Florida Department of Health
Division of Medical Quality Assurance

EFFICIENCY IMPROVEMENT PLAN
HOUSE BILL 1263 (2012)

November 1, 2012

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Governor

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TABLE of CONTENTS

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HB1263 PLAN - 2

EXECUTIVE SUMMARY

The Division of Medical Quality Assurance (MQA) regulates health care practitioners for the preservation of clinical quality and patient safety. The licensure process is a critical public health responsibility that requires attention to detail. As of June 30, 2012, the division licensed, registered, or certified more than 1 million health care practitioners. Those who are granted the privilege of providing health care services to the people of Florida undergo rigorous credentialing review. At the core of the division's licensure function is primary source verification of the qualifications required to meet statutory standards of competency.

Section 116 of House Bill 1263 (2012) directed MQA to develop a plan to improve the efficiency of its functions. Analysis of best practices from within the division and other state agencies with similar functions, consultation with its regulatory boards, and exploration of technology and other business solutions, have resulted in this efficiency improvement plan.

The efficiency review of MQA's current licensing functions was structured to promote innovative business process improvements without jeopardizing important clinical quality and patient safety standards. Decreasing the credentials review for any licensure applicant, in an effort to reduce the licensure processing time, could result in undetected quality gaps in the applicant's history and lead to significant harm to the people of Florida.

The Division of Medical Quality Assurance Efficiency Improvement Plan includes seven objectives, related action strategies and performance measures (baseline and target), and target dates with updated status of implementation. Not surprisingly, many of the efficiency improvements rely upon technology enhancements that mirror those implemented or in the process of being implemented in other state regulatory agencies. Fortunately, several agencies use the same licensing system as MQA and have generously shared lessons learned, governance and business requirements documentation, and best practices for successful integration of the upgraded system.

One of the more striking discoveries in analyzing business practices of similar agencies is the varied technology infrastructure capacity between agencies.

For example, the Department of Business and Professional Regulation has established a robust hardware infrastructure consisting of ten servers that allows for "real-time" processing of licensing renewals within 24 hours. MQA, on the other hand, has only one server and license renewals are processed in batches, taking up to 3 days. The Department's Office of Information Technology is currently exploring additional server capacity at one of the State's Shared Resource Centers, a significant additional expense, and other less costly options, so the division can renew licenses in 24 hours like its peer regulatory agency, and implement other efficiencies.

Most action strategies identified in this plan are at some stage of progress—in some cases completed—and reflect MQA's commitment to continuous improvement.

One of the formidable benchmarking challenges facing state agencies with similar functions is the lack of a universal definition of performance measures. For example, MQA has developed validity and reliability documentation of all performance measures maintained in its balanced scorecard. This is not a statewide practice among agencies. MQA measures its licensure time from the date an application is received until the date the license is issued—not a measure used by other state regulatory agencies. The measure most frequently reported by regulatory agencies is application processing time, not the lapsed time until the actual license to practice is issued. Moving forward, a useful tool for measuring efficiencies and getting people to work as quickly as possible would be a statewide standardized measurement system with the same definition of terms and reliability and validity documentation. Continuous benchmarking and best practice sharing can then occur.

Sincere appreciation is extended to the leadership of the Agency for Health Care Administration, Department of Business and Professional Regulation, and Department of Financial Services for sharing information and best practices with the MQA leadership team. Partnerships were formed in some cases and strengthened in others, and learning happened across agencies.

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HB1263 PLAN - 3

MESSAGE FROM THE STATE SURGEON GENERAL

I am delighted to join the Division of Medical Quality Assurance (MQA) in presenting the House Bill 1263 Efficiency Improvement Plan. This plan reflects best practices learned from partners in other state agencies and the award-winning continuous improvement MQA has embraced for many years. It is an ambitious, yet achievable plan, that should mark the beginning for the Governor's agencies to establish a systematic benchmarking process.

