Texas Medical Board

Agency Strategic Plan

Fiscal Years 2013-2017

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 2013 – 2017

BY

TEXAS MEDICAL BOARD

BOARD MEMBER	DATES OF TERM S	HOMETOWN
Michael Arambula, M.D.	November 15, 2006 – April 13, 2013	San Antonio
Julie Attebury	September 8, 2005 – April 13, 2017	Amarillo
David Baucom	November 4, 2008 – April 13, 2015	Sulphur Springs
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
Carlos L. Gallardo	January 23, 2012 – April 13, 2017	Frisco
Manuel G. Guajardo, M.D.	November 30, 2005 – April 13, 2015	Brownsville
J. "Scott" Holiday, D.O.	December 17, 2008 – April 13, 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
Allan Shulkin, M.D.	January 10, 2008 – April 13, 2015	Dallas
William "Roy" Smythe, M.D.	January 23, 2012 – April 13, 2013	Belton
Wynne M. Snoots, M.D.	April 14, 2009 – April 13, 2015	Dallas
Paulette B. Southard	July 12, 1999 – April 13, 2015	Alice
Stanley S. Wang, M.D., J.D.	April 19, 2011 – April 13, 2017	Austin
Timothy Webb, J.D.	May 2007 – April 13, 2013	Houston
George Willeford III, MD	September 5, 2008 – April 13, 2017	Austin
Irvin E. Zeitler, Jr., D.O.	June 13, 2006 – April 13, 2017	San Angelo

JUNE 22, 2012

SIGNED:

Mari Robison, J.D., Executive Director

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I. STATEWIDE STRATEGIC PLAN ELEMENTS

STRENGTHENING OUR PROSPERITY

THE STATEWIDE STRATEGIC PLANNING ELEMENTS FOR TEXAS STATE GOVERNMENT

March 2012

Fellow Public Servants:

Since the last round of strategic planning began in March 2010, our nation's economic challenges have persisted, but Texas' commitment to an efficient and limited government has kept us on the pathway to prosperity. Our strong economic position relative to other states and the nation is not by accident. Texas has demonstrated the importance of fiscal discipline, setting priorities and demanding accountability and efficiency in state government. We have built and prudently managed important reserves in our state's "Rainy Day Fund," cut taxes on small businesses, balanced the state budget without raising taxes, protected essential services, and prioritized a stable and predictable regulatory climate to help make the Lone Star State the best place to build a business and raise a family.

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

> *Ensuring the economic competitiveness of our state by adhering to principles of fiscal discipline, setting clear budget priorities, living within our means, and limiting the growth of government;*
>
> *Investing in critical water, energy, and transportation infrastructure needs to meet the demands of our rapidly growing state;*
>
> *Ensuring excellence and accountability in public schools and institutions of higher education as we invest in the future of this state and ensure Texans are prepared to compete in the global marketplace;*
>
> *Defending Texans by safeguarding our neighborhoods and protecting our international border; and*
>
> *Increasing transparency and efficiency at all levels of government to guard against waste, fraud, and abuse, ensuring that Texas taxpayers keep more of their hard-earned money to keep our economy and our families strong.*

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

Rick Perry
Governor of Texas

The Mission of Texas State Government

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

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

The Philosophy of Texas State Government

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

- First and foremost, Texas matters most. This is the overarching, guiding principle by which we will make decisions. Our state, and its future, is more important than party, politics, or individual recognition.

- Government should be limited in size and mission, but it must be highly effective in performing the tasks it undertakes.

- Decisions affecting individual Texans, in most instances, are best made by those individuals, their families, and the local government closest to their communities.

- Competition is the greatest incentive for achievement and excellence. It inspires ingenuity and requires individuals to set their sights high. Just as competition inspires excellence, a sense of personal responsibility drives individual citizens to do more for their future and the future of those they love.

- Public administration must be open and honest, pursuing the high road rather than the expedient course. We must be accountable to taxpayers for our actions.

- State government has a responsibility to safeguard taxpayer dollars by eliminating waste and abuse and providing efficient and honest government.

- Finally, state government should be humble, recognizing that all its power and authority is granted to it by the people of Texas, and those who make decisions wielding the power of the state should exercise their authority cautiously and fairly.

Statewide Goals and Benchmarks

Priority Goal: Regulatory

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

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

Benchmarks

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

II. AGENCY STRATEGIC PLAN ELEMENTS

STRATEGIC PLANNING ELEMENTS FOR THE TEXAS MEDICAL BOARD

Texas Medical Board Mission and Philosophy

Mission

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

The agency has adopted a shortened version of its mission: *Safeguarding the public through professional accountability.*

Philosophy

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

III. INTERNAL/EXTERNAL ASSESSMENT

A. INTRODUCTION

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

Overall, there are 15 different types of licenses, permits, and certifications for which the board is responsible. Continuous improvement has been the hallmark of the agency for the last ten years and it continues to manage ongoing changes and process review. The 82nd Legislature provided the agency with the resources and level of funding necessary to maintain its mission of public protection and passed legislation that substantively changed and refined the enforcement process.

B. TEXAS MEDICAL BOARD - OVERVIEW OF SCOPE AND FUNCTIONS

Statutory Basis

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

Historical Perspective

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

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

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

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

Board Oversight and Participation

The Texas Medical Board has primary responsibility for the agency. The executive director is hired by the Medical Board and serves at their pleasure. The board holds the traditional responsibilities associated with all state appointed boards including policy development and rule adoption. Under the Medical Practice Act, it is the board that issues licenses, imposes disciplinary actions and dismisses complaints. The Board generally holds two-day board meetings five times per year. Board members must also serve on disciplinary panels for Informal Settlement Conferences for approximately 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 75,000 physicians; 5,800 physician assistants; 1,000 acupuncturists; and 310 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.

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

Agency Divisions and Departments

Enforcement Division

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

- Enforcement Support staff are located at the headquarters/Austin office and receive and process complaints and provide support for investigative work.

- The Investigations Department is comprised of:
    - Investigative staff completing an initial review of complaints to determine if an investigation should be opened. These include physician-investigators who review standard of care complaints and an attorney-investigator who reviews non-standard of care complaints.
    - Field investigators, a majority of whom are registered nurses or have a nursing background, located throughout the state and who investigate complaints.

- The Litigation Department includes attorneys, legal assistants and administrative support staff. It is the responsibility of this department to prepare and present a case, that has been investigated and referred to Litigation based on possible violations of statute and rule, for a hearing by either an Informal Settlement Conference (ISC) panel, a Show Compliance panel, or a Temporary Suspension panel. Litigation staff also draft the orders proposed by the panels to licensees. Additionally, this group is responsible for litigating all cases that are not settled through ISCs and have been referred for formal hearings by the State Office of Administrative Hearings.

- If there is a disciplinary action instituted by the board following the hearings mentioned above, it is the responsibility of the Compliance Department to ensure that the licensee complies with the terms of the board action.

Licensure Division

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

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

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

the world to determine whether the applicants meet statutory requirements that their education be substantially equivalent to that provided by a Texas medical school.

General Counsel's Office

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

Public Information/Special Projects

Special Projects staff: implement initiatives that affect multiple agency departments, prepare routine and special agency reports, coordinate agency policies, and manage legislative issues and contacts. Additionally, staff are responsible for coordinating and organizing agency outreach programs for licensees and other stakeholders. 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.

Information Resources

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

Finance

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

C. TEXAS PHYSICIAN HEALTH PROGRAM

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

TXPHP's enabling statute is Title 3, Chapter 167 of the Texas Occupations Code. Although administratively attached to TMB, TXPHP has its own 11-member governing Board, an advisory

committee, and is authorized 7 FTEs. It became operational in January 2010 and is self-funded through participant fees.

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

D. TMB ORGANIZATIONAL ASPECTS & ISSUES

Location

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

Workforce Issues

Agency staff at all levels have an extremely high commitment to the mission of the agency, understand how their job contributes to fulfillment of the mission, and believe that the work they do is important. However, increases in workload, constrained resources, and an environment of continuous process improvement create stress for staff at all levels. Service demands require that every FTE be fully competent and productive. Individuals who are unable to meet performance expectations soon separate from the agency. In FY 11, the agency experienced a lower turnover rate than the state's average as opposed to FY 09-10, when the turnover rate was higher than the state average.

Human Resources Strengths & Weaknesses

Strengths

TMB's greatest strength is in the dedication of its employees to the mission of the agency. Unfortunately, due to limitations and reductions in agency spending in FY 10-11, the agency was not able to provide merit raises or bonuses. In FY 09, the agency implemented significant reclassifications of many staff positions, with corresponding salary adjustments, in order to address the dire need for internal and external consistency of position duties and compensation.

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

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

Weaknesses

Due to the fact that the agency implemented hiring freezes for several months in both FY 10 and FY 11, agency staff carried significant workloads in order to prevent backlogs in processing licensure applications and investigating complaints. As soon as the freezes were lifted, additional staff were hired and the workload was balanced more equitably. The agency continues to work on improving communications between staff as well as between management and staff.

Technology Projects

Projects In Progress (See Section V for Technology Resource Planning & Initiatives)

SQL Rewrite for Licensure (Licensure System Rewrite)

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.

Projects Completed

Teleconferencing Functionality for Agency Disciplinary Hearings

In order to reduce the amount of time, effort, and cost for board members and board representatives to travel from around the state to attend disciplinary hearings at the agency headquarters in Austin, the agency researched the technology and costs for providing a teleconference option. The agency implemented this technology successfully over the past fiscal year and it is currently being used on a regular basis.

Distribution of Electronic Information to Licensees, Consumers, and Other Interested Parties

The agency researched inexpensive and efficient mechanisms for communicating with the regulated community, the public, and stakeholders. Since 2010, staff have implemented and used improved technology to create distribution lists for news releases, the TMB Bulletin (quarterly newsletter), and other key information.

Upgrade website for product purchasing

In 2011-12, the agency researched and implemented technology that enables the public, licensees, and other interested parties to purchase TMB data product (licensee data and TMB board actions) on-line via the agency's website.

