State of California

State and Consumer Services Agency

MEDICAL BOARD OF CALIFORNIA

July 31, August 1, 2, 2003

PERFORMANCE MEASUREMENT/ INDICATOR REPORT

Medical Board of California
July 2003

PERFORMANCE MEASUREMENT / INDICATOR REPORT

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PROFESSIONAL QUALIFICATIONS

GOAL: Ensure the professional qualifications of medical practitioners by setting requirements for education, experience and examinations

Desired Outcome	Performance Indicator
Reduction in physicians with practice deficits that have or could lead to patient injuries	REPORTING MEASURES ▪ Percentage of successful diversion program cases ▪ Percentage of quality of care cases resulting in removal of a physician causing or potentially causing patient injury from practice ▪ Number of physicians undergoing compulsory physical and psychological competency exams under Section 820 TRACKING INDICATORS ▪ Number of currently active licensed California physicians participating in the diversion program
Reduced risk of the Board licensing unqualified physicians	TRACKING INDICATORS ▪ Number of applicants granted restricted or probationary licenses ▪ Number of applicants denied licenses or withdrawing from the licensure process

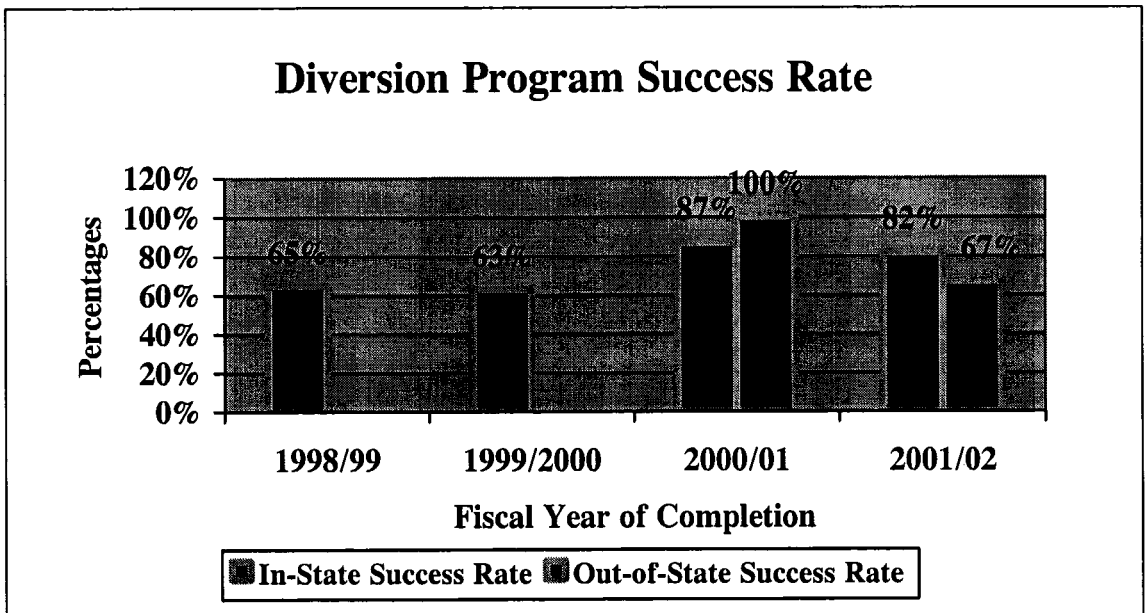
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: MEDICAL QUALITY/DIVERSION
Responsible Program: : PHYSICIAN'S DIVERSION PROGRAM

Goal:
Ensure the professional qualifications of medical practitioners by setting requirements for education, experience and examinations.

Desired Outcome:	Performance Measurement/Indicator:
Reduction in physicians with practice deficits that have or could lead to patient injuries.	The percentage of participants successfully terminated from the program annually.

Graph/Table Display:



Results Explanation and/or Variance Report:
There has been between 50 and 60 In-State participants exit the program annually. The Out-of-State success rate has a broader range of fluctuations because the total Out-of-State completions have been between 3 and 6 individuals. Out of State data has only been presented in the Annual Report since 2000/2001.

QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: MEDICAL QUALITY / ENFORCEMENT COMMITTEE
Responsible Program: ENFORCEMENT PROGRAM

Goal:
Ensure the professional qualifications of medical practitioners by setting requirements for education, experience and examinations.

Desired Outcome:	Performance Measurement/Indicator:
Reduction in physicians with practice deficits that have or could lead to patient injuries.	Percentage of cases resulting in removal of physician causing or potentially causing patient injury during the reporting period.

Graph/Table Display:

The total number of cases resulting in some form of removal from practice may not be based upon the same cases referred to the AG's office, but rather those referred in the same timeframe. Results were expected by November 2003, however, the contract, for the programmer assigned to develop the reports for this data collection, terminated on June 30, 2003. Requirements associated with SB 1950 superceded this programming assignment and prevented program development prior to the termination of this contract. Therefore, there may be a six month delay in obtaining the data for this measurement.

Results Explanation and/or Variance Report:

QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: MEDICAL QUALITY/ENFORCEMENT COMMITTEE
Responsible Program: ENFORCEMENT PROGRAM

Goal:
Ensure the professional qualifications of medical practitioners by setting requirements for education, experience and examinations.

Desired Outcome:	Performance Measurement/Indicator:
Reduction in physicians with practice deficits that have or could lead to patient injuries.	The number of physicians undergoing a physical, mental or competency examination during the reporting period.

Graph/Table Display:

Mechanisms will be put in place to gather and report these data by September 2003 and will be reported in November 2003.

Results Explanation and/or Variance Report:

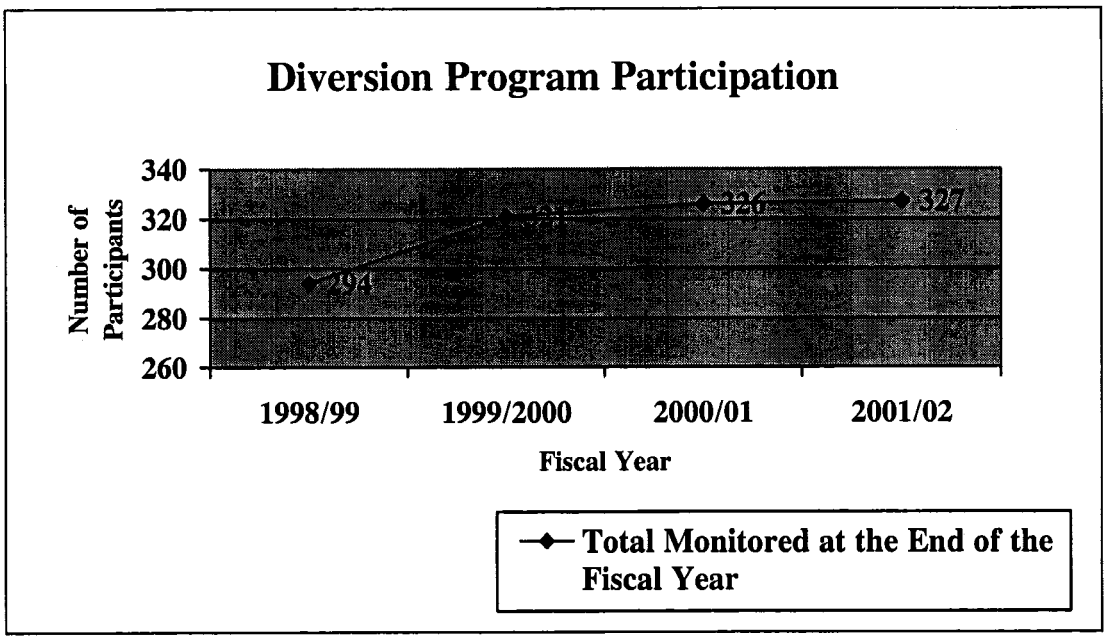
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: MEDICAL QUALITY/DIVERSION
Responsible Program: : PHYSICIAN'S DIVERSION PROGRAM

Goal:
Enhance the professional qualifications of medical practitioners by setting requirements for education, experience and examinations

Desired Outcome:	Performance Measurement/Indicator:
Reduction in physicians with practice deficits that have or could lead to patient injuries.	The number of licensed physicians currently participating in the Diversion Program at the end of the fiscal year.

