

Strategic Plan
(2012-2014 Version 1)

Department of Health Professions (223)
Agency Plan

Mission Statement

The mission of the Department of Health Professions is to protect the public by licensing healthcare providers, enforcing standards governing their practice, and providing information to healthcare providers and the public.

Vision Statement

Department of Health Professions: Competent professionals providing healthcare services within the boundaries of their standards of practice to an informed public.

Information Technology

Current Operational IT Investments

At this time, the agency anticipates that all Current Operational IT Investments will continue to meet agency business needs in the foreseeable future, and will not need enhancement or additional investment.

Factors Impacting the Current Agency IT

At this time, the agency is not aware of any external factors, requirements or mandates that will require IT investments by the agency in the foreseeable future.

Proposed IT Solutions

At this time, the agency does not have any Proposed IT Solutions that will support agency strategic objectives, service area strategic objectives, Commonwealth, enterprise, or secretariat-level strategic priorities, agency performance measures, or societal indicators.

However, in support of the secretariat-level initiative for the Commonwealth Authentication Services (CAS) and Master Person Index (MPI) project, DHP will provide a data file of publicly available current Virginia healthcare providers licensed by the agency as part of the secretariat project's authentication process.

Although no additional IT solutions are being proposed by the agency at this time, the agency is planning to make its public facing applications accessible as mobile applications for better citizen access to information.

Also, VITA has instructed the agency to enter into its ProSight automated system the ongoing cost of the agency's licensing, content management, and Prescription Monitoring annual maintenance contracts as each exceeds \$100,000 annually. They are as follows:

CoVA Enterprise Licensing contract VA-040901-SA maintenance \$146,168.

EMC Documentum w/eDiscovery maintenance \$115,000.

Prescription Monitoring Optimum Technology maintenance \$150,000.

Total \$411,168. Annually

Financial Overview

Like its counterparts in all other states, DHP is a self-supporting, fee-based agency. No support is provided from the state's General Fund. For fiscal year 2010-11, total revenues were approximately \$26.99 million. Of that, approximately 97.2% was from fees associated with the licensure, certification, or registration of the various healthcare 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 2.1% 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 0.5% represented by federal grant funding for the Prescription Drug Monitoring Program (PMP) and the Healthcare Workforce Data Center.

Approximately 1% of the agency's FY2011 revenue came from interest earned on the Prescription Drug Monitoring Trust Fund. Investment of the Trust Fund is managed by the Department of the Treasury, and all interest earned is credited to DHP for the support of the PMP program.

Approximately 65% of the agency's operational budget is devoted to the investigation and adjudication of complaints against healthcare 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.

The reduction in the agency's appropriation for fiscal years 2013 and 2014 is the net result of an increase of \$161,915 for statewide employee benefit and compensation changes and a decrease of \$258,982 in the agency's federal fund appropriation to reflect an anticipated decrease in total grant funding for the biennium. The net result is a decrease of \$97,067 in the agency's total appropriation.

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	27,380,877	0	27,380,877
Changes to Base	0	-97,067	0	-97,067
Total	0	27,283,810	0	27,283,810

Agency Goals

- Prepare for implementation of healthcare reform in Virginia with focus on scopes of practice and future needs for a strong healthcare workforce.

Goal Summary and Alignment

Through objective research into Virginia's health professions' workforce coupled with insights from relevant experts and stakeholders, the efforts of the Board of Health Professions and Healthcare Workforce Data Center and the Department's internal Healthcare Reform Committee will effectively inform policy developed in response to increasing demands for healthcare services due to healthcare reform and a growing and aging population. This aligns with the statewide strategic healthcare reform goal to implement Virginia's version of healthcare reform which improves quality, reduces costs, and increases provider satisfaction.

- Improve processes, systems, and structure to enhance organizational effectiveness and efficiency.

