A Risk Analysis:

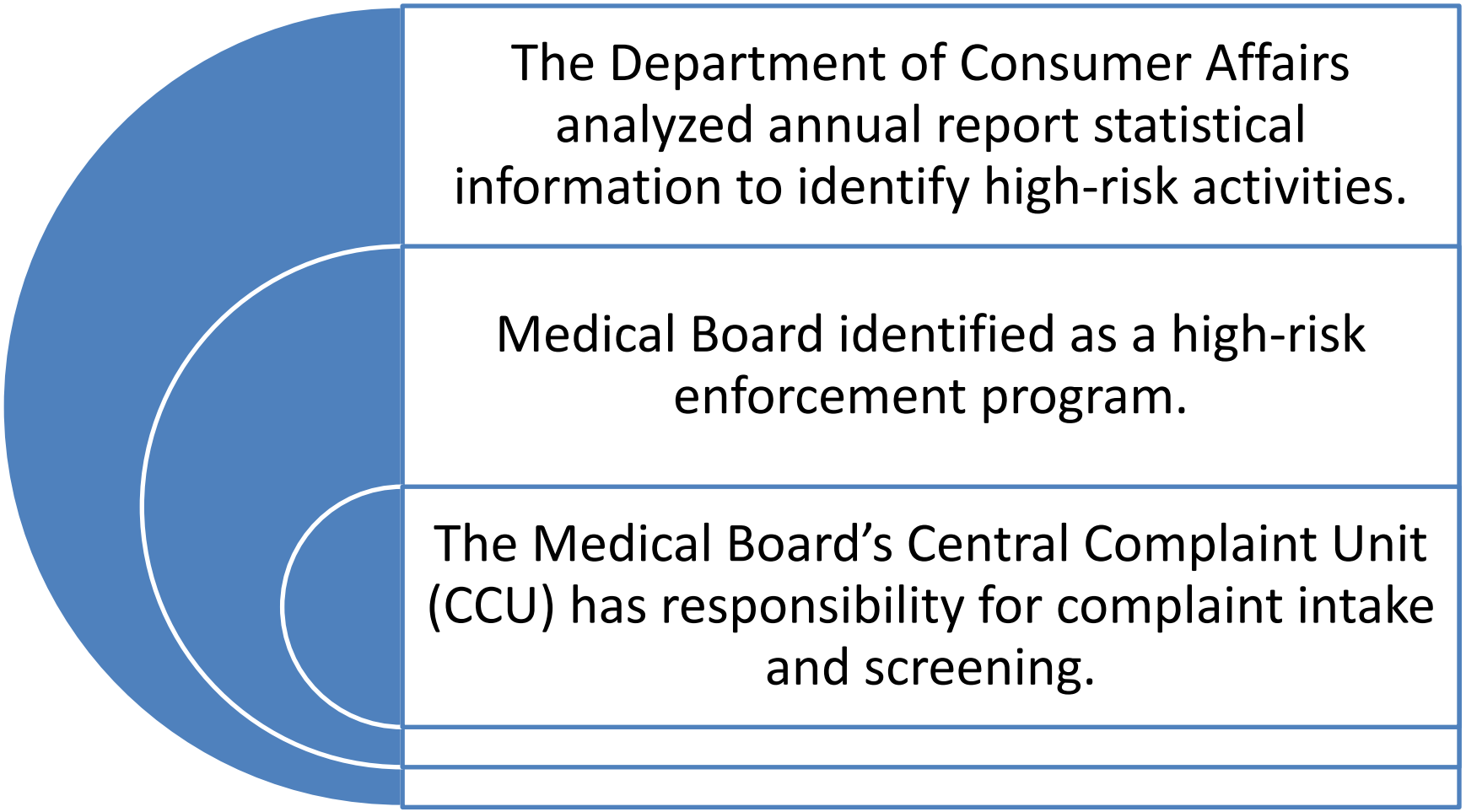
A presentation of potential auditable risks identified in the Medical Board's Central Complaint Unit.

Audit Standards

Risk management is a key responsibility of senior management.

Internal auditors acting in a consulting role can assist the organization in identifying, evaluating, and implementing risk management methodologies and controls to address those risks.

