Report on the Chiropractic Quality Assurance Commission Pilot Project

Pursuant to Second Substitute House Bill 1518, Section 1 (Chapter 81, Laws of 2013)

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Executive Summary

In 2013, the Washington State Legislature enacted Second Substitute House Bill 1518 (2SHB 1518). This legislation authorized the Chiropractic Quality Assurance Commission (commission) to conduct a five-year pilot project, and directed the commission and secretary of health (secretary) to develop a report to evaluate the effect on the commission's performance of granting it additional authority over budget development and staffing. The report covers aspects of performance before and after the pilot project was initiated, and provides the results of a review of national research regarding regulatory effectiveness and patient safety.

Without action by the legislature, the commission's additional budget development and staffing authority granted under the pilot project will expire on June 30, 2018.

Initial actions in the pilot project focused on commission staffing and strategic planning. Prior to initiation of the pilot project, staff working with the commission also supported the work of many other boards and programs in the Department of Health (department). The pilot project allowed for the hiring of full-time staff to establish a team devoted exclusively to the work of the commission. The commission created work groups to generate ideas and develop plans for improving operations and performance. Effective governance and patient safety were primary objectives in the process.

The commission and the department maintain a close partnership and effective working relationship. Together, we negotiated a joint operating agreement which has benefited both organizations. Functions including the licensing of chiropractors and managing disciplinary cases were transferred from central units in the department to commission staff. The transitions were carefully and thoughtfully planned and implemented. The commission has been pleased with the services it has received from department investigative, legal, and other support units, and has no plans to transition these functions. Working with the department, to date the commission has achieved significant improvements in patient safety and professional standards, while enhancing board operations, services, and productivity.

Key results include:

- Creating a multi-function team and organization focused on the chiropractic professions that provides one-stop, responsive, quality services to the public, licensees, applicants, and partner organizations;
- Reviewing and identifying updates to the full chapter of chiropractic administrative rules, working closely with stakeholders and experts to improve patient protection and professional standards;
- Restructuring the commission leadership, committee, and team framework, significantly increasing the capacity to accomplish work and projects during and between meetings;
- Creating and implementing measures and tools that help the commission monitor its performance, successes, and opportunities for improvement;
- Successfully transitioning the customer service, licensing, disciplinary case management, and disciplinary compliance functions from central units in the

department to commission staff;

- Implementing a new expert witness and provider mentor recruitment program to support commission disciplinary processes and patient safety;
- Developing an evidence-based process to review and evaluate possible additions and changes to the list of state-approved procedures and instrumentation used in chiropractic practice; and,
- Creating multimedia educational presentations to enhance provider understanding regarding state standards, regulations, and commission goals, objectives, and processes.

In recognition of its accomplishments in the pilot project, the commission received the Wiley Outstanding Chiropractic Board award for 2017 from its national board organization, the Federation of Chiropractic Licensing Boards (FCLB). This annual award recognizes a single board that has exemplified standards of excellence and the achievement of ambitious goals, serving as a model for all chiropractic licensing boards.

Recommendations:

With the conclusion of the chiropractic commission's pilot, three pilot projects have now been completed. The findings of the three pilots, as well as the national research on regulation and patient safety in the report, will now be reviewed and considered by the department for improving approaches and resource utilization in the other commissions, boards, and secretary programs.

1. Based on the results of the commission pilot, the commission and department recommend that the staffing and budgetary authority granted to the commission under the pilot project and scheduled to expire on June 30, 2018, be made permanent by the legislature.
2. The department recommends that no additional pilot projects be authorized for other commissions and boards, as the three completed pilots provide results and sufficient information for possible utilization in enhancing the business model of the other commissions and boards.

Chapter 1 - Introduction and Background

Public Protection Mandate

As defined in Revised Code of Washington (RCW) 18.25.002, the commission was created to regulate the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality healthcare to the residents of the state. The commission accomplishes its mandate through a variety of activities working with the department, state agencies, national organizations, licensees, patients, and other stakeholders.

The Chiropractic Profession in Washington State

Chiropractors have been licensed in Washington since 1919 to diagnose or analyze, and care or treat the vertebral subluxation complex and its effects, articular dysfunction, and musculoskeletal disorders, all for the restoration and maintenance of health and recognizing the recuperative powers of the body. (RCW18.25.005)

Requirements for chiropractor licensure in Washington include graduation from a Council on Chiropractic Education accredited chiropractic college consisting of a course of study of not less than 4,000 classroom hours of instruction. In addition, applicants for licensure must pass the National Board of Chiropractic Examiners examination, an examination on Washington State laws, and a criminal background check. Annual continuing education is required in order to retain state chiropractic licensure.

