

MQA:

the road to quality begins here

FLORIDA DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

2001-2002

Annual Report and Long-Range Plan



Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

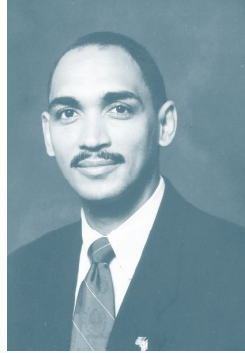
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Secretary's Message |

MESSAGE FROM THE SECRETARY

It has been my honor to serve as Secretary of the Department of Health for just over a year now. The Department's mission to promote and protect the health and safety of everyone in Florida has been obvious to me each day as I witness employee dedication, passion, and self-sacrifice. I watch with pride as our DOH team confronts each and every challenge that threatens public health.

In our quest for excellence in health care and in public health, we must follow the path of change and embrace it with opportunity for growth and discovery. It is my vision that this Department be widely acknowledged as the best Department of Health in the world; in this vision, employees have immense pride working here because they know their contributions directly influence the health of the state and its residents.

Our team's capabilities were visible to the world in October 2001, when we successfully responded to the nation's first-ever anthrax attack, saving hundreds if not thousands of lives. Our response continues to receive accolades, as it has served as the foundation upon which subsequent national responses have been modeled.

Although its work is often done behind the scenes, our Division of Medical Quality Assurance (MQA) plays a critical role in protecting public health. By working closely with the boards in the regulation of health care professionals, MQA strives to maintain a standard of care that Floridians can trust when seeking health care services

During the coming year, we will continue our stride toward excellence. We will monitor public health and deliver vital services, emphasizing a focus on the consumer. We will accomplish this in a science-based environment while still maintaining compassion and efficiency. I look forward this year to serving the residents of Florida alongside the greatest health care professionals in the nation.

A handwritten signature in brown ink, appearing to read "Agwunobi", written over a thin horizontal line.

Dr. John O. Agwunobi, M.D., M.B.A.
Secretary, Florida Department of Health

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Director's Message |

MESSAGE FROM THE DIRECTOR

*Amy Jones, Director
Division of Medical Quality Assurance
Florida Department of Health*

On behalf of all health care practitioners, their boards, and councils, it is my pleasure to present this year's annual report and long-range plan for the Department of Health, Division of Medical Quality Assurance (MQA). As a new director for MQA, I am pleased with the achievements that are reflected in this report. The Division has approached our mission with a strong emphasis on customer service. Over this past year, everyone in MQA has strived to refocus our energies on our customers by better identifying MQA's customers, soliciting their ideas, and offering these customers the services that they want.

We identified as customers the people of

Florida, who are all potential health care consumers; health care practitioners, whom we license, test, and discipline; board members, whose regulatory work we facilitate; associations, who represent practitioners and health care consumers; state legislators and government officials, who

carry out the governor's and legislators' health care priorities; and other state departments and agencies within the Department of Health, with whom we share information.

While this is a long and impressive list, we didn't stop there. We recognized that we couldn't truly maintain our commitment to customer

service if we only extended it to our external customers, so we counted ourselves—the MQA staff—as an important internal customer.

To solicit ideas from its customers, MQA has developed and used satisfaction surveys and encouraged more active participation in policy-making and planning. For our external customers, this has included involving board members more directly in the annual long-range planning process; improving communication through electronic web boards, newsletters, web site, and other means; and conducting customer satisfaction surveys for the boards. For licensees, it includes establishing an annual planning meeting with the professional associations and involving them in our implementation efforts affecting licensees. For our internal customers, this has included conducting an employee satisfaction survey, involving employees in assessing their training needs, and providing a tool for employees to evaluate their supervisors.

Because our customers are busy people, they are interested in ways to help them save time and make their jobs easier. To answer the needs of its external customers, MQA has initiated automated agenda systems; expanded its on-line services to include license renewals, name/address updating, and newsletters; and provided computer-based testing for more flexible test schedules. These and many other initiatives have resulted in reduced costs as well.

To help our internal customers be more efficient, we developed a Customer Functional Directory to help employees quickly answer questions about the agency's functions and staff

Because our customers are busy people, we want to help them save time and make their jobs easier.

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| Director's Message

and a *Writing to Customers* guide to help employees craft customer-friendly correspondence.

The staff of MQA is proud of the significant progress they have made over the past year in better serving our customers, and is enthusiastic about new opportunities to improve. We look forward to more fully developing our on-line services, making more information available electronically in a user-friendly format. With the addition of a new communications unit, we plan to enhance communication between MQA and its customers, including creating greater awareness among the people of Florida about MQA's mission of protecting the public health.

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Quality As Mission One |

MQA CONTINUES ITS DRIVE TO QUALITY

Director Amy Jones led MQA in a broadened program of continued improvement into all areas of Sterling management. She has expanded services of her Process Support and Improvement Team (PSIT) to assist managers in applying Sterling principles.

LEADERSHIP

MQA focused on improving its leadership. It conducted 360-degree evaluation of all its managers and supervisors. Using results to identify their strengths and weaknesses, managers developed plans to improve. Plans address leadership, human resources, process management, and planning. Managers will implement their plans next year.

STRATEGIC PLANNING

PSIT led a partner team to review annual strategic planning steps. The team has recommended improvements, and MQA and its partners will consider them when planning its annual steps for 2003–2004.

CUSTOMER SERVICE

PSIT implemented its *Writing to Customers* training. The course teaches employees how to write to customers in friendly, understandable language. PSIT adapted the course to teach employees how to improve the quality of routine letters. The purpose of the course is to promote clear communication with customers and prevent their having to re-read letters several times

or call MQA for clarification. MQA continues training new and transferred employees in its basic customer service training.

PSIT's performance measurement coordinator guided units in developing, piloting, and administering customer service surveys. Boards began surveying their new licensees to find out how satisfied they were with MQA services. After PSIT analyzes survey results, managers use them to better conform processes to meet customer needs.

INFORMATION AND DATA

The director tasked MQA managers with developing performance measures that will help them improve processes, services, and customer satisfaction. PSIT identified a performance measurement model and used it to develop a computerized worksheet with which managers can easily develop their measures. The worksheet allows managers to take performance snapshots to identify trends. They use snapshot results to adjust processes, human resources, and services. The new performance measurement system measures process productivity.

HUMAN RESOURCES

Human resource management is a key factor in efficiency and effectiveness. Employee satisfaction results indicate how well MQA is managing its employees. In addition to its 360-degree improvement efforts, MQA used results of the 2002 department-administered employee satis-

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| Quality As Mission One

faction survey to renew strategies to improve how employees feel about working at MQA. Units reviewed data to identify areas for improvement. A division-wide team is using the data to identify improvement strategies for the division.

PSIT redesigned MQA's employee orientation schedule to distribute events over time rather than cluster them into a one-day session. PSIT developed slide programs and arranged for new employees to view these. Employees can control the speed of the programs to adapt them to their personal needs. The purpose of the new orientation is to help employees learn how their work fits into MQA's core business processes, a goal identified in the 1999 survey.



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PROCESS MANAGEMENT

MQA continues documenting its processes using the system that PSIT designed and implemented. This year, PSIT put into place a new policy and procedure tracking system. The system allows MQA managers to share documented processes as procedural instructions for their employees. This standardized procedural instruction system allows the managers to spend less time creating policies and procedures and more time concentrating on big picture strategies. This dual use of documented processes makes communicating with employees efficient by saving the managers time.

MQA'S 5-YEAR PLAN

Section 456.005, F.S. requires the department, boards, and councils to develop and implement a long-range policy planning and monitoring process to cover a period not less than five years. The long-range plan requires approval by the secretary and must be monitored for compliance and updated annually with input from the boards. The long-range planning process must include estimates of revenues, expenditures, cash balances, and performance statistics for each profession. On an annual basis the chairpersons of the boards and councils meet to review the long-range policy plans and current and proposed fee schedules.

On October 16, 2001, the acting director of the Division of Medical Quality Assurance convened a planning workshop with the boards and councils to establish a 5-year plan. The plan includes efficient and cost-effective regulation with the goal of ensuring a viable trust fund. MQA managers developed cost-cutting measures by identifying programs that could be eliminated, processes that could be eliminated, streamlined or outsourced, and technology that could be eliminated.

The 5-year plan calls for conducting feasibility studies to explore:

- Flattening MQA's bureau structure.
- Combining smaller and/or deficit boards and councils or eliminating board model for professions that can be directly regulated by the department.

The MQA 5-year plan calls for contracting/outsourcing:

- Collection agency to collect delinquent fines and assessed costs of disciplinary cases.
- National examination for acupuncture certification for chiropractic physicians.
- Converting state-developed examinations to computer-based testing.

The 5-year plan eliminates:

- State-developed and administered examinations for hearing aid specialists, clinical laboratory personnel, and dentistry.
- Manual processing of renewal fees.
- Inspections of physician offices where surgery is performed (if legislation is passed to require national certification).
- Renewal inspection of electrolysis facilities.
- Microfilming of all licensure and disciplinary files.
- Board-approved continuing education providers, allowing only national or state providers approved by other agencies.
- Laws and rules examinations for seven MQA professions.

The MQA 5-year plans calls for streamlining:

- Hearing Aid Specialist Trainee Program.
- Opticianry Apprenticeship Program.
- Updating records when managers or consultant pharmacists change to pharmacy facilities.
- Written responses to public records requests for medical, podiatric, osteopathic, and chiropractic physicians.

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| A Five-year Plan

■ Processing final orders by consolidating functions of MQA's Central Records and Client Services units.

The MQA 5-year plan calls for expanding:

- E-renewal from pilot project to fully operating system as professions renew.
- On-line electronic reporting of examination scores.
- CoreSTAT (the department's web-based data repository, which provides hospitals, managed care organizations, and other health care entities easy access to information used to credential health care providers) to include disciplinary files for podiatric, osteopathic, and chiropractic physicians.
- CoreSTAT to include data from all other professions.
- E-commerce to offer on-line initial applications.

The MQA 5-year plan calls for exploring:

- Data-sharing with the Florida Department of Law Enforcement (FDLE) to cross-check criminal offenses against Practitioner Regulatory Administration Enforcement System (PRAES) data.
- Cost benefit of going from a two-year to three-year renewal period.
- Requiring licensees to bear a portion of the administrative costs of participating in the Physician Recovery Network and Intervention Project for Nurses (IPN).
- Requiring disciplined licensees to bear the costs of post-final order compliance monitoring.
- De-regulation of Certified Master Social Workers (CMSW).
- Continuing education (CE) requirements ver-

sus continued competency models established by national entities.

- Converting to a birth date and/or anniversary renewal date.
- Piloting a web-based application to allow changes to be entered on-line.
- Synchronizing CoreSTAT and PRAES (computer information system used by MQA and its partners to license and regulate health care practitioners and facilities) into a single paperless licensure and enforcement processing system and database.
- Analyzing benefits and risks of "reciprocity" or "driver's license model" licensing in identified professions.
- Privatizing credentials review for certain professions, e.g., Federation of State Medical Board.

Subsequent to the long-range plan meeting in October, MQA began efforts to address the identified goals. Many of the goals were successfully accomplished or continue to be addressed. Other goals were rejected by the stakeholders or failed to be enacted legislatively. Many of the goals are on-going activities reflected in this report. The goals have been further refined with input from representatives of the licensees. As a planning tool, the long-range plan continues to aid MQA and its partners in establishing, focusing on, and modifying its priorities.

BOARD CHAIRS' ANNUAL LONG-RANGE PLANNING MEETING

On September 27, 2002, the Division of Medical Quality Assurance (MQA) convened a planning workshop with boards and councils to solicit input for the long-range policy plan. Objectives from the meeting were defined using the Sterling Management Model.