During the 2011-2012 FY, the MQA team worked hard to achieve its vision of becoming the most efficient regulatory agency in the nation. The focus on continuous improvement in key business functions and services led to cost-effective regulation. The Division has captured performance measures that demonstrate MQA's national leadership in health professional regulation for quality care and patient safety.

I congratulate the Division, stakeholders, and partners for their achievements this past fiscal year to ensure that Florida's health care practitioners continue to keep the welfare of patients first and foremost. MQA's triumphs in implementing efficiencies and reducing unnecessary regulation are contained in its 2011-12 Annual Report and Long Range Plan and reflect remarkable process improvement. There is no finish line!

John H. Armstrong

John H. Armstrong, M.D., FACS
State Surgeon General

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HB1263 PLAN - 4

BACKGROUND

The Division of Medical Quality Assurance is established under section 20.43(3)(g), Florida Statutes, to regulate health care practitioners for the preservation of the health, safety, and welfare of the public. The following boards, councils and department-regulated professions are established to carry out this charge.

BOARDS
- Acupuncture
- Athletic Training
- Chiropractic Medicine
- Clinical Laboratory Personnel
- Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling
- Dentistry
- Hearing Aid Specialists
- Massage Therapy
- Medicine
- Nursing
- Nursing Home Administrators
- Occupational Therapy
- Opticianry
- Optometry
- Orthotists and Prosthetists
- Osteopathic Medicine
- Pharmacy
- Physical Therapy Practice
- Podiatric Medicine
- Psychology
- Respiratory Care
- Speech-Language Pathology and Audiology

COUNCILS
- Certified Nursing Assistants
- Dietetics and Nutrition Practice
- Electrolysis
- Licensed Midwifery
- Medical Physicists
- Physician Assistants

DEPARTMENT REGULATED PROFESSION
- School Psychologists

At the end of FY 2011-12, MQA licensed, registered, or certified 1,059,958 health care practitioners, 23,809 facilities and establishments, and 48,330 continuing education providers. 100,958 initial license applications were received and 94,761 new licenses issued. 91.42% of the 400,393 licensees who renewed used the online renewal system.

The division has adopted a balanced scorecard system to manage and improve its business processes. Key measures, all of which are supported by validity and reliability documentation, include:
- Average number of days to issue an initial license
- Average number of days to renew a license online
- Average number of days from legal sufficiency to final order for non-priority cases
- Percent of emergency actions issued in 30 days or less
- Percent of public record requests completed within 5 days from receipt of request
- Percent of external customers satisfied with services provided by MQA
- Percent of employee satisfaction
- Average number of licensees per full time employee
- Average cost of regulation per licensee

The division's continuous improvement and efficiency efforts have resulted in the regulatory cost per licensee steadily decreasing since FY 2006-07; regulatory costs per licensee were 17% less at the end of FY 2011-12. Since FY 2006-07 eleven professions have reduced 44 different licensure fees and another five professions are considering recommendations to reduce more fees.

MQA's focus on customer service with its key customers - licensure applicants, licensees, and consumers - has resulted in an overall customer service approval rating of 96.82%. MQA's website (www.flhealthsource.com) showcases transparent government operations and includes information that helps consumers make informed health care choices: credentialing information; disciplinary information with plain language description of actions; links to scanned public administrative complaints; and final agency actions.

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HB1263 PLAN - 5

MQA possesses organizational agility, demonstrated by its ability to reassign resources when strategic priorities shift. For example, Florida has been at the epicenter of a national epidemic in controlled substance abuse and diversion, and MQA has been at the heart of collaborative inter-agency efforts to tackle the issue. MQA launched the Prescription Drug Monitoring Program which, as of October 18, 2012, had 18,385 registered users and 55,041,371 patient records; and implemented legislation that in Fiscal Year 11-12 resulted in a 55% reduction in the number of pain management clinics, from a high of 943 in 2010 to less than 420 today. Further, the division implemented a series of process improvements that resulted in a 15% increase in the number of emergency actions taken against practitioners posing an immediate threat to public safety, with a corresponding 31% reduction in the amount of time to take the action.

