

North Carolina Medical Board
License Committee – Agenda
November 2014

Pascal Udekwu, MD, Chairperson, Subhash Gumber, MD, Debra Bolick, MD,
Mr. A. Wayne Holloman

Open Session

Old Business

1. Key Performance Indicators (KPIs) – Hemphill

Issue: Implementing KPIs was an action item from the 2012, AIMAP Report and it is on David Henderson's task tracker list. The "KPI" project is well underway. It affects five NCMB departments: Licensing, Complaint, Investigations, OMD, and Legal. The Executive Committee decided at the September 2014 meeting to run the KPI data through subject-relevant committees each meeting. Therefore, the Licensing KPI data will be provided to the Licensing Committee; all other KPI data will be reported to the Disciplinary Committee.

Phase I of the KPI project involved formulating queries and collecting data. In so doing, we isolated tasks which are totally in the control of NCMB staff, and not subject to outside factors. Next, after reviewing and verifying data gathered over six months, and in conjunction with Directors, we assigned Target Ranges to each KPI. (You may notice several KPIs are called "external" and lack Target Ranges; those include activities outside the control of NCMB staff. We have left these in because they often measure interesting and useful information, like how long it takes to process a "pristine" license application. The external factors here are the time it takes to receive the primary source materials.) At the end of each quarter, Mr. Gupta will run a report and provide it to each Director and Mr. Henderson. The Directors will have an opportunity to review the data and explain or dispute outliers. If the numbers fall outside the Target Range, senior staff will discuss what the appropriate action should be: to revise the Target Range; to modify a procedure; to redirect staff resources, etc.

Phase II of the KPI project is getting underway. This is the Quality Assurance, or "QA" portion. Directors are putting together QA measures to ensure that the data is accurate and that the staff's work is being conducted appropriately. In many cases, the QA program is only capturing in writing what the Directors previously have been doing in their managerial capacity.

Finally, most departments (OMD, Complaint, Licensing and Investigations) are continuing or instituting "customer service" surveys. These are not part of QA, but will provide information to Directors which may inform systemic improvements.

Staff Recommendation: Accept as information.

New Business

1. Interstate Medical Licensure Compact – Balestrieri

Issue: The Federation of State Medical Boards (FSMB) has been working on developing an Interstate Medical Licensure Compact. Mr. Balestrieri was tasked to prepare a memo for the Committee giving a summary of the model legislation, identify the pros and cons and make a recommendation.

Staff Recommendation: Senior Staff Committee (SSRC) supports investigating the appropriateness of going forward with the Interstate Medical Licensure Compact.

2. FSMB Uniform Application (UA) – Gupta

Issue: Exploring the use of the FSMB Uniform Application was an action item from the AIMAP report and it is on David Henderson's task tracker list. The Uniform Application is an online license application developed by FSMB. Once a physician has completed the Uniform Application, it can be sent to another board accepting or requiring the Uniform Application without reentering the same data.

The initial plan was to see if it would be possible to run the UA in parallel to our existing license applications. This would give the applicant a choice: they could either complete our application or complete the UA. We had thought that there were other States that were doing this. After further investigation, we found that that was not the case – there are no States that have the UA and their own State application available side by side. This plan was dropped.

The second plan was to see if we could pull data from the UA into our application. There are two ways that this could be done. The first way would be to add an addendum to the NC specific UA. The addendum would consist of all the questions that are in our application but not in the UA. The steps would be: A) the applicant would complete the NC specific UA including the addendum. B) The applicant would receive a 'Submit ID' from FSMB that they would enter into one of our applications and then the data from their UA would be pulled over into our application. C) The applicant would review the application and pay.

Pros:

1. The cost of doing most of the work could be covered by Grant Money that is available.
2. If the applicant had already done a UA, then that information would already be available.

Cons:

1. We would have two software vendors to work with: FSMB and GLS.
2. The addendum would be almost all of the same questions as we have in our application. So we would be maintaining an additional application. If changes had to be made in the future to our application, then those same changes would need to be made to the addendum section of the UA.

3. Only about 5% of US physicians have used the UA. So about 5% of the applicants that would be applying for an application with NCMB would have done a UA.

The second way would be to pull the data from the UA (no addendum) into our Application. The steps would be: A) the applicant would go to the FSMB and complete the NC specific UA. B) The applicant would receive a 'Submit ID' from FSMB that they would enter into one of our applications and then the data from their UA would be pulled over into our application. C) The applicant would then complete the rest of our application and pay.

Pros:

1. The cost of doing most of the work could be covered by Grant Money that is available.
2. If the applicant had already done a UA, then that information would already be available.

Cons:

1. We would have two software vendors to work with: FSMB and GLS.
2. Only about 5% of US physicians have used the UA. So about 5% of the applicants that would be applying for an application with NCMB would have done a UA.
3. There is very little overlap between the UA and the NC application. Only about 10% of the data in the UA could be pulled over into our application.

Staff Recommendation: Do not use the UA to pull data into the NCMB license application at this time.