Federation of STATE MEDICAL BOARDS

PROMOTING THE HIGHEST STANDARDS FOR MEDICAL LICENSURE AND PRACTICE

FSMB – Enabling State Licensure through Key Portability Initiatives

Uniform Application for Physician State Licensure (UA)

Northwest Regional Telehealth Resource Center Webinar

November 17, 2011

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Agenda

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Agenda

- **Introduction**
- **Overview of the portability initiative and its role in enhancing state-based licensure**
- **Portability enablers:**
  - The Uniform Application (UA)
  - The Federation Credentials Verification Service (FCVS)
- **Portability drivers:**
  - Telemedicine
- **Summary**

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Introduction

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FSMB Vision & Mission 2010-2015

Vision

The Federation of State Medical Boards is the leader in medical regulation, serving as an innovative catalyst for effective policy and standards.

Mission

FSMB leads by promoting excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical boards in their protection of the public.

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FSMBs unique position in portability

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Focus on enhancing state-based licensure through key initiatives

1) **Licensure**
   - Portability (to increase efficiencies between boards while respecting the unique aspects of each state board): Uniform Application, Credentials Verification, Licensure Data, Disciplinary Data
   - Assessment services (for physicians seeking licensure): US Medical Licensing Exam, Post-Licensure Assessment
2) **Maintenance of Licensure (MOL)**
   - To increase public safety throughout the physicians career

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Overview of the portability initiative and its role in enhancing state-based licensure

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State-based licensure

- **The US medical regulatory structure limits physicians to practice only in the state(s) where they are licensed**
- **This provides optimal protection for patients by assuring physicians are qualified and fit to practice and provides the avenue for states and patients to address physician care that fails to meet an acceptable standard**

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History of portability

- 1995 – A centralized repository of physician core credentials created
- 1996 – Technology supports alternative licensure model to reduce burden of multi-state licensure process
- 2002 – Call for license application with model for expedited endorsement
- 2004 – Common Licensure Application Form (CLAF) established
- 2006 – HRSA contracts FSMB to design multi-state demonstration project
- 2007 – First of two 3-year HRSA license portability grants awarded to FSMB
- 2008 – CLAF evolves to Uniform Application for State Medical Licensure (UA)
- 2009 – NGA/FSMB-sponsored licensure meeting = FSMB refines focus
- 2010 – Second of two 3-year HRSA license portability grants awarded to FSMB
- 2011 – Adoption of FCVS and UA continues to expand

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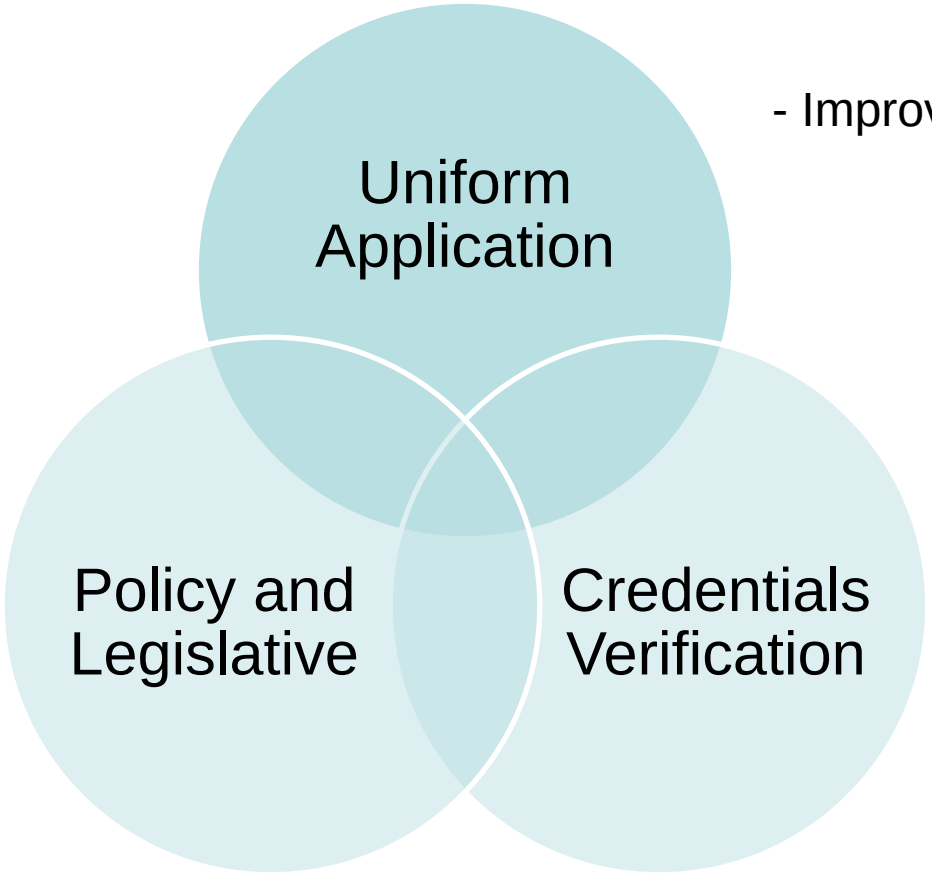
Three components of the portability initiative and areas of focus

- Develop a set of credentials, criteria and acceptable verification sources that could be adopted for an expedited licensure process