Medical Board – Central Complaint Unit

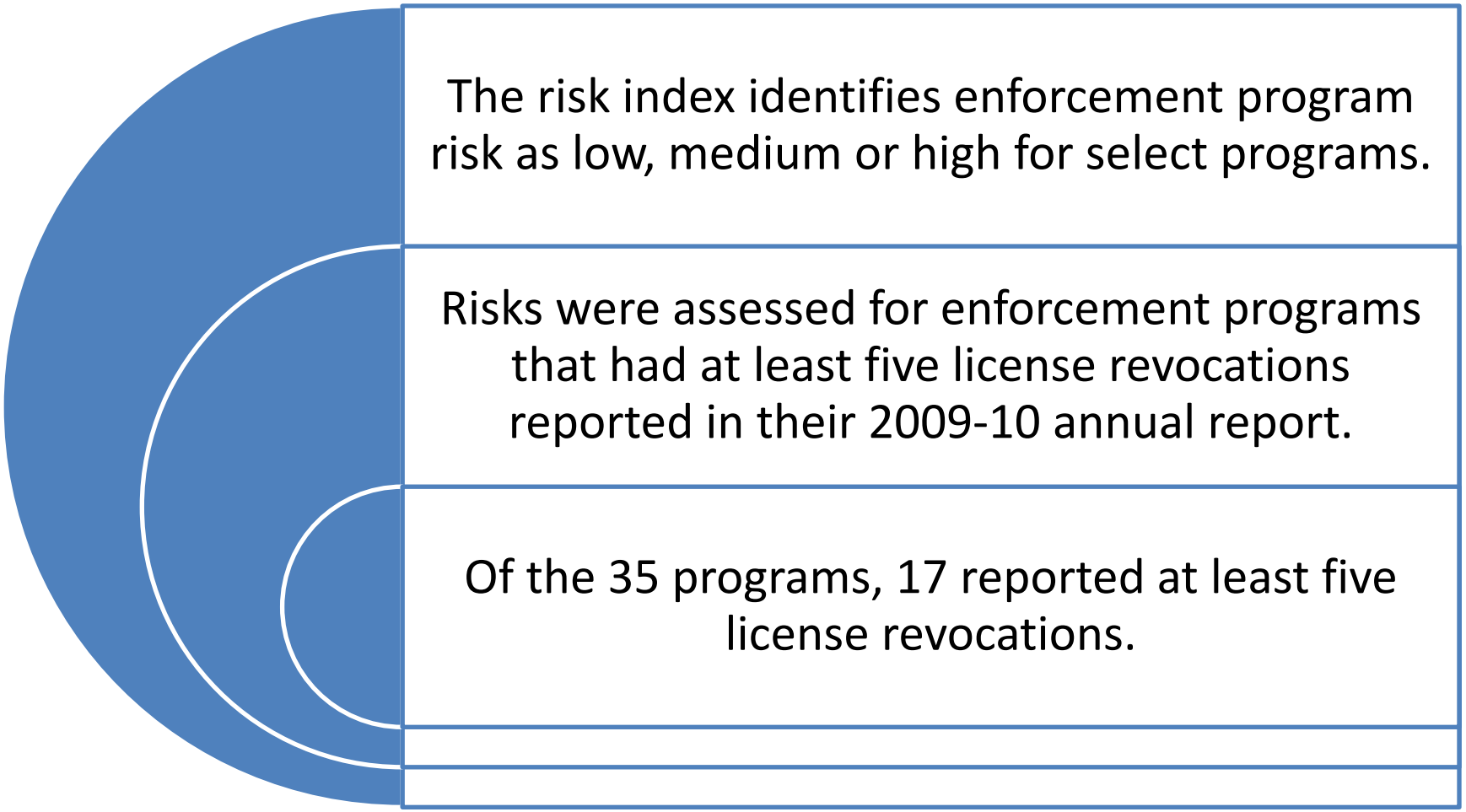


DCA High Risk Analysis

Analyzed 35 DCA board/bureau annual reports for statistical information regarding their enforcement programs.

We compared the statistical information to develop a risk index.