LEADERSHIP

1. Evaluate the current disciplinary structure and design a proactive and educational, rather than punitive, approach toward errant licensees.
2. Establish competency—based assessments that accurately reflect a practitioner's ability to practice, and eliminate continuing education courses that don't meet legislative intent or that are irrelevant to current practice.
3. Strengthen our influence on the legislative process by identifying opportunities for legislative committee members across professions to meet, identify common issues, and share information.
4. Continue to explore options to the current licensure fee structure, including evaluation of a model that establishes standard fees across the professions, addresses parity issues, evaluates initial licensure fees, and eliminates the existing statutory fee cap of 10%.
5. Increase opportunities for all boards/councils to network.

STRATEGIC PLANNING

6. Identify opportunities for boards to influence the legislative process, partner with the associa-

tion community, and communicate about the department's legislative process.

7. Develop a policy and procedure that require boards in a deficit to submit an annual plan to reduce the deficit.

PROCESS MANAGEMENT

8. Streamline the process for prosecuting cases that arise from criminal convictions of licensees so that the boards can respond to these cases quickly.
9. Strengthen the prosecution of unlicensed activity by identifying all available resources, granting arrest powers to investigators and reducing delays.
10. Identify ways to close a loophole that allows a pharmacy or clinic closed by the state to reopen under a new corporate name/ownership.
11. Reduce the number of cases heard by the probable cause panel by more fully resolving problems when licensees violate the practice act. Establish a mentorship program that allows a licensee to be mentored by another practitioner.

INFORMATION & ANALYSIS

12. Determine and establish an automated mechanism to prevent a physician who has lost Medicaid privileges from continuing to practice.
13. Explore automation of routine administrative functions for board members, including, but not limited to, electronic submission of travel reimbursements.

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| Partnership Planning

HUMAN RESOURCE FOCUS

14. Improve investigative work done by field investigators by enhancing training opportunities to include hands-on “internships” in practitioner settings.

15. Establish a formal training plan for board members to include media training, alternative training resources other than face-to-face, and a method for evaluating the effectiveness of training.

CUSTOMER & MARKET FOCUS

16. To improve communications and identify and use partnering opportunities, establish a joint annual meeting between board chairs and association members.

17. Enhance the effectiveness of board legislative committee members by improving communications and notification to legislative committees about pending or emerging issues.

18. Enhance the division’s comprehensive communications plan by establishing communication liaisons for each board or council.

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Insight |

WHAT IS MQA?

MQA is responsible for protecting and promoting the health of all persons in Florida by diligently regulating more than 750,000 health care practitioners and facilities. MQA regulates all health care professions including, but not limited to, medicine, pharmacy, and nursing.

In regulating these professions, MQA evaluates the credentials of applicants for licensure, issues licenses, analyzes and investigates complaints and reports, inspects facilities, assists in prosecuting practice act violations, combats unlicensed activity, and provides credential and profile information about licensees to the public.

MQA works closely with regulatory boards, which are composed of volunteer members appointed by the Governor and confirmed by the Senate. The division plans, develops, and coordinates programs and services for the regulatory boards and councils. MQA and the boards promulgate rules to regulate health care practitioners and facilities.

MQA is structured with a director's office and three bureaus: Bureau of Health Care Practitioner Regulation, Bureau of Management Services, and Bureau of Operations.

The mission of MQA is to protect and promote the health of all persons in Florida by diligently regulating health care practitioners and facilities.

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| Bureau of Health Care Practitioner Regulation

BUREAU OF HEALTH CARE PRACTITIONER REGULATION

The mission of the Bureau of Health Care Practitioner Regulation is to protect health care consumers by establishing and enforcing health care standards, licensing qualified health care practitioners and facilities, and disseminating health care information to the public.

MAJOR RESPONSIBILITIES

The Bureau of Health Care Practitioner Regulation is responsible for the policy making and programmatic activities related to licensure of health care practitioners. The board staff comprised of 154 employees provides administrative support for 41 regulated professions. They provide support to regulatory boards charged with reviewing cases related to licensure and disciplinary action against health care practitioners. Board staff also provides support in determination of probable cause in disciplinary cases. They perform complex and varied administrative work that requires independent judgment and initiative in the verification of biographical data, qualifications, and licensure criteria in accordance with the appropriate practice acts and the Florida Administrative Code. They also conduct board meetings (on average, 345 per year), administer policies, issue final disciplinary orders, review and approve continuing education providers, and audit licensure compliance for continuing education.

The Bureau is comprised of the board office, the bureau chief, and seven satellite offices under the supervision of executive directors.

The regulated professions are grouped in the following board offices:

- Acupuncture, dentistry, massage therapy, osteopathic medicine, midwifery, speech-language pathology, and audiology
- Dentistry, clinical social work, marriage and family therapy, mental health counseling, opticianry, and hearing aid specialists
- Chiropractic medicine, clinical laboratory personnel, medical physicists, podiatric medicine, optometry, orthotics, and prosthetics
- Dietetics and nutrition practice, electrology, occupational therapy, physical therapy, psychology, school psychology, and respiratory therapy
- Medicine, physician assistants, and naturopathy
- Nursing and certified nurse assistants
- Pharmacy and nursing home administrators

HIGHLIGHTS, BY PROFESSION

Customer service was the focus within the Bureau of Health Care Practitioner Regulation for fiscal year 2001-02. This focus resulted in a number of streamlining initiatives that improved processes, information, and cost savings.

Ongoing attention to the MQA trust fund resulted in an improved revenue stream and reduced expenses.

Acupuncture

- Application for licensure was revised for clarity, reducing the number of telephone calls to the board office.

- Created an application check sheet to improve accuracy and provide an internal audit tool for identifying process improvements.
- Assigned the responsibility of credentialing of licensure applications, and continuing education program review to one person. This reduced processing time for school applications by 3 months, and for continuing education review by 33%. Agenda content was reduced by 50%.
- Automated the interested parties list to provide information on board meetings, rules, changes, and other regulatory information via e-mail. This reduced postage and printing costs and provided more timely information.

Certified Nursing Assistants

- Converted the certified nursing assistants database to the division's PRAES licensure and support system.
- Implemented the printing of certificates for CNAs through the PRAES system.
- Monitored initiation of CNA testing through multi-disciplinary team.
- Conducted weekly conferences with association representatives to oversee the smooth transition of the certification examination to a new vendor. Addressed issues as they emerged.

Chiropractic Medicine

- Implemented the web-based, self-evaluation tool to help licensure applicants determine whether they meet requirements.
- Vice-chair of the board served as president of the Federation of Chiropractic Licensing Boards and the executive director served on various

committees, providing input on national policy matters.

- All fees raised to fee caps to cover costs of regulation.
- Number of face-to-face meetings reduced, resulting in reduced expenses.
- Increased number of disciplinary cases heard by board.
- Authorized the review of a portion of the national examination to determine whether it could be used in lieu of the state clinical competency exam.
- Examination fees increased to cover all costs associated with licensure exam.

Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

- Designed and implemented a new supervised clinical experience form representing a 10% time savings for staff and less confusion for licensure applicants.
- All continuing education providers, laws and rules courses, and medical error course review and approval were delegated to staff, resulting in faster response time to provider applicants.
- Minutes of all board meetings were published on the board web site, reducing licensee phone calls and keeping licensees abreast of law and rule changes.
- Interested parties lists were converted to e-mail addresses, resulting in a 5% reduction of staff time.

Clinical Laboratory Personnel

- Approved additional national examinations,

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| Bureau of Health Care Practitioner Regulation

making it easier for candidates to apply for licensure by endorsement.

- Reduced examination costs by eliminating the national exam.
- Entered into memorandums of understanding between the board and two national certification organizations to grant Florida candidates access to their licensure examinations.
- Meetings reduced to four times per year, reducing costs.
- Fees raised to statutory caps to cover costs of regulation.

Dentistry

- Board counsel began assisting board staff with initial candidate history review before each exam, conducting a conference call with the chair of the credentials committee to perform the candidate screening, saving time and unnecessary travel for candidates with minor infractions.
- Computer-based testing was initiated for the laws and rules examination, providing greater convenience for exam candidates.
- Minutes of all board meetings were published on the board web site, reducing licensee phone calls and keeping licensees abreast of law and rule changes.
- Interested parties lists were converted to e-mail addresses, resulting in 5% reduction of staff time.

Dietetics and Nutrition

- Amended the disciplinary rules to increase citation offenses, resulting in reduced costs for discipline and streamlining of the process.

- Implemented the statutory requirements for prevention of medical errors courses and HIV/AIDS courses.
- Repealed an unnecessary rule relating to continuing education provider application, streamlining business processes and reducing expenses.
- Amended the initial licensure and biennial renewal fees to reduce the projected deficit to the trust fund.
- Streamlined the licensure process, with the board delegating authority to the executive director for approval of all qualified applicants, resulting in more frequent approvals.

Electrolysis

- Amended the disciplinary rules to increase citation offenses, resulting in reduced costs for discipline and a more streamlined process.
- Amended rules to perform facility inspections every biennium rather than once a year, resulting in cost savings.
- Implemented the statutory requirement for prevention of medical errors courses for initial and renewal licensure.

Hearing Aid Specialists

- Moved from a state-developed to a national licensure examination.
- Replaced the requirement for a laws and rules examination with a requirement for an affidavit of knowledge and compliance. This resulted in cost and time savings for the applicants.



Massage Therapy

- Application for licensure was revised to improve understanding by applicants, reducing the number of telephone calls to the board office.
- Created an application check sheet to improve accuracy and provide an internal audit tool for identifying process improvements.
- Assigned the responsibility of credentialing of licensure applications, and continuing education program review to one person. This reduced processing time for school applications by 3 months, and for continuing education review by 33%. Agenda content was reduced by 50%.
- Automated the interested parties list to provide information on board meetings, rules, changes, and other regulatory information via e-mail. This reduced postage and printing costs and provided more timely information.

Medicine

- Implemented a rule that allows the department to issue citations for all minor offenses, resulting in cost and time savings.
- Incorporated the statutory requirement for the prevention of medical errors course for initial and renewal licensure.
- Created a licensure task force to study the current licensure application process and various licensure avenues for physicians; developed recommendations for completing an orientation course for new licensees; and developed recommendations for special purpose licensure of telehealth practice and out-of-state medical expert's testimony.

- Increased the application, initial licensure, and renewal licensure fees to reduce the projected deficit.
- Instituted fines for new licensees who fail to disclose all information on their applications.
- Amended the pain management rule to more stringently regulate prescribing of controlled substances. This was an effort to reduce illegal diversion of controlled substances while making sure that they are available to patients who legitimately need them for pain management.
- Inspected physicians' offices that perform office surgery, but are not accredited by a national accrediting agency.
- Registered health care clinics, per legislation passed in 2000, to reduce insurance fraud among unregulated clinics.
- Abolished the Physician Assistant Formulary Committee and integrated its duties with those of the Council on Physician Assistants, resulting in cost savings.
- Implemented a statute that allows physicians to convert their unrestricted medical licenses to limited licenses for compensation or to volunteer their medical services, increasing the number of physicians available to serve in areas of critical need.
- The Federation of State Medical Boards ranked Florida first among large states in the percentage of licensed physicians disciplined, up from a ranking of number 11 three years ago.
- Earned a Davis Productivity Award for the implementation of an electronic board agenda.
- Purchased desk reference manuals for all staff members, resulting in a decrease of processing

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| Bureau of Health Care Practitioner Regulation

time to an average of three months.

- Streamlined a business practice to allow the board to certify applicants for licensure whose applications have only minor omissions that can be clarified by staff. Also began allowing completed application lists to be faxed to the program administrator up to the first day of a board meeting.