Goal Summary and Alignment

By promoting an effective and knowledgeable workforce, better leveraging technology, improving agency communications, improving coordinated action, and implementing Agency Operations Efficiency Measures, the agency will ensure that services are provided in the most effective and efficient manner possible and thereby aid in the programmatic delivery of services which strengthen the family, take care of children, aid the impaired, aged and disabled.

- Improve quality healthcare education in Virginia.

Goal Summary and Alignment

By promoting quality nursing programs, approving qualifying pharmacy-related training programs and facilitating continuing competency of licensees, the agency will improve the health and well-being of the population. This goal also aligns with the Virginia healthcare reform goal to improve quality, reduce costs, and increase provider satisfaction.

- Consider future healthcare workforce requirements, needs to meet those requirements, and the economic impact on the Commonwealth.

Goal Summary and Alignment

By researching emerging health professions and the potential expansions of existing scopes of practice to address growing demands for healthcare in the Commonwealth, and continuing to work with the Department of Health and the Healthcare Workforce Development Authority and others to build public awareness of the importance of healthcare sector and the future needs for an expanded healthcare workforce, the agency will inform Virginia's healthcare reform efforts and promote the Governor's goals to promote job creation and economic development because of the tremendous influence of healthcare on Virginia's overall economy.

- Strengthen employee preparedness and safety.

Goal Summary and Alignment

By using new and revised safety procedures, additional drills and ensuring agency staff are versed in these protocols, the agency will strengthen employee safety and preparedness for emergencies thereby ensuring effective continuity of operations in the event of emergency.

- Promote safety of patients and the public through licensing and regulation of competent healthcare professionals.

Goal Summary and Alignment

By efficiently licensing competent and safe healthcare professionals and taking timely and appropriate disciplinary action where there is evidence of professional misconduct, access to safe and effective healthcare is promoted. This aligns with the statewide strategic goal to improve the health and well-being of the population.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Programs and Service Areas for Agency

- 10810: Scholarships
- 56044: Technical Assistance to Regulatory Boards

Customers

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Applicants	Applicants for licensure, certification, registration, or permitting	28,021	50,000	Increase
Health Professions	Licensees required to abide by laws or rules governing their practice	334,284	375,000	Increase
Consumer	Consumers of health care services	8,000,000	8,000,000	Increase

Student	Recipients of scholarships	110	110	Stable
Consumer	Parties seeking practitioner information	3,400,000	3,400,000	Increase

Key Risk Factors

Increasing Costs

DHP receives no support from the General Fund; cost increases are absorbed entirely from licensure and renewal fees. The biggest cost-drivers are complaints against licensees and IT services from the VITA/NG Partnership as well as rent and other employee-related expenses. Complaints have increased 11-13% annually for the past two biennia. The trend is likely to continue as demand for healthcare services increases, particularly as the population ages and the full effects of healthcare reform legislation begin to manifest.

To keep pace with societal changes and to minimize the need for additional program staff, additional resources are having to be devoted to Information Technology on an increasing basis. While the agency is continually seeking ways to reduce the need for fee increases, some boards are already in the red and such action cannot be postponed indefinitely. The longer fee adjustments are delayed, the higher the incremental increases must be.

Occupations with Few Licensees

Some occupations have recently become regulated but lack sufficient numbers to cover their regulatory costs. Largely, the Medicine and Nursing Boards have absorbed them within their respective budgets. This is placing a strain on their resources that cannot be sustained.

Changing Face of Healthcare

Healthcare reform is expected to bring significant changes to the nation's healthcare system. Some of this will involve new professions, scopes of practice, and alternative approaches to patient care. These could have significant impacts on the licensure and regulation of health professionals which could be felt by the end of the next biennium; others not for many years. In any event, the agency will have to adapt to the changing face of healthcare brought about by healthcare reform legislation.

Products and Services

DHP issues nearly 150 types of licenses, certificates, and registrations to over 80 kinds of health professions and facilities. At the end of FY12, there were 347,323 regulants, up 2% over the previous year and up 6% over the last biennium.

