

SUNSET ADVISORY COMMISSION

— PERFORMANCE STUDY —

Texas Medical Board

November 2008



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In 1977, the Texas Legislature created the Sunset Advisory Commission to identify and eliminate waste, duplication, and inefficiency in government agencies. The 12-member Commission is a legislative body that reviews the policies and programs of more than 150 government agencies every 12 years. The Commission questions the need for each agency, looks for potential duplication of other public services or programs, and considers new and innovative changes to improve each agency's operations and activities. The Commission seeks public input through hearings on every agency under Sunset review and recommends actions on each agency to the full Legislature. In most cases, agencies under Sunset review are automatically abolished unless legislation is enacted to continue them.

TEXAS MEDICAL BOARD



SUNSET PERFORMANCE STUDY
NOVEMBER 2008

Table of Contents

	PAGE
STUDY RESULTS	
.....	1
APPENDICES	
Appendix A — Texas Medical Board Performance Data	15
Appendix B — Disciplinary Actions	17

STUDY RESULTS




Texas Medical Board

Introduction

In 2007, the Legislature required the Sunset Commission to conduct a special purpose review of the Texas Medical Board's management efforts to comply with legislative direction and performance measure targets. The Medical Board is not under full Sunset review, and Sunset staff did not evaluate the functions of the Board as it would agencies under full review. Instead, staff assessed the agency's performance in meeting legislative direction regarding the timeliness of license issuance¹ and the fair and effective enforcement of the Medical Practice Act.² The resulting report is informational and contains no recommendations.

To provide the Legislature with a more complete picture of the status of the Board's licensing and enforcement efforts, Sunset staff evaluated statistical information beyond the Board's performance measures. A complete listing of this information, including some performance measures, is compiled in Appendix A. Because the Medical Board oversees the day-to-day functions of both the Physician Assistant Board and the Acupuncture Board, much of the data presented in this report reflects information about all three boards. However, because the Legislature required the Board to focus on physician licensing, the information presented in the licensing section of this report is solely regarding physicians.

In conducting this performance study, Sunset staff found that the Board has succeeded in improving its performance regarding the time it takes to issue physician licenses, and, by the end of fiscal year 2008, met both its performance target and statutory requirement for this measure. Within the agency's enforcement division, increasing numbers of complaints, quality of care cases, and active cases could contribute to higher enforcement costs, heavier staff workload, and ultimately more time to resolve complaints. Strained agency resources could limit its ability to meet future performance targets and maintain its current level of service to its regulated community and the public. The following material provides a more complete discussion of the agency's licensing and enforcement performance.



*By the end of 2008,
the Board met its
requirements for
reducing the time to
issue physician licenses.*

Agency at a Glance

To ensure that Texans receive safe and quality medical care, the Texas Medical Board, Texas Physician Assistant Board, and Texas State Board of Acupuncture Examiners regulate medical practitioners in Texas. Together, the boards issue 13 types of licenses and permits.

Key Facts

- ◆ **Funding.** In fiscal year 2008, the agency operated with a budget of about \$9.4 million, down slightly from \$9.6 million in fiscal year 2007, when the Board received a supplemental appropriation to address the backlog in physician license applications.
- ◆ **Staffing.** The agency has a staff of 137 employees, with 100 based in Austin and 37 based in the field.
- ◆ **Licensing.** The boards regulated 62,693 physicians, 6,337 physicians in training, 4,667 physician assistants, 884 acupuncturists, and 259 surgical assistants in fiscal year 2008. These numbers include 3,621 new physician licenses, 488 new physician assistant licenses, 50 new acupuncturist licenses, and 17 new surgical assistant licenses issued that year.
- ◆ **Enforcement.** The boards received 6,514 complaints in fiscal year 2008. Of these, 2,725 resulted in an opened investigation. That year, the boards resolved 2,535 complaints, with 352 resulting in sanctions against a licensee.

Agency Overview

The State first began regulating the practice of medicine in 1837, when the Legislature created the Board of Medical Censors. In 1907, the Legislature passed the Texas Medical Practice Act and established the Medical Board to regulate physicians. In 1993, the Legislature created the Acupuncture Board and began regulating the practice of acupuncture in Texas. That same year, the Legislature passed the Physician Assistant Licensing Act and established the Physician Assistant Board. The boards' main functions include:

- ◆ licensing qualified physicians, physician assistants, acupuncturists, and surgical assistants;
- ◆ issuing permits to and certifying other providers of medical care, such as physicians in training, acudetox specialists, and nonprofit healthcare entities;
- ◆ verifying licensure information for healthcare entities and the public;
- ◆ investigating and resolving complaints, and taking disciplinary action when necessary to enforce the boards' statutes and rules; and
- ◆ monitoring compliance with disciplinary orders.

Major Events in Recent Agency History

2003 The Legislature strengthens the Medical Board's enforcement authority through Senate Bill 104 by providing additional statutory direction and increased resources.

Texas voters approve a constitutional amendment to cap noneconomic damages for medical malpractice lawsuits.

2005 After a full Sunset review, the Legislature continues the Texas Medical Board for twelve years. The Sunset bill clarifies the Board's strengthened enforcement authority and provides for fairer, more efficient processes for license holders.

2007 The Legislature requires the Medical Board to decrease its average time to issue physician licenses and provides the agency with additional staff and funding to meet these goals.