- Improve the UA

- Improve FCVS

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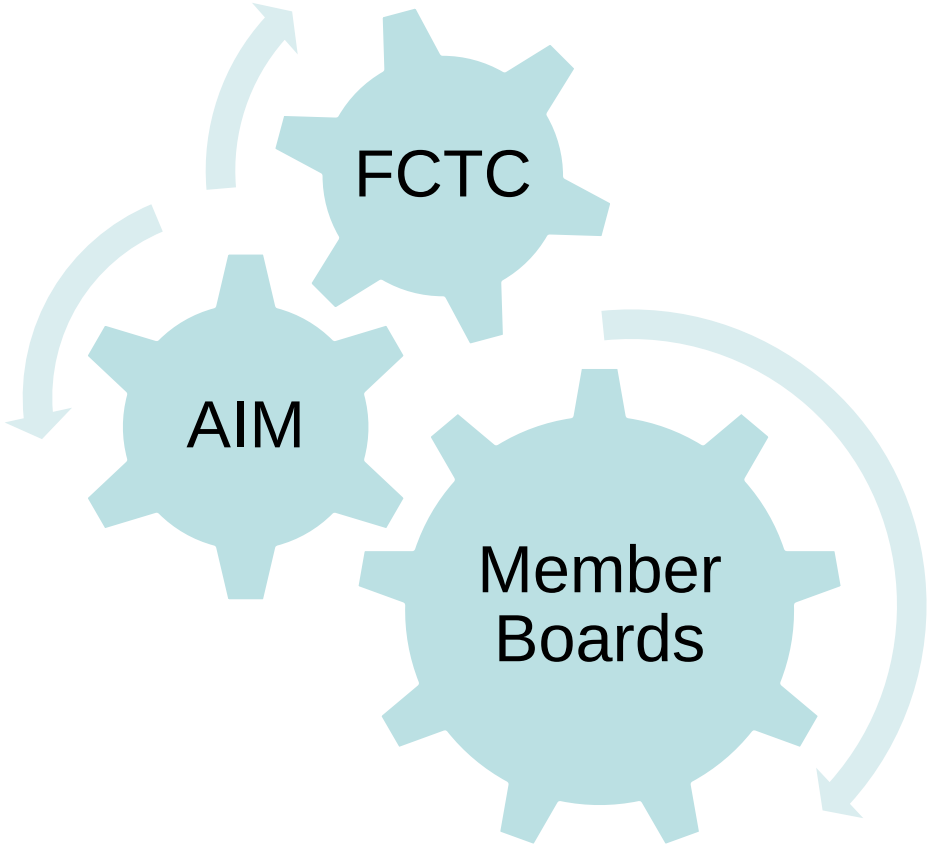
Participants in portability

FSMB Board of Directors

FSMB Staff



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Portability Enabler: Uniform Application

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The UA is comprised of two key sections

I. Core Application (common to all boards):

Captures common questions of a state's license application

- Identification Data
- Medical and Graduate Medical Education
- Licensure History
- Possible Malpractice Claims
- Work Experience

II. Addendum (customizable for any board):

Captures state's unique questions and helps maintain board's autonomy

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This has significant benefits

To State Boards

- **Cost effective**
  - Grant funds and technical support
- **Simplified data retrieval process**
  - pdf, XML, web service
- **Paperless office environment**
  - Electronic forms
- **Licensing staff time**
  - Improved quality of data
- **Integrates with licensing software**

To Physicians

- **Reduces redundancy as UA becomes more broadly adopted**
- **Easy to use**
  - Smart fields, pre-population of data
- **Integration between FCVS and UA**
  - Data flows bi-directionally between the applications
  - 70% of the UA is pre-populated when FCVS is used
- **Secure data repository**

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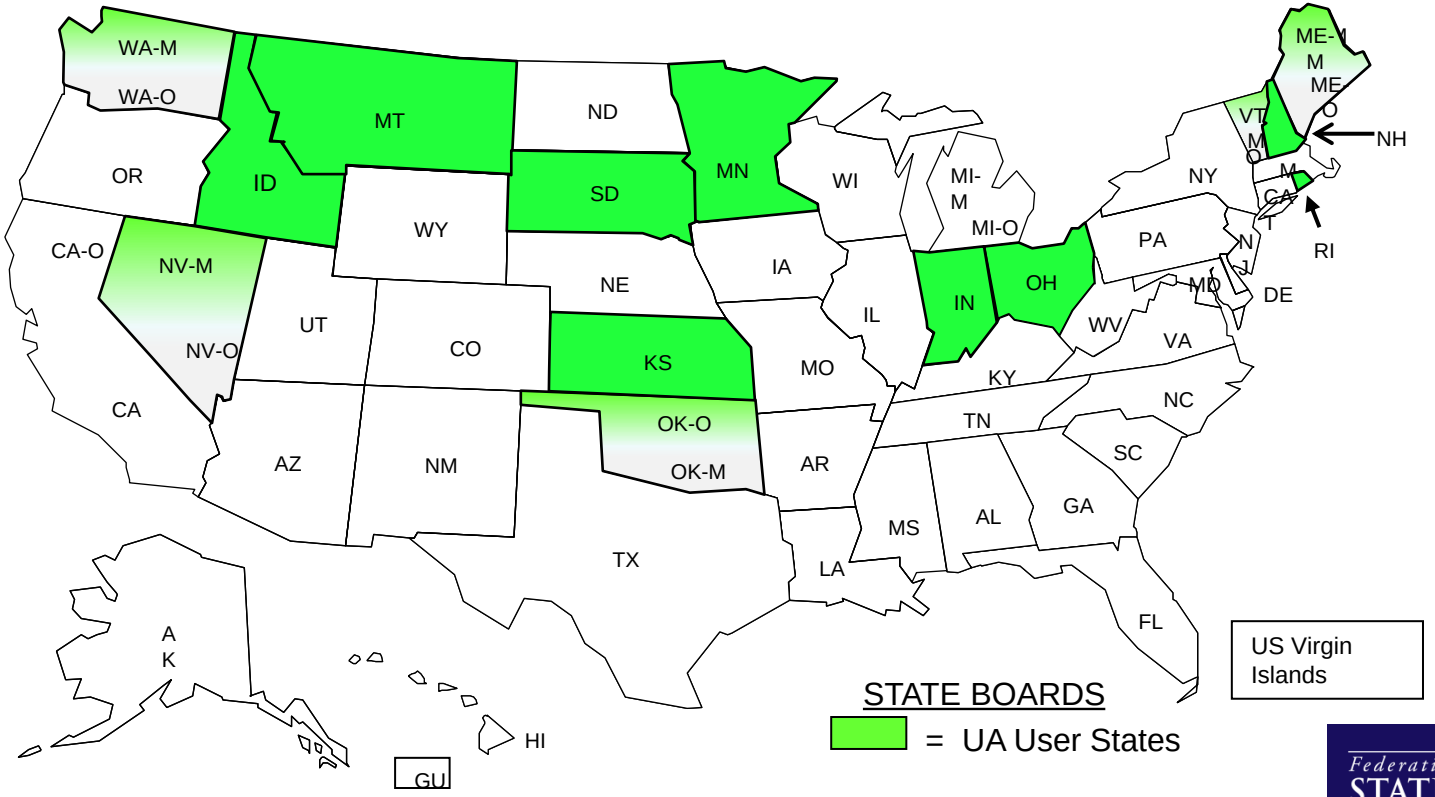
14 states use the FSMB UA