METHODOLOGY

Interviews
MQA scheduled in-depth face-to-face or telephone interviews with regulatory agencies in-state and out-of-state. Both process and technology infrastructure were analyzed to identify best practices and establish benchmarking relationships. Special thanks go to the following agencies that shared their time and expertise:
- Alabama Board of Medicine
- Arkansas Board of Nursing
- College of Physicians and Surgeons of Ontario
- Florida Agency for Health Care Administration
- Florida Department of Business and Professional Regulation
- Florida Department of Financial Services, Office of Financial Regulation
- Kansas Board of Nursing
- National Council of State Boards of Nursing
- North Carolina Board of Medicine
- Oklahoma Board of Medicine
- Ohio Board of Nursing
- Texas Boards of Nursing and Medicine

Although the primary objective of the interviews was to analyze process and technology infrastructure that supports initial and renewal licensure and board meetings, MQA discovered other opportunities for improvement and they too are captured in the efficiency improvement plan and action steps. MQA was also able to share best practices with other agencies. Some agencies do not, for example, offer an online initial application like MQA; others do not maintain a balanced scorecard to drive continuous improvement; and others do not validate performance measures with reliability and validity documentation to enable "apples-to-apples" comparisons and trending analysis.

Business Process Mapping
The efficiency review of MQA's current licensing functions was structured to promote innovative business process improvements without jeopardizing important clinical quality and patient safety standards. Decreasing the credentials review for any licensure applicant, in an effort to reduce the licensure processing time, could result in undetected quality gaps in the applicant's history and lead to significant harm to the people of Florida.

MQA completed detailed process mapping of all of its key business processes. Mapping helped identify non-value added steps that were eliminated as immediate improvement opportunities; processes that required technology enhancements; and unnecessary steps that do not provide additional public protection, but require administrative rule or legislative change. With all business process mapping, the objective is to collapse the lapsed time for the process (e.g. licensure) into the actual work time. When possible, parallel work environments were established. For example, scanning of licensure documents up-front was established so that multiple processors can access the information at the same time rather than after each step is concluded. Action strategies identified in the efficiency plan reflect this work/lapsed time objective.

Analysis of Application Deficiencies
Chapter 120, Florida Statutes, establishes statutory parameters for all state agencies processing applications for licensure, registration, or certification. In part, it requires that an applicant be notified of any application errors and omissions within 30 days of receipt by the applicable agency. Failure by an agency to meet the 30 day notification requirement

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HB1263 PLAN - 6

means that the applicant cannot be denied licensure for failure to satisfy deficiencies for which he or she was not timely notified. Application deficiencies are a significant contributor to the time that elapses between when an applicant applies for a license and when the applicant receives the license and can begin practicing. It is an area MQA considered rich for improvement opportunities.

First, to help reduce the number of deficient applications, the online application was developed to allow applicants to enter all of the required data. The result is that, for most online applications, the board staff is waiting only for primary source verified documents or clarifying statements from the applicant for positive criminal or disciplinary responses. The programming rules built into the on-line application have eliminated many of the deficiencies associated with applicants who "forgot" to answer questions or provided incomplete data.

Second, because paper copies of school transcripts are one of the most common deficiencies with an initial licensure application, the division now offers the ability for some Florida professional schools to submit graduation lists electronically through secure email. MQA is also working with its vendor to expand this capability to automatically apply primary source verification of graduation to the applicant's record so that it is available in the licensing system when processed, eliminating the need for data entry and imaging of the document. Another expansion of this transcript capability is being designed to allow school registrars to securely log in to the online license system to check for applicants that have indicated they have graduated from their particular school and to provide verification. Preservation of transcript integrity is essential to the licensure process.