- Supervisors began periodic audits of incomplete files to determine whether or not applications are being processed efficiently and to identify additional training needs.

- Developed and launched a web board to provide important health care information to consumers, health care providers, and others through an Internet based software system, reducing costs by \$63,000 per year.

Midwifery

- Revised application for licensure for clarity, reducing the number of telephone calls to the board office.

- Created an application check sheet to improve accuracy and provide an internal audit tool for identifying process improvements.

- Assigned the responsibility of credentialing of licensure applications, and continuing education program review to one person. This reduced processing time for school applications by three months, and for continuing education review by 33%. Agenda content was reduced by 50%.

- Began using an application check sheet to guide applicants. This resulted in more complete and accurate applications.

- Developed a one-person committee system to handle credentialing of licensure applications and review continuing education of provider programs and school programs. This reduced processing time for applications by three months, for school applications by three months, and for continuing education review by 33%. Agenda content was reduced by 50%.

- Automated the interested parties list to provide information on board meetings, rules, changes, and other regulatory information via e-mail. This reduced postage and printing costs and provided more timely information.

Nursing

- Oversaw the successful transition of the board of nursing administrative offices from Jacksonville to Tallahassee.

- Streamlined the licensure process.

- Conducted site visits and reviewed five new nursing education programs.

- Instituted profiling of advanced registered nurse practitioners for publication on the department's web site.

- Completed study on English requirements among state boards and added two additional methods to verify English competency.

- Communicated with associations on licensure renewal issues, expanding support and communications network to licensees.

- Developed system to manage e-mail and to reduce backlogs.



Nursing Home Administrators

- Converted the state laws and rules examination to a nationally administered computer-based examination. Because the examination is available daily, customer service is increased and processing time is decreased.

Occupational Therapy

- Amended the disciplinary rules to increase citation offenses, resulting in reduced costs for discipline and a streamlined process.
- Implemented the statutory requirement for prevention of medical errors courses for initial and renewed licensure.
- Amended rule to increase home study courses, making it easier and less costly for licensees to obtain continuing education.
- Increased initial and renewal licensure fees to strengthen the profession's trust fund.
- Surveyed initial licensees regarding customer satisfaction. Survey results showed a combined excellent/good rating of 92%. Following suggestions from surveyed licensees, the licensure process was streamlined so that the executive director could approve all qualified applicants on behalf of the board. This resulted in more frequent approvals (weekly rather than quarterly).
- Implemented the statutory requirement for a course on prevention of medical errors.

Opticianry

- The Board directed more aggressive investigation of unlicensed optical establishments, helping to reduce unlicensed opticianry practices.
- Minutes of all board meetings were published

on the board web site, reducing licensee phone calls and keeping licensees abreast of law and rule changes.

- Interested parties lists were converted to e-mail addresses, resulting in 5% reduction of staff time.
- Amended rules for apprenticeship program so that an affidavit from an employer may be substituted for the annual report requirement. This reduced staff time spent managing reports.

Optometry

- Added licensure self-evaluation tool to web site to help candidates determine whether or not they meet licensure eligibility requirements.
- Amended rules to include all costs associated with the state examination for licensure.
- Approved using the national certification examination in lieu of the state exam. Began exploring other testing options for the state-developed and administered clinical competency exam.
- Adopted rules to expand approval of continuing education providers and established initial and biennial renewal fees for all providers.
- Board member, Robert Easton, O.D., is the Chairman of the National Board Examination Review Committee.

Orthotists and Prosthetists

- Authorized the audit of all licensees following the first licensure renewal for compliance with continuing education requirements.
- Maximized all fees for licensure to cover costs of regulation.

Osteopathic Medicine

- Revised application for licensure for clarity, reducing the number of telephone calls to the board office.
- Created an application check sheet to improve accuracy and provide an internal audit tool for identifying process improvements.
- Assigned the responsibility of credentialing of licensure applications and continuing education program review to one person. This reduced processing time for school applications by three months and for continuing education review by 33%. Agenda content was reduced by 50%.
- Automated the interested parties list to provide information on board meetings, rules, changes, and other regulatory information via e-mail. This reduced postage and printing costs and provided more timely information.
- Adopted rule to regulate the practice of telemedicine and to regulate the standard of care for office surgery.
- Implemented the statutory requirement for prevention of medical errors course for initial and renewal licensure.

Pharmacy

- Implemented licensure by endorsement. The new method eliminates the need to retake the national licensure examination for certain qualified applications. Licensed more than 200 applications through the new method.
- Implemented requirements for a continuous quality improvement program in all Florida pharmacies as part of a continuing effort to reduce the number of medication errors.

- Board executive director served on the National Association of Boards of Pharmacy Multi-state Pharmacy Jurisprudence Examination Review Committee, as a member of the University of Florida College of Pharmacy National Advisory Review Board, and as a member of the National Association of Boards of Pharmacy Task Force on Privacy and Confidentiality.

Physical Therapy

- Amended the disciplinary rules to increase citation offenses, resulting in reduced costs for discipline and a streamlined process.
- Implemented the statutory requirement for prevention of medical errors courses for initial and renewed licensure.
- Amended rule to increase home study courses, making it easier and less costly for licensees to obtain continuing education.
- Increased initial and biennial licensure renewal fees to strengthen the profession's trust fund.
- Surveyed initial licensees about customer satisfaction, with results showing a combined excellent/good rating of 88%. Surveyed licensees' suggestions led to a streamlined licensure process, with the board delegating authority to the executive director to approve all qualified applicants on its behalf. This change allows for more frequent approvals (weekly rather than quarterly).

Physician Assistants

- The Physician Assistant Formulary Rule was amended to include only those drugs that a physician is not allowed to prescribe, allowing



physician assistants to prescribe drugs upon availability rather than waiting for rule changes. This opens more job opportunities for physician assistants.

- Applications, instructions, and forms were revised and arranged in a more user-friendly format and made available on the department's web site. The result has been fewer phone calls, improved communications, and faster processing and licensing of applications.

Podiatric Medicine

- Implemented examination fee.
- Maximized all fees for initial and renewal licensure to cover costs of regulation.
- Handled a higher number of disciplinary cases.

Psychology

- Amended the disciplinary rules to increase citation fees for offenses, resulting in reduced costs for discipline and a streamlined process.
- Implemented the statutory requirement for prevention of medical errors courses for initial and renewed licensure.
- Amended rule to increase home study courses, making it easier and less costly for licensees to obtain continuing education.
- Increased initial and renewal licensure fees to strengthen the profession's trust fund.
- Conducted a customer satisfaction survey of initial licensees that showed a combined excellent/good rating of 94%. Suggestions of surveyed licensees resulted in streamlining the licensure application and enhancing information on the web site.

Respiratory Care

- Amended the disciplinary rules to increase fees for citation offenses, resulting in reduced costs for discipline and a streamlined process.
- Implemented the statutory requirement for prevention of medical errors courses for initial and renewed licensure.
- Amended the initial licensure and biennial renewal fees to reduce the projected deficit to the trust fund.
- Surveyed initial licensees about customer satisfaction, with results showing a combined excellent/good rating of 88%. Surveyed licensees' suggestions led to a streamlined licensure process, with the board delegating authority to the executive director to approve all qualified applicants on its behalf. This change allows for more frequent approvals (weekly rather than quarterly).

School Psychology

- All fees were increased to cover the cost of regulation.
- Implemented the statutory requirement for a course on prevention of medical errors.

Speech-Language Pathology and Audiology

- Application for licensure was revised for clarity, reducing the number of telephone calls to the board office.
- Created an application check sheet to improve accuracy and provide an internal audit tool for identifying process improvements.
- Assigned the responsibility of credentialing of licensure applications and continuing education program review to one person. This reduced processing time for school applications by three

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| Bureau of Health Care Practitioner Regulation

months and for continuing education review by 33%. Agenda content was reduced by 50%.

■ Automated the interested parties list to provide information on board meetings, rules, changes, and other regulatory information via e-mail. This reduced postage and printing costs and provided more timely information.



BUREAU OF MANAGEMENT SERVICES

The Bureau of Management Services is responsible for providing centralized purchasing, travel, communication, information dissemination, response to public records requests, and disciplinary tracking support for the board offices. The bureau consists of four units: Client Services, Internal Services, Communication, and Central Records.

QUALITY IMPROVEMENT

The bureau instituted several quality improvement measures during Fiscal Year 2002 to improve the effectiveness and efficiency of processes in the bureau including:

- Partnered with the Board of Medicine staff, representatives of the Department of Health, and Attorney General's legal staff to develop standard terms for use in drafting final orders issued by the Board of Medicine.
- Redesigned the processing and distribution of final orders resulting in reduced cost.
- Coordinated with the Division of Information Technology on the development and implementation of an intranet service directory that is accessible to all Division of Medical Quality Assurance employees. The Communication Services Unit uses the directory as a tool to access centralized information on staff duties when responding to questions from our customers regarding initial licensure and renewal.
- Redesigned the licensure certification process, taking advantage of existing technology to more fully automate the process, increasing output efficiency by approximately 66%.

WORKLOAD

The Communication Services Unit, the initial customer contact for the Division of Medical Quality Assurance, responded to 358,779 telephone calls; completed 20,197 address and 1,772 name changes; and mailed 58,755 copies of applications, laws, and rules.

In response to requests from customers, the Client Services Unit filled 4,839 public record requests for practitioner licensure information and completed 13,322 licensure certifications, helping practitioners obtain licensure in other states.

Final board actions, which restricted the practices of 911 practitioners, were reported to the Federal Healthcare Integrity Protection Databank.

The Central Records Unit processed 200,052 public record requests on disciplinary actions taken against practitioners; prepared 37 records on appeal for the courts; and filed 1,810 final orders issued as a result of board action.

Web Site Request (Hits)

MQA Homepage	5,014,510
License Lookup	12,613,683
Profiling.....	2,434,193
License Advisory System	424,438
Certified Nursing Assistant Lookup	205,444

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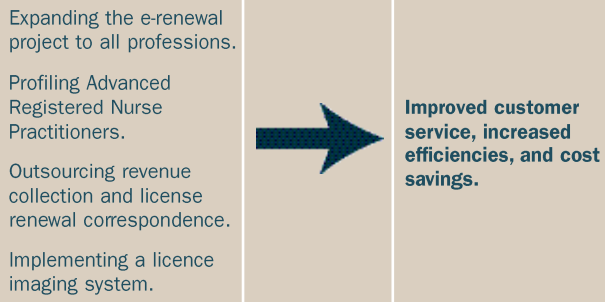
| Bureau of Operations

BUREAU OF OPERATIONS

The licensure services unit oversees work related to license renewal, revenue collection, practitioner profiling, and the unlicensed activity consumer awareness program.

The unit focused on implementing initiatives that would create a more paperless business environment.

Significant events for the year included:



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LICENSURE SUPPORT SERVICES

During FY 2001/02, the unit mailed 239,354 renewal notices to practitioners. 176,908 renewals were received and processed by US mail and 43,998 were completed on-line. In an effort to improve customer service, the unit contracted with an outside vendor to forward renewal notices returned to the unit due to incorrect addresses to the new addresses. This resulted in a reduction of the processing time for renewals from 14-21 days to within 8 days, so that licenses could be printed and mailed approximately two to three days earlier. The unit also began sending out delinquent renewal notices two weeks prior to the automatic expiration of licenses, encour-

aging some practitioners with delinquent licenses to renew them before they expired.

The unit focused on implementing the following:

Improved Communications

The licensure services e-mail address was disseminated and used as a primary avenue for licensees to communicate with a licensure specialist without telephoning the department. E-mails were responded to within 48 hours.

The licensure services telephone system was modified to include informational menus allowing practitioners to obtain information regarding financial responsibility and duplicate renewal notices, reducing phone calls to specialists.