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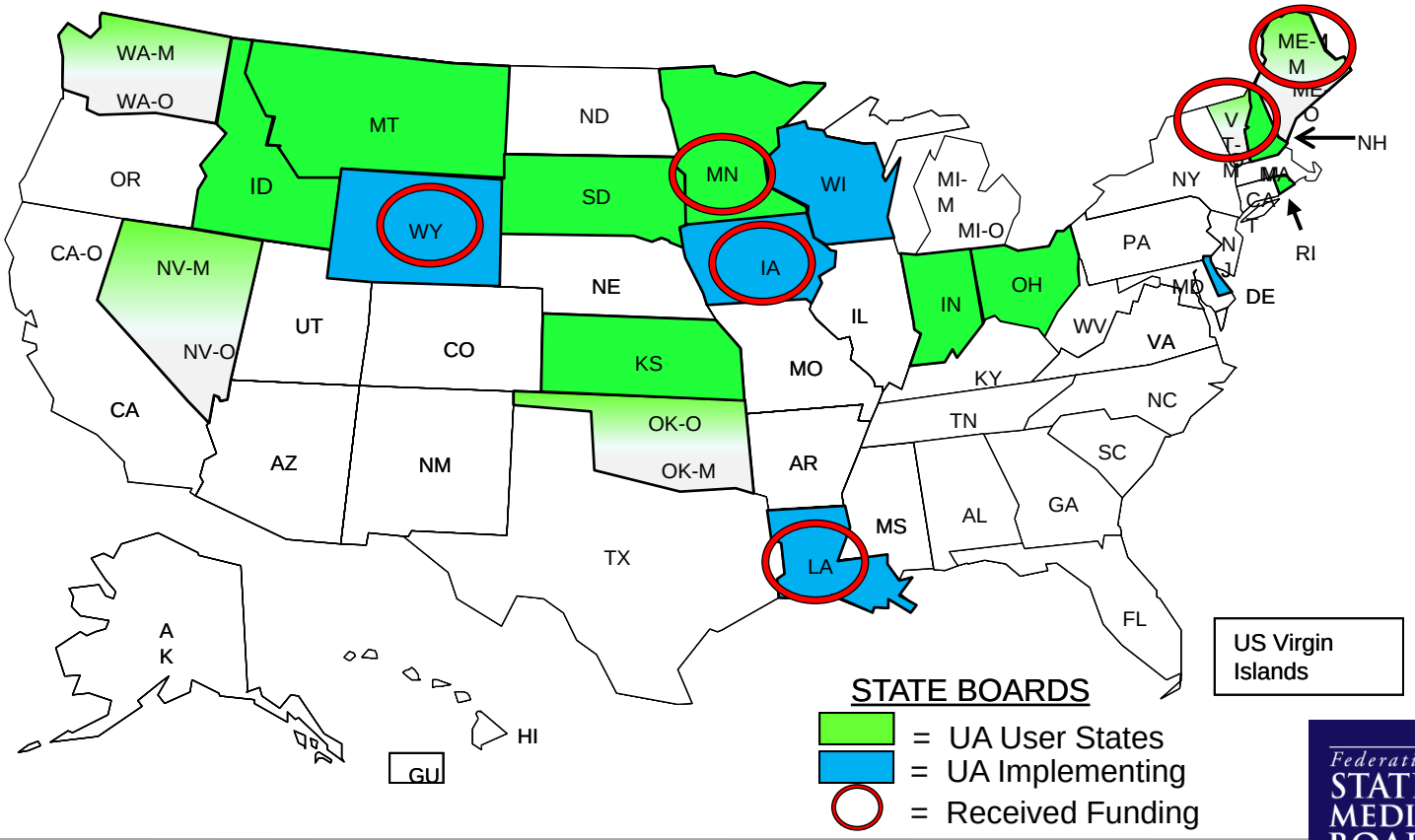
And several more are working towards adoption, many of whom have received grant funds



