



## Agency Recommendation Summary

This Decision Package requests an increase in spending authority for Washington Medical Commission (WMC) to address four items from various business areas. This is addressing existing mandate workloads and not creating new services. First, applicants have increased significantly in the last three years. Increases are through traditional licensing pathways and the Interstate Medical Licensure Compact (IMLC) expedited pathway, with related increases in licensing adjudication. Increases negatively impacted all related timelines. Secondly, Senate Bill 6551 (SB 6551) of 2019 requires assistance for non-licensed International Medical Graduates (IMGs) through grant and contractual work prior to entry in Washington residency programs. There are no current staff resources to accomplish this requirement. Third, the conversion to paperless records at WMC, and a historic lack of resources for records management, also necessitates additional resources to maintain our responsiveness. Lastly, the WMC recognizes a need to focus resources on equity related issues in our policies and complaint processes. This commitment of management level resources responds to that need. The funding for this fee supported spending authority increase comes through the traditional revenue sources of the WMC, of which there is sufficient reserves to support the request.

## Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
<b>Staffing</b>						
FTEs	10.6	10.5	<b>10.55</b>	10.5	10.5	<b>10.5</b>
<b>Operating Expenditures</b>						
Fund 02G - 1	\$1,018	\$982	<b>\$2,000</b>	\$982	\$982	<b>\$1,964</b>
Fund 319 - 1	\$149	\$144	<b>\$293</b>	\$144	\$144	<b>\$288</b>
Total Expenditures	<b>\$1,167</b>	<b>\$1,126</b>	<b>\$2,293</b>	<b>\$1,126</b>	<b>\$1,126</b>	<b>\$2,252</b>

## Decision Package Description

What is the problem, opportunity, or priority you are addressing with the request?

**Licensing:** Two Health Services Consultant 2, one Health Service Consultant 1, one Administrative Assistant 3, and one Hearings Examiner 3. WMC has already added these staff due to sudden workload increases and pandemic needs, resulting in better workload management and vastly improved timelines. With respect to IMLC licensing, WMC is fiscally the fourth highest production regulatory body in the IMLCC for May 2022. WMC is also typically in the top five as a licensing issuing body. For context, in 2021 the WMC received \$784,497 from the IMLC representing 1,434 transactions. These statistics speak to the ongoing, and growing, workload of the IMLC licensing pathway generating sustainable revenue for WMC functions.

Licensing workload can be broken out into several areas, but generally measured around the licensing process and the customer service process. With respect to customer service, in Fiscal Year (FY) 2019 we responded to 11,845 emails, received over 7,000 phone calls, and processed 14,899 renewals. For FY 2021 we responded to 29,281 emails, 4,573 calls and 15,666 renewals. The pandemic saw a shift from phone calls being the main point of contact to emails being the primary mode.

Licensing workload growth

FY 2019 Licenses Issued: 2,743 (243 IMLC)