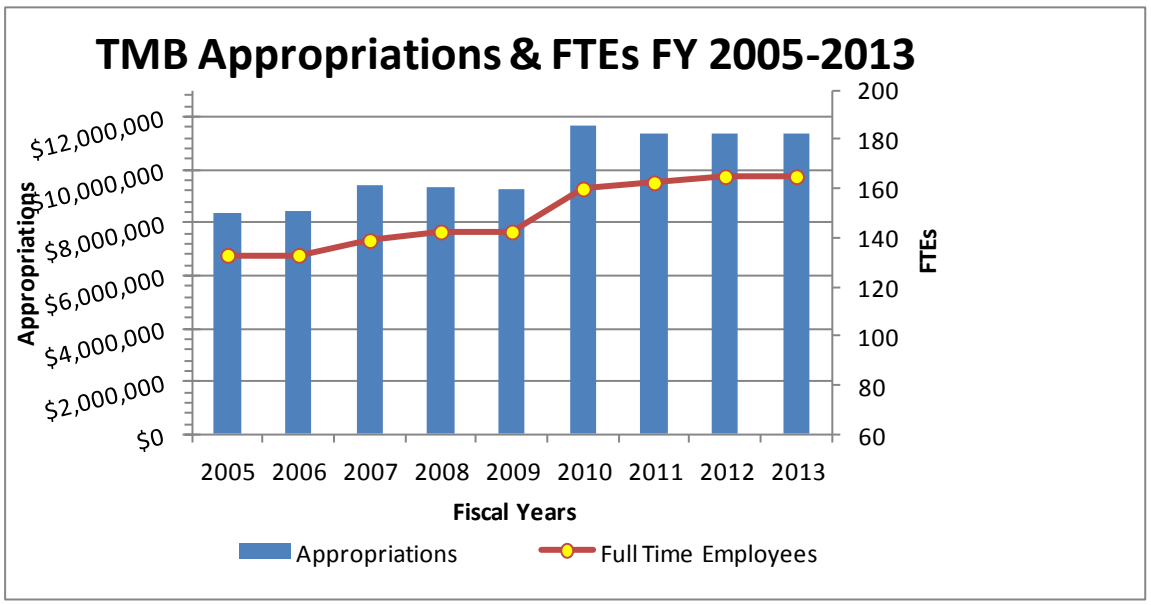
E. FISCAL ISSUES

Budget Overview

The agency's appropriation for the FY 12-13 biennium totals $22.8 million, $11.4 million in each year. TMB was fortunate that the 5% funding cut required to be submitted in the FY 12-13 Legislative Appropriations Request was restored to the agency in the final appropriations bill passed in 2011 by the 82nd Legislature. However, like many agencies, TMB did lose a portion of its funding dedicated to capital budget/information technology for standard replacement of desktop and laptop computers. For TMB, this represents $30,000 per year in reduced information technology funding.

In terms of comparing revenue collections to agency annual appropriations, for the past few years TMB has, on average, collected in excess of $30 million per year (including the state's $200 physician professional fee/surcharge) that goes to the state's general revenue fund. TMB is appropriated approximately 1/3 of this revenue each year. As other licensing agencies are required to do, TMB must generate enough revenue to cover both its direct operating costs (appropriations) as well as indirect costs to cover appropriations made to other agencies for employee health benefits costs, retirement costs, etc.

The chart below depicts agency appropriations and FTEs from FY 03 to FY 13. For FY 10 – FY 13, funding and FTEs for the Texas Physician Health Program are also included since the program is administratively attached to TMB.



Impact of Budget Reductions

State leadership has not required agencies to reduce their operating budgets in FY 12 and there has been no indication to date that reductions will be required in FY 13. TMB's two biggest categories of expenditures are salaries and expert physician reviews for standard of care cases. Due to its relatively small size, the agency has very little discretionary spending and the remainder of its budget is spent on required operating costs such as rent, utilities, postage, travel reimbursement for board members and staff, etc. Consequently, any future requirements to identify budget cuts in the FY 14-15 LAR and beyond would significantly impact FTEs and the agency's ability to manage its workload as well as possibly delay cases for review by experts because these are the only areas that can yield the cost savings required.

FY 10-11 Reductions

In FY 10, state leadership required agencies to identify and implement budget reductions of up to 5% per year for the FY 10-11 biennium. TMB received a partial exemption (slightly more than half) and consequently absorbed cuts of approximately $500,000 compared to $1.1 million. The reductions were achieved through salary savings from instituting a hiring freeze as well as reducing costs for expert physician review of standard of care cases by delaying reviews.

In FY 11, during the 82nd Legislative Session, state agencies were required to make reductions based on legislation (HB 4) that reduced total state agency spending by $1.5 billion in FY 11. TMB was required to absorb approximately $283,000 in cuts and accomplished this through another hiring freeze.

Overall, TMB absorbed total reductions of almost $788,000 in the FY 10-11 biennium.

F. RECENT LEGISLATIVE CHANGES AND REQUIREMENTS

TMB has implemented a majority of the requirements enacted in the approximately 20 bills passed in the 82nd legislation session (2011) that impacted the agency. Below are highlights of key legislation.

1. TMB Enforcement Process, HB 680

The TMB's complaint process was the subject of an interim charge for the Senate Health & Human Services Committee and the resulting recommendations by the committee included the authorization to TMB to issue non-disciplinary actions (remedial plans) for licensees. (SB 227 also passed with identical language pertaining to remedial plans).

Key requirements and changes from HB 680 are:

- Creates statute of limitations of 7 years for standard of care complaints (except in cases regarding minors) to match medical records retention requirements.
- Eliminates anonymous complaints and requires TMB to provide respondent with name and address of complainant who is an insurance or pharmaceutical company.
- Extends preliminary investigation timeline from 30 to 45 days.
- Authorizes remedial plans as non-disciplinary actions.
- Extends informal settlement conference (ISC) notice requirement to respondent from 30 to 45 days and increases rebuttal deadline from 5 days to 15 days prior to ISC.
- Requires TMB to record an ISC proceeding upon respondent request.

2. Licensure Process Changes

HB 1380 - changes the current graduate medical training requirement for graduates of foreign medical schools (IMGs) from three years to two years.

SB 189 - Requires physician licensure applicants who are not citizens or permanent residents to agree to practice in a medically underserved area (MUA) or a Health Professional Shortage Area (HPSA) for three years as a condition of licensure. Provides exception for non-citizens/non-permanent residents who will practice in graduate medical education (GME) programs not located in an MUA or HPSA

3. Physician Employment & Business Organizations

A number of bills passed by the 82nd Legislature (2011) addressed the ability of certain types of medical facilities to directly hire physicians. This legislation included recommendations for changes to Texas' "corporate practice of medicine" doctrine from an interim report and hearings held by the Senate Intergovernmental Affairs Committee. Legislation impacting TMB includes:

SB 894 - authorizes certain types of hospitals to directly hire physicians with corresponding requirements for policy adoption and reporting:

- Authorizes critical access and sole community hospitals, and hospitals in counties of 50,000 population or less, to directly hire physicians.
- Requires adoption of policies to ensure that physicians are able to exercise independent medical judgment when providing care to patients.
- A hospital's chief medical officer (CMO) must notify TMB that the hospital is employing physicians, and the CMO shall immediately report to TMB any action or event that the CMO believes constitutes a compromise of the independent medical judgment of a physician in caring for a patient.

SB 761 - authorizes employment of physicians by hospitals associated with nonprofit fraternal organizations primarily providing medical care to children. The chief medical officer (CMO) shall immediately report to TMB any action that the CMO reasonably and in good faith believes constitutes a compromise of physician's independent medical judgment.

4. Texas Healthcare Policy Issues

HB 300 – Use of electronic health records and protected health information

- Requires a health care provider to provide a person's electronic health record within 15 business days of receiving a request for the information if a health care provider has a system capable of fulfilling the request. Prohibits a covered entity from disclosing protected health information to any person in exchange for direct or indirect remuneration, with certain exemptions.
- Authorizes HHSC, in consultation with DSHS, TMB and TDI to, by rule, recommend a standard electronic format for the release of requested health records.
- Directs HHSC, in consultation with DSHS, TMB, and TDI, to provide a report to the legislature on new developments in safeguarding protected health information.
- Directs HHSC, with the Texas Health Services Authority and TMB, to review issues regarding security and accessibility of protected health information maintained by "unsustainable" covered entities (assumed to mean a covered entity that goes out of business).

SB 7 – Omnibus health care bill, creates the Institute of Health Care Quality and Efficiency.

- TMB required to be ex-officio member of the Institute.
- The institute is charged with researching and developing recommendations in the following four areas:

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

G. RECENT ACCOMPLISHMENTS AND CONTINUING INITIATIVES

In addition to the accomplishment of implementing the many substantive requirements of the legislation outlined above, TMB continues to enhance the efficiency and effectiveness of its internal processes and to increase its communications with stakeholders. The following list highlights key accomplishments and ongoing initiatives.

1. Pain Management Clinics – Registration and Regulation

In 2009, SB 911 was enacted establishing a pain management clinic certification process and prohibiting a clinic from operating in Texas unless the clinic is certified with TMB. 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.

The bill requires a clinic to be owned and operated by a medical director who is a Texas licensed physician. TMB adopted rules to promulgate the requirements of the legislation and developed a registration form and a list of frequently asked questions about the requirements. All the information is available on the TMB website so that affected licensees can locate the information they need as efficiently as possible.

Since 2010, TMB has devoted considerable resources to the registration and regulation of pain management clinics. To date, more than 330 clinics are registered with the agency. In terms of enforcement, the agency has taken more than 25 disciplinary actions between 2010-12 for violations of these regulations. These include, medical licenses suspended or restricted for non-compliance with pain management clinic requirements (including operating without a certificate), pain management certificates suspended or surrendered due to noncompliance with regulations, and formal complaints filed at the State Office of Administrative Hearings (SOAH) regarding physician or PA violation of pain management clinic rules.

TMB investigators work very closely with local law enforcement entities, particularly in the Houston area, as well as with other state and federal agencies, to investigate and shut down pain management clinics that are functioning as pill mills.

Listed below are samples of frequently asked questions (with answers) that the agency receives and has posted on the website.

What is a "pain management clinic"?
A pain management clinic is defined in statute and rule as a publicly or privately owned facility for which a majority of patients are issued on a monthly basis, a prescription for opioids, benzodiazepines, barbiturates, or carisoprodol, but not including suboxone.