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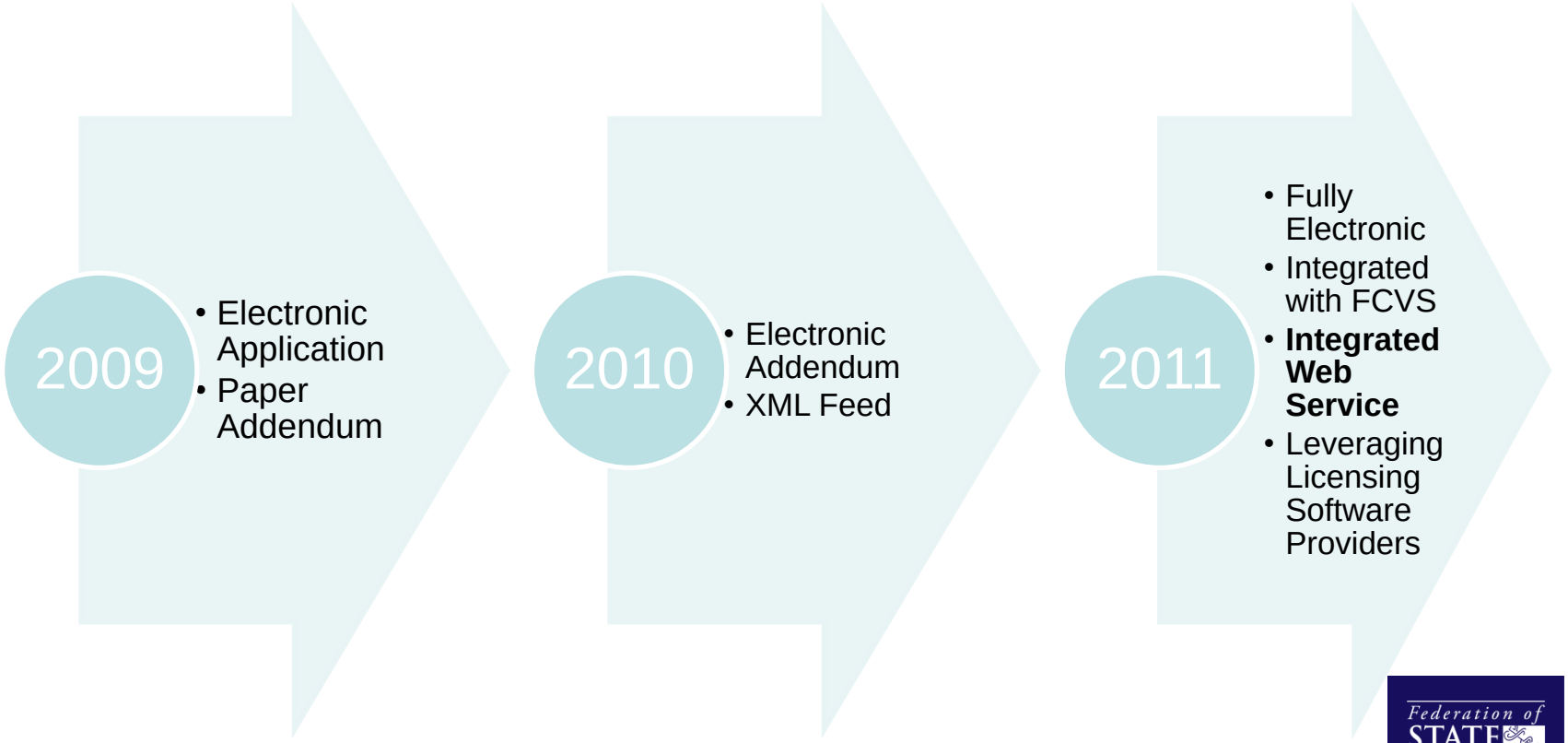
To increase adoption, FSMB has improved the product and services



