

**MULTI-YEAR AGENCY STRATEGIC PLAN (FY 2010-2012)**

ARIZONA MEDICAL BOARD

And

ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

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A.R.S. §32-1401 *et.seq.* and A.R.S. §32-2501 *et.seq.*

**Mission:**

The mission of the agency is to protect public safety through the judicious licensing, regulation, and education of physicians and physician assistants.

**Vision:**

Protection of the Public through Regulatory Excellence

**Agency Description:**

The Agency staff supports two Boards – the Arizona Medical Board, which licenses and regulates allopathic physicians, and the Arizona Regulatory Board of Physician Assistants, which licenses and regulates physician assistants. The Agency processes applications for licenses, handles public complaints against licensees, and disseminates information pertaining to licensees and the regulatory process. The two Boards determine and administer disciplinary action in the event of proven violations of their respective practice acts. Together, the Boards regulate over 22,000 licensees.

**Principles:**

- Protection of the public comes first
- Every Arizona citizen deserves competent, qualified physicians and physician assistants
- Optimal resource utilization is best realized through a streamlined process of licensee regulation
- Progress is accelerated through collaboration with others and the use of advanced technology
- Licensees with health problems which affect their practice should be provided with the opportunity for rehabilitation whenever possible
- Excellent regulation requires excellent staff

**Strategic Issues:**

**Issue #1: Consolidation of essential agency functions focused on public protection through the examination of regulatory issues, ongoing education of staff and Board members, active dissemination of public information, and public outreach.**

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants continually strive to proactively explore areas influencing healthcare delivery and public safety. The boards will focus on essential agency functions and concentrate on those matters that directly affect the health and well being of Arizona's citizens. The boards will continue their advances toward providing clear direction through policy and statutory initiatives, participating in ongoing educational opportunities in regulation, and staying on the forefront of providing public information that affects healthcare decision making.

**Goal 1:** To increase activities devoted to addressing public safety, healthcare and regulatory issues of importance to licensees, stakeholders, and the general public through collaboration with others, policy making, and information dissemination

**Objective 1.1:** Increase time spent addressing public safety, healthcare or regulatory issues through subcommittee discussion and adoption of relevant substantive policy statements and rules.

**Objective 1.2:** Increase the availability of educational and regulatory information to licensees, stakeholders, and the general public

| <b>Strategic Plan Measurement</b>   | <b>FY 08<br/>Actual</b> | <b>FY 09<br/>Actual</b> | <b>FY 10<br/>Goal</b> | <b>FY 10<br/>Actual</b> | <b>FY 11<br/>Goal</b> | <b>FY 12<br/>Goal</b> |
|---|-------------------------|-------------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| <b>Number of substantive policy statements, guidelines, rules, or rule revisions adopted</b>  | 3                       | 0                       | 3                     | 0                       | 2                     | 2                     |
| <b>Number of staff members who attended one or more Board-funded trainings, seminars, or conferences</b>  | 20                      | 74                      | 20                    | 29                      | 20                    | 20                    |
| <b>*Number of newsletters published</b>   | 2                       | 1                       |                       |                         |                       |                       |
| <b>*Number of public awareness activities</b>   | 33                      | 13                      |                       |                         |                       |                       |
| <b>*Number of press releases, health advisories, newsletters, public awareness activities, and other notifications published on the Board website or transmitted to licensees via e-mail blasts</b> | 66                      | 48                      | 66                    | 29                      | 40                    | 40                    |

\*Three measurements were combined into one (Number of newsletters published, Number of public awareness activities, and Number of press releases, health advisories, and other notifications published on the Board website or transmitted to licensees via e-mail blasts). The FY 2010 goal and actual reflects the goal for all three measurements. Combining the three measurements allows the agency more flexibility in accomplishing the goal to utilize the best method of disseminating information to licensees, stakeholders, and the general public.

**Issue #2: Stabilization of database infrastructure to support e-licensing, regulatory, and information dissemination processes, as well as increased capacity for performance measurement, through improved information technology and other process improvements**

The Board has now had a successful electronic licensing renewal (e-licensing) for over one year. The agency continues to stabilize the system to ensure on-line security as applicants and licensees share confidential information with the boards during the licensing and renewal process and as financial transactions take place. The infrastructure will continue to evolve as other electronic functions are made available to licensees and the public as well. The database also tracks staff progress during the investigative and post adjudication processes allowing for statistical data analysis and identification of process improvement.

