Agency Strategic Plan

Department of Health Professions (223)

3/11/2014 2:10 pm

Biennium: 2010-12

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 to health care practitioners and the public.

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*

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 the public, including practitioners and consumers of health care services, policy makers, and others.

Licensing Health Professionals

For the quarter ending June 30, 2009, the Department recorded 311,862 individuals, businesses and entities authorized to practice in the Commonwealth. This represents a 5% increase from licenses issued on June 30, 2008. For the two-year period ending June 30, 2009, the Department processed 47,089 applications for initial licensure, which represents an increase of 4,395 (10.3%) from the two years preceding.

Enforcing Standards of Practice

The Department continues to devote the majority of its resources to the disciplinary processes which address practitioner misconduct. During the most recent two-year period, the Department closed 12,378 disicplinary cases, an increase of 3,144 (+34%) over the previous two-year period. The difference in the rates of cases received versus cases closed is attributable to the agency's and the health regulatory boards' concerted efforts to clear aged pending cases and to institute efficiencies at all levels of case processing throughout this time period.

For the two-year period ending June 30, 2009, the Department opened 9,235 disciplinary files in response to complaints, mandated reports, and inspections which indicated possible violation of laws and regulations governing practice. This represents a decrease of 1,134 over the previous two-year period. It should be noted, however, that during FY '04 through FY '06 received cases reached an unprecedented high, with over 5,000 cases docketed each of those years. This was largely due to the passage of legislation strengthening mandatory reporting of practitioner misconduct and to a significant educational outreach by the agency to hospitals and health care institutions throughout the state. In subsequent years, mandatory reporting cases fell by almost half when comparing the two-year period ending July 30, 2007 (2,062) versus the same period ending July 30, 2009 (1,059). In 'FY '08, mandatory reporting cases dropped further to 708 mandatory and to only 351 in FY '09. Awareness of the reporting requirement may have diminished since the initial training; therefore, the agency is committed to reeducating the health care community about mandatory reporting.

Providing Information to the Public

In the past several years, the Department has expanded the use of the internet to serve both consumers and providers of health care services by:

• 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.
• Providing prescription data for Schedule II through IV drugs to authorized users to assist in deterring the illegitimate use of prescription drugs.
• Providing an online pain management curriculum for prescribers.
• Improving data collection, analysis and dissemination efforts to enable informed policy decisions relative to health care practitioner workforce issues.

In the two-year period ending June 30, 2009, the Department received 6,886,927 online visits to these sites, an increase of 380,958 over the previous two-year period. The Prescription Monitoring Program experienced exponential growth after expanding to a statewide program in June 2006. The program fulfilled 13,908 requests in FY '07 and more than doubled the number of requests in FY '08 to 32,467 and in FY '09 program fulfilled over 46,000 requests. In September of 2007, the Governor's Health Reform Commission Report recommended the formation of Healthcare Workforce Data Center within the Department. During FY '08 and '09, the Center was established through the administrative and organizational support of the Department and has gained recognition among key stakeholders as the natural repository for health practitioner workforce data collection and basic analysis and reporting. The Center's accomplishments during its first full year have been to ascertain existing data sources and to evaluate the validity, reliability, and applicability of existing data. Also, with the help of nationally recognized consultants, to Center has made recommendations to ensure the appropriate establishment and maintenance of minimal data sets designed to inform workforce policy decisions for Virginia. Data will be collected though surveys during initial application and licensure renewals for nurses and physicians. It is ancipated that information on nurse practitioners, physicians assistants, dentists, pharmacists, and the other health care professions will be included in the future.

- *Summary of current productivity*

  Licensing Health Professionals

  A 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, 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 99.5 and 100% throughout FY '08 and FY '09. During FY '08 and FY '09, the positive customer satisfaction rating ranged between 94.9 and 95.2%. This was up from 94.5 and 94.8% respectively in FY '07 and FY '08. Viewed against the consistently high performance across these years, a similarly high rating should be attainable in FY 2010 and beyond. The 1.8% difference between 95.2 and 97 falls within standard survey margins of error and is smaller than the previous 2.2% difference between 94.8 and the 97% for FY '07. The rolling average approach was instituted when Virginia Performs reporting began in response to a believed quarterly fluxuation in receipt of fluxuations that may adversely affect the performance measure. During the intervening years, there has been no empirical validation of any significant quarterly variability. As such, a simple average, rather than a rolling average, should be easier to understand and a better indicator of the most recent performance for staff and the public.
  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 original target of 80%, and thus was raised to 90% in the second quarter of FY '09, with 87 to 95% of licensees renewing online in FY '09.

  Enforcing Standards of Practice

  Unprecedented improved efficiency in addressing and resolving allegations of misconduct has been achieved since the inception of Virginia Performs. The Department has closed 34% (3,144) more cases during FY '08 and FY '09 than in the previous two years. Additionally, in FY '09, the agency closed 81.1% of cases received within a year, up from 55.5% in FY '08. The average case closure time improved by 42%, from 407 days in FY'08 to 238 days in FY'09.