Daily briefings were conducted with all key parties. Issues and problems were identified and resolved prior to negatively impacting customers.

Improved Processes

Staff used the department's web imaging application to reprint and mail bar-coded renewal notices, saving \$5.23 in processing costs per renewal.

Staff used the department's Rightfax program when faxing duplicate renewal notices, certification for licensure, and other documents to practitioners. This program allowed the specialists to fax information from their desks, saving time spent at the fax machine waiting on confirmation.



The release and printing of licenses was fully automated. An unnecessary manual step was identified and eliminated, resulting in licenses being printed and mailed approximately two to three days earlier.

The department and the Agency for Health Care Administration established a position statement for practitioners who renewed on or around the renewal deadline and were still being processed. This position statement was posted on the main department web page and included in the message on the licensure services main telephone number.

Improved Customer Service

Renewal notices returned to the division were mailed if a forwarding address was provided by the post office. Historically, they were collected and forwarded only upon request. With the reduction in phone calls requesting a duplicate notice, staff was freed to assist customers with technical renewal issues.

Blank renewal notices and other related renewal forms (i.e., financial responsibility and dispensing forms) were made available on-line. Practitioners who incorrectly completed a form could download the form and fax the correct information to staff, reducing any delay in a renewed license being issued. Staff time spent faxing forms and costs for mailing were reduced. More than 11,000 nurses downloaded blank renewal forms from the web.

The telephone system was modified to remove voicemail and direct all calls to five specialists, improving response rate and time. The

telephone option menu was expanded to give a special extension for physicians who needed technical assistance or a PIN number to renew on-line.

The licensure services e-mail address was used as an avenue to communicate with a licensure specialist without contacting the department on the telephone. E-mails were responded to within 48 hours.

Employees assigned to the customer service team were provided comprehensive customer service training on the department's e-renewal system and were equipped to provide virtually all technical support.

A computer was installed in the lobby of the unit allowing walk-in customers to renew on-line.

A team consisting of licensure services staff, board staff, and staff from the Agency for Health Care Administration developed a statement posted to the department's web site to assist practitioners and hospitals during the renewal period. The statement reduced phone calls from practitioners who renewed on or around the renewal deadline.

A license verification search engine that provided practitioners and hospitals with immediate license verification was installed on the division's web site. The result was a significant reduction in staff time spent answering phone calls, producing manual license certifications, and faxing certification documents.

Practitioner Profiling

The unit collected profiles on more than 6,000

Advanced Registered Nurse Practitioners.

Currently, consumers can view profile information on-line for 58,781 licensed medical doctors, osteopathic physicians, chiropractic physicians, podiatric physicians, and advanced registered nurse practitioners. During FY 2001/02 the practitioner profile web site received over 541,000 requests. A survey was administered, which indicated that more than 78% of survey respondents participating in the survey visited the web site for personal reasons.

License Imaging

Implementing the license imaging system moves the division closer to our goal of a paperless business environment. Currently, we have 540,000 stored images for licensed medical doctors, osteopathic physicians, chiropractic physicians, podiatric physicians, and advanced registered nurses. The program will be expanded to include all professions during the coming year. This system will allow for more efficient retrieval of licensing records, resulting in improved customer service.

ENFORCEMENT UNIT MOVES TO THE DEPARTMENT OF HEALTH

The Enforcement Program of Health Care Practitioner Regulation has long been a partner with the Department of Health in promoting and protecting the health and safety of the people of Florida. Effective July 1, 2002, the program transferred from the Agency for Health Care Administration and is now an integral part of the Division of Medical Quality Assurance within the Department of Health.

The Enforcement Program consists of three units.

The Consumer Services Unit is the central intake unit for receipt of complaints against

health care professions (approximately 750,000 licensees) regulated by the Department of Health. The Consumer Services Unit analyzes complaints and statutory required reports against health care practitioners for possible violations of applicable laws and rules to determine if they are legally sufficient for investigation. The unit received over 32,000 complaints and reports in fiscal year 2001-2002. In addition, this unit performs investigations of allegations of minor violations, issues and tracks citations for minor infractions of the applicable laws, issues notices of non-compliance for minor deficiencies, and conducts mediation when applicable by statute and board rules. The

Consumer Services Unit also provides statistical information and reports upon request and as required by statute.

The Investigative Services

Unit has 11 offices located throughout the state. Staff are comprised of professional investigators and senior pharmacists who investigate legally sufficient complaints against health care practitioners by interviewing subjects, collecting substantiating documents and evidence, inspecting establishments, serving subpoenas, and monitoring licensees who have been disciplined. Investigators are also responsible for providing testimony and depositions in those cases in which administrative action is pursued. Assistance to all law enforcement agencies is provided in mutual investigations involving criminal activity. The Investigative Services Unit completed over 5,400 investigations in fiscal year 2001-2002.

The unit conducted 16,525 inspections on-site in locations ranging from Pensacola to Jacksonville to Key West.

The Prosecutorial Services Unit is centrally located in Tallahassee and provides legal support for all health care boards and their assigned health care councils, from the filing of a complaint through the appeals process. All legally sufficient complaints are referred to the Prosecutorial Services Unit upon completion of

INVESTIGATIVE SERVICES UNIT

Investigations
5,427

% Investigations completed ≤90 days
99.4%

CONSUMER SERVICES UNIT

Complaints/reports received
32,030

Citations Issued FY 2001-2002
311 with fines imposed of \$169,417

Notices of Non-Compliance Issued
15

Complaints determined legally sufficient
6,431

% Complaints Processed in ≤ 10 Days
98.4%

% Desk Investigations Referred to Legal ≤ 100 Days from receipt of complaint
95%

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| Enforcement

investigation for review and recommendations to the regulatory boards. The unit recommends appropriate emergency actions against licensees who pose an immediate threat to the health, safety, and welfare of the people of Florida. Additionally, attorneys in the unit draft administrative complaints, pleadings, and motions; present complaints to the probable cause panels of the appropriate regulatory board; prosecute; litigate; handle appeals from subjects and complainants; and present to the boards all cases through the complex and multi-level disciplinary process. The Prosecutorial Services Unit resolved over 7,000 complaints in fiscal year 2001–2002.

The Division of Medical Quality Assurance Enforcement Unit continues to strive for excellence and is committed to providing quality services to its customers. Forms for filing a complaint can be accessed on the Department's web site at www.doh.state.fl.us or by calling toll-free in Florida 1-888-419-3456.

PROSECUTORIAL SERVICES UNIT

Completed investigations received
5,427

Emergency Actions issued
262

Recommendations of Probable Panel
4,889

Total number of cases resolved
7,030

Fines and administrative costs imposed
\$2,862,998

% Probable Cause recommendations to Probable Cause Panel ≤ 180 days from date of complaint
90.3%

special insights

Unlicensed Activity Program: Expanding throughout the state

Crime sweeps such as “Operation Tooth Fairy” and “Hot Lips” have fueled interest in the Florida Department of Health’s Unlicensed Activity Program. Exposing perpetrators practicing medicine, dentistry, and other health care professions without a license has drawn national and international media coverage, such as Primetime and 60 Minutes. The first of its kind, the Unlicensed Activity Office (ULA) in Hollywood serves much of South Florida by protecting the public from fraudulent practitioners. The ULA officers are charged with investigating and prosecuting individuals practicing health care without a license, and they remain diligent in this growing pursuit.

Due to the public health risk and the growth in case numbers (>20% each year), the department has made it a priority to expand services throughout the state. A special task force has been formed to develop the action plan for the rest of the state as well as to streamline operations. The first new ULA expansion office is scheduled to open in April of 2003. This new office will cover the Tampa Bay area, which has been identified as a high-risk and problem-prone area.

Today’s health care consumer is becoming better informed regarding the selection of a practitioner. The ULA Office is committed to alerting consumers to the dangers of un-

licensed health care. In conjunction with the licensing boards, the ULA office has raised consumer awareness through education efforts using billboard, radio, and print campaigns. More and more Floridians are using the ULA web site to verify licensure status and disciplinary history of potential health care providers. The bilingual hotline and web site allow citizens to make more informed decisions when choosing practitioners as well as linking to other related resources. For more information on ULA, call 1-877-HALT-ULA, or log on to www.doh.state.fl.us and click on Unlicensed Activity.



Awareness brochures from physical therapy and ULA program



Outdoor billboards from massage and ULA program

COMMUNICATIONS TEAM

MQA has formed a new communications team, including a marketing manager, public information officer, administrative secretary, and graphics specialist.

This team will proactively market to the public, media, and licensed health care professionals the important services that MQA provides. It will help educate the public and licensees about issues related to medical quality and safety.

The communications team will also facilitate communications among its internal customers—MQA staff—so that important messages are clearly communicated within the organization.

In the first year, the communications team will focus on creating awareness of MQA and the services it offers. Awareness objectives have been included in a written communication plan. The objectives promote MQA services such as the MQA web site, profiling, on-line renewals, consumer advocacy, and unlicensed activity.

MQA's communications team will use the following tools to accomplish its communications objectives: news releases, articles, reports, public service announcements, web bulletin boards, the MQA web site, the Department of Health web site, other state agencies' web sites, brochures, posters, surveys, newsletters, special events, displays, PowerPoint presentations, talk shows, billboards, and print advertising.

The team will use tools such as focus groups, surveys, reports, web site hits, increased use of on-line services, and board and association feedback to evaluate results of its initiatives.

In the second year, a new communication plan will be created. The plan will focus on education initiatives such as laws and rules, discipline process, and consumer advocacy. The communication group will continue to evaluate results and proactively meet the needs of the public, media, internal MQA staff, and health care professionals.

MQA Communication Plan

OBJECTIVE 1: CREATE AWARENESS ABOUT MQA AND ITS MISSION

Target A: Public

Target B: Licensees/Boards/Associations

Methods for Target A: Develop promotional materials and articles for health columns; attend special events; public relations and advertising

Methods for Target B: Develop promotional materials and articles for health columns; attend special events; public relations and advertising

Tools/Resources for Target A: Brochure about MQA, video about MQA (show on closed-circuit TV at hospitals), booths and displays, outdoor advertising, radio and print ads, posters, talk shows, press releases, public service announcements (PSAs), articles

Tools/Resources for Target B: Brochure about MQA, informational package for new board members, booths and displays, posters, articles

Evaluation for Target A: Public comments, increased hits to web site

Evaluation for Target B: Surveys, comments, hits to web site, increased use of on-line services

OBJECTIVE 2: ADDRESS WEB SITE USER-FRIENDLINESS AND CONTENT REVIEW ISSUES

Target: All

Methods: Discuss with Webmaster; consult state web guidelines; attend training; research ways to improve web site; consult with graphic designer; coordinate with e-portal project

Tools/Resources: Training course, Internet, other web sites

Evaluation: Comments from internal and external customers. Repeat focus groups

OBJECTIVE 3: PROMOTE WEB SITE AND ON-LINE SERVICES

Target A: Public

Target B: Licensees/Boards/Associations

Methods for Target A: Public relations and advertising

Methods for Target B: Advertising and internal communications

Tools/Resources for Target A: Press releases, PSAs, outdoor advertising, radio spots, print ads, posters

Tools/Resources for Target B: Direct mail (e.g., renewal notices), newsletters, electronic web board, articles, trade journal ads, special events, displays, special web promotion cards

Evaluation for Target A: Increased hits on web site

Evaluation for Target B: Increased hits on web site; increased electronic renewals, address changes, application downloading

OBJECTIVE 4: IMPROVE COMMUNICATION

Target: Licensees/Boards/Associations

Methods: Network and build relationships. Create and refine channels of communication

Tools/Resources: Electronic web boards, articles, direct mail, special events, meetings, surveys, committees, E-mail