Third, MQA conducted a comprehensive analysis of all deficiencies for all initial licensure applicants by profession (the average annual number of initial licensure applications is more than 100,000). The most frequently occurring deficiencies were then analyzed to identify:

- Application requirements that provide no public protection measures to determine if they are
    - Required by statute;
    - Required by administrative rule; or
    - Required by policy; and
- Non-standardized requirements between professions

The analysis of efficiencies resulted in MQA boards proposing legislation to eliminate burdensome and unnecessary requirements or to streamline requirements. Some were submitted and passed in the 2012 Legislative session; others have been included in the department's 2013 legislative package.

The deficiencies analysis also resulted in several boards considering rule changes to eliminate unnecessary licensure requirements. Others have eliminated non-value added requirements, for example, letters of reference, not established by statute or rule.

Finally, licensure requirements have also been standardized across professions, and a number of applications are in the process of being modified to clarify instructions and requirements. Focus groups have been established with some professions using enrolled students (future licensees) to test the modified applications.

Board Member Participation

At the annual meeting of the Board and Council Chairs and Vice-Chairs in September 2012, the draft efficiency plan was presented for input and consensus. Board and council members were also surveyed for input into the division's long-range plan and for their recommendations for cost and efficiency improvements.

Board members have also participated in workgroups to improve the agenda process and increase transparency and usability of agenda materials and supporting documents. The results of the agenda improvement focus groups are included in this improvement plan and, many, after being piloted successfully with the Board of Medicine, will be applied to all board and council agendas.

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HB1263 PLAN - 7

CONCLUSIONS

The Division of Medical Quality Assurance (MQA) regulates health care practitioners for the preservation of clinical quality and patient safety. The licensure process is a critical public health responsibility that requires attention to detail. As of June 30, 2012, the division licensed, registered, or certified more than 1 million health care practitioners. Those who are granted the privilege of providing health care services to the people of Florida undergo rigorous credentialing review. At the core of the division's licensure function is primary source verification of the qualifications required to meet statutory standards of competency.

House Bill 1263 (2012) helped create a forum for regulatory state agencies to share best practices and identify licensure and other efficiencies. Not only were a wide variety of efficiencies taken and shared by MQA, some lessons were learned along the way that can help future efficiency efforts for all of the Governor's regulatory agencies. Ongoing dialogue and partnerships will reduce unnecessary regulation; establish performance/data-driven decision making; and establish greater transparency into performance measures and targets.

Because all licensing, registration, and certification must meet the same statutory deadlines established in Chapter 120, Florida Statutes, the Administrative Procedure Act, it would require minimal effort for all licensing agencies to track performance on those minimum requirements so that best practices can be identified easily in an annual snapshot.

Data-driven improvements require establishment of performance measures with carefully crafted reliability and validity documentation. These should be required of all agencies with similar functions. MQA captures performance measures in a balanced score card that gives comparative data for the entire licensure process and shows at least 3 years of trending data. These too should be standardized across like agencies. For example, one agency measures the time to process a complete application-3 days-but doesn't measure how long it takes to process an incomplete application;

what percentage of applications are incomplete; and how long after the application is received it takes to actually issue the license. By requiring regulatory/licensing agencies to submit standardized performance measures and standards pursuant to section 216.1827, Florida Statutes, for adoption by the Legislature, real, sustainable improvements across all similar agencies can be achieved.

With regard to technology, MQA needs critical upgrades to the technology infrastructure to allow real-time renewal processing and other business efficiencies. These will require significant additional expenditures if hosted at one of the State shared resource centers (Northwood or Southwood). In the current pricing model, hosting services at the Northwood Shared Resource Center (NSRC), where DBPR's systems are housed, is less expensive than hosting services at the Southwood Shared Resource Center (SSRC), where the MQA licensure systems are housed. However, the NSRC is in the process of aligning their pricing model with that of the SSRC and the end result will be a very similar cost structure. The MQA/SSRC managed services costs will increase to an estimated $1,035,365.55 annually to host the upgraded infrastructure. The current annual expenditure for MQA is $473,171. (The NSRC has indicated that they do not currently have the capacity or resources to host the MQA solution.)