  Ensuring patient health and safety are central to the agency's mission. As such, one of the original Virginia Performs Key Measures focused on expedient patient care case processing. Instituted in October of 2006, this measure required the agency to investigate and close 90% of cases relating to patient care within 250 business days. To meet the challenge, the agency and boards devoted significant resources to resolving the backlog of older cases and in

implementing new processes -- all designed to improve efficiencies. However, because the measure only addressed time to disposition regardless of when the cases had been received (i.e., even those prior to the implementation of Virginia Performs), it did not control for the adverse effect resulting from the necessary clearing of old cases. It appeared that the agency was performing worse not better. Analyses of the time to disposition of cases received after the institution of Virginia Performs reflected a very different picture. Disciplinary case processing was clearly improving, but the single measure which retained all of the open cases, regardless of when they had been received, failed to show it. To address this problem, in FY '08 the agency developed three new Key Measures adapted from performance measures used by courts to replace the original. They provide a consise, balanced, and data-driven way to track disciplinary case processing over time. The new three Key Performance Measures are Clearance Rate, Age of Pending Caseload, and Time to Disposition.
Clearance Rate is the number of closed cases as a percentage of the number of received cases. A 100% Clearance Rate means that the agency closes as many cases as it receives. To clear backlog, the Clearance Rate increased drammatically from FY '07 to mid FY '08 and has remained above the 100% goal throughout FY '08 and FY '09. It is anticipated that the goal for the FY '10 to FY '12 biennium will remain at 90%.
Age of Pending Caseload is the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to reduce the percentage of open patient care caseload older than 250 business days to no more than 25% by the end of FY '10. The percent of cases pending over 250 business days has dropped dramatically over the last fiscal year, falling from 29% to less than 10%. Barring an unforseen volume of new cases, it is also anticipated that this goal will remain for the upcoming biennium to guard against future backlog issues.
Time to Disposition is the percent of patient care cases closing within 250 business days for cases received within the immediately preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes undue influence of the oldest cases on the measure. The goal is to resolve 90% of complaints related to patient care within 250 business days by the end of FY '10. The agency met this goal in advance of deadline in the third quarter of FY '09 and exceeded it at 92% during the final quarter of FY '09. This, goal, too should remain for the FY '10 to FY '12 biennium.
Discussion of other efforts underway to continue to reform the disciplinary system is provided in the Major Initiatives and Related Progress section of this report.

Providing Information to the Public

The agency's website is one of the primary means available to provide information to the public 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 2009, approximately 3.4 million 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 continued to increase since the program's incepton, with over 46,000 requests fulfilled in FY '09 and over 39.4 million records in the prescription monitoring program database as of August 1, 2009.

Initiatives, Rankings and Customer Trends

- *Summary of Major Initiatives and Related Progress*

Initial Licensing

The agency is undertaking two efforts to improve and streamline its licensing functions. One is for applicants, the other for in-house processing.

The agency’s licensing system has an on-line license application component that will enable applicants to enter basic licensure application data on-line and subsequently track 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 related to the application process, thus enabling agency licensure staff to more productively devote their time to application evaluation and processing activities.
As a companion to that effort, the agency is centralizing the receipt and processing of checks received from applicants for fees associated with initial licensure. This effort is designed to reduce administrative requirements on board staff, improve the agency’s internal controls, and reduce the length of time required to make and process bank deposits.

Reform of the Disciplinary System

The agency has reformed its disciplinary system in order to achieve its goal of addressing 90% of allegations of practitioner misconduct relating to patient care within 250 business 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.
Key reforms of the disciplinary process are:

• Creation of a tiered system for investigations. More work is done upfront in the central office before a case is assigned to a field investigator. Cases assigned to investigators have due dates as of January 1, 2008. For “Tier One” cases, an Investigative Assistant has been hired to collect basic documents and conduct preliminary telephone interviews. Early expert intervention is actively sought during the investigative phase and subject matter expert review may take place as early as the Intake, or initial, phase of an investigation. “Tier Two” cases undergo an initial probable cause review based on the results of preliminary investigation and include continued expert intervention/involvement. The initial probable cause reviewer may recommend closure without additional investigation or the reviewer may focus the subsequent investigation by providing specific guidance on what documents should be collected and which persons should be interviewed. If the reviewer determines that only documents are needed, the investigation may remain in the central office without the involvement of a field investigator. A “Tier Three” case entails a detailed investigation, either field or administrative.

• Increased use of administrative investigations for collecting documents. A new subpoena process implemented in November 2007 whereby the Enforcement Division issues subpoenas for records for cases under investigation instead of sending a request for such a subpoena to the Administrative Proceedings Division. A new process was implemented October 2007 for Medical Malpractice Payment Reports involving a focused investigation and early review by the Board of Medicine. A new process was implemented as of January 1, 2008 for cases involving dismissals from the Health Practitioners’ Monitoring Program. Reports of HPIP dismissals are sent directly from the HPMP Program Liaison to the relevant Board Section for potential disciplinary action. Additional Investigation is conducted only if necessary to support initiation of disciplinary action.

• Develop checklists for routine investigations. A new Investigative Report format was implemented in 2008. Checklists for recurring complaints where predictable information is to be obtained have been developed. For example, the Board of Pharmacy now routinely uses a checklist for unlicensed pharmacy technician cases.

• Legislation. In the 2008 session of the General Assembly, legislation was passed to amend Va. Code § 54.1-2406 to clarify that agency has the authority to request and receive patient records and other documents. There is now a succinct statement of the agency authority in the Code to demonstrate to persons who may challenge the agency’s authority in this regard, which in many cases has allowed investigation to proceed without the delay of intervention by the Office of the Attorney General to confirm the agency’s authority.

Further study is underway to insure institutionalize of reforms implemented as well as develop additional efficiencies in the investigative and adjudicative process.

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.
The aim of the SRP research 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.

