

Newsline



Federation of State Medical Boards of the United States, Inc.

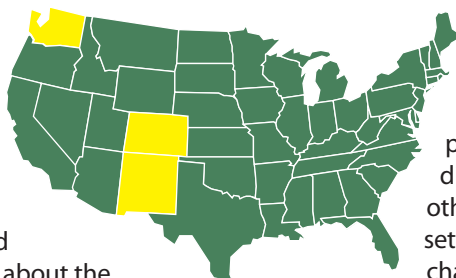
May/June 2010

Fiscal Fallout: Medical Boards Manage Shrinking Budgets

Second in a series of two articles

In light of unprecedented state budget shortfalls, medical boards are being asked to cut costs while still fulfilling their mission of protecting the public. This is the second in a series of two articles highlighting state medical and osteopathic boards that have found practical and innovative ways to achieve their goal of public protection

in tough economic times. In Colorado, New Mexico and Washington, state medical boards are prioritizing board activities, trying to build team morale and reminding lawmakers about the vital work they do.



Colorado: prioritizing board activities

In FY 2010, employees at the Colorado Board of Medical Examiners had eight unpaid furlough days. In addition, Colorado was under a hiring freeze until late 2009, which left three vacancies in the medical board's 10.5-person staff. Many of the medical board's licensing, investigation and accounting services are provided by an umbrella agency, and vacancies there also had a major impact on board operations. The hiring freeze has been lifted, but its effects remain.

"We're still trying to fill all the vacancies and dig out from the backlog of work," said Susan Miller, director of the Health Care Section of the state Department of Regulatory Agencies.

At the height of the staffing shortage, prioritization of board activities became an absolute necessity. With fewer people and one less workday a month, it became clear that less urgent tasks would have to be deferred.

"We really focused on keeping the complaints we received moving through the investigation process to a final resolution," said Miller. "We all agreed that was our number one priority and had to take precedence."

One deferred task was the review of license renewal questionnaires. In Colorado, physicians who are renewing their licenses are required to fill out a questionnaire that asks about issues of concern that might have arisen over the past two years, such as disciplinary actions by other states, malpractice settlements or criminal charges.

"We had to table the questionnaires temporarily," said Miller. "Typically, in prior years, only a small number of cases and actions have resulted from going through the questionnaires. When we looked at all our options, we thought this was one area where the risk in terms of public protection was relatively low."

Once the hiring freeze was over and vacant positions could be filled, the board tackled the daunting task of working through a six-month backlog in unprocessed questionnaires. Along with the added workload, medical board staff face a 2.5 percent salary reduction in FY 2011.

According to Miller, the management team has taken extra steps to keep employees motivated and energized. Examples include thanking people more, and recognizing individuals who take on additional work or find ways to keep things flowing.

"We also try to help our staff stay focused on the importance of the work

Special Committee to Address Regulation of Reentry to Practice



Freda Bush, M.D.

In June, FSMB Chair Freda Bush, M.D., FACOG, appointed a Special Committee on Reentry to Practice to develop specific recommendations for use by state

medical and osteopathic boards in their licensure processes. Past work on reentry to practice, including recommendations made by the Special Committee on Maintenance of Licensure, will form the basis for the committee's work.

"For the past several years, the FSMB has heard from its member boards that reentry to practice continues to be a pressing issue," said Dr. Bush. "In fact, with the economic downturn many boards are reporting an increased number of physicians seeking to reenter practice."

Ensuring physicians are qualified to reenter practice after a period of clinical inactivity is a complex undertaking with implications for educational, testing, monitoring and regulatory processes. The FSMB and others in the medical community have considered various aspects of the issue of physician reentry to practice for many years.

Leveraging past work on regulating reentry to practice

In 1995, the FSMB House of Delegates adopted as policy a recommendation that applicants for licensure by endorsement who have not been active in medical practice for the previous 24 months be required to demonstrate competence through passage of the Special Purpose Examination (SPEX) or some other appropriate assessment approved by the licensing board.