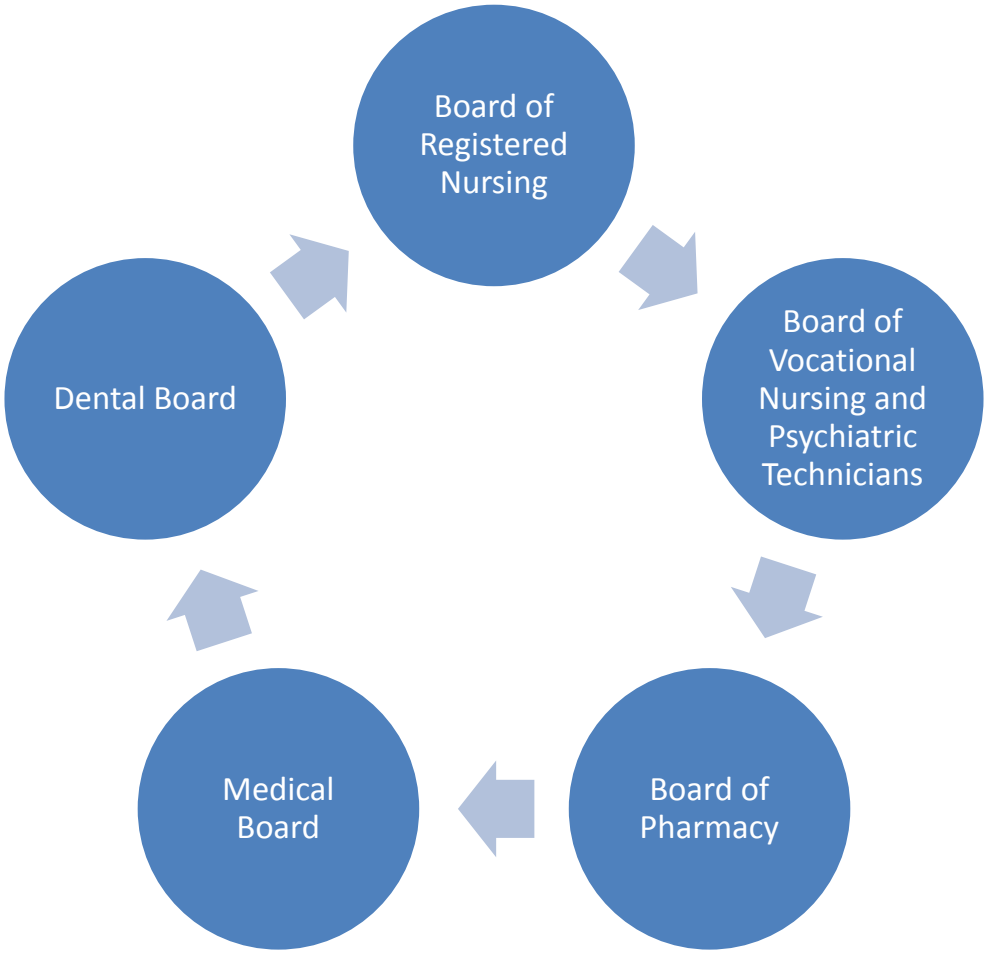
The DCA Risk Index



How to determine risk factor?

- Physical Harm Risk Index
  - Subjective based on Licensee / Consumer Relationship (column D)
  - Subjective based on the number of Licensee revocations (column E)
- Combined Risk Factor
  - Combined risk factor based on column D and E
  - Risk rated as High, Medium or Low

High Risk Boards / Bureaus



The seventeen identified programs:

	Board / Bureau	A	B	C	C/A	B/A	D	E	F (D+E)
1	Security and Investigative Services	3003	179	1038	34.6%	6.0%	low	high	mod
2	Automotive Repair	17725	151	286	1.6%	0.9%	low	high	mod
3	Registered Nursing	2190	766	243	11.1%	35.0%	high	high	high
4	Contractors	19744	542	198	1.0%	2.7%	low	high	mod
5	Vocational Nursing / Psychiatric Tech.	844	208	120	14.2%	24.6%	high	high	high
6	Pharmacy	1382	360	85	6.2%	26.0%	high	mod	high
7	Barbering and Cosmetology	2872	50	37	1.3%	1.7%	low	mod	mod
8	Medical Board	6189	457	34	0.5%	7.4%	high	mod	high
9	Dental Board	2998	154	31	1.0%	5.1%	high	mod	high
10	Respiratory Care	237	69	15	6.3%	29.1%	mod	low	mod
11	Accountancy	630	35	13	2.1%	5.6%	low	low	low
12	Behavioral Sciences	989	123	8	0.8%	12.4%	mod	low	mod
13	Cemetery and Funeral	650	21	7	1.1%	3.2%	low	low	low
14	Engineers	456	88	7	1.5%	19.3%	low	low	low
15	Physical Therapy	1181	90	7	0.6%	7.6%	mod	low	mod
16	Acupuncture	151	26	5	3.3%	17.2%	mod	low	mod
17	Veterinary	518	32	5	1.0%	6.2%	low	low	low