Evaluation: Surveys, comments

OBJECTIVE 5: PROVIDE COMMUNICATION RESOURCES

Target: Boards and Associations

Methods: Provide with communication tools and help board members become better communicators

Tools/Resources: PowerPoint presentations, speeches, media training, brochures, special web site cards, press releases, briefing for media interviews

Evaluation: Surveys, comments

OBJECTIVE 6: PROMOTE UNLICENSED ACTIVITY OFFICE AND ITS SERVICES

Target A: Public

Target B: Licensees/Boards/Associations

Methods for Target A: Advertising and public relations

Methods for Target B: Internal communication

Tools/Resources for Target A: Outdoor, radio, and print ads; links to other web sites; press releases; PSAs; articles; brochures; posters; booths and displays; telephone messages; talk shows; special events; meetings and conferences

Tools/Resources for Target B: Articles, web site, electronic web boards, meetings

Evaluation for Target A: Increased calls to ULA hotline, hits to web site

Evaluation for Target B: Survey, comments

OBJECTIVE 7: PROMOTE BOARDS AND BOARD MEMBERS AND RECRUIT MEMBERS

Target: Public

Methods: Public relations and advertising

Tools/Resources: Press releases (e.g., new board member releases), print ads, brochure, web site, special events

Evaluation: Increase applications for board members, hits on web site

OBJECTIVE 8: PROMOTE CONSUMER ADVOCACY SERVICE

Target: Public

Methods: Communicate with consumers and public relations

Tools/Resources: Press releases, PSAs, articles, letters, brochure, survey, web site

Evaluation: Hits to web site, number of complaints, survey

OBJECTIVE 9: BEGIN PUBLIC EDUCATION/OUTREACH

Target: Public

Methods: Public relations, internal communications, and advertising

Tools/Resources: Press releases, PSAs, articles, brochures, outdoor ads, radio and print ads, web site, special events, other web sites, displays and booths, telephone messages, talk shows, posters, e-mails

Evaluation: Surveys to targeted groups (e.g., elderly)

Student Loans

The U.S. Department of Health web site indicates that 124 health care practitioners who may be Florida licensees are currently in default on their student loans. The total defaulted loan amount is \$13,637,722. The Department has conducted a preliminary investigation on one practitioner resulting in payment of the loan in question. The department continues to develop investigative case files by obtaining information from the Department of Health and Human Services as well as the Office of the United States Attorney in the Department of Justice. No emergency actions or disciplinary actions have been taken as a result of HB1405.

ACCOMPLISHMENTS OF THE DIVISION OF MEDICAL QUALITY ASSURANCE FY 2001–2002

Through hard work and commitment to excellence, MQA staff accomplished a great deal as described throughout this report and below.

- Issued emergency suspensions or restricted the licenses of 106 health care professionals who posed an immediate danger to the public.
- Completed 90% of licensees' investigations within 180 days.
- Call center responded to 350,000 calls and mailed 59,000 applications for licensure.
- Automated licensure certification for insurance companies, hospitals, state agencies, and other organizations requesting certification. This decreased the time for issuing certifications from six weeks to two weeks.
- Successfully moved Board of Nursing administrative office from Jacksonville to Tallahassee.
- Board of Medicine was ranked #1 among large states for percent of licensees disciplined.
- On-line renewals by credit card made available for all professional licensees.
- Unlicensed Activity Office was instrumental in 51 arrests of unlicensed individuals.
- Maintained 100% sustained success rate in defense of examination challenges.
- 45% of all examinations are now computer based and have on-line score reporting available.
- Received Davis Productivity awards for electronic agenda for board meetings, unlicensed activity campaigns, and electronic renewals.
- Developed award-winning consumer awareness brochures and billboards for Massage, Mental Health Professions, Psychology and

Speech-Language Pathology, and Audiology for unlicensed activity.

Practitioner Profiling Web Site Survey of Visitors

As part of its ongoing efforts to improve the practitioner profiling web site, the Bureau of Operations developed a visitor survey. The survey was developed to answer the following questions:

- Who visits the profiling web site?
- Is the web site easy to use?
- What is the purpose of the visit?
- What is the profession of the practitioner queried?
- Did the information on the web site impact your choice of health care provider?
- What age are the visitors to the web site?
- What is the gender of the visitor?
- What are the ethnic backgrounds of visitors to the web site?
- What percentage of visitors are Florida residents?
- Was the information on the web site accurate?

The results of the demographic questions show that 74% of the visitors to the web site are consumers; 38% are in the 46 to 60 age group; 65% are female; 81% are Caucasian; and 87% are Florida residents.

The survey results show that 78% of the visitors use the web site for personal use. The majority of users found the web site easy to use.



The results also show that 85% of users look for information on medical doctors. In response to the question of accuracy, 47% of visitors found the information accurate.

In response to the survey results, the web site text and profile layout are currently being updated to improve clarity and navigation time. These changes should be complete January 1, 2003.

New Licensee Customer Satisfaction

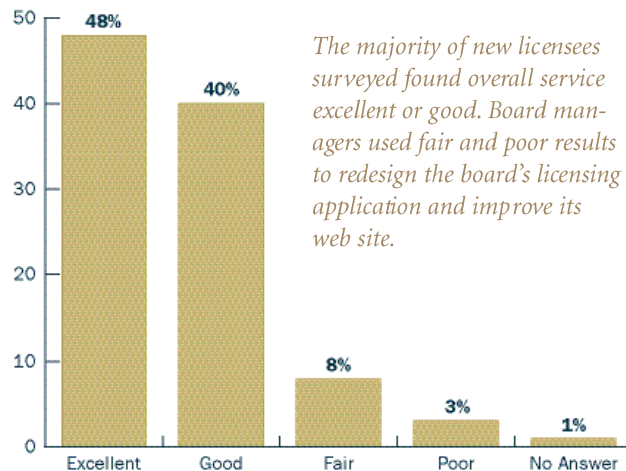
In June 2001, as a pilot for all other boards, the Board of Respiratory Care began surveying its new licensees to determine whether or not they were satisfied with services that the board provided. June 2001–April 2002 results show that 88% of new licensees who responded found overall service excellent or good.

The board sent the survey to licensees along with their new license. The form solicited data on customer-board staff interaction, the application packet, and the board web site. The survey asked whether staff communication was courteous, accurate, clear, and timely. It asked whether the application packet was easy to understand and easy to complete and whether letters were timely. It asked whether the web site was helpful.

The survey also asked for comments about service that new licensees received. Qualitative responses helped managers identify staff who were providing excellent customer service and specific services that new licensees appreciated most.

Board managers used survey data to redesign the licensing application form and to simplify instructions on how to complete it. They used data to specify improvements to the layout and navigation of their web site. New licensees have improved services by taking the time to let the board know what service features satisfy them.

CHART OF CUSTOMER SATISFACTION SURVEY RESULTS



The majority of new licensees surveyed found overall service excellent or good. Board managers used fair and poor results to redesign the board's licensing application and improve its web site.

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Appendix |

APPENDIX

SUMMARY OF COMPLAINTS RECEIVED AND INVESTIGATED
 JULY 1, 2001–JUNE 30, 2002

Professions	Statutory Reports	Complaints Received	Unlicensed Complaints	Legally Sufficient	Investigations Completed
Acupuncture	0	9	1	5	5
Athletic Trainer	0	1	0	17	0
Certified Nursing Assistant	2,354	223	10	660	485
Certified Social Worker	0	0	0	0	0
Chiropractic Medicine	8	383	4	231	147
Clinical Laboratory Personnel	2	47	0	31	21
Clinical Social Work	9	66	5	28	25
Dental Labs	0	6	5	9	9
Dentistry	100	764	24	406	345
Dietetics and Nutritionist	1	7	9	12	11
Electrolysis	0	31	3	24	9
Electrolysis Facilities	0	5	2	5	3
Hearing Aid Specialists	0	156	6	55	48
Marriage and Family Therapy	0	16	1	12	11
Massage Establishments	0	129	32	133	106
Massage Therapy	0	213	24	201	125
Medical Physicist	0	23	0	22	10
Medicine	2,437	4,031	41	1,940	1,751
Mental Health Counseling	2	78	4	41	41
Midwifery	2	15	0	9	4
Naturopathic Medicine	0	1	0	0	0
Nursing	1,704	1,142	15	1,155	1,146
Nursing Home Administrators	226	28	1	33	40
Occupational Therapy	5	19	0	16	6
Optical Establishments	0	3	13	13	10
Opticianry	0	51	14	30	15
Optometry	2	93	2	55	32
Optometry Branch Offices	0	0	0	0	0
Orthotists & Prosthetists	0	163	7	135	11
Osteopathic Medicine	132	414	0	189	187
Pharmacies	8	723	26	310	286
Pharmacists	12	505	2	422	325
Physical Therapy	9	46	2	26	23
Physician Assistant	23	59	0	38	28
Podiatric Medicine	36	88	1	54	52
Psychology	0	120	15	65	67
Registered Health Care Clinic	0	1	1		
Respiratory Care	5	43	0	26	26
School Psychology	0	5	0	4	3
Speech-Language Pathology & Audiology	1	30	3	19	14
Total	7,078	9,737	273	6,431	5,427
Referred Non-Jurisdictional	14,136	806	0	0	0
Grand Totals	21,214	10,543	273	6,431	5,427

SUMMARY OF COMPLAINTS RECEIVED AND INVESTIGATED, CONT'D
 JULY 1, 2001–JUNE 30, 2002

Professions	No Probable Cause Found	Probable Cause Found	Administrative Complaints	Non-Disciplinary Actions
Acupuncture	1	0	0	2
Athletic Trainer	0	0	0	0
Certified Nursing Assistant	182	94	98	4
Certified Social Worker	0	0	0	0
Chiropractic Medicine	88	48	52	18
Clinical Laboratory Personnel	12	14	14	2
Clinical Social Work	13	9	8	2
Dental Labs	8	1	2	5
Dentistry	281	68	70	32
Dietetics and Nutritionist	3	0	0	0
Electrolysis	5	0	0	0
Electrolysis Facilities	0	1	1	0
Hearing Aid Specialists	44	22	23	21
Marriage and Family Therapy	5	3	3	1
Massage Establishments	116	31	26	8
Massage Therapy	123	68	60	10
Medical Physicist	7	1	1	0
Medicine	1,494	210	204	63
Mental Health Counseling	24	8	7	5
Midwifery	3	2	2	0
Naturopathic Medicine	0	0	0	0
Nursing	438	639	671	47
Nursing Home Administrators	32	2	2	0
Occupational Therapy	2	0	0	1
Optical Establishments	0	0	0	0
Opticiany	5	4	3	2
Optometry	24	16	17	5
Optometry Branch Offices	0	1	1	0
Orthotists & Prosthetists	4	1	0	0
Osteopathic Medicine	98	30	29	2
Pharmacies	188	71	71	55
Pharmacists	151	107	110	59
Physical Therapy	24	10	10	11
Physician Assistant	24	3	3	1
Podiatric Medicine	29	6	6	0
Psychology	34	16	12	2
Registered Health Care Clinic			0	
Respiratory Care	13	14	14	2
School Psychology	3	0	0	0
Speech-Language Pathology & Audiology	9	4	4	3
Total	3,487	1,504	1,524	363
Referred Non-Jurisdictional	0	0	0	0
Grand Totals	3,487	1,504	1,524	363

