Washington State Department of HEALTH

HEALTH PROFESSION CREDENTIALING IMPROVEMENT

Introductions

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- Harold Wright, Jr., Deputy Office Director, Office of Health Professions

- Zach Patnode, QA/CQI Administrator, Office of Health Professions

HSQA Structure

- HSQA is the regulatory arm of DOH, and is composed of six offices that together regulate the health professions and facilities:
  - Office of the Assistant Secretary
  - Health Professions
  - Customer Service
  - Investigations and Legal Services
  - Community Health Systems
  - Health Systems Oversight

- Offices are arranged functionally with multiple offices engaged in the work of regulating professions and facilities

Office of Health Professions

- Regulates approximately 78 Health Profession Credentials
  - 14 are Board or Commission (appointed by the Governor)
  - 10 Advisory Committees (appointed by the Secretary of Health)
  - 54 regulated by Secretary of Health

- Works closely with partner commissions:
  - Washington Board of Nursing (WABON)
  - Washington Medical Commission (WMC)
  - Chiropractic Quality Assurance Commission (CQAC)

- Approximately 75 program staff and 100 credentialing staff (as of May 1, 2024)
- 8 profession Executive Directors, an Operations Director, and a Quality Administrator

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Reimagining Profession Credentialing

PSYCHOLOGY PILOT PROJECT PATHWAY

Psychology Challenges

- Credentialing in Psychology is complex, and timelines can be extremely long (routine vs nonroutine, etc.)

- Can require multiple offices and the Examining Board of Psychology (EBOP) engaged simultaneously, starting very early in the process
    - EBOP has independent authority, DOH produces credentials on behalf of the board

- Multiple interested parties have been dissatisfied and focused on lengthy credentialing timelines
    - Access to care
    - Ability for psychologists to claim insurance reimbursement
    - Media attention
    - Complaints to Governor's office and legislators

Project Pathway

- Project Pathway Kickoff – March 9th, 2023
  - Single leader and designated resources
  - Focus on culture, communication, and data
  - Approach:
    - Assign resources and tools to solve immediate issues
    - Create a Playbook for replication across other professions

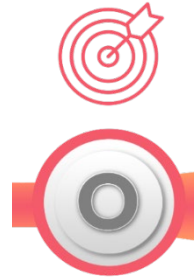APPROACH

Credentialing SWOT Analysis

STRENGTHS

- Support from leaders, Board, and partners
- Staff have credentialing experience
- Initial barriers identified early

WEAKNESSSES

- Urgency to action limits our ability to complete intensive root cause analysis
- Weaknesses and lack of transparency in credentialing data
- Current operations software (ILRS)

OPPORTUNITIES

- Collaborate with interested parties to develop efficiencies
- Beginning-to-end ownership of Profession Licensing
- HELMS implementation opportunities and efficiencies
- **Establish a program/credentialing system that can be replicated across HSQA**

THREATS

- Lack of staff redundancy in Credentialing
- Time and resource investment could weaken performance in other areas
- What we can't currently see and don't currently know

Project Pathway Goals

Improve Psychologist License turnaround time and reestablish credibility with our interested parties

SHORT

- Reducing pending credentials list to acceptable level
- Looking for quick wins

MEDIUM

- Maintain acceptable pending list
- Establish healthy boundaries between Board and DOH
- Build strong partnerships externally and internally (OCS/OHP)

LONG TERM

- Continue learning and apply lessons across all health professions

Better Understanding the Pending List

Pending list breakdown by Detail Status (on 3/14/2023)

Row Labels	Count of Detail Status	Count of Detail Status2	Average of Days Since Application
FBI Background Check	9	2%	744
Nonroutine Incomplete	15	4%	1238
Nonroutine Not Yet with Board	19	5%	202
Nonroutine Waiting for Board	53	14%	665
Routine Incomplete	130	34%	385
Waiting on Applicant to Take EPPP	79	21%	1500
Waiting on Applicant to Take JP	79	21%	483
Grand Total	**384**	**100%**	**709**