About the Commission

The commission is responsible for the regulation of 2,534 chiropractors and 218[1] chiropractic x-ray technicians currently licensed in the state. It is composed of 14 members, including 11 chiropractors and 3 public members. Members are appointed by the governor and serve four-year terms. Chiropractors who serve as commission members must have been licensed to practice in Washington for a period of five years before appointment. The list of the current commission members and cities of residence is contained in Appendix A. The commission usually meets at least six times a year, but has met as often as monthly when necessary to achieve important objectives.

The activities and staff of the commission are supported entirely by fees collected for licenses, and funds collected related to commission enforcement actions. No state general funds are ever required for commission operations.

[1] As of July 1, 2017, 2015-17 Uniform Disciplinary Act Biennial Report.

Health Profession Regulation in Washington State

Chiropractors and chiropractic x-ray technicians are two of the 85 health professions regulated within the department. Along with 4 other commissions and 12 boards, the commission works closely with the department's Health Systems Quality Assurance (HSQA) Division to accomplish the important work of protecting the public and providing services to the health professions.

As the largest division within the department, HSQA:

- Regulates and supports more than 465,000 health professionals in the health professions, and 7,000 health facilities, groups and programs;
- Is the primary contact for the public, healthcare providers, facilities, emergency management services, and many other customers, responding to about 20,000 phone calls and thousands of emails each month;
- Processes new applications for approximately 400 health professionals each day;
- Receives and reviews nearly 9,800 reports and complaints regarding healthcare providers, facilities, or services, and inspects thousands of facilities each year;
- Investigates and prosecutes disciplinary cases involving healthcare providers and facilities;
- Inspects and regulates medical and community facilities; and
- Supports boards and commissions in their development of rules that define qualifications to practice and other standards based on authority granted by the legislature.

Pilot Project Legislation

In 2013, the Washington State Legislature enacted 2SHB 1518. This legislation permitted the commission to conduct a five-year pilot project to evaluate the impact on commission operations of having additional authority over budget development, spending, and staffing. The legislation also authorized the commission to hire its own executive director and to empower that executive director to carry out the administrative duties of the commission and manage its staff. The bill, therefore, shifted the primary authority for financial and personnel matters from the department to the commission for the duration of the pilot project.

The bill also required the commission to negotiate with the secretary to develop performance-based expectations focused on consistent, timely regulation of chiropractic healthcare professionals. Lastly, the bill required the commission and the department to submit a report on the results of the pilot project to the legislature and governor. This report, submitted in compliance with that requirement, describes the commission's activities and performance prior to and during the pilot project in the areas of staffing, licensing, discipline, regulation, and budget, as well as a summary of recent national research regarding regulatory effectiveness and patient safety.

Similar five-year pilot projects with the Nursing Care Quality Assurance Commission (NCQAC) and the Medical Quality Assurance Commission (MQAC) were successfully completed in 2013. As a result, the authority for budget and staffing granted to those commissions during their pilot projects were made permanent by the legislature that year, also in 2SHB 1518.

Without action by the legislature in the 2018 session, the commission's pilot project, including its additional budgetary and staffing authority, will end on June 30, 2018.

Chapter 2 - Pilot Project Goals, Planning, and Implementation

The commission very much appreciated the opportunity to participate in the pilot project and explore approaches that could improve patient safety and the services to our health providers.

Initial Pilot Activities

Initial actions in the pilot project focused on commission staffing, establishing new management and reporting roles, and obtaining necessary office facilities and resources.

Prior to the pilot project, staff working with the commission also supported many other boards, committees, and programs in the department. In the case of the executive director, the individual serving in this role also served as the executive director for 16 other health professions, and was therefore previously able to devote approximately 10 percent of his time to commission activities. Under the pilot project, the commission was able to hire full-time staff, establishing a team devoted exclusively to the work of the commission.

With the authority vested in it through the pilot legislation, the commission took on the new roles for oversight of its personnel, finances, and operations. This involved much discussion and decision-making regarding the roles of the executive director, staff, commission leadership, and the full commission in the activities of the program. Processes were established for ongoing communications, planning, and reporting in the pilot project.

The commission and department initiated work on a joint operating agreement that provided an excellent framework for collaboration, benefiting both organizations during the pilot.

Strategic Planning

The commission initiated a strategic planning process to identify values and goals of the pilot.

Through a series of discussions and brainstorming sessions, the commission identified values it considered foundational to how the project would be carried out. These included protecting the public; providing excellent service; creating a strong team and positive organizational culture; making a commitment to effective board governance policies and procedures; being accountable, open to new ideas, and friendly and helpful; communicating respectfully and openly; taking risks after thoughtful planning; using creative problem solving; and being good stewards of licensee and applicant dollars.