To date, the Boards of Medicine, Dentistry, Nursing, Veterinary Medicine, Funeral Directors and Embalmers, Pharmacy, Optometry, Counseling, Psychology, and Social Work have fully developed and begun using their respective SRP systems, The Board of Medicine began use of its system in August of 2004, and the Boards of Counseling, Psychology and Social Work in June of 2009. The program has been honored by the Council on State Governments and Southern Legislative Conference by being selected as one of the top ten finalists for the 2007 Council on State Governments Innovations Award.. The agency's remaining boards, Physical Therapy, Long-Term Care, and Audiology and Speech-Language Pathology are anticipated to have their systems in place before the end of calendar 2009.

The rate of compliance with SRP recommendations was modeled based upon "typical" cases, so the predicted agreement rate was between 70-75%, As of July 1, 2009, 81% of applicable cases received sanctions recommended by SRP. Anecdotal reports from the participating boards have been uniformly positive. The reasons for departure have ranged from extreme remorse to significant patient vulnerability. A formal evaluation of the SRPs patterned after the methodologies used to assess the efficacy of the criminal sentencing guidelines will be conducted during calendar year 2010. Continuous 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.

Because Sanctions Reference informs on the relative importance of factors related to disciplinary issues, the agency has also used SRP research to develop an improved method of operationally defining "patient care" versus "non-patient care" cases. Three of the agency's Key Performance Measures pertaining to discipline: Clearance Rate, Age of Pending Caseload, and Time to Disposition reference patient care case resolution because of the preminence of patient health issues over non-clinical matters. In July 2009, the agency began using a revised case category assignment system which provides rules for determining whether a case is patient care or non-patient care and how to record the designation in the agency's disciplinary database for better tracking. This new system gives the agency a clearer picture of both the elements (i.e., category of issues involved) as well as the seriousness of the case (i.e., priority).

Prescription Monitoring Program Progress

The Prescription Monitoring Program made available to all licensees of the Department of Health Professions an online course on Chronic Nonmalignant Pain Management developed by the School of Medicine at Virginia Commonwealth University and mailed out over 19,000 books which were donated to the Department of Health Professions by the Federation of State Medical Boards (FSMB). The book, Responsible Opioid Prescribing, A Physician’s Guide was written by Dr. Scott Fishman, translates FSMB’s Model Policy for the Use of Controlled Substances for the Treatment of Pain into practical terms for clinical practice. It is widely recognized that the management of pain is challenging, the amount of training given in medical or pharmacy school is not great, and there is not a great amount of evidence based data for treatment guidelines available for certain pain syndromes. The course and book bridges the gap between what is taught and what is actually needed to manage the treatment of pain.

The program is planning an intense marketing campaign to educate health practitioners about the new capabilities of the program to include 24/7 access as well as the educational resources available to them over the next 2 years.

The Prescription Monitoring Program is also working on implementing software that will allow users to receive reports from other state programs without having to register with each state and make multiple requests. This “interoperability” feature is now being tested by some of Virginia’s neighboring states with production capable software expected by the end of this year. The program has legislation authorizing this new feature and will work toward procurement and implementation of software as soon as other software enhancements have been completed.

Establishment of the Health Care Workforce Data Center

The Governor's Health Reform Commission report from September of 2007 recommended the formation of a healthcare workforce data center for Virginia to be located within the Department of Health Professions. The Department currently houses an extensive licensure database for all professions regulated by its boards, a phyician profile database, and periodic workforce surveys conducted by the Board of Nursing, Board of Medicine, and Board of Pharmacy. The aim of the Center is to serve as the Commonwealth's source of validated health provider workforce information. By emloying appropriate research methodologies, the Cener will collect valid, policy-relevant information from health care providers through licensure application and renewals and surveys and will maintain a dedicated data repository. From this repository, the Center will produce standard, periodic, publicly available data, tables, as well as other status and trend reports designed to answer key questions about Virginia's current and future healthcare workforce. Additionally, data may be made available upon requests from parties outside of the Department of Health Professions upon the approval of the Department's Director and in keeping with Virginia statutes.

Among the goals achieved, to date, are the hiring of staff, establishment of the DHP Healthcare Workforce Data Center Advisory Council, comprised of key Virginia stakeholders in healthcare workforce issues. Additionally, subcommittees were developed to provide specific advice for physicians, nursing and nursing education workforce data. Nationally recognized consultants and DHP staff have aided the subcommittees and Council in the analysis of existing data and survey instruments, in the development of a physician demand model at the state level, and in determining appropriate formating of Center reports and other publications.

Presentations on the state of Virginia's nursing and physician workforce to policy makers, contstitutent groups, and other interested parties are planned. Information on physician assistants, nurse practitioners, certified nurse aides, dentists, and dental hygienists are expected to be added as the workforce studies are completed and verified. Other professionals, such as clinical psychologists, will be targeted for gathering, analyzing, and disseminating strategic workforce information as resources permit.

Changes to the Health Practitioners' Monitoring Program

The Health Practitioners' Monitoring Program (HPMP), Va. Code § 54.1-2515 et seq., was created in 1997 as an alternative to disciplinary action for impaired health care practitioners. Provided certain conditions are met, a practitioner may get a stay of disciplinary action and be allowed to practice under terms and conditions dictated by a recovery monitoring contract.

Pursuant to legislation passed by the 2009 session of the General Assembly, effective July 1, 2009, the name of the Health Practitioners' Intervention Program changed to the Health Practitioners' Monitoring Program (HPMP). The legislation clarifies that the purpose of the Program is to monitor impaired health professionals, rather than to intervene on or treat them. Additionally, the membership of the Health Practitioner's Monitoring Program Committee was expanded to include a registered nurse engaged in active practice and the agency is authorized to assess participants a fee for participation.