**Goal 2:** To improve efficiency of licensing, regulatory, and information dissemination processes.

**Objective 2.1:** To improve upon prior year performance levels in license processing.

**Objective 2.2:** To improve upon prior year performance levels in complaint investigation and case resolution.

**Objective 2.3:** To improve upon prior year performance levels in responding to public information requests.

| <b>Strategic Plan Measurement</b>  | <b>FY 08 Actual</b> | <b>FY 09 Actual</b> | <b>FY 10 Goal</b> | <b>FY 10 Actual</b> | <b>FY 11 Goal</b> | <b>FY 12 Goal</b> |
|--|---------------------|---------------------|-------------------|---------------------|-------------------|-------------------|
| <b>Average time to approve an MD license from receipt of application</b>   | 24                  | 40                  | 24                | 24                  | 30                | 30                |
| <b>Average time to approve a PA license from receipt of application</b>  | 17                  | 18                  | 17                | 11                  | 17                | 17                |
| <b>Average number of days to process an initial medical doctor application upon receipt of completed application (locked budget measure)</b> | 2                   | 2                   | 2                 | 2                   | 2                 | 2                 |
| <b>Average number of days to process a medical doctor renewal upon receipt of completed application (locked budget measure)</b>              | 2                   | 2                   | 2                 | 2                   | 2                 | 2                 |
| <b>Average score of agency-wide customer service satisfaction surveys (scale of 1-8)(locked budget measure)</b>                              | 7.9                 | 7.6                 | 7.5               | 7.8                 | 7.5               | 7.5               |
| <b>Average number of days to complete a MD investigation (locked budget measure)</b>   | 115                 | 154                 | 120               | 114                 | 140               | 140               |
| <b>Average number of days to complete a PA investigation (locked budget measure)</b>   | 101                 | 129                 | 120               | 106                 | 130               | 130               |
| <b>Average number of days to resolve a MD case (locked budget measure)</b>   | 164                 | 235                 | 180               | 148                 | 180               | 180               |
| <b>Average number of days to resolve a PA case (locked budget measure)</b>   | 144                 | 234                 | 180               | 142                 | 180               | 180               |
| <b>Number of MD cases referred to formal hearing (locked budget measure)</b>   | 69                  | 9                   | 45                | 14                  | 20                | 20                |
| <b>*Average number of days to respond to e-mails received through Questions@azmd.gov or Questions@azpa.gov</b>                               | 0.6                 | .32                 | 1                 | 1                   | 0                 | 0                 |

\*The Questions function is currently unavailable on our web site and was measured only for the period of July 1, 2009 through March 1, 2010. Customers may contact the office for any matters requiring their immediate response. Questions e-mail received are still being monitored and responded to, but not measured.

**Issue #3: Protection of the public through the identification and rehabilitation of impaired physicians and physician assistants**

The Arizona Medical Board’s Monitored Aftercare Program is a confidential program for the treatment and rehabilitation of doctors of medicine and physician assistants who are impaired by alcohol or drugs. The Board also has the statutory authority to create a confidential Physician Health Program, similar to the Board’s existing Monitored Aftercare Program, for allopathic physicians and physician assistants who have a medical, psychiatric, psychological, or behavioral health disorder that may impair the licensee’s ability to practice safely. The Board integrated the Physician Health and Monitored Aftercare Programs into one program and still plans to collaborate with other healthcare professional licensing boards to create a common program that could be used by all boards that monitor licensees with health and/or substance abuse problems. In conjunction with this effort, the Board plans to further refine its ability to collect and analyze statistics pertinent to this licensee population.

**Goal 3:** To increase protection of the public by promoting rehabilitation of licensees who are impaired by alcohol or drugs, or who have a medical, psychiatric, psychological, or behavioral health disorder that may impair the licensee’s ability to practice safely

**Objective 3.1:** To identify and monitor the rehabilitation of licensees with alcohol or other substance abuse or dependency, or with a medical, psychiatric, psychological, or behavioral health disorder that may impair the licensee’s ability to practice safely

| <b>Strategic Plan Measurement</b>   | <b>FY 08 Actual</b> | <b>FY 09 Actual</b> | <b>FY 10 Goal</b> | <b>FY 10 Actual</b> | <b>FY 11 Goal</b> | <b>FY 12 Goal</b> |
|---|---------------------|---------------------|-------------------|---------------------|-------------------|-------------------|
| <b>Number of MAP participants who completed the program successfully</b>  | 47                  | 19                  | 25                | 10                  | 15                | 15                |
| <b>Number of participants in the MAP program as of June 30</b>  | 89                  | 95                  | 105               | 108                 | 100               | 100               |
| <b>Number of licensees being monitored for medical, psychiatric, psychological, or behavioral health issues as of June 30, excluding MAP participants</b> | 67                  | 66                  | 40                | 9*                  | 10                | 10                |

*\*This number dropped as we refocused the PHP program solely on physicians whose health problems may impact their ability to safely practice medicine.*