



Interstate Medical Licensure Compact

From: Marschall Smith, Executive Director

To: IMLCC Commissioners

Date: November 16, 2021

Re: Executive Director request to:

1. Increase FY2022 Spending Authority, and
 2. Authorization to expend funds from the restricted Reserve Fund.
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Executive Summary. The Interstate Medical Licensure Compact Commission (IMLCC) implemented a new system to process applications in August 2020. Development and implementation discussions began in the fall of 2019. The new system was named iStarsII.

The most important thing to keep in mind as you read this document is the process is working, the implementation was a success and we are now making decisions about how best to move forward.

This is a success story.

The approved iStarsII implementation roadmap:

1. Spring 2020 – Update and launch new IMLCC webpage
2. Summer 2020 – Launch initial version of iStarsII – aka Phase I
3. FY2021 – Resolve Critical Issues, System Bugs and Data Integrity Items
4. FY 2022 – Develop and implement Phase II enhancements
 - Project #1 – Application Programming Interface (API or electronic data exchange) development
 - Project #2 – Enhanced Physician Portal
 - Project #3 – Miscellaneous and Additional Enhancement Opportunities
5. FY2023 – Develop and implement Phase III enhancements
 - Project #4 – Financial reporting and tracking
 - Project #5 – Miscellaneous and Additional Enhancement Opportunities
6. FY2024 – Develop and implement Phase IV enhancements
 - Project #6 – Secured Disciplinary and Data sharing space by member boards
 - Project #7 – Miscellaneous and Additional Enhancements Opportunities



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The FY2022 budget development in Spring 2021 by the Technology Committee was submitted fully anticipating that a request for additional budget amounts would need to be considered at the November Commission meeting.

There were 2 key factors related to request to increase spending authority for FY2022:

- The Critical Items Project extended beyond FY2021 into FY2022 and created unexpected/unbudgeted expenses. The project was completed in August 2021, not the end of June, which added 2 additional months of expenses.
- The original budget estimates for FY2022 IT projects and maintenance were approximately \$45,000 per month. The actual expenses reflect a monthly cost of \$100,000.

The Motions to be considered (details are outlined starting on Page 4):

- Motion to increase the spending authority of the executive director by \$400,000.00, from \$2,292,000 to \$2,692,000.00 for FY2022. This motion requires a simple majority to pass.
- Motion to authorize the executive director, under the oversight of the Technology Committee, to expend up to \$400,000.00 from the IMLCC Reserve Fund, as needed to pay expenses related to iStarsII, Phase II, Project #2 enhancements for FY2022. This motion requires a 2/3rd majority to pass.
- Motion to instruct the executive director to proceed with the process to implement an Enhanced Physician Portal at the <Gold, Silver, or Bronze> level, under the oversight of the Technology Committee. This motion requires a simple majority to pass. [Please note that the Gold level is the recommendation from the Technology Committee, the Budget Committee, and the IMLCC Executive Director and staff.]

History. The iStarsII project was initiated by the Technology Committee in the fall of 2019. iStarsII was intended to replace DocuSign as the system used to process applications. DocuSign was a siloed, sequenced process that was very rigid, difficult to maintain and not easily expanded for increased volume. iStarsII is a Customer Relationship Management (CRM) based system that uses Microsoft Azure as the cloud based computing service to handle work flows and data capture. The CRM system allowed for increased data capture and creating workflows to react to changing process needs and had capacity for scaling to meeting increased demands for processing applications and storing information.

The first step in the process was to change the IMLCC webpage in order to switch from the DocuSign process to the CRM process. This was completed in March 2020.

The next step in the iStarsII development was to create new application processing system. This was completed in August 2020 with the launch of iStarsII.



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iStarsII included data capture ability and data flow models designed. All centered around processing:

- Initial Applications,
- Selection of States,
- Renewal of issued licenses,
- Letter of Qualification (LOQ) reapplications,

- Additional Selection of States, and
- Redesignation of the State of Principal License (SPL).

This initial implementation was intentionally limited in scope and restricted unitization and that 4 key components would need to be developed in subsequent years via phases outlined above. This decision to split the complete implementation into phases was driven by two primary considerations:

1. **Funding.** It was decided that, while the IMLCC has sufficient reserves to pay for the full project, it would deplete those reserves below an acceptable level.
2. **Resources.** The management of multiple development contractors, testing requirements, and integration of multiple contractors exceeded the human resources available at the time. The oversight required by the IT Manager could be accomplished by dividing the project into different parts.

