has no control over the number of individuals/business facilities which seek licensure/registration.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Meet target.

**Efficiencies:**

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

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Lower than target.

**Average Number of Days for Individual License Issuance – Acupuncturist**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Lower than target.

### **Average Number of Days for Individual License Issuance – Physician Assistant**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Lower than target.

### **Average Number of Days for Individual License Issuance – Surgical Assistant**

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

Purpose/Importance: A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who



were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.

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

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

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

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Lower than target.

### **Average Number of Days to Renew License – Physician**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

### **Average Number of Days to Renew License – Acupuncturist**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

### **Average Number of Days to Renew License – Physician Assistant**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

**Average Number of Days to Renew License – Surgical Assistant**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

**Explanatory:**

**Total Number of Individuals Licensed: Physician**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

**Total Number of Individuals Licensed: Acupuncture**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

**Total Number of Individuals Licensed: Physician Assistant**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

**Total Number of Individuals Licensed: Surgical Assistant**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

**Total Number of Individuals Licensed: Physician in Training Permits**

Short Definition: Total # of physicians in training licensed.

Purpose/Importance: 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.

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

Method of Calculation: Total number of physicians in training holding active permits at the end of the reporting period.

Data Limitations: The number is dependent upon outside individuals seeking licensure. This is not within the control of the agency.

Calculation: Type: Non-cumulative

New Measure: Yes

Desired Performance: Meets target.

**Total Number of Licensed Issued: Other**

Short Definition: Total # of individuals licensed and business facilities registered.

Purpose/Importance: 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.

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

Method of Calculation: Total number of individuals licensed, 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.

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

Calculation Type: Non-cumulative

New Measure: No

### **B. Goal: ENFORCE MEDICAL ACT**

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

#### **Objective:**

To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public through the year 2015.

#### **Outcome:**

##### **Percent of Licensees with No Recent Violations: Physician (Key)**

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

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

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

#### Method of Calculation:

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

**Percent of Licensees with No Recent Violations: Acupuncture**

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

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

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

Method of Calculation:

Total number of disciplinary actions on 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.

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

**Percent of Licensees with No Recent Violations: Physician Assistant**

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

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

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

Method of Calculation: Total number of disciplinary actions on 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.

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.

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

**Percent of Licensees with No Recent Violations: Surgical Assistant**

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

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

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

Method of Calculation:

Total number of disciplinary actions on surgical assistants incurred during the current year plus the preceding two years, subtracted from the total number of individual surgical assistants currently licensed. This resulting number is then divided by the total number of individual surgical assistants currently licensed.

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

Calculation Type: Non-cumulative

New Measure: No

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

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



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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

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

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

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

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

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

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

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

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

Method of Calculation: The number of complaints resolved that resulted in disciplinary action divided by the total number of documented (jurisdictional) complaints resolved during the

reporting period. Action includes agreed orders, reprimands, warnings, suspensions, probation, revocation, restitution, rehabilitation and / or fines on which the board has taken action.

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

### **Recidivism Rate for Those Receiving Disciplinary Action: Physician**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

### **Recidivism Rate for Those Receiving Disciplinary Action: Acupuncture**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

**Recidivism Rate for Those Receiving Disciplinary Action: Physician Assistant**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

### **Recidivism Rate for Those Receiving Disciplinary Action: Surgical Assistant**

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

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

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

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

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

**Calculation Type:** Non-cumulative

**New Measure:** No

**Desired Performance:** Lower than target

### **Percent of Documented Complaints Resolved Within Six Months: Physician**

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

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

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

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

**Data Limitations:** The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate

and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

**Percent of Documented Complaints Resolved Within Six Months: Acupuncture**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

**Percent of Documented Complaints Resolved Within Six Months: Physician Assistant**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

**Percent of Documented Complaints Resolved Within Six Months: Surgical Assistant**

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

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

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

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

Data Limitations: The agency has no control over the number of complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

**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)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

**Number of Complaints Resolved: Acupuncture (Key)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target



**Number of Complaints Resolved: Physician Assistant (Key)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

**Number of Complaints Resolved: Surgical Assistant (Key)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

**Efficiencies:**

**Average Time for Complaint Resolution: Physician (Key)**

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Average Time for Complaint Resolution: Acupuncture

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

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

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

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

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

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

**Average Time for Complaint Resolution: Physician Assistant**

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

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

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

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

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

**Calculation Type:** Non-cumulative

**New Measure:** No

**Desired Performance:** Lower than target

**Average Time for Complaint Resolution: Surgical Assistant**

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

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

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

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

**Data Limitations:** The agency has no control over the number of neither complaints it receives, nor the complexity and seriousness of the complaints made. The number of complaints impacts the investigative workload. The complexity impacts the degree of effort required to investigate

and potentially litigate the complaint. The level of seriousness is used to prioritize effort. Any combination of these factors will impact the length of time necessary to resolve the complaint.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