The commission adopted the following primary goals for the pilot project:

1. Increase public health protection through improved standards and regulations;
2. Enhance organizational structures and processes, personnel utilization, and systems for providing services to the public and providers;
3. Maintain strong relationships within the department and other state entities and national organizations to achieve mutual goals;
4. Improve provider knowledge and understanding of professional standards and requirements to strengthen patient safety; and
5. Develop and maintain effective systems for monitoring and managing resources and spending.

Workgroups

The commission established workgroups for investigation, legal, administration, and finance to identify objectives that would be instrumental in achieving the pilot goals. Workgroups reviewed a wide spectrum of topics such as commission authority, roles, organization, functions, workflows, resources, and performance. The workgroups collaborated with subject matter experts in the department to increase their understanding of the activities in the function and to identify opportunities for improvement or enhancement.

The workgroups recommended, and the commission approved, the following initiatives:

- Create a central commission office for applicants, licensees, and the public;
- Identify needed updates and additions to chiropractic rules and regulations to improve professional standards and public protection;
- Enhance communications, coordination, and timeliness in all phases of the disciplinary process;
- Improve the flow of work and activities with staff, commission members, and the commission as a group;
- Improve commission operations procedures and policies;
- Develop in-person and online presentations on state regulations and policies, and the role of the commission; and
- Consult with and work closely with the department management on any transitions or processes related to the pilot.

The results of these initiatives are presented in Chapter 3.

Chapter 3 – Pilot Project Accomplishments

To date, the commission has made great progress toward completing the initiatives identified in the pilot project planning phase.

Multi-Function Commission Organization

The commission created a five-member central office to staff the multiple functions transitioned from central units in the department to commission staff.

Commission staff continue to provide its long-standing services to the commission and regulatory guidance to licensees and the public. Now, in addition, commission staff also provide direct assistance to all categories of customers and stakeholders, including chiropractic license applicants, chiropractor and chiropractic x-ray technician licensees, complainants, and respondents involved in potential disciplinary cases, and licensees under disciplinary compliance requirements.

Processes for licensing chiropractors and chiropractic x-ray technicians have steadily improved in the commission office during the pilot. As a result, the office has been able to reduce the average time to issue licenses after all documents have been received from five days to less than a day.

With the transition of the case management and compliance management functions (or roles) into the commission organization, it now has in-house personnel to coordinate all phases of the commission's disciplinary process.

The commission has received positive feedback from licensees and consumers regarding the new organization, as well as from the leadership and members of the Washington State Chiropractic Association, regarding these services. Customers are particularly pleased that many different types of questions and requests can be handled with a single call or contact with the same office or staff member.

With the consolidation of functions, the commission has instituted cross-training of its staff on the expanded functions and services provided by the office, which will continue. This will help ensure continuity in the delivery of services should there be significant staff absences or position vacancies. Discussions have been initiated with the department regarding potential backup and contingency agreements to further mitigate this area of risk. Cross-training also enables the staff to gain experience and knowledge in multiple areas of responsibility, in essence a built-in career development program for all commission employees.

The commission has realized several additional benefits from the synergy of consolidating functions. For example, as members of the commission staff, employees who regularly answer customer questions regarding commission regulations or license requirements are also involved in the commission's regulation review process and can share experiences regarding common regulatory misconceptions and observed needs, thus providing enhanced customer service.

With the ability to hire and direct its own full-time staff, the commission is able to refocus and quickly shift work as priorities change. In particular, the full-time executive director serves as a strong advocate on behalf of the commission whenever and wherever needs arise.

The commission has been pleased with the support services received from the department investigative and legal service teams, and has no plans to transition these functions. It is also continuing to utilize the department complaint intake office, as it provides a convenient and central point of contact for members of the public to file a complaint against health providers for nearly all the healthcare professions.

Regulatory Improvements Impacting Patient Safety

During the pilot project, the commission reviewed and identified updates and additions to the full chapter of chiropractic rules under the Washington Administrative Code, working closely with stakeholders and experts to improve patient protection and professional standards.

The commission has identified needed changes to 63 rules during the pilot and initiated rulemaking, compared to only three rule revisions during the five years prior to the pilot.[2] In order to accomplish this comprehensive review, the commission met monthly instead of bimonthly for over a year. Managing this volume of work in conjunction with other ongoing commission responsibilities could not have been accomplished as quickly or as competently without the enhanced workload capacity provided by a full-time staff.

Of particular significance, the following rule changes are in progress and impact safety and care related to practice standards. The commission plans on completing this rulemaking by the end of the pilot period.