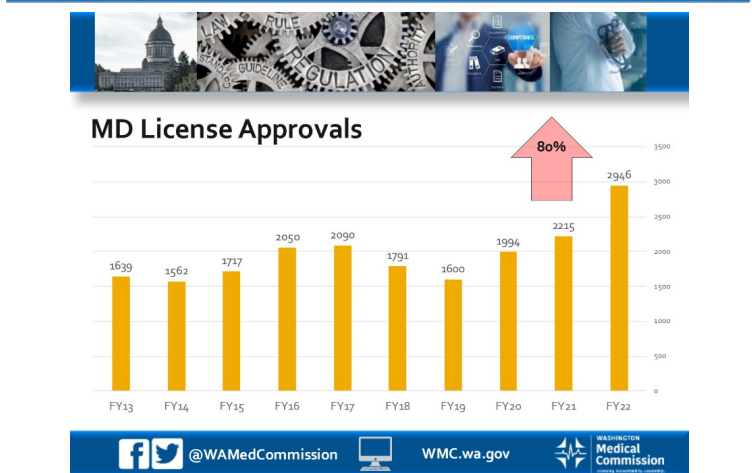
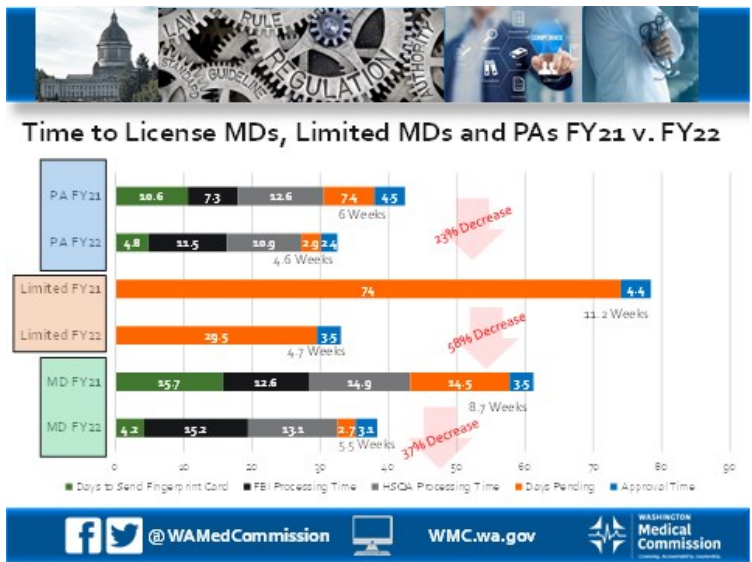
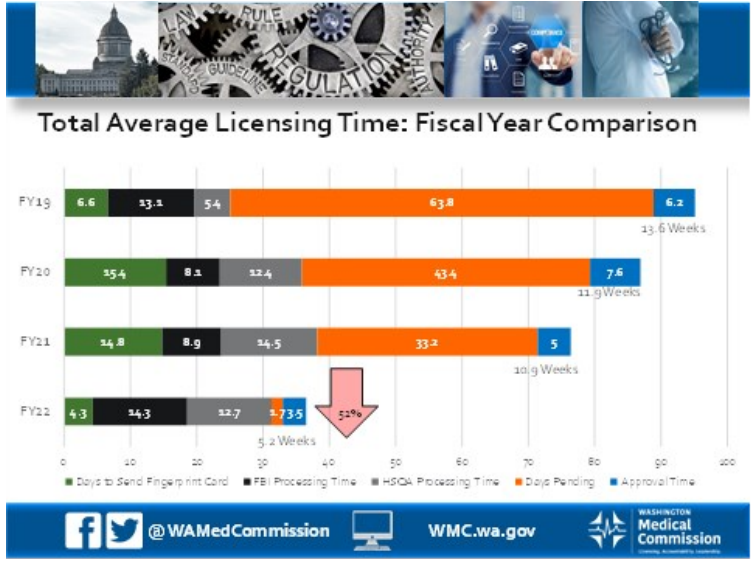
FY 2020 Licensees Issued: 3,352 (320 IMLC)

FY 2021 Licenses Issued: 3,652 (372 IMLC)

FY 2022 Licenses Issued: 4,635 (462 IMLC)

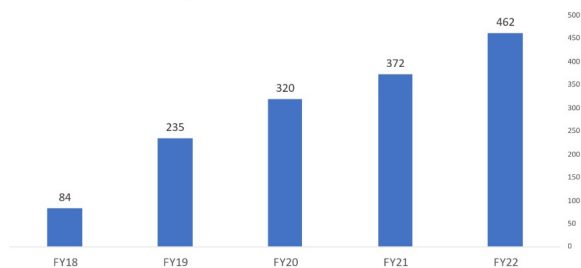
Total processing timelines have improved as well. In FY 2019, license issuance timelines were 13.6 weeks on average. Through conversion to paperless process, with no staff increases in FY 2020, the average time reduced to 11.9 weeks. In FY 2022, after staff additions in licensing and customer service, despite an increase in workload by 1,000 licensees, the average time to issue a license decreased to 5.2 weeks.

*Note: The black and grey sections of the charts below (FBI Processing and HSQA Processing) are portions of the licensing process that the WMC does not control but is still included in the overall licensing timeline.*

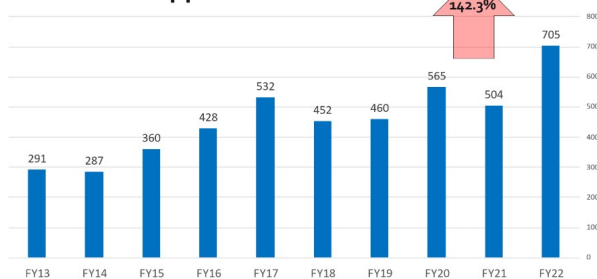




### IMLC License Approvals



### PA License Approvals



**Operations:** One Forms and Records Analyst 3 (FRA3) to address increased workloads related to public records, subpoenas, litigation, and electronic records management. One Health Services Consultant 3 (HSC3) for contracts and grants work funded from the Department of Health (DOH) 319-7 account. Desired results for the FRA3 are the establishment of a comprehensive litigation hold program and a paper records conversion/destruction program and timeline. For the HSC3 Contract and Grant FTE, the desired result is grant solicitation, management of grant disbursement, and contracting with allowable entities required by SB 6551.

