

## Agency Strategic Plan

## Department of Health Professions (223)

3/11/2014 2:11 pm

Biennium: 2008-10 ▼

## Mission and Vision

**Mission Statement**

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information about health care practitioners.

**Vision Statement**

We envision the Department as a leader in ensuring the competency and scope of practice of healthcare providers; giving outstanding customer service to applicants, licensees and consumers of regulated services; promptly and thoroughly intervening where there are allegations of misconduct that threaten access to safe health care; offering relevant and readily available information about health care practitioners which allows patients and their families to make informed decisions when selecting providers; and instilling in providers and consumers confidence in a system that authorizes and oversees the delivery of health care.

## Executive Progress Report

**Service Performance and Productivity**

- *Summary of current service performance*

The Department of Health Professions (DHP) continues to service three major areas: licensing individuals and entities seeking to practice in professions and occupations regulated by health regulatory boards; detecting, investigating and adjudicating allegations of misconduct; and providing information to and about health care providers.

## Licensing

For the quarter ending June 30, 2007, the Department recorded 266,613 individuals, businesses and entities authorized to practice in the Commonwealth. This represents a 5% decrease from licenses issued on June 30, 2005. (This number would have been approximately 5,100 greater; however, it excludes out-of-state licensed nurses who are no longer authorized to hold a Virginia license as a nurse in accordance with the Nurse License Compact, effective January 1, 2005.) For the two-year period ending June 30, 2005, the Department processed 50,231 applications for initial licensure, which represents a decrease of 873 from the previous biennium.

## Disciplinary Process

The Department continues to devote the majority of its resources to the difficult area of practitioner misconduct. For the two-year period ending June 30, 2007, the Department opened 10,369 disciplinary files in response to complaints, mandated reports, and inspections which indicated possible violation of laws and regulations governing practice. This number represents an increase of 32 cases over the previous two-year period. During the most recent two-year period, the Department closed 9,243 cases, an increase of 665 (+5%) over the previous two-year period. The difference in rates of cases received versus the number of matters closed, in part, reflects the increase in the most recent 24 months in mandatory reports received from such entities as hospitals and health care institutions. In the two-year period ending June 30, 2007, the Department received 2,062 mandated reports from hospitals and health care institutions.

## Providing Information

In the past several years, the Department has expanded the use of its three main web sites to serve both consumers and providers of health care services. Services include:

- Providing forms, instructions, regulations, and guidance documents for applying for licensure, license renewal and for filing complaints alleging misconduct.
- Making virtually all public information about licensees accessible, including licensure status, location, and complete disciplinary history for all current, recently expired, suspended, or revoked licenses.
- Providing detailed information to consumers of health care about doctors of medicine, podiatry, and osteopathy, including contact information, office hours, practice location(s), hospital affiliation, specialty and specialty certification, board action and paid malpractice claims.

In the two-year period ending June 30, 2007, the Department experienced 6,505,969 visits to these sites, an increase of 1,036,102 over the previous two-year period.

- *Summary of current productivity*

#### Discipline

Recognizing the need for improved performance in the disciplinary process, the Department, together with health regulatory boards, has made significant effort to act in a timely manner on allegations of misconduct. As noted above, the Department realized 5% increase in the closure of disciplinary cases. In FY '06, the Department closed 67% of its cases in less than 365 days. In FY '07, that percentage decreased to 63%. Most significant was the average time to close cases, which increased from 343 days in FY '06 to 362 days in the same period in FY '07 (a 6% increase).

Because patient health and safety are preeminent, one of the agency's three Virginia Performs Key Measures focuses on expedient patient care case processing. Instituted in October of 2006, this Key Measure requires 90% of cases relating to patient care must be investigated and closed within 250 business days by the end of FY 2009. Quarterly results since October, 2006, have ranged from 57 to 65%. To address the long-term goal of resolving patient care cases within established guidelines, more resources have been directed to resolving the most serious patient care issues and to resolving a backlog of older cases. Additionally, as described previously, throughout FY 2007, the proportion of closed patient care cases exceeded closed non-patient care cases for the first time in two years. Patient care cases are more complex and take more time to investigate. Because of this greater complexity, the larger proportion of patient care cases has resulted in a heavier workload. Discussion of the efforts underway to reform the disciplinary system is provided in the Major Initiatives and Related Progress section of this report.

#### Licensure

Another principal agency objective is to license qualified health care practitioners effectively. To this end, applications for licensure should be processed as efficiently as possible and with excellent customer service demonstrated through easy-to-complete applications, responsive staff, and accurate information. To measure licensure performance, the Department's remaining two Virginia Performs Key Measures, instituted in October of 2006, require that 95% of licenses be issued within 30 days of receipt of completed applications and that a 97% positive customer satisfaction rating be obtained as a two-year rolling average.

The Department has consistently surpassed the 30-day measure goal, with performance ranging between 96.8 and 99.9% throughout FY 2007. During FY 2007, the positive customer satisfaction rating ranged between 94.5 and 94.8%. Viewed against time and again similarly high performance from FY2005 through FY2007, it indicates a similarly high rating can be attained in FY 2008. The 2.2% difference between 94.8 and the 97% falls within standard survey margins of error.

The Department's effort to increase online licensure renewal, begun in January of 2004, has been met with success. Robust use of the agency's online renewal system continues to exceed the target 80%, with 84 to 94% of licensees renewing online in FY2007.

#### Providing Information

The agency's website is one of the primary means available to provide information to and about health care practitioners and the standards of practice to which they are held. In October of 2006, the agency's target performance to be reached by FY 2008 was 850,000 annual visits. In FY 2007, over 3,400,000 visits were received and continued growth is anticipated.

In addition, the department's Prescription Monitoring Program collects pharmaceutical data and provides information to authorized users to deter the misuse, abuse, and diversion of controlled substances. The secure database is available only to prescribers, pharmacists, certain law enforcement personnel (must have an open investigation), regulatory personnel, Office of the Chief Medical Examiner, and patients over the age of eighteen. The number of requests has been increasing every month by an average of 150 requests a month and the program has received over 10, 949 requests for calendar year 2007 through July. As of September 21, 2007 there are over 16.3 million records in the prescription monitoring program database.

### **Initiatives, Rankings and Customer Trends**

- *Summary of Major Initiatives and Related Progress*

#### Reform of the Disciplinary System

The chief challenge facing the agency's disciplinary system is to bring forth reforms which will address 90% of allegations of practitioner misconduct relating to patient care within 250 days by the end of FY 2009. The agency has undertaken a number of actions to help shape its reform plan including formally operationally defining "patient care," rigorous analysis of historic case processing performance, and examination of open caseloads at the various levels to determine where "bottlenecks" occur. Three performance action teams have been developed in response: One which focuses on issues related to case intake and investigation, another on probable cause determination and case hearing scheduling, and the last on how best to resolve a backlog of old cases and avoid future backlogs. Recommendations are being implemented to improve processes, achieve system efficiencies, and allocate essential resources.

To date, the Intake and Investigations Performance Action Team has developed thirteen recommendations including creating a tiered system for investigations where more work is done through the central office before it is assigned to the field, greater use of administrative investigators for any part of investigations which require collecting documents,

medical malpractice reports, actions by another state, and more efficient processing of Health Practitioner Intervention Program dismissals. The Probable Cause Performance Action Team is building its recommendations upon those from Intake and Investigation team. Recommendations which emphasize greater use of agency subordinates and delegating greater probable cause determination authority to staff are being implemented. The Old Case Performance Action Team has identified over 280 cases at all stages and has sent questionnaires to investigators and board executives to determine the status of the cases over 1000 days old and are developing coordinated efforts to prevent the continued aging of cases without resolution including review of cases in which the matter involves an unlicensed person. Overall, emphasis has been placed largely on addressing older cases and directing more resources to resolving the most serious patient care complaints.

In addition to assisting the performance action teams, the Enforcement Division has taken the following actions, to date.

- An additional intake analyst has been hired to enable faster initial response and to help with preliminary investigations of incoming complaints.
- Additional investigators have been hired in the regions of the state with the highest case loads, largely in the Southwestern portion of the state.
- Additional investigators have been hired for the central office to address the over one thousand low priority cases. Non-patient care cases as well as low priority background investigations and some of the preliminary investigation for other cases can best be handled administratively, largely through telephone interviews and correspondence. This frees regional field investigators to focus exclusively on patient care cases.
- Meetings have been conducted with boards' staff to expedite resolution of aged cases which have been subsequently submitted for closure. Based upon the effectiveness of these discussions, weekly meetings have now been instituted with the Board of Medicine staff to review newly received complaints as well as open cases.
- To take advantage of some of the newer technological capabilities, electronic scanning and e-mailing of top priority cases has begun rather than transmitting through fax or regular mail. Additionally, the new telephone system auto attendant enables calls to be routed to the appropriate office. Since the new system was put into place in mid-August, there has been a substantial reduction in calls unrelated to discipline received by the case intake analysts.

As indicated earlier, during FY 2007, a greater proportion of patient care cases vs. non-patient care cases were closed. Additional analysis revealed that during FY 2007, a greater proportion of patient-care cases were founded and required disciplinary action than in the previous two years, resulting in a greater demand for board-level and administrative proceedings unit time.

#### Sanctions Reference Progress

One of the most difficult questions that members of the public often ask is, "Are licensing boards making the right decisions when they discipline a practitioner for misconduct?" To establish a framework for this important issue, the Department has developed a systematic approach using a point system, referred to as "Sanctions Reference," that enables each individual board to establish a consistent set of factors against which to judge similarly-situated cases and respondents. The research methods resulting in Sanctions Reference Point (SRP) systems for each board was modeled after that used to develop criminal sentencing guidelines in Virginia. To date, the Boards of Medicine, Dentistry, Nursing, Veterinary Medicine, and Funeral Directors and Embalmers have developed and begun using their respective SRP systems. The Board of Pharmacy will begin to use its on September 20, 2007, and the Board of Optometry is anticipated to finalize its system at the end of September, 2007. The Boards of Counseling, Psychology, and Social Work are anticipated to begin work on their systems in October, 2007, with the remaining boards within the agency to follow.

The Board of Medicine's SRP system was the first to be implemented in August 2004. Its overall compliance rate as of September 1, 2007, was 75% (60 cases). For Dentistry, which began using its system in January of 2006, the compliance rate as of the same date was 94% (50 cases). Nursing's rate from June, 2006, until September 1, 2007, has been 86% (256 cases). Veterinary Medicine began using its system in early May, 2007, and has an SRP agreement rate of 89% (9 cases), while Funeral Directors and Embalmers, which also began using its SRP system in May, 2007, has 100% agreement (2 cases).