Graph/Table Display:



Results Explanation and/or Variance Report:

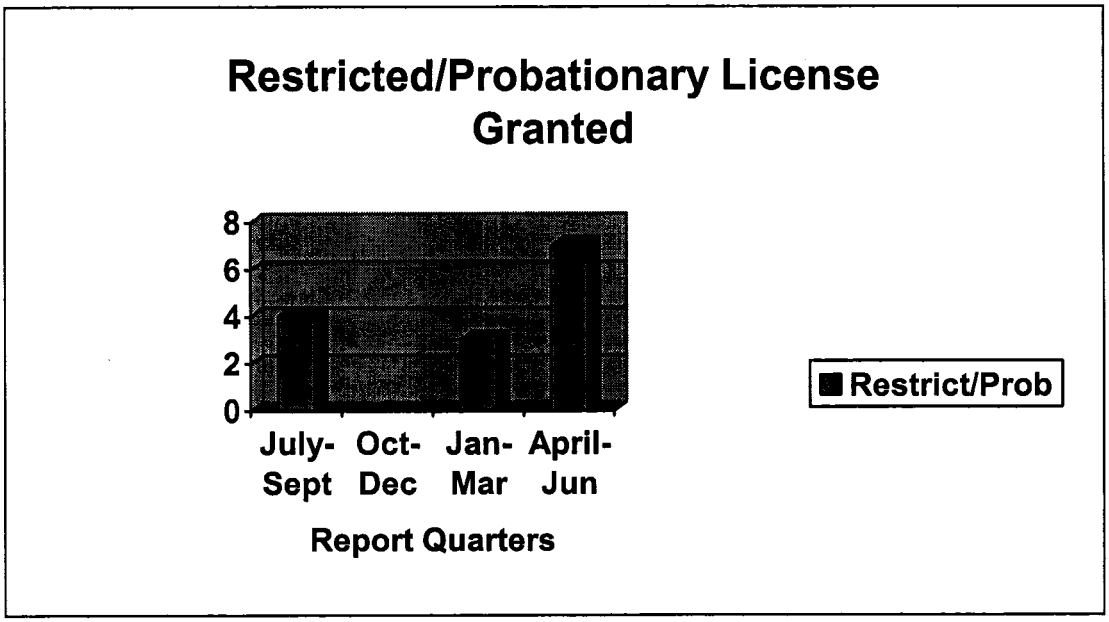
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: DIVISION OF LICENSING
Responsible Program: LICENSING PROGRAM

Goal:
Ensure the professional qualifications of medical practitioners by setting requirements for education, experience and examinations.

Desired Outcomes:	Performance Measurement/Indicator:
Reduce the risk of the Board licensing unqualified physicians.	Number of applicants granted a restricted and/or probationary license during the reporting period.

Graph/Table Display:



Results Explanation and/or Variance Report:
The Licensing Program processes an average of 385 applications per month. Less than 1% of the applicants are granted restricted or probationary licenses.

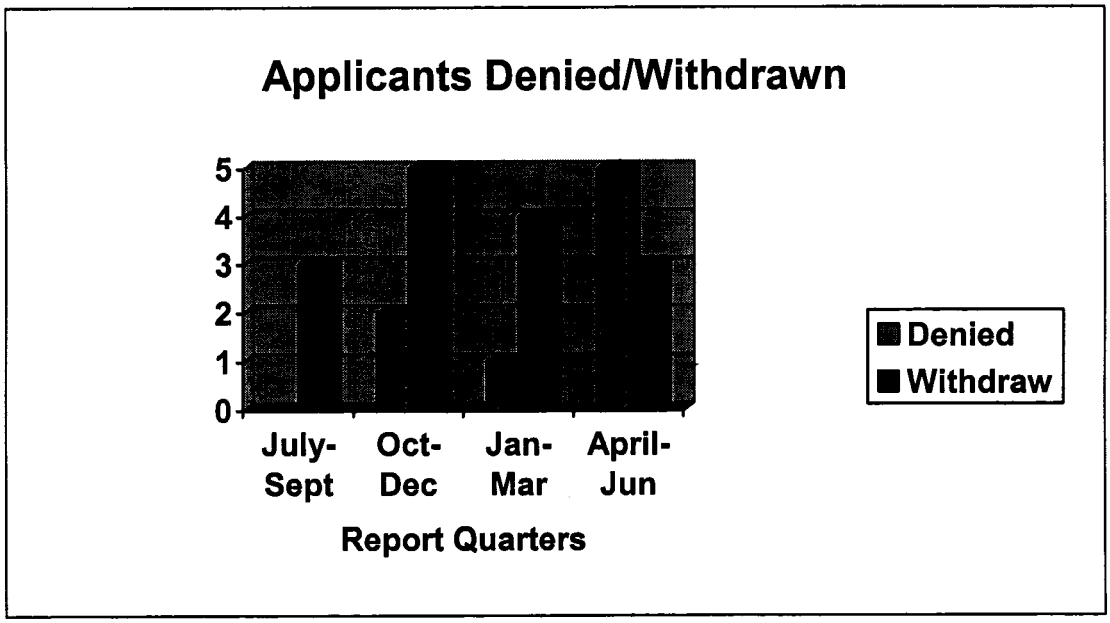
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: DIVISION OF LICENSING
Responsible Program: LICENSING PROGRAM

Goal:
Ensure the professional qualifications of medical practitioners by setting requirements for education, experience and examinations.

Desired Outcome:	Performance Measurement/Indicator:
Reduce the risk of the Board licensing unqualified physicians.	Number of applicants denied licenses or withdrawing from the licensure process during the reporting period.

Graph/Table Display:



Results Explanation and/or Variance Report:
The Licensing Program processes an average of 385 applications per month. Less than 1% of the applicants are eliminated from the licensing process.