Organization

The Texas Medical Board consists of 19 voting members – 12 licensed physicians and seven public members – appointed by the Governor and confirmed by the Senate. Of the 12 physicians, nine must be doctors of medicine and three must be doctors of osteopathic medicine. All 12 physician members must have been licensed in Texas for at least three years, actively engaged in the practice of medicine for at least five years, and participated in medical peer review at a healthcare facility for at least three years. The Governor designates the Board president; Board members elect a vice president and secretary-treasurer. Although required to meet at least four times a year, the Board typically meets six times a year. The Board also has rulemaking authority over the Texas State Board of Acupuncture Examiners.

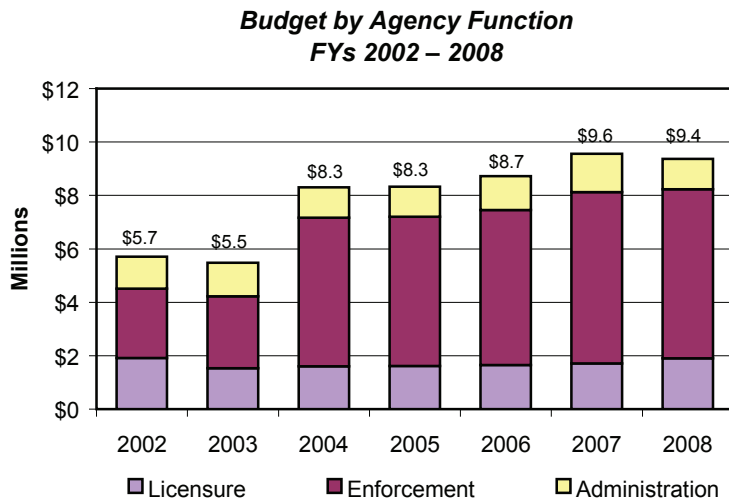
Staff

The agency employed a staff of 137 as of the publication of this report. Of these, 37 work in the field and the others work at the agency's headquarters in Austin. In fiscal year 2004, the Legislature raised the agency's full-time equivalent (FTE) cap from 113 to 133 to help strengthen the agency's enforcement efforts. The cap was raised again in fiscal year 2007, from 133 to 139, in an effort to expedite physician licensure. The agency's current FTE cap is 142.5, but the agency has a few vacancies.

Funding

In the past five years, the agency's budget has almost doubled to address an increasing workload. In 2004, the agency's budget increased from \$5.5 million to \$8.4 million to fund changes in the agency's enforcement process, enabling the agency to focus more resources on enforcement of its statute and rules. Similarly, the agency's budget increased from \$8.7 million to \$9.6 million to address a backlog in physician license applications in fiscal year 2007.

The chart, *Budget by Agency Function*, illustrates the percentage of the agency's budget dedicated to licensing and enforcement during fiscal years 2002 to 2008.



The agency's licensing budget significantly decreased after fiscal year 2002, and, while the agency received a supplemental appropriation of \$1.8 million in fiscal year 2007, and \$465,000 over the 2008-2009 biennium, its licensing budget has yet to match the 2002 level. Enforcement funds increased significantly in fiscal year 2004 and increased incrementally each year through 2007, when enforcement funds decreased slightly. Enforcement funding remained basically level in fiscal year 2008.

Licensing

Licensing Process

To become a licensed physician in Texas, applicants must meet education, experience, and examination requirements specified in the Texas Medical Practice Act and Board rules, and satisfy four criminal and disciplinary background checks. The textbox, *Physician Licensure Requirements*, highlights the requirements to be a physician in Texas. Once an applicant meets these requirements and the Board has all documentation necessary for a complete application, the applicant begins the licensure process.

Physician Licensure Requirements

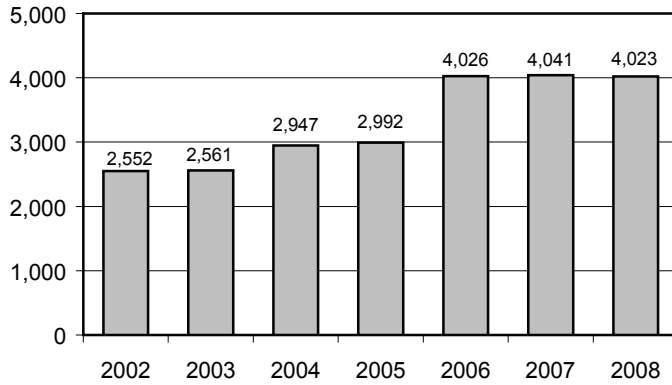
To receive a license to practice medicine in Texas, a person must meet the following requirements.

- ◆ Be at least 21 years old.
- ◆ Graduate from an accredited medical school.
- ◆ Complete at least one year of post-graduate training, depending on the school of graduation.
- ◆ Pass a national exam and the State's jurisprudence exam.
- ◆ Undergo a criminal background and sex offender database checks.
- ◆ Undergo national physician disciplinary action checks conducted by national organizations.