Who needs to register a pain management clinic?
The physician owner/operator of a pain management clinic must register with the TMB. Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with the board if there is more than one physician owner of the clinic. Each clinic requires a separate certificate.

How often is registration required for pain management clinics?
Certificates will be valid for two years. *Registration forms will be mailed 60-90 days prior to the expiration date of a certificate. Certificate holders shall have a 180-day grace period from the expiration date to renew the certificate, however, the owner or operator of the clinic may not continue to operate the clinic while the permit is expired.*

Certificates must be timely renewed. If a certificate is not renewed before the expiration of the grace period, the certificate will be automatically cancelled and the owner or operator of the clinic must reapply for original certification.

Is there continuing education required for pain management clinics?
Yes. *Each employee of the clinic who provides medical services should have 20 hrs of formal Category 1 CME for each registration period. Each registration period is for 2 years, and current regulations require 10 hrs per year (all 20 hours can be obtained within the same year).*

2. Stakeholder Outreach

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

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 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.

In 2012, TMB took a different approach to its outreach efforts. Rather than organizing the presentations, TMB notified county medical societies, specialty societies and hospitals, as well as medical schools and residency programs of the opportunity to schedule presentations in their area. As of June 1, 17 presentations had been scheduled and requests for additional presentations had been received. The presentations focus on the licensure and enforcement process as well as recent legislative changes. In addition, TMB is reaching out to first year medical students to increase the awareness of the board's mission and functions among its potential future licensees and permit holders.

3. Stakeholder Working Groups & Rules Development

Since their establishment in 2005, TMB has worked with four standing groups of major stakeholders in the categories of: Physician Licensure, Physician Enforcement, Physician Assistants, and Acupuncture. TMB has found stakeholder participation helpful not only on rules development, but also for facilitating communication and understanding between the agency and the stakeholders.

In addition to the standing working groups, the agency has formed a number of ad-hoc resource or focus groups to provide input on specific issues such as telemedicine, pain management, postgraduate fellowship training programs, delegation of cosmetic procedures, office-based

anesthesia, and use of stem cells. In all, more than 150 individuals have participated as stakeholders representing professional associations, licensees, hospitals, health plans, other state agencies, medical schools, defense attorneys, and consumers. The participants have provided valuable insight for the board and agency and have had a constructive influence on TMB rules development and process improvements.

H. EXTERNAL RELATIONSHIPS

1. Public Perception

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 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 2011, 3,436 physicians were licensed in an average of 42 days. The number of applications received for physician licensure saw a new high in FY 2010: 4,218 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. In addition to implementing a web-based communication system for applicants in 2008, the *Licensure Inquiry System of Texas*, TMB also 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 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 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 11

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

**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. Many HPC initiatives, particularly those relating to information technology, are beneficial to the smaller member agencies but are not applicable to TMB since its resource needs are much greater than can be supported by HPC staff. HPC staff facilitates quarterly meetings with all the member agencies to provide the opportunity to discuss timely and pertinent issues.

I. TRENDS AND EMERGING ISSUES

1. Federal Health Care Reform

In March 2010, President Obama signed the Patient Protection and Affordable Care Act (H.R. 3590) into law. Significant debate over the legislation resulted in legal challenges by 26 state attorneys general leading to consideration by the U.S. Supreme Court. The Court heard oral arguments in March 2012 and a ruling is imminent. Many court watchers speculate that some provisions of the law will be struck down but some will be preserved and so legal challenges will continue on the remaining provisions.

Much of the Act is devoted to expanding access to affordable health care coverage to most U.S. citizens including provisions requiring most citizens to have health insurance, insurance reforms, and the establishment of health insurance exchanges to facilitate enrollment in health plans for individuals and small businesses. However, there are also other provisions focusing on funding for public health programs and amendments to the Medicaid and Medicare programs that address the ongoing operation of the programs.

Due to the complexity of the law and the inability to forecast the implementation of any 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 held hearings on the legislation and a variety of questions remain about the impact of reform to the state. If the law is upheld, states that elected to form an exchange will prepare for federal certification in 2013, and institute changes that will prepare them for launching their exchanges in 2014.

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. 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, with 205 doctors per 100,000 residents compared to the national average of 259.

- The problem is most prevalent along the border, where there are 51 doctors for every 100,000 residents. And in rural areas, where there are 91 doctors for every 100,000 residents.

- Fewer physicians are choosing to practice family or primary care medicine. Texas has a shortage of primary care physicians but also shortages in many other specialties. Texas has fewer physicians per capita than the national average for 36 out of 40 medical specialty groups. Psychiatry and child/adolescent psychiatry are among the specialties with the lowest ratios per capita.

- Some significant state trends will also impact care for the future including – the aging of baby-boomers who are scheduled to become Medicare-eligible; a high birth rate; the likely increase of an estimated 2 million Medicaid-eligibles in 2014 – depending on the

outcome of federal health care reform; and the increase of chronic disease such as diabetes and hypertension.

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. The state's Medicaid 1115 Waiver program presents an opportunity to provide financial support for graduate medical education in Texas.

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.

In 2012, the House Public Health Committee is addressing the issue of increasing access to care through its first interim charge:

> *Examine the adequacy of the primary care workforce in Texas and assess the impact of an aging population, the passage of the Patient Protection and Affordable Care Act, and state and federal funding reductions to graduate medical education and physician loan repayment programs. Study the potential impact of medical school innovations, new practice models, alternative reimbursement strategies, expanded roles for physician extenders, and greater utilization of telemedicine. Make recommendations to increase patient access to primary care and address geographic disparities.*

At its May 15, 2012, hearing, the Committee heard testimony on the following issues pertaining to scope of practice:

- The current regulatory framework for delegation of prescriptive authority from a physician to advanced practice nurses (APNs) and physician assistants (PAs).
- The need to streamline the current requirements into a simpler framework that is easier for physicians and APNs/PAs to follow.
- Expansion of APN scope based on a "collaborative agreement" model that would allow APNs to create agreements to prescribe with individual physicians or groups.

The Committee is establishing a working group on these issues in the summer of 2012 that will research and develop possible recommendations for the 83rd Legislature in 2013.

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. By 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.

In August 2010, after much input and discussion by a wide variety of stakeholders the board adopted rules that became effective in October 2010. The board also published FAQs on the agency website to assist with rule implementation. The rules provide for two basic models of telemedicine that enable patients to receive care from a physician located in another part of the state. Patients can receive care via telemedicine at either their home or an established medical site based on criteria defined in 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. Prescription Drug Abuse – Regulatory Challenges

The abuse of prescription drugs is a new health care crisis in the U.S. Drug poisoning and overdoses from both prescription and illegal drugs are leading causes of accidental death in the U.S. Many states are struggling with the best way to address the regulation of prescribing controlled substances and ensuring patient safety.

Key findings - National Center for Health Statistics

Data from the National Vital Statistics System Mortality File

- *In 2008, poisoning became the leading cause of injury death in the United States and nearly 9 out of 10 poisoning deaths are caused by drugs.*
- *During the past three decades, the number of drug poisoning deaths increased sixfold from about 6,100 in 1980 to 36,500 in 2008.*
- *During the most recent decade, the number of drug poisoning deaths involving opioid analgesics more than tripled from about 4,000 in 1999 to 14,800 in 2008.*
- *Opioid analgesics were involved in more than 40% of all drug poisoning deaths in 2008, up from about 25% in 1999.*
- *In 2008, the drug poisoning death rate was higher for males, people aged 45–54 years, and non-Hispanic white and American Indian or Alaska Native persons than for females and those in other age and racial and ethnic groups.*

Since the passage of 2009 legislation regulating pain management clinics, the TMB has continued to work closely with local law enforcement entities and other state and federal agencies to timely address violations by licensees and to shut down illegal pain management clinics as quickly as possible. In addition to the passage of SB 911 in Texas, other states including Delaware and Florida, have enacted laws to prevent the operation of so-called pill mills by targeting physicians who abuse their prescribing rights. Florida has also passed laws that restrict dispensing of controlled substances and create reporting mandates for doctors treating chronic malignant pain.

Legislation prohibiting "doctor-shopping" by patients has also been enacted in Texas and some state boards have the authority to use their state's prescription monitoring program to watch for cases of abuse by patients.

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

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

5. Integrated Health Care

A national and worldwide trend in health care reform, known as "integrated care" or "coordinated care," focuses on new organizational arrangements for the provision of health care. While it remains to be seen what overlap or impact this trend could directly have to TMB, it is a notable new approach to health care that is gaining increasing attention.

The World Health Organization defines "integrated care" as:

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

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

One specific model of integrated care is the "medical home," also known as the patient-centered medical home (PCMH), which is a team based health care delivery model, led by a physician, that provides comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. Care coordination is an essential component of the PCMH. Care

coordination requires additional resources such as health information technology, and appropriately trained staff to provide coordinated care through team-based models.

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

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

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

Despite the importance of the above, and the use of a collaborative team approach to health care, it remains to be seen what the ramifications will be of the Federal Trade Commission's (FTC) interest in allowing states to determine scope of practice of medical professionals.

In December 2011, the FTC voted that the North Carolina Board of Dental Examiners had illegally stifled competition by excluding non-dentists from providing teeth-whitening services or products to consumers. This disagreement over what constitutes the practice of dentistry raises constitutional questions that could eventually end up before the U.S. Supreme Court. The FTC's complaint against the N.C. dental board, the first of its kind in the nation, contends that the practice of allowing professions and occupations to be regulated solely by state occupational licensing boards, comprised of a majority of the licensees of the profession, is anti-competitive and exclusionary because those members have a financial conflict of interest.

6. State and National Healthcare Technology & Efficiency Issues

The role of technology and innovation are always important factors in the health care arena and important trends that are currently shaping health care and will continue to do so in the future include the continued digitization of the health care system and use of electronic medical records. The Texas Legislature addressed both technology and efficiency issues in legislation passed in the 82nd Regular & 1st Called Sessions (2011), including HB 300 and SB 7.

The Texas Health Services Authority (THSA) was created as a public-private collaborative to implement state-level health information technology functions and to serve as a catalyst for the development of a seamless electronic health information infrastructure. HB 300 adds to the duties of the THSA by requiring it, in conjuction with other relevant state agencies including TMB, to develop privacy and security standards for the electronic sharing of protected health information (PHI).

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

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

As an ex-officio member of the Institute, the TMB will be working with other key stakeholders in researching the issues stated above.