MQA will continue to research other possible technology hosting options, such as cloud services, that will be more cost-effective to support the upgraded infrastructure. This is an option already implemented by the Department of State (DOS). According to the DOS website, the Florida Voter Registration System has been moved to servers at the Windows Azure™ cloud center and the CIO is exploring moving more of their applications to be hosted in the public cloud. Other state agencies are also exploring cloud data centers as a more economical solution for hosting applications and MQA will watch closely, and incorporate lessons learned from initial public cloud efforts, paying special attention to security protocols for stored data and agreements with cloud service providers.

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HB1263 PLAN - 8

REFERENCES (available upon request):

- *Analysis of Application Deficiencies*

- *Annual Board/Council Long Range Planning survey results*

- *Balanced Scorecard*

- *Business process maps*

- *Electronic Agenda Workgroup Findings and Recommendations*

- *Licensure performance data by profession*

- *MQA 2011-12 Annual Report and Long-Range Plan*

- *Performance measures validity and reliability documentation*

- *Project Snapshot-Electronic Agenda*

- *Project Snapshot-Electronic Case Management*

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HB1263 PLAN - 9

EFFICIENCY IMPROVEMENT IMPLEMENTATION PLAN AND ACTION STEPS

OBJECTIVE 1:
Reduce the average length of time for a qualified applicant to receive initial and renewal licensure certification or registration by one-third.

PERFORMANCE MEASURE	BASELINE	TARGET
Average number of days to process an initial application	19 days	10 days
Average number of days to issue an initial license for a qualified applicant	TBD	TBD
Average number days to process an online renewal application for a qualified applicant	3.6 days	1 day

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
Complete development and deployment of online initial application	IN PROGRESS	4/10	6/30/14	A pilot project was initiated with the Board of Nursing in 2008 and phase I for additional professions was completed in 2010. 60% of the conversions have been completed with phases I-IV. With the Board of Nursing online application, the average number of days to issue a nursing license was reduced by 47% and $901,000 was saved.
Automate electronic transmission of supplemental application information (such as transcripts) from Florida schools and other primary source verification entities.	IN PROGRESS		6/30/13	Currently some Florida schools (nursing, physical therapy and massage therapy) are submitting graduation information through secure email- rather than mailing paper copies of transcripts for each applicant. MQA is developing requirements with an existing vendor to produce an on-line solution for all Florida schools that choose to participate.
Scan all paper applications and supporting documents at time of receipt	IN PROGRESS		ONGOING	This reduces processing time; eliminates lost files; and facilitates parallel processing.
Infrastructure (hardware and software) upgrade	IN PROGRESS		6/30/13	This upgrade to additional servers will mirror DBPR and will allow the division to move from bulk (delayed) processing to real time processing of online renewals and payments.
Upgrade to Versa Regulation™ and Versa Online™	IN PROGRESS		6/30/14	This upgrade is currently used in total or in part by DBPR, DFS, and AHCA, and will provide a web-based, user friendly, customer self-service, ADA accessible system. The integration of a workflow solution will be the single biggest functional improvement and has the potential to dramatically improve operational efficiencies. Analysis has been completed to identify gaps between the existing licensure and enforcement system and Versa Regulation™.
Submit Schedule IV-B for 2013-2014 fiscal year for legislative approval	COMPLETED		10/08/12	
Conduct analysis of initial application deficiencies to categorize by profession, frequency, and type	COMPLETED	05/2012	9/30/12	Deficiencies are items not completed when an applicant applies for initial licensure. Some are required by statute, some by rule, and some by policy. The analysis resulted in identification of improvements, including elimination of non-value added requirements (no consumer protection), clarification of application instructions, amendment of administrative rules, and legislative proposals.

