

Agency Summary

BOARD OF OSTEOPATHIC EXAMINERS

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ARS 32-1800 et seq

**Mission:**

*To protect the public health and safety of people in the State of Arizona through the regulation of physicians licensed to practice osteopathic medicine and surgery in the State.*

**Description:**

The Board of Osteopathic Examiners licenses and regulates osteopathic physicians in the State of Arizona. The Board is responsible for the licensure and regulation of osteopathic physicians and residents, the enforcement of standards of practice, and the review and adjudication of complaints.

<b>Funding:</b>	<u>FY 2014 Actual</u>	<u>FY 2015 Estimate</u>	<u>FY 2016 Estimate</u>
General Funds	0.0	0.0	0.0
Other Appropriated Funds	744.2	801.7	801.7
Other Non Appropriated Funds	0.0	0.0	0.0
<b>Total Funding</b>	<b>744.2</b>	<b>801.7</b>	<b>801.7</b>
<b>FTE Positions</b>	<b>6.7</b>	<b>6.7</b>	<b>6.7</b>

## 5 Year Plan

**Issue 1** Identifying and resolving pending complaints on a more timely basis. Complete the investigation so they can be resolved more timely by the Board.

**Description** This is a critical issue to our Board and to a number of parties (stakeholders) that we are current with our complaint caseload. As we prepare for the sunset review in a year or two, this will be of concern to the legislature.

We have spent the past twenty four months working very diligently to address a backlog of old cases all while trying to keep up with an increasing number of newly reported complaints. As of August 25, 2014, we are up 32% in the number of complaints reported over this same time last year. We have worked very hard to complete the investigations on the older cases; we have three outstanding 2012 cases and only 11, 2013 cases that will not be reviewed by the board at the end of August 2014. All 08-11 cases have been addressed.

In FY14 we resolved 234 cases. In FY13, we were successful in resolving 233 complaints, in comparison to 146 in FY12.

In FY12, we received 176 new complaints. In FY13, we received 217 new complaints, an increase of 23% over the previous year. In FY14, we received 262 complaints. An increase of 21%. We anticipate the increase in complaints to continue into the future. The public is more aware of regulatory boards and appears to be turning to us for assistance, filing complaints, as the awareness increases.

### **Solutions:**

In an effort to address and reduce the pending backlog of complaints, thus far, we have utilized several methods to do so. We will continue to pursue other options to assist us with this issue. With the increase in newly reported complaints, we will need to continue to identify methods to stay current (up to date) with the complaint caseload to reach the state's goal of completing investigations or resolving complaints within 180 days (6 months).

In mid FY13, we increased the Medical Consultant's hours from 20 to 30 hours per week. Due to funding, we were not able to carry this through FY14. With the increase we received in funding for FY15, we plan to increase the medical consultant's hours from 20 to 30 per week and utilize our outside medical consultants more often.

We have increased the number of cases that are being referred for outside medical review. As more and more doctors are becoming board certified, it is necessary to utilize more appropriate peers to review the cases. The increase in case referrals for outside medical review has worked well and we will continue utilizing this option. Many of the outside consultants are requiring high fees for their services. This is understandable and should be expected in the future. To receive accurate medical opinions, cases involving a high degree of specialty medicine must be sent to outside reviewers for review. On the other hand, we are also reviewing the way we assign those cases that may not need a medical consultant's expertise. More and more of those cases will be referred to our investigator for review and investigation completion.

Other options we have considered include hiring another part-time medical consultant. This is still an option but due to the lack of funding, office space limitations and other expenses, we have not pursued this option. Also, with the current funding we did not find it possible for the long term. We may also pursue a contractual type arrangement with an outside medical consultant to allow us to keep work flow up but not incur additional ERE. If we were to hire someone on a contractual basis I would anticipate we would have to pay them close to \$100 to \$150 per hour which in the end is more than the cost to increase our current consultant's hours.

By increasing the time to investigate and resolve complaints it will allow our agency to be more efficient and gain greater support from the public and the licensees. The system that previously existed was not efficient or timely for the person making the complaint nor the licensee that it involved. A more timely system may also allow us to identify emerging trends, problems or issues on a more timely basis so we can provide more timely feedback or education on a proactive basis to the licensees and stakeholders.