In an effort to contain costs of the Program, the following changes have been implemented as of July 1, 2009. Maintenance of a current, active license is required to participate in the HPMP. Applicants will be eligible to participate in the HPMP for up to one year after making application to be licensed. Continued participation of HPMP participants who do not meet new eligibility requirements will be handled on a case-by-case basis and the terms of participation/recovery monitoring contracts remain effective. "Secondary Monitoring" has been eliminated for persons who are not practicing in Virginia. Over the next year, the agency will explore the feasibility of charging participants a reasonable fee related to the costs of participation in the Program, although no participant shall be denied entry into the Program due to the inability to pay a portion of the costs related to participation.

Review of Emerging Health Professions

By virtue of its statutory authority in §54.1-2510 of the Code of Virginia to advise the Governor, the General Assembly, and the Department Director on matters related to the regulation and level of regulation of health care occupations and professions, in April of 2008, the Board of Health Profession began an ongoing review of emerging health professions. The Board has been evaluating the need to regulate orthotists, prosthetists, pedorthists, central service/sterile technicians, orthopaedic technicians, orthopedic physicians assistants, polysomnographers, medical interpreters, surgical assistants, and surgical technologists. Soon genetic counselors and potentially kinesiologists will be added. Each group has relatively few practitioners in Virginia and, as such, could not reasonably be expected to financially support its own separate board. The alternative that is typically recommended is for new profession to be assigned to an existing board, such as the Board of Medicine or the Board of Nursing. This practice has stretched the resources of both of these boards and has led the Board of Health Professions to consider a study into the need for an allied health board in Virginia.

Telework Initiative

The Department of Health Professions management strongly supports the Commonwealth's telework initiative which has been well received by staff. Its current telework policy allows Central Office staff whose position is suited for telework to submit a proposal to work one day a week from home. This policy continues to be reviewed and is expected to expand as business needs evolve and technology support advance. Current telework demographics indicate that 17% of the agency's employee population telework one day a week from home and 28% telework 40 hours a week from home. The later group is comprised largely of investigative staff stationed thoughout the state.

Electronic Content Management

In conjunction with a broad, statewide effort, DHP is moving into electronic content management (ECM). Viewed as a multi-year endeavor, the agency began it's ECM efforts in earnest early in the 2008-10 biennium with the procurement of Documentum, a proprietary ECM product linked to the agency's licensing system. The concept is to fully integrate all of the agency's records, from entry into or creation by the agency to long-term archival, including records retention and destruction schedules.

It is expected that ECM will have far-reaching productivity improvements, particularly with respect to the investigation and adjudication of complaints against licensed health care providers. Investigation files contain multiple types of documents, from copies of patient records to X-rays to investigator notes and reports. Each case is initiated in the

central office, assigned to an investigator in the field, returned to the central office, reviewed by multiple parties in the central office, prepared for use during informal conferences and formal hearings, and ultimately archived through microfilm. Depending on the nature of the complaint, case files can be voluminous. The amount of paper passing through the agency is daunting.

Reducing the amount of paper required to deal with the investigatory and disciplinary process is only one objective. A second important objective is to enable future staff to easily retrieve and use previous case histories.

Many of DHP's licensees practice for decades. It is not uncommon for a licensee to have a case opened early in his career, be quiescent for many years, and then have a second complaint several decades later. Presently, case histories are archived on microfilm. This requires a manual search using a medium that hasn't changed much in 40 years, printing off needed sections, and then the rekeying of portions of the old case into the new report. Moreover, any physical evidence referenced in the old case, such as a dental appliance, is not available for review. Through Documentum, all case records, including copies of X-rays and pictures of physical evidence, will be available for use by an investigator of the future as if the previous case was closed the day before. We view this as a quantum leap in how we manage and use our documents and records.

The use of ECM will support operational and strategic performance improvements; increase the efficiency and thoroughness of case completion; provide a prepared response to emergencies and disasters; provide accessible and accurate information; meet compliance and regulatory mandates; provide outstanding customer service; and increase evidentiary reliability and document security.

- *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:

  • Key Peformance Measures on level of applicant customer satisfaction during the initial licensure application process and on complete application processing timliness;
  • Key Performance Measures on disciplinary case processing: clearance rate, age of pending caseload, and time to disposition for the agency overall and by respective board in DHP Perform now posted on the agency website;
  • 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*

  By 2020 estimates indicate that the number and geographical distribution of physicians, nurses, dentists, pharmacists, and other health professions will be insufficient to cope with the increasing demand for health care services, especially 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, certified (non-nurse) midwives, equine dental technicians, dental assistants, and radiology assistants to ranks of regulated providers. As health care systems expand in new ways, it is expected this trend will continue. In an attempt to remain abreast of evolving health care disciplines with impact on patient care, in FY '08, the Board of Health Professions began an ongoing formal review of Emerging Professions so as to advise on the state may best ensure the public's health safety and welfare. The study has been addressing a wide range of occupations heretofore not considered to be "professions" ranging from orthotists, prosthetists, and pedorthists to polysomnographers, central sterile/processing technicians, medical interpreters, surgical assistants, surgical technologists, to genetic counselors. Initial research indicates that licensure or other form of state professional regulation will be recommended for some of these occupations in the near future.

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.