OBJECTIVE 1 continued:
Reduce the average length of time for a qualified applicant to receive initial and renewal licensure certification or registration by one-third.

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
Improve efficiency of criminal background screening for licensure applicants	IN PROGRESS		6/30/13	The background screening process requires the applicant to send MQA a fingerprint card which is scanned into the FDLE system. The results come back in 72 hours and are manually entered into the system. To eliminate the manual process, MQA is establishing, pursuant to HB 943 (2012), an interface that will allow sharing of criminal background results through the Care Provider Background Screening Clearinghouse hosted by AHCA. Further, DOH has entered into an interagency agreement with FDLE to implement Livescan™ fingerprinting and electronic retention of fingerprints which will allow continuous updating of criminal history.
Process map all licensure application processes to adopt uniform and best practices across all professions	COMPLETED	05/12	6/12	The objective of this exercise is to eliminate unnecessary steps, identify parallel processing capabilities, and collapse "lapsed time" as closely as possible to "work time".
Draft legislative proposals for 2013 session	COMPLETED		7/12	MQA and the boards submitted a number of legislative proposals aimed at eliminating unnecessary regulation and improving the cost effectiveness of regulation. They reflected efficiencies identified from process mapping, deficiency analysis, and best practices from other state regulatory agencies.

OBJECTIVE 2:
Improve the agenda process for board meetings to increase transparency, timeliness, and usefulness for board decision making.

PERFORMANCE MEASURE				BASELINE	TARGET
Percentage of board members satisfied with board meeting agendas				TBD	100%

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
Map the business process of prosecution of disciplinary cases from complaint intake to final board action	IN PROGRESS	11/11	10/12	This process map will enhance transparency and open communications about improvements between the enforcement team, prosecution services, the Attorney General's Office, and the regulatory boards.
Convert the enforcement process from a paper-based complaint / case workflow to an electronic case filing system	IN PROGRESS	05/12	06/13	This conversion will: • Eliminate the need and cost to create a paper case file that is copied and shipped between headquarters and field offices; • Streamline the process and reduce case processing time because multiple staff can work on single case at the same time; • Improve the agenda building process; • Reduce agenda preparation time spent on copying and preparing materials for board review; and • Provide a more user-friendly agenda
Engage board members in formatting board agenda materials	COMPLETED	1/12	8/3/12	Board memorandums that accompany and introduce the case materials considered by the boards have been updated and improved to provide more information for board members. In addition, the agenda materials have been reorganized making them more user-friendly and easier for board members to review. These improvements were piloted with the Board of Medicine and enhanced the board decision making and will be launched with all other professions. Other improvements: • Schedule conference calls in between face-to-face meetings to address time sensitive issues such as applications that require Board review. • Make confidential electronic board agenda materials available at board meetings for public access on personal devices through use of website links and QR Codes. • Leave redacted copy of the electronic agenda on the website for a longer period of time after each board meeting. • Negotiate a room block rate for the public with the hotels where board meetings are held. This increases transparency so that members of the public who wish to attend board meetings have greater access to board meeting venues.
Implement a secure web-based portal for board meetings that accommodates individual board members' preferences, including hardware, viewing format, note taking capability, and quicker accessibility	IN PROGRESS	8/12	6/13	This solution reduces mailing time and costs, printing costs, and gives board members earlier access to board member materials. It also will enhance communications between board staff and board members because it will contain a secure notification / email function.
Survey board members to identify improvements in quality, usefulness, and timeliness of board agendas	IN PROGRESS		11/18/12	This survey will identify agenda improvements and determine level of expertise of board members on different categories of board actions to develop a training plan that ensures all board members have a good understanding of processes to improve their effectiveness.

OBJECTIVE 3:
Improve the cost-effectiveness and efficiency of the joint functions of the division and regulatory boards.

