



2019-21 Biennium Budget Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: 3B - WMC Clinical Investigator Costs
Budget Session: 2019-21 Regular
Budget Level: Policy Level
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Agency Recommendation Summary

The 2017-2018 CBA included a new class of investigator, Clinical Health Care Investigator (CHCI) for the Medical Commission but the 2017-2019 budget allotment did not include the needed additional funds to compensate these clinically trained staff. This ongoing request corrects this budget difference.

Fiscal Summary

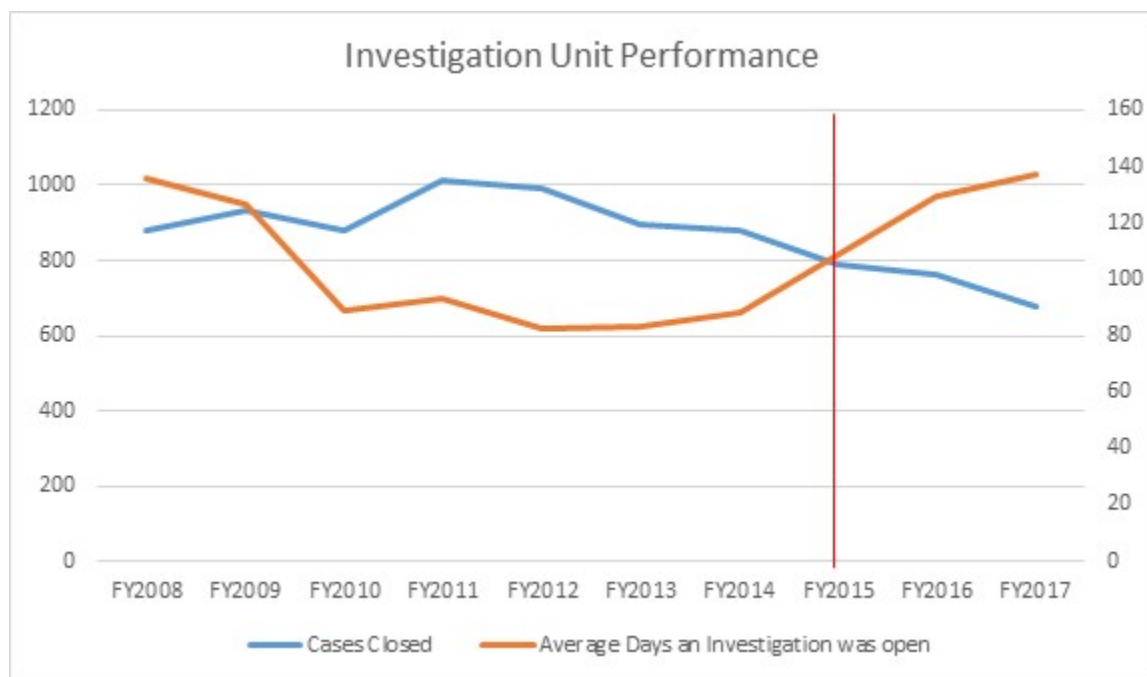
Dollars in Thousands

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 02G - 1	\$655	\$655	\$655	\$655
Total Expenditures	\$655	\$655	\$655	\$655
Biennial Totals		\$1,310		\$1,310
Staffing	FY 2020	FY 2021	FY 2022	FY 2023
FTEs	1.7	1.7	1.7	1.7
Average Annual		1.7		1.7
Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$473	\$473	\$473	\$473
Obj. B	\$165	\$165	\$165	\$165
Obj. E	\$17	\$17	\$17	\$17