Additionally, the proliferation of new health care occupations and professions which prompted the Board of Health Professions Emerging Professions Review described earlier has also made clear the need to consider the addition of a board of allied health. Traditionally, when new professions have become regulated within the Department, they have tended to be added to existing boards, especially the Board of Medicine and the Board of Nursing. 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. So further absorbsion of new professions into existing boards may no longer be a viable option, especially as quickly as they are emerging.
Currently the Board of Medicine and Board of Nursing have acquired over 20 different professions, many of which could be characterized as "allied health." Their diverse nature and volumes of practitioners have unduly taxed the resources of these boards, which in other states generally function to regulate the practice of medicine and nursing only. As such, the Board of Health Professions will be conducting a formal review into the need to create an allied health board or similar structure to accommodate the existing and newly emerging supportive professions.s anticipating recommending the formation of an additional health regulatory board within the Department to better address allied (i.e., emerging) health professional regulation. The study will be conducted during calendar year 2010 with recommendations by January of 2011 anticipated.

The Department's newly established Healthcare Workforce Data Center will soon be collecting workforce-specific, validated data on physicians and nurses, and over time dentists, pharmacists and other professions. This will enable the Commonwealth for the first time to accurately track healthcare workforce trends and developments throughout the state and to begin to do so overtime.

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, respond timely to allegations of misconduct that may result in harm to patients, and provide the Commonwealth with the most accurate and reliable healthcare workforce information possible.
• 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.
• DHP will need to effectively communicate the goals, objectives, accomplishments and other important information of the agency to key stakeholders, including the media, to increase public awareness and understanding of the issues.

- *Summary of Potential Impediments to Achievement*
  Among the impediments that will limit our capacity to achieve our mission are:

  • The burden of growing workload on qualified board members in which demands of time and travel may become unreasonable.
  • The continual upward trend in the cost of technology and related support.
  • The fragmentation of the delivery of health care services in which the standard of care may become unclear.
  • The potential loss of institutional knowledge with over 66% of agency employees eligible to retire at any time.

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 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

Customer Group	Customers served annually	Potential customers annually
Applicants for licensure, certification, registration, or permitting	25,915	50,000
Consumers of health care services	7,300,000	7,300,000
Licensees required to abide by laws or rules governing their practice	311,862	366,000
Parties seeking practitioner information	3,400,000	3,400,000
Recipients of scholarships	116	125

Anticipated Changes To Agency Customer 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 (Long-Term Care Administrators and Medication Aides) began to be licensed by the Department in the 2006-08 biennium. The number of Long-Term Care Administrators has been approximately 600 and Medication Aides have reached over 3,300 to date. Recent additional professions added, whose numbers areyet to be fully realized, include dental assistants, occupational therapy assistants, and radiology assistants.

Partners

Partner	Description
[None entered]	

Products and Services

- *Description of the Agency's Products and/or Services:*
  Current Products and 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.
  • Collecting and providing information relative to healthcare workforce through the newly established DHP Healthcare Workforce Data Center.
  • Monitoring impaired healthcare providers through the Healthcare Practitioner Monitoring Program.

- *Factors Impacting Agency Products and/or Services:*
  The agency's services are affected by a number of different forces. Chief among these are:
  • federal and state legislative mandates increasing requirement for regulating practitioners,
  • 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.
  • Increasing demand and associated costs for technology.

- *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 dieticians and naturopaths, which may be considered by the legislature in the near future.

  It is anticipated that the agency will continue to assist with planning for Virginia's healthcare needs by improving data collection and measurements of the healthcare workforce to appropriately inform policymakers with valid and reliable data and analyses .

  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 2008-09, total revenues were approximately $25.1 million. Of that, approximately 95.8% 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 amount, approximately 1.7% 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 started receiving 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 65% 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 regulatory boards comprised of almost 170 gubernatorial appointees.)

- *Financial Breakdown:*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$0	$27,445,877	$0	$27,445,877
Change To Base	$0	$0	$0	$0
Agency Total	$0	$27,445,877	$0	$27,445,877

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

Human Resources

- *Overview*

Human Resource 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 214 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, and both teleworking and alternate work schedules have been successfully incorporated into the agency's culture.

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, the Prescription Monitoring Program and the Health Practitioners' Intervention Program. The Deputy Director for Administration is responsible for directing the work of the Finance and Information Technology Divisions.

Eleven cost center managers report to the Director: the Director of Enforcement, eight board Executive Directors, the Healthcare Workforce Data Center, 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 Healthcare Workforce Data Center is intended to improve the healthcare system in the Commonwealth by improving data collection and measurement of the Commonwealth's healthcare workforce through regular assessment of workforce supply and demand. The Health

Practitioner's Monitoring Program provides confidential services for the health practitioner, who may be impaired by any physical or mental disability, or who suffers from chemical dependency.

The Administrative Proceedings Division is responsible for preparing, processing and prosecuting disciplinary cases. The Health Practitioners' Monitoring Program is a voluntary monitoring 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 the entire 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, employee recognition program and training programs for the Department.

- *Human Resource Levels*

Effective Date	9/1/2009	
Total Authorized Position level	214	
Vacant Positions	-18	
Current Employment Level	**196.0**	
Non-Classified (Filled)	2	
Full-Time Classified (Filled)	196	*breakout of Current Employment Level*
Part-Time Classified (Filled)	0	
Faculty (Filled)	0	
Wage	41	
Contract Employees	10	
Total Human Resource Level	**247.0**	*= 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 49, with over 71% of our workforce over 45 years of age. The average age of state employees is 46 years, with 56% of state government's workforce being over 45 years of age.
2. The average years of service for DHP employees is 10 years, with only 14% of our workforce having over 20 years of service. The average years of service for state employees is 11.9 years, with 13% having over 20 years of service.
3. Approximately 50% of our workforce is allocated to pay band 5 or higher, with only 23% of the state workforce allocated to pay band 5 or higher.
4. DHP employee salary average is $58,331, which is above the state workforce salary average of $42,032.
5. DHP's workforce is 71% white and 29% minority, and the state workforce is 66% white and 34% 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 67%, which is above the state average of 37%.
8. DHP veteran employee population is 11.79%, which is above the state veteran employee population 9.43%.
9. DHP's turnover rate is 5.6%, well below the state average of 9.7%.