REGULATIONS AND ENFORCEMENT

GOAL: Protect the public by (1) preventing violations and (2) effectively enforcing laws and standards when violations occur

Desired Outcome	Performance Indicator[1]
Quality of care cases resolved quickly and accurately	REPORTING MEASURES ▪ Percent of quality of care accusations that are upheld ▪ Average time to complete a Quality of Care investigation during the reporting period ▪ Average resolution time for cases resulting in removal of a physician causing or potentially causing patient injury from practice TRACKING INDICATORS ▪ Percent of complaints that result in accusations or disciplinary actions

[1] Note: these measures are pending refinement by the Enforcement Committee. The SB 1950 definition ("resulting in serious injury or death") is operative

QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: MEDICAL QUALITY/ENFORCEMENT COMMITTEE
Responsible Program: ENFORCEMENT PROGRAM

Goal:
Protect the public by (1) preventing violations and (2) effectively enforcing laws and standards when violations occur.

Desired Outcome:	Performance Measurement/Indicator:
To quickly and accurately resolve quality of care cases.	Average time to complete a Quality of Care investigation during the reporting period.

Graph/Table Display:

The Board currently does not extract information specifically on Quality of Care complaints. This identifier is in the process of being developed but has not been completed yet. Results were expected by November 2003, however, the contract, for the programmer assigned to develop the reports for this data collection, terminated on June 30, 2003. Requirements associated with SB 1950 superceded this programming assignment and prevented program development prior to the termination of this contract. Therefore, there may be a six month delay in obtaining the data for this measurement.

Results Explanation and/or Variance Report:

QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: MEDICAL QUALITY/ENFORCEMENT COMMITTEE
Responsible Program: ENFORCEMENT PROGRAM

Goal:
Protect the public by (1) preventing violations and (2) effectively enforcing laws and standards when violations occur.

Desired Outcome:	Performance Measurement/Indicator:
To quickly and accurately resolve quality of care cases.	Average resolution time for cases resulting in removal of physician causing or potentially causing patient injury during the reporting period.

Graph/Table Display:

The total number of cases resulting in some form of removal from practice may not be based upon the same cases referred to the AG's office, but rather those referred in the same timeframe. Results were expected by November 2003, however, the contract, for the programmer assigned to develop the reports for this data collection, terminated on June 30, 2003. Requirements associated with SB 1950 superceded this programming assignment and prevented program development prior to the termination of this contract. Therefore, there may be a six month delay in obtaining the data for this measurement.

Results Explanation and/or Variance Report:

QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: MEDICAL QUALITY/ENFORCEMENT COMMITTEE
Responsible Program: ENFORCEMENT PROGRAM

Goal:
Protect the public by (1) preventing violations and (2) effectively enforcing laws and standard when violations occur.

Desired Outcome:	Performance Measurement/Indicator:
To quickly and accurately resolve quality of care case.	Percentage of complaints resulting in an accusation or disciplinary action during the reporting period.

Graph/Table Display:

The Board currently does not extract information specifically on Quality of Care complaints. This identifier is in the process of being developed but has not been completed yet. Results were expected by November 2003, however, the contract, for the programmer assigned to develop the reports for this data collection, terminated on June 30, 2003. Requirements associated with SB 1950 superceded this programming assignment and prevented program development prior to the termination of this contract. Therefore, there may be a six month delay in obtaining the data for this measurement.

Results Explanation and/or Variance Report:

CONSUMER EDUCATION

GOAL: Increase public awareness of MBC's mission, activities and services

Desired Outcome	Performance Indicator
Patients are able to make informed decisions about medical practitioners and unlicensed practitioners and know how to seek remedies through accessible information provided by the Medical Board	REPORTING MEASURES ▪ Number of media and consumer outreach activities ▪ Number of hits to the MBC website ▪ Number of calls to the Complaint Unit ▪ Number of calls to the Consumer Information Unit ▪ Number of non-jurisdictional complaints received ▪ Level of complainant satisfaction with MBC response

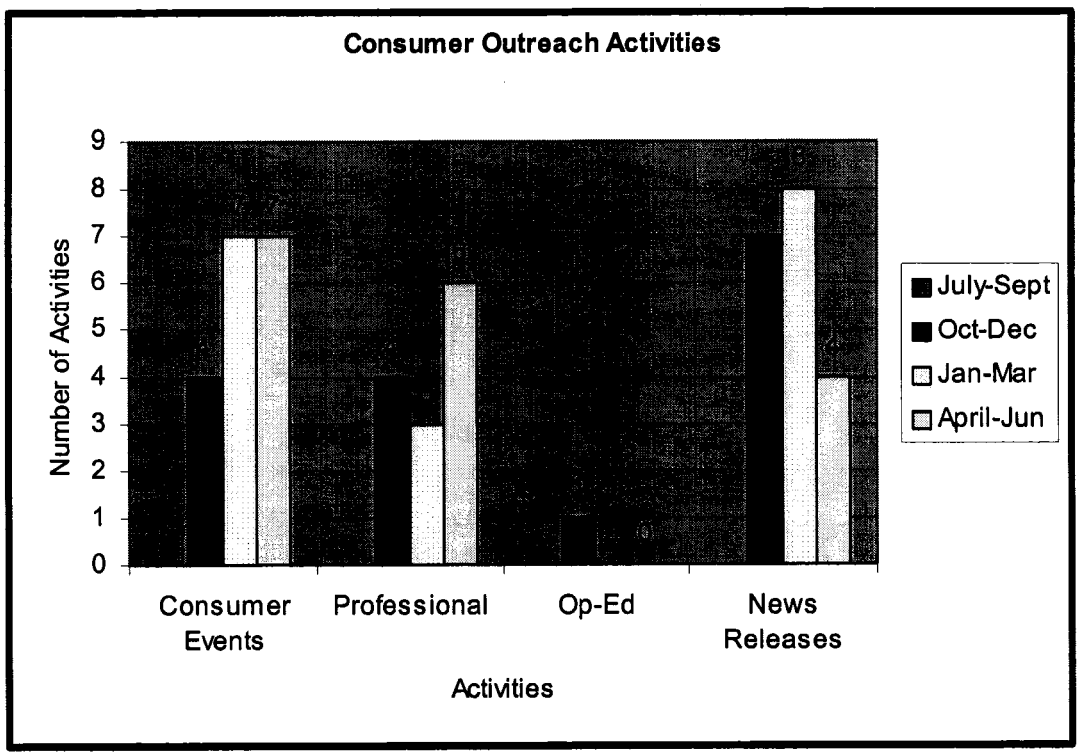
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: PUBLIC EDUCATION COMMITTEE
Responsible Program: PUBLIC INFORMATION OFFICE

Goal:
Increase public awareness of MBC's mission, activities and services.

Desired Outcome:	Performance Measurement/Indicator:
Patients are able to make informed decisions about medical practitioners and unlicensed practitioners and know how to seek remedies through accessible information provided by the Medical Board.	Number of significant media and consumer outreach activities conducted during the fiscal year.