In 2005, the North Carolina Medical Board submitted a resolution to the House of Delegates calling for the development of guidelines for reentry to practice that could be broadly applied to all health professions regulated by

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we do," Miller said. "I think that the people who work here do so because they're committed to the job. They know it's important to keep going because what we do really matters."

New Mexico: pulling together as a team

Keeping morale high in trying times has also been a core theme at the New Mexico Medical Board. In FY 2010, board employees, like many other state workers, had five unpaid furlough days. The board's annual operating budget was also chopped by about \$60,000—roughly 4 percent of the total. Additionally, in 2009, lawmakers transferred \$1 million from the board's \$1.4 million reserve to the state's general fund.

Lynn Hart, the board's executive director, appealed to the governor's office for flexibility in scheduling furloughs. By staggering employee furlough days, she hoped to avoid closing the board office one day a month. Although the appeal was rejected, the appeal process helped the staff pull together as a team.

"I think it was appreciated that we tried," Hart said. "Now the feeling is that we're all in the same boat."

With a smaller budget, the board eliminated out-of-state travel and limited per diems for in-state travel by board members to the four big board meetings each year. The board also stopped printing a roster of physicians in the state and its newsletter, which is now available exclusively online. At the same time, the board is intent on avoiding any cutbacks in essential functions.

"Licensing and investigations have proceeded without interruption," Hart says. "We've actually had more Notices of Contemplated Action than in the past, but the board has also settled more cases than usual. Hearings are a big part of our cost, so avoiding a hearing by entering into an agreement that protects the public is the ideal."

Washington: making its case to lawmakers

In Washington, one sign of the economic times is a ban on out-of-state

travel for state employees. There are only two exceptions: when the governor has declared an emergency situation and when a third party pays the travel expense. As an example of the latter, travel to the Federation of State Medical Boards Annual Meeting is allowed if the costs are covered by a scholarship from the FSMB.

State lawmakers in Washington have also set their sights on in-state travel costs. According to Blake Maresh, executive director of the Washington State Board of Osteopathic Medicine and Surgery and president of Administrators in Medicine, costs are already low for the six in-person meetings that the osteopathic medical board holds each year.

"We meet at a hospital where one of our members has privileges, so the facility is free," he said. "We don't provide meals or refreshments, and there's generally little overnight lodging. Yet the message continues to be that we need to be ever-more frugal."

In such a cost-conscious environment, Maresh thinks it's vital that lawmakers understand that medical board meetings and functions are essential to protecting the public. During recent legislative committee hearings for the bill addressing travel and per diems, Maresh said there was considerable discussion about the roles of various state boards. He believes it is well worth the time and effort to educate those who aren't familiar with medical board activities.

"Some legislators had a very good idea of what we do, and others did not," Maresh said. "To the extent that legislators know who you are, what you do and what value you provide to the public, I think you're not only more

likely to get the things you ask for, but you're also less likely to get your funding stripped away."

Even as state medical boards find innovative and practical ways to function effectively with less

funding, states face ongoing budget shortfalls. There are no easy answers to shrinking budgets. State medical boards continue to look for workable solutions in the hopes of avoiding cuts to mission-critical programs and services. 📄

Miss Part 1 of 'Fiscal Fallout'?

Part 1 of the "Fiscal Fallout" series is available on the FSMB website at www.fsmb.org in the Member Services section. Click the February/March 2010 issue of *Newsline* under FSMB Publications.



FSMB Prepares for 2012 Centennial Celebration

Planning and preparations are under way for a year-long celebration in 2012 of the 100th anniversary of the founding of the Federation of State Medical Boards. Under the guidance of the FSMB Centennial Advisory Panel, the FSMB Centennial Project team is preparing a full slate of activities, materials and events to commemorate 100 years of service and collaboration with state medical boards.

"Our goal is to celebrate the founding of the FSMB in 1912 and honor the good works of both the Federation and its member boards over the past 100 years," said David Johnson, leader of the FSMB Centennial Project team.