Following established IT system implement processes, lists of critical items, system bugs, data integrity items were started. These terms were used to prioritize funding and people resources as items were identified by member boards, physicians, contractors, and/or IMLCC Staff resources:

- “Critical items” were defined as items where a designed a process or workflow that did not accomplish the desired results and usually required that a manual work-around be put in place until the critical item issue could be resolved. An example is related to the processing of credit card payments with the 3rd party vendor, there was no mechanism developed to record the transaction or its results in iStarsII. This data was captured manually by IMLCC staff from the 3rd party vendor during the month it took to resolve.
- “System bugs” were defined as items where a process or workflow was not working. Again, a manual work-around was put in place until the bug was fixed. An example is the situation where an application becomes “stuck” in the process and cannot be advanced without manual intervention. The system bug is that the stuck application should appear on an exception report, however, the initial design did not anticipate the need for an exception report to be generated. This example is an ongoing effort.
- “Data integrity items” were defined as problems created from the data imported from DocuSign. The DocuSign application allowed for free form input into the application and iStarsII has defined data fields. An example was in the physician’s title field, iStarsII was expecting MD, but DocuSign allowed input with MD, some were recorded as M.D., some as M.D, some as Medical Doctor, etc. The data integrity clean-up is an ongoing issue and final resolution can occur after the DocuSign process is retired on October 15, 2021.



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FY2022 Budget situation.

The IT budget for FY2022 is \$535,500 and is made up of the following categories:

- Budget Category 1701 – Computer Service Support = \$200,000.00
- Budget Category 1702 – CRM Projects – Project #1 API development = \$60,000.00
- Budget Category 1703 – SharePoint Projects – Project #3 Miscellaneous = \$60,000.00
- Budget Category 1704 – iStarsII enhancements – Project #3 Miscellaneous = \$60,000.00
- Budget Category 1705 – Purchased user seats = \$50,000.00
- Budget Category 1710 – Enhanced Physician Portal - Project #2 = \$60,000.00
- Budget Category 1799 – Miscellaneous IT Projects = \$45,500.00

Budget Category 1701 – Computer Service Support. This budget category was significantly impacted by the critical items project and is projected to be over budget by approximately \$90,000. Funds will be reallocated from other categories to ensure that our vendors will be paid to maintain our system and webpage. Most likely funds will be reallocated for Categories 1703 (\$60,000) and 1799 (\$30,000).

Budget Category 1702 – iStarsII Project #1 – API development. This project is currently underway is projected to be over budget by approximately \$100,000.00. Most likely funds will be reallocated from Categories 1704 (\$40,000) and 1710 (\$60,000.00).

Budget Category 1703 – SharePoint Projects – This budget category did not have any specific projects assigned but was a general budget category designed to fund iStarsII Project #3. This budget category will be reallocated to Category 1701.

Budget Category 1704 – iStarsII Enhancements – This budget category is being used to pay for the data mapping project at present and will be reduced to an amount to complete that project, with the remainder reallocated to Category 1702.

Budget Category 1705 – Purchased user seats – This budget category pays for the “seats” used by member board and IMLCC staff for access to the iStarsII system. The spend rate is on target and no changes will be made to this budget category.

Budget Category 1710 – Enhanced Physician Portal – iStarsII Project #2 – This budget category will be reallocated to Category 1702. Creating a new budget allocation and funding that allocation is the primary subject of this memo.

Budget Category 1799 – Miscellaneous IT Projects – This budget category is used to pay for miscellaneous projects, including enhanced and non-routine security and data integrity scans. It will be reduced and \$30,000 of the \$45,000 budgeted will be reallocated to Category 1701.

iStarsII Project #2 – Enhanced Physician Portal Options. The basic decision is should this project be funded this fiscal year or postponed to next fiscal year.

It is the recommendation of the Technology Committee, the Budget Committee and the executive director that this project be funded this fiscal year at the Gold level.



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If the decision is to proceed this fiscal year, then additional spending authority will be funded from the Restricted Reserve Fund, as revenues for FY2022 are not projected to be sufficient to cover the increased expense.

The cost estimates provided below are based on information provided from different vendors discovered and discussed during IMLCC staff research over the prior 9 months. And if approved the first step will be send a request for formal proposals, outlining costs and requirements. The costs indicated below are maximum spending amounts – there will not be a request for additional funds. Formal proposals in excess of the amounts for each level will not be accepted.

