

2017 Supplemental Budget Decision Package

FINAL

Agency: 303 Department of Health

Decision Package Code/Title: MQ Address MQAC Staff Shortages

Budget Period: 2015-17

Budget Level: PL- Performance Level

Agency Recommendation Summary Text:

Due to increased workload and the ability to quickly address potential patient harm, the Medical Quality Assurance Commission (MQAC) must add and shift staffing resources. The MQAC requests additional spending authority for the 2017 Supplemental of \$398,000 in 02G Health Professions account and **4.3 FTE** to fund legislative mandates added in the 2011 session that were never funded and address historical workload not accounted for in organizational measurement.

Fiscal Summary: Decision package total dollar and FTE cost/savings by year, by fund, for 3 years. Additional fiscal details are required below.

Operating Expenditures	FY 2016	FY 2017	FY 2018	FY 2019
Fund 02G-1		398,000	1,323,000	1,281,000
Total Cost		398,000	1,323,000	1,281,000
Staffing	FY 2016	FY 2017	FY 2018	FY 2019
FTEs		4.3	14.6	14.5
Object of Expenditure	FY 2016	FY 2017	FY 2018	FY 2019
A- Salaries and Wages		254,000	847,000	841,000
B- Employee Benefits		89,000	297,000	295,000
C- Personal Service Contracts		0	0	0
E- Goods and Services		38,000	124,000	122,000
G- Travel		0	0	0
J- Capital Outlays		10,000	32,000	0
N- Grants, Benefits & Client Svc		0	0	0
T- Intra-Agency Reimbursements		7,000	23,000	23,000

Package Description:

Operations and Licensing:

The Medical Commission's Licensing's workload has steadily increased; yet staffing levels have not been addressed. Workload has increased 60 percent over fiscal year 2016 (FY16). At the end of FY16, MQAC will have issued more licenses than ever before. Further, the number of Physician

Assistant – Certified (PA-C) delegation agreements has tripled over the past two years. To accommodate these workload increases, the Medical Commission requires the following:

- 0.30 FTE Health Service Consultant 4 (HSC4) position. More complex work requires enhanced oversight and this position will manage the unit as well as provide outreach and education to the various credentialing organizations of health practitioners around the state and nationally. This outreach and education will result in reduced call volumes, a reduction in technical assistance and applications that need to be corrected, streamlining the applications received from professional organizations.
- 0.30 FTE Health Services Consultant 1 (HSC1) to handle the increased workload.
- 0.30 FTE Forms and Records Analyst 1 (FRA1) to address the increase in PA delegation agreements and new demographic census response.

Contracts and Reconsiderations:

The Medical Commission received an unfunded mandate in 2011 as a result of ESHB 1493 codified in RCW 18.130.057, which added a formal “reconsideration” step to the complaint and investigation processes. This step increased the public disclosure and case file requests, required another review by a Medical Commission panel and greatly increased customer interaction. The process has generated over 270 requests to date for file and complaint reconsideration, each of which must be scrutinized to verify the existence of new information. Based on data gathered over 3.5 years, the Medical Commission completed 198 reconsiderations compared to an average of 12 for all other DOH boards or commissions during the same time frame. The Medical Commission can no longer maintain its current level of customer service. The Medical Commission is requesting the following:

- 0.30 FTE Forms and Records Analyst 1 (FRA1) to process the expanding number of requests and reconsiderations received in a timely manner.
- 0.15 FTE (WMS 2) to adequately address the legally sensitive workload.
- 0.30 FTE Health Services Consultant 3 (HSC3) to process the contracts for the ever increasing need for expert witnesses. The Commission has doubled the number of cases charged for disciplinary action requiring an expert witness review. The funding for these contracts was addressed in the previous biennium, but the staffing requirement was not.

Investigations and Compliance:

Medical investigations have grown more complex as hospitals merge, more systems convert to electronic medical record use and more patients enter the health care system as consistent users. Complaints are taking longer to investigate (up an average of 30 days since 2013) and frequently require supplemental investigation as new facts emerge. Opioid prescribing cases are often lengthy and complex investigations. If the Medical Commission cannot increase the rate it gathers and synthesizes information, it places patient safety at risk.

Another important, but underfunded mission of the Medical Commission is to ensure discipline practitioners follow through with their ordered sanctions. To ensure practitioners are in compliance, the Medical Commission uses investigators to audit patient records and conduct practice reviews of practitioners under discipline. These quarterly reviews include office visits, inspections, chart reviews

and interviews of staff. All 198 practitioners in the compliance program must comply with these practice reviews. This extremely important compliance aspect has never been funded, but as more practitioners are disciplined, the Medical Commission can no longer sustain this workload. As a result, we are requesting the following:

- 0.15 FTE Physician (WMS MD) to provide oversight and medical expertise to the compliance unit.
- 0.30 FTE Health Care Investigator (HCI4) to adequately address supervisory ratios and provide specialized support for clinical investigations.
- 0.30 FTE Health Care Investigator (HCI3) clinical position to address the increase investigative workload. A clinical investigator is required to apply their knowledge to the increased number of standard of care investigations.
- 0.30 FTE Forms and Records Analyst 2 (FRA2) to address the increase in work associated with the Supreme Court's Wade Gun Shop decision and to help transition to a paperless environment.