PERFORMANCE MEASURE	BASELINE	TARGET
Annual expenditures for board meetings	$422,551.63	$401,424.05
Percentage of complaints resulting in probable cause	28.3%	40%
Percentage of complaints resolved through alternative dispute resolution	6%	TBD
Percentage of cases in which the practitioner poses an immediate threat to the public health and safety in which emergency action is imposed within 30 days	41%	75%
Number of cases in prosecution services that are greater than one year old	1,592	900
Average cost of regulation per licensee	$72.02	$60

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
Conduct cost-benefit analysis of use of alternative dispute resolution (citation, notice of non-compliance, mediation, etc.) and present to boards for amendment of rules	IN PROGRESS		ONGOING	Not only are cases resolved quicker with alternative dispute resolution, these cases use fewer legal and investigative resources and can result in significant cost savings. The average cost to investigate and prosecute cases is $2,890 compared to $146 for mediation and $123 for citations.
Present alternative dispute resolution proposals to boards for board action and approval of rule amendments	IN PROGRESS		3/13	Approved by Board of Medicine, the Board of Nursing, and the Board of Osteopathic Medicine. The Boards of Dentistry, Massage Therapy, Chiropractic Medicine, and Speech Language-Pathology and Audiology are currently considering proposals. For the remainder of the boards, the proposals are being developed for presentation to the board.
Analyze enforcement data to determine the frequency and types of complaints that are investigated and closed with no finding of probable cause and implement strategies to reduce the number.	IN PROGRESS		ONGOING	By implementing improvements such as pre-expert review and alternative dispute resolution, the percentage of cases that are presented to probable cause that result in a finding of probable cause will continue to increase. This has reduced the costs of enforcement because the number of cases that are closed after investigation and prosecution has been reduced.
Develop, in conjunction with the boards, a plan for reduction of disciplinary cases not before DOAH or otherwise not completed within one year.	COMPLETED		ONGOING	The Prosecution Services Unit developed a plan to reduce year-old cases in conjunction with the boards in March 2012. The results are significant. For FY 2011-12 the inventory of year old cases was reduced by 39.4% from 1,592 cases to 965 cases.
Negotiate better rates for meeting space, audio/visual services, and court reporter services	IN PROGRESS		ONGOING	In FY 2011-12, a $90,000 savings was achieved.
Annually review fees set by boards to recommend fee reductions.	IN PROGRESS		ONGOING	The regulatory cost per license has steadily decreased from $72.02 in FY 2006-07 to $59.46 at the end of FY 2011-12. Since 2007, 11 professions have reduced 44 different fees and five professions are currently reviewing fee reduction options.

Objective 4:
Identify and analyze best practices within the division and other state agencies.

PERFORMANCE MEASURE	BASELINE	TARGET
See all other performance measures		

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
Evaluate licensure, enforcement, and board meeting preparation systems and processes used at Florida and other state agencies with similar functions.	COMPLETED	04/12	09/12	Other best practices learned: • Enhance unlicensed activity abatement strategies and communications; • Utilize email address as method for regular communications with licensees; • Waive initial license fees for military veterans; • Obtain access to the Department of Highway Safety and Motor Vehicles database for photographs and verification of information; • Eliminate statutory license size requirements; • Establish more streamlined and accurate time tracking system for prosecution case billing; and • Enhance website to utilize broader range of communication tools including social media.

Objective 5:
Identify options for information technology improvements. (See also objectives 1 & 2)

PERFORMANCE MEASURE	BASELINE	TARGET
Percentage of fines and costs collected from disciplined licensees with current license	83.2%	85%

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
Establish capability for disciplined licensees to pay fines and costs online		TBD	TBD	By expanding options for payments it is anticipated this will result in higher compliance with fines and costs imposed in disciplinary cases.
Upgrade Call Center software	IN PROGRESS	6/12	6/14	This enhancement will improve staff's ability to provide timely, accurate, and quality customer service. This enhancement is being implemented in three phases. Phase I – the platform upgrade which provides enhanced management reports – has been completed. Phases II and III will be linked with the upgraded licensure system.