In the past five years, the Medical Board experienced a significant increase in physician licensure applications. From 2002 to 2008, physician license applications have increased by 58 percent. The chart, *Number of Physician*

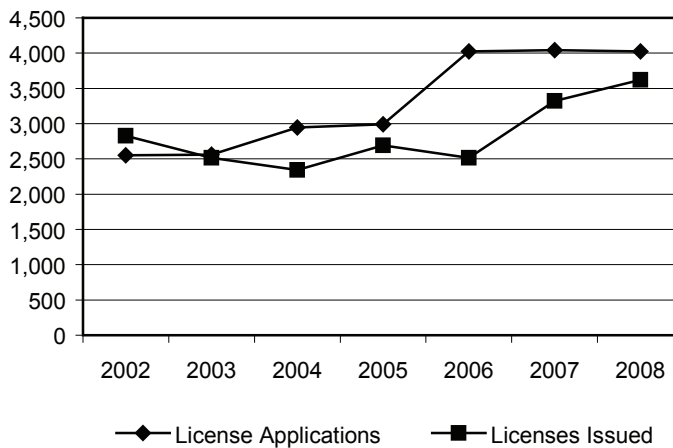
License Applications, illustrates the increase in applications during the past seven fiscal years. Since the significant increase of physician license applications in fiscal year 2006, the number of applications has remained steady.

**Number of Physician License Applications
FYs 2002 – 2008**



As shown in the chart, *Number of Physician License Applications and Licenses Issued*, the gap between the number of physician license applications the Board received and the number of physician licenses the Board issued increased between fiscal years 2005 and 2007. This gap represents the backlog of physician license applications as the number of applications the Board received increased sharply. Since the Legislature appropriated additional staff and funding in fiscal year 2007, this gap has decreased.

**Number of Physician License Applications and
Licenses Issued – FYs 2002 – 2008**



*The Board
used increased
appropriations to
reduce its backlog
of applications.*

Licensing Time Frames

As a result of increased physician license applications, the average number of days for the Medical Board to issue a physician license increased. Throughout fiscal year 2007, the Board was unable to meet its performance measure target for the average number of days to issue physician licenses, prompting the

Legislature to make a supplemental appropriation that same year and to appropriate still more in 2008 to aid the Medical Board’s effort to decrease the number of days to issue physician licenses. The table, *Number of Days to Issue a Physician License*, shows the Board’s quarterly and yearly average performance for fiscal year 2008. The Board’s performance measure target for fiscal year 2008 is 90 days, but the Board is statutorily required to issue licenses within 51 days as of August 31, 2008.³

Number of Days to Issue a Physician License – FY 2008

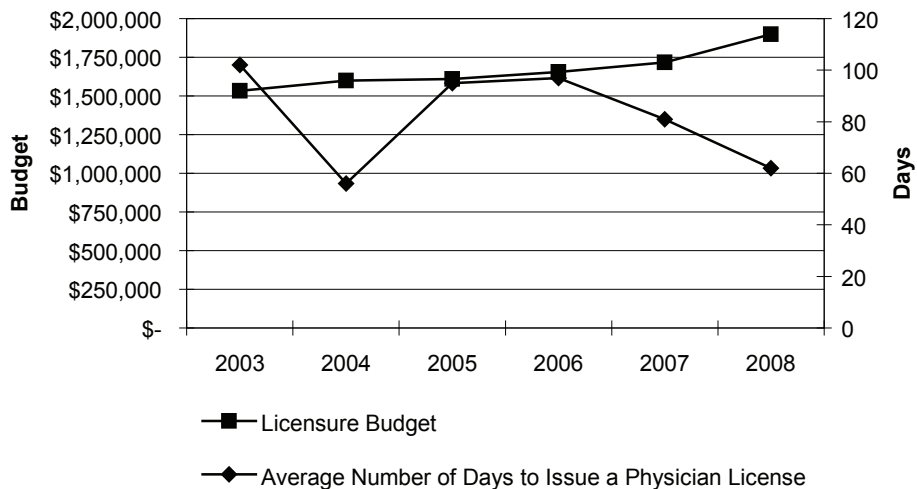
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	FY 08
Number of Days	100	69	60	42	62
Number of Licenses	700	675	697	1,549	3,621

The average time to issue a license has decreased from 100 to 42 days.

Since receiving additional staff and funding, the Board decreased its average number of days to issue a physician license from 100 days in the first quarter to 42 days in the last quarter of fiscal year 2008. While the Board’s yearly average number of days does not meet the performance measure target because of the high number of days in the first quarter, the Board has succeeded in decreasing the number days to issue a physician license to meet its performance measure target and the 51-day requirement in statute.

The graph, *Days to Issue Physician Licenses Compared to Licensure Budget*, illustrates how the number of days to issue a physician license has a slightly inverse relationship with the agency’s licensing budget. As the agency’s licensing budget increased, starting with the Governor’s Emergency and Deficiency Grant awarded midway through fiscal year 2006, the number of days to issue a physician license has shortened.

**Days to Issue Physician Licenses Compared to Licensure Budget
FYs 2003 – 2008**



Other Legislative Mandates

In 2007, the Legislature mandated that the Medical Board prioritize the licensing of physicians who intend to treat Medicare and Medicaid patients⁴ or intend to practice in a health professional shortage area, medically underserved area, or rural area.⁵ The table, *Average Licensing Time for Priority License Applications*, shows that the agency issued physician licenses in each of these priority categories faster than it did for all physician applicants.

Average Licensing Time for Priority License Applications – FY 2008

Priority Category	Number of Applications	Average Days to Complete
Agree to Treat Medicare/Medicaid Patients ¹	449	27
Plan to Practice in Health Professional Shortage Area ²	96	34
Plan to Practice in Medically Underserved Area	131	32
Plan to Practice in Rural Area ³	64	50
Total All Applications	3,621	62

¹ Physicians must agree to treat Medicare/Medicaid patients for five years.