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**Issue 2** Complaints are taking more than 180 days to resolve and the Auditor General has set a guideline of 180 days or less to resolve complaints. We need to complete our complaints more timely.

**Description** Our goal is to reduce the average number of days to investigate or resolve a complaint to an average of 180 days or less. We recognize that some complaints, due to the difficulty of the case, require further investigation, evaluation or chart review after the Board reviews the matter initially. Resolution of these cases within 180 days is not possible but we do believe the initial investigation should be possible within this timeframe.

This problem was also a direct result of not getting the investigations completed timely as discussed in Issue #1. This problem deals with the Board reviewing the case by holding an Investigative Hearing or possibly sending it to the Office of Administrative Hearings for review and recommendation. These processes can take a very long time and six months is not always a reasonable measure of time for these more difficult cases that may result in a revocation or extended suspension of a license; however, we will strive to meet timely resolution of such cases. We believe we may need an additional administrative person to assist with keeping up with the complaint responses and maintaining a follow up system for the entire complaint process.

Again, this is a critical item to our Board as it affects the public and our licensees. When we have a serious case involving possible immediate danger to the public, our Board address these matters on an immediate basis.

**Solutions:**

This issue is tied with our first strategic issue. If we can reduce the outstanding number of complaints, we can address the newly received complaints more quickly. As the Board works through resolving all of the outstanding complaints, we are able to more timely deal with the newer complaints.

In FY13 and FY14 the Board has increased their meetings from six times per year to nine times in FY13 and they held seven meetings in FY14. We anticipate 7 meetings in FY15. More meetings will allow them to conduct more Investigative Hearings and increase the outcome of resolving more cases. Sometimes, the Board will initially review a case but then return it for more investigation, a chart review or possibly an evaluation of the licensee. In order to address these situations, staff is trying to be more proactive by anticipating such requests and addressing or requesting the additional information prior to the Board's review.

We have undertaken a number of items to address ways to increase our output of completed investigations and our Board has been very supportive of increasing their workload (ie: board meetings) to respond and address the backlog. By holding the extra meetings it has enabled us to resolve more complaints. In addition, we have revised our reviewer process to allow a more timely initial review of the case.

We will also continue to look at our processes to determine if there are methods or processes available to us to increase our complaint resolution rate. Perhaps there are ways or methods that we can take internally by staff that will increase the output without directly translating more work to our Board members. We may need to hire someone part time to assist with the coordinating of the investigations and keeping track of investigation responses, etc. We would anticipate this would be a part time position of 20 hours per week, at \$14 per hour, or \$20,500 per year.

We believe that continue the downward trend on time to resolve complaints is directly related and reflective of the number of pending complaints. As we review and revise our processes, we have been able to stay on top of the increasing complaint numbers while clearing out the backlog.

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**Issue 3** Our agency needs to find the most efficient ways to process applications while continuing to meet with statute, rule and timeframe requirements. Many agencies are utilizing online applications and we need to evaluate and determine where such items may be useful or applicable for our agency in response to a customer service driven model.

**Description** There are pressures on the national front to reduce the licensing timeframe or the time required to issue new licenses. We need to identify methods to streamline the processing time while continuing to provide a quality driven product or evaluation while protecting the public. We are always looking for ways to improve our processes.

Currently, the medical profession is encountering pressures from outside groups to pursue national licensure using as an example, the doctor who wants to provide telehealth must be licensed in the state that he provides care. The argument is that it takes too long for many of the jurisdictions to process the applications and that every state has different requirements. The response has been to consider a state licensing compact for physicians.

Many agencies are utilizing more online processes in response to demands from the public and applicants. We must continually evaluate what forms we provide on the internet and what information is provided on our website. We strive to be proactive in this area and we are open to customer suggestions or requests. Currently, applicants for licensure and dispensing registrations must send the forms into our office. We will explore moving to an online application submission while still assuring compliance with the statutes and rules. However, to date the expense to move to such a system is not justified and we do not have the funding to do so.