The reasons from departure have ranged from extreme remorse to significant patient vulnerability. More in-depth analysis is needed and will be conducted as part of a periodic formal review for each board. Anecdotal reports thus far have been uniformly positive. As an example, the Board of Medicine's staff has indicated that it has been contacted by attorneys for respondents who seek to negotiate consent orders rather than have their clients go to a proceeding. Informally, attorneys have reported that they are aware of what the sanction will likely be and that the client is willing to stipulate. However, as indicated, a more formal analysis will be conducted for each of the boards, starting with Medicine in early 2008, to determine if a discernable impact on case processing may be the result of SRP.

The aim of the SRP study is to enable everyone to understand the factors that each board considers important and the degree of importance of each of those factors in rendering fair and reasonable sanctioning decisions. By allowing boards to judge similarly-situated cases against the same, agreed-upon set of empirically derived factors and weights,

SRP makes possible not only consistency but transparency into sanctioning decision-making. Further, because only those factors deemed appropriate are scored, when SRP-recommended sanctions are selected, SRP provides a reliable tool to effectively exclude the influence of defined inappropriate factors in the sanctioning decision process.

Continued review by the boards, the broader regulatory and research communities, as well as the public is required to determine if SRP will be as effective in the regulatory arena as Virginia's Sentencing Guidelines are for criminal justice. It is hoped that by bringing self-correcting empirical methods of science to what had been an inherently subjective process, SRP can continue to enhance boards' abilities to fulfill their mandate to protect the public while rendering fair and impartial sanctions.

- *Summary of Virginia's Ranking*

Currently, there are virtually no metrics or benchmarks comparing the performance of states in the area of regulation of health regulatory boards. There exist myriad differences in organization models across the country and the laws and regulations governing the professions themselves. Moreover, their practices vary in important ways.

Accordingly, over the past several years the Department has developed its own measures of performance, such as:

- Rates of case completion;
- Level of applicant satisfaction during the initial licensure application process, to include prompt handling, easy to complete forms, and prompt and accurate response to inquiries; and
- Rates of internet usage, including the rate of on-line renewals and visits to web sites that provide information to consumers of health care services, practitioners, applicants, insurers, hospitals, and health care institutions and other health oversight agencies.

As noted throughout the narrative above, these metrics indicate positive trends in improving or maintaining very high rates of performance.

- *Summary of Customer Trends and Coverage*

It is estimated that in order to meet the demands for nursing services by 2020, the number of students enrolled in approved programs must double over current enrollments. This sobering number is a reflection of the increased demand for health care services in a growing and aging population. In addition, the systems of health care delivery are expected to develop new and innovative treatments that will also increase demand. It is likewise expected that this increased demand will result in increased numbers of applicants, licensees, and disciplinary cases. Additional professions may well be added as we approach 2020. In the past several years, the General Assembly has added pharmacy technicians, medication aides, assisted living administrators, non-nurse midwives and equine dental technicians to ranks of regulated providers. As health care systems expand in new ways, it is expected this trend will continue.

While implementing updated processes and exploring new technology, such as on-line applications as well as renewals, certain work is likely to remain labor intensive, such as screening complaints, conducting investigations, and adjudicating allegations of misconduct. To this end, the Department will experience an increased need to acquire human resources at a professional level of both legal and health provider staff.

### **Future Direction, Expectations, and Priorities**

- *Summary of Future Direction and Expectations*

As noted above, it is expected that the demand for health care services will increase through at least the second decade of the 21st century. The primary driver will be an aging population with a greater need for care. For example, it is expected that schools of nursing will be required to double the number of graduates to meet demand for acute, long-term, and home health services.

The September 2007 Report of The Governor's Health Reform Commission, Roadmap for Virginia's Health, includes a recommendation to establish a healthcare workforce data center within the Department of Health Professions. It is anticipated that DHP will be charged in the future with improving data collection and measurement of the healthcare workforce.

In addition to the demand for providers currently regulated, there may be an expansion of the regulation of new groups. For example, in 2004, Virginia joined a growing number of states that initiated the regulation of pharmacy technicians who assist currently regulated pharmacists. As demand and corresponding workloads on such traditional providers grew, pharmacy technicians assumed an expanded role in the dispensing of prescriptions, resulting in the need to assure technician integrity and competency to ensure safe practice and prevent the diversion of controlled drugs. In the past decade, similar expansion of emerging health occupations and professions are demonstrated in the regulation of nurse aides, medication aides, assisted living administrators, and athletic trainers.

This expansion will result in increased services demanded from DHP in almost all of its activities, including licensure, processing applications, providing guidance and information, conducting inspections and investigations, and adjudicating allegations of misconduct. In addition, there is some concern that the rapidity of such expansion in the education of providers will lead to less prepared providers. This has previously been the case, and it will likely result in more contention and consumer complaints filed with DHP.

In order to meet the expectation of Virginians for excellent service from health care professionals, DHP will need to respond in several ways.

- DHP must improve the ability to forecast demand for its services, with a priority on its capacity to license providers with speed and accuracy, and respond timely to allegations of misconduct that may result in harm to patients.
  - DHP must correspondingly employ sufficient resources including trained staff, information technology and reengineered business processes to meet demand.
  - DHP will need to develop new and innovative policy options that will address the changed health care environment without necessarily adding to the list of professions and occupations currently regulated by the Commonwealth.
- *Summary of Potential Impediments to Achievement*  
Impediments

Among the impediments that will limit our capacity to achieve our mission are:

- The authorization, recruitment, and retention of staff necessary to provide investigative adjudicating and monitoring services.
- The use of new and changing technology in health care systems, which will require on-going training of staff.
- The fragmentation of the delivery of health care services in which the standard of care may become unclear.
- The burden of growing workload on citizen board members in which demands of time and travel will become unreasonable.

#### Service Area List

Service Number	Title
223 108 10	Scholarships
223 560 44	Technical Assistance to Regulatory Boards

#### Agency Background Information

##### Statutory Authority

Statutory Authority  
Sections 54.1-100 through 54.1-117, Code of Virginia  
Sections 54.1-2400 through 54.1-3813, Code of Virginia

Chapters 24 of Title 54.1; General Provisions

- Provides the general powers and duties of health regulatory boards including the responsibilities for licensure, promulgation of regulations, levying and collecting fees sufficient to cover all expenses, holding administrative proceedings, and taking appropriate disciplinary actions.
- Provides for the confidentiality of investigations, suspension of licenses for certain causes, and mandated reporting of misconduct by health care institutions and other officials.
- Enacted 1966, last updated 2007.

Chapter 24.1 of Title 54.1; Practitioner-Self Referral Act

- Prohibits referrals by health providers of patients to facilities where that practitioner has an ownership interest in that entity.
- Enacted 1993, parts became effective July 1, 2005.
- Contains cost of health care by reducing unnecessary demand for services; permits freedom of choice.

Chapter 25 of Title 54.1; Department and Board of Health Professions

- Provides administrative structure and authority for administration, enforcement, oversight, coordination and policy analysis dealing with the regulation of health care provided in the Commonwealth.
- Board coordinates policy reviews and provides advisory oversight for disciplinary and regulatory issues.
- Enacted 1977, last updated 2006.
- Assures coordination with other government agencies economies of scale, effectiveness and adequate policy analysis.

## Chapter 25.1 of Title 54.1; Health Practitioners' Intervention Program; Director, DHP

- Provides monitoring services for practitioners affected by physical or mental disabilities, including substance abuse.
- Operated for the benefit of all boards by the Department
- Enacted 1997, last updated 2004

## Chapter 25.2 of Title 54.1; Prescription Monitoring Program

- Provides for the collection and limited disclosure of all Schedule II through IV controlled substances dispensed in Virginia.
- Provides information to law enforcement officers, prescribers, dispensers, and regulators regarding inappropriate and unlawful receipt of controlled drugs to combat abuse.
- Enacted 2002, last updated 2006

## Chapter 26 of Title 54.1; Audiology and Speech-Language Pathology

- Licenses and regulates audiologists and speech-language pathologists providing hearing and speech therapy.
- Enacted 1972, last updated 2006
- Assures minimum competency and provides for disciplinary action in response to misconduct.

## Chapter 27 of Title 54.1; Dentistry

- Licenses and regulates dentists and dental hygienists who provide oral health care to the public.
- Enacted 1886, last updated 2007
- Assures minimum compliance of those entering the profession and disciplinary action in response to misconduct.

## Chapter 28 of Title 54.1; Funeral Directors and Embalmers

- Licenses and regulates funeral service practitioners and establishments including regulation of commercial practices and handling of pre-need funeral contracts including trust funds.
- Enacted 1894, last updated 2007.
- Assures minimum competency for those providing services and inspection of facilities and accounts. Provides avenue for complaints by citizens.

## Chapter 29 of Title 54.1; Medicine

- Licenses and regulates:
  - acupuncturists
  - chiropractors
  - medical doctors
  - nurse practitioners
  - osteopathic physicians
  - physician assistants
  - interns/residents
  - podiatrists
  - respiratory therapists
  - radiological technologists
  - radiological technologists-limited
  - occupational therapists
  - athletic trainers
  - midwives
- Enacted 1884, last updated in 2005.
- Assures minimum competency of individuals to deliver medical and allied health care services and provide an avenue for action for misconduct in the course of the delivery of these services.

## Chapter 30 of Title 54.1; Nursing

- Licenses and regulates nurses, nurse practitioners (see Section 54.1-2957), registered nurses, and practical nurses who care for individuals who are ill or to prevent illness or disease. Regulates practitioners of massage therapy.
- Enacted 1903, last updated 2006.
- Assures minimum competency for the practice of nursing and takes action against nurses for misconduct.
- \$1.00 from each nurse's license application and renewal fee goes to a scholarship fund for the education of registered and licensed practical nurses.

## Chapter 30 of Title 54.1-Article 4 and 42 U.S.C §§ 1395i-3(e), (f), and (g); 1819; and 1919 of the Social Security Act; Nurse Aides of the Board of Nursing

- Provides for certification, registration and regulation of nurse aides who care for patients in skilled care facilities or home health settings.
- Virginia law enacted in 1989, updated 2001. Federal law enacted 1987, and last amended in 1997.
- Assures minimum competency of nurse aides to care for residents in skilled care facilities and provides for removal from practice of aides who abuse or neglect patients or steal their property.

#### Chapter 30 of Title 54.1, Article 7; Medication Aides of the Board of Nursing

- Requires registration of medication aides who administer drugs to residents of assisted living facilities.
- Virginia law enacted in 2005.
- Assures initial and continued training of individuals who administer drugs in assisted living facilities licensed by the Virginia Department of Social Services.

#### Chapter 31 of Title 54.1; Long-Term Care Administrators

- Regulates individuals who are administrators of skilled care and assisted living facilities.
- Enacted 1970, last updated 2005.
- Assures minimum competency of those who administer nursing homes and assisted living facilities and provides for disciplinary action for misconduct.