The number of disciplinary cases received rose 12%, (4865 in FY11 to 5426 in FY12), and 9% above the last biennium. But, even with the increased volume, the average days to close cases dropped by 5% from last year (now < 150 days) and by 26% from the end of the last biennium (201 days).

DHP also provides administrative, communications, policy, IT, and research support for the boards and the Health Practitioner Monitoring Program (HPMP), Prescription Monitoring Program (PMP), and Healthcare Workforce Data Center (HWDC). Information on practitioners, licensure requirements, practice standards, health workforce, emerging professions, agency operations, and more is made available to a variety of audiences. Additionally, DHP funds student financial assistance to support practice in underserved areas of the state and approves nursing and pharmacy technician education programs.

DHP's services are affected by several forces. Chief among these are:

- o Legislative federal and state mandates largely arising from health reform that increase practitioner regulation requirements;
- o Number of new professions the General Assembly designates as requiring licensure;
- o Number of individuals who apply for licensure, certification, or registration, and the number who renew;
- o Number and nature of reports alleging licensee misconduct,
- o Demand for information from the general public, employers, insurers and others;
- o Board regulations which affect licensee practice; and
- o Demand and associated costs for technology.

Virginia's demand for safe and effective healthcare services and attendant information will continue to increase along with its growing and aging population and health reform measures anticipated increasing access to care in 2014.

Trends

Rankings & Customer Trends

As with virtually all states, demand for healthcare services is expected to increase for the foreseeable future as the population increases and access expands with the implementation of the federal health reform act. Although shortages are already experienced in some areas of the state, 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 healthcare services, especially in a growing and aging population. In addition, the systems of healthcare 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 as well as more emerging healthcare professions. It is also expected that the increased pressure on schools and training programs to produce graduates may result in higher percentages of ill-prepared licensees entering the workforce, in turn increasing disciplinary-related workload.

Trend Name	Trend Area
Number of Licensees	Increase
Disciplinary Case Clearance	Increase

DHP's five Key Performance Measures relate directly to its primary functions: licensure and discipline. Patient and public safety, health, and well-being are promoted by the prompt processing of qualified applications for initial licensure with a high degree of customer satisfaction as is taking timely, appropriate disciplinary action in cases of licensee misconduct.

At DHP, licensure efficiency is assessed through two measures: percent of initial applications processed within 30 days of receipt of a complete application and the percent of positive licensure application satisfaction survey responses. Disciplinary efficiency is evaluated through three interrelated measures of timeliness in resolving patient care cases: percent of cases resolved within 250 business days, case clearance rate, and age of caseload. Patient care-related misconduct poses the greatest risk to personal health and safety.

Since FY08, performance on all five measures has improved or remained consistently high throughout the period. For example, at the end of FY08, only 73% of patient care cases received were resolved within a year (250 business days). But for each quarter since FY09 (3), 90-95% of patient cases have done so. Licensure processing goals have also remained above 90% throughout.

These key measures provide an objective and powerful management tool that is available on a quarterly basis to gauge performance throughout the year and reinforce the importance of maintaining consistently high performance for staff and Board members. They also provide a ready means to educate others on DHP actions.

Management Discussion & Analysis

Future Direction, Expectations, and Priorities

Virginia's demand for safe and effective healthcare services continues to rise with its growing and aging population and health reform measures aimed at increasing access. Healthcare is rapidly responding with efforts to avoid shortages resulting from the inevitable retirement of baby boom practitioners and younger practitioners desire for work and home balance. In response, innovative team delivery approaches, new occupations, and practitioner employment status changes are emerging.

Patient and public health and well-being remains primary and will continue to be promoted through efficient licensing and regulating of competent healthcare professionals and facilities, taking timely and appropriate disciplinary action in cases of misconduct and providing relevant information to the public.

DHP intends to continue to provide exemplary performance on its five key measures related to licensing and discipline and continue the Sanctions Reference Point Program. The agency will complete implementation of dynamic online licensing applications for all boards and expand the use of online license renewal notifications through e-mail and assess other communication improvements. DHP is also expanding Board of Health Professions and Healthcare Workforce Data efforts that provide objective research to inform key, relevant health practice and workforce policies.