- Patient Solicitation Prohibitions ("Ambulance-Chasing")
  Some chiropractors and third parties contracting with chiropractors have obtained accident victims' names and contact information from law enforcement offices, and have misled victims into believing that they must use the chiropractor in order to maintain insurance coverage. A new rule would significantly diminish the ability of chiropractors to contact and solicit the business of accident victims.

- Patient Care Foremost
  This rule establishes higher standards including the requirement that patient welfare be the highest priority, the chiropractor always act in the best interest of the patient, the prohibition of exaggerated evaluations and diagnoses, and the requirement that the chiropractor provide the highest quality of care regardless of patient reimbursement.

- Honest Advertising
  This rule establishes standards regarding the presentation of qualifications, credentials, and care setting to the public.

- Higher Radiographic Standards
  This rule provides detailed procedures and requirements for taking, documenting, and maintaining patient x-rays.

[2] There was a rules moratorium in place from 11/17/2010-1/1/2013 by Governor's Executive Orders 10-06 and 11-03.

- Prohibiting the Use of Needles by Chiropractors
  This rule clarifies that procedures involving needles including acupuncture are not in the chiropractic scope of practice.

- Sexual Misconduct
  This rule clarifies the parameters of professional boundaries and sexual misconduct.

- Temporary Practice Permit and License Reactivation Rules
  These rules streamline temporary license and practice permit requirements and combine several license reactivation rules. As a result, patients will have increased access to chiropractic care.

- Records Retention
  This rule clarifies how long chiropractors must maintain patient records, and the options for maintaining those records when the chiropractor retires, relocates, or closes practice. As a result, patients will have better access to their treatment records.

Commission Restructuring and Process Improvements

With the assumption of significant additional personnel and financial responsibilities, it was necessary for the commission to consider new approaches and tools for accomplishing its business.

Changes have positively impacted the commission's productivity at meetings and the accomplishment of work between meetings.

Of significance was the streamlining of the commission's committees. In keeping with the multi-function management concept adopted in the commission office, seven task-focused committees were replaced by two committees capable of completing any category of work. To provide the leadership for both committees, a second vice-chair position was created. An added benefit of this structure is the vice-chairs' experience managing his or her committee, which is excellent preparation for serving as commission chair.

The new commission leadership structure greatly assists in continuing important work and activities between meetings. Staff have weekly conference calls with the commission chair and vice chairs to discuss work progress and priorities, as well as to develop materials and plans for the next meeting.

New tools have also been created for the commission to track key areas of its business and operations. Open case status reports and compliance status reports are produced and provided to members at each meeting. These reports not only provide a global understanding of disciplinary trends, but additional details that help members keep track of their assigned cases.

Commission staff created a financial summary report to provide a snapshot of income and expenses, as well as information showing trends in specific operational categories and fund reserves. An example financial summary and trends report is in Appendix B.

Through close ongoing monitoring of income and expense trends, working with department finance staff, chiropractic licensing fees were lowered three times during the pilot, resulting in an

overall fee reduction of 30 percent.

Standards for the task completion in the newly assumed functions have been adopted by the commission. Appendix C shows the commission's standards for accomplishing activities in the area of compliance.

Evidence-Based Decision Making

As established in RCW 18.25.005, a duty of the commission is to identify the types and use of diagnostic and analytical devices and procedures that are appropriate given the chiropractic scope of practice defined in the statute.

Over the years the commission has desired greater structure and a better process for deciding which chiropractic devices and procedures are appropriate and safe.

To improve this process, a new policy and procedure was created. (See Appendix D) Requests for approval by the commission of a chiropractic device or procedure must now meet many established standards.

The policy requires that such requests address the following:

1. The relationship of the procedure or instrument to chiropractic care in Washington;
2. The scientific basis and research relevant to the procedure or instrument, including references;
3. Evidence of the potential risks and benefits of the procedure or instrument to chiropractic patients; and
4. If the procedure or instrument is taught in accredited chiropractic colleges.

Under this policy, in reviewing such requests, the commission must consider:

1. If utilization of the requested procedure or instrument by chiropractors is consistent with the chiropractic statute;
2. If other statutes may be relevant to the device or procedure;
3. The quality of current research regarding the scientific basis for the procedure or instrument;
4. To what extent the procedure or instrument would impact directly and positively on chiropractic care in Washington;
5. The risks and benefits of the procedure or instrument to patients, and to what extent the benefits outweigh the risks;
6. To what extent the use of procedure or instrument is taught in accredited chiropractic colleges; and
7. If approval of the instrument or procedure would be viewed as controversial by the profession or other stakeholders.