**Explanatory:**

**Jurisdictional Complaints Received: Physician (Key)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

**Jurisdictional Complaints Received: Acupuncture (Key)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

**Jurisdictional Complaints Received: Physician Assistant (Key)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

**Jurisdictional Complaints Received: Surgical Assistant (Key)**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

**B.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**

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

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

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

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

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

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

## APPENDIX E. WORKFORCE PLAN



# Texas Medical Board

## Workforce Plan

2011-2013

## I. AGENCY OVERVIEW

### **Vision and Mission**

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

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

### **Strategic Goals and Objectives**

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

#### *Objectives*

To ensure that all practitioners and non-profit entities, licensed and/or permitted, meet qualifications required in statute and board rules.

To maintain a licensing and/or permitting process that is efficient and timely.

#### Goal 2

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

#### *Objectives*

- To identify complaints to be filed for investigation and conduct a complete and timely investigation to collect evidence of possible violation of statute and board rules within the timelines required by statute.

- To successfully prosecute violations of statute and board rules to disciplinary action within timelines required by statute to resolve cases.

- To monitor probationer's compliance with board orders and collect evidence to successfully prosecute non-compliance probationers to additional disciplinary action.

#### Goal 3

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

#### *Objectives*

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

- To inform the public of the complaint process and mission of the TMB.



## **Agency Functions**

The TMB was created to protect the Texas public by licensing only those physicians, physician assistants, acupuncturists, and surgical assistants who are properly trained. TMB currently regulates approximately 69,000 physicians; 5,000 physician assistants; 940 acupuncturists; and 270 surgical assistants, in addition to other types of licenses, permits, and registrations. This presents the TMB with a unique challenge, the agency must 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 only 160 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 has added one strategy for the FY 12-13 biennium for the new Physician Health Program which was created by SB 292 in the 81<sup>st</sup> Legislature 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. She 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, Special Projects/Public Information Department, and Administrative Departments (Finance, IT).

## **II. CURRENT WORKFORCE PROFILE**

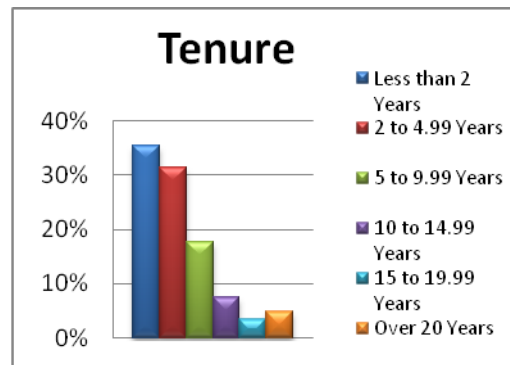
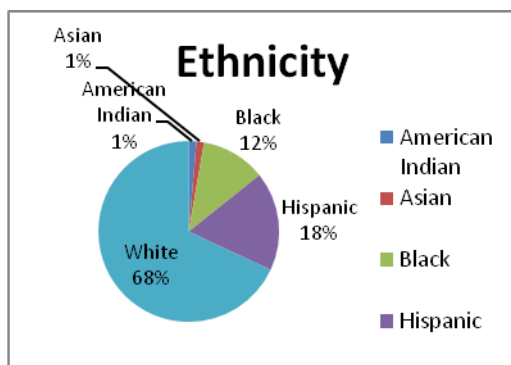
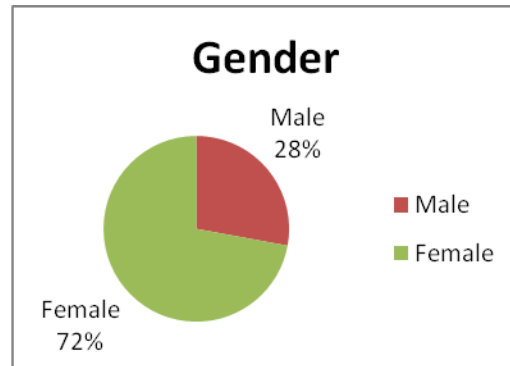
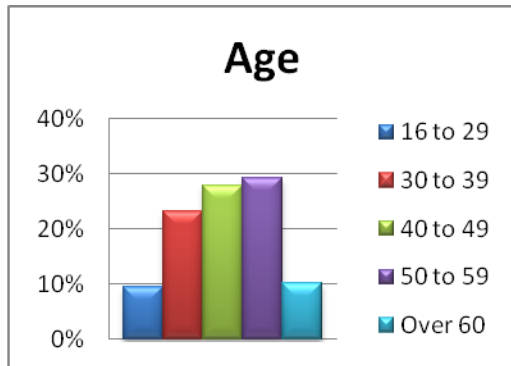
TMB's talented workforce is the agency's greatest resource. However, it is difficult to maintain this staff and minimize turnover due to the increased demands placed on the agency. For FY 10, TMB is authorized 160 FTEs but currently has only 145.5 actual FTEs due to the required FY 10-11 budget reductions which included a TMB hiring freeze that was in place from Feb. – July 2010.