SB 7 included other legislation filed during the regular session - SB 23, relating to efficiencies, cost-savings and fraud prevention in Medicaid and the Children's Health Insurance Program (CHIP); SB 7, achieving savings in Medicaid and CHIP by re-focusing health care dollars on better patient outcomes; and SB 8, allowing health care providers to form a new type of health care entity called a "health care collaborative" (HCC) to better coordinate care. The HCCs will be regulated by the Texas Department of Insurance and meet the following criteria:

- arrange for medical and health care services for insurers, HMOs and other payors in exchange for payments in cash or in kind;
- accept and distributes payments for medical and health care services;
- consists of physicians alone or physicians and any combination of insurers, HMOs and other providers including hospitals; and
- have a certificate of authority (license) from the TDI Commissioner.

J. 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.
- 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.

- **Continuous Enforcement Demands**

  A record 8,182 complaints were received in FY 11, resulting in 2,122 investigations opened. The information in the chart below demonstrates the significant growth in workload for both the agency staff and board members:

	FY 2011	FY 2010	FY 2009
I.S.C./Show Compliance Proceedings	**683**	**645**	**775**
Temporary Suspension Hearings	**40**	**8**	**12**
Formal Complaints Filed at S.O.A.H.	**71**	**141**	**82**
Hearings with S.O.A.H.	**12**	**12**	**11**
% of current caseload at S.O.A.H.	**20.7%**	**26.7%**	**17.4%**
Temporary Disciplinary Actions			
Suspensions	32	5	8
Restrictions	2	1	2
Final Disciplinary Actions			
Revocations/Surrenders	52	56	34
Suspensions	14	13	11
Public Reprimands	30	36	43
Restrictions	292	241	196
Administrative Penalties	99	176	114
Cease and Desist	13	6	3
Total Disciplinary Decisions	**534**	**534**	**411**
Complaints Received	**8,182**	**6,849**	**6,968**
Investigations Opened	**2,122**	**2,661**	**2,873**
Jurisdictional Not Filed Complaints	**2,390**	**2,160**	**2,405**
Non-Jurisdictional Complaints	**3,670**	**2,028**	**1,690**
Current Probationers	**742**	**803**	**820**

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:

- **Increased number of licenses:** As the number of licensee increases, so does the number of complaints received by the agency.

- **Tort Reform:** A growth in complaints and investigations was foreseen by the Legislature with the passage of tort reform legislation in 2003. 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.

- **Increased public awareness:** The agency has received increased media attention in recent years and increased public awareness always produces an increase in complaints filed.

- **Regulation of pain management clinics –** registration and enforcement.

- **New State Requirements for Electronic Death Certificate Registration**
  - Physicians must register with the Texas Department of State Health Services in order to file death certificates electronically.
  - Failure to register can lead to Texas Medical Board disciplinary action.
  - Physicians cannot wait until a death has occurred in order to register; that's too late, because it takes DSHS seven-10 business days to process new enrollments. If a physician ends up having to complete a paper death certificate because he/she didn't timely register for electronic filing, the Texas Medical Board may take action based on the violation.

IV. TMB STRATEGIC STRUCTURE

Agency Goals, Objectives, and Outcome Measures

A. GOAL: LICENSURE

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

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

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

B. GOAL: ENFORCEMENT ACTS

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

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

Outcome Measures:
Percent of complaints resulting in disciplinary action – Physician (Key)
Percent of complaints resulting in disciplinary action – Acupuncture (Key)
Percent of complaints resulting in disciplinary action - Physician Assistant (Key)
Percent of complaints resulting in disciplinary action - Surgical Assistant (Key)
Percent of complaints resulting in remedial action – Physician
Percent of complaints resulting in remedial action – Acupuncture
Percent of complaints resulting in remedial action - Physician Assistant
Percent of complaints resulting in remedial action - Surgical Assistant
Percent of Licensees with no recent violations: Physician
Percent of Licensees with no recent violations: Acupuncture
Percent of Licensees with no recent violations: Physician Assistant
Percent of Licensees with no recent violations: Surgical Assistant
Recidivism rate for those receiving disciplinary action: Physician
Recidivism rate for those receiving disciplinary action – Acupuncture
Recidivism rate for those receiving disciplinary action - Physician Assistant
Recidivism rate for those receiving disciplinary action - Surgical Assistant
Percent of documented complaints resolved within six months - Physician
Percent of documented complaints resolved within six months - Acupuncture

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

Strategies and Output, Efficiency, and Explanatory Measures

A.1.1. Strategy: LICENSING
Conduct a timely, efficient, and cost-effective licensure process through specific requirements for credentials verification of initial licensure and license renewals.

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

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

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

B.1.1. Strategy: ENFORCEMENT
Conduct competent, fair, and timely investigation; ensure due process for respondents; monitor the resolution of complaints; maintain adequate monitoring of all probationers in a timely fashion and contact consumer complainants in a timely and regular manner.

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

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

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

B.1.2. Strategy: PHYSICIAN HEALTH PROGRAM
Protect Texas citizens by identifying potentially impaired physicians, physician assistants, acupuncturists and surgical assistants; directing these practitioners to evaluation and/or treatment, and monitoring the participants in recovery.

B.2.1. Strategy: PUBLIC INFORMATION AND EDUCATION
Improve public awareness by providing information and educational programs to educate the public and licensees regarding the agency's functions, services and responsibilities.

Output:
Number of Publications Distributed

C. GOAL: INDIRECT ADMINISTRATION

C.1.1. Strategy: INDIRECT ADMINISTRATION – LICENSURE

C.1.2. Strategy: INDIRECT ADMINISTERATION- ENFORCEMENT

V. TECHNOLOGY RESOURCE PLANNING

TECHNOLOGY INITIATIVE ASSESSMENT AND ALIGNMENT

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

- Licensure System Rewrite
- Electronic Document Management System (eDMS) Expansion
- Increase and improve TMB online offerings
- Infrastructure Upgrades

INITIATIVE #1

1. Initiative Name: **Licensure System Rewrite**

2. Initiative Description:

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 spreadsheets. 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 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 Tracer. Following development of user requirements, developers will design the application, user interfaces, reports, etc. for deployment.

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

Name - N/A	**Status -** N/A

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

The Licensure Rewrite supports the agency's Licensure and Enforcement objectives. The Licensure System maintains information about all licensees including personal information, license status, etc… Public inquiries about licensees use this system for its data.

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

- P1 – Cloud
- P2 – Data Management
- P3 – Data Sharing
- P4 – Infrastructure
- P5 – Legacy Applications
- P6 – Mobility
- P7 – Network
- P8 – Open Data
- P9 – Security and Privacy
- P10 – Social Media

The assessment necessary to develop a new Licensure System offers TMB the opportunity to review alignment with technology priorities. The agency expects the new system to support advances in data management, data sharing, and improved security and privacy. The initiative supports the priority of

upgrading and migrating from legacy applications.

6. Guiding Principles: As applicable, describe how the technology initiative will address the following statewide technology guiding principles:
- Connect – expanding citizen access to services
- Innovate – leveraging technology services and solutions across agencies
- Trust – providing a clear and transparent accounting of government services and data
- Deliver – promoting a connected and agile workforce

This initiative supports the principle of improving delivery of cost-effective and efficient services by using integrated tools. The assessment allows the agency to adopt new processes and leverage technology to reduce costs.

7. Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:
- Operational efficiencies (time, cost, productivity)
- Citizen/customer satisfaction (service delivery quality, cycle time)
- Security improvements
- Foundation for future operational improvements
- Compliance (required by State/Federal laws or regulations)

The initiative will provide operational efficiencies by improving productivity of staff by eliminating the need to work with multiple applications depending on the license type. Additional benefits include improved customer satisfaction from licensees and the public through more efficient staff operations. Additionally, the initiative will serve as a foundation allowing the incorporation of future responsibilities to be accomplished more consistently, quickly and accurately.

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

Obtaining qualified staff is the primary barrier for this initiative. The resurgence of Texas' economy makes it more difficult to find and hire the necessary skills. This same challenge also affects the ability to find cost effective out-sourced solutions. The alternative is paying vendors two to three times higher than using permanent staff. Additionally, contractors require detailed specifications to develop new software. A small agency, like TMB, has limited staff resources to use in creating and providing the required information.

INITIATIVE #2

1. Initiative Name: Electronic Document Management System (eDMS) Expansion

2. Initiative Description:

For the past several years, the agency has used an electronic document management system (eDMS) 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 be migrated to this system and it has been a great success. Due to cost prohibitions, some divisions have not yet migrated to this system, but multiple divisions need the same functionality to scan, store, organize and access large files and sets of documents.

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

Name - N/A	**Status -** N/A

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

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

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

- P1 – Cloud
- P2 – Data Management
- P3 – Data Sharing
- P4 – Infrastructure
- P5 – Legacy Applications
- P6 – Mobility
- P7 – Network
- P8 – Open Data
- P9 – Security and Privacy
- P10 – Social Media

Expanding the eDMS aligns primarily with P2 – Data Management because this initiative focuses on moving from paper records, often stored in expensive leased space, to easily accessible electronic records. Medical images, such as x-rays, are stored in the eDMS as well as traditional paper records. Information in the eDMS is easier to access by remote staff and expert witnesses, which reduces the cost, delays and potential loss of data associated with shipping.

6. Guiding Principles: As applicable, describe how the technology initiative will address the following statewide technology guiding principles:

- Connect – expanding citizen access to services
- Innovate – leveraging technology services and solutions across agencies
- Trust – providing a clear and transparent accounting of government services and data
- Deliver – promoting a connected and agile workforce

This initiative supports an agile workforce through making information accessible wherever staff is located. One-third of agency staff as well as the majority of agency expert witnesses are not located near the agency office.

7. Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:

- Operational efficiencies (time, cost, productivity)
- Citizen/customer satisfaction (service delivery quality, cycle time)
- Security improvements
- Foundation for future operational improvements

• Compliance (required by State/Federal laws or regulations)
Operational efficiency is the primary benefit from the eDMS initiative through more effective organization of the large amounts of data received from licensees as well as produced by the agency. Effective organization and storage will also improve customer service by reducing staff requests for licensee documentation. Another benefit is increased data security from reducing the amount of data shipped to expert witnesses who will access the eDMS through agency systems.
8. Capabilities or Barriers: Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.
The primary challenge to implementation is changing business processes to support eDMS. The infrastructure of servers and software are already in place.