- *Anticipated HR Changes*

Agency History/Risk of Retirement – Retirement statistics as of June 30, 2009 indicate that 39% of our current

employee population could retire immediately. Retirement statistics as of June 30, 2009 indicate that 66% of our senior management staff (pay band 6 and above) could retire immediately. In the next five years, 66% of our employee population is eligible to retire. While these statistics represent employee eligibility to retire, they do not reflect the current trend among DHP employees.

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, Medical Facility Inspectors and senior management staff.

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. As of June 30, 2009, 34% of the agency's Medical Facility Inspectors could retire immediately and 80% of our Pharmacy Inspectors could retire immediately. 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 mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public. The agency's IT unit is an integral and critical component of the agency's efforts to fulfill its mission. The backbone of DHP's technology services is the Commonwealth's Enterprise Licensing System, MyLicense Office (MLO) (contract #VA-040901-SA), also known as License 2000 (L2K). MLO is a SQL-based proprietary system developed by and licensed from System Automation of Columbia, Maryland. MLO 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 MLO, DHP offers web-based on-line renewal to all professions 24 hours per day, 7 days a week, and 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 it's 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 Henrico, VA.

  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 fully accomplished in the 2008-10 biennium due to funding uncertainties related to the state's IT rate structure and difficulties establishing the requisite infrastructure at the Perimeter Center. Both of these initiatives were originally slated for completion during the 2008-10 biennium. However, full implementation has been delayed by activities related to transformation. While it is hoped that most, if not all, of the implementation efforts will be completed

before the end of the current biennium, it is likely that full implementation of these initiatives will have to continue into the 2010-12 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 300% greater in FY 2010-12 than actual expenditures in FY 2004. In order to maintain current services and meet projected demand for IT services, additional funding will be required.

  The federal health care bill has the potential to have broad impacts on both the public and healthcare providers. There is little evidence in the bill so far that would indicate the agency will be affected. However, the full impacts of the bill will not be known for certain until all the regulations are implemented, a process that could take several years.

- *Proposed IT Solutions:*

  As part of the agency's effort to reduce the amount of time required to process applications for initial licensure an incremental upgrade is planned to the web-based MyLicense Office suite because the necessary infrastructure for a full MLO upgrade will not be in place until after the agency's transformation activities have been completed. MLO has an on-line license application component that will enable applicants to enter basic licensure application data on-line and subsequently track 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 related to the application process, thus enabling agency licensure staff to more productively devote their time to application evaluation and processing activities. This initiative relates to the Enterprise Business Model Line of Business 111, Health, subline,20, Consumer Health and Safety.

  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. However, the agency can not complete implementation of eMobile and EMC Documentum until issues related to transformation are resolved. DHP has been placed on an escalated transformation path. We are hopeful, therefore, that these issues will soon be resolved. This initiative relates to the Enterprise Business Model Line of Business 111, Health, subline,20, Consumer Health and Safety.

  In support of Executive Order 35 (2006) promoting Telework activities by agencies, the agency has 35 percent of its employees currently participating in Telework activities and it is the agency's objective to have as many employees Teleworking in some fashion as possible. The agency wants to be positioned, in the event of an emergency such as Pandemic Flu, to enable workers to take home their desktop computer to enable continuity of agency critical activities. The agency explored Telework staff options using VPN with high speed Internet connectivity to the MLO web-based components and e-mail connectivity. However, broad implementation of teleworking has been hampered by issues related to the need for a number of employees to use non-Commonwealth Owned or Leased equipment to conduct agency business. Only about one-third of agency personnel have a laptop that could be used for telework purposes. Under the current pricing schedule, providing laptops agency wide is cost prohibitive. We are continuing to explore options with the Partnership that would allow DHP to increase the number of employees who telework and improve the agency's ability to cope with a pandemic flu outbreak. This initiative relates to the Enterprise Business Model Line of Business 111, Health, subline,20, Consumer Health and Safety.

- *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
Estimated VITA Infrastructure	$0	$1,927,001	$0	$1,955,906
Specialized Infrastructure	$0	$0	$0	$0

Agency IT Staff	$0	$1,214,628	$0	$1,214,628
Non-agency IT Staff	$0	$0	$0	$0
Other Application Costs	$0	$0	$0	$0
Agency IT Current Services	$0	$3,141,629	$0	$3,170,534

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	$0	$0	$0
Total Proposed IT Investments	$0	$0	$0	$0

- *Projected Total IT Budget*

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Current IT Services	$0	$3,141,629	$0	$3,170,534
Proposed IT Investments	$0	$0	$0	$0
Total	$0	$3,141,629	$0	$3,170,534

Appendix A - Agency's information technology investment detail maintained in VITA's ProSight system.

Capital

- *Current State of Capital Investments:*
  DHP has no new capital investments. Capital investments are identified as projects or procurements except Non-major IT projects with a cost below $100,000 that must be included in Appendix A.
- *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 sate agencies, their employees, and customers.

Goal Summary and Alignment

This goal ensures compliance with federal and state regulations, polices 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 2:10 pm

Biennium: 2010-12

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. (NOTE: Scholarship awards for 2009 were down significantly from previous years due to budget reductions by VDH. DHP will be working with VDH staff in an effort to determine if more scholarship awards can be made during the upcoming biennium.)