LEGEND:

A - Consumer Complaints Intake

B - Office of the Attorney General / Disciplinary Actions

C - License Revocations

D - Physical Harm Risk Index (subjective based on Licensee / Consumer relationship)

E - Physical Harm Risk Index (based on number of Licensee Revocations)

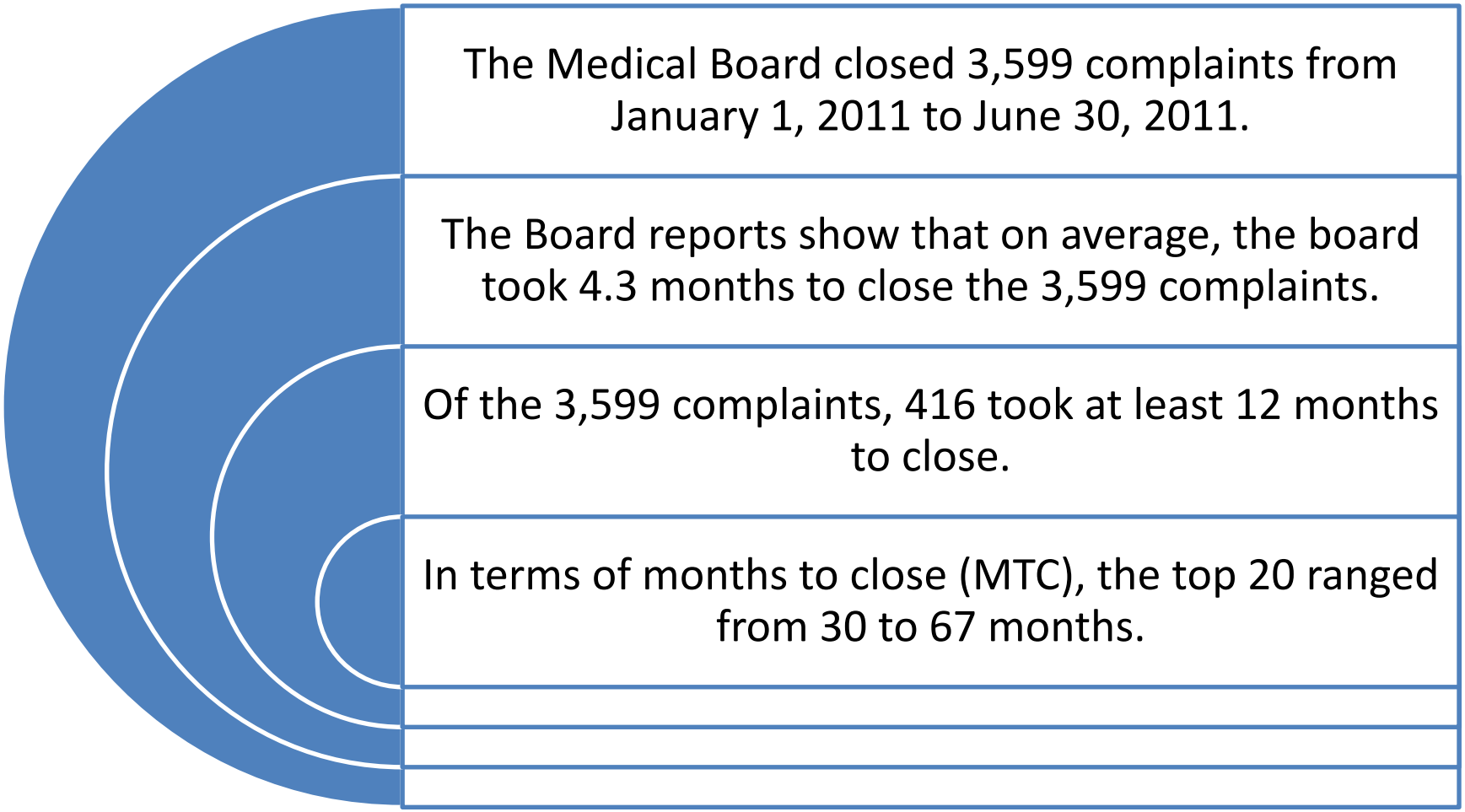
F - Combined Risk Factor (combine D & E)

DCA Goals for High Risk Enforcement Programs:

Are the programs prioritizing and processing complaints in an efficient and effective manner?

Given existing resources, where can high risk enforcement programs improve their processes and procedures to better protect the public.