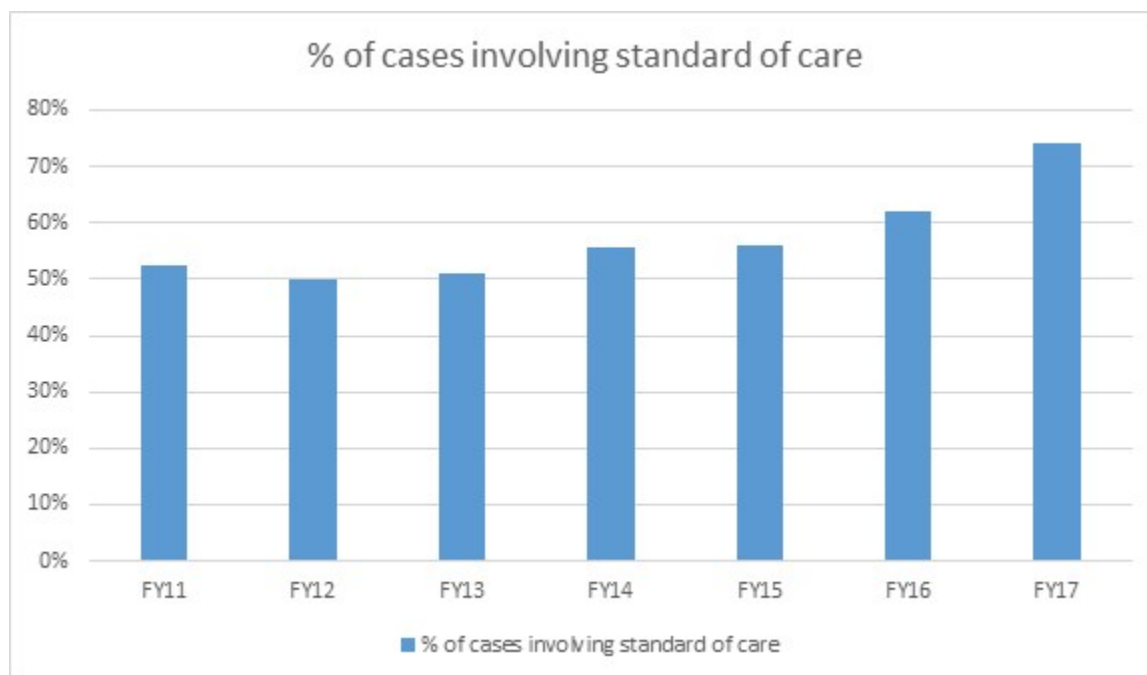
Package Description

Starting in 2008, the Medical Commission created a record of outstanding investigator performance. At that time, the majority of investigative staff (6) were Clinical Health Care Investigators, producing record case production of 9 investigations completed per investigator per month and exceeding expected performance

timelines. Due to health issues, retirements, and lack of retention due to pay, we lost our CHCI majority in 2015 and saw a related decline in performance. The new CHCI job class and resulting FTE funding is anticipated to return the Medical Commission to its previous record of performance.



The original CHCI job specification left the pay determination to the discretion of the appointing authority. However, this was appealed to State HR and they determined the pay would be based on years of experience. This resulted in a \$94,000/FTE funding gap for the Medical Commission that was not anticipated when the CHCI class was created, bargained, and budgeted. The Medical Commission was not given any additional appropriation in the 2017-2019 budget to account for the pay scale (as determined by human resources) of existing and future Clinical Health Care Investigators.



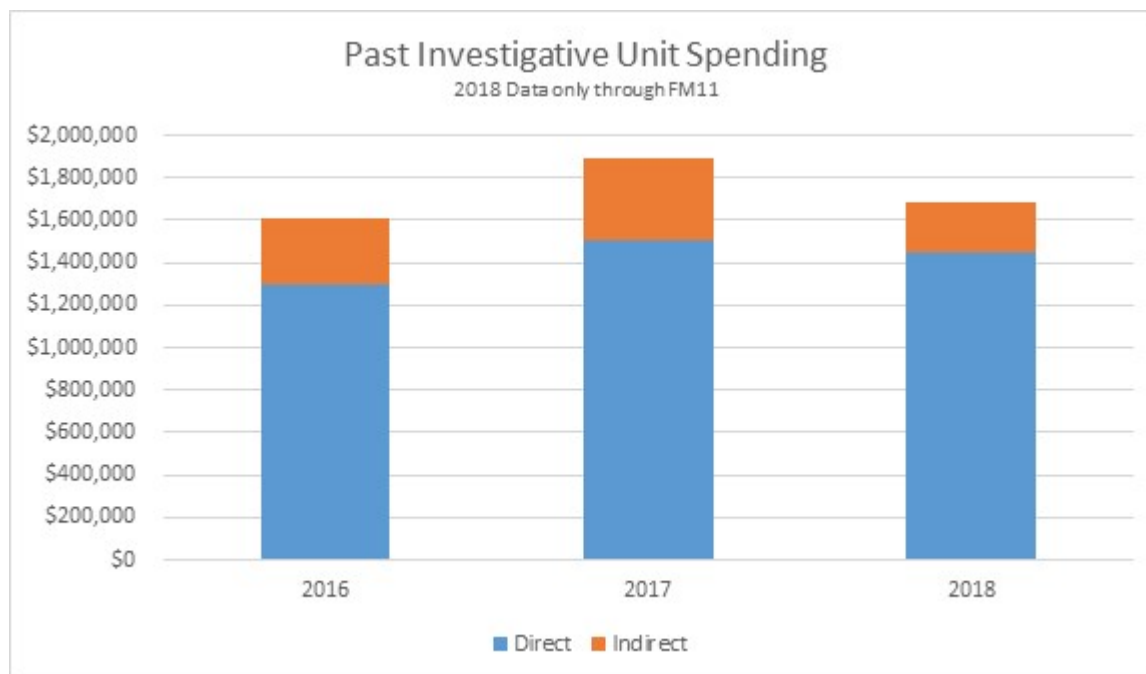
WA HR has determined that for the Medical Commission to comply with the CBA, cases involving standard

of care will need to be investigated by an investigator that possess the skills and knowledge of a CHCI. With our caseloads now reaching 70% standard of care cases, we would not be able to meet demand if we are unable to fund the CHCI positions.