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	34	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:*
  [Nothing entered]
- *Anticipated Changes to the Products and/or Services*
  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.
- *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 2011		FY 2012		FY 2011	FY 2012
	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	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= 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.

Objective 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 2008-09, revenue amounted to $61,377 and expenditures totaled $16,105. (NOTE: Scholarship awards for 2009 were down significantly from previous years due to restrictions imposed by VDH. DHP will be working with VDH staff in an effort to ease the restrictions so more scholarship awards can be made during the upcoming biennium.)

Alignment to Agency Goals

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

  Comment: 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.

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

  Measure Baseline Value: 100 Date: 6/30/2005

  Measure Baseline Description: 100% for FY 2005

  Measure Target Value: 100 Date: 6/30/2010

  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.

Service Area Strategic Plan

Department of Health Professions (223) 3/11/2014 2:10 pm

Biennium: 2010-12

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 FY '06-08 biennium, the 13 health regulatory boards regulated more than 296,000 health professionals, facilities, and other designated entities. This represents a 5% increase over the prior biennium and a 26% 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 FY '06-08 biennium, the boards addressed over 10,000 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*
  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 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	29,915	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	3,400,000

Anticipated Changes To Agency Customer 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 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.

Partners

Partner	Description
[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 2008-09, total revenues were approximately $25.1 million. Of that, approximately 95.8% 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 amount, approximately 1.7% 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.

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 65% 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 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$0	$27,380,877	$0	$27,380,877
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$27,380,877	$0	$27,380,877

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 214 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, and both teleworking and alternate work schedules have been successfully incorporated into the agency's culture.

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, the Prescription Monitoring Program and the Health Practitioners' Intervention Program. The Deputy Director for Administration is responsible for directing the work of the Finance and Information Technology Divisions.

Eleven cost center managers report to the Director: the Director of Enforcement, eight board Executive Directors, the Healthcare Workforce Data Center, 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 Healthcare Workforce Data Center is intended to improve the healthcare system in the Commonwealth by improving data collection and measurement of the Commonwealth's healthcare workforce through regular assessment of workforce supply and demand. The Health Practitioner's Intervention Program provides confidential services for the health practitioner, who may be impaired by any physical or mental disability, or who suffers from chemical dependency.

The Administrative Proceedings Division is responsible for preparing, processing and prosecuting disciplinary cases. The Health Practitioners' Monitoring Program is a voluntary monitoring 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 the entire 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, employee recognition program and training programs for the Department.

- *Human Resource Levels*

Effective Date	6/30/2007	
Total Authorized Position level	214	
Vacant Positions	18	
Current Employment Level	**196.0**	
Non-Classified (Filled)	2	
Full-Time Classified (Filled)	196	*breakout of Current Employment Level*
Part-Time Classified (Filled)	0	
Faculty (Filled)	0	
Wage	41	
Contract Employees	10	
Total Human Resource Level	**247.0**	*= 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 49, with over 71% of our workforce over 45 years of age. The average age of state employees is 46 years, with 56% of state government's workforce being over 45 years of age.
  2. The average years of service for DHP employees is 10 years, with only 14% of our workforce having over 20 years of service. The average years of service for state employees is 11.9 years, with 13% having over 20 years of service.
  3. Approximately 50% of our workforce is allocated to pay band 5 or higher, with only 23% of the state workforce allocated to pay band 5 or higher.
  4. DHP employee salary average is $58,331, which is above the state workforce salary average of $42,032.
  5. DHP's workforce is 71% white and 29% minority, and the state workforce is 66% white and 34% 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 67%, which is above the state average of 37%.
  8. DHP veteran employee population is 11.79%, which is above the state veteran employee population 9.43%.
  9. DHP's turnover rate is 5.6%, well below the state average of 9.7%.

- *Anticipated HR Changes*
  Agency History/Risk of Retirement – Retirement statistics as of June 30, 2009 indicate that 39% of our current employee population could retire immediately. Retirement statistics as of June 30, 2009 indicate that 66% of our senior management staff (pay band 6 and above) could retire immediately. In the next five years, 66% of our employee population is eligible to retire. While these statistics represent employee eligibility to retire, they do not reflect the current trend among DHP employees.

  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, Medical Facility Inspectors and senior management staff.

  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. As of June 30, 2009, 34% of the agency's Medical Facility Inspectors could retire immediately and 80% of our Pharmacy Inspectors could retire immediately. 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 Summary

Current State/Issues

The backbone of DHP's technology services is the Commonwealth's Enterprise Licensing System, MyLicense Office (MLO) (contract #VA-040901-SA), also known as License 2000 (L2K). MLO is a SQL-based proprietary system developed by and licensed from System Automation of Columbia, Maryland. MLO 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 MLO, DHP offers web-based on-line renewal to all professions 24 hours per day, 7 days a week, and 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 it's 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 Henrico, VA.

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 fully accomplished in the 2008-10 biennium due to funding uncertainties related to the state's IT rate structure and difficulties establishing the requisite infrastructure at the Perimeter Center. Both of these initiatives were originally slated for completion during the 2008-10 biennium. However, full implementation has been delayed by activities related to transformation. While it is hoped that most, if not all, of the implementation efforts will be completed before the end of the current biennium, it is likely that full implementation of these initiatives will have to continue into the 2010-12 biennium.

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.