Nonroutine Categories	Count	% of Total
Partial Credit	12	22%
Non-APA	4	7%
Non-APA Internship	6	11%
Endorsement	3	6%
Resubmission	14	26%
Other	15	28%
Total	54	100%

Scorecard

		3/7/2024	3/14/2024	3/21/2024	Target	Trend	Change
Outcome	Average time to licensure	90	90	90	90		0
Leading	Average days since last contact						
	Endorsement	42	42	52	45		10
	Examination	63	66	67	45		1
	Temporary	47	54	28	30		-26
	Average days since last submission						
	Endorsement	146	155	164	90		9
	Examination	79	68	72	90		4
	Temporary	100	104	99	90		-5
	Average Days Aged (Pending)	456	474	462	x		-12
	Temporary	192	195	219	x		24
	Endorsement	537	425	431	x		6
	Examination	268	307	290	x		-17
	Nonroutine	807	829	838	x		9
	Emails/Mail Oldest Aged (days)						
	Temporary	5	26		7		-26
	Endorsement	5	20		7		-20
	Examination				14		0
	Nonroutine				14		0
Pending Credentials	Intakes	33	37	27	12		-10
	Temporary	26	19	22	17		3
	Routine Incomplete Endorsement	22	21	21	18		0
	Routine Incomplete Examination	68	71	79			8
	Nonroutine Incomplete	51	51	52			1
	Military	5	5	2	3		-3
	Exception	7	11	10	x		-1
	Final	23	32	42	5		10
	FBI Background Check Only	20	18	21	x		3
	Initial Background Check	6	5	0	x		-5
	EPPP Exam	73	72	72	x		0
	JP Exam	18	17	17	x		0
	Total	354	361	367	x		6

Before

Professional Reference Request (Cont.)

Name of facility/institution where applicant obtained supervised experience
_____

Applicant's position title
_____

1. Type of supervised hours (may be more than one):

   ☐ Practicum ☐ Preinternship ☐ Internship ☐ Post-doctoral

   Are the supervised hours you're attesting to the : ☐ Original submission ☐ Resubmission

   Please provide an explanation as to why the hours are being resubmitted:

   _____
   _____

2. Describe briefly the applicant's duties as you knew them in the position listed above: _____
   _____
   _____

3. If you were a supervisor of the applicant's **practicum**, please complete the following:
   A. Dates of supervised experience: From _____ To _____
   B. Total number of hours of practicum experience you supervised: _____ (300 hours are required.)
   C. Practicum hours spent in supervision (see WAC 246-924-049 for the definition of "supervision" in the Practicum)? _____

4. If you were a supervisor of the applicant's **preinternship** experience, please complete the following:
   A. Dates of supervised experience: From _____ To _____
   B. Number of hours of direct client contact providing assessment and intervention services: _____
   C. Number of hours of regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant: _____
   D. Number of hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of a case, and group supvervision: _____

5. If you were a supervisor of the applicant's **internship** experience, please complete the following:
   A. Was the internship site APA accredited or approved by APPIC? ☐ Yes ☐ No
   B. Dates of supervised experience: From _____ To _____
   C. Number of hours of direct client contact providing assessment and intervention services: _____
   D. Number of hours of regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant: _____

Professional Reference Request (Cont.)

   F. Number of hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of a case, and group supervision: _____

6. If you were a supervisor of the applicant's **post-doctoral** or other experience, please complete the following:
   A. Dates of supervised experience: From _____ To _____
   B. Total number of hours of professional activity you supervised: _____
   C. Total number of hours of individual face-to-face supervision you provided: _____

After

Practicum (WAC 246-924-049) Must be at least nine months in length and 300 hours of direct experience, 100 hours which must be in supervision. No more than 300 hours may count towards licensure. Additional hours accrued past the completion of the nine-month practicum that meet the preinternship requirements may be reported under the preinternship portion below.