The levels outlined below represent the proposals to resolve Project #2, with the version selected considered “final”. A change or adjustment to the selected level would require that a new project be initiated by the Technology Committee. The costs disclosed below that are beyond FY2022 will be including in the FY2023 budget request and will need to be obtained from projected revenues – the request to use reserve funds is a onetime event.

The Bronze level provides the minimal requirements for a physician portal, with the additional information available to the physician and IMLCC staff, with minimal utilization by member boards. This level replaces the manual process currently performed by IMLCC staff to provide requested information to physicians via Excel spreadsheets and updating application information by IMLCC.

The Silver level would be accomplished by contracting with a vendor to create functionality that already exists in the marketplace provided by different vendors. This level will have many features of the Gold level, but restricted in utilization by physicians, member boards and IMLCC staff. This level builds on the Bronze level.

The Gold level would provide the most benefit to the physician, member boards and IMLCC staff by creating a comprehensive, fully automated physician portal gained through leveraging the knowledge and expertise of a vendor. Physicians report two primary pain points in holding multi-state licenses, one is the cost and the second is the difficulty in tracking each state’s unique renewal processes, primarily tracking CME and the wide variety of renewal windows. Member boards report difficulty in the process of tracking physician compliance with state specific licensing and renewal documentation from multiple sources in different formats. The issues surrounding the wasted efforts of duplicate applications, both for initial license and renewals can be solved with a system that tracks all of a physician’s licenses, not just IMLCC issued licenses. Member boards and IMLCC staff gain efficiencies by having a single repository for physician demographics, practice information and primary sourced CME information. It also moves the IMLCC several leaps forward and establishes our organization as the leader in the discussion of how state-based physician licensure provides the highest level of practice safety by using the IMLC based application process to obtain those licenses quickly. And once obtaining the tracking and renewal of those licenses is easy and done from a single source. This level is a paradigm shift to looking at physician, member board and IMLCC staff pain points and solving them.



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Levels. – Details about the features of each level are outlined in the chart below:

- **Gold** = Estimated development cost of \$70,000 per month X 6 months = \$420,000.00 (\$200,000 upfront) with ongoing costs of between \$96,000 and \$120,000/month (\$96.00 per physician per year – estimated at 10,000 to 15,000 physicians) – Ongoing costs will be part of the FY2023 budget request.
 - Accomplished via contract with a vendor who will develop and maintain the portal – either through currently developed applications or vendor-built applications.
 - Access to the portal information is controlled by the physician, with the option to add non-IMLCC issued licenses, including expired and previously issued lapsed licenses. The physician will be required to authorize access to the IMLCC and member boards. Physician has option to provide access to other parties such as CME providers, employers, malpractice insurance providers, hospital credentialing staff, etc.
 - CRM information separated – interaction between the CRM and the portal will be established via secured, authenticated pathway
 - Actively resolves the top physician concern about tracking and maintaining licenses in multiple states by creating a “one-stop shop” opportunity for physician licensure
- **Silver** = Estimated cost \$60,000 per month X 6 months = \$360,000.00 with ongoing costs of \$10,000/month – Ongoing costs will be part of the FY2023 budget request.
 - Accomplished via contract with developer to build system from the ground up
 - Information and access to the portal information will be via CRM security levels and limited to physician, member board, and IMLCC staff
 - Portal will be integrated within the CRM
 - Data fields available for display and updates will be limited to those available in the current CRM environment
- **Bronze** = Estimated cost \$10,000 per month X 6 months = \$60,000 with ongoing costs of \$10,000/month – Ongoing costs will be part of the FY2023 budget request.
 - Accomplished via contract with developer to create workflow using existing data fields within CRM
 - Information and access to the portal information

All the levels include:

1. Allowing for physician updates to:
 - Home Address
 - Home Phone
 - Business Address
 - Business Phone
 - Primary Email Address
 - Secondary Email Address



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2. The profile will display, at a minimum, all of the above plus:
- Each IMLCC issued License
 - State
 - License number
 - Issue Date
 - Expiration Date

Additional features of the Enhanced Physician Portal include:

Feature	Gold	Silver	Bronze
Member Board Access	X	X	NA
SPL license information	X	X	NA
State specific information required prior to license usage (i.e., setting up state board profile, juris prudence exam requirements, malpractice insurance requirements, etc.)	X	NA	NA
Listing and tracking License Renewal requirements	X	Via link to member board webpage only	NA
Control duplicate application by recording and tracking non-IMLCC license information	X	NA	NA
Name Changes	X	NA	NA
Non-IMLCC license information	X	NA	NA