Objective 6:
Identify options for contracting with outside entities.

PERFORMANCE MEASURE	BASELINE	TARGET
See all other performance measures		

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
Analyze staff capacity and capability to fulfill technology and operational requirements needed to achieve maximum efficiency.	IN PROGRESS		ONGOING	A number of outsourcing and staff augmentation contracts are in process or being evaluated: • Electronic continuing education tracking system (see objective 7); • Upfront scanning (see objective 1); • Paperless case management system (see objective 2); • Secure web-based portal for board agendas (see objective 2); • License system upgrade, integration, and project management (see objective 1); • Web enhancements (see objective 7); and • Call Center software upgrade (see objective 5).
Outsource licensure examinations to national or regional vendors.	IN PROGRESS	2003	6/13	All licensure examination development and administration, except for one, have been outsourced to national or regional vendors. The one remaining license exam, optometry, is in the process of being outsourced. The most significant benefit of this outsourcing has been reduced costs to licensure applicants, more frequent exam offerings, and enhanced licensure portability across states.

Objective 7:
Identify other options the division deems useful.

PERFORMANCE MEASURE	BASELINE	TARGET
Percentage of customer satisfaction with MQA website	45%	80%
Monthly number of calls from consumers, applicants, and licensees	26,302	23,671

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
Verify CE / CME at time of license renewal	IN PROGRESS	01/13	01/17	Verification of continuing education is currently done as a post-licensure renewal audit. Moving to verification at time of license renewal eliminates audit staff and will reduce disciplinary actions. This is a two biennium project to allow health care practitioners and CE providers to register with electronic CE tracking system and meet reporting requirements.
Online application status check	IN PROGRESS		06/13	For 73% of professions, licensure applicants have the ability to check the status of their application online. The remaining professions are scheduled to be completed by 06/13. This capability will reduce telephone calls and improve communication with licensure applicants.

Objective 7 continued:
Identify other options the division deems useful.

ACTION STRATEGIES	STATUS	START	COMPLETE	COMMENTS
NPDB Continuous Notification	4/12	2/13		In 2005 legislation passed requiring the Department to verify information submitted by allopathic, osteopathic, chiropractic, and podiatric physician applicants for licensure by using the National Practitioner Data Bank (NPDB). In 2012 MQA partnered with NPDB to be the first in the nation to implement a continuous notification system. This change ensures the division has the most up-to-date information on disciplinary and liability claims from the Federal Government and other states at a projected biennial cost savings of $228,204.00. Phase I completed – registered all applicable practitioners with National Practitioner Data Bank. Phases II–III – receiving continuous automated data from NPDB – is anticipated to be complete by 02/13.
Conduct feasibility study to determine professions for which legislation can be proposed to require a passing score on the licensure examination prior to applying for Florida license.	IN PROGRESS	01/13	06/13	Requiring licensure applicants to achieve a passing score on their licensure exam prior to applying for a license will significantly reduce the number of days it takes to receive a license to practice in Florida. This will require legislative amendments to many practice acts.
Redesign board web pages	IN PROGRESS	02/12	06/13	The Florida Board of Medicine established a committee of members (February 2012) focused on developing proactive communication strategies in an effort to educate and inform applicants, licensees, and the public about the roles and activities of the board and the laws and ethics regulating the practice of medicine in Florida. This initiative aims to improve communication on the Internet by designing a website for the Board that offers increased accessibility to services. An intuitive user interface will provide access to information in a clear and simple format utilizing videos, social networking and news feeds. This new web template will be applied to all professions' websites. Combined with the online status check capability, and other enhancements under objectives 1-6, it is anticipated phone calls should be reduced by 5%-10%.