Dates of supervised experience: From ____ / ____ / ____ To ____ / ____ / ____

	Total Hours Verified
A. Direct Experience	
B. Hours of Supervision, as defined in WAC 246-924-049	
C. Total Hours for this Practicum Experience A + B = C	

Preinternship (WAC 246-924-053) Preinternship occurs between the practicum and internship, dates cannot overlap. A maximum of 1500 hours can account for this experience.

Note to applicant: if claiming hours in this category and it hasn't already been submitted, please ensure you include the document where you and the program documented the goals, student expectations, and the methods of this experience.

Dates of supervised experience: From ____ / ____ / ____ To ____ / ____ / ____

|	Minimum Hours Required	Total Hours Verified
A. Direct client contact hours providing assessment and intervention services	At least 60% of total hours	
B. Regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant	At least 2 hours out of every 20 hours of experience (at least 10% of total hours)	
C. Other learning activities or indirect experience e.g. case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of a case, and group supervision	At least 2 hours out of every 20 hours of experience (at least 10% of total hours)	
D. Total Hours for this Preinternship Experience	A + B + C = D	

Internship (WAC 246-924-056) Internship must include 1500 hours of supervised experience completed within 24 months.

Was the internship site APA accredited or approved by APPIC? ☐ Yes ☐ No If yes, provide APPIC #_____

Note to applicant: if claiming hours in this category, the internship was non-APA/APPIC, and it hasn't already been submitted, please ensure you include the written statement or brochure that describes the goals and content of the internship.

Dates of supervised experience: From ____ / ____ / ____ To ____ / ____ / ____

	Minimum Hours Required	Total Hours Verified
A. Direct client contact hours providing assessment and intervention services	At least 25% of total hours	
B. Regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant	At least 2 hours out of every 40 hours of experience (5% of total hours)	
C. Other learning activities or indirect experience e.g. case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of a case, and group supervision	At least 2 hours out of every 40 hours of experience (5% of total hours)	
D. Total Hours for this Internship Experience	A + B + C = D	

Postdoctoral (WAC 246-924-059) A maximum of 1500 hours may account for this experience.

Note to applicant: if claiming hours in this category and it hasn't already been submitted, please ensure you include the supervision agreement for this experience.

Dates of supervised experience: From ____ / ____ / ____ To ____ / ____ / ____

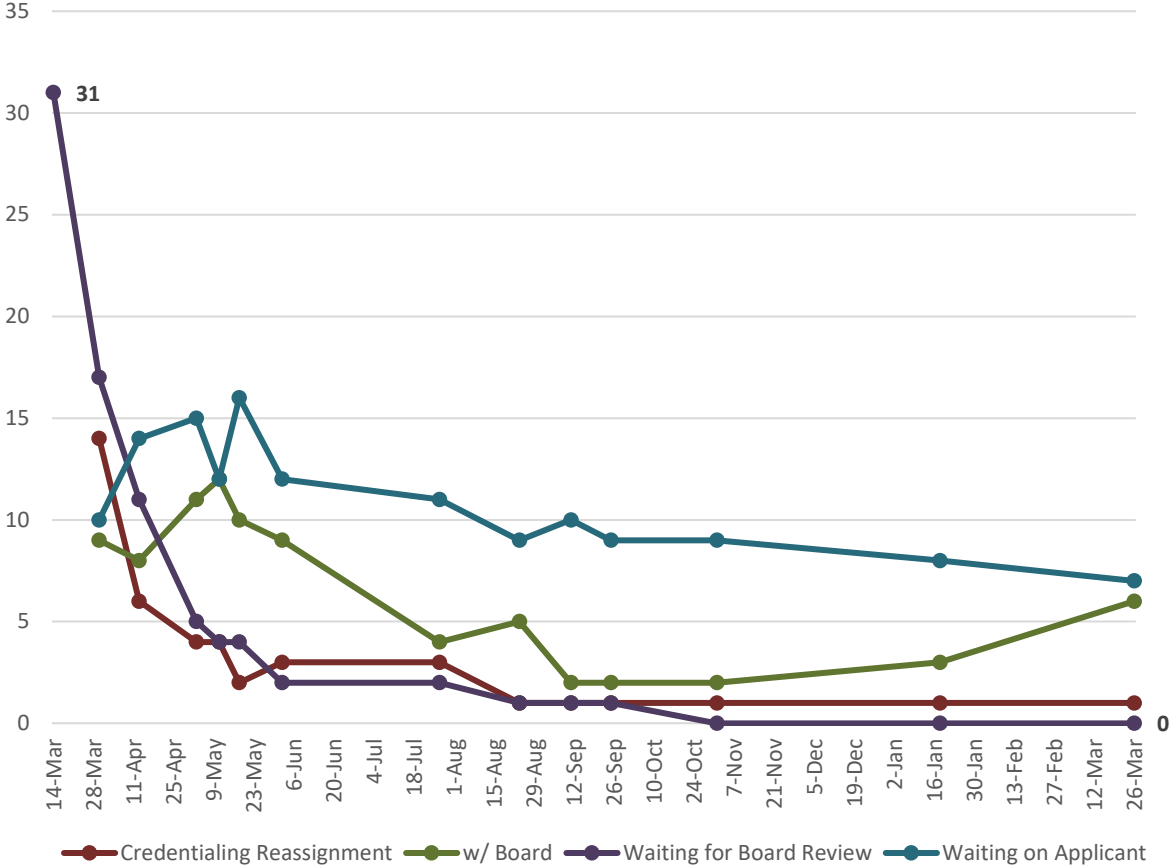|	Minimum Hours Required	Total Hours Verified
A. Professional activities		
B. Individual face-to-face supervision	At least 1 hour out of every 20 hours of experience (5% of total hours)	
C. Total Hours for this Postdoctoral Experience	A + B = C	