The WMC workload for closed case public records requests constitutes approximately 32 percent of the total DOH public records workload. The growth rate for WMC workload within the DOH public records unit is approximately 6 percent per year.

In FY 2019 – 2021, the WMC Operations and Informatics Unit reviewed approximately 160,000 pages related to compulsory requests and performed approximately 128,100 redactions pursuant to the Washington State Public Records Act. This is in addition to the work currently being done by the central public records unit on our behalf within DOH. In work done directly by the WMC, this equates to 53,333 pages reviewed and 42,700 redactions performed each year. However, during the same period we experienced roughly a 14% increase in compulsory requests:

- FY19 = 45,000
- FY20 = 55,000
- FY21 = 60,000

**Administration:** One Washington Management Services 2 in the form of the WMC Equity and Social Justice Manager. This position was already established through a partnership with DOH in 2021. Desired goals for this position are to address systemic bias within the WMC, change processes to be more equitable, provide discrimination assessments for complaint processes, staff training resources, and policy work. As a result of this position, the WMC is the first state medical board in the nation and possibly internationally to have a comprehensive policy on regulatory response to discriminatory acts in healthcare.

While the training, consulting, and policy work is more ad hoc, this position provides discrimination assessment memos that accompany the complaints we receive. These assessments assist commissioners in their reviews and decision-making regarding complaints; they contain verifiable research from scientific, peer-reviewed sources relevant to discrimination allegations. This position completes approximately three memos per week to align with WMC weekly complaint review meeting. For context, the WMC processes 1,900+ complaints per fiscal year.

The WMC proposes to address workload increases through funding existing staff added during the pandemic. The staff were added after performance declines were identified. The staff additions have addressed the performance deficits and prove this solution is the best option.

The WMC conducted a planned conversion to paperless licensing at the beginning of the pandemic out of necessity. The conversion came with a Lean mapping process and associated changes to streamline the process. While efficiencies were gained, there was still a significant workload

increase to address. Various legal and organizational barriers prevent us from contracting out for additional support so the option was to add staff. The additions resulted in drastically improved performance to include double digit increases in licenses issued.

Regulatory changes had already occurred due to Governor proclamation but that could not address initial license requirements. We had already deployed resources from other programs to assist in production in both the Licensing and Operations sectors for records, but when the pandemic hit those systems became overstressed and required the return of the loaned resources. Maintaining the status quo was not acceptable to policy makers and health care system stakeholders in the midst of a pandemic that required as many physicians and physician assistants as we could possibly license. Adding staff to these need areas was the only operationally and legally viable alternative after streamlining our process.

## Assumptions and Calculations

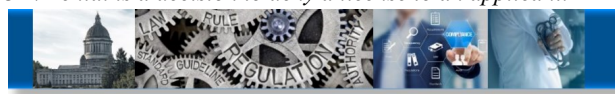
### **Expansion, Reduction, Elimination or Alteration of a current program or service:**

This request is a response to historical workload increases documented in previous sections. This is not an expansion, reduction, elimination, or alteration.

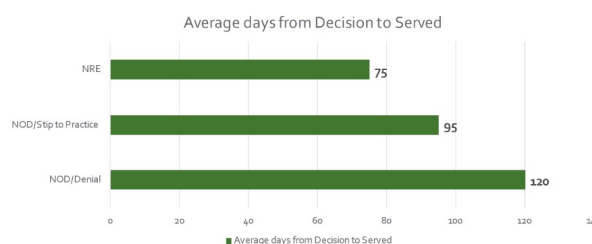
The choice to apply for a medical license carries significant risk to the practitioner who does not meet qualifications. The outcomes can range from mandatory testing to required physical or competency evaluations. Should the applicant not meet the requirements in statute, they face a report to the National Practitioner Data Bank that, by design, follows them for the remainder of their career. Due to the high stakes, these cases are extremely litigious and frequently result in an administrative hearing. We do not provide timeframes for resolution to the applicant due to the prolonged nature of the legal process defined under the Administrative Procedure Act (APA) and Uniform Disciplinary Act (UDA). These due process delays are for the benefit of the applicant.