DISPOSITION OF ADMINISTRATIVE COMPLAINTS
 JULY 1, 2001–JUNE 30, 2002

Professions	Revocation	Voluntary Surrender	Suspension	Probation	Limitation/Obligation	Fine and/or Reprimand	Citation
Acupuncture	0	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0	0
Certified Nursing Assistant	14	6	1	3	10	18	0
Certified Social Worker	0	0	0	0	0	0	0
Chiropractic Medicine	3	2	9	7	27	30	12
Clinical Laboratory Personnel	4	5	1	0	4	3	35
Clinical Social Work	2	1	0	1	6	6	0
Dental Labs	0	0	0	0	2	4	0
Dentistry	5	5	6	9	79	83	14
Dietetics and Nutritionist	0	1	0	0	0	0	0
Electrolysis	0	1	0	0	0	0	9
Electrolysis Facilities	0	0	0	0	0	0	4
Hearing Aid Specialists	4	3	0	1	15	17	0
Marriage and Family Therapy	1	2	0	0	0	0	0
Massage Establishments	1	6	2	1	16	33	27
Massage Therapy	8	5	4	3	32	43	61
Medical Physicist	0	0	0	0	0	0	8
Medicine	25	13	23	20	215	206	19
Mental Health Counseling	4	2	2	0	7	12	5
Midwifery	0	0	0	0	0	0	0
Naturopathic Medicine	0	0	0	0	0	0	0
Nursing	32	89	273	92	350	534	30
Nursing Home Administrators	0	0	0	0	0	0	0
Occupational Therapy	0	1	1	0	4	4	5
Optical Establishments	0	0	0	0	0	0	0
Opticianry	0	1	0	0	1	1	0
Optometry	0	0	2	4	14	12	21
Optometry Branch Offices	0	0	0	0	0	0	0
Orthotists & Prosthetists	0	0	0	0	0	0	35
Osteopathic Medicine	0	1	3	3	23	26	7
Pharmacies	9	4	2	16	74	83	7
Pharmacists	6	5	24	44	141	148	4
Physical Therapy	3	4	3	3	20	22	0
Physician Assistant	1	0	0	0	0	0	0
Podiatric Medicine	0	0	2	3	5	5	0
Psychology	1	3	2	3	7	8	7
Respiratory Care	6	3	7	4	12	6	1
School Psychology	0	0	0	0	0	0	0
Speech-Language Pathology & Audiology	0	0	0	0	2	2	0
Total	129	163	367	217	1066	1306	311

SUMMARY OF EXAMINATION STATISTICS BY PROFESSION
 JULY 1, 2001–JUNE 30, 2002

Professions	Scheduled	Examined	# Passed	% Passed	# Failed	% Failed
Chiropractic Medicine	281	274	186	67.88%	88	32.12%
Clinical Laboratory Personnel	764	690	514	74.49%	176	25.51%
*Dentistry						
Clinical	478	437	298	68.19%	139	31.81%
L&R	409	368	340	92.39%	28	7.61%
*Dental Hygiene						
Clinical	833	771	653	84.70%	118	15.30%
L&R	771	705	639	90.64%	66	9.36%
Electrolysis	16	16	7	43.75%	9	56.25%
Hearing Aid Specialist	51	48	35	72.92%	13	27.08%
Massage - Colonics	33	30	29	96.67%	1	3.33%
Florida Medicine License Exam (Parts I & II)	228	170	1	0.59%	244	143.53%
Nursing Home Administrators Laws & Rules	193	185	141	76.22%	44	23.78%
Opticianry	149	145	106	73.10%	39	26.90%
Optometry	255	249	184	73.90%	65	26.10
Osteopathic Medicine	2	2	0	0.00%	2	100.00%
Physician Assistant	89	85	45	52.94%	40	47.06%
Psychology	412	397	321	80.86%	76	19.14%
Totals	3,830	3,556	**	**	**	**

Note: This table includes examination statistics of only examinations that are included by the Department.

* Overall statistics for all sections of these examinations combined were not available.

** Overall percent passed and the overall percent failed are not reported since the low pass rate of the FMLE may give a misleading overall pass/fail rate.

CLOSED MEDICAL MALPRACTICE CLAIM INFORMATION

Type	Number
Received	686
Non-Disciplinary Actions	91
Revocations	0
Voluntary Surrenders	1
Suspensions	1
Probations	0
Limitations/Obligations	14
Fines/Reprimands	14

REVENUE/EXPENDITURES/CASH BALANCES
 JULY 1, 2001–JUNE 30, 2002

Professions	Beginning Cash Bal	Revenues	Expenditures	Ending Cash Bal	Unlicensed Act Cash Bal
Acupuncture	\$891,552	\$715,734	\$287,724	\$1,319,561	\$8,253
Athletic Trainers	\$229,672	\$162,823	\$57,284	\$335,212	\$12,443
Chiropractic	\$(992,687)	\$3,073,411	\$1,520,024	\$560,700	\$50,005
Clinical Lab Personnel	\$(909,821)	\$2,017,063	\$877,846	\$229,396	\$69,446
Certified Nursing Assistants	\$(942,958)	\$1,393,895	\$926,256	\$(475,319)	\$(7,214)
Certified Social Worker	\$(126,326)	\$458	\$2,928	\$(128,797)	\$(6,561)
CSW,MFT,MHC	\$1,716,051	\$621,080	\$1,279,201	\$1,057,930	\$226,909
Dentistry	\$(1,264,550)	\$6,326,193	\$3,534,217	\$1,527,426	\$143,952
Dental Labs	\$587,518	\$248,904	\$121,505	\$714,917	\$51,819
Dietetics & Nutrition	\$323,240	\$84,484	\$150,332	\$257,392	\$73,615
Electrolysis	\$(669,259)	\$157,087	\$154,827	\$(666,999)	\$905
Health Care Clinic Reg	-	\$265,589	\$117,716	\$147,873	\$8,630
Hearing Aid Specialist	\$(899,847)	\$107,466	\$285,329	\$(1,077,710)	\$(10,866)
Massage Therapy	\$2,862,472	\$884,488	\$1,874,652	\$1,872,308	\$197,975
Medical Physicists	\$68,848	\$23,644	\$20,357	\$72,135	\$(617)
Medicine	\$44,619	\$26,713,482	\$16,319,655	\$10,438,446	\$914,863
Midwifery	\$(592,432)	\$59,809	\$73,460	\$(606,083)	\$(9,552)
Naturopathy	\$(237,487)	\$2,224	\$6,734	\$(241,997)	\$(9,396)
Nursing	\$10,842,660	\$15,508,804	\$11,216,833	\$15,134,631	\$756,407
Nursing Home Administrator	\$(304,480)	\$332,087	\$412,883	\$(385,276)	\$9,880
Occupational Therapy	\$690,544	\$267,437	\$237,566	\$720,414	\$47,922
Opticianry	\$1,361,272	\$502,895	\$286,295	\$1,577,872	\$85,030
Optometry	\$500,567	\$358,569	\$593,760	\$265,377	\$7,882
Orthotist & Prosthetist	\$(287,611)	\$74,518	\$195,921	\$(409,014)	\$(2,916)
Osteopathic Medicine	\$749,318	\$2,390,222	\$1,266,950	\$1,872,589	\$1,955
Pharmacy	\$4,955,051	\$3,393,537	\$3,803,910	\$4,544,678	\$170,113
Physical Therapy	\$2,137,734	\$375,691	\$696,358	\$1,817,067	\$325,337
Physician Assistant	\$175,290	\$1,056,600	\$483,805	\$748,085	\$23,493
Podiatry	\$(535,121)	\$741,813	\$401,886	\$(195,194)	\$6,929
Psychology	\$47,174	\$1,939,057	\$898,107	\$1,088,125	\$77,123
Respiratory Therapy	\$262,297	\$292,848	\$518,069	\$37,076	\$47,140
School Psychology	\$41,619	\$16,390	\$24,539	\$33,470	\$6,093
Speech-Language & Audiology	\$1,924,515	\$946,018	\$412,110	\$2,458,424	\$209,671
Total	\$22,649,434	\$71,054,320	\$49,059,039	\$44,644,715	\$3,486,668

NOTE: NICA is a pass through and is excluded.

PROJECTED CASH BALANCES
MEDICAL QUALITY ASSURANCE TRUST FUND

Professions	Projected Cash Balance FY 02-03	Projected Cash Balance FY 03-04	Projected Cash Balance FY 04-05	Projected Cash Balance FY 05-06	Projected Cash Balance FY 06-07	Projected Cash Balance FY 07-08
Acupuncture	\$1,230,714	\$1,675,447	\$1,598,157	\$2,035,229	\$1,950,120	\$2,379,210
Athletic Trainers	\$311,407	\$290,080	\$395,735	\$372,492	\$476,192	\$450,954
Chiropractic	\$(539,488)	\$967,667	\$(60,048)	\$1,399,064	\$322,316	\$1,731,379
Clinical Lab Personnel	\$(309,840)	\$(810,056)	\$147,375	\$(383,007)	\$543,635	\$(18,173)
Certified Nursing Assistants	\$(646,656)	\$(834,983)	\$(1,014,234)	\$(1,207,835)	\$(1,392,375)	\$(1,591,752)
Certified Social Worker	\$(133,039)	\$(138,124)	\$(142,125)	\$(147,370)	\$(151,534)	\$(156,945)
CSW,MFT,MHC	\$3,628,595	\$2,557,045	\$5,202,592	\$4,081,403	\$6,676,287	\$5,503,387
Dentistry	\$(1,244,423)	\$654,481	\$(1,954,122)	\$(163,435)	\$(2,882,486)	\$(1,204,533)
Dental Labs	\$591,510	\$661,924	\$545,259	\$611,204	\$489,977	\$551,266
Dietetics & Nutrition	\$468,175	\$350,405	\$569,856	\$446,340	\$659,926	\$530,424
Electrolysis	\$(762,996)	\$(759,405)	\$(848,419)	\$(849,457)	\$(943,195)	\$(949,055)
Health Care Clinic Reg	\$88,791	\$285,346	\$229,154	\$423,793	\$365,646	\$558,290
Hearing Aid Specialist	\$(1,020,576)	\$(1,299,732)	\$(1,225,021)	\$(1,515,829)	\$(1,453,010)	\$(1,755,955)
Massage Therapy	\$466,733	\$2,951,216	\$1,642,674	\$4,062,833	\$2,688,641	\$5,041,792
Medical Physicists	\$130,418	\$135,669	\$194,674	\$199,447	\$257,964	\$262,238
Medicine	\$(3,776,513)	\$(7,600,365)	\$(11,431,304)	\$(15,784,430)	\$(20,155,554)	\$(25,060,044)
Midwifery	\$(652,328)	\$(639,452)	\$(683,049)	\$(671,929)	\$(717,317)	\$(708,026)
Naturopathy	\$(247,390)	\$(252,576)	\$(255,228)	\$(260,574)	\$(263,389)	\$(268,901)
Nursing	\$12,521,016	\$11,189,379	\$9,137,254	\$7,433,401	\$5,001,387	\$2,909,784
Nursing Home Administrator	\$(582,788)	\$(958,146)	\$(917,655)	\$(1,306,261)	\$(1,279,291)	\$(1,681,697)
Occupational Therapy	\$1,535,816	\$1,332,700	\$2,168,773	\$1,955,602	\$2,781,412	\$2,557,765
Opticianry	\$1,663,913	\$1,415,232	\$1,860,691	\$1,600,199	\$2,033,603	\$1,760,806
Optometry	\$657,958	\$258,905	\$683,750	\$263,309	\$666,326	\$223,604
Orthotist & Prosthetist	\$(557,016)	\$(438,910)	\$(577,281)	\$(465,559)	\$(610,446)	\$(505,375)
Osteopathic Medicine	\$915,974	\$1,740,473	\$842,848	\$1,628,242	\$690,706	\$1,435,363
Pharmacy	\$3,242,584	\$5,562,708	\$4,434,695	\$6,639,420	\$5,393,629	\$7,478,138
Physical Therapy	\$1,230,760	\$2,158,501	\$1,605,697	\$2,507,581	\$1,928,387	\$2,803,335
Physician Assistant	\$538,052	\$1,447,026	\$1,257,700	\$2,152,947	\$1,949,612	\$2,830,560
Podiatry	\$(565,061)	\$(229,702)	\$(577,899)	\$(256,905)	\$(619,763)	\$(313,734)
Psychology	\$555,076	\$1,528,356	\$1,034,313	\$1,981,736	\$1,461,303	\$2,381,790
Respiratory Therapy	\$756,223	\$243,506	\$993,232	\$460,244	\$1,189,281	\$635,176
School Psychology	\$15,393	\$146,305	\$129,673	\$259,627	\$242,017	\$370,974
Speech-Language & Audiology	\$2,278,020	\$2,839,997	\$2,677,892	\$3,227,738	\$3,053,252	\$3,590,461
Total	\$21,789,014	\$26,430,917	\$17,665,609	\$20,729,260	\$10,353,259	\$11,772,506

Note: NICA is a pass through and is excluded.