DHP also endeavors to improve quality healthcare education through ensuring that 100% of nursing scholarship payments are processed, assuring quality nursing education program oversight through site visits consultations and investigations complaints, and successful pharmacy technician and repackaging programs application processes.

Finally, DHP intends to increase coordination with other agencies and the media on health workforce issues and to promote enhanced communications designed to raise awareness statewide of the importance of the healthcare sector and the future needs for an expanded healthcare workforce.

10810: Scholarships

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). A portion of the total funding for the program is provided by VDH.

DHP collects the money and deposits it into the Scholarship Fund. The Department of Health determines the recipients and sends to DHP the names of the recipients and the schools they plan to attend. DHP, in turn, distributes the awards to the schools 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 2010-11, revenue amounted to \$65,045 and expenditures totaled \$52,449. (NOTE: These numbers reflect DHP revenue and expenditures, only. They do not include VDH's portion of the program.)

Mission Alignment and Authority

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.

Customers for this Service Area

Anticipated Changes to Customers 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). In addition, a portion of the total funding available for scholarships comes from the Virginia Department of Health. VDH's funding has been reduced recently and is not expected to increase. Therefore, it is unlikely that there will be significant changes in the program for the foreseeable future. If VDH's funding is reduced further, the number of recipients would decrease as well.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Student	Recipients of scholarships	110	110	Stable

Partners for this Service Area

Partner	Description
<i>No partners currently entered in plan</i>	

Products and Services

Factors Impacting the Products and/or Services

Anticipated Changes to the Products and/or Services

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.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	65,000	0	65,000
Changes to Base	0	0	0	0
Total	0	65,000	0	65,000

Objectives for this Service Area

Objectives for this Service Area

Objective
Scholarships

Description

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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). A portion of the total funding for the program is provided by VDH.

DHP collects the money and deposits it into the Scholarship Fund. The Department of Health determines the recipients and sends to DHP the names of the recipients and the schools they plan to attend. DHP, in turn, distributes the awards to the schools 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 2010-11, revenue amounted to \$65,045 and expenditures totaled \$52,449. (NOTE: These numbers reflect DHP revenue and expenditures, only. They do not include VDH's portion of the program.)

Objective Strategies

- DHP collects money from nursing licensure renewals as required by statute and makes requisite payments to the relevant educational programs on behalf of the individuals identified by the Department of Health. The Board of Nursing will provide to Finance the listing of schools the approved recipients will be attending within 30 days of receipt from the Department of Health. Checks will be cut by Finance to the designated schools within 10 days of receipt of approved documentation from the Board o

Alignment to Agency Goals

- Improve quality healthcare education in Virginia.

56044: Technical Assistance to Regulatory Boards

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 FY2009-10 biennium, the 13 health regulatory boards regulated more than 325,000 health professionals, facilities, and other designated entities. This represents a 9.7% increase over the prior biennium and a 31% 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 FY2009-10 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.

Mission Alignment and Authority

This service area is the heart and soul of the agency's mission.

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 2010.

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.
- Contains cost of health care by reducing unnecessary demand for services; permits freedom of choice.
- Enacted 1993, parts became effective July 1, 2005.

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 2010.
- 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 2012.

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 2012.

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 2012.
- 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 2012.
- 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 2012.
- 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 2012.
- 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 2011. 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 2011.
- 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 2010.
- 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 2012.
- 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 2010.
- 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 2011.
- 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 2010.
- Assures minimum competency for those engaged in veterinary practice and disciplinary action for misconduct.