Assumptions and Calculations

Expansion or alteration of a current program or service:

The Medical Commission currently has 5 CHCI positions and 2 vacant HCI positions that will be reclassified as CHCI positions to mirror our workload needs. Annual expenditures of \$126,808/ FTE (not including benefits and indirect) from the O2G account.



We are on target to spend less on salaries than FY2017 due to the holding investigative positions vacant in order to fund the required salaries and benefits of the new CHCI positions as directed by WA HR. These vacancies have had a negative effect on our investigative performance measures. To correct the fault in our performance measures we will need to fill the vacant CHCI positions that we currently do not have the capacity to fund.

Detailed assumptions and calculations:

As a result of this reclassification and bargaining, including salaries, benefits, and indirect costs, the continuing support of 5 CHCI positions and the reclassification of 2 HCI positions to CHCI positions are estimated at an additional \$655,000 per year starting in 2020.

The FTE estimate of need was determined by looking at our performance history. When productivity was at its highest (2011-2012), we had 7 CHCIs (see above graph titled "Investigation Unit Performance").

Ongoing request for seven (7) Clinical Health Care Investigator Positions allotted at the top of the pay

range. (HCI top of the range-CHCI top of the range=funding gap/FTE). There is no one-time costs or revenue component. This package does not contain discrete funding proposals.

Workforce Assumptions:

See fiscal note calculator (FNCal)

Strategic and Performance Outcomes

Strategic framework:

Governor's Results Washington goal 5: Effective, Efficient and Accountable Government; Objective 1.2 Increase Washington as an employer of choice

Agency's strategic plan: Public Safety "Resolve health care provider and facility complaints and allegations of misconduct or unsafe care"

Medical Commission strategic plan, Goal 1, Objective 2: Ensure practitioners are qualified and competent.

Performance outcomes:

The Medical Commission expects to increase its number of investigations completed as outlined in Performance Measure 2.2 (Investigations Completed within 170 days) from an average of 215 investigations completed per quarter to a minimum of 260 investigations completed per quarter with the addition of 2 new CHCI FTEs.

The Medical Commission investigations unit operates under two performance measures reported quarterly that are based in Washington Administrative Code 246-14-050.

- PM 2.2: Investigations completed within 170 days. Target 77 % or greater.
 - FY 2010-2012 avg: 90.8%.
 - FY 2014-2016 avg: 82.1%
 - FY 2017-Current: 77.5%
- PM 2.4: Open investigations over 170 days. Target 23 % or less.
 - FY 2010-2012 avg: 4.3%
 - FY 2014-2016 avg: 10.6%
 - FY 2017-Current: 12.9%

Our performance measure detail illustrates the decline in performance since 2015 when we lost our CHCI majority. To return performance to its historic levels, the Medical Commission will require the allocation to sustain the CHCI positions already filled and 2 vacant CHCI positions.

Other Collateral Connections

Intergovernmental:

No impact anticipated

Stakeholder response:

The Medical Commission receives 1,800+ complaints per fiscal year from practitioners and the public. The ability to recruit and retain clinically trained investigators will improve investigative decisions and speed case resolution. This benefits not just complainants, but all Washington residents seeking quality healthcare. We do not expect these services to degrade, but to improve over time as the Medical Commission employs more experienced clinical investigators. No opposition anticipated.

Legal or administrative mandates:

The original CHCI job specification left the pay determination to the discretion of the appointing authority. However, this was appealed to State HR and they determined the pay would be based on years of experience. This resulted in a \$30,000/FTE funding gap for the Medical Commission that was not anticipated when the CHCI class was created, bargained, and budgeted.

Changes from current law:

None

State workforce impacts:

Not applicable

State facilities impacts:

None

Puget Sound recovery:

None

Agency Questions

Did you include cost models and backup assumptions?

No answer was provided.

Reference Documents

- 3B-FNCal 20.1 FY19-21 Bien version (WMC CHCI DP)-FINAL.xlsm

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No