

August 2002

**STATE OF NEW MEXICO
BOARD OF MEDICAL EXAMINERS**

**STRATEGIC PLAN
FY2003 TO FY2008**

EXECUTIVE SUMMARY

The New Mexico Board of Medical Examiners (NMBME) consists of eight board members appointed by the Governor and an authorized staff of ten FTEs. Because NMBME is a small agency, all staff members are included in the strategic planning process. Planning is incorporated into regular staff meetings and an annual staff retreat. For the first time, members of the Board held a planning retreat in May 2002, agreeing on their vision to be proactive, educational, and collaborative advocates for physicians in New Mexico.

The process for FY04 is a continuation of the process initiated in FY02, with the addition of goals developed by members of the board as they relate to staff activities. The agency vision and mission statements were developed in December 2000 at a staff retreat. The planning process is continuing with review and revision of last year's SWOT, and brainstorming about where the agency should be in five years.

INTERNAL AND EXTERNAL ASSESSMENTS

Situational Inventory: NMBME is staffed with motivated and talented employees who are limited by non-functional software packages for licensing and enforcement. The agency has state of the art hardware and LAN. An Access-based licensing system was installed in early 2002, but we continue to experience significant programming problems. These problems will be resolved with the lease of new licensing software.

The agency is new to the process of strategic planning and measuring performance. Only in the past two years have staff and board members been actively involved in the planning process. Through the agency's participation in Quality New Mexico and work with the Performance Based Budget requirements, staff members are gaining a new perspective and appreciation for the planning process. The process is time consuming and with no "trainer" or other expert available on-staff, we have spent many hours evaluating and reviewing how we operate and how we want to operate more strategically. The Budget Request includes funding for a Deputy Director who will serve as a leader for our planning process.

During the past year NMBME has demonstrated a willingness to participate, and often to lead, in discussions related to meaningful policy changes related to pain management and expedited licensing. Additionally, as written work processes are developed we are able to identify methods to insure consistency in the application of rules or policies and to streamline them.

Environmental Scan: In addition to the continuing national focus on healthcare regulation, several initiatives within the State have impacted Board operations.

In 2001, Senate Memorial 22 directed the Board, along with the Health Policy Commission, to review the Pain Relief Act and those regulations addressing the management of pain by health professionals. Two staff members and at least one board member attended all SM22 Task Force and committee meetings, demonstrating a willingness to review and modify existing guidelines and procedures. A new rule has been developed to address the issue of chronic pain management by physicians, as well as proposed changes to the Medical Practice Act to make it clear that under treatment of pain is a violation.

HJM 61 directed the Health Policy Commission, in collaboration with other agencies, to “conduct a study and provide findings and recommendations to streamline and standardize the licensing and credentialing of health care providers.” This is one of the most important long-range tasks related to licensing because so many different agencies (private and government) need access to much of the same information on health care practitioners. Because there is no coordination a physician can be expected to spend a great deal of their valuable time completing redundant forms. Several tools for streamlining licensing and credentialing are being embraced by BME, however this is a project that needs to continue with the various agencies working together to develop improvements.

Psychologists were given the authority to prescribe psychotropic drugs by HB 170, enacted in 2002. This legislation requires the Board of Psychologist Examiners and the Board of Medical Examiners to collaborate regarding the development of the requirements for prescriptive authority to include required training, physician oversight, and testing.

The Board of Medical Examiners also continues to work with the Board of Nursing and the Board of Pharmacy regarding the implementation of prescriptive authority granted to Certified Registered Nurse Anesthetists and Pharmacists granted over the past two years.

The availability of new technology continues to put pressure on regulatory agencies to improve responsiveness to customer needs while keeping costs low. This technology includes e-commerce, expanded automation of licensing and enforcement activities, total integration of licensing and enforcement activities into a single system, increased security over all records, remote access, integrated document management and electronic exchange of information.