#### Chapter 32 of Title 54.1; Optometry

- Regulates individuals who practice optometry, which includes ascertaining eye defects that may be treated using lenses, visual training, orthoptics or certain permitted pharmaceutical agents.
- Enacted 1916, last updated 2005.
- Assures minimum competency of those offering optometric services to the public and provides a mechanism for action dealing with misconduct by practitioners.

#### Chapter 33 of Title 54.1; Pharmacy

- Regulates the practice of pharmacy and the manufacturing, wholesaling, dispensing, selling and compounding of drugs. The board also registers practitioners or entities who sell or possess drugs, and pharmacy technicians.
- Enacted 1886, last updated 2007.
- Assures the safe dispensing of drugs to patients and coordination of drug therapies through the testing for minimum competency for pharmacists; also provides for disciplinary action for misconduct.

#### Chapter 34 of Title 54.1; Drug Control Act

- This basic law governs the conduct of manufacturers, wholesalers, distributors, physicians, dentists, veterinarians, pharmacists, nurses and others in manufacturing, distribution, prescribing, administering and dispensing of drugs.
- Enacted 1970, updated 2007.
- Assures the safe delivery of controlled drugs and prevents illegal diversion and misuse.

#### Chapter 34.1 of Title 54.1; Physical Therapy

- Licenses physical therapists and physical therapist assistants, who evaluate, treat, educate, and rehabilitate individuals with physical disorders due to trauma, disease or defect.
- Enacted 2000 as separate board; updated 2007.
- Assures minimum competency and disciplinary action in response to misconduct.

#### Chapter 35 of Title 54.1; Professional Counseling

- Regulates counseling, rehabilitation providers, substance abuse counseling and marriage and family therapy services rendered to individuals and families to facilitate development and remediate emotional or behavioral disorders.
- Enacted 1976, last updated 2004.
- Assures minimum competency of those individuals providing counseling services to the public and an avenue for disciplinary action in response to misconduct by these providers.

#### Chapter 36 of Title 54.1; Psychology

- Regulates individuals who provide psychotherapy and counseling, including school psychologists and sex offender treatment providers.
- Enacted 1946, last updated 2004.
- Assures minimum competency and disciplinary action for those who engage in misconduct.

#### Chapter 37 of Title 54.1; Social Work

- Regulates individuals who provide social work services to individuals, groups and families in a relationship intended to help modify behavior.
- Enacted 1966, last updated 2006.
- Assures minimum competency for those who engage in social work and provides for disciplinary action for misconduct.

Chapter 38 of Title 54.1; Veterinary Medicine

- Regulates the practice of veterinarians, veterinary technicians, and equine dental technicians who prevent, cure or alleviate disease and injury in animals. Facilities are also regulated.
- Enacted 1896, last updated 2007.
- Assures minimum competency for those engaged in veterinary practice and disciplinary action for misconduct.

**Customers**

Customer Group	Customers served annually	Potential customers annually
Applicants for licensure, certification, registration, or permitting	25,552	26,000
Consumers of health care services	7,300,000	7,300,000
Licensees required to abide by laws or rules governing their practice	266,613	315,000
Parties seeking practitioner information	3,400,000	3,400,000
Recipients of scholarships	116	125

*Anticipated Changes To Agency Customer Base*  
Anticipated Changes in Base

The expectation is for the agency’s customers to continue to increase for the foreseeable future. With the Baby Boom generation reaching retirement age, a significant upsurge in the demand for health care services is expected to occur over the next 20 years, particularly for geriatric and elder-care services. The health care industry is already facing a shortage of qualified health care workers, particularly among nurses, and recruiting incentives are being offered for hard-to-fill jobs. The combination of an aging population base and recruiting demands by employers is expected to result in a steady increase in the number of health care professionals licensed, certified, and registered by DHP, at least through the end of the next decade. In the short term, due to legislation enacted by the 2005 Session of the General Assembly, two new professions (Medication Aides and Long-Term Care Administrators) began to be licensed by the Department in the 2006-08 biennium. While the eventual number of Medication Aides is still uncertain, we are estimating the initial number of licensees to be approximately 20,000. An additional 600 licensees came from Long-Term Care Administrators.

**Partners**

Partner	Description
[None entered]	

**Products and Services**

- *Description of the Agency's Products and/or Services:*  
Licensing, certifying, registering, and permitting individuals and entities that meet requirements to practice health care professions in Virginia.
  - Enforcing laws and regulations governing health care delivery.
  - Investigating and adjudicating reports and complaints against health care providers.
  - Reviewing, developing, and proposing regulations and legislation promoting the safe delivery of health care and the application of scope of practice.
  - Approving educational programs that satisfy requirements for initial and ongoing licensure, certification or registration.
  - Funding student financial assistance and physician incentives.
  - Providing consumer information about health care providers, requirements, and standards.
  - Providing administrative services in support of health regulatory boards, the agency’s mission, and its programs.
  - Collecting data and providing information through the Prescription Monitoring Program secure database to deter the misuse, abuse, and diversion of controlled substances.
- *Factors Impacting Agency Products and/or Services:*  
The agency’s services are affected by a number of different forces. Chief among these are:

- the number of individuals who apply for licensure, registration, or certification in a covered health care profession,
- the number of individuals who renew their licenses each year,
- the number of professions designated by the General Assembly as requiring licensure,
- the number and nature of reports and complaints alleging misconduct on the part of a regulated individual,
- the demand for information from the general public, employers, and insurers, and
- regulations adopted by health regulatory boards affecting the practice of their respective licensees and their scope of practice.

● **Anticipated Changes in Products or Services:**

As indicated previously, it is anticipated that both the number of patients entering the health care system and the number of licensees will increase over the next decade. Both these factors are likely, in turn, to increase the number of complaints and mandatory reports filed with the agency. The more allegations we receive, the more resources that must be devoted to the investigation and adjudication of those complaints. We anticipate, too, that the demand for information from both the general public, health care institutions, employers and insurers will increase as the number of licensees and complaints increase.

It is unknown at this time whether the legislature will add to the number of professions currently requiring licensure, certification, or registration. There are, however, several possibilities, such as persons providing direct support to currently regulated practitioners, as well as dietitians and naturopaths, which may be considered by the legislature in the near future.

As noted earlier, it is anticipated that the agency will assist with planning for Virginia’s healthcare needs by improving data collection and measurements of the healthcare workforce.

The Prescription Monitoring Program will expand its secure database, enhance its availability of information to 24 hours/7 days a week, and increase educational efforts with the additional funding noted below.

**Finance**

● **Financial Overview:**

The Department of Health Professions is a nongeneral fund agency, receiving no support from the state’s general fund. For fiscal year 2006-07, total revenues were approximately \$21.4 million. Of that, approximately 96.0% was from fees associated with the licensure, certification, or registration of the various health care professions. (All fees are set by regulations adopted by the health regulatory boards through the state’s rulemaking procedures consistent with the Administrative Process Act.) Of the remaining, approximately 2.7% represented the combined Medicare and Medicaid share of the Certified Nurse Aide program (funded through reimbursements from the Department of Health and the Department of Medical Assistance Services) and approximately 1.3% represented grant funding received from the U.S. Department of Justice for the Prescription Drug Monitoring program.

Beginning in the 2008-10 biennium, the Prescription Drug Monitoring program will receive revenues annually from the Prescription Drug Monitoring Trust Fund. The Trust Fund was established with \$20 million in monies received from a federal court plea agreement associated with a case related to Oxycontin. DHP is allowed to use only the interest earned on the fund. The amount actually available to the agency is capped at \$1 million or the actual cost of the program, whichever is less. Pursuant to language in the plea agreement, the cap is increased 4% per year for the life of the Trust Fund (approximately 50 years).

Approximately 65% of the agency’s operational budget is devoted to the investigation and adjudication of complaints against health care providers. Approximately 20% is devoted to initial licensing and subsequent renewals. The remaining 15% is divided between the agency’s administrative, support, financial, information technology, and rulemaking activities. Approximately 64% of the agency’s expenditures are for employee salaries, wages, and fringe benefits, and for per diem payments to board members. (Including the Board of Health Professions, there are 14 independent regulatory boards comprised of almost 170 gubernatorial appointees.)

● **Financial Breakdown:**

	FY 2009		FY 2010	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$0	\$29,673,774	\$0	\$29,673,774
Change To Base	\$0	\$0	\$0	\$0
Agency Total	\$0	\$29,673,774	\$0	\$29,673,774

*This financial summary is computed from information entered in the service area plans.*

**Human Resources**

- *Overview*

The primary focus of the agency’s efforts is examining, licensing and disciplining health care practitioners governed by one of the 13 state health regulatory boards. DHP is also responsible for monitoring and enforcing continuing education or experience requirements, ensuring professional accountability through diligent investigation and adjudication of reports of misconduct, and conducting facility inspections to assure the safety and integrity of drugs and medical devices and to prevent pharmaceutical drug diversion. The Department also must study, evaluate and recommend the appropriate type and degree of regulation for health professions and occupations and maximize the use of advanced information systems and Internet technology in sharing accurate, timely information with all types of consumers for their use in health care decisions and to facilitate the delivery of other appropriate services to patients, clients, applicants and licensees.

The Department has a maximum classified employment level of 199 positions. Approximately two-thirds of these positions are assigned to the central office in Richmond; the remaining employees (field staff) are located in one of four agency-defined regions in Virginia. As a condition of employment, all field staff are required to maintain offices in their homes.

The Department is organized under the Director, Chief Deputy Director, and a Deputy Director for Administration. The Director and staff provide policy guidance, regulatory review and operation management to the agency. The Chief Deputy is responsible for directing the work of the Administrative Proceedings Division and the Health Practitioners’ Intervention Program. The Deputy Director for Administration is responsible for directing the work of the Finance and Information Technology Divisions.

Ten cost center managers report to the Director: the Director of Enforcement, eight board Executive Directors and the Human Resource Director. The Director of Enforcement is responsible for directing all investigative activities for the Department as well as case intake, investigation, inspection and monitoring in support of the disciplinary process. The eight Executive Directors are responsible for the management of the thirteen health regulatory boards assigned to the Department as well as the Board of Health Professions. These positions are responsible for managing the policy-making and disciplinary processes for the boards, managing the process for licensing of applicants and assuring the examination of candidates, providing information to the public about practitioners, and serving as the spokesperson for the boards they represent.

The Administrative Proceedings Division is responsible for preparing, processing and prosecuting disciplinary cases. The Health Practitioners’ Intervention Program is a voluntary program available for all licensed persons who may have an impairment that affects their ability to safely engage in their respective profession, including applicants and practitioners, as an alternative to disciplinary action.

Support services to the agency are provided by the Finance Division, the Information Technology Division, and Human Resources. The Finance Division is responsible for all of the fiscal, contract, and material management matters of the Department and the individual boards. The Information Technology Division is responsible for providing network, hardware, software and computer application support for agency staff. This unit maintains critical agency systems, particularly the agency’s licensure, discipline, and compliance management application, and ensures all facets of information gathered on behalf of the Department are secure and available. The Human Resource Division maintains all agency personnel records, manages the recruitment process for all agency positions, monitors the EEO program, and manages benefits, compensation, employee relations and training programs for the Department.