INITIATIVE #3

1. Initiative Name: Increase and improve TMB online offerings

2. Initiative Description:

TMB currently offers several online services to licensees and the public including online registration, renewals, and physician profile information including public disciplinary actions. There are opportunities for TMB to improve customer satisfaction through additional online offerings and improving the presentation of information on the agency website. The agency website is currently composed of static pages requiring a contracted service to update them. Moving to a content management system (CMS) will allow agency staff to update content more frequently and offer additional services to licensees and the public.

The agency also offers online services to licensees such as license application, license renewal, and online registration of prescriptive delegation authority. Online services offer improved convenience and faster service for licensees along with saving agency staff time entering data. The agency is migrating from the applications hosted at Texas.gov to hosting the applications in-house, a move lowering the cost of providing these services. Credit card processing will continue to occur at Texas.gov. TMB will gain the ability to share and reuse code among the licensing and renewal applications. Legislative changes requiring application upgrades will be occur more quickly as well.

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

Name - N/A	**Status -** N/A

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

Agency online offerings primarily support the agency's Licensure goal through making licensing, renewal and verification easier for practitioners and staff. TMB's online systems also provide the public with a convenient way to find qualified practitioners.

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

- P1 – Cloud
- P2 – Data Management
- P3 – Data Sharing
- P4 – Infrastructure
- P5 – Legacy Applications
- P6 – Mobility
- P7 – Network
- P8 – Open Data
- P9 – Security and Privacy
- P10 – Social Media

This initiative will focus on making agency services and data more accessible to the public (P8) and providing better support for mobile devices such as tablets and phones (P6). Secondary technology priorities include improved support for data management (P2) and data security and privacy (P9). Bringing the applications in-house allows online applications improved access to existing services and data.

6. Guiding Principles: As applicable, describe how the technology initiative will address the following statewide technology guiding principles:

- Connect – expanding citizen access to services
- Innovate – leveraging technology services and solutions across agencies
- Trust – providing a clear and transparent accounting of government services and data
- Deliver – promoting a connected and agile workforce

Increasing online offerings allows TMB to improve and expand its connection with licensees and the public. For example, some licensees will be able to register online after the planned upgrades. The public website redesign will include easier access, improved organization and additional information for the public.

7. Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:

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

The benefits of this initiative include operational efficiencies from reduced staff time for data entry; customer satisfaction because information is easier to find and licensees will spend less time preparing applications; security improvements from taking advantage of new technology and compliance with accessibility requirements.

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

The primary barrier to online systems is being able to maintain a 24-hour presence with the limited financial and staff resources associated with a smaller agency. Mission critical redundant systems, whether in-house or out-sourced, are more expensive to implement and operate.

INITIATIVE #4

1. Initiative Name: Infrastructure Upgrades

2. Initiative Description:

Information technologies are vital for TMB to successfully meet its statutory requirements and offer excellent customer service with the resources available. This initiative addresses the continuing need to invest in the agency's infrastructure to meet changing business needs. New legislative requirements, advances in medicine and the need to support a remote workforce require the agency to make regular improvements to increase the ability of the agency to store, process and transmit information. The agency established a desktop and printer replacement life cycle. Due to cost prohibitions, life cycle replacements for servers and network infrastructure have not been developed. Projects associated with this initiative might include network upgrades, storage expansion or new technologies offering compelling advantages.

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

Name	**Status**
Network and Data Security Lifecycle	Planned
SAN Lifecycle/Expansion	Planned
Desktop PC and Printer Lifecycle Replacement	Planned
Software Lifecycle	Planned

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

The initiative supports agency Licensure and Enforcement objectives by providing the foundation used by all agency applications.

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

- P1 – Cloud
- P2 – Data Management
- P3 – Data Sharing
- P4 – Infrastructure
- P5 – Legacy Applications
- P6 – Mobility
- P7 – Network
- P8 – Open Data
- P9 – Security and Privacy
- P10 – Social Media

Infrastructure upgrades lay the foundation for migrating from existing to new technology. This initiative serves to prepare the agency to support many of the state priorities including cloud computing, expanded data management options, building a modern infrastructure, expanding network capacity and increasing security and privacy. Secondary priorities include preparing the agency to migrate from legacy applications and improve the agency's ability to share information.

6. Guiding Principles: As applicable, describe how the technology initiative will address the following statewide technology guiding principles:

- Connect – expanding citizen access to services
- Innovate – leveraging technology services and solutions across agencies
- Trust – providing a clear and transparent accounting of government services and data
- Deliver – promoting a connected and agile workforce

Infrastructure Upgrades addresses the guiding principle of connectivity, through offering a robust and

reliable set of technology services allowing access to agency services and resources at a time convenient for the public. For example, TMB's infrastructure currently makes commonly requested information available through its website without citizens placing an Open Records request. Future infrastructure upgrades will expand the agency's ability to offer additional ways for citizens to connect with the agency.

The agency's infrastructure allow approximately one-third of the agency's staff to work across the state without the need of remote facilities such as regional offices. Agency contractors (expert witnesses) use the same technology as well, which allows the agency to have access to expertise not readily available in the Capitol. The benefits to the agency include staff that is closer to customers and citizens, reduced travel costs and increased service levels. Planned upgrades will allow for access to additional services, such as X-ray viewing, saving costs and reducing the risks associated with shipping data.

7. Anticipated Benefit(s): Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:

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

Infrastructure upgrades bring current benefits to TMB including increased reliability, prevents lost productivity; increased security; and improved customer service through faster response times. Upgrades also serve as the foundation for other improvements such as allowing for the delivery of new services electronically; using lower cost technologies; or supporting future mobile platforms.

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

Lack of funding for technology is the largest barrier to infrastructure initiatives. The agency is dependent on technology to deliver public services and meet its mission. TMB often chooses enterprise class products and services when purchasing technology to ensure the necessary features and vendor support is available to support the agency. Technology suitable for enterprise use is expensive to purchase, whether it is a capital purchase or monthly fees for an online service.

APPENDICES A - G

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 a variety of sources, including:

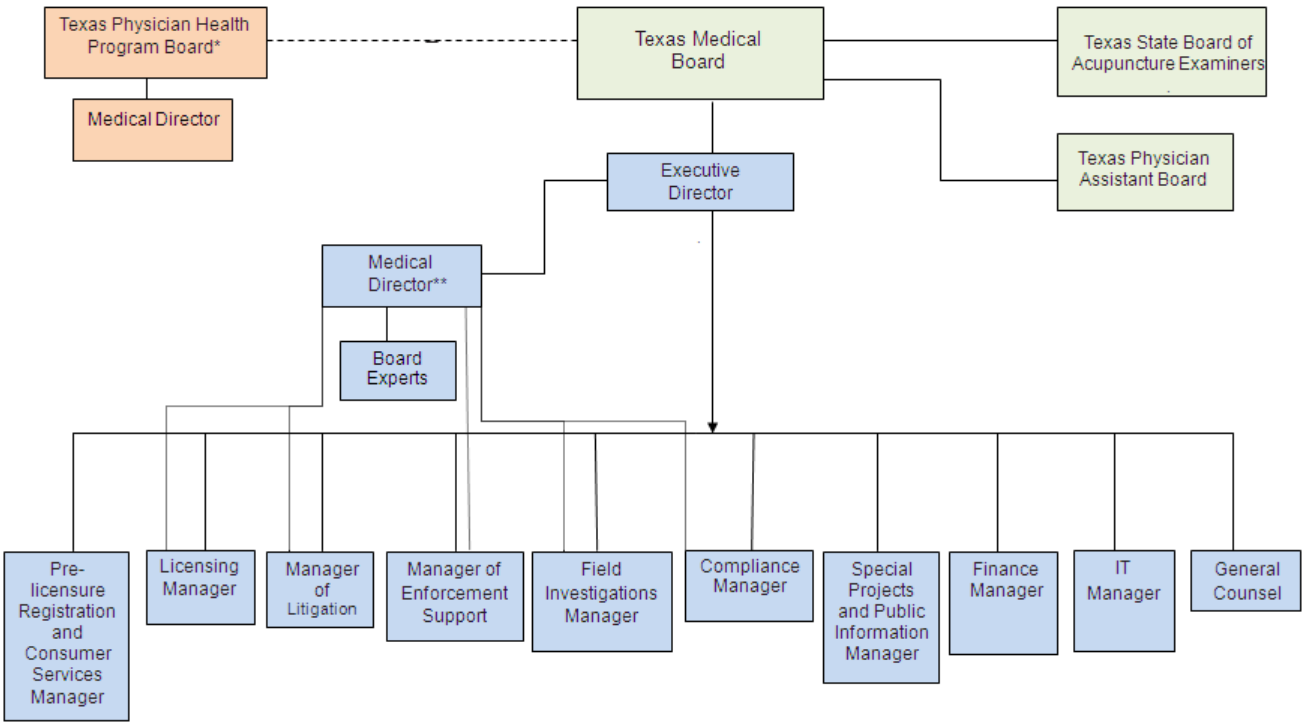
    - ongoing policy discussions of the agency's board and committees;
    - participation in interstate dialogue through national organizations;
    - input of stakeholder workgroups and dialogue with professional organizations;
    - legislative interim committee charges and enacted legislation.

- A drafting team assembled information, reviewed changes in requirements, and consulted with management. Each element was reviewed, refined, and assembled into a draft. Specific assistance was provided by the agency's HR staff, Finance staff, and Special Projects staff.

- Draft copies were provided to the Texas Medical Board's Executive Committee and the full board for comment and further direction prior to final submission.