Graph/Table Display:



Results Explanation and/or Variance Report:

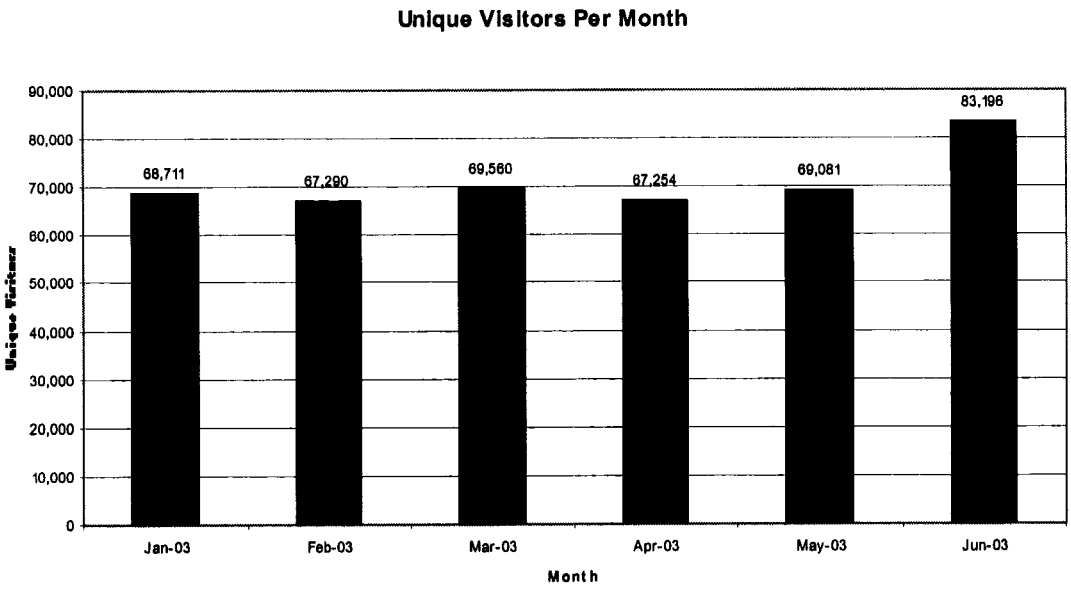
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: PUBLIC EDUCATION COMMITTEE
Responsible Program: INFORMATION SYSTEMS BRANCH

Goal: Increase public awareness of MBC's mission, activities and services.

Desired Outcome:	Performance Measurement/Indicator:
Patients are able to make informed decisions about medical practioners and unlicensed practitioners and know how to seek remedies through accessible information provided by the Medical Board.	Number of unique hits to the MBC Web Site during the reporting period.

Graph/Table Display:



Results Explanation and/or Variance Report:

Increase in unique visitors for June may be caused from moving physician profile lookup from AIM to DCA.

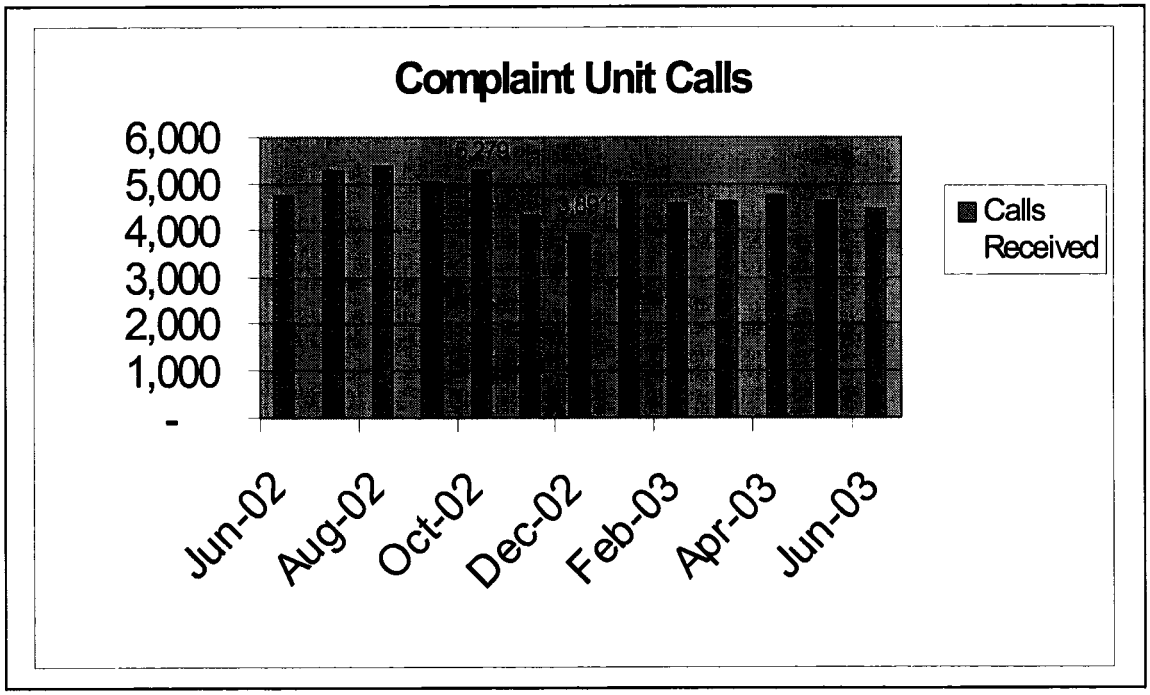
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: PUBLIC EDUCATION COMMITTEE
Responsible Program: ENFORCEMENT PROGRAM

Goal:
Increase public awareness of MBC's mission, activities and services.

Desired Outcome:	Performance Measurement/Indicator:
Patients are able to make informed decision about medical practitioners and unlicensed practitioners and know how to seek remedies through accessible information provided by the Medical Board.	Number of public calls received on the Consumer Unit toll-free lines during a reporting period.

Graph/Table Display:



Results Explanation and/or Variance Report:
Highest = October 2002 @ 5,279; Lowest = December 2002 @ 3,891
Complaint Unit has a full-time position dedicated to responding to toll-free line calls, which averages approximately 2-5 minutes per call. Maximum available staff time per month = 10,200 minutes (170 hours per month), minimum time spent responding to calls = 11,673 (3,891 calls x 3 minutes per call).

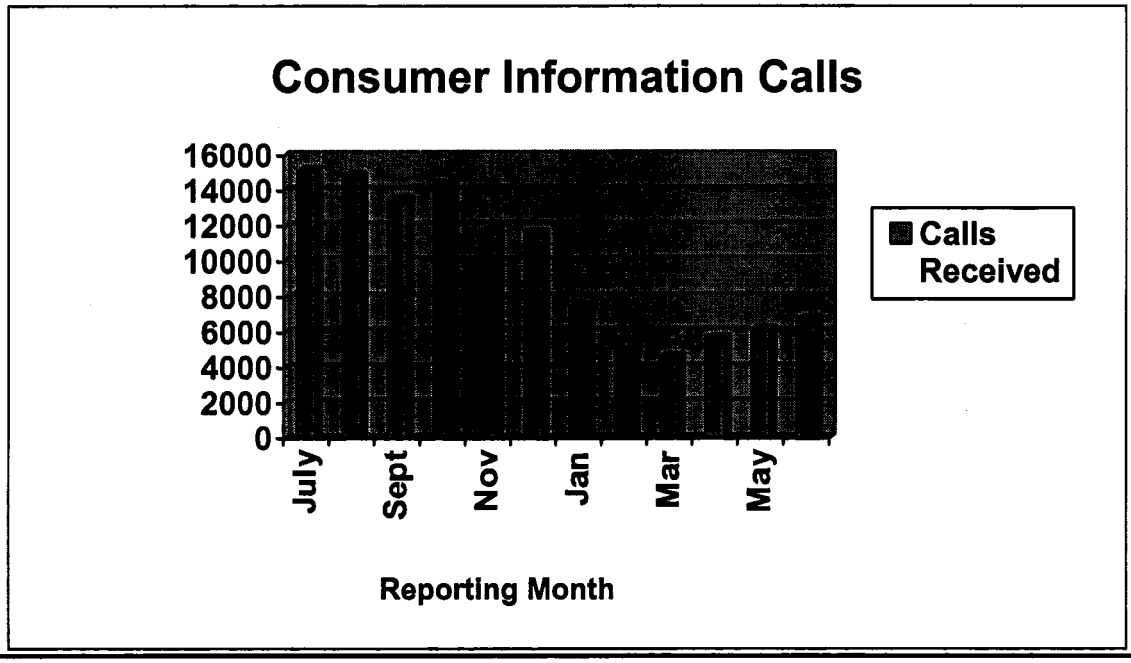
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: PUBLIC EDUCATION COMMITTEE
Responsible Program: LICENSING PROGRAM

Goal:
Increase public awareness of MBC's mission, activities and services.