A REVIEW OF THE ADEQUACY OF EXISTING FEES

Professions	FY 02-03 & 03-04 Estimated Expend	Number of Licensees	Cost to Regulate (1)	Renewal Fee Cap	Current Renewal Fee	Sufficient Current Renewal Fee
1. Acupuncture	\$518,344	1,268	\$409	\$500	\$400	Yes
2. Athletic Trainers	\$129,586	833	\$156	\$200	\$125	Yes
3. Chiropractic	\$3,250,449	5,573	\$583			Yes
A. Chiropractic				\$500	\$500	
B. Chiropractic PA				\$250	\$50	
C. Registered Chiro PA				\$25	\$25	
4. Clinical Lab	\$2,040,980	15,234	\$134			
A. Director				\$150	\$150	
B. Supervisor				\$150	\$143	
C. Technologist				\$150	\$121	
D. Technician				\$150	\$82	
E. Training Program				\$300	\$300	
5. Cert Social Worker	\$10,799	4	\$2,700	\$250	\$150	
6. CSW,MFT,MHC	\$3,358,438	16,862	\$199	\$250	\$245	Yes
7. Dentistry	\$7,321,610	19,681	\$372			
A. Dentists				\$300	\$300	
B. Dental Hygienist				\$300	\$135	
8. Dental Labs	\$302,367	1,005	\$301	\$300	\$200	Yes
9. Dietetics & Nutrition	\$388,758	3,294	\$118	\$500	\$100	Yes
10. Electrolysis	\$313,166	729	\$430	\$100	\$100	
11. Hearing Aid Spec	\$788,315	810	\$973	\$600	\$413	
12. Massage Therapy	\$4,351,930	25,430	\$171			Yes
A. Massage Therapist				\$200	\$150	
B. Massage Establishment				\$150	\$150	
13. Medical Physicists	\$32,397	373	\$87	\$500	\$150	Yes
14. Medicine	\$35,808,936	45,496	\$787	\$500	\$385	
15. Midwifery	\$118,787	104	\$1,142	\$500	\$500	
16. Naturopathic	\$10,799	7	\$1,543	\$1,000	\$250	
17. Nursing/CNA	\$26,748,714	234,562	\$114			Yes
A. Nurse				No Cap	\$55	
B. ARNP				\$105	\$105	
18. Nursing Home Admin	\$896,304	1,672	\$536	No Cap	\$250	
19. Occupational Therapy	\$685,829	6,697	\$102	No Cap	\$150	Yes
20. Opticianry	\$799,114	3,499	\$228	\$350	\$200	Yes
21. Optometry	\$1,477,044	3,020	\$489	\$300	\$300	Yes
22. Orthotists & Prosthetics	\$431,954	541	\$798	\$500	\$500	
23. Osteopathic	\$2,645,714	4,456	\$594	\$500	\$400	Yes
24. Pharmacy	\$7,807,558	29,969	\$261			Yes
A. Pharmacists				\$250	\$245	
B. Consultant Pharmacist				\$250	\$50	
C. Nuclear Pharmacist				\$250	\$100	
D. Pharmacies Permit				\$250	\$250	

A REVIEW OF THE ADEQUACY OF EXISTING FEES, CONT'D

25. Physical Therapy	\$1,743,909	14,564	\$120			Yes
A. Physical Therapist				\$200	\$100	
B. Physical Therapist Asst				\$150	\$100	
26. Physician Assistant	\$928,700	2,883	\$322	\$500	\$200	Yes
27. Podiatry	\$971,895	1,804	\$539			
A. Podiatric Medicine				\$350	\$350	
B. Certified Podiatric Tech				No Cap	\$100	
C. Cert Podiatric X-Ray Asst				No Cap	\$75	
28. Psychology	\$1,749,412	3,443	\$508	\$500	\$400	Yes
29. Respiratory Therapy	\$1,371,452	9,776	\$140	\$200	\$121	Yes
30. School Psychology	\$64,793	562	\$115	\$500	\$250	Yes
31. Speech-Lang, P & A	\$820,711	5,896	\$139	\$500	\$125	Yes

Notes:

1. Cost to regulate is computed by adding FY 02-03 and FY 03-04 estimated expenditures divided by the total number of active and inactive licensees.
2. If there is a positive cash balance at FY 07-08 then the current renewal fee is deemed to be sufficient.

SUMMARY OF LICENSED PRACTITIONERS, ESTABLISHMENTS, AND APPROVED EDUCATIONAL PROVIDER COURSES

Profession	Active	Delinquent Active	Inactive	Delinquent Inactive	Total
Chiropractic Physician	4356	205	430	52	5043
Registered Chiropractic Assistant	667	1	0	0	668
Certified Chiropractic Physician's Assistant	105	57	15	2	179
Chiropractic CE Provider	42	9	0	0	51
Chiropractic CE COURSES	544	0	0	0	544
Dental	10159	430	232	60	10881
Dental Hygienist	9073	346	217	65	9701
Dental Radiographer	6547	11960	0	0	18507
Dental Laboratory	1005	182	0	0	1187
Dental CE Provider	41	0	0	0	41
Dental Teaching Permits	166	0	0	0	166
Nursing Home Administrator	1608	202	64	36	1910
Nursing Home Admin. Prov.	9	0	0	0	9
Nursing Home Admin. CE Prov.	11	0	0	0	11
Athletic Trainer	823	400	10	33	1266
Massage Therapist	20031	2780	825	339	23975
Massage Establishment	4574	4	0	0	4578
Approved Massage School	118	0	0	0	118
Massage Therapy CE Provider	355	44	0	0	399
Massage Therapy CE Courses	3006	0	0	0	3006
Medical Doctor	43567	1542	1310	330	46749
Medical Doctor Public Psychiatry Certificate	2	0	0	0	2
Medical Doctor Public Health Certificate	5	1	0	0	6
Medical Doctor Limited to Mayo Clinic	8	0	0	0	8
Medical Doctor Limited to Cleveland Clinic	2	0	0	0	2
Limited License Medical Doctor	221	30	0	0	251
Medical Doctor Area Critical Need	49	8	0	0	57
Medical Faculty Certificate	84	25	0	0	109
Medical Doctor Visiting Faculty Certificate	0	0	0	0	0
Unlicensed Medical Doctor	3429	101	0	0	3530
Physician Assistant	2846	230	37	12	3125
Medical Doctor Restricted	71	0	0	0	71
Office Surgery Registration	317	0	0	0	317
Naturopathic Physician	7	3	0	0	10
Registered Nurse	177225	12932	3811	1500	195468
Licensed Practical Nurse	52797	6360	729	358	60244
Nurse Continuing Education Provider	1139	5	0	0	1144
Optometrist	2483	126	50	23	2682
Optometry Branch Office	487	152	0	0	639
Board Of Optometry CE Provider	225	3	0	0	228
Board Of Optometry CE Courses	942	0	0	0	942
Osteopathic Physician	3943	174	228	56	4401
Unlicensed Osteo Registration	284	397	0	0	681

SUMMARY OF LICENSED PRACTITIONERS, ESTABLISHMENTS, AND APPROVED EDUCATIONAL PROVIDER COURSES, CONT'D

Profession	Active	Delinquent Active	Inactive	Delinquent Inactive	Total
Osteopathic Limited License	1	1	0	0	2
Optician	3359	95	140	54	3648
Apprentice Optician	713	0	0	0	713
Optical Establishment Permit	1008	0	0	0	1008
Opticianry CE Provider	17	0	0	0	17
Podiatric Physician	1523	78	104	21	1726
Podiatry CE Provider	8	1	0	0	9
Podiatry CE Course	36	0	0	0	36
Certified Pod X-Ray Assistant	169	55	0	0	224
Pharmacist	20230	1093	288	117	21728
Pharmacist Intern	1994	0	0	0	1994
Consultant Pharmacist	2469	0	107	0	2576
Nuclear Pharmacist	194	0	10	0	204
Pharmacy	6671	348	0	0	7019
Psychologist	3344	126	94	133	3697
Provisional Psychologist	21	0	0	0	21
Limited License Psychologist	5	0	0	0	5
Psychology Continuing Education Provider	52	15	0	0	67
Speech-Language Pathologist	4398	370	68	32	4868
Audiologist	738	78	16	7	839
Speech_Language Pathology Assistant .	186	121	10	9	326
Audiology Assistant	18	8	0	1	27
Provisional Speech-Language Pathologist	413	1	0	0	414
Provisional Audiologist	49	0	0	0	49
Speech/Audiology CE Provider	56	11	0	0	67
Speech and Audiology CE Provider 1 Time Approval	8	0	0	0	8
Prosthetist-Orthotist	134	6	0	0	140
Prosthetist	73	4	0	0	77
Orthotist	124	9	0	0	133
Orthotic Fitter	98	27	0	0	125
Orthotic Fitter Assistant	59	5	0	0	64
Pedorthist	53	14	0	0	67
Council of Midwifery	100	16	4	3	123
Temp Midwife	0	0	0	0	0
Hearing Aid Specialist	803	113	7	2	925
Hearing Aid Specialist CE Course	1	0	0	0	1
Licensed Acupuncturist	1202	81	66	22	1371
Acupuncture CE Provider	0	1	0	0	1
School Psychologist	536	44	26	21	627
School Psychology CE Provider	8	0	0	0	8
One Time Continuing Education Course	1	0	0	0	1
Certified Nursing Assistant	273248	0	0	0	273248
Licensed Clinical Social Worker	5300	232	289	42	5863