² Health Professional Shortage Areas and Medically Underserved Areas are defined by the U.S. Department of Health and Human Services.

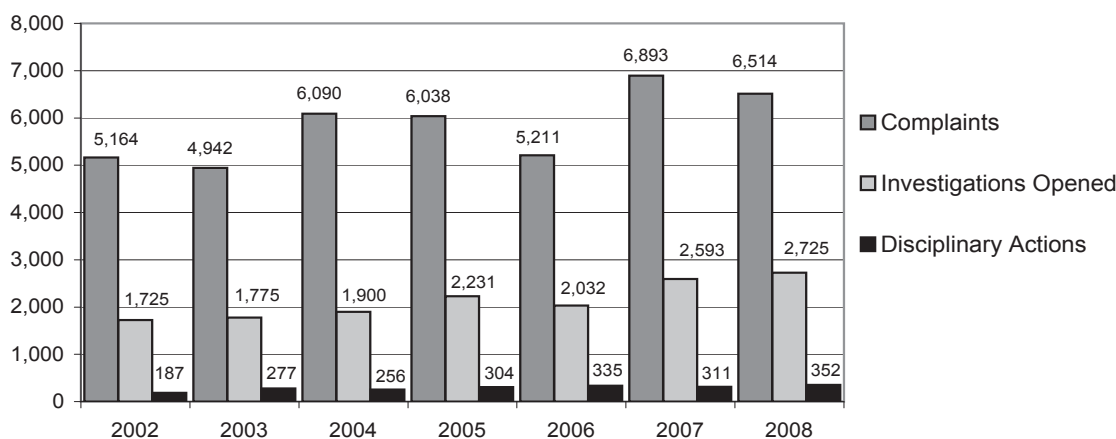
³ Rural Areas are defined by the Office of Rural and Community Affairs.

Enforcement

Enforcement Process

Enforcement activities play a critical role in the Medical, Physician Assistant, and Acupuncture boards' ability to protect Texans' health, safety, and welfare. The boards enforce state laws and Board rules by investigating complaints against licensees, taking disciplinary action if necessary, and monitoring licensees' compliance with Board orders. The chart, *Number of Complaints, Investigations, and Disciplinary Actions*, summarizes these enforcement activities.

**Number of Complaints, Investigations, and Disciplinary Actions
FYs 2002 – 2008**



In 2003, the Legislature strengthened the Medical Board's enforcement authority by providing additional statutory direction and increased funding.

**Key Provisions From Senate Bill 104
78th Legislature**

- ◆ Provided additional funds, including an \$80 surcharge on physician license renewals and employers to enhance enforcement efforts.
- ◆ Set statutory deadlines for complaint investigations and litigation.
- ◆ Created a panel of expert physicians to review quality of care complaint cases.
- ◆ Required immediate investigation of a violation of a disciplinary order or of a complaint against a license holder currently under a disciplinary order.
- ◆ Clarified the Board's authority to temporarily suspend a license.
- ◆ Deleted the requirement that insurers send all notice of claim letters to the Board.

As a result, the Board's enforcement process changed significantly between fiscal years 2003 and 2005. The textbox, *Key Provisions From Senate Bill 104*, explains the changes in more detail. In 2005, the agency's Sunset bill required the Medical Board to obtain reviews from two expert panelists, instead of only one. Because the same staff serves all three boards, the enforcement processes for physicians, physician assistants, and acupuncturists are similar. The enforcement data below encompasses complaints for all three disciplines. The flowchart, *Texas Medical Board Enforcement Process*, shows how the agency resolves complaints.

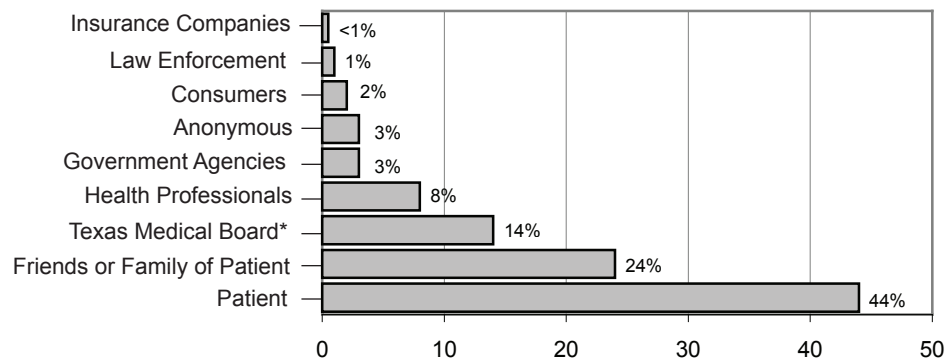
Complaints

Beyond an increase in physician license applications, the agency is also experiencing an increase in complaints, though this increase is still in line with the increase in the number of licensees. From fiscal year 2003 to its peak in fiscal year 2007, the number of complaints submitted to the boards increased by 33 percent. An increased

number of complaints affects the Medical Board's enforcement performance measures, resulting in the Board significantly exceeding measures such as the number of jurisdictional complaints received and even the number of complaints resolved.