The commission found that this evidence-based approach is exactly what was needed to improve decision making and documentation in this important area. The commission is also exploring additional applications of this approach to other issue areas and activities.

Expert Witness and Provider Mentor Recruitment Program

Expert witnesses are used to evaluate disciplinary cases for the commission and also to testify at disciplinary hearings. Provider mentors assist health providers in meeting remedial and other requirements to comply with disciplinary orders.

During the last few years, the commission has been concerned about the small pool of chiropractors currently available to serve in these roles.

Working with the department legal unit and the Office of the Attorney General, a new procedure for expert witness and provider mentor recruitment and selection has been created to increase these provider pools.

Educational Program

The commission has created a multimedia program to educate both new and current chiropractors on the role of the commission, state laws and rules, common practice violations, and the disciplinary process. The presentation was designed for use at in-person sessions around the state as well as in an on-demand online video.

National Recognition

The FCLB is the organization comprised of member chiropractic licensing boards working to fulfill their statutory obligations to regulate the profession for public protection.

The mission of the FCLB is to maintain high, uniform standards in areas related to chiropractic licensure, regulation, discipline, and education. FCLB members include boards having jurisdiction to license or regulate the practice of chiropractic in all states, provinces, commonwealths, and territories of the United States, Australia, Canada, England, Mexico, and New Zealand.

In recognition of its accomplishments in the pilot project, the commission received FCLB's Wiley Outstanding Chiropractic Board award for 2017. This annual award recognizes a single board that has exemplified standards of excellence and the achievement of ambitious goals, serving as a model for all chiropractic licensing boards.

Chapter 4 - Comparative Analyses

2SHB 1518 required comparative analyses of licensing, disciplinary, and budgetary activities[3] of the commission, other boards and commissions, and health profession programs under the authority of the secretary before and during the pilot. The following sections discuss and present these analyses. In each section, data is compared for the chiropractic health professions (chiropractic commission), for other health professions that are regulated by either a board or a commission (other HSQA boards and commissions), and for health professions that are regulated by the department rather than a board or commission (secretary professions).

Credentialing Activity Comparative Analyses

Board, commission, and department credentialing[4] staff work to ensure public safety by verifying that applicants for healthcare credentials comply with regulatory requirements to practice in their respective professions, and issuing credentials only to qualified providers, emergency medical services, and facilities. These processes provide the opportunity to assess an applicant's fitness to practice, and often trigger further review for potential denial or restriction.

- **Step 1** - Revenue Cash Receipt: Applications and payments are received by the department revenue office.
- **Step 2** - Intake: Applications are sorted, stamped with date received, and file created.
- **Step 3** - Review: Applications and supporting documents are reviewed for verification of credential specific requirements.
- **Step 4** - Background Checks: Washington State Patrol (WSP) background check and National Health Integrity and Portability Data Bank (HIPDB) check for all applications. Fingerprint based FBI background checks are completed on applicants with out of state addresses.
- **Step 5** - Issue the license or refer the application to case management.

Performance Measure 1.1: Healthcare credentials issued within 14 days after receiving all required application documents

The department and the commission agreed to utilize the licensing, disciplinary, and budgetary performance measures established in the prior pilot projects. Issuing licenses within 14 days after receiving all required application documents continued to be recognized as the primary measure of credential timeliness. Prior to the commission pilot, department staff credentialed all health professions with the exception of professions regulated by the Medical Quality Assurance Commission (MQAC) (allopathic physicians and physician assistants) and Nursing Care Quality Assurance Commission (NCQAC) (registered nurses, licensed practical nurses, advanced registered nurse practitioners, and nursing technicians). As discussed in Chapter 3, commission staff assumed credentialing responsibilities for chiropractors and

[3] The regulatory and personnel activities prior to and during the pilot are discussed and compared in the prior chapters.

[4] Credentialing is the general term used to reflect activities that include the issuing of licenses, certifications, permits, endorsements, and registrations.

chiropractic x-ray technicians during the pilot, in fiscal year 2016.

Table 1.1 Number and annual percentage of credentials issued within 14 days in the fiscal year before the pilot (FY 2013) and the fiscal years during the pilot (FY 2014-2017)

Comparison Group	FY2013 (Pre-pilot)		FY2014		FY2015		FY2016		FY2017	
	Credentials Issued	Percent Issued within 14 days	Credentials Issued	Percent Issued within 14 days	Credentials Issued	Percent Issued within 14 days	Credentials Issued	Percent Issued within 14 days	Credentials Issued	Percent Issued within 14 days
Chiropractic Commission	124	61%	123	81%	183	98%	147	97%	119	96%
Other HSQA Boards and Commissions	23,950	84%	28,553	87%	31,636	96%	34,806	97%	35,771	95%
Secretary Professions	23,936	41%	42,381	70%	34,152	86%	29,526	94%	24,990	79%[5]

As seen in the above table, comparing the prior year to the beginning of the pilot (FY 2013), the commission, other boards and commissions, and secretary professions all achieved dramatic improvements in issuing credentials within the 14-day deadline during the pilot.