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Nonroutine Progress

Total Nonroutine w Board
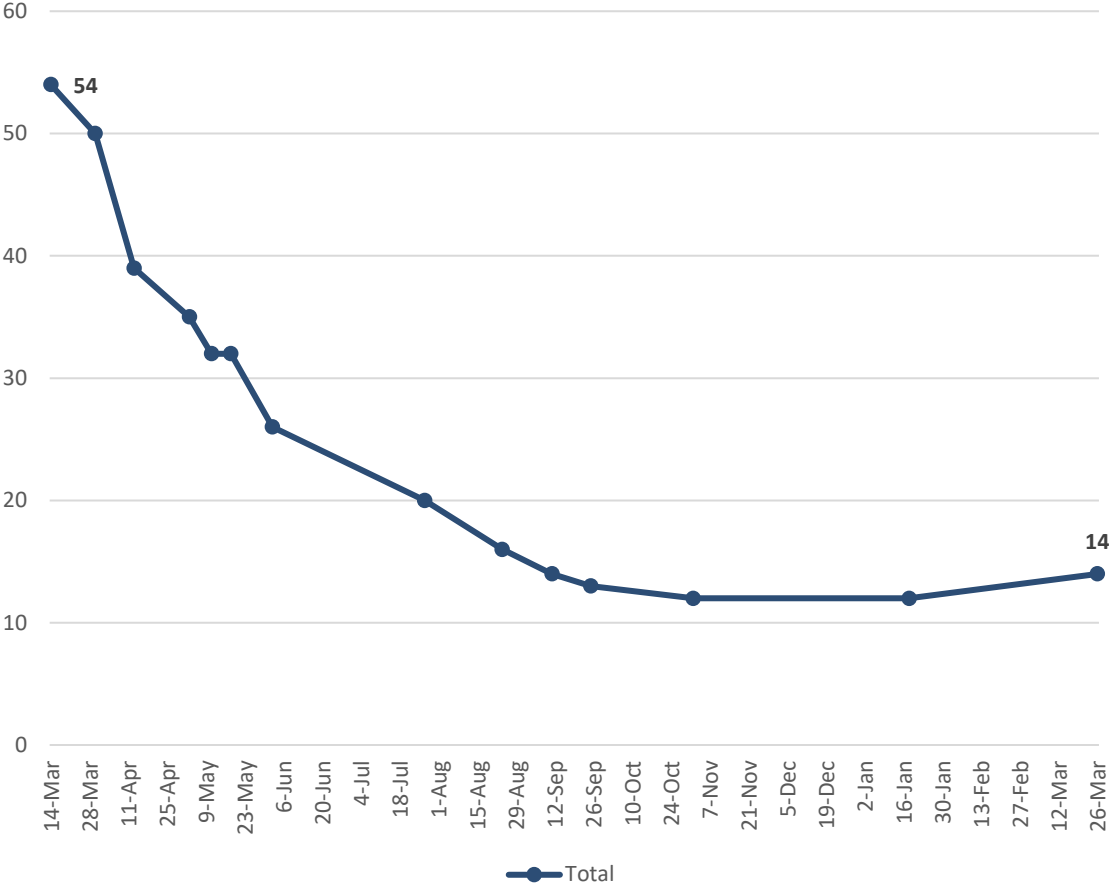
Nonroutine Process Status Count