### **General Demographics**

In terms of comparison to the state's workforce demographics as provided by the *SAO Summary of the State of Texas Workforce for FY 06*, the TMB workforce has the following composition:

- TMB's workforce is slightly older with 67% of TMB employees age 40 or older compared to 61% of the state's workforce. A majority of TMB employees, 80%, are between the ages of 30 and 60.
- 72% of TMB's workforce is female while the state's workforce is more evenly split between men (46%) and women (54%).
- Approximately 32% of TMB's workforce is comprised of ethnic minorities which is less than the state percentage of 45%.
- Approximately 65% of TMB employees have been with the agency longer than two years.

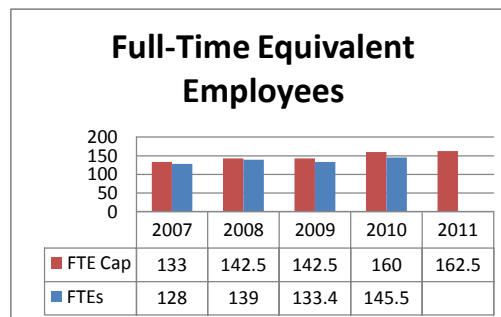
### TMB Demographic Charts



### Current Staffing Levels

The TMB’s FTE cap has increased since 2007 with an increase of 9.5 FTEs in the FY 08-09 biennium and an additional increase of 18.5 in FY 10 and 20 in FY 11. These increases bring TMB’s current caps to 160 FTEs in FY 10 and 162.5 in FY 11.

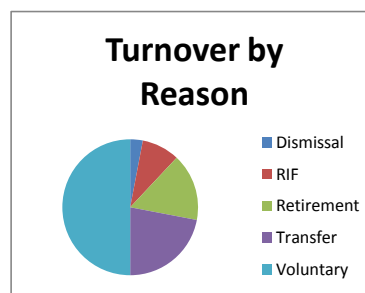
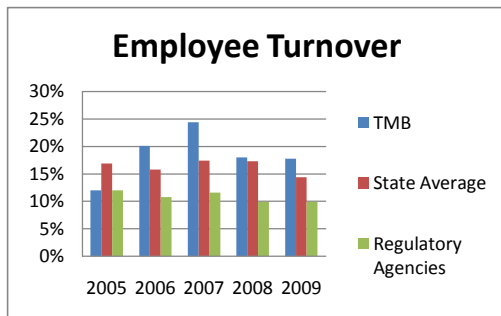
The majority of the FTE increases for FY 10-11 were granted to TMB by the Legislature in order to assist with the agency’s enforcement workload caused by an increase in complaints over prior years. However, due to the budget reductions that were mandated for FY 10-11, TMB instituted a hiring freeze from Feb. – July 2010 and has not been able to hire all the additional staff granted by the 81<sup>st</sup> Legislature to address the current backlog of investigations. Consequently, the agency will continue to be unable to meet the statutory guideline that investigations be completed within 180 days. In addition, the number of complaints the agency receives is likely to continue to increase in the future which will further add to the agency’s existing investigations backlog.



## Employee Turnover and Exit Interview Information

The TMB employee turnover rate for 2009 was 17.8 which is considerably less than the 2007 rate of 24%. TMB's turnover rate has been trending up the last few years and is generally higher than the average state turnover rate as well as the rate for other regulatory agencies. For FY 09, TMB's turnover rate is only slightly higher than the state average of 14.4%. In FY 09, the agency conducted a significant reclassification of staff positions and salaries in order to address the need for both internal and external consistency of position duties and reimbursement. This and additional funding from the 81<sup>st</sup> Legislature to address employee merit pay have likely helped retain staff.

Employee exit interview data for FY 09 showed that TMB lost employees primarily due to retirement and to higher salaries available at either another state agency or the private sector.