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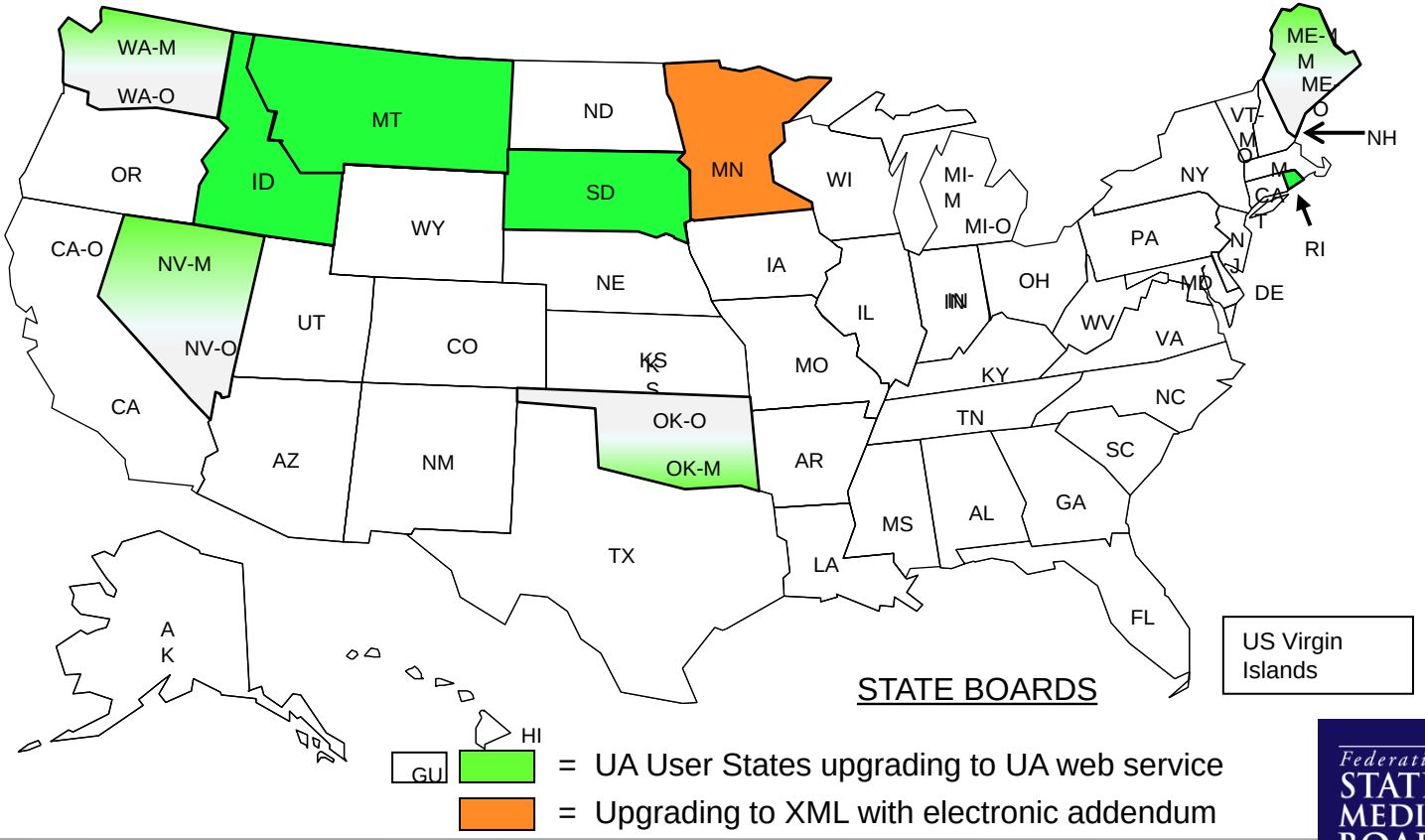
As a result, 9 boards currently using the UA are upgrading



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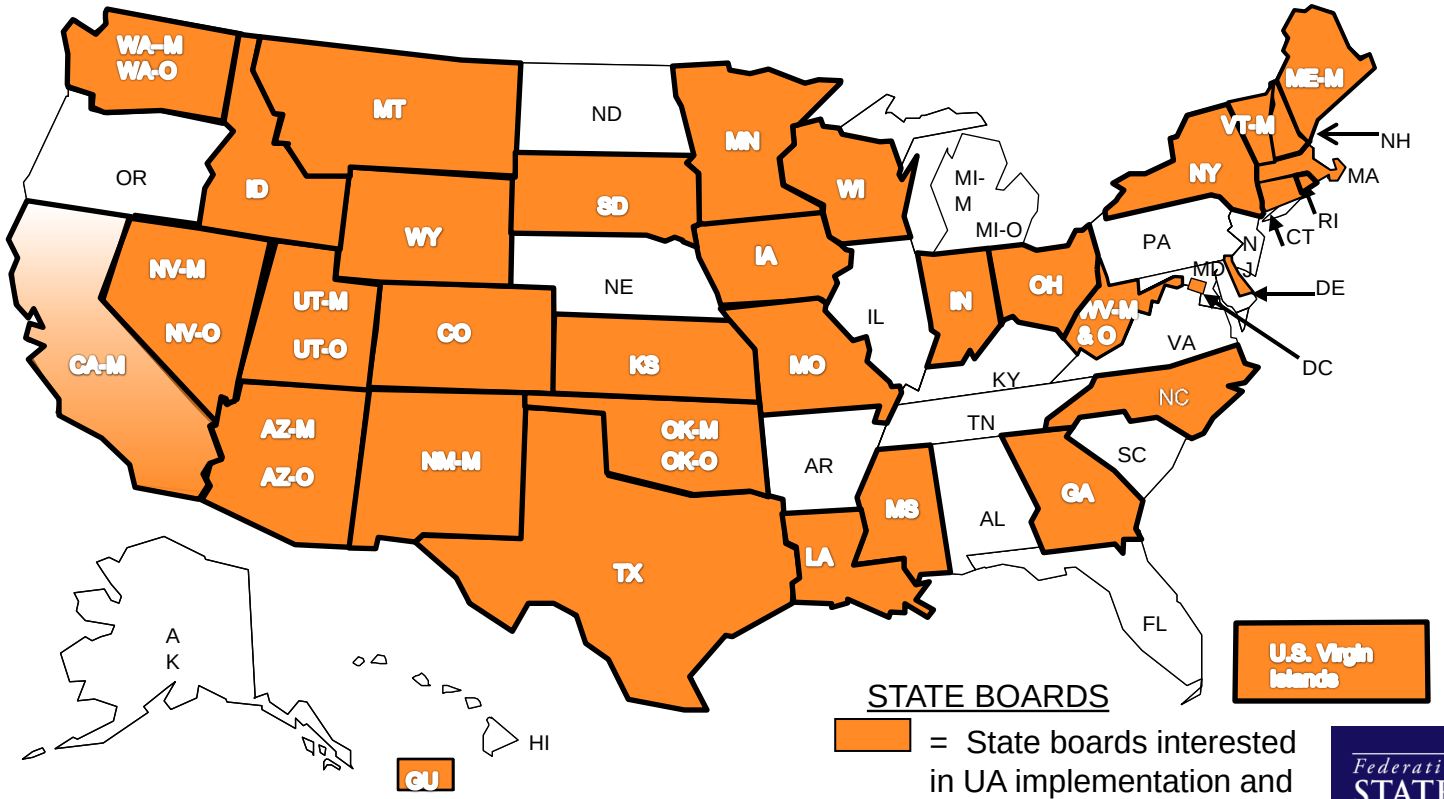
With overall interest growing significantly as 42 boards are now interested