  Objective Description

To process applications for initial licensure promptly 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 inquiries to verify credentials such as education, training and examination as a prerequisite to licensure.
- DHP will provide information, assistance, forms and status reports to 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: 6/30/2012

  Measure Target Description: Achieve an average of 97% by FY 2012.

  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: 6/30/2012

  Measure Target Description: Maintain a processing rate of 97% through FY 2012.

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

- The cost to issue a new Registered Nurse license

  Measure Class: Productivity Measure Frequency: Annual Preferred Trend: Maintain

Frequency Comment: Data will be reported annually by fiscal year

Measure Baseline Value: 114 Date: 6/30/2008

Measure Baseline Description: The baseline is calculated on the agency's actual direct cost for FY 2008 to provide 3,411 initial licenses to Registered Nurse applicants by examination.

Measure Target Value: 114 Date: 6/30/2012

Measure Target Description: The target is based on the agency's actual cost to initially license by examination 3,411 Registered Nurse applicants during FY 2008, and will be adjusted annually to reflect normal changes in processes and resources.

Data Source and Calculation: This measure is calculated as license issuance direct expenses for the Board of Nursing associated with Registered Nurses divided by the number of new RN licenses issued.

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

  Objective Description

  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 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: 6/30/2012

    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.

  Objective Description

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 achieve a 100% clearance rate in resolving allegations of patient care misconduct.

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

  Measure Baseline Value: 96 Date: 6/30/2008

  Measure Baseline Description: On June 30, 2008, the quarterly five-year average clearance rate, from FY 2004 to FY 2008 was 96%. The average number of cases received per quarter during this period was 816(3,263 per year) and the average number of cases closed per quarter was 784)3,1

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Achieve a clearance rate of 100% by reducing the patient care case backlog and closing the same number of cases as received each quarter by the end of FY 2012.

  Data Source and Calculation: The clearance rate is calculated as the number of closed patient care cases as a percentage of the number of received patient care cases.

- We will ensure that no more than 25% of all open patient care cases are older than 250 business days.

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

  Measure Baseline Value: 34 Date: 1/1/2008

  Measure Baseline Description: On January 1, 2008, the quarterly five-year average of the percentage of open patient care cases that were older than 250 business days from FY 2004 to FY 2008 was 34%.

  Measure Target Value: 25 Date: 6/30/2012

  Measure Target Description: Reduce the percentage of open patient care caseload older than 250 business days to no more than 25% by the end of 2010 and maintain through FY2012.

  Data Source and Calculation: The age of pending caseload is the percent of open patient care cases over 250 business days old.

- We will investigate and process 90% of patient care cases within 250 work days.

Measure Class: Agency Key Measure Type: Output Measure Frequency: Quarterly Preferred Trend: Up 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: 6/30/2012

Measure Target Description: Resolve 90% of complaints related to patient care within 250 work days by the end of FY 2010 and maintain this goal through FY2012.

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

- 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.

Objective Description

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 form 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

- For cases in which Sanctions Reference Point application is appropriate, the percent of overall cases complying with Sanction Reference Point recommendations.

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

  Measure Baseline Value: 81 Date: 7/1/2009

  Measure Baseline Description: On July 1, 2009, the overall rate of agreement was 81%.

  Measure Target Value: 70 Date: 6/30/2012

  Measure Target Description: To remain above 70% through the end of FY 2012.

  Data Source and Calculation: : Compliance with or reason(s) for departure from recommended sanctioning is recorded on cover sheets accompanying the case file. For a given quarter, the number of cases in which recommended sanctions were imposed is divided by the total number of cases for which Sanctions Reference Points applied.

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

  Objective Description

  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: Other Measure Type: Outcome Measure Frequency: Quarterly Preferred Trend: Up

    Measure Baseline Value: 1791 Date: 6/30/2005

    Measure Baseline Description: 1,791 reports were solicited for FY 2005

    Measure Target Value: 10000 Date: 6/30/2012

    Measure Target Description: 40,000 reports (10,000 quarterly) will be solicited by FY 2012.

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

  - Number of visits to DHP web sites

    Measure Class: Other Measure Type: Output Measure Frequency: Quarterly Preferred Trend: Up

    Measure Baseline Value: 612000 Date: 6/30/2005

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

    Measure Target Value: 890000 Date: 6/30/2012

    Measure Target Description: Maintain an average visitation level of 890,000 quarterly visits (3,560,000 annually) through FY 2012.

    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

Objective Description

To provide data collection capacity for health care workforce planning purposes to help meet the health care 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.

Link to State Strategy

- nothing linked

Objective Measures

- Agency Continuity of Operations Plan (COOP) Assessment Score

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

  Measure Baseline Value: Date:

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

  Measure Target Value: 75 Date: 6/30/2012

  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

Objective Description

To provide data collection capacity for health care workforce planning purposes to help meet the health care 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: Other Measure Type: Outcome Measure Frequency: Quarterly Preferred Trend: Maintain

  Measure Baseline Value: 60 Date: 6/30/2005

  Measure Baseline Description: 60% in FY 2005

Measure Target Value: 75 Date: 6/30/2012 Measure Target Description: Maintain a collection rate of 60% through FY 2012

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.

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

Objective Description

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 administrative measure categories marked as "meets expectations" for the agency

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

  Measure Baseline Value: 100 Date: 6/30/2007

  Measure Baseline Description: The 2007 score of the agency

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Maintain Meets Expectations for all evaluation criteria through FY 2012

  Data Source and Calculation: The Administrative Measures grade agencies on five critical criteria. For FY 2009,

DHP realized a “Meets Expectations” in all five criteria. Therefore, the agency’s baseline for the 20010-12 biennium is 100%.