The addition of an HE3 to address licensing application adjudication has led to a reexamination of how these workloads were historically assessed. A dedicated support staff who can apply their legal specialization, and work directly with the Licensing Unit and commissioners, has greatly increased the WMC skill level to adjudicate these challenging cases. The slide below gives an example of what the potential application pathways are for an applicant that has a background or qualifications issue. Our goal is to identify the barriers in this process and reduce times by 25 percent in FY 2023 from the timelines presented in the table below.

*Note: NRE is a Notice of Required Examination. NOD is Notice of Decision by the WMC. NOD/Stop to Practice is an agreement to practice under certain conditions. NOD/Denial is a decision to deny a license to an applicant.*



### Exception Applications (Panel L)



### **Detailed Assumptions and Calculations:**

- 2 - Health Services Consultant 2 (current staff)
- 1 - Health Service Consultant 1 (current staff)
- 1 - Hearings Examiner 3 (current staff) - to address licensing application adjudication
- 1 - Forms and Records Analyst 3 (FRA3) to address increased workloads related to public records, subpoenas, litigation, and electronic records management.
- 1 - Health Services Consultant 3 (HSC3) for contracts and grants work
- 1 - Washington Management Services 2 in the form of the WMC Equity and Social Justice Manager
- 1 - Administrative Assistant 3

Due to one of these FTE being funded from the DOH 319 account, we anticipate impact to DOH in the form of grants, budget, and contracts. The use of that account for this FTE was a specific point of consultation with DOH and is included in this package at their recommendation.?

### **Workforce Assumptions:**

Workforce Assumptions					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
1.0	HEALTH SERVICES CONSULTANT 1	\$56,000.00	\$26,000.00	\$4,000.00	\$8,000.00
2.0	HEALTH SERVICES CONSULTANT 2	\$133,000.00	\$57,000.00	\$8,000.00	\$15,000.00
1.0	HEALTH SERVICES CONSULTANT 3	\$75,000.00	\$30,000.00	\$4,000.00	\$8,000.00
1.0	ADMINISTRATIVE ASST 3	\$51,000.00	\$25,000.00	\$4,000.00	\$8,000.00
1.0	FORMS & RECORDS ANALYST 3	\$60,000.00	\$27,000.00	\$4,000.00	\$8,000.00
1.0	WMS02	\$114,000.00	\$39,000.00	\$4,000.00	\$8,000.00
1.0	HEARINGS EXAMINER 3	\$96,000.00	\$35,000.00	\$4,000.00	\$8,000.00
1.6	FISCAL ANALYST 2	\$85,000.00	\$41,000.00	\$0.00	\$0.00
1.0	HEALTH SERVICES CONSULTANT 1	\$54,000.00	\$26,000.00	\$0.00	\$0.00
<b>10.6</b>		<b>\$724,000.00</b>	<b>\$306,000.00</b>	<b>\$32,000.00</b>	<b>\$63,000.00</b>

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

## Strategic and Performance Outcomes

### **Strategic Framework:**

#### **Governor's Goals**

**Governor's Goal 4: Healthy and Safe Communities.** The additions to the licensing and administrative staff directly impact this goal.

Augmentation of the licensing staff will allow more MDs and PAs to be licensed in shorter times, which increases Washingtonian's access to competent medical care. The Equity and Social Justice Manager works to ensure that health disparities and inequalities are recognized in the ongoing work of the WMC, and that Washingtonians have a qualified voice to help Commissioners understand the concerns and complaints of their vulnerable communities.

The Health Services Consultant 3's work with grants and contracting, as required by SB 6551, will facilitate a broader pathway to independent practice for more IMGs. This will increase the cultural competency of the healthcare workforce in Washington which will bring better healthcare delivery to Washingtonians.

**Governor's Goal 5: Efficient, Effective, and Accountable Government.** Licensing staff additions make the statutory act of reviewing and issuing MD and PA licenses to practice medicine more efficient and effective by driving down processing timelines while responding to increased workload. The Equity and Social Justice Manager and the Forms and Records Analyst make the WMC more accountable to both complainants alleging discrimination in healthcare and those entities requesting WMC records for various statutorily acceptable reasons.

The Health Services Consultant 3's work with grants and contracting as specified under SB 6551 will make the WMC more effective at guiding and providing resources to IMGs as they attempt to integrate into the Washington healthcare delivery system through clinical experience, exams, and residency positions in state.