- *Human Resource Levels*

Effective Date	6/30/2007
Total Authorized Position level	199
Vacant Positions	-8
<b>Current Employment Level</b>	<b>191.0</b>
Non-Classified (Filled)	3
Full-Time Classified (Filled)	191
Part-Time Classified (Filled)	0
Faculty (Filled)	0
Wage	35

*breakout of Current Employment Level*

Contract Employees	10
<b>Total Human Resource Level</b>	<b>236.0</b>

= Current Employment Level + Wage and Contract Employees

- *Factors Impacting HR*

Demographics – DHP continues to attract and retain employees who possess considerable health care experience and have earned related advanced degrees. Many employees are considered second career professionals, trading higher salaries and direct care work for professional and managerial opportunities in the professional regulation of health care providers. Agency efforts continue to diversify the overall employee population, and opportunities for females in professional and administrative management occupations are statistically recognized. The agency routinely monitors pay, hiring, disciplinary and grievance information to ensure that our practices support federal, state and agency goals and objectives related to sound workforce management. These efforts have resulted in the following:

1. The average age of DHP employees is 48, with over 60% of our workforce over 45 years of age. The average age of state employees generally is 45 years, with over 56% of state government's workforce being over 45 years of age.
2. The average years of service for DHP employees is 9.3 years, with only 12% of our workforce having over 20 years of service. The average years of service for state employees is 11.5 years, with over 21% having over 20 years of service.
3. Over 63% of our workforce is allocated to pay band 5 or higher, with only 22% of the state workforce allocated to pay band 5 or higher.
4. DHP employee salary average is \$56,317, which is above the state workforce salary average of \$40,348.
5. DHP's workforce is 69% white and 31% minority, and the state workforce is 67% white and 33% minority.
6. Females comprise 85% of DHP's employee workforce, which is above the state average of 54%.
7. The number of official/administrators and professional occupations in the agency is 68%, which is above the state average of 36%.
8. DHP's turnover rate is 8.4%, well below the state average of 11.6%.

- *Anticipated HR Changes*

Agency History/Risk of Retirement – Retirement statistics collected over the past three years indicate that DHP staff retire at an average age of 59 years. Average service for DHP staff at retirement is 20.1 years.

Risk of Employee and Skill Shortage – Factors to consider when evaluating this area include the number of positions that could become vacant, the turnover rate for at-risk occupations, the availability of a trained labor force and the type of services provided by the positions. The roles identified by agency management as having the highest immediate risk to agency service delivery are Pharmacy Inspectors and Medical Facility Inspectors.

Publication from the U.S. Department of Labor, Bureau of Labor Statistics titled Tomorrow's Jobs continues to assert that two of the fastest growing occupations today are Registered Nurses and Pharmacists. As previously stated, DHP typically attracts second career professionals, with most new hires possessing a significant amount of education, expertise and experience in their area of health care. In the next five years, 100% of the agency's Pharmacy Inspectors and 60% of the agency's Medical Facility Inspectors will be eligible for retirement. DHP has experienced no significant recruitment challenges in either of these areas, and management works quickly to fill vacancies. However, given these retirement projections, the agency's Salary Administration Plan continues to include exceptional recruitment and retention options for both roles. It should be recognized that it takes approximately one year for an employee in either role to receive complete on-the-job training, which affects DHP's capacity to promptly act on allegations of misconduct. During times when the agency is recruiting for positions in either role, it is not uncommon for existing staff to be assigned additional cases, which can affect overall productivity.

Formal Assessment of Current Needs – In addition to the need to assess agency resources based upon retirement risks, agency management continues to review its organizational structure to ensure that appropriate resources are assigned to core activities. In addition, the agency is required by law to assess and report to the General Assembly its staffing levels for each job in support of the disciplinary process.

Agency Performance and Conduct Issues – Personnel issues are handled in accordance with established Department of Human Resource Management and agency policies, and there are no areas of concern. Statistics for the past year indicate that all pay actions were consistent with the provisions outlined in state and agency policies, and there were no challenges to recruitment decisions.

Hard to Fill Positions – The agency anticipates challenges in filling Pharmacy Inspector positions, and retirement statistics and employment projections suggest that positions traditionally filled by Registered Nurses could present recruitment difficulty in the next five years.

## Information Technology

- **Current Operational IT Investments:**

The backbone of DHP’s technology services is License 2000 (L2K), a SQL-based proprietary system developed by and licensed from System Automation of Columbia, Maryland. L2K is the vehicle by which the agency licenses, certifies, and registers applicable health care professionals, renews their licenses, tracks fees and revenues, prepares fee deposit documentation, manages and tracks disciplinary cases (including the investigation and adjudication of individual cases), and manages and tracks compliance requirements imposed by boards pursuant to a disciplinary action. Through MyLicense, a companion module to L2K, DHP offers web-based on-line renewal to all professions 24 hours per day, 7 days a week, 365 days a year, using credit cards (Visa and MasterCard) for payment.

Effective July 1, 2006, as an agency considered “in-scope” to VITA (Virginia Information Technology Agency), the agency and its IT infrastructure has been operating under the Commonwealth’s IT Partnership contract between VITA and Northrop Grumman. In August 2007, DHP and five other agencies relocated to the Perimeter Center near Innsbrook in the far west end of Richmond, VA. DHP’s relocation enabled the agency to achieve its 2006-2008 IT planned initiative of converting the agency’s telephone system to Voice Over Internet Protocol (VOIP). (All agencies relocating to the Perimeter Center now operate on a common VOIP phone system maintained by the Partnership.)

DHP’s two other 2006-2008 IT initiatives, Document Management through the use of document imaging and migration of its System Automation mission critical license system (License 2000) to the vendor’s web-based MyLicense Office suite, were unable to be accomplished in the biennium due to funding issues related to VITA’s new rate structure. Both of these initiatives are slated for completion during the 2008-10 biennium.

- **Factors Impacting the Current IT:**

The primary factor affecting IT operations is the significant increase in costs associated with VITA. Based on current budget projections, the agency’s VITA-related fees will be 199% greater in FY 2008 than actual expenditures in FY 2004. In order to maintain current services and meet projected demand for IT services, additional funding will be required.

As part of the agency’s effort to reduce the amount of time required to process applications for initial licensure an upgrade is planned to the System Automation web-based MyLicense Office (MLO) suite. MLO has an on-line license application component that will enable applicants to enter basic licensure application data on-line and to monitor the agency’s receipt of additional documentation and testing results through the Internet. This will significantly cut down on the volume of telephone and written correspondence relating to licensure application status, thus enabling agency licensure staff to more productively devote their time to application evaluation and processing activities.

One of the agency’s key performance measures is to reduce the amount of time required to investigate and adjudicate cases relating to patient care to within 250 days. Efforts in this area will also benefit from the agency’s planned upgrade to the web-based MyLicense Office. MLO has on-line inspection and investigation components (eMobile) and a digital records management component (EMC Documentum). These components will be accessible to agency in-house Enforcement staff as well as Field Investigator and Inspector staff for more efficient handling and processing of case files through VPN (Virtual Private Network) connections using high speed Internet services.

The agency will also be expanding Telework staff options using VPN with high speed Internet connectivity to the MLO web-based components and email connectivity in support of Executive Order 35 (2006).

- **Proposed IT Solutions:**

In terms of technology, other than the upgrades mentioned above, the only significant change anticipated to DHP’s IT infrastructure and services is the anticipated migration of its servers to the NG Partnership site near Hopewell around the end of the next biennium. Also as mentioned above, funding for VITA-related costs will be a significant concern during the upcoming biennium.

- **Current IT Services:**

Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected Service Fees	\$0	\$1,927,001	\$0	\$1,955,906
Changes (+/-) to VITA Infrastructure	\$0	\$0	\$0	\$0

<b>Estimated VITA Infrastructure</b>	\$0	\$1,927,001	\$0	\$1,955,906
Specialized Infrastructure	\$0	\$0	\$0	\$0
Agency IT Staff	\$0	\$0	\$0	\$0
Non-agency IT Staff	\$0	\$0	\$0	\$0
Other Application Costs	\$0	\$1,708,913	\$0	\$1,708,913
<b>Agency IT Current Services</b>	\$0	\$3,635,914	\$0	\$3,664,819

*Comments:*

[Nothing entered]

- *Proposed IT Investments*

Estimated Costs for Projects and New IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	\$0	\$0	\$0	\$0
Non-major IT Projects	\$0	\$0	\$0	\$0
Agency-level IT Projects	\$0	\$0	\$0	\$0
Major Stand Alone IT Procurements	\$0	\$0	\$0	\$0
Non-major Stand Alone IT Procurements	\$0	\$1,179,700	\$0	\$370,000
<b>Total Proposed IT Investments</b>	\$0	\$1,179,700	\$0	\$370,000

- *Projected Total IT Budget*

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Current IT Services	\$0	\$3,635,914	\$0	\$3,664,819
Proposed IT Investments	\$0	\$1,179,700	\$0	\$370,000
<b>Total</b>	\$0	\$4,815,614	\$0	\$4,034,819

[Appendix A](#) - Agency's information technology investment detail maintained in VITA's ProSight system.

**Capital**

- *Current State of Capital Investments:*  
DHP has no capital investments.
- *Factors Impacting Capital Investments:*  
[Nothing entered]
- *Capital Investments Alignment:*  
[Nothing entered]

**Agency Goals**

**Goal 1**

Authorize individuals and entities who meet standards of competence to deliver health care services to the citizens of the

Commonwealth.

### **Goal Summary and Alignment**

Virginians require an adequate supply of providers to meet the ongoing and increasing demand for health care services. However, providers must meet the minimum standards of competency to assure that services are safe and effective.

### **Goal Alignment to Statewide Goals**

- Inspire and support Virginians toward healthy lives and strong and resilient families.
- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

### **Goal 2**

Take action where there is evidence of practitioner conduct which constitutes a violation of law and regulation.

### **Goal Summary and Alignment**

Health care services often involve intervention which, if delivered inappropriately, may result in unacceptable and preventable adverse outcomes such as diminished health status, addiction, injury and death. It is essential that health regulatory boards take action in a manner which promotes the safe delivery of care and, when necessary, remove licensees from practice.

### **Goal Alignment to Statewide Goals**

- Inspire and support Virginians toward healthy lives and strong and resilient families.
- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

### **Goal 3**

Provide information to consumers of healthcare services, applicants and licensees regarding requirements, standards, and availability of qualified practitioners resulting in access to safe delivery of health care services.