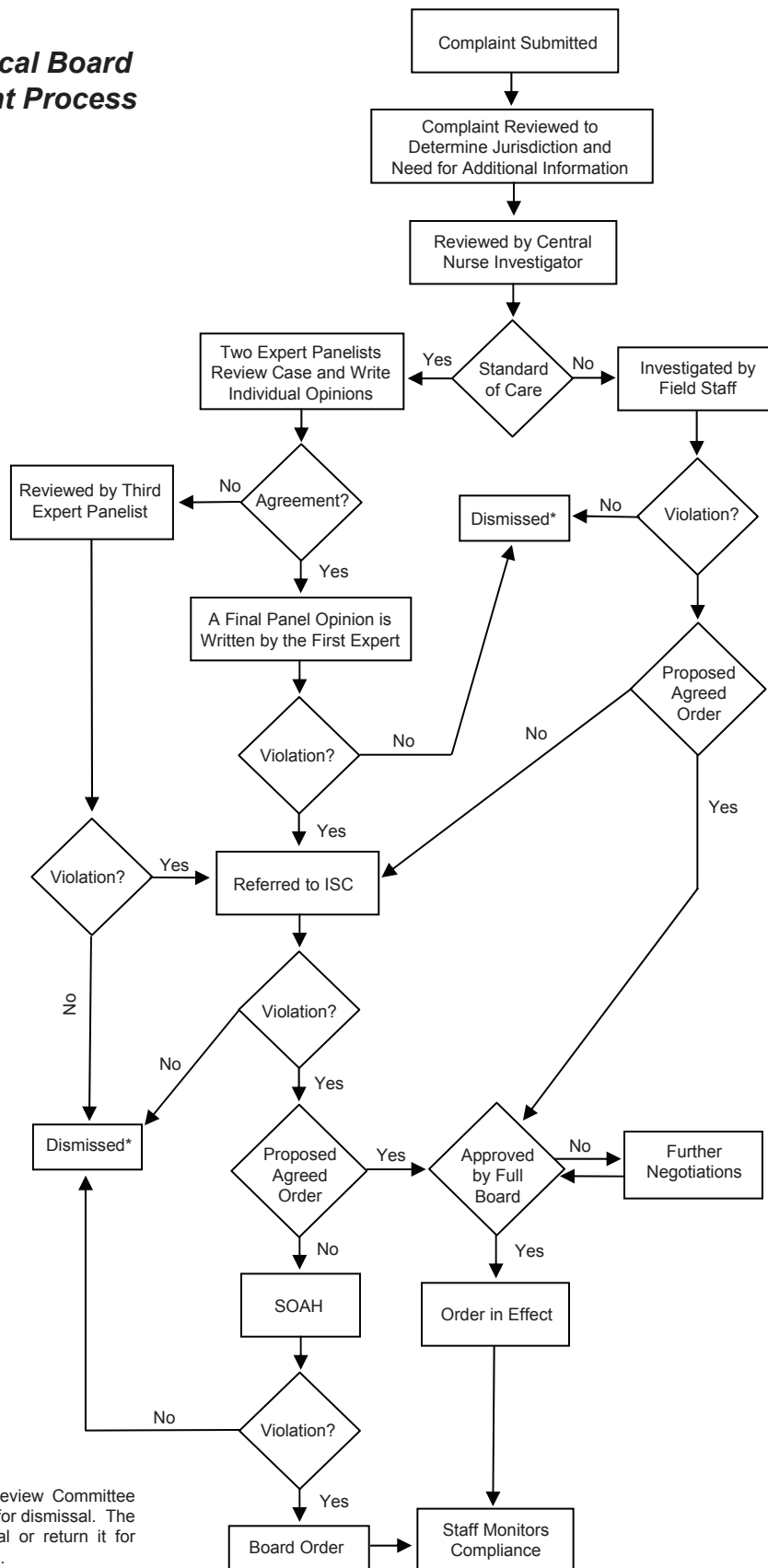
While the number of complaints has increased, the sources of the complaints have been relatively constant during fiscal years 2002 to 2008. The number of complaints filed by patients has increased, from 36 percent in 2002 to 44 percent in 2008. In fiscal year 2008, patients and friends and family of patients filed the majority, or 68 percent, of complaints. The chart, *Complaints by Source*, illustrates the breakdown of complaint sources for fiscal year 2008.

Complaints by Source – FY 2008



*TMB category includes registration responses, continuing medical education audits, medical malpractice reviews, newspaper clips, and Board discovered violations.

Texas Medical Board Enforcement Process



*The Board's Disciplinary Process Review Committee reviews all complaints recommended for dismissal. The committee can approve the dismissal or return it for additional investigation or another ISC.

Investigations

The agency opens investigations if, after a 30-day initial investigation, it determines that either a violation may have occurred or it does not yet have enough information to determine whether a violation may have occurred. As the number of complaints increases, the number of investigations opened increases. The table, *Number of Opened Investigations as a Percentage of Total Licensees*, illustrates that the number of investigations opened by the Board, as a percentage of the total number of licensees, has increased since fiscal year 2002. This indicates that the number of opened investigations is increasing at a higher rate than the number of licensed physicians, acupuncturists, physician assistants, and surgical assistants in Texas.