Average Time to Licensure

Application Date	Credentials Issued		Average # of Days Between Application Date and First Issuance	
	Full Licenses	Temporary Permits	Full Licenses	Temporary Permits
Before 12/9/2022	121	3	625	188
Between 12/9/2022 and 3/9/2023	41	25	160	63
After 3/9/2023	123	140	90	27
*Last update as of 02/28/2024				

Cultural and Interpersonal Framework

How do we see our work?

- Construct and reform systems, culture, and language to take ownership of the entire licensing application process
    - From receipt of application to issuance of license
    - Current procedure does not meet the need
        - Long wait times and pending application lists

How do we change and continuously improve?

- Data-driven management
    - Making the invisible, visible
- Language matters
    - (deficient → incomplete, backlog → pending)
- Maximizing partnerships (Associations, Boards/Commissions, Legislation)
- Evaluate issues and implement improvements previously raised but unable to be addressed

Where are we today?

PROFESSION CREDENTIALING REORGANIZATION

Team and Training (Leadership Resources)

- Preparing our Leaders to support Credentialing Staff
  - Tools for leading larger teams
  - Establishing a Quality Team
    - Understanding the data and data clean up
- Meeting cadence
  - Pre-transition team building
  - Daily Morning Huddles
  - Weekly Tacticals
- Training
  - Leveraging expertise and knowledge
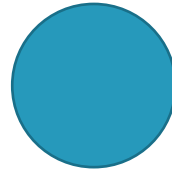 - Developing from least complex to most complex

Credentialing Reorganization Phases

March 1st, 2024

Behavioral Health Professions

Home Care Aides

4 teams, 46 FTEs

April 1st, 2024

Pharmacy

Dental

East Asian Medicine

Nursing Assistants (Cert/Reg), Medical Assistants (Reg)

3 teams, 32 FTEs
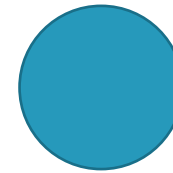
May 1st, 2024

Therapy Professions

Medical Professions

Veterinary

Vision Professions

3 teams, 25 FTEs

Early Accomplishments

Behavioral Health Team 1

➡ Total Pending Applications from 1153 (3/1) to 957 (3/12)

Total Emails from 1328 (3/1) to 900 (3/8)

Morale is high, and acceptance of the merger is solid within Team 8.

The group shares ideas and presents logical solutions that are being evaluated for their ability to implement.

Behavioral Health Team 2

➡ Total Emails from 950 (3/1) to 555 (3/13)

Intakes from oldest date December 19th, 2023 to January 4th, 2024

A more cohesive and supportive work environment, allowing for better communication and collaboration. Employees are feeling valued and motivated, leading to increased productivity.

Joint training discussions have been initiated to provide team members with a broader skill set and a better understanding of various functions

Home Care Aides

➡ Total Emails from 5,851 (3/1) to 4,754 (3/12) taking oldest date from 6/2023 to 10/2023

Final Approvals pending 391 (3/1) to 342 (3/12)

Intakes from 915 (1/15) down to 53 (3/12)

By March 22nd will send closure letters to 2,200 applicants that have not engaged with staff for over 300 days. This process will continue as we work through our large backlog.

