

Cabinet and Governor Appointed Agencies' Performance Audit Action Item(s) & Status

Washington Medical Commission — Opportunities are Present to Support the Commission's Continued Efforts to Improve Timelier Licensing and an Efficient Disciplinary Process

(See also [cabinet agency response](#) for full context to Washington State Auditor's Office (SAO) commissioned [report](#), conducted by TAP International, Inc., January 2023)

The Washington Medical Commission was the only auditee for this performance audit.

Results Summary in brief:

1. In 2021, the WMC took an average of ten weeks to complete the entire licensing processing across eight application types.
2. The WMC completes the last segment of the licensing process for many of its applications within 14 days.
3. The licensing and disciplinary processes share three key challenges described in this report that could adversely affect timeliness.
4. Other states' practices can offer viable options for the WMC to consider in its efforts to protect public safety and enhance the quality of care.

Recommendations (Rec) Summary:

1. Update the Revised Code of Washington (RCW) to modify the required FBI background check for licensure as optional per WMC's discretion and allow for a check of the National Practitioner Data Bank (NPDB) or another valid database the WMC finds acceptable as an alternative.
2. Update regulations to: (a) Require confidential investigations until the Commission applies charges against the respondent, and (b) Allow the Washington Medical Commission to issue a confidential letter of concern for cases that do not meet the legal threshold for sanction but warrant a state response.
3. Modify current law to shift the Commissioners' role from direct involvement in the complaint intake process to oversight and provide the Commission the authority to delegate decision-making on low priority complaints to the WMC staff; or, instead of modifying the Commissioners' role, expand the number of Commission members to support timely completion of licensing and disciplinary processes.
4. Formally establish and monitor goals that measure timeliness for all applications by type.
5. Until the Health Care Enforcement and Licensing Management System (HELMS) becomes fully operational, consider using tools to automate the extraction of Results in Brief: Opportunities Are Present to Support the Commission's Continued Efforts to Improve Timelier Licensing and an Efficient Disciplinary Processes 7 | Page information from applications and their supplemental information. And, if needed, have the use of these tools reviewed by the new algorithmic accountability review board.
6. Until the new system, HELMS, is fully operational, provide an identifier code (belonging to the WMC staff requestor) to the licensing applicant, complainant, and respondent to be recorded on all correspondence submitted to the WMC, so customer service staff can forward the documents to the appropriate WMC staff person.
7. Establish and use an Ombudsman's office to facilitate communication with complainants/respondents and address non-standard of care related complaints not requiring investigative and legal expertise.
8. Adopt other states' practices to reduce the burden on complainants to meet the regulatory threshold for further investigation of the case.
9. Adopt other states' practices to expedite all types of cases.

The table below shows the current status of action items the agency initiated to address issues identified in the performance audit report. Please see the [cabinet agency response](#) for additional context and any additional steps already taken.

For an explanation of the columns below, [see the legend](#).

Issue/ Rec	Status	Action Steps	Lead Agency	Due Date	Current Resources?	Budget Impact?	Legislation Required?	Notes
Rec 1	In process-researching feasibility	Work with the commission’s stakeholders to evaluate when background checks should be at the discretion of the WMC and how often they should be done	DOH and WMC	10/23	Unknown	Yes.	Possible	We are currently engaged in discussions with the Office of the Secretary and HSQA regarding this process. As the requirement is rooted in the UDA and falls under the Secretary’s purview, WMC is unable to make unilateral changes. Additional research and collaboration are required to assess how, if at all, we can achieve the recommended adjustment.
Rec 4	Completed	Establish application timeline expectations for physician and physician assistant applications	WMC	9/23	Yes	None	No	Measures developed in late 2023 and began measurement in early 2024. Please see attachment. Highlighted measures were developed because of audit recommendations.
Rec 4	Completed	Establish application timeline expectations for Limited Physician and Clinical Experience applications.	WMC	10/23	Yes	None	No	Measures developed in late 2023 and began measurement in early 2024. Please see attachment. Highlighted measures were developed because of audit recommendations.
Rec 4	Completed	Establish timeline expectations for exception applications referred to Panel L	WMC	11/23	Yes	None	No	Measures developed in late 2023 and began measurement in early 2024. Please see attachment. Highlighted measures were developed because of audit recommendations.
Rec 7	In process	Evaluate the new process and determine: if the complainants provided the requested information and if their responses resulted in decisions to open an investigation.	WMC	5/24	No	Yes	DP required	Position included in DP submittal for 2025.

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Rec 9	Completed	WMC will pilot more dedicated response teams as resources and the law allows, per recommendations in 9(b)	WMC	11/24	Yes	None	No	<p>The WMC is committed to efficient case management. We leverage established Summary Action Teams to address specific case needs. Additionally, WMC maintains Sexual Misconduct Trained Teams, as outlined in our SMART procedure (link). These dedicated teams ensure a comprehensive and appropriate approach to casework. SMART procedure WMC (wa.gov)</p> <p>Due to the ongoing DOH HELMS project database replacement, further implementation and changes are currently on hold.</p>