APPENDIX B: CURRENT ORGANIZATIONAL CHART

Texas Medical Board Organizational Chart



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

** The Medical Director has quality oversight on standard of care issues within these departments.

APPENDIX C: FIVE-YEAR PROJECTIONS FOR OUTCOMES

(Bolded italicized text signifies current key measure)

	Licensure	2013	2014	2015	2016	2017
1	***Percent of licensees who renew online – Physician***	***95%***	97%	97%	97%	97%
2	***Percent of licensees who renew online - Physician Assistant***	***87%***	90%	90%	92%	92%
	Enforcement					
3	***Percent of complaints resulting in disciplinary action – Physician***	***9%***	9%	9%	9%	9%
4	***Percent of complaints resulting in disciplinary action – Acupuncture***	***9%***	9%	9%	9%	9%
5	***Percent of complaints resulting in disciplinary action - Physician Assistant***	***9%***	9%	9%	9%	9%
6	***Percent of complaints resulting in disciplinary action - Surgical Assistant***	***9%***	9%	9%	9%	9%
7	Percent of complaints resulting in remedial action – Physician	9%	9%	9%	9%	9%
8	Percent of complaints resulting in remedial action – Acupuncture	9%	9%	9%	9%	9%
9	Percent of complaints resulting in remedial action - Physician Assistant	9%	9%	9%	9%	9%
10	Percent of complaints resulting in remedial action - Surgical Assistant	9%	9%	9%	9%	9%
11	Percent of licensees with no recent violations - Physician	99%	99%	99%	99%	99%
12	Percent of licensees with no recent violations – Acupuncture	99%	99%	99%	99%	99%
13	Percent of licensees with no recent violations- Physician Assistant	99%	99%	99%	99%	99%
14	Percent of licensees with no recent violations- Surgical Assistant	99%	99%	99%	99%	99%
15	Recidivism rate for those receiving disciplinary action – Physician	10%	8%	8%	8%	8%
16	Recidivism rate for those receiving disciplinary action – Acupuncture	10%	8%	8%	8%	8%
17	Recidivism rate for those receiving disciplinary action - Physician Assistant	10%	8%	8%	8%	8%

	Enforcement (con't)					
18	Recidivism rate for those receiving disciplinary action - Surgical Assistant	10%	8%	8%	8%	8%
19	Percent of documented complaints resolved within six months - Physician	35%	35%	35%	35%	35%
20	Percent of documented complaints resolved within six months - Acupuncture	35%	35%	35%	35%	35%
21	Percent of documented complaints resolved within six months - Physician Assistant	35%	35%	35%	35%	35%
22	Percent of documented complaints resolved within six months - Surgical Assistant	35%	35%	35%	35%	35%

APPENDIX D: PERFORMANCE MEASURE DEFINITIONS FOR FY 14-15

A. Goal: LICENSURE

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

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

Outcome Measure 1	**Percent of Licensees Who Renew Online: Physician (Key)**
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. The result should be multiplied by 100 to achieve a percentage.
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

Outcome Measure 2	**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. The result should be multiplied by 100 to achieve a percentage.
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.

Licensing Output Measure 1	**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

Licensing Output Measure 2	**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

Licensing Output Measure 3	**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

Licensing Output Measure 4	**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

Licensing Output Measure 5	**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	No (This change listed on LBB approval list)
Desired Performance	Meets target

Licensing Output Measure 6	**Number of New Licenses Issued: Other Types**
Short Definition	Number 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 Performance	Meet the target

Licensing Output Measure 7	**Number of Licenses Renewed (Individuals): Physician (Key)**
Short Definition	The number of licensed individuals who held licenses previously and renewed their license during the current reporting period.
Purpose/Importance	Licensure renewal is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
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

Licensing Output Measure 8	**Number of Licenses Renewed (Individuals): Acupuncture (Key)**
Short Definition	The number of licensed acupuncturists who held licenses previously and renewed their license during the current reporting period.
Purpose/Importance	Licensure renewal is intended to ensure that persons who want to continue to practice in their respective profession satisfy current legal standards established by statute and rule for professional education and practice. This measure is intended to show the number of licenses that were issued during the reporting period to individuals who currently held a valid license.
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

Licensing Output Measure 9	**Number of Licenses Renewed (Individuals): Physician Assistant (Key)**
Short Definition	The number of licensed individuals who completed held licenses previously and renewed their license 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 licenses that were issued during the reporting period to individuals who currently held a valid license.

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

Licensing Output Measure 10	**Number of Licenses Renewed (Individuals): Surgical Assistant (Key)**
Short Definition	The number of licensed surgical assistants held licenses previously and renewed their license 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 license that were issued during the reporting period to individuals who currently held a valid license.
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

Licensing Output Measure 11	**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.

Licensing Efficiency Measure 1	**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	Non-cumulative
New Measure	No
Desired Performance	Lower than target.

Licensing Efficiency Measure 2	**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	No
Desired Performance	Lower than target

Licensing Efficiency Measure 3	**Average Number of Days for Individual License Issuance – Physician Assistant**
Short Definition	The average number of days to process a physician assistant license application for all individuals licensed during the reporting period.
Purpose/Importance	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
Source of Data	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL

	database.
Method of Calculation	The average number of days between the time in which a completed application is received until the date the license is issued, for all licenses issued during the reporting period. Time spent under a supervised temporary license, either six months or 12 months, is not counted as part of the application processing time.
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

Licensing Efficiency Measure 4	**Average Number of Days for Individual License Issuance – Surgical Assistant**
Short Definition	The average number of days to process a surgical assistant license application for all individuals licensed during the reporting period.
Purpose/Importance	A successful licensing structure must ensure that legal standards for professional education and practice are met prior to licensure. This measure is a primary workload indicator which is intended to show the time to process applications of persons who were documented to have successfully met all licensure criteria established by statute and rule as verified by the agency during the reporting period.
Source of Data	Data regarding the number of complaints, actions and license holders is collected by agency staff and stored electronically in the agency's SQL database.
Method of Calculation	The average number of days between the time in which a completed application is received until the date the license is issued, for all licenses issued during the reporting period.
Data Limitations	The agency has no control over the number of applicants who seek licensure.
Calculation Type	Cumulative
New Measure	No
Desired Performance	Lower than target.

Licensing Efficiency Measure 5	**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

Licensing Efficiency Measure 6	**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 (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

Licensing Efficiency Measure 7	**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 (physician assistant).
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

Licensing Efficiency Measure 8	**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

Licensing Explanatory Measure 1	**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

Licensing Explanatory Measure 2	**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

Licensing Explanatory Measure 3	**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

Licensing Explanatory Measure 4	**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

Licensing Explanatory Measure 5	**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	No (This change listed on LBB approval sheet)

Licensing Explanatory Measure 6	**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.

Enforcement Outcome Measure 1	**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

Enforcement Outcome Measure 2	**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

Enforcement Outcome Measure 3	**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

Enforcement Outcome Measure 4	**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

Enforcement Outcome Measure 5	**Percent of Complaints Resulting in Remedial Action: Physician (Key)**
Short Definition	Percent of complaints, which were resolved during the reporting period that, resulted in a remedial plan which is a corrective non-disciplinary action.
Purpose/Importance	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
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 remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
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 a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
Calculation Type	Non-cumulative
New Measure	Yes
Desired Performance	Meets target

Enforcement Outcome Measure 6	**Percent of Complaints Resulting in Remedial Action: Physician Assistant (Key)**
Short Definition	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
Purpose/Importance	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
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 remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
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 a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
Calculation Type	Non-cumulative
New Measure	Yes
Desired Performance	Meets target

Enforcement Outcome Measure 7	**Percent of Complaints Resulting in Remedial Action: Acupuncture (Key)**

Short Definition	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
Purpose/Importance	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
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 remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
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 a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.
Calculation Type	Non-cumulative
New Measure	Yes
Desired Performance	Meets target

Enforcement Outcome Measure 8	**Percent of Complaints Resulting in Remedial Action: Surgical Assistant (Key)**
Short Definition	Percent of complaints that were resolved during the reporting period that resulted in a remedial plan which is a corrective non-disciplinary action.
Purpose/Importance	The measure is intended to show the extent to which the agency exercises its authority to resolve complaints using non-disciplinary action in proportion to the number of complaints received. It is important that both the public and licensees have an expectation that the agency will work to ensure fair and effective enforcement of the act and this measure seeks to indicate agency responsiveness to this expectation.
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 remedial plans divided by the total number of documented (jurisdictional) complaints resolved during the reporting period.
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 a remedial plan (non-disciplinary action) versus a disciplinary action will be justified based upon jurisdiction and evidence.

Calculation Type	Non-cumulative
New Measure	Yes
Desired Performance	Meets target

Enforcement Outcome Measure 9	**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

Enforcement Outcome Measure 10	**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

Enforcement Outcome Measure 11	**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

Enforcement Outcome Measure 12	**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

Enforcement Outcome Measure 13	**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 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

Enforcement Outcome Measure 14	**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 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 C) 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

Enforcement Outcome Measure 15	**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 C) 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

Enforcement Outcome Measure 16	**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 (C?), 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

Enforcement Outcome Measure 17	**Percent of Licensees with No Recent Violations: Physician**
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 resulting number is then divided by the total number of individual physicians 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	Cumulative
New Measure	No
Desired Performance	Higher than target

Enforcement Outcome Measure 18	**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	Cumulative
New Measure	No
Desired Performance	Higher than target

Enforcement Outcome Measure 19	**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.
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	Cumulative
New Measure	No
Desired Performance	Higher than target

Enforcement Outcome Measure 20	**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	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.