Customers for this Service Area

Anticipated Changes to Customers 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 healthcare services is expected to occur over the next 20 years, particularly for geriatric and elder-care services. The healthcare industry is already facing a shortage of qualified healthcare 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 healthcare 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 4,000 to date. Recent additional professions added whose numbers are yet to be fully realized include dental assistants, radiology assistants, and polysomnographers.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Applicants	Applicants for licensure, certification, registration, or permitting	29,915	50,000	Increase
Health Professions	Licensees required to abide by laws or rules governing their practice	341,050	392,000	Increase
Consumer	Consumers of health care services	8,000,000	8,000,000	Increase
Consumer	Parties seeking practitioner information	3,400,000	3,400,000	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Factors Impacting the 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 requirements for regulating practitioners, particularly arising from the national healthcare reform legislation,
- the number of individuals who apply for licensure, registration, or certification in a covered healthcare profession,
- the number of individuals who renew their licenses each year,
- the number of new 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,
- regulations adopted by health regulatory boards affecting the practice of their respective licensees and their scope of practice, and
- increasing demand and associated costs for technology.

Anticipated Changes to the Products and/or Services

As indicated previously, it is anticipated that both the number of patients entering the healthcare 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 the general public, healthcare 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.

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.

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 to practice in rural, underserved areas of the state..

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.

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.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	27,315,877	0	27,315,877
Changes to Base	0	0	0	248,000
Total	0	27,315,877	0	27,563,877

Objectives for this Service Area

Objectives for this Service Area

Objective

Consider future healthcare workforce requirements as regulation of emerging professions and potential expansion of scopes of practice are reviewed.

Description

Consider future healthcare workforce requirements as regulation of emerging professions and potential expansion of scopes of practice are reviewed through surveys and providing analysis of relevant professions/occupations workforce information through the Healthcare Workforce Data Center and continued work with the Virginia Department of Health and the Health Workforce Development Authority to inform policy makers, researchers, and the public on healthcare workforce matters

Objective Strategies

- Individual professions will be examined to determine if expansion of their scope of practice or practice authority within a health delivery team environment would help Virginia safely meet its growing demand for healthcare services. The research will be based upon direction from the Administration, the Board of Health Professions and Healthcare Workforce Advisory Council, and contingent upon available resources.

Alignment to Agency Goals

- Consider future healthcare workforce requirements, needs to meet those requirements, and the economic impact on the Commonwealth.

Objective

Build public awareness of the importance of the healthcare sector and the future needs for an expanded healthcare workforce.

Description

Reflecting the importance of the healthcare to and the future needs for an expanded healthcare workforce.

Objective Strategies

- Agency staff will work in conjunction with the Virginia Health Workforce Development Authority and others to offer presentations on the Healthcare Workforce Data Center's activities, including relevant data analyses, reporting, and other publications. Presentations will include periodic media briefings on the latest findings and discussions at state and regional meetings as deemed appropriate by the DHP Director.

Alignment to Agency Goals

- Consider future healthcare workforce requirements, needs to meet those requirements, and the economic impact on the Commonwealth.

Objective

Emergency preparedness and readiness within DHP.

Description

The agency will strengthen employee safety and preparedness for emergencies thereby ensuring effective continuity of operations in the event of emergency.

Objective Strategies

- The agency's Continuity of Operations Plan (COOP) will be regularly updated and tested in accordance with guidelines from the Virginia Department of Emergency Management and appropriate training will be provided to staff.

Alignment to Agency Goals

No Agency Goals for this Objective

Objective

Improve emergency preparedness and readiness within DHP.

Description

The agency will strengthen employee safety and preparedness for emergencies thereby ensuring effective continuity of operations in the event of emergency

Objective Strategies

- The agency's Continuity of Operations Plan (COOP) will be regularly updated and tested in accordance with guidelines from the Virginia Department of Emergency Management and appropriate training will be provided to staff.

Alignment to Agency Goals

- Strengthen employee preparedness and safety.

Objective

Take timely action when there is evidence of practitioner, licensee or entity misconduct that violates law and regulation.