Desired Outcome:	Performance Measurement/Indicator:
Patients are able to make informed decisions about medical practitioners and unlicensed practitioners and know how to seek remedies through accessible information provided by the Medical Board.	Number of calls received in the Consumer Information Unit during the reporting period.

Graph/Table Display:



Results Explanation and/or Variance Report:
In January 2003, the Consumer Information Unit reduced its business hours for responding to calls to a 4-hour day, due a staff shortage. This is reflected in the corresponding decrease in the number of calls received and answered in the following months. In May 2003, the unit resumed an 8-hour day on the phone lines. The number of calls have begun to slowly increase over the weeks following the increased hours.

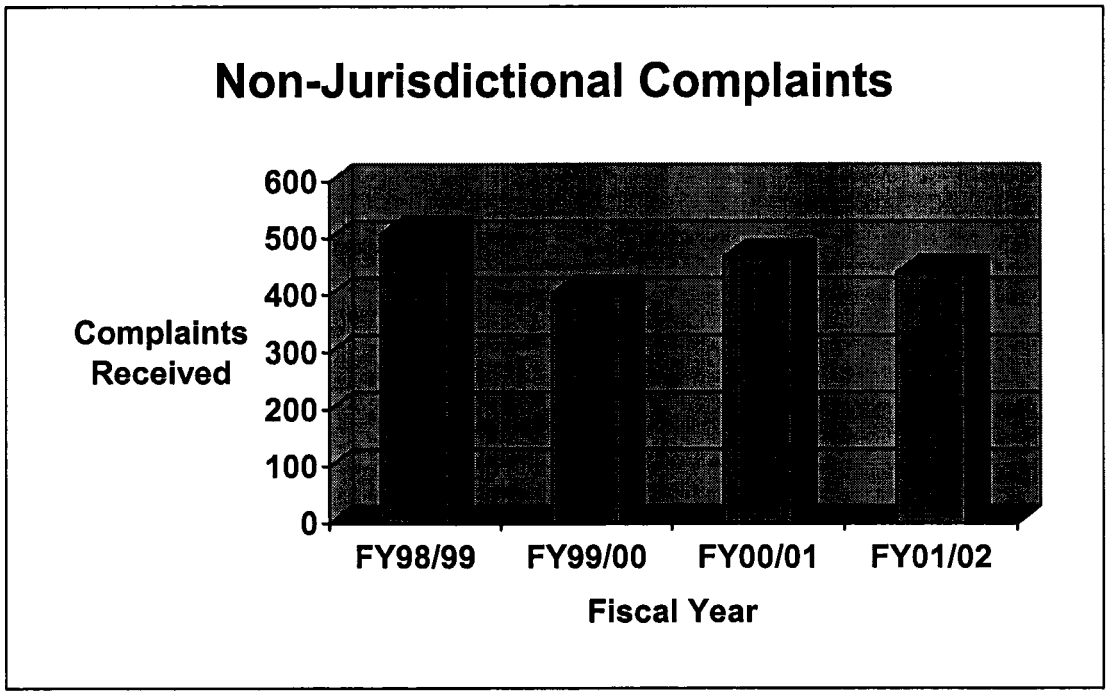
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: PUBLIC EDUCATION COMMITTEE
Responsible Program: ENFORCEMENT PROGRAM

Goal:
Increase public awareness of MBC's mission, activities and services.

Desired Outcome:	Performance Measurement/Indicator:
Patients are able to make informed decisions about medical practitioners and unlicensed practitioners and know how to seek remedies through accessible information provided by the Medical Board.	Number of non-jurisdictional complaints filed with the Central Complaint during the reporting period.

Graph/Table Display:



Results Explanation and/or Variance Report:

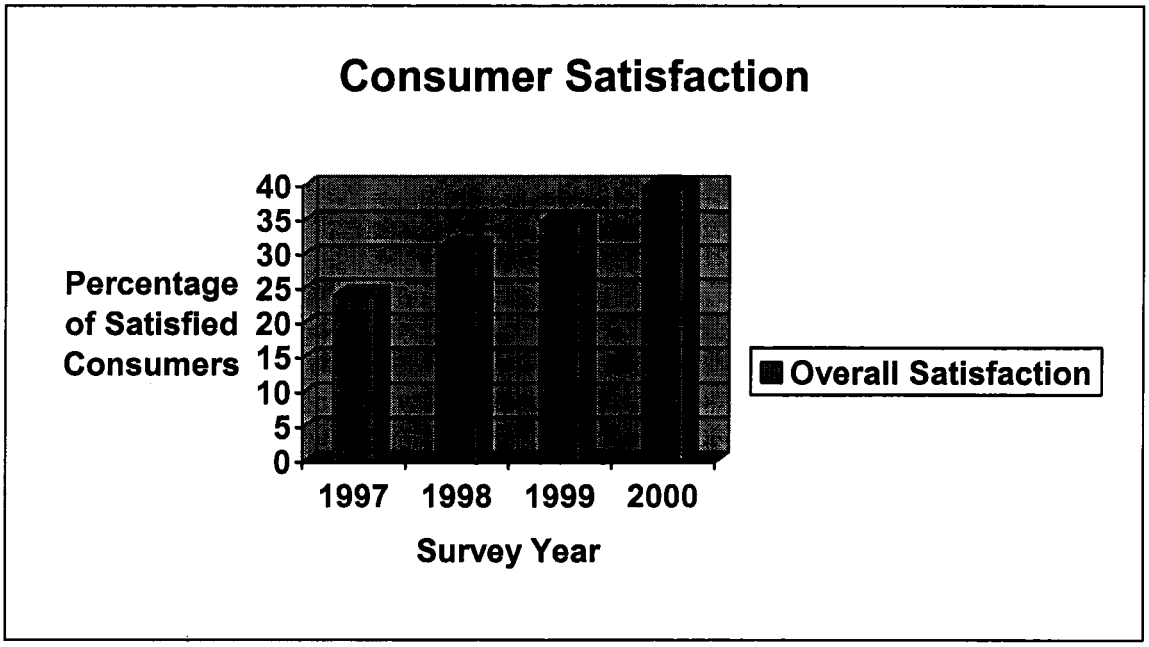
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: PUBLIC EDUCATION COMMITTEE
Responsible Program: ENFORCEMENT PROGRAM

Goal:
Increase public awareness of MBC's mission, activities and services.