## Projected Turnover Rate over the Next Five Years

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

## Percentage of Workforce Eligible to Retire

TMB estimates that approximately 5% its workforce will be eligible to retire in the next five years.

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

It is critical that the TMB employ staff who maintain the necessary skill set and knowledge to meet the overall mission and strategic goals and objectives of the agency. TMB has set a number of requirements and/or preferred experience and education criteria for the following types of positions:

### Investigations:

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

**Licensing:**

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

**Litigation:**

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

**Technology Skills:**

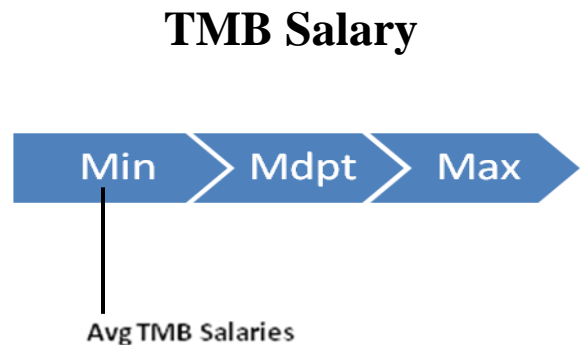
All staff must be minimally proficient in various technologies as it relates to the job function. TMB is moving to paperless functions and this means that all staff will need to be proficient with Microsoft Office, the agency’s imaging program, web-based services and record retention technology.

**Customer Service:**

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

**Salary Levels**

Due to overall budgetary constraints and the current required budget reductions, TMB typically must hire new employees at the minimum of, or just slightly over the minimum of, the salary range for their positions. Currently, approximately 96% of all employees are paid below the midpoint of their salary group. The current reductions also prevent TMB from being able to provide salary increases for performance or even one-time merit increases.



**III. FUTURE WORKFORCE PROFILE**

**Expected Workforce Changes**

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

**Future Workforce Skills Needed**

TMB continues to need employees with skills that enable them to analyze complex information, make appropriate decisions, communicate effectively, and work in a team environment.

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

Due to required budget reductions, TMB continues to not have adequate staff to meet current demand for services and increasing workload. The 81<sup>st</sup> Legislature granted additional enforcement staff to TMB but the budget reductions for FY 10-11 required a hiring freeze in FY 10 and the agency has not been able to hire all the staff needed to address an increasing number of complaints and a current backlog of investigations.

It is anticipated that the demand for TMB services will continue to grow based on demographic projections for the state, the business climate that is attractive to physicians, and the legislative interest in increasing the health professions workforce in underserved areas.

### **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. TMB also lacks staff with enough experience and skills to develop a long-term succession plan for management. 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.

For many years TMB experienced difficulty in recruiting professional employees, particularly in the areas of Law, Finance, and IT. This situation has improved in recent years due to a variety of factors including the state of the current economy and the job market in Texas, which makes state jobs more attractive, as well as the agency's reclassification of positions and salaries in FY 09. As the economy improves, and the agency continues to operate within budget constraints and reductions 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. Unfortunately, the current and future environment of budget reductions hinders the implementation of these strategies.

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

Initiate programs to recognize and reward employee commitment and dedication. Examples of programs considered include:

- When appropriate, flexible schedules for employees who perform satisfactorily will be developed, to allow greater individual emphasis to be placed on personal/home priorities while at the same time accomplishing TMB goals and objectives.
- Increased communication of educational reimbursement opportunities for employees who wish to obtain outside education/training directly related to their job duties.
- Professional development activities to support employee's specific job duties.
- Career ladders for classified positions to provide financial incentives for employees with critical skills and abilities to stay in their positions.
- Closer analyses of positions that indicate high turnover rates.

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

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

- Communications
- Team Building
- Personnel Policies
- New Technologies

## **Strategy 3 - Leadership Development**

Creation of a management development program for first-line and senior staff. Focus will be on managing employee performance and core supervision and management skill development. First-line supervisor training will be developed to address supervision issues that have high impact on employee morale and retention. Topics for training could include:

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

## **APPENDIX F: 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 and/or American woman,
- 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.

The Texas Medical Board (TMB) strives to meet the statewide HUB goals as established by the Comptroller of Public Accounts (CPA). These goals include 20% for professional services contracts, 33% for all other service contracts, and 12.6% for commodities contracts.

During the most recent fiscal year, TMB exceeded these goals in the categories of professional services and commodities contracts; however, TMB has specialized contracts that require the agency to contract with non-HUB vendors and did not meet the goal for other service contracts.

In an effort to meet the agency's goals, 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; and
- utilizing HUB resellers from the Department of Information Resources' contracts as often as possible.