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Key accomplishments

- **42 boards are actively engaged in the UA process and 14 SMBs use the UA today.**

Current Users	
Idaho	Rhode Island
Indiana	South Dakota
Kansas	Vermont Medical
New Hampshire	Oklahoma Osteopathic
Minnesota	Montana
Ohio	Nevada Medical
Washington Medical	Maine Medical

- **20,000 submissions since 2006**
- **UA/FCVS Users Meeting - September 2011**
- **Dedicated FSMB service team**

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Ongoing improvements

- **Addition of Specialty Fields**
- **Changes to GME Reporting**
- **Use of 4 vs. 9 Digit SSN**
  - Review by FSMB counsel
- **Implementation of a service charge for program sustainability**
  - $50 on-time for use for lifelong use of the UA, collected by FSMB
  - Grant requirement
  - Scheduled to begin this fall

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Portability Enabler: Credentials Verification

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FCVS Features

- **Primary source verification of core credentials:**
  - Identity
  - Medical Education
  - Graduate Medical Education
  - Licensure Examination
  - Board Certification (ABMS)
  - Disciplinary Action
- **Low cost (compared with other CVOs)**
- **Authentic (process, rigor and quality)**
- **Security, storage and transmission of data**

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FCVS is widely accepted

- **Primary Source Verification of Core Credentials**
- **Accepted by 64 of 69 licensing boards**
- **Over 137,000 MDs, DOs and PAs Enrolled**
- **Implementation of Fast Track in 2011**
  - Redesigned Work Groups
  - Improved Data Repository
  - Improved Communication with Boards and Physicians
- **NCQA Certification in Progress**

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Changes implemented through Fast Track

- **Work Processes**
- **Data Management and Technology Platform**
- **Customer Interfaces**

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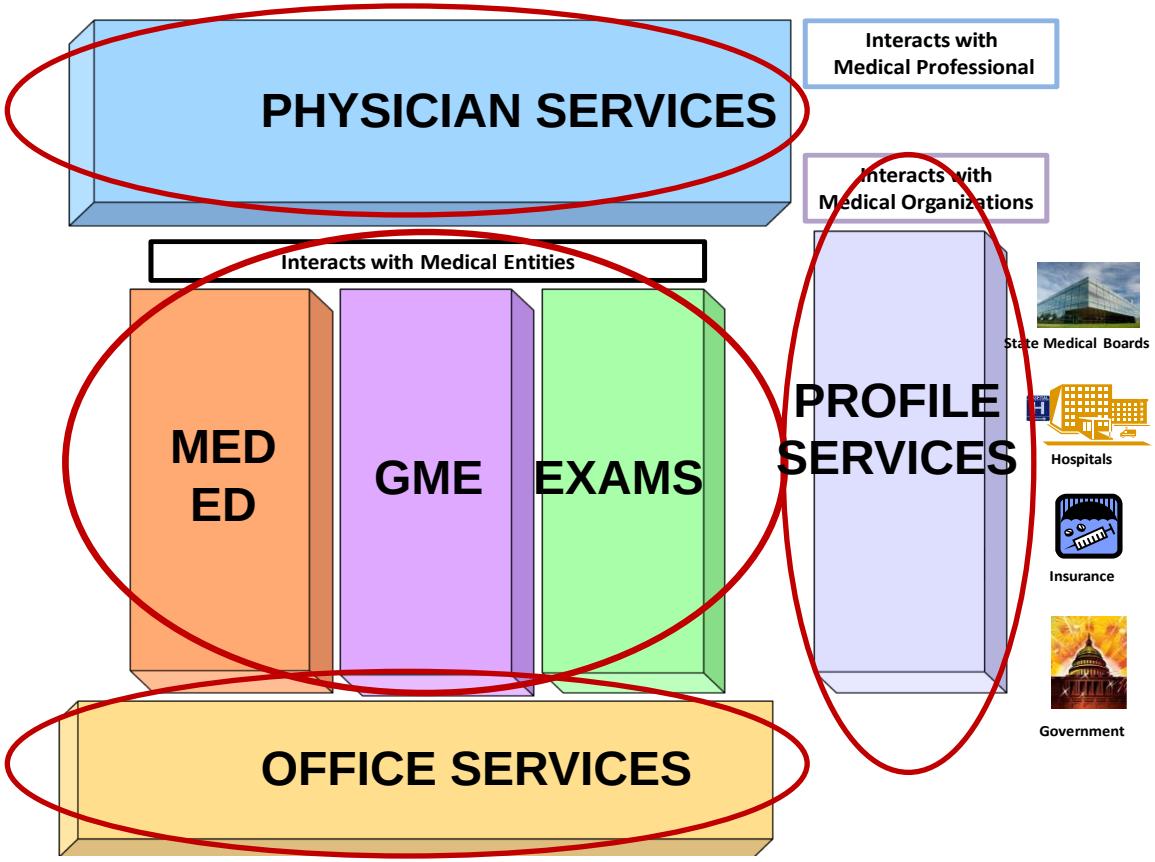
New work process design