### **Goal Summary and Alignment**

The types of providers, funding and delivery systems of health care services are growing in size, availability and complexity. In order to promote access to safety in such a dynamic environment, the need for information and communication is necessary for patients and their surrogates as well as providers. DHP is in a unique position to collect and disseminate information about the health services, standards, quality and availability. Such effort will allow for more informed choice by consumers in making decisions about health care services.

### **Goal Alignment to Statewide Goals**

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.
- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

### **Goal 4**

Promote the quality of nursing programs in Virginia by providing funding for nursing scholarships.

### **Goal Summary and Alignment**

By providing funding for scholarships, the agency increases the opportunity for individuals who do not have the financial means to further their education and to enter the ranks of trained health care professionals.

### **Goal Alignment to Statewide Goals**

- Elevate the levels of educational preparedness and attainment of our citizens.

### **Goal 5**

We will strengthen the culture of preparedness across state agencies, their employees, and customers.

**Goal Summary and Alignment**

This goal ensures compliance with federal and state regulations, policies and procedures for Commonwealth preparedness, as well as guidelines promulgated by the Assistant to the Governor for Commonwealth Preparedness, in collaboration with the Governor's Cabinet, the Commonwealth Preparedness Working Group, the Department of Planning and Budget and the Council on Virginia's Future. The goal supports achievement of the Commonwealth's statewide goal of protecting the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

**Goal Alignment to Statewide Goals**

- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.
-

Service Area Strategic Plan

Department of Health Professions (223)

3/11/2014 2:11 pm

Biennium: 2008-10 ▼

Service Area 1 of 2

Scholarships (223 108 10)

Description

In 1991, the General Assembly created the Nursing Scholarship and Loan Repayment Fund. Funding for the scholarship fund is provided through a \$1.00 surcharge assessed on the renewal of licenses for registered and licensed practical nurses. The purpose of the fund is to finance scholarships for part-time and full-time students enrolled in or accepted for enrollment by licensed practical or registered nursing programs and those registered nurses, licensed practical nurses, and certified nurse aides who agree to perform a period of nursing service in a Virginia long-term care facility. The program is administered jointly by the Department of Health Professions and the Virginia Department of Health (VDH).

DHP collects the money and deposits it into the Scholarship Fund. The Department of Health determines the recipients and sends the names to DHP. DHP, in turn, distributes the awards according to the list provided by VDH. Any balances left in the fund at year-end automatically carry forward to the next fiscal year. For FY 2006-07, revenue amounted to \$61,286 and expenditures totaled \$57,152.

Background Information

Mission Alignment and Authority

- Describe how this service supports the agency mission

Although this service area does not command much in the way of resources, it is an integral part of the agency's mission, particularly given the well-documented shortage of health care professionals, especially in the nursing field.

- Describe the Statutory Authority of this Service

Sections 54.1-3011.1 and 54.1-3011.2, Code of Virginia

\$1.00 from each nurse's license application and renewal fee goes to a scholarship fund for the education of registered and licensed practical nurses.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Recipients of scholarships	Recipients of scholarships	116	125

Anticipated Changes To Agency Customer Base

Although the number of nursing students is expected to increase over time, scholarships are limited by revenues collected. State law limits the surcharge to no more than \$1.00 per licensee (the current amount collected). Therefore, it is unlikely that there will be significant changes in the program for the foreseeable future.

Partners

Partner	Description
[None entered]	

Products and Services

- Factors Impacting the Products and/or Services:

The only factor impacting this service area is the limit placed by the General Assembly on the amount that can be collected to fund the scholarships. This is not expected to change in the foreseeable future.

- Anticipated Changes to the Products and/or Services

Given the limit on revenues created by the legislative cap on the surcharge, it is unlikely that there will be significant changes in the program for the foreseeable future.

- Listing of Products and/or Services

- The service provided through this activity is scholarships to nursing students. Given the limit on revenues created by the legislative cap on the surcharge, it is unlikely that there will be significant changes in the program for the

foreseeable future.

**Finance**

- *Financial Overview*

All funding for this service area is derived from legislatively mandated surcharge on renewal fees for licensed practical and registered nurses.

- *Financial Breakdown*

	FY 2009		FY 2010		FY 2009	FY 2010
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund		
Base Budget	\$0	\$65,000	\$0	\$65,000		
Change To Base	\$0	\$0	\$0	\$0		
Service Area Total	\$0	\$65,000	\$0	\$65,000		
Base Budget	\$0	\$65,000	\$0	\$65,000		
Change To Base	\$0	\$0	\$0	\$0		
Service Area Total	\$0	\$65,000	\$0	\$65,000		

**Human Resources**

- *Human Resources Overview*

No staff are assigned specifically to this service area.

- *Human Resource Levels*

Effective Date	
Total Authorized Position level	0
Vacant Positions	0
<b>Current Employment Level</b>	<b>0.0</b>
Non-Classified (Filled)	} breakout of Current Employment Level
Full-Time Classified (Filled)	
Part-Time Classified (Filled)	
Faculty (Filled)	
Wage	
Contract Employees	
<b>Total Human Resource Level</b>	<b>0.0</b>

} breakout of Current Employment Level

= Current Employment Level + Wage and Contract Employees

- *Factors Impacting HR*

[Nothing entered]

- *Anticipated HR Changes*

No changes are expected to the staffing assigned to this service area.

**Service Area Objectives**

- Collect money from license renewals as required by state law and make requisite payments to schools on behalf of recipients as identified by the Department of Health.

**Alignment to Agency Goals**

- Agency Goal: Promote the quality of nursing programs in Virginia by providing funding for nursing scholarships.

**Objective Strategies**

- The Board of Nursing will provide the listing of approved recipients to Finance within 30 days of receipt from the Department of Health.
- Checks will be cut by Finance to the designated recipients within 10 days of receipt of approved documentation from the Board of Nursing.

**Link to State Strategy**

- nothing linked

**Objective Measures**

- Percent of nursing scholarship payments processed for identified individuals

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 100% for FY 2005

Measure Target Value:  Date:

Measure Target Description: 100% through FY 2010

Data Source and Calculation: Documents provided by the Department of Health and verified by the Board of Nursing and payments entered into CARS.

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## Service Area Strategic Plan

## Department of Health Professions (223)

3/11/2014 2:11 pm

Biennium: 2008-10 ▼

## Service Area 2 of 2

## Technical Assistance to Regulatory Boards (223 560 44)

## Description

Virginia's 13 health regulatory boards are responsible for licensing and disciplining health practitioners, and promulgating the regulations that govern health professionals. Some boards have additional responsibilities. For example, the Board of Nursing accredits nursing programs. The Department of Health Professions' employees support the boards in their activities, but it is the members of these boards who have the ultimate authority to promulgate regulations and to make decisions involving case decisions.

The Governor appoints all board members, most of whom are health professionals licensed by the boards to which they are appointed. All boards have some number of citizen members – at least one and as many as four, depending on the size of the board. Board members serve four-year terms and cannot serve more than two successive full terms.

Licensure or certification in each profession typically requires the completion of a board-approved professional education program and the passage of an approved examination in the applicant's chosen professional field. During the 2004-06 biennium, the 13 health regulatory boards regulated more than 280,000 health professionals, facilities, and other designated entities. This represents a 3% increase over the prior biennia and a 30% increase over the last ten years.

A vital part of the boards' licensing responsibilities is the investigation and adjudication of complaints and allegations of misconduct against licensees. During the 2004-06 biennium, the boards handled approximately 10,500 disciplinary cases.

The investigation and preparation of disciplinary cases presented to the boards is handled by DHP staff. Prosecution of cases in formal hearings is the responsibility of the Attorney General's Office. All disciplinary cases are decided in accordance with the state's Administrative Process Act .

The health regulatory boards are also responsible for promulgating the regulations governing the professionals under their respective purview. These regulations establish initial licensure requirements, set fee rates and renewal requirements, and establish standards for practice.

The Board of Health Professions (BHP) was created in 1977 to assist the health regulatory boards coordinate the development of guidelines governing health care professionals in Virginia. BHP is also responsible for reviewing the agency's budget and advising the DHP director, General Assembly, and the governor on matters related to the regulation of health care professions. The Board of Health Professions is comprised of 18 members, one from each of the 13 health regulatory boards, and five citizens (consumers), all appointed by the Governor.

The primary activities included in this service area are:

- Licensing applicants who meet defined standards as determined by law and regulation.
- Issuing licenses or permits to specified health related businesses that are in compliance with applicable laws and regulations, and inspecting to verify continued compliance.
- Ensuring occupational competency by monitoring and enforcing continuing education or experience requirements, as required by law and/or regulation.
- Enforcing compliance with legal policies and assuring professional accountability through diligent investigation of complaints, application of established standards, and objective disciplinary decisions while ensuring the fair and equitable treatment of health professionals.
- Conducting facility inspections to assure the safety and integrity of drugs and medical devices, and to prevent pharmaceutical drug diversion.
- Studying, evaluating and recommending the appropriate type and degree of regulation, based on verifiable research outcomes, for health professions and occupations.

## Background Information

## Mission Alignment and Authority

- *Describe how this service supports the agency mission*  
This service area is the heart and soul of the agency's mission.
- *Describe the Statutory Authority of this Service*  
Sections 54.1-100 through 54.1-117, Code of Virginia

Sections 54.1-2400 through 54.1-3813, Code of Virginia

Chapters 24 of Title 54.1; General Provisions

- Provides the general powers and duties of health regulatory boards including the responsibilities for licensure, promulgation of regulations, levying and collecting fees sufficient to cover all expenses, holding administrative proceedings, and taking appropriate disciplinary actions.
- Provides for the confidentiality of investigations, suspension of licenses for certain causes, and mandated reporting of misconduct by health care institutions and other officials.
- Enacted 1966, last updated 2009.

Chapter 24.1 of Title 54.1; Practitioner-Self Referral Act

- Prohibits referrals by health providers of patients to facilities where that practitioner has an ownership interest in that entity.
- Enacted 1993, parts became effective July 1, 2005.
- Contains cost of health care by reducing unnecessary demand for services; permits freedom of choice.

Chapter 25 of Title 54.1; Department and Board of Health Professions

- Provides administrative structure and authority for administration, enforcement, oversight, coordination and policy analysis dealing with the regulation of health care provided in the Commonwealth.
- Board coordinates policy reviews and provides advisory oversight for disciplinary and regulatory issues.
- Enacted 1977, last updated 2009.
- Assures coordination with other government agencies economies of scale, effectiveness and adequate policy analysis.

Chapter 25.1 of Title 54.1; Health Practitioners' Monitoring Program; Director, DHP

- Provides monitoring services for practitioners affected by physical or mental disabilities, including substance abuse.
- Operated for the benefit of all boards by the Department
- Enacted 1997, last updated 2009.