Number of Opened Investigations as a Percentage of Total Licensees – FYs 2002 – 2008

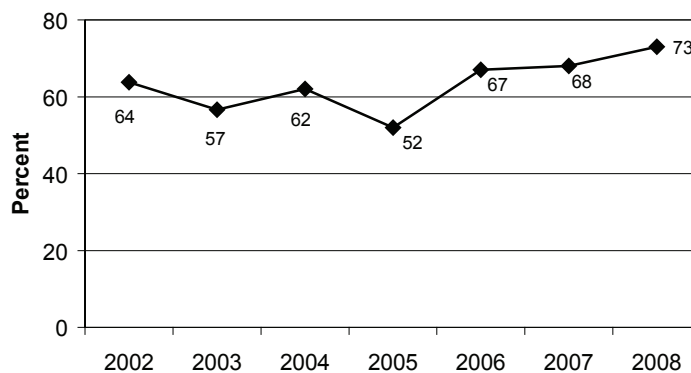
Year	2002	2003	2004	2005	2006	2007	2008
Percent	2.7	2.7	2.8	3.3	2.9	3.6	3.6

◆

The number of opened investigations is increasing at a higher rate than the number of total licensees.

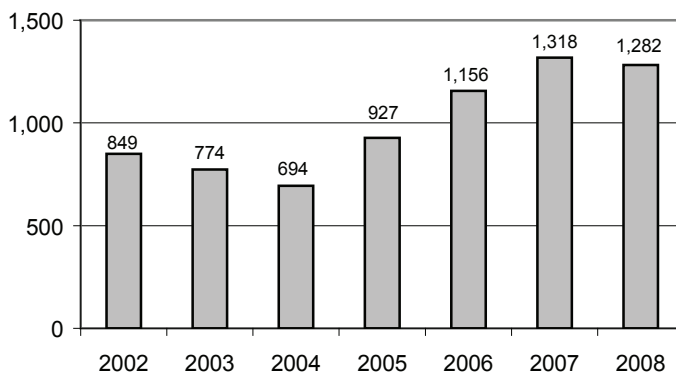
The percentage of complaints that involve quality of care issues is rising as well. These complaints are typically more serious in nature and take longer to investigate because of the complex medical issues and judgment required. The graph, *Quality of Care Cases*, shows that in fiscal year 2008, 73 percent of complaints involved quality of care issues. A larger number of complaints and a higher percentage of complex quality of care cases may contribute to a growing number of active enforcement cases. The chart, *Number of Active Enforcement Cases*, illustrates the number of active cases pursued by the boards. While the number of active cases at the end of fiscal year 2008 decreased from fiscal year 2007, the boards had nearly 1,900 active cases at the end of the third quarter of fiscal year 2008. The large number of active cases prompted the agency to hire a part-time former staff member to help the boards close cases.

**Quality of Care Cases
FYs 2002 – 2008**



Increased numbers of complaints, quality of care cases, and an increasing number of cases scheduled for informal settlement conferences and contested case hearings at the State Office of Administrative Hearings contribute to increasing the time the agency takes to resolve complaints. For example, from fiscal year 2004 to the start of fiscal year 2009, the time required to schedule an informal settlement conference has almost doubled from 84 to 152 days. These factors could also increase enforcement costs, as staff will spend time preparing for and conducting a higher number of investigations, settlement conferences, and hearings.

**Number of Active Enforcement Cases
FYs 2002 – 2008**

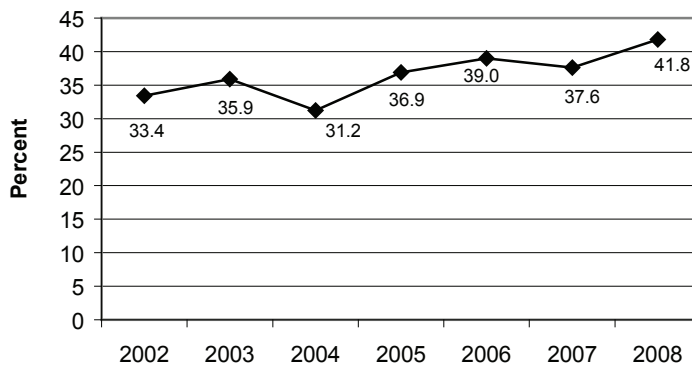


Increased complaint numbers have contributed to longer disposition times.

Complaint Disposition

The percentage of total complaints opened for investigation has increased from 33 percent in fiscal year 2002 to nearly 42 percent in fiscal year 2008, as shown in the graph, *Complaints Opened for Investigation*. These cases are those that the agency, after the 30-day initial investigation, determines need additional investigation.