Disciplinary Activity Comparative Analyses

As discussed in the prior chapters, health professions in Washington are regulated by either the secretary or one of 17 boards and commissions. One profession has split authority. The Board of Massage has licensing authority but the secretary is the disciplining authority.

The chiropractic commission is the disciplinary authority and makes all decisions regarding complaints and cases involving chiropractic health providers. During the pilot, the commission chose to contract with the department for investigation and legal services to assist in evidence gathering and case decision making. The below disciplinary statistics for the chiropractic commission therefore reflect the joint efforts of the commission and the department.

Steps in the disciplinary process for healthcare professionals include:

Step 1 - The department, board, or commission receives a report alleging unprofessional conduct by a healthcare professional.

Step 2 - The disciplining authority assesses the report and determines whether it should be investigated as a complaint, or if the case should be closed without investigation.

Step 3 - If authorized, an investigation is performed to gather facts, statements, records, and other evidence related to the complaint.

Step 4 - The disciplining authority reviews the investigation report and evidence, and determines whether to close the complaint, take informal action, or take formal legal action.

Step 5 - If legal action is appropriate, an adjudicative proceeding is initiated. For secretary

[5] Budget deficits have occurred during this timeframe and secretary professions are some of the highest volume professions. The credentialing section delayed hiring, held positions open, and did not cover extended leave with non-permanent staff in order to remain within budget. This impacted the timeframes to issue credentials.

authority professions, a health law judge issues a final agency decision. For boards and commissions with disciplining authority, a panel of the board or commission makes the final decision. Following resolution through either settlement or hearing, compliance with the order is monitored. If the licensee is non-compliant, further action may be initiated.

Performance Measures 2.1 through 2.7

2SHB 1518 required the comparison of the effectiveness of disciplinary activities before and during the pilot project. In preparation, the secretary, boards, and commissions each tracked the following performance measures related to the disciplinary process:

Performance Measure 2.1 - Intake/assessment done within 21 days
Performance Measure 2.2 - Investigations done within 170 days
Performance Measure 2.3 - Case disposition done within 140 days
Performance Measure 2.4 - Current investigations over 170 days
Performance Measure 2.5 - Current cases in case disposition over 140 days
Performance Measure 2.6 - Orders that comply with the sanction schedule

Performance Measure 2.1: Intake/assessment steps done within 21 days.

Washington Administrative Code (WAC) 246-14-040 states the disciplining authority should assess an initial report of unprofessional conduct within 21 days. During the assessment period, a report is either closed or authorized for an investigation. If an investigation is authorized, the report becomes a complaint. A case that exceeds the 21-day assessment period is subject to enhanced management oversight. Table 2.1 documents the extent to which the intake/assessment step for reports of unprofessional conduct was completed within the timeframes set in rule for the pre-pilot period of fiscal years 2009-2013, and the fiscal years 2014-2017 period of the commission pilot to date.

Table 2.1: Percent of cases in which the intake and assessment steps were completed within 21 days prior to the pilot project (fiscal years 2009-2013) and during the pilot project (fiscal years 2014-2017)

Intake & Assessment Steps Completed within 21 Days	Chiropractic Commission	Other HSQA Boards/ Commissions	Secretary Professions
Pre-Pilot Performance (FY 2009-2013)	94%	94%	97%
Pilot Period Performance (FY 2014-2017)	93%	93%	94%

During the period of the pilot, the completion of intake and assessment by all disciplinary authorities remained high during the pilot project.

Performance Measure 2.2: Investigations done within 170 days.

WAC 246-14-050 defines an investigation as "the process of gathering information which examines the complaint and the situation surrounding the complaint." The basic time period for investigation is 170 days. A case that exceeds the 170-day investigation period is subject to enhanced management oversight. Table 2.2 documents the extent to which the investigation step was completed within the timeframe set in rule for the pre-pilot period of fiscal years 2009-2013, and the fiscal years 2014-2017 period of the commission pilot to date.

Table 2.2: Percent of cases in which the investigation step was completed within 170 days prior to the pilot project (fiscal years 2009-2013) and during the pilot project (fiscal years 2014-2017)

Investigation Step Completed within 170 Days	Chiropractic Commission	Other HSQA Boards/ Commissions	Secretary Professions
Pre-pilot Performance (FY 2009-2013)	60%	73%	69%
Pilot Period Performance (FY 2014-2017)	70%	75%	69%

During the period of the pilot, disciplinary authorities made modest gains in the completion of investigations within 170 days.