Medical Board Complaint Analysis:



416 By Priority Code

Priority Code	Number of Cases	Average MTC:
U3	24	24.5
H	91	19.3
U	129	19.3
U1	134	18.9
R	24	17.9
U4	14	16.3
U and U1 represent 63 percent of the 416 total.		

- **U1** – **Highest Priority** (Negligence alleging death or serious bodily injury to the patient.
- U3 – Excessive prescribing or repeated acts of prescribing without a “good faith” exam.
- U4 – Sexual misconduct with one or more patients during the course of treatment or exam.
- U “Urgent” – Under-treatment of pain, allegations of physician mental or physical illness, diversion program dropouts, felony convictions and self-use of drugs/alcohol.
- H “High” – Conviction of a crime other than a felony, prescribing without a “good faith” exam, investigations/complaints not involving patient injury, etc.
- R “Routine” – False/misleading advertising, failure to release medical records, patient abandonment, fraud, etc.

416 By District Office:

- For districts with at least 10 cases processed during our review period:

Region	Average MTC:					
8	22					
17	22					
4	21					
6	21					
10	21					
5	20					
18	20					
3	18					
9	18					
12	18					
2	17					
22	17					
11	16					
Top three regions 4-6 months, or 30 percent slower than bottom three.						

Overall Medical Board Complaint Processing Results

The CCU + Field investigation average of 4.3 months compares favorably to other DCA board/bureaus we have reviewed.

However, 416/3599 (12%) took a year or longer to process.

An audit scope would include steps and procedures to ascertain the cause for the delay and provide recommendations to reduce the delay.

CCU Specialty Reviewer Process

During 2003, the CCU began implementing a new Specialty Reviewer process (SB 1950).

SB 1950 requires that before any quality of care complaint is referred for field investigation, it must be reviewed by a “medical expert”.

In 2008/09, only 348/1927 (18 percent) were referred for a field investigation.

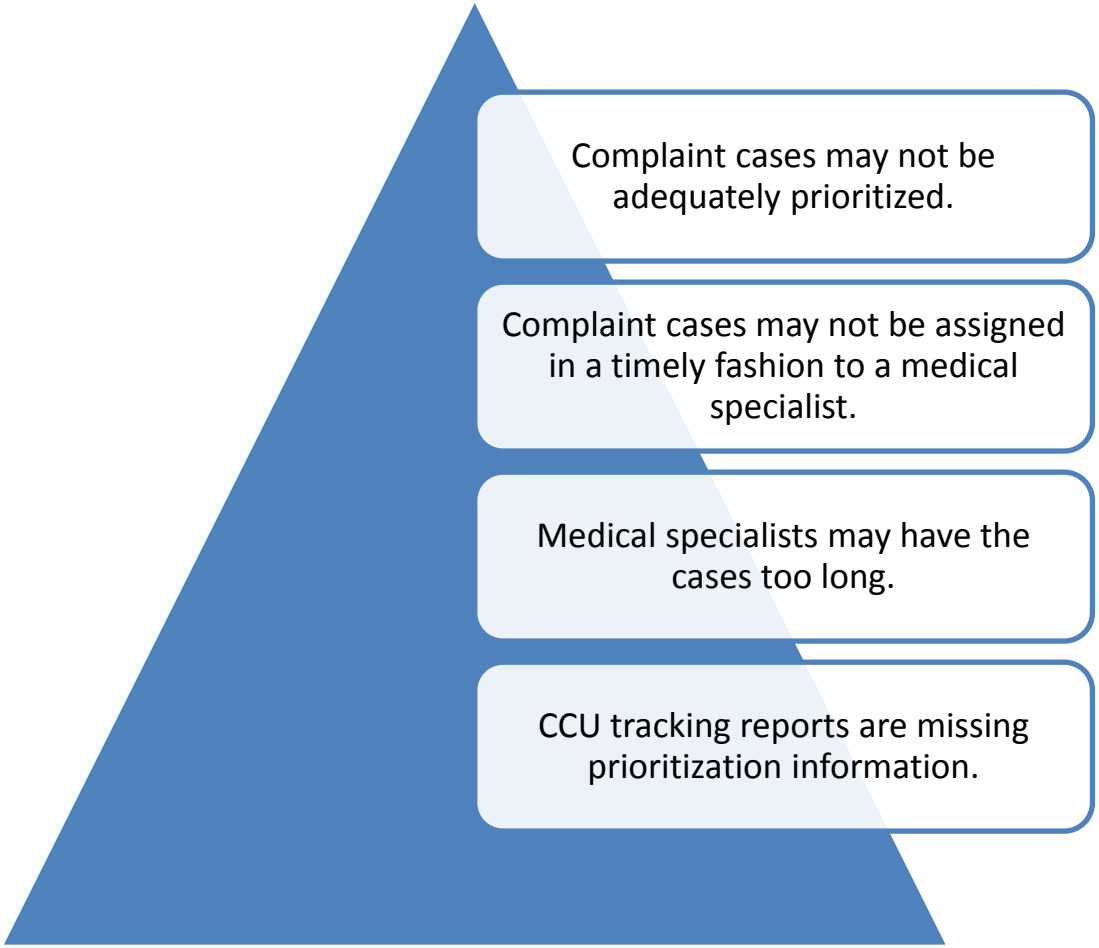
The CCU Bottleneck:

- The specialty review process requires a medical specialist to review a complaint prior to the CCU referring the case for investigation.
- During 2008/09, the CCU sent 1,927 cases to medical specialists for review.
- Of the 1,927, only 348 (18%) were referred to investigation or prosecution.
- Of the 348, 48 (14%) took longer than six months for the medical specialist review.
- Although the data used for the above analysis is a few years old, overall complaint statistics between fiscal years 2008-09 and 2010-11 compare favorably.

FY 2008/09
vs.
FY 2010/11

	Overall Average Days to Complete ALL Cases		Average Days to Complete Complaint in CCU		Average Days to Complete Case Review by MC	
	FY 08/09	**FY 10/11**	**FY 08/09**	**FY 10/11**	**FY 08/09**	**FY 10/11**
July	139	142	73	73	51	53
August	134	130	76	69	48	55
September	131	128	75	71	46	56
October	131	133	75	70	49	55
November	128	132	76	72	49	54
December	128	132	75	73	49	52
January	128	134	75	74	49	51
February	128	134	76	72	49	50
March	131	135	76	73	49	49
April	132	135	75	73	49	48
May	133	135	75	72	49	47
June	135	136	75	74	48	46
Average	**132**	**134**	**75**	**72**	**49**	**51**

The CCU Bottleneck: Areas of Risk/Concern



Complaint cases may not be adequately prioritized.

- While the CCU uses five high priority urgent codes (U1 – U5), only one type (U1) of quality of care complaint is tagged as high priority while waiting for medical specialist review assignment. Only folders with the most urgent quality of care cases waiting for a medical specialist review receive a priority red tag. (U1 only)
- According to the CCU, other high priority/urgent complaint cases (U3 for example) may not be tagged. As a result, urgent cases may be waiting with non-urgent cases for medical specialist review assignment and not receive prioritized handling.
- The CCU may want to flag all urgent cases awaiting a medical specialist assignment to ensure all urgent complaints receive prioritized handling over non-urgent cases.
- Because the majority of medical specialist review cases (over 80%) are closed without further investigation or prosecution, the CCU should determine if there is a better way to identify and prioritize the 20%.

Complaint cases may not be assigned in a timely fashion to a medical specialist.

- According to CCU data from 2008/09 showing the average days to assign a case to a medical specialist, some take more than 60 days.
- In many of the cases where the specialty review process takes more than 60 days to complete, the majority of the time the case sits on the CCU shelf longer than the medical specialist takes to review it. (Newer data from the current fiscal year shows cases may be spending less time waiting on the CCU shelf.)
- With a better prioritization system, the CCU may be able to get higher priority cases out to medical specialists in less time.
- The CCU should also explore whether the number of medical specialists are sufficient and recruit if necessary.

Medical specialists may have the cases too long

- According to CCU staff, on average it should take about 5-6 days for a medical specialist to review a case.
- CCU data reveals the process actually takes between 14 – 45 days.
- The CCU Overdue Cases report identifies cases that are 15 days overdue after a medical consultant had the case for the 30 days allowed by the reporting system. The CCU begins to track overdue cases after they have been with the consultant for at least 45 days. (30+15)
- The CCU may want to revise medical specialist contracts or follow-up more frequently to try and reduce the medical specialist delay.

CCU tracking reports are missing prioritization information.

- The CCU prints an overdue report to monitor all cases that are waiting a medical specialist assignment.
- The report lists all urgent/non-urgent cases in date order.
- The report does not show the urgency level of outstanding cases. As a result, non-urgent cases may be getting assigned ahead of more urgent cases.