**Complaints Opened for Investigation
FYs 2002 – 2008**



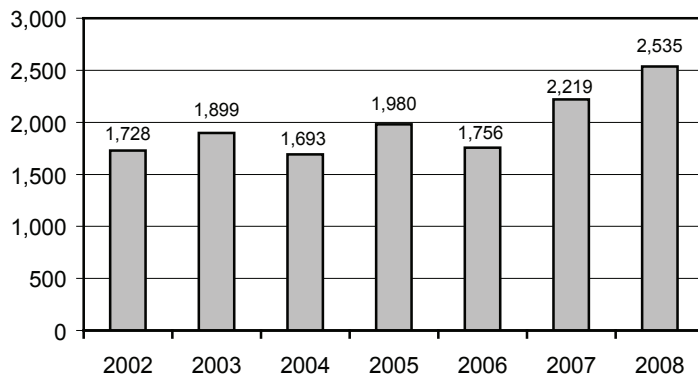
Disciplinary Actions – FY 2008

2008 Disciplinary Actions*	Administrative	Criminal Behavior	Medical Error	Mental or Physical Impairment	Quality of Care	Disciplinary Action by Peers, Another State, or Military	Substance Abuse	Unprofessional Conduct	Total
Revocation/Voluntary Surrender	0	7	0	8	7	1	3	0	26
Suspension	0	0	0	2	1	0	6	2	11
Restriction	6	3	0	4	112	7	14	21	167
Reprimand	3	1	0	0	24	0	0	4	32
Rehabilitation Order	0	0	0	17	0	0	18	0	35
Administrative Penalty	53	7	0	0	12	5	0	33	110
Cease-and-Desist	0	2	0	0	0	0	0	0	2
Total Actions	62	20	0	31	156	13	41	60	383
Total Dismissed	55	27	1	17	1,571	32	11	432	2,146
Total Complaints Resolved	117	47	1	48	1,727	45	52	492	2,529
Percentage of Complaints Resulting in Disciplinary Action	53	43	0	65	9	29	79	12	15

*Chart includes temporary actions.

The chart, *Disciplinary Actions*, highlights statistical information about the boards' disposition of complaints by type of allegation in fiscal year 2008. Appendix B shows this same information for the previous fiscal years 2005 to 2007. The chart, *Number of Complaints Resolved*, shows the increasing number of complaints the boards resolved during fiscal years 2002 to 2008. The Medical Board has exceeded its performance target for the number of complaints resolved each fiscal year since 2002.

**Number of Complaints Resolved
FYs 2002 – 2008**



While quality of care complaints make up the large majority of the total complaints received, a much smaller percentage has resulted in disciplinary action, as shown in the table, *Percent of Quality of Care Cases Resulting in Disciplinary Action*. The percentage of quality of care cases that resulted in disciplinary action increased from 2005 to 2007 before dropping in 2008.

**Percent of Quality Care Cases Resulting in Disciplinary Action
FYs 2005 – 2008**

Fiscal Year	Total Number of Quality Care Cases	Number Resulting in Disciplinary Action	Percent Resulting in Disciplinary Action
2005	1,445	113	7.8
2006	1,208	119	9.9
2007	1,485	159	10.7
2008	1,727	156	9.0

In fiscal year 2008, the Medical Board did not meet its target performance for the percentage of jurisdictional complaints resulting in disciplinary action, disciplining 14 percent of physicians, as compared to the 18 percent target. The table, *Percent of Jurisdictional Complaints Resulting in Disciplinary Action*, shows that the number of disciplinary actions against physicians, as a percentage of the total number of jurisdictional complaints, has decreased in the past two fiscal years. With the recent increase in jurisdictional complaints, an increased number of cases have been dismissed the last few fiscal years. Also, cases resulting in disciplinary action take longer to resolve, sometimes not appearing as final actions until the next fiscal year. These factors most likely explain the decrease in the percentage of jurisdictional complaints resulting in disciplinary action the last two fiscal years.

**Percent of Jurisdictional Complaints Resulting in
Disciplinary Action – FYs 2002 – 2008**

	2002	2003	2004	2005	2006	2007	2008
Performance Target	10	10	10	10	18	18	18
Actual Performance	24.3	17.8	15.8	17.0	21.0	14.0	14.0

In fiscal year 2008, the boards disciplined 352 licensees, or slightly less than one-half of one percent of the total number of physicians, acupuncturists, physician assistants, and surgical assistants. The performance measures indicate that, each biennium, 99 percent of physicians receive no disciplinary action by the Medical Board.

Enforcement Time Frames

The table, *Average Number of Days to Resolve a Complaint*, shows the average length of time the Medical Board took to resolve a complaint in fiscal years 2005 to 2008. Since generally meeting the performance target of 250 days in fiscal year 2005, the Medical Board has taken longer to resolve complaints.

**Average Number of Days to Resolve a Complaint
FYs 2002 – 2008**

	2005	2006	2007	2008
Average Number of Days to Resolve a Complaint*	251	272	261	270

*Performance target is 250 days.


*Complaint
resolution
averaged 270
days in 2008.*

In spring 2008, the Medical Board created a Fast Track enforcement process to more quickly resolve minor administrative violations. The textbox, *Violations Eligible for Fast Track Complaint Resolution*, details specific administrative violations eligible for this process. In fiscal year 2008, from the beginning of the Fast Track process, the Board averaged 67 days from receiving the complaint to approving the agreed order, compared with 270 days in fiscal year 2008 for the Board's standard enforcement process. From implementation in spring 2008 to the close of fiscal year 2008, the Board resolved 65 cases through the Fast Track process.

Violations Eligible for Fast Track Complaint Resolution

- ◆ Failure to timely provide copies of medical or billing records or overcharging for medical records
- ◆ Failure to provide medical records to patient
- ◆ Failure to timely comply with a board subpoena or request for information
- ◆ Failure to timely sign a death certificate
- ◆ Discipline by peers that does not involve patient care
- ◆ Discipline by another state or the military that does not involve patient care
- ◆ Failure to obtain or document continuing medical education
- ◆ Failure to report accurate information on an application or renewal
- ◆ Failure to report liability claims to the Board
- ◆ Failure to change address with the Board
- ◆ Failure to keep drug logs
- ◆ Misleading advertising
- ◆ Minor violation of a Board order
- ◆ Improper termination of patient care
- ◆ Violation of the Health Insurance Portability and Accountability Act (HIPAA) or patient confidentiality

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¹ Texas House Bill 1973, 80th Legislature (2007).