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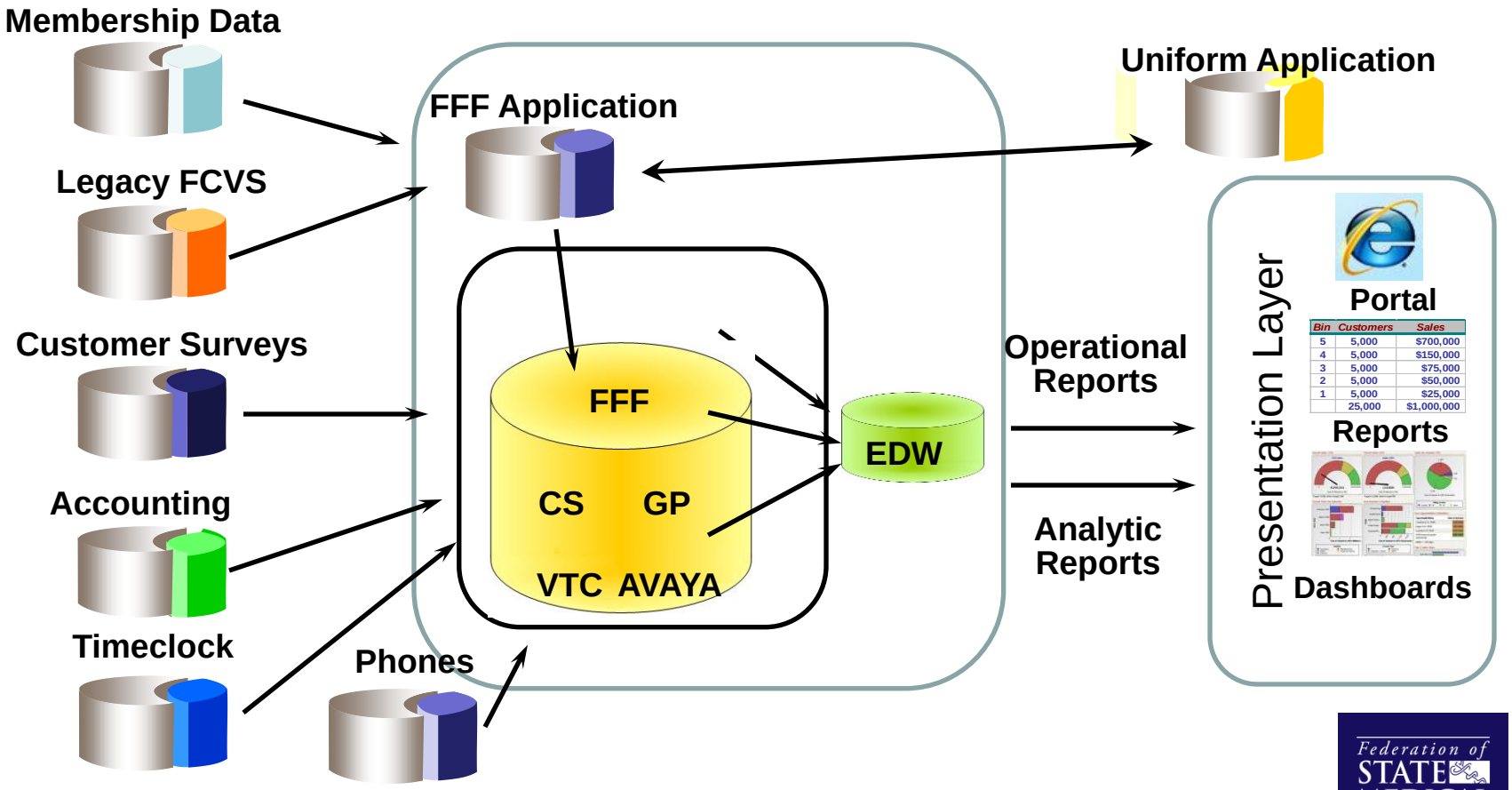
Data management and technology platform