Description

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

Objective Strategies

- The agency's concerted efforts to improve efficiencies relative to this measure has resulted in tremendous improvement since 2008. Further case process streamlining recommendations are under review, which will further hewn focus on obtaining and considering evidence of most direct relevancy, standardizing prehearing consent orders ,expanding delegated probable cause review authority and use of the Prescription Monitoring Program data, as well as standardizing adjudication-related documents, internal transfers of reports and evidence, exploring the use computer-based conferencing for investigator witnesses, and other efforts to reduce time and costs

Alignment to Agency Goals

- Promote safety of patients and the public through licensing and regulation of competent healthcare professionals.

Measures

- Percent of Patient Care Cases Resolved withing 250 Business Days

Measure Class **Agency Key** Measure Type **Outcome** Preferred Trend **Stable** Frequency **Quarterly**

Data Source and Calculation

- Clearance Rate of Patient Care Cases

Measure Class **Agency Key** Measure Type **Outcome** Preferred Trend **Stable** Frequency **Quarterly**

Data Source and Calculation

The agency's disciplinary case tracking database automatically assigns the received date, and each case is determined by staff to be patient-care or non-patient care based upon standard criteria. The measure is the percentage of cases closed patient care cases divided by the number of received patient care cases within the quarter. A 100% clearance rate means that the agency is closing the same number of cases as it receives during the quarter. Less than 100% means that it is closing fewer cases than received, and more than 100% means it is closing more than received.

• Age of Pending Patient Care Caseload

Measure Class **Agency Key** Measure Type **Outcome** Preferred Trend **Stable** Frequency **Quarterly**

Data Source and Calculation

The agency's disciplinary case tracking database automatically assigns the received date, and each case is determined by staff to be patient-care or non-patient care based upon standard criteria. The measure is the number of open patient care cases older than 250 business days compared to all open patient care cases of those with receipt date within the preceding eight quarters.

Objective

Promote the quality of nursing programs in the Commonwealth.

Description

Promote the quality of nursing programs in the Commonwealth by continuing to fund nursing scholarships, providing quality oversight of nursing educational programs in the state and providing consultation to nursing education programs to implement strategies to increase the pass rate on the National Council Licensure Examination (NCLEX).

Objective Strategies

- Provide consultation to nursing education programs to implement strategies to increase the pass rates for their students on the NCLEX. Although the preferred trend is down, the increased target for 2016 reflects an anticipated greater number of nursing education programs overall by that time.
- The agency will begin to track and investigate the problems with nursing education programs reported by students to reduce or eliminate problems that may be addressed through Board action. Although the preferred trend is down, the increase in 2016 reflects an anticipated greater number of educational programs and students.
- The Board of Nursing's Education Committee is charged with evaluating the site visit processes and results. The Board will provide consultation services as part of the site visits. The greater number in the 2016 target is due to an anticipated overall increase in the number of nursing education programs by that time.

Alignment to Agency Goals

- Improve quality healthcare education in Virginia.

Objective

License competent and safe healthcare professionals.

Description

Ensure that applicants for licensure comply with established professional competence requirements for education, training and examination.

Objective Strategies

- Continue to share results of this quarterly Key Performance Measure with the relevant boards and staff members to provide feedback and to maintain an understanding of its importance. Written responses that licensees provide will also continue to be reviewed for appropriate follow-up by respective Board Executive Directors.
- The agency will make every effort to keep the costs of licensing a low as possible, primarily through the use of technology enhancements, such as dynamic on-line applications.
- This, too, is a Key Performance Measure for the agency and will continue to be closely monitored and reported to the boards and relevant staff to ensure its importance is clear.

Alignment to Agency Goals

No Agency Goals for this Objective

Measures

- Percent of Initial Licensure Applications processed within 30 Days of Receipt of a Completed Application

Measure Class **Agency Key** Measure Type **Outcome** Preferred Trend **Stable** Frequency **Quarterly**

Data Source and Calculation

This measure is derived from an electronic check-list tracking system built into DHP's licensure database and defined by date parameters. The calculation is based on the number of completed applications processed within 30 days of receipt divided by the total number of completed application received within that time frame.