We, as well as other medical boards, are striving to find ways to process applications and issue licenses as expediently as possible. We are continuing to pursue the most efficient license process possible while continuing our mission to protect the public. Our current average application processing time is twenty-three days. We measure from the time the application is received in our office until the issuance letter is sent. Cases where a license is denied would take longer because that would have to go before the Board but we also comply with the mandated timeframes for licensing.

We will be looking at revising our rules and statutes in the near future to assist with making our application process more streamlined, efficient and understandable. The rules process will require funding and considerable time by the staff as well as the Board. The vast majority of the extra expense is due to the need of the expertise from a rules writer to assist us with the process.

It is critical that we provide a the most efficient model possible both to the licensees and the public. Those applicants that are qualified to be licensed should move through the process as quickly as possible and the public demands licensed professionals to provide medical care on a timely basis. With the approaching shortage of doctors we do not want to be viewed as a barrier to entry into the practice for those qualified applicants who wish to practice in Arizona.

**Solutions:**

Our plan includes reviewing and updating the rules and statutes regarding licensing requirements and pursuing updates or revisions for changes, if necessary. This is a very long, difficult process to assure that all provisions are covered and the process is in compliance with the statutes and rules or what needs to be modified to be in compliance. Rules changes require the assistance of a rules writer and therefore additional expense. Staff time devoted to these changes is significant and as the world changes and external pressures increase, we are required to devote more time to reviewing and evaluating our processes and therefore time is taken away from other duties and responsibilities. With a small staff, this is sometimes very difficult to manage.

We have made significant reductions in the days it takes to process an application and we will continue to evaluate our processes to make sure we are utilizing the most efficient model possible. We are currently at an average of 23 days, we hope to reduce this figure by 10% over the next two years. Thus far, in the past year we have taken an average of over 60 days and reduced it to 23.

We will be looking at online application processing, however, much of the verification process will still require and compose much of the time required to process applications. There are external factors that we can not control which also affect the processing time. We are working to identify these and methods to improve the response time for receiving these materials.

We will continue to evaluate other board's processing procedures to see where or how we may enhance our current policies and procedures. We will also continue to benchmark and gain input and feedback from other licensing organizations to determine what they have done to improve their processes.

We will also work with the national level organizations and state organizations to determine what options may be available or

where they can assist. The Federation of State Medical Boards is investigating a compact program, we will participate in these discussions and be involved in the process.

### Resource Assumptions

	FY2017 Estimate	FY2018 Estimate	FY2019 Estimate
Full-Time Equivalent Positions	6.7	6.7	6.7
General Fund	0.0	0.0	0.0
Other Appropriated Funds	801.7	801.7	801.7
Non-Appropriated Funds	0.0	0.0	0.0
Federal Funds	0.0	0.0	0.0

◆ **Goal 1** To issue and renew licenses promptly and in an effective manner

Performance Measures	FY 2013 Actual	FY 2014 Estimate	FY 2014 Actual	FY 2015 Estimate	FY 2016 Estimate
Number of new and existing licenses	2,676	2,750	2,780	2,850	2,900
Number of applications for new license received	212	175	247	200	200
Number of new license applications issued	184	185	212	185	185
Average days to issue new license	20.5	21	23.5	22	22

**Explanation:** Timeframe to process applications

Percentage of renewals done online vs. paper/manually	85	80	91.5	92	92
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◆ **Goal 2** To investigate and resolve complaints in a timely manner

Performance Measures	FY 2013 Actual	FY 2014 Estimate	FY 2014 Actual	FY 2015 Estimate	FY 2016 Estimate
Complaints received	217	220	262	300	300
Complaints investigated	258	200	264	275	275
Licensees who had disciplinary action taken	11	8	11	18	18
Average calendar days to resolve a complaint	412	300	378	300	275
Average calendar days to investigate a complaint	303	200	194	150	130
Number of complaints closed/resolved	233	260	249	300	300

◆ **Goal 3** To administer the agency efficiently and provide customer service to the public

Performance Measures	FY 2013 Actual	FY 2014 Estimate	FY 2014 Actual	FY 2015 Estimate	FY 2016 Estimate
Administration as percent of total cost	10.8	11	9	10	11
Customer satisfaction rating (1-8)	5	5	5	5	5