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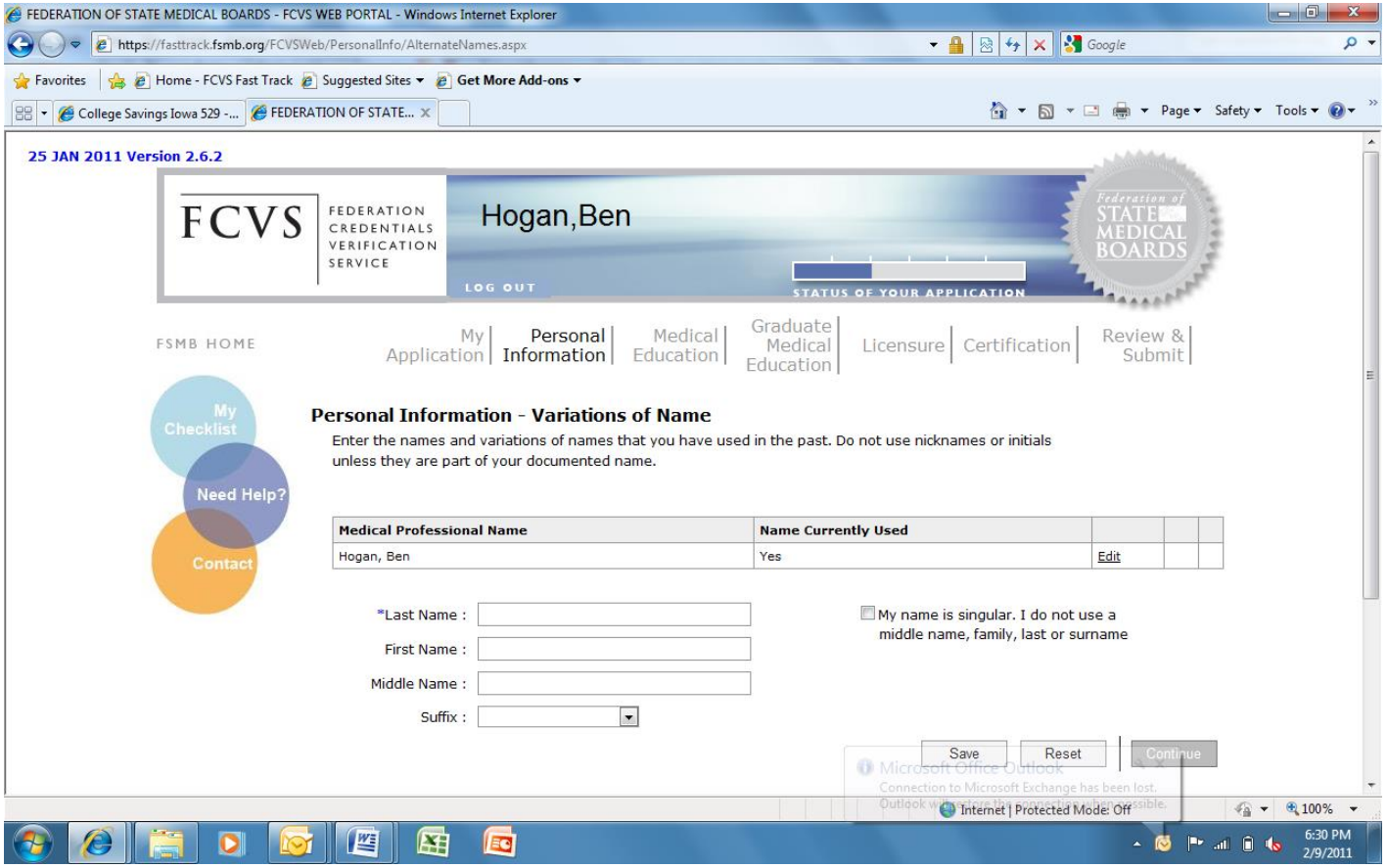
Customer interfaces



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Key next steps

- **Stabilize and continuously improve the system**
- **Integration of UA and FCVS application forms**
- **Expand services:**
  - Credentialing COM Faculty
  - Credentialing Students (UTD)
- **Expand utilization by existing boards**
  - Reduce the number of non-accepting boards
  - North Carolina requiring IMGs
- **Solicited input from the UA User Group Meeting and FSMB Advisory Council**

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Portability Drivers

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Key drivers

- **A changing medical environment**
- **The need for license portability to adapt**
- **The impact of telemedicine**
- **State Board specific changes**
  - Iowa Medical Board
  - North Carolina Medical Board
  - Texas Medical Board
  - Montana State Board of Medical Examiners
  - State of Oregon Change in Legislature

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A changing medical environment

- Physician workforce shortage
- aging population
- Potential cuts in GME funding
- Growing need for behavioral health services
- Greater ability for physicians to practice nationally (and remotely)

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The need for license portability to adapt

- **There is a growing consensus amongst federal and state governments, provider groups, and health care organizations that licensure is a barrier to accessing quality care**

- **Emerging trends streamline the process:**
  - Expansion of telemedicine services
  - Expedited Licensure
  - Uniform Application

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The impact of telemedicine

- **Many states are seeing applications for licenses intended to be used by physicians providing services remotely*.**
- **Practice data is incomplete however the following license data is illustrative**:**

# of Licenses	Physician Count
3	33,231
4 – 20	16,800
21 – 40	373
>40	50

* Informal Survey
** 2010 FSMB Census of Licensed U.S. Physicians

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Changes with the Iowa Medical Board

- **Effective in April 2010, the Iowa Medical Board adopted Licensure by expedited endorsement where an applicant licensed for more than five years in another state pay a fee, fulfill a criminal background check, submit forms and documents to the board may be eligible for permanent licensure by expedited endorsement. Iowa Admin. Code 653-9.6**

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Changes in North Carolina

- **Effective in 2010, the North Carolina Medical Board adopted a section in subchapter 32B – license to practice medicine- concerning Expedited Application for Physician Licensure. This created a process for physicians who have been licensed in another state for at least five years, have been in active clinical practice for the past two years; and have a clean license application to apply for a license on an expedited basis. 21 NCAC 32B.2001**

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Changes with the Texas Medical Board

- **On February 25, 2011 the Texas Medical Board adopted amendments to s.163.13 concerning Expedited Licensure Process without changes to the proposed text as published in the December 10, 2010 issue of the Texas Register (35 TexReg 10801). Licensure shall be expedited provided the applicant submits an affidavit stating that: (1) the applicant intends to practice in a rural community as determined by the Office of Rural Health Initiatives; or (2) the applicant intends to practice medicine in a medically underserved area or health professional shortage area designated by the United States Department of Health and Human Services that has a shortage of physicians. 22 TAC § 163.13**

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Changes with the Montana State Board of Medical Examiners

- **Effective in May of 2010, Montana's State Board of Medical Examiners adopted subchapter 8. Telemedicine Rules: Issuance of a Telemedicine Certificate. This certificate, issued by the Board, sets the applicant under the purview of the Board; furthermore, the applicant will be subject to the same rules and disciplinary proceedings of the Board. Mont.Admin.R. 24.156.810**

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Changes in the State of Oregon

- **In March of 2010, the Oregon legislature amended the statute 677.139. Application for license to practice medicine across state lines. This most recent statute 677.141 reiterates prohibited practices, makes licensees subject to the Medical Board and defines confidentiality.**

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Uniform Application for Physician State Licensure (UA)

Questions?

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Thank you.