#### **WMC Strategic Plan?**

The WMC Strategic Plan (<https://wmc.wa.gov/sites/default/files/public/documents/WMCStrategicPlan2021-2023.pdf>) is supported by these positions in several ways.

#### **Strategic Goal 1, Licensing: Protect Washingtonians by enforcing requirements for licensure, including education, experience and demonstrated competence. Efficiently issue licenses to individuals meeting those requirements.**

The additional licensing staff will allow the WMC to respond to the increased workload of medical license applications and continue to meet acceptable timelines.

The increase in utilization of the IMLC pathway requires additional staff to respond and maintain timelines as required by compact participation.

#### **Strategic Goal 2, Accountability: Protect the health and safety of the public by effectively investigating complaints, enforcing the Uniform Disciplinary Act and helping licensees improve their practice through education and training.**

The addition of the Hearings Examiner 3 will allow the medical licensing process to move forward in an efficient way by enforcing the UDA through license denials, required competency examinations and stipulations to practice.

The WMS 2 Equity and Social Justice Manager provides discrimination assessments on complaints to help the WMC effectively assess and investigate complaints alleging discrimination in healthcare. This position provides expert equity consultations to investigative and legal staff in the processing of cases.

#### **Strategic Goal 3, Administration: Protect the health, safety and privacy of stakeholders by facilitating and supporting the work of WMC staff and Commissioners in the modernization of regulations, policies, procedures and legislation.**

The HSC3 will facilitate and support the work of the WMC and stakeholders by awarding grants and contracts to entities that support IMGs to enter the Washington healthcare workforce.

The FRA3 will support the privacy of stakeholders and the work of WMC staff by modernizing the records request process and make the WMC more responsive and accurate in regulatory records we provide.

The WMS 2 Equity and Social Justice Manager reviews and drafts policies, guidelines, and rules which allow for modernization of WMC functions with the goal of identifying bias and eliminating it when appropriate. This position also provides equity impact assessment on proposed legislation reviewed by the WMC.

The WMC is fee supported and those fees come purely from the licensing and renewal process. The fees are housed in the Health Professions (02G) account.

**Performance Outcomes:**

The WMC has a comprehensive and ongoing Lean program that can initiate process reviews the week an issue is identified by any staff member. Nearly all WMC processes are mapped out and processes are audited for consistency by staff outside of the unit performing the work.

**Performance Goals**

**Licensing**

- Traditional MD and PA licenses issued within 14 days of receiving last document: +95% annually
- Avg. MD and PA (non-Compact) licensing timelines annually: 4 weeks
- Expedited Compact MD Letter of Qualification issuance: 30 days within request of applicant
- Expedited Compact MD reciprocal license issuance: 5 days from request of IMLC

**Licensing Adjudication**

The Licensing Adjudication process completed lean mapping June 2022. The current timelines related to Licensing Adjudication range from 75 days to 120 days depending on the metric (see slide above). The anticipated outcomes from Lean initiatives and dedicated staffing resources are as follows:

- Time from Panel decision to applicant notification of license denial: 90 days
- Time from Panel decision to applicant notification of stipulation to practice: 60 days
- Time from Panel decision to applicant notification of required examination: 45 days

**Operations**

- Records requests provided with accurate/responsive records: 99%
- Records requests provided with accurate redactions: +95%

**Administration**

- Discrimination assessment memos
  - 95% on complaints alleging implicit discrimination
  - 99% complete one week before panel assessment of complaint

## Equity Impacts

### ***Community outreach and engagement:***

**Licensing and Operations:** Staff from both of these units are heavily engaged with the IMG community both individually and through the WA Academy of IMGs and the IMG Implementation Workgroup established in SB 6551. One example of this is defining the term “appropriate clinical practice” from HB 1129 for the Clinical Experience license. We engaged with WA IMG to arrive at the definition of an appropriate clinical practice through a series of meetings and negotiations. The agreed language was adopted by the WMC in rule in August 2022.

**Administration:** The ESJ Manager routinely engages with community partners and marginalized groups when providing guidance in navigating the complaint process when alleging discrimination. This ranges from providing specialized resource referrals to doing welfare checks on complainants whose submissions appear to show lingering harm from an interaction with the health care system.

This outreach work has been ongoing, and no revisions have been recommended aside from expansion of service and supports, which is accomplished by this decision package.