Documenting 100 years of service

Work has begun on a written history of the FSMB to be published in 2012. Brief histories of each state medical board are also planned. The project team will distribute questionnaires to state boards in the coming weeks to gather needed historical information.

"We hope to gather interesting and unique historical facts about our member boards," Johnson said. "We're also looking for interesting visuals. For example, the Oklahoma State Board of Osteopathic Examiners has on display in their office the first license they issued and that will make a great visual for the Oklahoma board's history."

The FSMB written history with photos and other visual materials will be published in book format and dis-

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state medical boards. The FSMB Board of Directors referred the resolution to the Special Committee on Maintenance of Licensure, which presented recommendations on physician reentry to practice in its 2008 draft report.

Subsequently, the FSMB Board of Directors separated out the recommendations on reentry to practice in order to ensure the report focused on finalizing a framework for maintenance of licensure. The FSMB House of Delegates adopted as policy a framework on maintenance of licensure at the 2010 Annual Meeting in April.

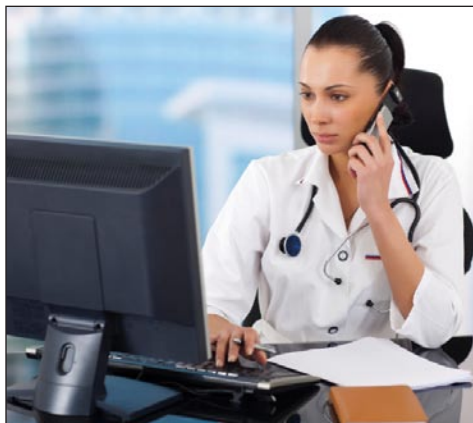
The Special Committee on Reentry to Practice will now take up the relevant reentry recommendations from the 2008 draft report and use them as the basis for their work. In addition, the Special Committee will evaluate the reentry policies and procedures that state medical boards currently use, the reentry work done to date by medical professional organizations and FSMB recommendations related to maintenance of licensure.

Following review and evaluation, the Special Committee is charged with recommending guidelines or pathways that state medical and osteopathic boards can use to determine clinical competence for physicians who have been inactive for a significant period of time for non-disciplinary reasons. Recommendations appropriate for physicians whose absence is due to disciplinary or impairment reasons are also to be considered, as are recommendations on how to best align reentry-to-practice requirements with maintenance-of-licensure requirements.

Collaborating with ongoing work from the physician's perspective

As the FSMB has considered reentry to practice from the state medical board perspective, others in the medical profession have worked on the issue from the physician's perspective. For example, the American Medical Association has explored the issue of reentry to prac-

tice for the past five years as part of its Initiative to Transform Medical Education. In May, the AMA held a Physician Reentry to Clinical Practice conference in collaboration with the FSMB and the American Academy of Pediatrics. Representatives of numerous stakeholder organizations, including six state medical boards, met to review the obstacles to



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—Freda Bush, M.D., FSMB Chair

physician reentry, share the expectations of medical regulators and identify key issues and possible solutions.

“As a group, our understanding of the important directions needed in the work on reentry to practice really crystallized at our meeting in May,” said Susan Skochelak, M.D., M.P.H., vice president of Medical Education for the AMA. “We’re excited to have an opportunity to partner with the FSMB Special Committee to develop robust reentry processes.”

According to Dr. Skochelak, “the workforce shortage issue has more people thinking about reentry to practice. The AMA’s goal is to support high-quality care for patients by ensuring inactive physicians have the necessary skills and the ability to reenter practice without penalty.”

Participating in the Physician Reentry into the Workforce Project

A number of organizations and individuals are working on reentry to practice through the Physician Reentry into the Workforce Project, a collaborative endeavor managed by the American Academy of Pediatrics (AAP).

“The AAP views the Physician Reentry into the Workforce Project as an important initiative because approximately 54 percent of all pediatricians and more than 70 percent of all pediatric residents are female,” said Holly Mulvey, M.A.,

co-director of the Physician Reentry into the Workforce Project for the AAP. “While reentry to practice pertains to men and women, it is a more significant issue for young, female physicians.”