Anticipation or Foresight: While the Board is positioning to deal effectively with the ever-changing healthcare environment, they have been careful not to “over-regulate.” As they begin participating in the planning process we anticipate increased focus on strategic issues. Both staff and board members actively monitor the regulatory environment through attendance at state and national meetings. A Physician Assistant Advisory Committee member is very active nationally, serving as president-elect of the US PHS Primary Care Policy Fellowship and a member of the DHHS Advisory Committee on Training in Primary Care Medicine and Dentistry.

The Board has adopted rules to allow for simplified licensing of physicians who practice telemedicine. New Mexico is one of only a very few states to adopt a special license for physicians who work in another state to provide care to patients located in New Mexico, usually this care is the reading of pathology reports or x-rays. As of August 20, 2002, eight Telemedicine licenses have been issued.

The national trend toward physician profiling is still an issue in many states. NMBME has taken a proactive approach and is starting to include disciplinary actions, as well as basic contact, licensing, specialty and education information available.

The physician shortage is another issue that will continue to impact New Mexico and the NMBME. The Board is continuing to work with the medical and credentialing communities to facilitate the entry of physicians and physician assistants into the state through expedited licensing processes. The Board Secretary, C. Grant La Farge, M.D.,

is an active participant on a Task Force on Physician Retention and Recruitment, sponsored by the Greater Albuquerque Medical Association (GAMA).

Benchmarking: The agency has started to develop benchmarks with other agencies for license processing times. In a request to all US medical boards only several responses were received. In Colorado it takes four to six weeks and in Maine it takes about 105 days. Apparently a survey was done several years ago showing an average time of 11.6 weeks. In New Mexico the average is 187 days, but the data is not accurate because it measures from the time the application was received until the interim license was issued. The interim license is dependent on the personal interview and often applicants are in no hurry to schedule the interview. The range of days for the interview was as high as 514, with many interviews taking more than 100 days to schedule. We can almost always find interview time within 30 days. We are changing the way this data is tracked, but that is what we have from FY02.

The other benchmarking that is available relates to a ranking of serious disciplinary action compiled by the Public Citizen's Health Research Group and another ranking by the Federation of State Medical Boards (FSMB). Based on actions taken in 2001, New Mexico was ranked #30 by both organizations, tied with Texas and North Carolina. Based on the number of actions taken already in 2002 the ranking should be somewhat higher for this calendar year.

AGENCY MISSION STATEMENT AND OVERVIEW

The NMBME is the state agency responsible for the regulation and licensing of physicians (M.D.), physician assistants, and anesthesiologist assistants. It is an executive agency supported solely by self-generated fees. It is one of five independent licensing agencies that exist outside the Regulation and Licensing Department (RLD). The licensing board for Osteopathic Physicians is part of RLD.

The main services provided by the agency include the *licensing* of qualified applicants, *enforcement* through the investigation of complaints against license holders with the subsequent *discipline* of those found to be in violation, promoting the *rehabilitation* of impaired physicians/physician assistants, and *providing information* to interested consumers. These services are delivered most frequently in writing, but also by telephone, in person, and through the agency website.

The Board consists of eight individuals, appointed by the Governor: six physicians and two members representing the public. The board meets quarterly (or more frequently as needed) and makes policy decisions about licensing and discipline. Staff members use established policies, guidelines, and guidance from the Board to perform required tasks.

The mission of the agency is to promote excellence in the practice of medicine through licensing, discipline, and rehabilitation. Our vision is "quality physicians and physician assistants in every needed area of the State."

Agency values, at this point in our strategic development, center around three areas:

1. Our employees are most important. We value our employees and support them. We trust them to do their jobs to the best of their ability, and to give high quality service to our customers: physicians and consumers. We all share a common purpose and we support each other as a team.

2. We value our customers. It is the job of each employee to serve our customers with integrity and respect. We will do everything we can to serve our customers and to make the licensing or complaint process as efficient and effective as possible. Our aim is to exceed all expectations.

3. We will be honest in our dealings with each other and our customers. We will foster an environment where accurate information is shared willingly and openly. Our interactions with customers will always be based on the statute and rules that govern the practice of medicine in New Mexico.

The Medical Practice Act (Section 61-6-1 NMSA 1978) specifically defines the purpose of the board:

In the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine, it is necessary to provide laws and regulations controlling the granting and use of the privilege to practice medicine and to establish a Board of Medical Examiners to implement and enforce those laws and regulations.