² Staff evaluation focused on the Texas Medical Board's performance in meeting legislative expectations from Texas Senate Bill 104, 78th Legislature (2003), and any concerns resulting backlash from use of its new enforcement tools and authority.

³ Texas Occupations Code, sec. 155.007(m).

⁴ Texas House Bill 1, *General Appropriations Act*, 80th Legislature (2007), Rider 7.

⁵ Texas Occupations Code, sec. 155.1025.

APPENDICES



Appendix A

Texas Medical Board Performance Data

	2002	2003	2004	2005	2006	2007	2008
Overall Administration							
Budget	\$5,707,430	\$5,475,297	\$8,308,767	\$8,328,294	\$8,665,705	\$9,555,930	\$9,372,839
FTE Cap	112	113	133	133	133	139	142.5
Licensure							
Number of Physician License Applications	2,552	2,561	2,947	2,992	4,026	4,041	4,023
Total Number of Physicians in Texas	N/A	53,788	55,993	57,150	58,040	60,209	62,693
Number of New Physician Licenses Issued	2,828	2,513	2,343	2,692	2,516	3,324	3,621
Average Number of Days to Issue a Physician License**	133	102	56	95	97	81	62
Enforcement							
Number of Complaints Filed	5,164	4,942	6,090	6,038	5,211	6,893	6,514
Number of Nonjurisdictional Complaints	3,493	3,167	4,190	3,807	1,158	1,425	1,929
Number of Jurisdictional Not Filed Complaints*	N/A	N/A	N/A	N/A	2,020	2,905	1,860
Number of Jurisdictional Complaints – Physicians Only**	1,685	1,699	1,946	2,207	1,966	2,474	2,614
Number of Investigations Opened	1,725	1,775	1,900	2,231	2,032	2,593	2,725
Number of Active Cases	849	774	694	927	1,156	1,318	1,282
Percent Quality of Care Cases	63.8	56.6	62	52	67	68	73
Number of ISCs	172	477	420	469	427	482	521
Number of cases filed at SOAH	35	48	45	63	34	48	70
Average Number of Days for Complaint Resolution – Physicians Only**	308	271	289	296	272	261	270
Number of Complaints Resolved – Physicians Only**	1,728	1,899	1,693	1,980	1,756	2,219	2,535
Total Administrative Penalties Assessed	\$175,880	\$393,500	\$434,500	\$1,457,354	\$478,100	\$523,094	\$508,639
Total Administrative Penalties Collected	\$100,850	\$358,100	\$387,710	\$408,312	\$374,800	\$372,200	\$464,700
Total Number of Agreed Orders or Disciplinary Action Taken	187	277	256	304	335	311	352
Percent of complaints Resulting in Disciplinary Actions**	24.3	17.8	15.8	17	21	14	14
Number of Probationers	321	430	553	622	652	687	641

*The Medical Board did not track the number of jurisdictional not filed complaints before 2006.

**Texas Medical Board Performance Measure.

Appendix B

Disciplinary Actions FYs 2005 – 2007

	Administrative	Criminal Behavior	Medical Error	Mental or Physical Impairment	Quality of Care	Disciplinary Action by Peers, Another State, or Military	Substance Abuse	Unprofessional Conduct	Total
FY 2005 Disciplinary Actions*									
Revocation/Voluntary Surrender	0	3	0	0	19	5	2	9	38
Suspension	0	0	0	1	0	3	5	7	16
Restriction	6	2	0	0	86	12	4	18	128
Reprimand	0	0	0	0	0	0	0	0	0
Rehabilitation Order	1	0	0	3	0	2	19	5	30
Administrative Penalty	38	2	0	0	8	4	0	15	67
Total Actions	45	7	0	4	113	26	30	54	279
Total Dismissed	109	26	6	7	1,332	36	13	264	1,793
Total Complaints Resolved	154	33	6	11	1,445	62	43	318	2,072
FY 2006 Disciplinary Actions*									
Revocation/Voluntary Surrender	8	2	0	14	15	2	0	2	43
Suspension	0	0	0	0	2	2	6	5	15
Restriction	6	0	4	0	84	6	9	27	136
Reprimand	0	0	0	0	0	2	0	1	3
Rehabilitation Order	0	0	0	6	0	0	13	0	19
Administrative Penalty	48	2	1	0	18	7	0	14	90
Total Actions	62	4	5	20	119	19	28	49	306
Total Dismissed	78	13	8	4	1,089	14	14	152	1,372
Total Complaints Resolved	140	17	13	24	1,208	33	42	201	1,678
FY 2007 Disciplinary Actions*									
Revocation/Voluntary Surrender	2	10	0	3	6	0	1	9	31
Suspension	0	0	0	0	8	0	3	2	13
Restriction	9	1	1	0	117	8	4	30	170
Reprimand	1	0	0	0	1	1	0	0	3
Rehabilitation Order	0	0	0	16	0	0	16	0	32
Administrative Penalty	37	2	1	0	27	0	0	20	87
Total Actions	49	13	2	19	159	9	24	61	336
Total Dismissed	208	10	1	4	1,326	20	4	290	1,863
Total Complaints Resolved	257	23	3	23	1,485	29	28	351	2,199

*Chart includes temporary actions.

SUNSET PERFORMANCE STUDY OF THE TEXAS MEDICAL BOARD



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