Desired Outcome:	Performance Measurement/Indicator:
Patients are able to make informed decisions about medical practitioners and unlicensed practitioners and know how to seek remedies through accessible information provided by the Medical Board.	Level of complainant satisfaction with MBC response during the reporting period.

Graph/Table Display:



Results Explanation and/or Variance Report:

ORGANIZATIONAL RELATIONSHIPS

GOAL: Improve effectiveness of relationships with related organizations to further MBC mission and goals

Desired Outcome	Performance Indicator
MBC initiatives and programs promoted through effective relationships and alliances with partner organizations and agencies.	REPORTING MEASURES ▪ Number of legislative initiatives approved by the Board with the assistance of partner agencies TRACKING INDICATORS ▪ Number of organizational relationships resulting in collaborative activities and ventures

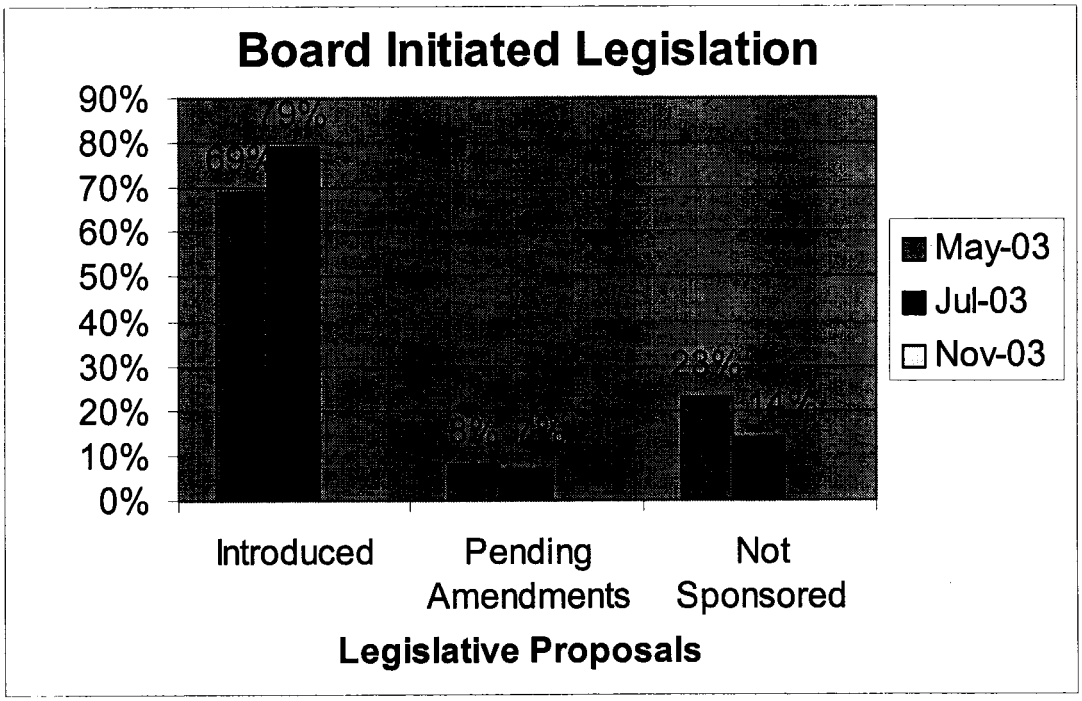
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: EXECUTIVE COMMITTEE/FULL BOARD
Responsible Program: LEGISLATION/REGULATION OFFICE

Goal: Improve effectiveness of with related organizations to further MBC's mission and goals.

Desired Outcome:	Performance Measurement/Indicator:
To increase the percentage of MBC legislative initiatives implemented through partnerships and relationships.	Percentage of Board initiated legislation introduced during the legislative year.

Graph/Table Display:



Results Explanation and/or Variance Report:
Board developed 14 proposals; three concepts were not included, awaiting Board approval. An additional clean-up proposal for the Physician Corps Program was developed and introduced in SB1080.

QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: EXECUTIVE COMMITTEE
Responsible Program: LEGISLATION/REGULATION OFFICE

Goal: Improve effectiveness of with related organizations to further MBC's mission and goals.

Desired Outcome:	Performance Measurement/Indicator:
To increase the number of partnerships with organizations current on and supportive of MBC initiatives, programs and improvements.	Number of collaborative or partnership activities conducted with various organizations throughout the fiscal year.

Graph/Table Display:

No data is available at this time. Mechanisms will be put in place to generate data for this report by the November 2003 Board meeting.

Results Explanation and/or Variance Report:

ORGANIZATIONAL EFFECTIVENESS

Goal: Enhance organizational effectiveness and systems to improve service to constituents

Desired Outcome	Performance Indicator
Ability of MBC to achieve its mission through effective and efficient use of revenue and staff resources to support priority initiatives and programs	REPORTING MEASURES ▪ Percentage of staff indicating job satisfaction through the annual survey ▪ Percentage of staff remaining employed with the MBC – retention rate TRACKING INDICATORS ▪ Percentage of time data and systems are available to staff when needed ▪ Average ticket resolution completed on time

QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: FULL BOARD / EXECUTIVE COMMITTEE
Responsible Program: ADMINISTRATIVE SUPPORT SERVICES

Goal:
Enhance organizational effectiveness and systems to improve service to constituents.

Desired Outcome:	Performance Measurement/Indicator:
Ability of MBC to achieve its mission through effective and efficient use of revenue and staff resources to support priority initiatives and programs.	Percentage of employees satisfied with their employment at MBC during the fiscal year.

Graph/Table Display:

No data is available at this time. Mechanisms were expected to be in place to generate data for this report by the July 2003 Board meeting. However, due to budgetary constraints and potential layoffs, employee satisfaction data will be gathered and reported by the November 2003 Board meeting.

Results Explanation and/or Variance Report:

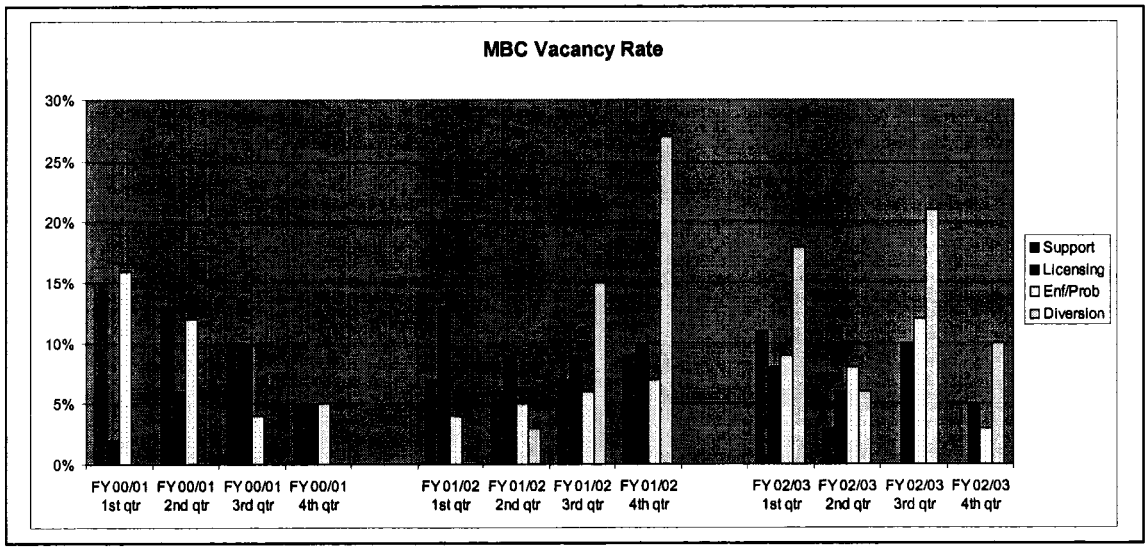
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: EXECUTIVE COMMITTEE
Responsible Program: ADMINISTRATIVE SUPPORT SERVICES

Goal:
Enhance organizational effectiveness and systems to improve service to constituents.

esired Outcome:	Performance Measurement/Indicator:
Ability of MBC to achieve its mission through effective and efficient use of revenue and staff resources to support priority initiatives and programs.	Employee vacancy rate for the major programs within the MBC during the reporting period.