The primary duties and obligations of the board of medical examiners are to issue licenses to qualified physicians, to register qualified physician assistants, to discipline incompetent or unprofessional physicians or physician assistants and to aid in the rehabilitation of impaired physicians and physician assistants for the purpose of protecting the public.

Our key customers are applicants for licenses, current license holders, individuals requesting license reinstatement, patients, insurance companies, hospitals, clinics, attorneys, and other boards and agencies.

AGENCY PROGRAM:

The purpose of the Licensing and Compliance Program is to provide regulation and licensure to medical doctors, physician assistants, and anesthesiologist assistants, to ensure competent and ethical medical care to consumers.

Program activities include the following:

- ✓ Licensing of qualified applicants,
- ✓ Enforcement of statutory requirements (statutory compliance), through consistent investigation
- ✓ Timely and appropriate adjudication of complaints against licensees,
- ✓ Aid in the rehabilitation of impaired practitioners,
- ✓ Public awareness and consumer protection.

Agency Goals:

- **Streamline licensing and enforcement processes**
- **Develop a coordinated training effort for staff and board members**
- **Improve outreach to consumers**

- **Develop processes to identify work data that aids in statewide health planning initiatives**

ACTIVITY: *Licensing of qualified applicants* (includes periodic re-licensure)

Goal: Continuous improvement of licensing process to assure applicants for licensure or re-licensure are qualified and issued expeditiously.

Objectives:

- Upgrade licensing software to provide additional information. Contract for Project Manager is pending in preparation for developing RFP.
- Continually improve our ability to obtain background information on applicants.
 - Statutory changes will be requested in 2003 to allow for NCIC background checks on applicants. Building on the experience of the Board of Nursing we will not make the checks mandatory prior to licensing, but will gain authority to perform checks and develop an implementation plan.
 - Explore potential of using DPS checks on in-state applicants and a percentage of in-state renewals to identify felony arrests or DWIs.
- Develop strategies to improve the processing time for initial licensure and license renewal.
 - In FY02 the rules were changed to allow applicants to apply directly to NMBME instead of using the Federation Credential Verification Service (FCVS) because the processing time at FCVS averaged 79 days. When FCVS completed processing of the application there were further requirements that had to be met before a license could be issued, including the personal interview. Beginning in May, applicants are allowed to apply directly to the Board and the processing time appears, using limited data, to be quicker.
 - Another strategy will initiate use of the Statewide Application form. This form is currently used for most third-party payers and hospitals in the State. If a physician can use the same application form for licensing and credentialing purposes it will make the entire process quicker and easier.
 - Another initiative is to accept credential verification not only from FCVS and the applicant, but also from HSC, a certified credential verification organization that provides services to many of the hospitals and health plans in New Mexico.
- Improve forms and standardize process for license reinstatement.
- Develop revised rules for initial licensure. The Board made several important changes to the rules in FY02, but is now considering a revised “licensing by credential” (or endorsement) rule. The objective of licensing by credentials or endorsement is to allow physicians with a clean record who are licensed and have been practicing in another state to apply in NM with a minimum of documentation, similar to the Telemedicine regulations. However, there are numerous concerns that must be addressed to assure public protection.
- Improve information available on website so applicants can apply and monitor status of application online.
- Develop method and software to allow for electronic renewals, and in the long run, online applications.

- Provide photo identification for licensees
- Explore possibility of lock box renewals through state fiscal agent.

Measures:

- Number of new and renewal licenses issued, by type.
- Number of days from the receipt of a completed application (including all required documentation) until an interim license is issued.

Achievements:

- Transitioned licensure database from DOS-based system to Windows environment. While this was completed in January 2002, the agency is still experiencing significant programming problems that will be resolved by new software.
- Telemedicine licensing has been implemented.
- All initial application and renewal forms are available on the website.
- Continuing education credit is given for attendance at license orientation.
- Continuing education period was revised to be consistent with licensing period.
- All original licensing documents have been archived to assure protection of original, irreplaceable documents.