Chapter 25.2 of Title 54.1; Prescription Monitoring Program

- Provides for the collection and limited disclosure of all Schedule II through IV controlled substances dispensed in Virginia.
- Provides information to law enforcement officers, prescribers, dispensers, and regulators regarding inappropriate and unlawful receipt of controlled drugs to combat abuse.
- Enacted 2002, last updated 2009.

Chapter 26 of Title 54.1; Audiology and Speech-Language Pathology

- Licenses and regulates audiologists and speech-language pathologists providing hearing and speech therapy.
- Enacted 1972, last updated 2006.
- Assures minimum competency and provides for disciplinary action in response to misconduct.

Chapter 27 of Title 54.1; Dentistry

- Licenses and regulates dentists and dental hygienists who provide oral health care to the public; authorized to register dental assistants II with expanded duties in oral care.
- Enacted 1886, last updated 2009.
- Assures minimum compliance of those entering the profession and disciplinary action in response to misconduct.

Chapter 28 of Title 54.1; Funeral Directors and Embalmers

- Licenses and regulates funeral service practitioners and establishments including regulation of commercial practices and handling of pre-need funeral contracts including trust funds. Registers funeral service interns and crematories.
- Enacted 1894, last updated 2009.
- Assures minimum competency for those providing services and inspection of facilities and accounts. Provides avenue for complaints by citizens.

Chapter 29 of Title 54.1; Medicine

- Licenses and regulates:

acupuncturists  
 chiropractors  
 medical doctors  
 nurse practitioners  
 osteopathic physicians  
 physician assistants  
 interns/residents  
 podiatrists  
 respiratory therapists  
 radiological technologists  
 radiological technologists-limited  
 radiologist assistants  
 occupational therapists  
 occupational therapy assistants  
 athletic trainers  
 midwives

- Enacted 1884, last updated in 2009.
- Assures minimum competency of individuals to deliver medical and allied health care services and provide an avenue for action for misconduct in the course of the delivery of these services.

#### Chapter 30 of Title 54.1; Nursing

- Licenses and regulates nurses, nurse practitioners (see Section 54.1-2957), registered nurses, and practical nurses who care for individuals who are ill or to prevent illness or disease. Regulates practitioners of massage therapy.
- Enacted 1903, last updated 2009.
- Assures minimum competency for the practice of nursing and takes action against nurses for misconduct.
- \$1.00 from each nurse's license application and renewal fee goes to a scholarship fund for the education of registered and licensed practical nurses.

#### Chapter 30 of Title 54.1-Article 4 and 42 U.S.C §§ 1395i-3(e), (f), and (g); 1819; and 1919 of the Social Security Act; Nurse Aides of the Board of Nursing

- Provides for certification, registration and regulation of nurse aides who care for patients in skilled care facilities or home health settings.
- Virginia law enacted in 1989, updated 2001. Federal law enacted 1987, and last amended in 1997.
- Assures minimum competency of nurse aides to care for residents in skilled care facilities and provides for removal from practice of aides who abuse or neglect patients or steal their property.

#### Chapter 30 of Title 54.1, Article 7; Medication aides of the Board of Nursing

- Requires registration of medication aides who administer drugs to residents of assisted living facilities.
- Virginia law enacted 2005, and last amended 2009.
- Assures initial and continued training of individuals who administer drugs in assisted living facilities licensed by the Virginia Department of Social Services.

#### Chapter 31 of Title 54.1; Long-Term Care Administrators

- Regulates individuals who are administrators of skilled care and assisted living facilities.
- Enacted 1970, last updated 2005.
- Assures minimum competency of those who administer nursing homes and assisted living facilities and provides for disciplinary action for misconduct.

#### Chapter 32 of Title 54.1; Optometry

- Regulates individuals who practice optometry, which includes ascertaining eye defects that may be treated using lenses, visual training, orthoptics or certain permitted pharmaceutical agents.
- Enacted 1916, last updated 2009.
- Assures minimum competency of those offering optometric services to the public and provides a mechanism for action dealing with misconduct by practitioners.

#### Chapter 33 of Title 54.1; Pharmacy

- Regulates the practice of pharmacy and the manufacturing, wholesaling, dispensing, selling and compounding of drugs. The board also registers practitioners or entities who sell or possess drugs, and pharmacy technicians.
- Enacted 1886, last updated 2009.
- Assures the safe dispensing of drugs to patients and coordination of drug therapies through the testing for minimum competency for pharmacists; also provides for disciplinary action for misconduct.

#### Chapter 34 of Title 54.1; Drug Control Act

- This basic law governs the conduct of manufacturers, wholesalers, distributors, prescribers and dispensers and others in manufacturing, distribution, prescribing, administering and dispensing of drugs.
- Enacted 1970, updated 2009.
- Assures the safe delivery of controlled drugs and prevents illegal diversion and misuse.

#### Chapter 34.1 of Title 54.1; Physical Therapy

- Licenses physical therapists and physical therapist assistants, who evaluate, treat, educate, and rehabilitate individuals with physical disorders due to trauma, disease or defect.
- Enacted 2000 as separate board; updated 2007.
- Assures minimum competency and disciplinary action in response to misconduct.

#### Chapter 35 of Title 54.1; Professional Counseling

- Regulates counseling, rehabilitation providers, substance abuse counseling and marriage and family therapy services rendered to individuals and families to facilitate development and remediate emotional or behavioral disorders.
- Enacted 1976, last updated 2009.
- Assures minimum competency of those individuals providing counseling services to the public and an avenue for disciplinary action in response to misconduct by these providers.

#### Chapter 36 of Title 54.1; Psychology

- Regulates individuals who provide psychotherapy and counseling, including school psychologists and sex offender treatment providers.
- Enacted 1946, last updated 2004.
- Assures minimum competency and disciplinary action for those who engage in misconduct.

#### Chapter 37 of Title 54.1; Social Work

- Regulates individuals who provide social work services to individuals, groups and families in a relationship intended to help modify behavior.
- Enacted 1966, last updated 2006.
- Assures minimum competency for those who engage in social work and provides for disciplinary action for misconduct.

#### Chapter 38 of Title 54.1; Veterinary Medicine

- Regulates the practice of veterinarians, veterinary technicians, and equine dental technicians who prevent, cure or alleviate disease and injury in animals. Facilities are also regulated.
- Enacted 1896, last updated 2009.
- Assures minimum competency for those engaged in veterinary practice and disciplinary action for misconduct.

### Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Applicants for licensure, certification, registration, or permitting	Applicants for licensure, certification, registration, or permitting	25,915	50,000
Consumers of health care services	Consumers of health care services	7,300,000	7,300,000
Licensees required to abide by laws or rules governing their practice	Licensees required to abide by laws or rules governing their practice	311,862	366,000
Parties seeking practitioner information	Parties seeking practitioner information	3,400,000	0

*Anticipated Changes To Agency Customer Base*

Licenses and applicants for licensure, certification, registration, or permitting. State law prohibits individuals from engaging in specified health care professions and activities unless they are licensed in accordance with regulations promulgated by the boards within the Department of Health Professions.

Licenses who are required to abide by laws or rules governing their practice, and consumers of health care services. State law charges DHP with the responsibility for investigating allegations of misconduct by practitioners and ensuring that health care providers remain in compliance with laws and regulations governing health care delivery.

Consumers of health care services and employers of health care providers. State law charges DHP with the responsibility for pursuing disciplinary actions against health care providers who are alleged to have violated the laws or rules governing their practice.

Recipients of scholarships. State law mandates that \$1.00 be added to the licensure and renewal fees for RNs and LPNs and that the revenue so generated is deposited into a scholarship fund for nursing students. Disbursements from the fund are based on direction from the Department of Health.

Parties seeking practitioner information. The Department of Health Professions has at its disposal vast amounts of information that, if disseminated properly and effectively, can promote access to and the provision of the safe and effective health care services.

The expectation is for the agency's customers to continue to increase for the foreseeable future. With the Baby Boom generation reaching retirement age, a significant upsurge in the demand for health care services is expected to occur over the next 20 years, particularly for geriatric and elder-care services. The health care industry is already facing a shortage of qualified health care workers, particularly among nurses and practitioners with foreign language and cultural skills, and is offering recruiting incentives in many instances for hard-to-fill jobs. The combination of an aging population base and recruiting demands by employers is expected to result in a steady increase in the number of health care professionals licensed, certified, and registered by DHP, at least through the end of the next decade. In the short term, due to legislation enacted by the 2005 Session of the General Assembly, a new profession (Medication Aides) will be licensed by the department by the beginning of the 2006-08 biennium. While the eventual number of Medication Aides is still uncertain, we are estimating the initial number of licensees to be approximately 20,000.

**Partners**

Partner	Description
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[None entered]

**Products and Services**

- *Factors Impacting the Products and/or Services:*

The agency's services are affected by a number of different forces. Chief among these are:

- the number of individuals who apply for licensure, registration, or certification in a covered health care profession,
- the number of individuals who renew their licenses each year,
- the number of professions designated by the General Assembly as requiring licensure,
- the number and nature of complaints alleging misconduct on the part of a regulated individual,
- the demand for information from the general public, employers, and insurers, and
- regulations adopted by the 14 health regulatory boards affecting the practice of their respective licensees.

- *Anticipated Changes to the Products and/or Services*

As indicated previously, it is anticipated that both the number of patients entering the health care system and the number of licensees will increase over the next decade. Both these factors are likely, in turn, to increase the number of complaints filed against licensed health care professionals. The more complaints we receive, the more resources that must be devoted to the investigation and adjudication of those complaints. We anticipate, too, that the demand for information from the general public, employers, and insurers will increase as the number of licensees and complaints increase.

It is impossible to predict whether the legislature will add to the number of professions currently requiring licensure, certification, or registration. There are several possibilities. However, there is no effort of which we are aware to do so.

- *Listing of Products and/or Services*

- Licensing, certifying, registering, and permitting individuals and entities that meet requirements to practice health care professions in Virginia.
- Enforcing laws and regulations governing health care delivery.
- Investigating and adjudicating reports and complaints against health care providers.

- Reviewing, developing, and proposing regulations and legislation promoting the safe delivery of health care.
- Approving educational programs that satisfy requirements for initial and ongoing licensure, certification or registration.
- Funding student financial assistance and physician incentives.
- Providing consumer information about health care providers, requirements, and standards.
- Providing administrative services in support of the 14 health regulatory boards, the agency’s mission, and its programs.

**Finance**

● *Financial Overview*

The Department of Health Professions is a nongeneral fund agency, receiving no support from the state’s general fund. For fiscal year 2006-07, total revenues are approximately \$21.6 million. Of that, approximately 95.9% is from fees associated with the licensure, certification, or registration of the various health care professions. Of the remaining, approximately 2.9% represents the combined Medicare and Medicaid share of the Certified Nurse Aide program (funded through reimbursements from the Department of Health and the Department of Medical Assistance Services) and approximately 1.2% represents grant funding received from the U.S. Department of Justice for the prescription drug monitoring program. All fees are set by regulations adopted by the health regulatory boards through the state’s Administrative Process Act procedures.