Graph/Table Display:



Results Explanation and/or Variance Report:
June 30, 2002 the MBC lost 15 positions. The personnel reductions impacted the following program areas: Enforcement = 8 positions, Licensing = 2 positions Support Services (Executive/Information Services/Business Services) = 5 positions. Therefore, a reduction in the vacancy rate is more likely attributed to the lost in positions rather than employee retention.

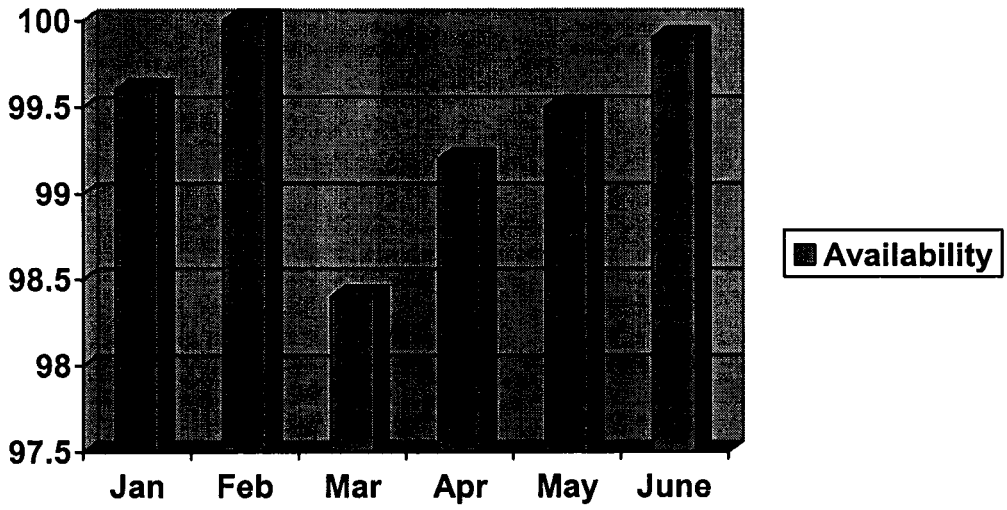
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: EXECUTIVE COMMITTEE
Responsible Program: INFORMATION SYSTEMS BRANCH

Goal:
Enhance organizational effectiveness and systems to improve service to constituents.

Desired Outcome:	Performance Measurement/Indicator:
Ability of MBC to achieve its mission through effective and efficient use of revenue and staff resources to support priority initiatives and programs.	Percentage of time data systems are available to staff during critical working hours.

Graph/Table Display:



Results Explanation and/or Variance Report:

Hours of operation include 06:00 to 18:00, Monday thru Friday.
March decrease of network availability due to router table problems experienced after a new router was installed into network. Problem was corrected.

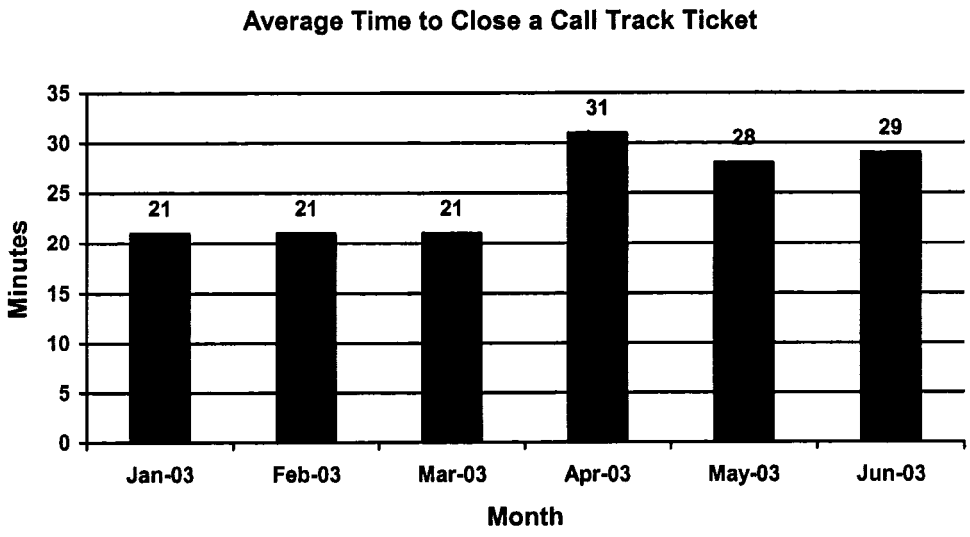
QUARTERLY MEASUREMENT/INDICATOR REPORT

Reporting Division/Committee: EXECUTIVE COMMITTEE
Responsible Program: INFORMATION SYSTEMS BRANCH

Goal:
Enhance organizational effectiveness and systems to improve service to constituents.

Desired Outcome:	Performance Measurement/Indicator:
Ability of MBC to achieve its mission through effective and efficient use of revenue and staff resources to support priority initiatives and programs.	Average number of minutes required for ticket resolution.

Graph/Table Display:



Results Explanation and/or Variance Report:

Increase in the number of problems, which required desktop computers to be rebuilt, can be seen in the increase of call averages for period April – June.

COMPLETION MEASUREMENTS

Professional Qualifications

GOAL: Ensure the professional qualifications of medical practitioners by setting requirements for education, experience and examinations

Ongoing Responsibilities	Status Update	Lead Responsibility
Improve and expedite the review process	Many improvements made to the process, resulting in shortened time-frames for licensing.	Division of Licensing
Determine future Board handling of alternative medicine: appropriate use, balance, licensing and Board responsibilities (such as new boards)	***Two major factors identified for action; Committee will meet on July 31 for discussion and to formulate recommendation to the Board.***	Non-Conventional Medicine Committee
Identify physicians who would benefit from rehabilitation and provide options. Develop a pilot program to implement	Pilot has been developed, Memo of Understanding signed by Cedars Sinai, but legislation is needed for implementation.	Diversion Committee/Division of Medical Quality