Performance Measure 2.3: Case disposition done within 140 days.

WAC 246-14-060 defines case disposition as "the process of deciding whether to issue a statement of charges on a complaint, to take informal action, or to close a complaint without action." It includes the processes necessary to implement the decision such as board or commission member evaluation of the investigation, expert witness review, and drafting and serving legal documents. A case that exceeds the 140-day case disposition period is subject to enhanced management oversight. Table 2.3 documents the extent to which the case disposition step was completed within the timeframe set in rule for the pre-pilot period of fiscal years 2009-2013, and the fiscal years 2014-2017 period of the commission pilot to date.

Table 2.3: Percent of cases in which the case disposition step was completed within 140 days prior to the pilot project (fiscal years 2009-2013) and during the pilot project (fiscal years 2014-2017)

Case Distribution Step Completed within 140 Days	Chiropractic Commission	Other HSQA Boards / Commissions	Secretary Professions
Pre-pilot Performance (FY 2009-2013)	73%	84%	86%
Pilot Period Performance (FY 2014-2017)	75%	83%	91%

During the period of the pilot, disciplinary authorities made modest gains in the completion of case disposition within 140 days.

Performance Measure 2.4: Current investigations over 170 days.

An investigation that is not completed in 170 days or less remains in the investigation step until finished. This measure includes investigations completed on day 171 or beyond. Cases where the investigation is not completed within timelines are given enhanced management oversight to ensure that the investigation is finished without unnecessary delays. Challenges specific to the investigation step include:

- Lack of cooperation by necessary parties such as the licensee, complainant, or witnesses;
- Complainant hesitation to sign a whistleblower release;
- Difficulty in obtaining necessary documents and evidence such as patient records, written statements, and criminal history records;
- Necessity to issue formal subpoenas to gather information in some situations such as mental health and counseling cases; and
- Geographic challenges of reaching licensees, complainants, and witnesses throughout the state.

Table 2.4 documents the extent to which pending cases in the investigation step were beyond the timeframe set in rule for the pre-pilot period of fiscal years 2009-2013, and the fiscal years 2014-2017 period of the commission pilot to date.

Table 2.4: Percent of open cases in the investigation step that were over 170 days prior to the pilot project (fiscal years 2009-2013) and during the pilot project (fiscal years 2014-2017)

Investigation Step Exceeded 170 Days	Chiropractic Commission	Other HSQA Boards / Commissions	Secretary Professions
Pre-pilot Performance (FY 2009-2013)	40%	27%	31%
Pilot Period Performance (FY 2014-2017)	30%	25%	31%

During the period of the pilot, disciplinary authorities made modest improvements in reducing the percent of cases that remained in the investigation step for over 170 days.

Performance Measure 2.5: Current cases in case disposition more than 140 days.

A case where the case disposition step is not completed in 140 days or less remains in that step until finished. This measure includes cases where the case disposition step was completed on day 141 or beyond. Cases where the case disposition step is not completed within timelines are given enhanced management oversight to ensure that the case moves forward without unnecessary delays. Challenges specific to the case disposition step:

- Includes time for review by board and commission members, expert witnesses, and the Office of the Attorney General;
- May include time spent negotiating an informal resolution that ultimately proves unsuccessful; and
- Pending criminal charges may require the disciplinary action to wait for resolution.

Table 2.5 documents the extent to which pending cases in the case disposition step were over 140 days for the pre-pilot period of fiscal years 2009-2013, and the fiscal years 2014-2017 period of the commission pilot to date.

Table 2.5: Percent of open cases in the case disposition step that were over 140 days prior to the pilot project (fiscal years 2009-2013) and during the pilot project (fiscal years 2014-2017)

Case Disposition Step Exceeded 140 Days	Chiropractic Commission	Other HSQA Boards / Commissions	Secretary Professions
Pre-pilot Performance (FY 2009-2013)	27%	16%	14%
Pilot Period Performance (FY 2014-2017)	25%	17%	9%

During the period of the pilot, disciplinary authorities made modest improvements in reducing the percent of cases that remained in the case disposition step for over 140 days.

Performance Measure 2.6: Percent of orders and stipulations to informal disposition that comply with the sanction schedule.

The sanction schedule rules, found in WAC 246-16-800 through 890, provide a framework to ensure that disciplinary cases involving similar facts and similar patient harm or risk of harm resulted in substantially similar sanctions. The rules apply to formal orders and informal stipulations.