Approximately 65% of the agency’s operational budget is devoted to the investigation and adjudication of complaints against health care providers. Approximately 20% is devoted to initial licensing and subsequent renewals. The remaining 15% is divided between the agency’s administrative, support, financial, information technology, and regulatory activities. Approximately 64% of the agency’s expenditures are for employee salaries, wages, and fringe benefits, and for per diem payments to board members. (Including the Board of Health Professions, there are 14 independent regulatory boards comprised of almost 170 gubernatorial appointees.)

● *Financial Breakdown*

	FY 2009		FY 2010	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$0	\$29,608,774	\$0	\$29,608,774
Change To Base	\$0	\$0	\$0	\$0
<b>Service Area Total</b>	<b>\$0</b>	<b>\$29,608,774</b>	<b>\$0</b>	<b>\$29,608,774</b>

**Human Resources**

● *Human Resources Overview*

The primary focus of the agency’s efforts is examining, licensing and disciplining health care practitioners governed by one of the 13 state health regulatory boards. DHP is also responsible for monitoring and enforcing continuing education or experience requirements, ensuring professional accountability through diligent investigation and adjudication of reports of misconduct, and conducting facility inspections to assure the safety and integrity of drugs and medical devices and to prevent pharmaceutical drug diversion. The Department also must study, evaluate and recommend the appropriate type and degree of regulation for health professions and occupations and maximize the use of advanced information systems and Internet technology in sharing accurate, timely information with all types of consumers for their use in health care decisions and to facilitate the delivery of other appropriate services to patients, clients, applicants and licensees.

The Department has a maximum classified employment level of 199 positions. Approximately two-thirds of these positions are assigned to the central office in Richmond; the remaining employees (field staff) are located in one of four agency-defined regions in Virginia. As a condition of employment, all field staff are required to maintain offices in their homes.

The Department is organized under the Director, Chief Deputy Director, and a Deputy Director for Administration. The Director and staff provide policy guidance, regulatory review and operation management to the agency. The Chief Deputy is responsible for directing the work of the Administrative Proceedings Division and the Health Practitioners’ Intervention Program. The Deputy Director for Administration is responsible for directing the work of the Finance and Information Technology Divisions.

Ten cost center managers report to the Director: the Director of Enforcement, eight board Executive Directors and the Human Resource Director. The Director of Enforcement is responsible for directing all investigative activities for the Department as well as case intake, investigation, inspection and monitoring in support of the disciplinary process. The eight Executive Directors are responsible for the management of the thirteen health regulatory boards assigned to the Department as well as the Board of Health Professions. These positions are responsible for managing the policy-making and disciplinary processes for the boards, managing the process for licensing of applicants and assuring the examination of candidates, providing information to the public about practitioners, and serving as the spokesperson for the boards they represent.

The Administrative Proceedings Division is responsible for preparing, processing and prosecuting disciplinary cases. The Health Practitioners' Intervention Program is a voluntary program available for all licensed persons who may have an impairment that affects their ability to safely engage in their respective profession, including applicants and practitioners, as an alternative to disciplinary action.

Support services to the agency are provided by the Finance Division, the Information Technology Division, and Human Resources. The Finance Division is responsible for all of the fiscal, contract, and material management matters of the Department and the individual boards. The Information Technology Division is responsible for providing network, hardware, software and computer application support for agency staff. This unit maintains critical agency systems, particularly the agency's licensure, discipline, and compliance management application, and ensures all facets of information gathered on behalf of the Department are secure and available. The Human Resource Division maintains all agency personnel records, manages the recruitment process for all agency positions, monitors the EEO program, and manages benefits, compensation, employee relations and training programs for the Department.

● *Human Resource Levels*

Effective Date	6/30/2007
Total Authorized Position level	199
Vacant Positions	8
<b>Current Employment Level</b>	<b>191.0</b>
Non-Classified (Filled)	3
Full-Time Classified (Filled)	191
Part-Time Classified (Filled)	0
Faculty (Filled)	0
Wage	35
Contract Employees	10
<b>Total Human Resource Level</b>	<b>236.0</b>

*breakout of Current Employment Level*

*= Current Employment Level + Wage and Contract Employees*

● *Factors Impacting HR*

Demographics – DHP continues to attract and retain employees who possess considerable health care experience and have earned related advanced degrees. Many employees are considered second career professionals, trading higher salaries and direct care work for professional and managerial opportunities in the professional regulation of health care providers. Agency efforts continue to diversify the overall employee population, and opportunities for females in professional and administrative management occupations are statistically recognized. The agency routinely monitors pay, hiring, disciplinary and grievance information to ensure that our practices support federal, state and agency goals and objectives related to sound workforce management. These efforts have resulted in the following:

1. The average age of DHP employees is 48, with over 60% of our workforce over 45 years of age. The average age of state employees generally is 45 years, with over 56% of state government's workforce being over 45 years of age.
2. The average years of service for DHP employees is 9.3 years, with only 12% of our workforce having over 20 years of service. The average years of service for state employees is 11.5 years, with over 21% having over 20 years of service.
3. Over 63% of our workforce is allocated to pay band 5 or higher, with only 22% of the state workforce allocated to pay band 5 or higher.
4. DHP employee salary average is \$56,317, which is above the state workforce salary average of \$40,348.
5. DHP's workforce is 69% white and 31% minority, and the state workforce is 67% white and 33% minority.
6. Females comprise 85% of DHP's employee workforce, which is above the state average of 54%.
7. The number of official/administrators and professional occupations in the agency is 68%, which is above the state

average of 36%.

8. DHP's turnover rate is 8.4%, well below the state average of 11.6%.

- **Anticipated HR Changes**

Agency History/Risk of Retirement – Retirement statistics collected over the past three years indicate that DHP staff retire at an average age of 59 years. Average service for DHP staff at retirement is 20.1 years.

Risk of Employee and Skill Shortage – Factors to consider when evaluating this area include the number of positions that could become vacant, the turnover rate for at-risk occupations, the availability of a trained labor force and the type of services provided by the positions. The roles identified by agency management as having the highest immediate risk to agency service delivery are Pharmacy Inspectors and Medical Facility Inspectors.

Publication from the U.S. Department of Labor, Bureau of Labor Statistics titled Tomorrow's Jobs continues to assert that two of the fastest growing occupations today are Registered Nurses and Pharmacists. As previously stated, DHP typically attracts second career professionals, with most new hires possessing a significant amount of education, expertise and experience in their area of health care. In the next five years, 100% of the agency's Pharmacy Inspectors and 60% of the agency's Medical Facility Inspectors will be eligible for retirement. DHP has experienced no significant recruitment challenges in either of these areas, and management works quickly to fill vacancies. However, given these retirement projections, the agency's Salary Administration Plan continues to include exceptional recruitment and retention options for both roles. It should be recognized that it takes approximately one year for an employee in either role to receive complete on-the-job training, which affects DHP's capacity to promptly act on allegations of misconduct. During times when the agency is recruiting for positions in either role, it is not uncommon for existing staff to be assigned additional cases, which can affect overall productivity.

Formal Assessment of Current Needs – In addition to the need to assess agency resources based upon retirement risks, agency management continues to review its organizational structure to ensure that appropriate resources are assigned to core activities. In addition, the agency is required by law to assess and report to the General Assembly its staffing levels for each job in support of the disciplinary process.

Agency Performance and Conduct Issues – Personnel issues are handled in accordance with established Department of Human Resource Management and agency policies, and there are no areas of concern. Statistics for the past year indicate that all pay actions were consistent with the provisions outlined in state and agency policies, and there were no challenges to recruitment decisions.

Hard to Fill Positions – The agency anticipates challenges in filling Pharmacy Inspector positions, and retirement statistics and employment projections suggest that positions traditionally filled by Registered Nurses could present recruitment difficulty in the next five years.

## Service Area Objectives

- To promptly process applications for initial licensure and, where necessary, conduct examinations and deny eligibility for all individuals and entities who seek to provide services.

### Alignment to Agency Goals

- Agency Goal: Authorize individuals and entities who meet standards of competence to deliver health care services to the citizens of the Commonwealth.

### Objective Strategies

- DHP will screen each application for licensure to assure each applicant meets requirements of law and regulation.
- DHP will conduct checks and inquires to verify credentials such as education, training and examination as a prerequisite to licensure.
- DHP will provide information, assistance, forms and status reports applicants to assist them in presenting their qualifications for licensure.
- DHP will make final case decisions on all applicants filed with the agency.
- As part of the initial licensure process DHP will collect maintain and share emergency contact information for use in a public health emergency for use by the Virginia Health Department and the Centers for Disease Control.

### Link to State Strategy

- nothing linked

### Objective Measures

- We will achieve high customer satisfaction ratings from individuals applying for licensure

Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Quarterly Preferred Trend: Up

Measure Baseline Value: 94.5 Date: 3/31/2005

Measure Baseline Description: 94.5%, the two-year rolling average for the period ending March 31, 2005

Measure Target Value: 97 Date: 6/30/2010

Measure Target Description: Maintain a two-year quarterly rolling average of 97% through FY 2010

Data Source and Calculation: This measure is calculated using the results of surveys sent to initial applicants. The number of positive responses is compared to the total number of responses to calculate the percentage of positive responses.

- We will process applications for licensure within 30 days of receipt of a completed application

Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Quarterly Preferred Trend: Maintain

Measure Baseline Value: 96.8 Date: 1/1/2007

Measure Baseline Description: Baseline was derived from a manual audit of licenses issued during the second quarter of FY07 which showed 96.8% were issued within 30 days of receipt of all necessary materials.

Measure Target Value: 97 Date: 6/30/2010

Measure Target Description: Maintain a processing rate of 97% through FY 2010.

Data Source and Calculation: This measure is derived from an electronic check-list tracking system built into License 2000.

- To periodically renew the licenses for individual and entities who wish to remain eligible to practice in the Commonwealth.

#### Alignment to Agency Goals

- Agency Goal: Authorize individuals and entities who meet standards of competence to deliver health care services to the citizens of the Commonwealth.

#### Objective Strategies

- DHP will notify all potentially eligible individuals and entities of license expiration and renewal requirements.
- DHP will promote and facilitate online renewals to enhance the collection and maintenance of essential information about licensees and the nature of health care manpower to assist in maintaining a workforce sufficient to meet demand.
- DHP will unconditionally renew only those licensees who meet the requirements for continued practice.
- DHP will provide assistance through well designed systems supported by trained and equipped staff for individuals seeking to renew their licensure.

#### Link to State Strategy

- nothing linked

#### Objective Measures

- Percent of healthcare practitioner licenses renewed

Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

Measure Baseline Value: 83.35 Date: 6/30/2005

Measure Baseline Description: 83.35% of healthcare practitioner licenses were renewed in FY 2005

Measure Target Value: 85 Date: 6/30/2010

Measure Target Description: Achieve a renewal rate of 85% on a sustained basis by the end of FY 2010.