COMPLETION MEASUREMENTS

Objectives	Lead	Target Date	Completion Status
Research and bring back a recommendation on accreditation of off-shore medical schools that provides for periodic review and revisiting of certification and ensures continuing quality of offshore-educated physicians practicing in California	Re-certification Committee	January 2003	***Regulatory Hearing held on May 9, 2003, and regulations were adopted relating to standards and methodologies of review of international medical schools. The regulations are moving forward to DCA and OAL for approval.***
Review eligibility requirements and uniformity of licensing between U.S. and foreign schools to match requirements with quality control	Division of Licensing	April 2003	***As schools are identified as needing further review because of changes in administration, etc., reviews will be conducted in compliance with adopted regulations.***
Explore ways to achieve continued competency and report on options, including augmenting or replacing continuing education requirements with peer reviews or competency recertification	Re-certification Committee	July 2004	***Dr. Kohatsu was researching this matter and no action will be taken until a new Medical Director is appointed.***
Outline a course of action for dealing with standards of practice for expert witnesses, including: ▪ Identification of issues and problems ▪ Optional solutions ▪ Potential course of action	Division of Medical Quality	January 2004	
Design and implement a physician recognition program focused on both individual and group recognition of those who improve access and fill gaps in the medical system	Physician Recognition Committee	March 2003	***Program criteria and standards were approved by the Board, and Committee is working towards implementation by reviewing applications.***

COMPLETION MEASUREMENTS

Regulations and Enforcement
GOAL: Protect the public by (1) preventing violations and (2) effectively enforcing laws and standards when violations occur

Ongoing Responsibilities	Completion Status	Lead Responsibility
Monitor and implement SB 1950 (Complaint Disclosure)	***Project to develop regulations are in process. New Web Profiles were operational on April 24, 2003. Staff is working on Regulations to be discussed in DMQ on August 1, 2002.***	Public Education Committee/ Division of Licensing/ Enforcement Committee
Assess status of allied professional certification and explore capacity and options	• ***Under discussion as it relates to resource management and Board priorities.***	Enforcement Committee/ Division of Licensing

Objectives	Lead	Target Date	Completion Status
Appoint an Enforcement Monitor	Enforcement Committee	March 2003	***RFP has been issued and staff will be working with the Department on the appointment of the monitor.***
Assemble data for Board discussion to determine validity of issues, correct any differential practices and communicate results to the public and licensees	Enforcement Committee (data collection) Public Education Committee (communication)	November 2002	*Data will be available after physician surveys are gathered and are entered into the data systems. Appropriate data will be included in physician profiles, and overall statistical data will be published.*
Reform the enforcement program to expedite reviews and investigation and to improve the quality and consistency of expert reviews and legal rulings.	Enforcement Committee	November 2003	*Enforcement Committee continues to meet.*

COMPLETION MEASUREMENTS

Complete and implement revision of the Disciplinary Guidelines to improve timeliness, quality and uniformity of discipline	Division of Medical Quality	November 2003	Scheduled for discussion and vote at May 9, 2003 DMQ meeting.
Explore establishing an early warning system to provide for early identification of problem physicians through monitoring, technology and partnerships for inspection	Enforcement Committee	November 2003	
Examine, assess and monitor the Diversion Program and determine potential new options including location of program administration to ensure confidentiality and confidence in the system	Diversion Committee	January 2004	
Consider new potential legislation on complaint disclosure to augment SB 1950 and fill gaps	Executive Committee	January 2004	

COMPLETION MEASUREMENTS

Consumer Education
GOAL: Increase public awareness MBC mission, activities and services

Ongoing Responsibilities	Completion Status	Lead
Expand the use of the Web site to communicate with consumers and licensees	***Continuously being improved New Profiles are now in Use. Staff "User Group" meets regularly to reassess user issues and problems.***	Public Education Committee
Use existing communication channels to improve legally mandated reporting and outreach on MBC programs and improvements	Committee has proactively sought the involvement of Coroners, court reporters, malpractice insurers, hospitals & the media in their quarterly meetings.	Public Education Committee
Utilize the Board as a speakers' bureau to communicate MBC initiatives to constituencies	Speaker's Bureau is in planning stages.	Public Education Committee
Use medical consultants as a communications tool for MBC initiatives and programs	Will be incorporated into the Speaker's Bureau.	Public Education Committee

	Objectives	Lead	Target Date	Completion Status
CE1	Develop a strategic communications plan to increase public awareness of MBC, how to use information and services and initiatives for improvement. Implement plan with key measures and annual review and evaluation system.	Public Education Committee	May 2003	***Plan is completed and was adopted by the Board on May 10, 2003, keeping in mind the present budgetary restraints.***

COMPLETION MEASUREMENTS

Organizational Relationships
GOAL: Improve effectiveness of relationships with related organizations to further MBC mission and goals

Ongoing Responsibilities	Completion Status	Lead Responsibility
Work with collateral organizations to advocate improved access to quality care for all Californians	Working with a variety of organizations on legislation.	Executive Committee
Pursue open communications with related organizations such as the California Medical Association (CMA) and the Center for Public Interest Law (CPIL), including a common language, common understanding of issues and joint legislative strategies	Working with a variety of organizations on legislation.	Executive Committee/ Public Education Committee
Align relationship-building activities with communication plan priorities	***Communication Plan completed, and was adopted on May 10, 2003 by the full Board.***	Public Education Committee

	Objectives	Lead	Target Date	Completion Status
OR1	Identify collateral organizations and strengthen relationships, including the following: CMA, CPIL, the Healthcare Association (HCA), the Office of Administrative Hearings and Hearing Officers (OAH) and the Department of Consumer Affairs (DCA)	Executive Committee	June 2003	***Meetings have been scheduled with Board members and the leadership of the CMA.***
OR2	Develop a position paper on the crisis in access to medical care, outlining issues and potential courses of action	Executive Committee	June 2003	***The Indigent Care Committee was established and they will be exploring the issues.***
OR3	Identify creative approaches to access to care, and will develop a recommendation for action and follow-up by the Board.	Executive Committee	January 2005	***Indigent Care Committee has been established to Explore and identify issues and develop recommendations for remedies.***

COMPLETION MEASUREMENTS

Organizational Effectiveness
GOAL: Enhance organizational effectiveness and systems to improve service to constituents

Ongoing Responsibilities	Completion Status	Lead Responsibility
Provide the Board with a financial overview of source and use of funds and methods for leveraging resources	Staff working With Board officers, Department of Consumer Affairs, and Dept. of Finance.	Staff
Work with other organizations to accomplish the MBC agenda	The PEC is continuously working with others to Provide outreach & cooperation. Staff is working with Numerous organizations on legislation.	Staff

Objectives		Lead	Target Date	Completion Status
OE1	Set priorities based on MBC's core mission to emphasize protection of the public	Executive Committee	June 2003/ Ongoing	***The Board's priorities have been outlined in the 2002 Strategic Plan. Annual review of those priorities and quarterly performance will ensure the core mission is the Board's primary focus.***
OE2	Work with DCA and its departments to upgrade information technology systems to provide the level of sophistication needed to meet public information needs and manage licensing, enforcement and discipline	Staff	2007	***DCA is currently working on an integrated system, Professional Licensing and Enforcement Monitoring System (PLEMS) which will involve all boards and create a uniform approach to regulating the various professions.***
OE3	Address potential business system improvements to meet consumer information and system management needs in the interim	Staff	April 2003	***The State's current budgetary crisis prevents further movement on this objective.***
OE4	Review investigative staff compensation and align with market conditions	Executive Committee	June 2003	***The State's current budgetary crisis prevents further movement on this objective.***