### ***Disproportional Impact Considerations:***

The WMC could not identify any populations that are negatively impacted by the proposal. These are existing level service enhancements within existing statutory structure. There are numerous positive impacts that have been noted by earlier discussions for historically marginalized groups such as IMGs and complainants alleging discrimination in health care.

### ***Target Populations or Communities:***

**Licensing:** The primary equity driver in licensing is getting more licensed practitioners in this state. The significant rise in applications over the past three years and the staffing required to respond has produced greater licensee counts and more potential access to care through physicians and physician assistants. With the new requirement for culturally competent continuing education. More practitioners will need to take into account the growing and diverse needs of the population as they deliver care. These staff will also facilitate IMGs acquiring our new MD Clinical Experience license as created by HB 1129.

**Operations:** The HSC 3 contract specialist will have significant impact on the target population of International Medical Graduates (IMGs). In their work of soliciting grant funding requests, publishing proposals, and executing contracts they will provide direct assistance to IMGs completing mandated reviews and testing prior to licensure. This will also lead to more IMGs getting accepted to Washington residencies, which increases the diversity and cultural competence of our licensee workforce.

**Administration:** The Equity and Social Justice Manager position was already established through a partnership with DOH in 2021. Desired goals for this position are to address systemic bias within the WMC, change processes to be more equitable, provide discrimination assessments for complaint processes, staff training resources, and policy work. As a result of this position, the WMC is the first state medical board in the nation and possibly internationally to have a comprehensive policy on regulatory response to discriminatory acts in healthcare.



## Other Collateral Connections

### **Puget Sound Recovery:**

None

### **State Workforce Impacts:**

None

### **Intergovernmental:**

DOH	Neutral
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### **Stakeholder Response:**

WSMA	Neutral
WAPA	Neutral
WSHA	Neutral
UW	Neutral
WSU	Neutral
WA IMG	Support

### **State Facilities Impacts:**

None

### **Changes from Current Law:**

None

### **Legal or Administrative Mandates:**

The HSC3 in Operations is in response to SB 6551, which requires that grants and contracts be entered into and funds disbursed to achieve the policy goal of integrating international medical graduates (IMGs) into the Washington healthcare delivery system. This position will satisfy those needs by administering grant funding to benefit IMGs in achieving their training and experience needs prior to applying for residency positions.

The FRA3 in Operations is in response to ongoing public records, subpoenas, and litigation requests that represent a consistent workload within litigation requirements and the Public Records Act.

The WMS 2 Equity and Social Justice Manager are consistent with Governor Inslee’s Executive Order 22-02 which states: “*Public Services – All executive and small cabinet agencies shall identify ways to bolster access to state services by reducing barriers and eliminating inequities in all aspects of agency decision making, including but not limited to, service delivery, program development, policy development, staffing, and budgeting.*” This position provides “discrimination assessments” with data to inform commissioner decision making on complaints alleging discrimination in healthcare, which is part of the service to the public provided by the WMC. This position has also developed a first in the nation policy that establishes a framework for regulatory response to discrimination in healthcare. These are ongoing weekly efforts responding to consumer concerns about the Washington healthcare system.

The Licensing staff are added due to the expectations that physician and physician assistant licenses issued under RCW 18.71, 18.71A, and 18.71B are granted timely and with quality review. The pandemic increased that need and expectation from the Governor’s office to the consumers of healthcare in this state. Staffing added to accommodate the increased demand of IMLC expedited license processing is part of the requirements of compact participation as specified in RCW 18.71B. Additionally, a legislatively mandated audit was included in the budget from the 2022 legislative cycle. This audit is to examine WMC licensing processes and timelines and resulted from degraded performance in the FY 2019-2021 timeframes. The WMC responded in 2021 by adding these staff, prior to the audit requirement, to address performance issues.

## Reference Documents

[WMC DP FNCal\\_2023-25\\_ver24.3.xlsx](#)

### IT Addendum

**Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?**

No

### Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$724	\$717	<b>\$1,441</b>	\$717	\$717	<b>\$1,434</b>
Obj. B	\$305	\$303	<b>\$608</b>	\$303	\$303	<b>\$606</b>
Obj. E	\$43	\$44	<b>\$87</b>	\$44	\$44	<b>\$88</b>
Obj. J	\$33	\$0	<b>\$33</b>	\$0	\$0	<b>\$0</b>
Obj. T	\$62	\$62	<b>\$124</b>	\$62	\$62	<b>\$124</b>

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