- Percent of Positive Licensure Applicant Satisfaction Survey Responses

Measure Class **Agency Key** Measure Type **Outcome** Preferred Trend **Stable** Frequency **Quarterly**

Data Source and Calculation

This measure is calculated using the results of surveys sent to initial applicants.

Objective

Enhance consistency, efficiency, transparency and credibility of DHP disciplinary process by continuing and improving use of Sanction Reference Points.

Description

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

Objective Strategies

- The agency strives to enhance consistency, efficiency, transparency, and credibility of the DHP disciplinary process through this point-factor decision making tool. SRPs were developed to model typical cases, with an understanding that there will be mitigating or aggravating reasons for departure in occasional cases. So, the SRP recommendations would be predicted to be selected in a majority, at least 70% of cases. Because there will always be occasional cases with mitigating or aggravating factors, 100% agreement is not the goal nor expected. But, if agreement falls below 70% for a period of time, it is one signal to the Board of Health Professions that SRPs may require further review for updating. The measure has no further purpose.

Alignment to Agency Goals

- Prepare for implementation of healthcare reform in Virginia with focus on scopes of practice and future needs for a strong healthcare workforce.

Objective

Continue/expand efforts of the Board of Health Professions and Healthcare Workforce Data Center to inform policy development related to healthcare reform and new professions.

Description

Operational Professions or Programs with Online Workforce Surveys

Objective Strategies

- As resources and volunteer participation by key stakeholders permit, the agency's Healthcare Workforce Data Center will continue to work with its Advisory Council and profession-specific committees and workgroups to develop workforce surveys for each of the over 80 professions regulated through licensing boards within the Department. The Center will also work in concert with the Administration and the Virginia Health Workforce Development Authority to ensure that the existing and newly developed

Alignment to Agency Goals

- Prepare for implementation of healthcare reform in Virginia with focus on scopes of practice and future needs for a strong healthcare workforce.

Objective

Improve agency operations through leveraging information technology.

Description

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

Objective Strategies

- Complete implementation of electronic renewals notices for designated license types to all boards.
- Complete implementation of online licensing applications for designated license types to all boards and encourage licensees to take advantage of the benefits.

Alignment to Agency Goals

- Improve processes, systems, and structure to enhance organizational effectiveness and efficiency.

Objective

Approve qualifying pharmacy-related training programs.

Description

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

Objective Strategies

- Check all requisitions for availability for eVA registrations and SWAM status for increasing SWAM participation.
- Collect, report, and store employee evaluations into PMIS.
- Complete and review all reconciliations timely.
- Conduct contract administration, procurement, and purchasing in compliance with all requirements of the Division of Purchases and Supply.
- Ensure agency compliance with internal controls and ARMICS requirements.
- Ensure that procedures are be current and followed for all major financial activities.
- Maintain current Performance Management Program linking pay increases to employee performance ratings.
- Monitor and proactively review agency employment practices to ensure compliance with the recruitment and selection requirements of the Commonwealth
- 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 training practices to ensure agency staff are properly trained to meet the requirements of their respective jobs and duties
- Monitor prime vendor subcontracting reporting for SWAM usage.
- Proactively provide agency staff with current information regarding their benefits, including health insurance and VRS benefits.
- Provide unit managers with current and accurate budget and expenditure information at least monthly.
- Utilize DMBE to assist in developing minority vendor resources.

Alignment to Agency Goals

- Improve quality healthcare education in Virginia.

Objective

Improve agency communications to staff, regulants, and the public.

Description

Increased public access to DHP information

Objective Strategies

- Outreach efforts through educational sessions within the prescribing community are ongoing as well as new inter-state coordination of prescription monitoring systems will soon enable participants from other states to query Virginia's system.
- Update and revise agency website and continue to direct inquirers to the host of information available from the website.

Alignment to Agency Goals

- Improve processes, systems, and structure to enhance organizational effectiveness and efficiency.