MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 8, 2010
ATTENTION: Licensing Committee
SUBJECT: Discussion of Business Processing Reengineering (BPR)
                               Study's Primary Recommendations and Related Timeline
STAFF CONTACT: Deborah Pellegrini, Chief

SUMMARY:
In recognition that the Medical Board of California's (MBC) Licensing Program had a series of underlying systematic problems, the Board hired a BPR consultant to identify improvements in the Licensing Program to increase process efficiency, facilitate consistent and continued statutory and regulatory compliance, and improve focus on customer service. The scope included licensing and renewal processing and those MBC offices that support licensing and renewal processes.

The Licensing Program hired Hubbert Systems Consulting Inc. (HSC) in August 2009 to conduct a four-month study. Business process maps were developed, current processes and workload were observed, recommendations were developed to meet the BPR Study objectives, and an outline of an implementation plan was presented. The report and its recommendations intended to serve as a road map for the MBC Licensing Program over the next 24 months.

The Licensing Program's primary responsibility is processing licensing applications. The following three components to achieve the Governor's Job Creation Initiative are due by June 30, 2010:
> 1) Reduce the initial application review to 45 days.
> 2) Reduce the licensing inventory by 50 percent.
> 3) Review pending mail correspondence within seven days.

Licensing managers and staff can therefore only devote part of their work time to the BPR improvement projects. As such, the Chief of Licensing and staff identified five priority areas from the BPR's 30+ recommendations to undertake at this time. The following five process improvements were selected to implement based on cost, benefits, and customer service.

Priority 1:   Revise Physician and Surgeon Application Forms and Instructions
The Physician and Surgeon application forms and instructions were last revised in 2005. Over the past 12 weeks, 13.5 percent of United States/Canadian medical school graduate (US/CAN) applications (132 out of 843) and 2.4 percent of international medical school graduate (IMG) applications (8 out of 317) were complete upon initial review conducted between 63 and 75 days from receipt. Communications with applicants after they received their deficiency letter regarding missing and/or incomplete items indicate that they find the application form and instructions confusing and that they provide incomplete and/or incorrect answers due to the lack of clarity in the application itself and the instructions.

Benefits: Improves customer service, provides better applicant guidance, and, decreases application errors, phone calls to staff, applicant deficiency letters, and time to licensure.
Action: A project team is composed of a Licensing Manager, US/CAN and IMG application reviewers, and staff from the Information Services Branch (ISB), Outreach, and Consumer Information Unit (CIU).
Timeline: Begin project in May 2010, complete March 2011 and review annually thereafter.

Priority 2:   Complete the Licensing Program's Policy and Procedure Manual
The physician and surgeon policy and procedure manual was started December 2008 and is approximately 70 percent complete. As additional policies and procedures are developed and/or revised, a Decision Log is used to track these changes and communicate the changes to staff.

Benefits: Improves application review consistency, improves quality and timeliness of reviews, ensures statutory and regulatory compliance, standardizes processes, and serves as a written resource for staff.

Action: A project team is composed of an Associate Analyst (AGPA), Quality Assurance Analyst, and IMG application reviewer. A Licensing Manager and Legal Counsel are final reviewers.

Timeline: Complete June 2011, then ongoing revisions as changes occur.

Priority 3:   Update MBC Web Site Content on "Applicants" Tab
The MBC Web site "Applicants" tab has not had a full review since 2000. The Web site should be updated as changes to the application forms are made. This will provide applicants more information regarding eligibility for a California physician and surgeon license and clarifying information for completing the application process. In addition, staff will be assigned to periodically update the "Applicants" tab to align it with changes in statutes, regulations, policies and procedures.

Benefits: Improves customer service, decreases licensure times, and, decreases phone calls to review staff and to the call center.

Action: A project team will be selected by August 2010 and will include US/CAN and IMG application reviewers, and, staff from ISB, Outreach, and CIU.

Timeline: Initiate project team in August 2010, complete March 2011 (same time as revised application).

Priority 4:   Implement New Management Report Recommendations
The Applicant Tracking System (ATS) tracks physician and surgeon applications. ATS is a 15-year-old data entry system and was not initially designed to generate reports. The Department of Consumer Affairs recently developed an Ad Hoc Reporting tool to generate reports from ATS. The Board's ISB and Licensing staff worked together and generated the first automated report in August 2009. To date, there are five automated reports. The BPR Study identified and recommends implementing over 20 more reports to assist in managing the application inventory and processing of applications. In addition, other reporting needs have been identified that complement those suggested by the BPR study. All of these will be prioritized.

Benefit: Analyze trends, workload and staffing needs, increase staff accountability, and improve customer service by recognizing workload issues before they rise to a level of concern.

Action: A project team is composed of the Chief, Managers, AGPA, and staff from ISB.

Timeline: Complete development and implementation of priority reports by December 2010 with an ongoing revision, enhancement and development of new reports.

Priority 5:   Study the Postgraduate Training Authorization Letter (PTAL) Processes and Implement Changes

The PTAL authorizes international medical school graduates to begin training in California in an Accredited Council for Graduate Medical Education (ACGME) postgraduate training program. The BPR Study identified eight major issues and recommended that a special project team study the current statutes, regulations, policies and procedures to determine a more efficient and effective way to process these applications. The recommended process improvements could include: prepare new statutory and regulatory requirements to include renewal limits and fees; create new policy and procedures; update the application and instructions; update the Web site to reflect the new requirements; and resolve ATS constraints. In addition, the study will address what is needed for all aspects as they relate to consumer protection that might guide legislative or regulatory changes.

Benefits: Improve customer service to applicants and the programs trying to place these trainees, provide improved guidance to applicants, decrease application errors and time to issue a PTAL.

Action: A project team is composed of the Chief, a Senior Review AGPA, and an IMG application reviewer.

Timeline: Begin project in January 2011, complete December 2011. (If legislative changes recommended, then forward for introduction in 2012).