Enforcement Output Measure 1	**Number of Complaints Resolved: Physician (Key)**
Short Definition	The total number of jurisdictional filed 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 jurisdictional filed complaints dismissed by the Medical Board and the number of jurisdictional filed complaints where the Medical Board enters an order or remedial plan.
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

Enforcement Output Measure 2	**Number of Complaints Resolved: Acupuncture (Key)**
Short Definition	The total number of jurisdictional filed 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 jurisdictional filed complaints dismissed by the Medical Board and the number of jurisdictional filed complaints where the Medical Board enters an order or remedial plan. Medical Board decision is preceded by a recommendation from the Acupuncture Board.
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

Enforcement Output Measure 3	**Number of Complaints Resolved: Physician Assistant (Key)**
Short Definition	The total number of jurisdictional filed 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 jurisdictional filed complaints dismissed by the Physician Assistant Board and the number of jurisdictional filed complaints where the Physician Assistant Board enters an order or remedial plan.
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

Enforcement Output Measure 4	**Number of Complaints Resolved: Surgical Assistant (Key)**
Short Definition	The total number of jurisdictional filed 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 jurisdictional filed complaints dismissed by the Medical Board and the number of jurisdictional filed complaints where the Medical Board enters an order or remedial plan.
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

Enforcement Efficiency Measure 1	**Average Time for Complaint Resolution: Physician (Key)**
Short Definition	The average length of time to resolve a jurisdictional filed complaint for all complaints resolved within the reporting period.
Purpose/Importance	The measure shows the agency's efficiency in resolving jurisdictional filed 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 jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
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

Enforcement Efficiency Measure 2	**Average Time for Complaint Resolution: Acupuncture**
Short Definition	The average length of time to resolve a jurisdictional complaint, for all complaints resolved during the reporting period.
Purpose/Importance	The measure shows the agency's efficiency in resolving jurisdictional filed 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 jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
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

Enforcement Efficiency Measure 3	**Average Time for Complaint Resolution: Physician Assistant**
Short Definition	The average length of time to resolve a jurisdictional filed complaint, for all complaints resolved during the reporting period.
Purpose/Importance	The measure shows the agency's efficiency in resolving jurisdictional filed 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 jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of

	jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
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

Enforcement Efficiency Measure 4	**Average Time for Complaint Resolution: Surgical Assistant**
Short Definition	The average length of time to resolve a jurisdictional filed complaint, for all complaints resolved during the reporting period.
Purpose/Importance	The measure shows the agency's efficiency in resolving jurisdictional filed 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 jurisdictional complaint was filed and the date the complaint was resolved for all resolved jurisdictional filed complaints divided by the number of jurisdictional filed complaints resolved. This calculation excludes complaints determined to be non-jurisdictional and jurisdictional-not-filed.
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

Enforcement Explanatory Measure 1	**Jurisdictional Complaints Received and Filed: Physician (Key)**
Short Definition	The total number of jurisdictional 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 filed 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 jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
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

Enforcement Explanatory Measure 2	**Jurisdictional Complaints Received and Filed: Acupuncture (Key)**
Short Definition	The total number of jurisdictional 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 filed 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 jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
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

Enforcement Explanatory Measure 3	**Jurisdictional Complaints Received and Filed: Physician Assistant (Key)**
Short Definition	The total number of jurisdictional 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 filed 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 jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
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

Enforcement Explanatory Measure 4	**Jurisdictional Complaints Received and Filed: Surgical Assistant (Key)**
Short Definition	The total number of jurisdictional 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 filed 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 jurisdictional complaints filed that are within the Board's jurisdiction of statutory responsibility. There will be an independent calculation for complaints which are jurisdictional and filed by the board, as well as a calculation for jurisdictional complaints which are not filed by the board (jurisdictional-not-filed or JNF).
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.

Public Information & Education Output Measure 1	**Number of Publications Distributed**
Short Definition	Number of published documents that are distributed to licenses 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

I. AGENCY OVERVIEW

Vision and Mission

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

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

Goals, Objectives and Strategies

A: Goal: Licensure

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

Objective

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

B: Goal: Enforce Acts

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

Objective

- To ensure 100 percent timely due process of all enforcement cases and to respond to all complaints in order to protect the public.
    - Strategy – Conduct competent, fair, and timely investigation; ensure due process for respondents; monitor the resolution of complaints; maintain adequate monitoring of all probationers in a timely fashion and contact consumer complainants in a timely and regular manner.
    - Strategy – Protect Texas citizens by identifying potentially impaired physicians, physician assistants, acupuncturists and surgical assistants; directing these practitioners to evaluation and/or treatment, and monitoring the participants in recovery.
    - Strategy – Improve public awareness by providing information and educational programs to educate the public and licensees regarding the agency's functions, services and responsibilities.

Agency Functions

TMB currently regulates approximately 75,000 physicians; 5,800 physician assistants; 1,000 acupuncturists; and 310 surgical assistants, in addition to other types of licenses, permits, and registrations. Although TMB provides direct services to these licensees, the agency's primary responsibility is to protect the public by assuring professional standards and accountability of those who provide care to Texas patients.

This presents the TMB with a unique challenge to regulate thousands of licensees and investigate thousands of alleged violations of these medical professions in a large and populous state with a budgeted staff of only 165 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 added one strategy for the FY 2012-2013 biennium for the new Physician Health Program which was created by SB 292 in the 81st Legislature and is administratively attached to TMB. For the FY 2012-2013 biennium, a total of seven FTEs are allocated to this program.

TMB's Organization and Structure

The executive director of the agency is appointed by the Medical Board and serves at the pleasure of the board as the chief executive and administrative officer of the agency. The agency is organized by function, rather than by license type, to increase the efficiency of operations. The executive director oversees the agency's medical director as well as all of the agency's divisions and departments: General Counsel's Office, Licensure Division, Enforcement Division, 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 2012, TMB is authorized 165 FTEs, but has 152 actual FTEs as of May 31, 2012. Of the 165 authorized FTEs, seven FTEs are allocated to the Physician Health Program.

General Demographics

The TMB workforce had the following composition in FY 2010:

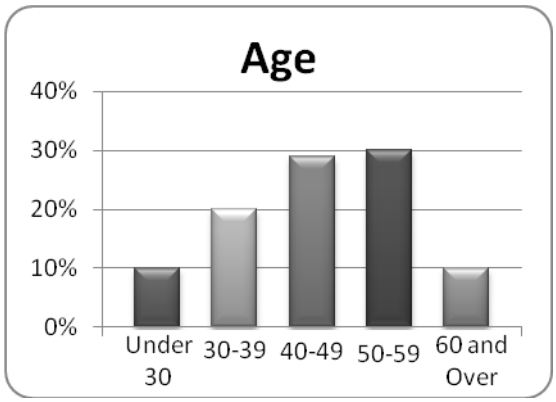
- TMB has a mature workforce. The average age of TMB's employees is 45.9 years. Approximately 69 percent of staff is age of 40 or older compared to 63 percent of the state's workforce. The lowest percentage of TMB's employees is under age 30.

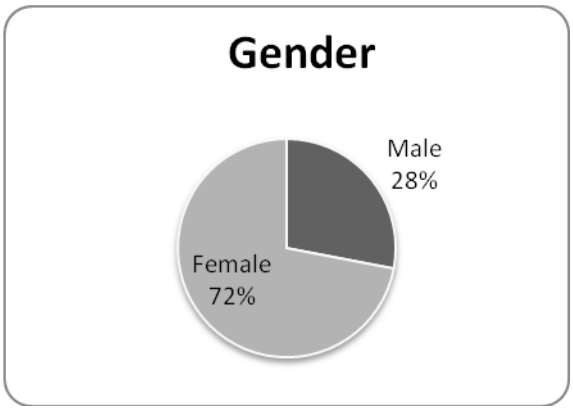
- The percentage in TMB's female workforce has decreased slightly, from 76 percent in FY 2008 to 72 percent in FY 2010. The state's workforce is more evenly split between men (44%) and women (56%).

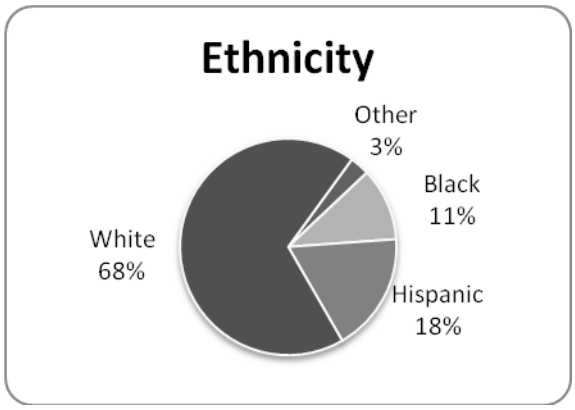
- Approximately 32 percent of TMB's workforce is comprised of ethnic minorities, which is less than the state percentage of 48 percent

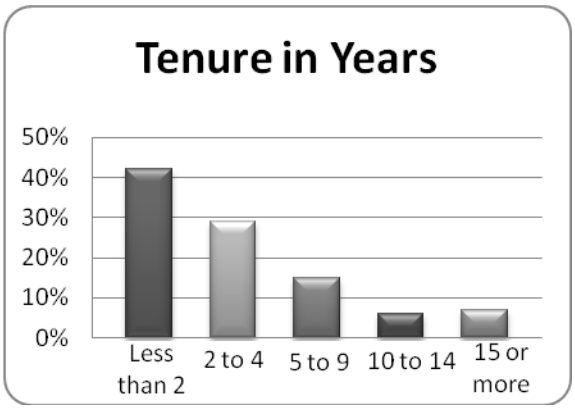
- Approximately 58 percent of TMB employees have been with the agency longer than two years, while 28 percent of TMB employees have been with the agency for more than five years.

TMB Demographic Charts





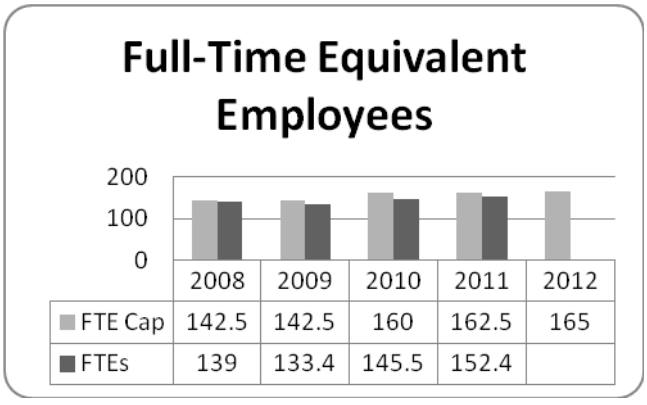




Current Staffing Levels

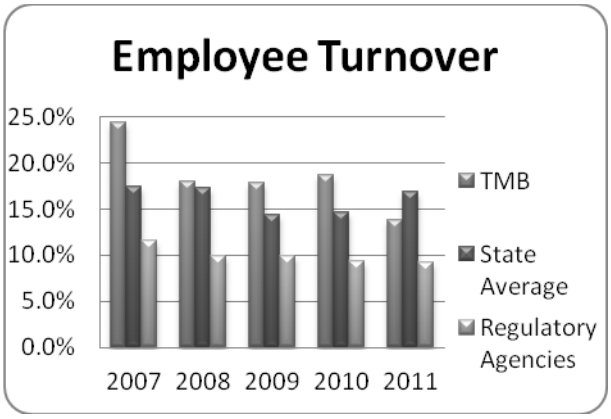
The TMB's FTE cap has increased since FY 2009 with an increase of 18.5 in FY 2010 and 20 in FY 2011 and an additional increase of 2.5 in FY 2012. These increases bring TMB's current cap to 165 FTEs in FY 2012 and FY 2013. Of these, seven FTEs are designated for the Physician Health Program (PHP).