Data Source and Calculation: This measure is calculated by totaling the number of licenses renewed (using fee payment date as a parameter) and the number of licenses that expired during the same period, then dividing the number of renewals by the total to get the percentage renewed. All data is gathered electronically.

- Percent of healthcare practitioner licenses renewed online

Measure Class: Other Measure Type: Outcome Measure Frequency: Quarterly Preferred Trend: Maintain

Measure Baseline Value: 74 Date: 6/30/2005

Measure Baseline Description: 74% of all license types renewed online as of June 30, 2005

Measure Target Value: 90 Date: 6/30/2010

Measure Target Description: Maintain an online renewal rate of 90% for all license types through FY 2010

Data Source and Calculation: The count of online renewals is done electronically and compared against the total number renewed licenses to get the percentage.

- To detect, receive, evaluate and investigate allegations of misconduct.

#### Alignment to Agency Goals

- Agency Goal: Take action where there is evidence of practitioner conduct which constitutes a violation of law and regulation.

#### Objective Strategies

- DHP will conduct inspections of facilities licensed by health regulatory boards.
- DHP will receive, evaluate, record, and track all reports received.
- DHP will conduct investigations of allegations of misconduct and report all findings to health regulatory boards.
- DHP will report information which may reflect unlawful conduct to law enforcement, Attorneys for the Commonwealth, and other regulatory agencies having jurisdiction.
- DHP will monitor and maintain a database of prescriptions of Schedules II through IV drugs and make information from that database available to prescribers, dispensers, law enforcement officers, and investigators in order to prevent and reduce diversion, addiction, and trafficking.

#### Link to State Strategy

- nothing linked

#### Objective Measures

- We will investigate and process cases relating to patient care within 250 work days

Measure Class: Agency Key Measure Type: Output Measure Frequency: Quarterly Preferred Trend: Up

Measure Baseline Value: 69 Date: 3/31/2008

Measure Baseline Description: The quarterly five-year average percentage of patient care cases, from FY2004 to FY2008 against which the eight-quarter moving window approach was applied is 69%.

Measure Target Value: 90 Date: 6/30/2010

Measure Target Description: Resolve 90% of complaints related to patient care within 250 work days by the end of FY 2010.

Data Source and Calculation: Allegations are counted as they are logged into the computer system and counts are retrieved using date parameters

- Number of allegations that are detected, investigated and reported to health regulatory boards.

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 1,155 cases were opened in the last quarter of FY 2005

Measure Target Value:  Date:

Measure Target Description: 1,420 cases by the last quarter of FY 2010

Data Source and Calculation: Allegations are counted as they are logged into the computer system and counts are retrieved using date parameters.

- Percent of cases that meet agency standards for case resolution, resulting in a decrease in case completion time

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 56.7% of cases met agency standards in the last quarter of FY 2005

Measure Target Value:  Date:

Measure Target Description: 68% of cases will meet agency standards by the last quarter of FY 2010

Data Source and Calculation: The number of days to process and close a case is tracked electronically, and each case is compared to a pre-determined timeframe for completion after it closes. The percentage is calculated using the number of cases that closed within the desired timeframe.

- To adjudicate and impose appropriate findings and conclusions and impose sanctions when there is sufficient evidence that practitioners have engaged in conduct which violates law or regulation governing their practice.

#### Alignment to Agency Goals

- Agency Goal: Take action where there is evidence of practitioner conduct which constitutes a violation of law and regulation.

#### Objective Strategies

- DHP will evaluate all reports and investigations of possible misconduct to determine if probable cause exists to impose a sanction.
- DHP will prepare charges and present for adjudication all charges resulting for probable cause reviews for summary suspension, informal and formal fact findings, and consent orders which may result in a sanction.
- DHP will conduct interim and final proceedings to render case decisions imposing appropriate sanctions on all charges of misconduct.
- DHP will monitor and obtain compliance with all Board imposed terms, conditions and sanctions resulting from disciplinary orders.
- DHP will prepare confidential consent agreements to dispose on matters representing minor misconduct as alternative to the disciplinary process.

#### Link to State Strategy

- nothing linked

**Objective Measures**

- Number of cases in which a written agreement or order is entered imposing a public finding.

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 1,326 cases in FY 2005

Measure Target Value:  Date:

Measure Target Description: 1,459 cases by FY 2010

Data Source and Calculation: All cases with written agreements are entered into the computer system electronically and the count is calculated by using by using date parameters for the date the case was closed.

- Percent of resolved non-patient care cases in which a proceeding is required that comply with agency standards

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 28.6% of cases met standards in FY 2006

Measure Target Value:  Date:

Measure Target Description: 50% of cases will meet standards by the last quarter of FY 2010

Data Source and Calculation: The number of days to process and close a case is tracked electronically and each case is compared to a predetermined timeframe for completion after it closes. The number of cases that comply with that timeframe are compared to total cases closed within the same processing class to determine the percentage that were closed within the standard.

- To provide information to practitioners, clients and patients to promote access to and compliance by providers.

**Alignment to Agency Goals**

- Agency Goal: Provide information to consumers of healthcare services, applicants and licensees regarding requirements, standards, and availability of qualified practitioners resulting in access to safe delivery of health care services.

**Objective Strategies**

- DHP will post, publish, and provide publicly available information that identifies all licensed healthcare providers, location, licensure type and complete disciplinary history.
- DHP will make available to potential providers information regarding the requirements to enter and engage in practice.
- DHP will make available detailed information about practice location, such as specialty, access, certification, and malpractice history, for individuals who are licensed to practice medicine, osteopathy, and podiatry.
- DHP will engage citizens in the rule making process and proposing legislation which promotes access to safe health care.
- Conduct outreach activities for prescribers and make available to prescribers reports of utilization of Schedule II through IV drugs by their patients.

**Link to State Strategy**

- nothing linked

**Objective Measures**

- Number of solicited reports from the Prescription Monitoring Program for prescribers

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:   
 Measure Baseline Value:  Date:  Measure Baseline Description: 1,791 reports were solicited for FY 2005

Measure Target Value:  Date:

Measure Target Description: 40,000 reports (10,000 quarterly) will be solicited by FY 2010

Data Source and Calculation: Derived from an electronically gathered count of reports produced, defined by a date parameter.

o Number of visits to DHP web sites

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 2,448,018 visits in FY 2005 (612,000 quarterly)

Measure Target Value:  Date:

Measure Target Description: Maintain an average visitation level of 890,000 quarterly visits (3,560,000 annually) through FY 2010

Data Source and Calculation: Results come from "Webtrends Composite Report."

- We will be prepared to act in the interest of the citizens of the Commonwealth and its infrastructure during emergency situations by actively planning and training both as an agency and as individuals

**Alignment to Agency Goals**

- o Agency Goal: We will strengthen the culture of preparedness across state agencies, their employees, and customers.

**Objective Strategies**

- o The agency Emergency Coordination Officer will stay in continuous communication with the Office of Commonwealth Preparedness and the Virginia Department of Emergency Management.

**Link to State Strategy**

- o nothing linked

**Objective Measures**

- o Agency Continuity of Operations Plan (COOP) Assessment Score

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 2007 COOP Assessment Results (% out of 100)

Measure Target Value:  Date:

Measure Target Description: Minimum of 75% or, if at 75%, increase the average by 5% each year

Data Source and Calculation: The COOP Assessment Review is a 24-component assessment tool that helps measure the viability of a COOP plan.

- To provide data collection capacity for healthcare workforce planning purposes to help meet the healthcare needs of the Commonwealth

**Alignment to Agency Goals**

- Agency Goal: Authorize individuals and entities who meet standards of competence to deliver health care services to the citizens of the Commonwealth.

**Objective Strategies**

- DHP will collaborate with stakeholders (e.g., Virginia Partnership of Nursing, Virginia Hospital & Healthcare Association, and universities) of targeted professions where data collection needs (such as education, recruitment, and retention) have been clearly identified
- DHP will promote and facilitate on-line renewals to enhance the collection and maintenance of essential information about licensees to assist in maintaining a workforce to meet health care needs.
- DHP will systematically make available the data collected about the targeted professions to assist in workforce planning to help meet the health care needs of the Commonwealth.

**Link to State Strategy**

- nothing linked

**Objective Measures**

- Percent of relevant health workforce information collected from targeted professions who renew their licenses on-line

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 60% in FY 2005

Measure Target Value:  Date:

Measure Target Description: Maintain a collection rate of 75% through FY 2010

Data Source and Calculation: Online survey in conjunction with online renewals, counted electronically, and compared against the total number of licenses renewed online to get the percentage. The availability of data is based on the renewal cycle of targeted professions. For example: nurses renew on a rolling monthly basis bi-annually; others such as physicians all renew bi-annually in the same month of the year. Note: This measure is based on the current program effort. A budget request is being submitted to expand this program. If the amendment is funded, this measure will be reevaluated and rewritten.

- To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements

**Alignment to Agency Goals**

- Agency Goal: Authorize individuals and entities who meet standards of competence to deliver health care services to the citizens of the Commonwealth.

**Objective Strategies**

- Ensure that procedures are be current and followed for all major financial activities.
- Ensure agency compliance with internal controls and ARMICS requirements.
- Provide unit managers with current and accurate budget and expenditure information at least monthly.
- Complete and review all reconciliations timely.
- Conduct contract administration, procurement, and purchasing in compliance with all requirements of the Division of Purchases and Supply.
- Check all requisitions for availability for eVA registrations and SWAM status for increasing SWAM participation.
- Utilize DMBE to assist in developing minority vendor resources.
- Monitor prime vendor subcontracting reporting for SWAM usage.
- Maintain current Performance Management Program linking pay increases to employee performance ratings.
- Collect, report, and store employee evaluations into PMIS.

- Monitor and proactively review agency employment practices to ensure fairness and equity and compliance with relevant Equal Employment Opportunity (EEO) laws and regulations
- Monitor and proactively review agency employment practices to ensure compliance with the recruitment and selection requirements of the Commonwealth
- Monitor and proactively review agency training practices to ensure agency staff are properly trained to meet the requirements of their respective jobs and duties
- Proactively provide agency staff with current information regarding their benefits, including health insurance and VRS benefits.

#### Link to State Strategy

- nothing linked

#### Objective Measures

- Percent of Scorecard categories marked as "meets expectations" for the agency.

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: For FY 2007, DHP realized a "Meets Expectations" in all six criteria.

Measure Target Value:  Date:

Measure Target Description: Maintain the 2007 score of the agency through FY 2010

Data Source and Calculation: The Management Scorecard grades agencies on six criteria. For FY 2007, DHP realized a "Meets Expectations" in all six criteria. Therefore, the agency's baseline for the 2008-10 biennium is 100%.