Legal Services

The Medical Commission is not meeting performance targets with current staffing levels in the Legal Unit. In FY 16, the Legal Unit's workload increase 53 percent in disciplinary actions; 70 percent in agreed stipulations and doubled the number of stipulations served on practitioners. However, legal staffing levels have not kept pace with this increase in workload. The Medical Commission has 87 cases over timelines that need to be charged to ensure patient safety. Further, staff attorneys have historically not had the support required to keep up with the volume of pleadings that need drafting and the Medical Commission has never had the proper levels of paraprofessional or clerical support as it was not addressed during the pilot project that ended in 2013. This shortage of experienced paralegals and legal assistants required the staff attorney to become the draftsmen, completely monopolizing their time and preventing them from completing the case disposition process within the designated timeframe. The Medical Commission is requesting the following:

- 0.30 FTE Legal Assistant 2 position
- 0.30 FTE Paralegal 3 position

For the 2017 Supplemental estimated expenditures include salary, benefits, and related costs for 1.0 FTE to assist with administrative workload activities. These activities, necessary to manage day-to-day business needs include: policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement, risk management, and facilities management.

Contact Information:

Financial Operations – Steve Hodgson, (360) 236-4990
Subject Matter Expert: Jimi Bush, (360) 236-2738

Base Budget: If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service. Please include annual expenditures

and FTEs by fund and activity (or provide working models or backup materials containing this information).

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The Medical Quality Assurance Commission received \$14 million dollars in appropriation and 50.0 FTE for the 15-17 biennium. This request for additional expenditure authority for the 17-19 biennium is to fund legislative mandates added in the 2010-2011 and address this staffing request.

Decision Package expenditure, FTE and revenue assumptions, calculations and details:

Agencies must clearly articulate the workload or policy assumptions used in calculating expenditure and revenue changes proposed.

The FTE estimates are as follows:

1. 0.75 FTE to support SHB 1493
2. 0.9 FTE to support credentialing growth
3. 1.05 FTE to support investigations
4. 0.6 FTE to legal services
5. 1.0 FTE to Division and Agency Indirect Activities

Item 1: When the fiscal note for SHB 1493 was generated in 2011, the Department of Health assumed there would no fiscal impact as a result of increasing transparency for health professions. However, this bill has generated an unsustainable workload in additional reconsiderations of complaint requests decisions and reviews. The Attorney General's Office (AGO) fiscal estimated that these requests and reviews would create an additional workload and judicial reviews. MQAC staffing assumptions for the 2017-2019 biennium mirror the assumption the AGO provided for the 2011-2013 biennium. It specifically requested 1.3 FTEs for 2011-2013 to address this workload.

Items 2-4: MQAC made its staffing assumptions for the 2017-2019 biennium on benchmarking. It used performance measure data from 2012-2013, when the Commission performance was at an all-time high and created benchmarks that could be applied to the current workforce. It compared the workload of 2012-13 to 2015-16 and the staffing levels from the same periods. It identified where staff have not grown in proportion to the workload, and compared that to associated performance measures. Applying the benchmarks to the ratio of hours worked per employee provided the information the Medical Commission required to make informed assumptions regarding its future state staffing needs.

Revenue assumptions:

Revenue balances for the Commission continue to increase due to the growth in the medical professions licensing. Beginning balance revenue for the 2017-19 biennium estimates \$6 million in addition to the current level.

Decision Package Justification and Impacts

What specific performance outcomes does the agency expect?

Describe and quantify the specific performance outcomes the agency expects as a result of this funding change.

Licensing:

The requested staffing will enable the Medical Commission to: (1) process license applications faster and more accurately and (2) increase the number of delegation agreements that can be processed in a given month. This additional staff will help reduce processing time, which will enable physicians and physician assistants to address patient needs faster.

Investigations:

Standard of care investigations account for almost 65 percent of investigations. Standard of care investigations require clinically trained investigators. Completing relevant practice reviews requires clinical expertise. The additional staff will allow the Investigations unit to focus on completing investigations faster, address the needs of the complainant and identify unsafe practitioners sooner.

Legal Services:

Over the past fiscal year, the legal unit could not meet their performance measure target. With an average of 28.5 percent of open cases over timelines, it is clear that our staff attorneys are spending too much time on clerical work. Additional support staff and paralegals will help the legal unit meet its existing performance measure targets.