The majority of the FTE increases for FY 2010-2011 were granted in order to assist with the agency's enforcement workload caused by an increase in complaints over prior years. The increase for FY 2012-2013 were granted to allow the PHP to meet its increasing caseload and for TMB to implement a new annual reporting requirement for entities jointly owned by physicians and physician assistants.



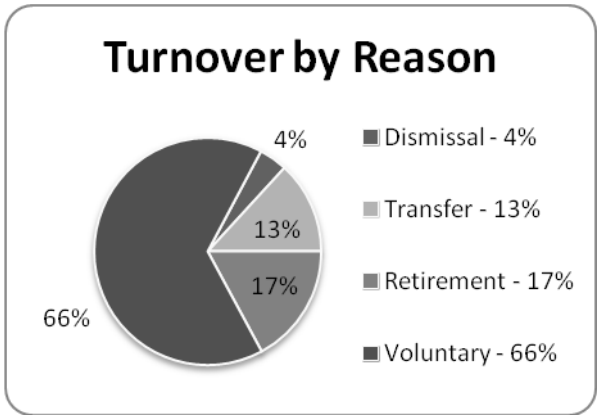
Employee Turnover and Exit Interview Information

The TMB employee turnover rate for FY 2011 was 13.8 percent, which is trending down from 18.7 percent in FY 2010 and a 17.8 percent in FY 2009. TMB's turnover has dropped below the average state turnover rate of 16.8 percent in FY 2011; the state turnover rate is the highest it has been since 2008. However, TMB's turnover rate is higher than the 9.2 percent turnover rate for regulatory agencies.



In FY 2009, 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 81st Legislature to address employee merit pay likely helped retain staff.

Employees responding to exit interviews in FY 2011 listed a variety of reasons for their choice of voluntarily terminating their employment with TMB. In addition to retirement, employees listed: entering or returning to school, relocation, better pay and benefits, self-employment, inadequate training, limited career opportunities, and location or transportation issues. However, the most common response to what exiting employees would like to see changed at the agency was compensation and benefits.



Projected Turnover Rate over the Next Five Years

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

Percentage of Workforce Eligible to Retire

Based on 2010 data, Employees Retirement System estimates between FY 2010 and FY 2013, 10.9 percent of the agency's workforce will be eligible to retire. TMB estimates that approximately 19 percent of its workforce will be eligible to retire in the next five years.

Workforce Skills Critical to TMB's Mission and Goals

TMB is a complex regulatory agency requiring a variety of critical workforce skills and credentials in order to perform the core business functions. Based on the agency's mission and goals, the following identify the agency's critical workforce skills and credentials for the agency

to successfully administer and provide service to our stockholders, public, legislators, and other interested parties:

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

Technology Skills:

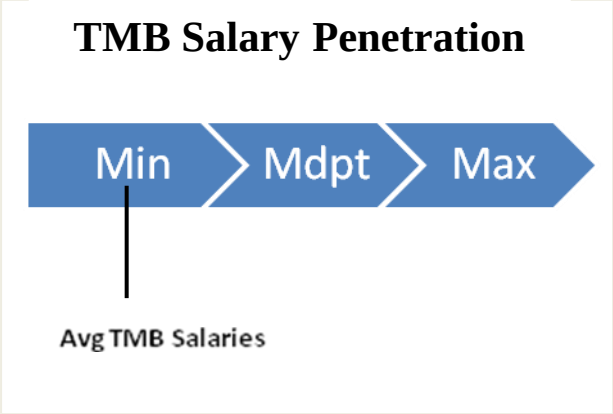
All employees must be minimally proficient in various technologies as it relates to the job function. TMB is moving to paperless functions and this means that all employees will need to be proficient with Microsoft Office, the agency's imaging program, web-based services and record retention technology.

Customer Service:

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

Salary Levels

Due to overall budgetary constraints and the previous biennium's required budget reductions, TMB has hired new employees at the minimum of the salary range for their positions. Between FY 2006 and FY 2010, the average agency salary has increased 7.7 percent. The majority of these increases were due to the reclassification of staff positions and salaries in FY 2009. Currently, approximately 97.2 percent of all employees are paid below the midpoint of their salary group. The current budget constraints also limit TMB's ability to provide salary increases for performance or even one-time merit increases.



III. FUTURE WORKFORCE PROFILE

Expected Workforce Changes

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

Future Workforce Skills Needed

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

- Expert Program/Regulatory Knowledge
- Policy and Rules Development/Making
- Independent Judgment
- Customer Service
- Data Collection and Data Analysis
- Advanced Computer Skills
- Investigation
- Influencing and Negotiation Skills
- Oral Presentation and Facilitation Skills
- Research/Writing/Editing Skills
- Critical Decision Making Skills
- Team Building and Motivation
- Staff Development and Mentoring
- Mediation/Conflict Resolution

- Detailed Oriented
- Financial and Budget Management
- Interpersonal Relationships
- Personal Responsibility
- Legislative Process
- Communication Skills

Anticipated Changes in the Number of Employees Needed

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

IV. WORKFORCE & GAP ANALYSIS

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

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

TMB continues to experienced difficulty in recruiting professional employees, particularly in the positions that require IT or medical expertise. This situation has slightly 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 2009. 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.

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

- Promoting state benefits
- Providing telecommuting opportunities

- When funds permit, hiring above the minimum salary and awarding One-Time and Merit Increases
- Providing in-house promotional opportunities for current employees
- Providing flexible work schedules for positions that allow flexibility
- Educational reimbursement opportunities
- Professional development opportunities
- Recognition Programs
- Outstanding Performance Leave Awards
- Teambuilding activities
- Expanding the size and diversity of the applicant pool by broadening the sites where jobs are posted.

Strategy 2 - Career Development Programs

All managers are responsible for planning the development needs for their employees. The Human Resources Department will work with each individual manager and employees to create development plans based on the required knowledge and skills. The Human Resources Department will conduct some research on cost efficient web-based learning system tools to assist management in the development of employees' work skills.

Strategy 3 - Leadership Development and Replacement

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

- Identify pivotal positions across the agency that are critical to the mission and goals of the agency to include in the succession plan
- Develop methods for preparing and developing employees for advancement
- Develop processes and methods to transfer institutional knowledge
- Create a management development program for first-line and senior staff. Develop a business plan necessary to prepare key potential employees to prepare them to be replacements in critical positions across the agency

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

APPENDIX F: 2012 SURVEY OF EMPLOYEE ENGAGEMENT

Survey

The Institute of Organizational Excellence part of UT Austin's School of Social Work, administered the Survey of Employee Engagement to Texas Medical Board (TMB) employees in March 2012 and provided the results in May 2012.

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

The survey uses 71 standard questions to provide information about the agency in two broad categories – 1) Workplace Dimensions and 2) Climate.

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

Table 1: Workplace Dimensions & Constructs

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

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

Results

The survey was distributed to TMB's 148 employees, of which 116 employees, or 78.4 percent, responded. TMB's response rate is considered high because response rates higher than 50 percent indicates a strong level of participation.

Agencies overall scores typically fall between 325 and 375. TMB's overall score was **351**, slightly above the middle of the typical range.

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

positively, with scores below 325 indicating an area should be a significant source of concern for the organization.

- ***TMB Strengths***

TMB's strengths include ***two constructs considered substantial strengths*** and one construct that falls just below the cutoff score of 375.

External Communication, Score: 381, looks at how information flows into and out of the organization and the organization's ability to synthesize and apply external information to the work performed by the organization. High scores indicate employees view their organization as communicating effectively. External Communication also ranked as a substantial strength in 2010.

Strategic, Score: 379, reflects employees' thinking about how the organization responds to external influences that pay a role in defining the organization's vision, mission, services, and products. High scores indicate employees view the organization as able to quickly relate its mission and goals to environmental changes and demands. Strategic also ranked as a substantial strength in 2010.

Physical Environment, Score: 374, captures employees' perceptions of the total work atmosphere and the degree to which they believe it is a "safe" working environment. Physical Environment at 374 is just shy of being a substantial strength for the TMB as a score of 375 is the cutoff for classifying a construct is a substantial strength.

- ***Areas of Concern***

TMB areas of concern include two constructs that fell below the cutoff score of 325.

Pay, Score: 207, addresses perceptions of the overall compensation package offered by the organization, describing how well the package "holds up" when employees compare it to similar jobs in other organizations. The score for pay was below 325 statewide, for all agencies of similar size, and for all state agencies with a similar mission.

TMB employees recognize that the agency has limited control over the overall compensation package as all state employees are subject to the classification schedule and access the same benefits options.

Employee Development, Score: 320, assesses the priority given to employees' personal and job growth needs providing insight into how the organization views its human resources. Although Employee Development was also an area of concern in 2010, its score increased from 314 to 320.

Climate Analysis

Each area within climate is scored individually. ***Atmosphere and ethics scored above 375 indicating they are areas of substantial strengths.*** Feedback scored at 325, indicating it is on the borderline of being an area of concern. However, the Feedback score increased from 318 in 2010 to 325 in 2012.

Management Plan

With 116 of 148 employees participating in the survey, management is pleased with the participation and employees have seen the value in the process.

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

APPENDIX G: HISTORICALLY UNDERUTILIZED BUSINESS PLAN

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

- be at least 51% owned by an Asian Pacific American, Black American, Hispanic American, Native American 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.

Use of Historically Underutilized Businesses

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

HUB Participation

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

HUB Outreach

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

HUB Goal

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

HUB Objective

To make a good faith effort to increase utilization of historically underutilized businesses. The TMB strives to meet the statewide HUB goals as established by the Comptroller of Public Accounts (CPA) and has implemented policies to ensure that contracts are awarded to HUB vendors who provide the best value and are the most cost-efficient to the agency. These goals include 20% for professional services contracts, 33% for all other service contracts and 12.6% for commodities contracts. The TMB is committed to reach its goal of purchasing from Historically Underutilized business (HUBs). TMB is continually striving to increase procurements with HUB vendors and will continue to explore new opportunities whenever possible.

HUB Strategy

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

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