The project includes a diverse group of representatives from the FSMB, AMA, AAP, American Academy of Physician Assistants and other organizations. The group has worked to identify reentry to clinical practice barriers and develop a broad consensus among stakeholders. Now its focus is shifting to approaches that are specific to helping individual physicians by providing tools to help plan for a possible departure from and subsequent reentry into the workforce.

“While the project team feels the responsibility for planning important career moves lies largely with the physician, we also believe that other stakeholders such as state medical boards have important roles to play,” Mulvey said.

According to Mulvey, state medical boards can help by assisting physicians in understanding boards’ requirements for reentering the workforce. Through the Physician Reentry into the Workforce Project, the AAP plans to continue the valuable collaboration that has been established with state medical boards, the FSMB, the AMA and other stakeholders.

Physician Reentry to Practice Resources

- **The Physician Reentry into the Workforce Project:** www.physicianreentry.org.
- **The AMA Initiative to Transform Medical Education** and related work on reentry to practice: www.ama-assn.org (under the Council on Medical Education).
- **For more information on the reentry to practice issue** and the FSMB Special Committee on Reentry to Practice, please contact Frances Cain at fcain@fsmb.org or (817) 868-4022.

2012 Centennial Celebration – continued from page two

tributed to state medical boards, medical libraries and others in the medical regulatory community.

In addition, the written history will help provide content for a commemorative section of the FSMB website during 2012. The website will feature a timeline commemorating medical regulation over the last century with historical photos as well as video interviews with FSMB membership and other key contributors through the years and other historical content.

A year-long celebration

A number of FSMB Centennial events and activities to be scheduled throughout 2012 are in the planning stages. The FSMB Annual Meeting in 2012 will be a key venue for celebrating 100 years of service. The theme of the meeting and some content elements will be linked to the Centennial celebration. The meeting location in Fort Worth, Texas, was selected for its proximity to the FSMB national offices.

A one-day symposium tied to the


FSMB Centennial is planned for some time in 2012 in Washington, D.C. The topic and speakers are still to be determined, but the intent is to offer a lively discussion of critical and timely issues in medical regulation and health care.

"We want to leverage the occasion of the FSMB Centennial to get exposure for our member boards on a national level," Johnson said.

The FSMB Editorial Committee is also drafting a plan for the *Journal of Medical Regulation* for the centennial year. Possible plan elements are a commemorative

issue, reprints of historically significant articles and content that is appropriate to the historical theme.

Other elements of the FSMB Centennial celebration include an enhanced FSMB logo noting 100 years of service, commemorative items for staff members and member boards, and possibly a permanent item such as artwork for the FSMB national office.

For more information on the FSMB Centennial Project, contact David Johnson at djohnson@fsmb.org or (817) 868-4081. 

Upcoming Events

July 15, 2010: FSMB Roundtable Conference Call, 2-3 p.m. CDT

July 22-24, 2010: FSMB Board of Directors Meeting, Memphis, Tenn.

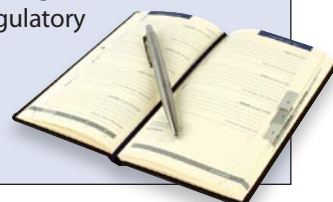
July 28-30, 2010: Joint AIM/FSMB Certified Medical Board Investigator Training, Nashville, Tenn.

Sept. 23-24, 2010: AIM Eastern and Southern Regional Meeting, Baltimore, Md.

Sept. 26-29, 2010: International Association of Medical Regulatory Authorities 9th Conference, Philadelphia, Pa.

Oct. 14-15, 2010: AIM Western and Central Regional Meeting, Spokane, Wash.

April 28-30, 2011: 99th FSMB Annual Meeting, Seattle, Wash.



Please send your questions, comments and article ideas to: Drew Carlson, *FSMB Newslines*, 400 Fuller Wiser Rd., Suite 300, Euless, TX, 76039, dcarlson@fsmb.org, (817) 868-4043. Visit the FSMB's website at www.fsmb.org.

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