SUMMARY OF LICENSED PRACTITIONERS, ESTABLISHMENTS, AND APPROVED EDUCATIONAL PROVIDER COURSES, CONT'D

Profession	Active	Delinquent Active	Inactive	Delinquent Inactive	Total
Licensed Marriage and Family Therapist	1273	94	96	20	1483
Licensed Mental Health Counselor	5566	243	307	46	6162
Provisional Clinical Social Worker Licensee	35	0	0	0	35
Provisional Marriage and Family Therapist Licensee	4	0	0	0	4
Provisional Mental health Counselor Licensee	30	0	0	0	30
Registered Clinical Social Worker Intern	1580	206	0	0	1786
Registered Marriage and Family Therapist Intern	310	42	0	0	352
Registered Mental Health Counselor Intern	2141	246	0	0	2387
491 Board Approved CE Provider	564	0	0	0	564
Certified Master Social Worker	4	3	0	0	7
Physical Therapist	10005	981	350	109	11445
Physical Therapist Assistant	4094	400	115	27	4636
Occupational Therapist	5150	684	93	38	5965
Occupational Therapy Assistant	1422	256	32	6	1716
Occupational Therapy Continuing Education Provider	124	0	0	0	124
Registered Respiratory Therapist	4779	442	118	34	5373
Certified Respiratory Therapist	4554	1107	126	52	5839
Respiratory Care Practitioner by Exam	7	5	0	0	12
Respiratory Care Practitioner Critical Care	104	10	6	0	120
Respiratory Care Practitioner Non-Critical Care	41	18	2	2	63
Registered Student Exemption	39	221	0	0	260
Respiratory Care CE Provider	98	0	0	0	98
Diagnostic Radiological Physicist	77	4	0	0	81
Therapeutic Radiological Physicist	166	11	0	0	177
Medical Nuclear Radiological Physicist	62	4	0	0	66
Medical Health Physicist	50	2	0	0	52
Medical Physicist In Training	18	6	0	0	24
Dietetics/Nutritionist	2933	262	64	56	3315
Nutrition Counselor	281	26	16	5	328
Dietetics/Nutritionist Continuing Education Provider	0	0	0	0	0
Electrologist	476	179	11	8	674
Electrolysis Facility	242	84	0	0	326
Clinical Laboratory Personnel	13972	949	1224	739	16884
Clinical Laboratory Trainee	256	0	0	0	256
Clinical Laboratory Training Program	38	9	0	0	47
Clinical Laboratories-Reference Only	1	10123	0	0	10124
Clinical Laboratory Personnel Continuing Education Provider	240	3	0	0	243
Clinical Laboratory Personnel Continuing Education Courses	12508	0	0	0	12508
Health Care Clinic Registration	1633	0	0	0	1633
Total	757670	58282	11747	4472	832171

2001–2002 APPLICATIONS RECEIVED AND APPROVED

Profession	Type of Application	Number of Applications Submitted	Number of Applications Approved
Chiropractic Physician	Initial	231	197
Chiropractic Physician	Upgrade	10	31
Chiropractic Physician	Exam	350	304
Registered Chiropractic Assistant	Initial	582	470
Certified Chiropractic Physician's Assistant	Initial	49	32
Certified Chiropractic Physician's Assistant	Upgrade	0	1
Chiropractic CE Provider	Initial	13	10
Chiropractic CE COURSES	Initial	64	59
Dental	Initial	702	358
Dental	Upgrade	539	103
Dental	Exam	95	530
Dental Hygienist	Initial	1190	643
Dental Hygienist	Upgrade	0	14
Dental Hygienist	Exam	912	888
Dental Radiographer	Initial	686	643
Dental Laboratory	Initial	89	88
Dental CE Provider	Initial	94	55
Dental Teaching Permits	Initial	16	16
Nursing Home Administrator	Initial	117	96
Nursing Home Administrator	Upgrade	258	244
Nursing Home Administrator	Exam	245	136
Nursing Home Admin. Prov.	Initial	6	3
Nursing Home Admin. CE Prov.	Initial	10	10
Athletic Trainer	Initial	155	146
Athletic Trainer	Upgrade	0	2
Massage Therapist	Initial	3130	2651
Massage Therapist	Upgrade	33	66
Massage Therapist	Exam	31	30
Massage Establishment	Initial	1027	970
Massage Establishment	Upgrade	228	193
Approved Massage School	Initial	23	21
Massage Therapy CE Provider	Initial	81	77
Massage Therapy CE Courses	Initial	604	605
Medical Doctor	Initial	3116	2471
Medical Doctor	Upgrade	408	444
Medical Doctor Public Psychiatry Certificate	Initial	2	2
Medical Doctor Public Health Certificate	Initial	5	3
Limited License Medical Doctor	Initial	126	94
Limited License Medical Doctor	Upgrade	3	8
Medical Doctor Area Critical Need	Initial	13	7
Medical Faculty Certificate	Initial	61	57
Unlicensed Medical Doctor	Initial	1075	1052
Medical Doctor Restricted	Initial	15	23

2001–2002 APPLICATIONS RECEIVED AND APPROVED, CONT'D

Profession	Type of Application	Number of Applications Submitted	Number of Applications Approved
Medical Doctor Restricted	Upgrade	0	1
Medical Doctor Restricted	Exam	242	241
Physician Assistant	Initial	521	524
Physician Assistant	Upgrade	412	418
Physician Assistant	Exam	91	91
Office Surgery Registration	Initial	48	55
Office Surgery Registration	Upgrade	4	1
Registered Nurse	Initial	11202	10408
Registered Nurse	Upgrade	1012	1074
Registered Nurse	Exam	6389	5949
Licensed Practical Nurse	Initial	3677	3431
Licensed Practical Nurse	Upgrade	0	44
Licensed Practical Nurse	Exam	2911	2712
Nurse Continuing Education Provider	Initial	130	104
Optometrist	Initial	131	130
Optometrist	Upgrade	9	7
Optometrist	Exam	191	177
Optometry Branch Office	Initial	85	79
Board Of Optometry CE Provider	Initial	27	29
Board Of Optometry CE Courses	Initial	338	288
Osteopathic Physician	Initial	317	276
Osteopathic Physician	Upgrade	85	98
Osteopathic Physician	Exam	1	1
Unlicensed Osteo Registration	Initial	234	193
Optician	Initial	123	122
Optician	Upgrade	18	26
Optician	Exam	175	165
Apprentice Optician	Initial	123	112
Apprentice Optician	Upgrade	298	294
Optical Establishment Permit	Initial	163	160
Opticianry CE Provider	Initial	0	1
Podiatric Physician	Initial	79	64
Podiatric Physician	Upgrade	5	4
Podiatry CE Provider	Initial	2	1
Podiatry CE Course	Initial	2	2
Certified Pod X-Ray Assistant	Initial	91	88
Pharmacist	Initial	942	893
Pharmacist	Upgrade	0	8
Pharmacist	Exam	1150	1074
Pharmacist Intern	Initial	1001	974
Consultant Pharmacist	Initial	128	129
Consultant Pharmacist	Upgrade	0	2
Nuclear Pharmacist	Initial	30	26

2001–2002 APPLICATIONS RECEIVED AND APPROVED, CONT'D

Profession	Type of Application	Number of Applications Submitted	Number of Applications Approved
Pharmacy	Initial	720	657
Pharmacy	Upgrade	8	9
Psychologist	Initial	466	192
Psychologist	Upgrade	0	13
Psychologist	Exam	440	366
Provisional Psychologist	Initial	11	9
Limited License Psychologist	Initial	1	1
Psychology Continuing Education Provider	Initial	26	16
Speech-Language Pathologist	Initial	518	516
Speech-Language Pathologist	Upgrade	0	4
Audiologist	Initial	518	64
Audiologist	Upgrade	0	2
Speech_Language Pathology Assistant	Initial	92	72
Speech_Language Pathology Assistant	Upgrade	0	1
Audiology Assistant	Initial	6	4
Provisional Speech-Language Pathologist	Initial	288	259
Provisional Speech-Language Pathologist	Upgrade	35	33
Provisional Audiologist	Initial	43	35
Provisional Audiologist	Upgrade	2	2
Speech/Audiology CE Provider	Initial	17	9
Speech and Audiology CE Provider 1-Time Approval	Initial	15	10
Prosthetist-Orthotist	Initial	12	9
Prosthetist-Orthotist	Exam	2	2
Prosthetist	Initial	12	9
Prosthetist	Upgrade	1	1
Prosthetist	Exam	4	3
Orthotist	Initial	9	9
Orthotist	Upgrade	1	1
Orthotist	Exam	3	4
Orthotic Fitter	Initial	22	16
Orthotic Fitter Assistant	Initial	41	33
Pedorthist	Initial	12	7
Pedorthist	Exam	4	1
Council of Midwifery	Initial	15	12
Council of Midwifery	Upgrade	0	1
Council of Midwifery	Exam	2	1
Hearing Aid Specialist	Initial	149	139
Hearing Aid Specialist	Upgrade	37	38
Hearing Aid Specialist	Exam	103	94
Hearing Aid Specialist CE Course	Initial	2	1
Licensed Acupuncturist	Initial	183	159
Licensed Acupuncturist	Upgrade	0	2

2001–2002 APPLICATIONS RECEIVED AND APPROVED, CONT'D

Profession	Type of Application	Number of Applications Submitted	Number of Applications Approved
Licensed Acupuncturist	Exam	3	0
Licensed Acupuncturist CE Provider	Initial	32	
School Psychologist	Initial	31	30
School Psychologist	Upgrade	0	1
School Psychology CE Provider	Initial	1	1
One Time Continuing Education Course	Initial	1	1
Certified Nursing Assistant	Initial	1396	1394
Licensed Clinical Social Worker	Initial	705	399
Licensed Clinical Social Worker	Upgrade	0	15
Licensed Clinical Social Worker	Exam	489	409
Licensed Marriage and Family Therapist	Initial	102	50
Licensed Marriage and Family Therapist	Upgrade	0	4
Licensed Marriage and Family Therapist	Exam	81	66
Licensed Mental Health Counselor	Initial	598	373
Licensed Mental Health Counselor	Upgrade	0	16
Licensed Mental Health Counselor	Exam	502	399
Provisional Clinical Social Worker Licensee	Initial	32	26
Provisional Marriage and Family Therapist Licensee	Initial	6	3
Provisional Mental health Counselor Licensee	Initial	23	21
Registered Clinical Social Worker Intern	Initial	483	463
Registered Marriage and Family Therapist Intern	Initial	98	81
Registered Mental Health Counselor Intern	Initial	895	709
491 Board Approved CE Provider	Initial	84	65
Certified Master Social Worker	Exam	4	0
Physical Therapist	Initial	1024	737
Physical Therapist	Upgrade	4	18
Physical Therapist	Exam	642	635
Physical Therapist Assistant	Initial	470	376
Physical Therapist Assistant	Upgrade	0.0E+01	8
Physical Therapist Assistant	Exam	319	364
Occupational Therapist	Initial	459	432
Occupational Therapist	Upgrade	253	256
Occupational Therapist	Exam	246	218
Occupational Therapy Assistant	Initial	143	138
Occupational Therapy Assistant	Upgrade	64	79
Occupational Therapy Assistant	Exam	62	51
Occupational Therapy Continuing Education Provider	Initial	34	31
Registered Respiratory Therapist	Initial	333	312
Registered Respiratory Therapist	Upgrade	169	179
Certified Respiratory Therapist	Initial	386	369
Certified Respiratory Therapist	Upgrade	264	244

2001–2002 APPLICATIONS RECEIVED AND APPROVED, CONT'D

Profession	Type of Application	Number of Applications Submitted	Number of Applications Approved
Certified Respiratory Therapist	Exam	111	108
Registered Student Exemption	Initial	82	84
Respiratory Care CE Provider	Initial	9	8
Diagnostic Radiological Physicist	Initial	6	3
Therapeutic Radiological Physicist	Initial	18	17
Medical Nuclear Radiological Physicist	Initial	3	3
Medical Health Physicist	Upgrade	0	1
Medical Physicist In Training	Initial	12	13
Dietetics/Nutritionist	Initial	231	215
Dietetics/Nutritionist	Upgrade	22	20
Dietetics/Nutritionist	Exam	31	35
Electrologist	Initial	37	27
Electrologist	Upgrade	17	18
Electrologist	Exam	36	27
Electrolysis Facility	Initial	25	16
Electrolysis Facility	Upgrade	26	25
Clinical Laboratory Personnel	Initial	868	790
Clinical Laboratory Personnel	Upgrade	660	676
Clinical Laboratory Personnel	Exam	238	195
Clinical Laboratory Trainee	Initial	281	253
Clinical Laboratory Trainee	Upgrade	9	9
Clinical Laboratory Training Program	Initial	9	4
Clinical Laboratory Personnel Continuing Education Provider	Initial	14	10
Clinical Laboratory Personnel Continuing Education Courses	Initial	9	6
Health Care Clinic Registration	Initial	1858	1691