Compliance:

Additional staff in the compliance unit will enable the Medical Commission to begin tracking key performance indicators of disciplined practitioners. The additional staff will work to identify performance measures to proactively detect practitioners who are not following their disciplinary sanctions which pose further harm to patients. Further, additional staff will enable the compliance unit to research recidivism rates, proactively educate practitioners before harm occurs, track overdue compliance deliverables, overdue practice reviews and monitor respondents throughout their years-long compliance journey.

Performance Measure detail:

A015 activity addressing: Consumer and Patient Safety

Agency Strategic Plan:

Goal 3: Ensure health equity and improve population health

Objective 2: Implement public health elements of Healthier Washington, Washington’s approach to health system transformation and innovation.

Results Washington:

Goal 4: Healthy & Safe Communities

Fully describe and quantify expected impacts on state residents and specific populations served.

Performance Measure		FY16	FY17 (Projected)
Delegation Agreements	Elapsed days from receiving a delegation agreement to its final approval	9 Days	5 Days
Description	Delegation agreements have constantly increased on a quarterly basis. Currently it takes an average of eight (8) days to approve a delegation agreement. Corrections or modifications can constitute more than 30 days of additional processing time. With additional staff dedicated to only processing delegation agreements, they can be approved and issued faster. The HSC4 position we will be used to educate the physician assistant population on the correct methods and documentation for a delegation agreement to help eliminate revisions. This will specifically impact Physician Assistants, increasing access to care for patients.		
2.2	Percent of cases in which the investigation step is completed within 170 days	77.8%	81.5%
Description	The target for this measure is completing 77 percent investigations in less than 170 days per RCW 18.71.430 (5) and WAC 246-14-050. Standard of care investigations can be completed quicker because a clinical investigator will have applied their		

	knowledge to the examination. Investigating complaints specifically impacts public safety. Unsafe practitioners pose a direct risk to patient safety.		
2.3	Percent of cases in which the case disposition step is completed within 140 days	80.6%	83.5%
Description	The target for this measure is completing 77 percent of the legal actions practitioner in less than 140 days per RCW 18.71.430 (5) and WAC 246-14-060. Completing legal action on unsafe practitioners who pose a risk specifically impacts public safety.		
2.4	Percent of open cases currently in the investigation step that are over 170 days.	11.8%	9.63%
Description	The target for this performance measure is to have no more than 23 percent of our open investigation exceed 170 days. Additional clinical investigators will provide resolutions to investigations in a timelier manner. The addition of the clinical personnel will also help ensure that all appropriate facts are collected Taking too long to investigate a case directly impacts public safety and unsafe practitioners pose a risk to patient safety.		
2.5	Percent of open cases currently in the case disposition step that are over 140 days	29.12%	24.1%
Description	The target for this performance measure is to have no more than 23 percent of open cases exceed 140 days in the case disposition step. Taking too much time to discipline practitioners directly impacts public safety. Unsafe practitioners pose a risk to patient safety and must be identified and resolved swiftly.		

What are other important connections or impacts related to this proposal? Please complete the following table and provide detailed explanations or information below:

Impact(s) To:		Identify / Explanation
Regional/County impacts?	No	Identify:
Other local gov't impacts?	No	Identify:
Tribal gov't impacts?	No	Identify:
Other state agency impacts?	No	Identify:
Responds to specific task force, report, mandate or exec order?	No	Identify:
Does request contain a compensation change?	No	Identify:
Does request require a change to a collective bargaining agreement?	No	Identify:
Facility/workplace needs or	No	Identify:

impacts?		
Capital Budget Impacts?	No	Identify:
Is change required to existing statutes, rules or contracts?	No	Identify:
Is the request related to or a result of litigation?	No	Identify lawsuit (please consult with Attorney General's Office):
Is the request related to Puget Sound recovery?	No	If yes, see budget instructions Section 14.4 for additional instructions
Identify other important connections		

Please provide a detailed discussion of connections/impacts identified above.

What alternatives were explored by the agency and why was this option chosen?

The alternative would be to reduce overall spending. This was not chosen because (1) the fund balance is available to support these expenditures and (2) the importance to public health to regulate, license, and investigate professions is paramount to patient safety.

What are the consequences of not funding this request?

If funding is not received for additional staff, the Medical Commission patient safety will suffer. Meeting case resolution timelines is essential to public safety. Based on these mission critical needs, several positions need to be added in order to meet required timelines immediately as well as to complete new legislatively mandated work that was never funded.

How has or can the agency address the issue or need in its current appropriation level?

The MQAC has sufficient revenue to fund this proposal; however, it is limited by its appropriation level.

Other supporting materials: Please attach or reference any other supporting materials or information that will help analysts and policymakers understand and prioritize your request.

Information technology: Does this Decision Package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

No 

Yes Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)