ACTIVITY: *Timely and appropriate adjudication of complaints against licensees*

Goal: Maintain and improve the complaint and disciplinary processes to identify and sanction practitioners who are incompetent, unprofessional, or in violation of statutory or regulatory requirements.

Objectives:

- Develop strategies to improve the identification and investigation of incompetent or unprofessional providers.
- Improve the timeliness of complaint investigation
- Improve the complaint/investigation database
- Promote additional staff training
- Develop “sentencing guidelines” linking potential violations with potential sanctions.
- Compile baseline data from actions over the past ten years.
- Develop mechanism for mediation between complainants and physicians.

Measures:

- Average length of time for complaint resolution, from date of receipt to date of closure or final action
- Percent of disciplinary actions resolved within 12 months.
- Number of disciplinary actions.

Achievements:

- All completed cases have been transferred from a leased storage unit to State Archives.

ACTIVITY: *aid in the rehabilitation of impaired practitioners*

Goal: Continuously improve the process for identification and monitoring of licensees who may be impaired by reasons of mental illness, physical illness, or the habitual or excessive use or abuse of drugs or alcohol.

Objectives:

- Develop strategies to improve the process of identifying practitioners who have a substance abuse problem.
- Promote additional training of staff and board members on issues related to the identification and rehabilitation of impaired practitioners.
- Develop guidelines for sanctions related to various impairments.
- Compile baseline data from previous ten years.

Measures:

- Number of participants in Monitored Treatment Program.
- Percent of participants who relapse.

Achievements:

- Provide continued funding for independent medical examinations of practitioners identified as possibly impaired.

ACTIVITY: *Public awareness and consumer protection*

Goal: Fulfill the Board's primary purpose to protect the public by continuing to improve the quality, quantity, and distribution of available information.

Objectives:

- Develop a "marketing plan" to assist the agency with outreach to customers and stakeholders.
- Identify "best practices" used by other agencies to provide excellent customer service.
- Provide accurate and timely information on the Internet.
- Provide the most frequently requested information in Spanish as well as English.
- Expeditiously respond to requests for information, including verbal license verification.
- Use paperless technology to more efficiently provide requested information
- Develop strategies for automation of application and complaint processes.

Measures:

- Number of written license verifications.
- Number of "hits" on Physician Locator portion of Board website.

Achievements:

- August 2002 Board meeting was paperless with each board member accessing all meeting information from a laptop computer.

ACTIVITY: *Enforcement of statutory requirements.*

Goal: Continuous improvement of enforcement process to assure our customers are aware of the requirements and reported violations are handled thoroughly and expeditiously.

Objectives:

- Develop strategies to notify in-state health facilities when the Board takes action against a licensee.
- Assure all actions are appropriately and expeditiously reported to the AMA, NPDB, HIPDB, FSMB, HHS, and Medicaid.

- Obtain new enforcement software to integrate with licensing software and incorporate monitoring of probation and other actions
- Continue to use the newsletter to notify licensees of statutory requirements and regulation changes.
- Improve website to allow tracking of use by category of information.
- Develop strategies to improve communication with BON and BOP
- Develop policies on significant issues impacting medical practice.

Achievements:

- Board approved the addition of all formal actions on the website linked directly to the physician at the May meeting. Agency staff is still in the process of transitioning the documents to PDF.

GOAL: *Provide stable and enjoyable working environment for Agency staff*

Objectives:

- Encourage creative thinking to improve processes and service delivery.
- Recognize and reward employee achievement.
- Promote open communications and teamwork.
- Promote training and educational opportunities by developing a coordinated and focused process.
- Develop strategies for improved cross training.
- Develop and promote increased teamwork through directed team building activities led by professional trainers.

Achievements:

- Agency staff has completed training in network support and is able to provide all routine support services.
- Agency has purchased AFRAS program to use in the preparation of financial documents and budget tracking as a supplement to services provided by the Central Accounting System.
- Work processes have been developed for all major tasks. They are still in draft format but are approaching final review.
- Complete revision of agency HR policies has been started and will be complete by the end of FY03.