Recruiting 8 additional staff.

Process Improvement Project Kickoff 3/14 and planning has begun for "Testing in Training" workgroup (SSSB 5278)

The biggest progress for our team is the morale. The team is excited to be within OHP and are feeling supported and seen.

Next Steps

- **Data-driven management:**
  - Move initial scorecard for all credentials to weekly cadence (from monthly),
  - Set meaningful targets,
  - Pursue more detailed data as resources allow.
- **Policy Alignment:**
  - Work remains in aligning policies and procedures, while not yet fully understood, we will create consistency across both teams.
- **Technology Evaluation:**
  - Are there any technology needs to enhance daily work experience.
  - Consider compatibility issues with their phone system and addressing call volumes.
- **Staffing and Resource Allocation:**
  - Evaluation of staffing levels and resource allocation.
    - Working with HSC3 Supervisors on assessment and forecast of workload distribution, staff development needs and retention.
    - Examples: address the cyclical cycle of temporary positions, improve leadership development and succession planning.
- **Constituent Engagement:**
  - Engaging with profession providers, professional associations, and our BCC's.
  - Clear communication to mitigate any potential concerns and reestablish credibility. Example: update each professions website and provide FAQ's.

Credentialing Improvement Initiatives

- Add resources and tools to Credentialing Staff/utilize existing more effectively
  - Health Enforcement and Licensing Management System (HELMS)
  - Updated, improved, and additional training materials
  - Additional staff
  - New phone lines/team mailboxes
- Add resources and tools to Program Staff/utilize existing more effectively
  - Nonroutine trackers and handoff checklists
  - Adjusted ILRS access
  - Pro Tem Board Members
  - Additional staff
- Improve information available to applicants
  - Website/FAQs/Visuals
  - Improved applications and forms
  - Partner with Associations and interested parties
- Streamline processes
  - Nonroutine
  - 1724 Section 8/9

HELMS Lite: Improving the Customer Experience

- Launches April 24th, 2024

- This is the first of three launches for the HELMS system

- Replaces the existing customer application portal

- Applicants will now have the ability to:
  - Submit applications from their mobile phone or device
  - Update their profile (Locate and edit applications)
    - Significantly reduce paper applications and streamline process
    - Significantly reduce call volume for status updates
  - Delete draft applications
  - Attach required documentation
  - Print payment confirmation and receipt

Second Substitute House Bill 1724
Engrossed Second Substitute House Bill 2247

SSHB 1724 passed in the 2023 Legislative Session

- Increased credential portability of all credentials through substantial equivalency

- Focused primarily on Behavioral Health

- Instructed DOH to work with the public, Examining Board of Psychology, and other interested parties (associations, Boards and Commissions, etc) on creating recommendations for lowering barriers to licensure

DOH recommendations assembled from public listening sessions and implemented by E2SHB2247:

- Remove limits on renewals for associate licenses
- For MFT, reduce the 5-year experience requirement to supervise associates to align with other professions
- Allow applicants for associate license to continue providing care to established patients while their application is pending
- Adopt the social work compact (Not included in 2247, adopted by SHB 1939)
- Align master's level provider CE requirements with other professions by moving the specific hour requirements to rule.
- Allow AAC to practice in Federally Qualified Health Centers
- Remove in-person attendance requirements and reduce CE hour requirements
- Allow professional experience to substitute for practicum requirements
- Reduce the number of years of licensure in a substantially-equivalent state required for licensure by endorsement

Connecting to the Larger Goal

- Align systems and behavior with DOH Values of:
  - Human-centered
  - Equity
  - Collaboration
  - Seven generations
  - Excellence
- Apply cultural lessons to credentialing across professions
- Expand implementation of data-driven management across professions
  - The way we think about data
  - Scorecards
  - HELMS

QUESTIONS?

Contact

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