Table 2.6 documents the percent of final decisions in chiropractic commission cases, other board and commission cases, and secretary cases that comply with the sanction schedule rules prior to the pilot project (fiscal years 2009-2013) and during the chiropractic commission pilot project (FY 2014-2017).

Table 2.6: Percent of orders or stipulations to informal disposition that comply with the sanction schedule prior to the pilot project (fiscal years 2009-2013) and during the pilot project (fiscal years 2014-2017)

Final Orders or Stipulations to Informal Dispositions Complying with Rule	Chiropractic Commission	Other HSQA Boards / Commissions	Secretary Professions
Pre-Pilot Compliance with Guidelines (FY 2012-2013)	87%	98%	97%
Pilot Period Compliance with Rules (FY 2014-2017)	97%	96%	98%

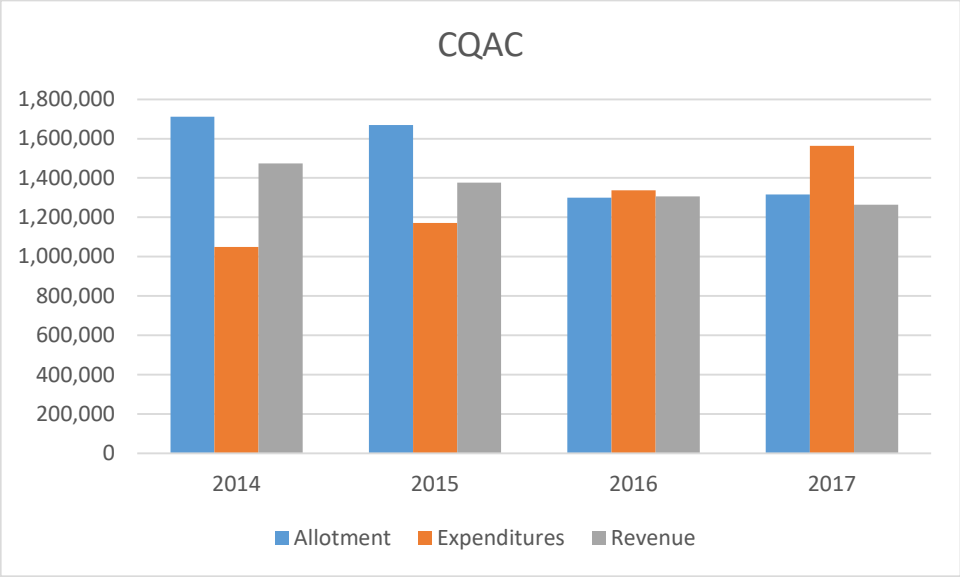
During the period of the pilot, the rate of compliance of the Chiropractic Commission's orders and stipulations with the sanction schedule increased and is now equal to the compliance rate of the other disciplinary authorities.

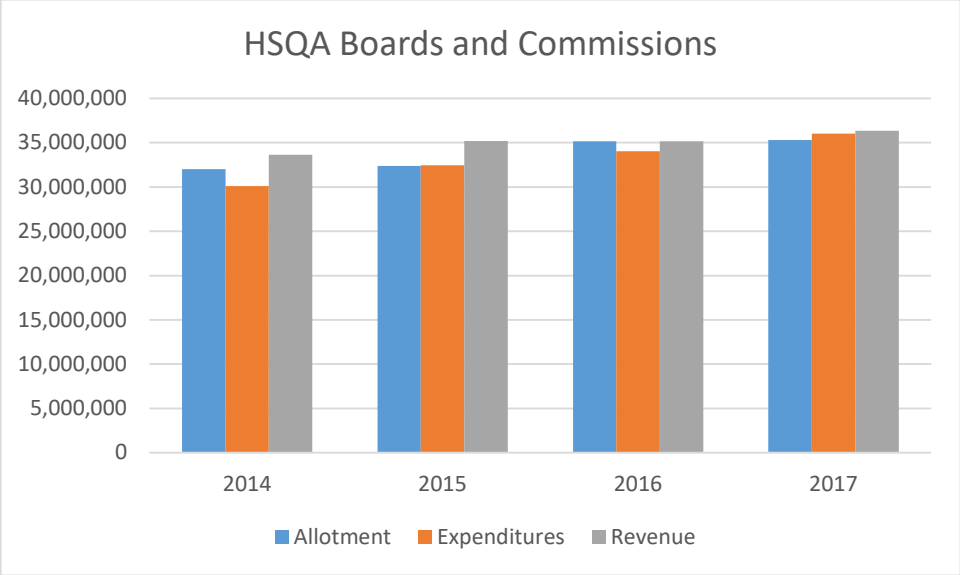
Budgetary Activity Comparative Analyses

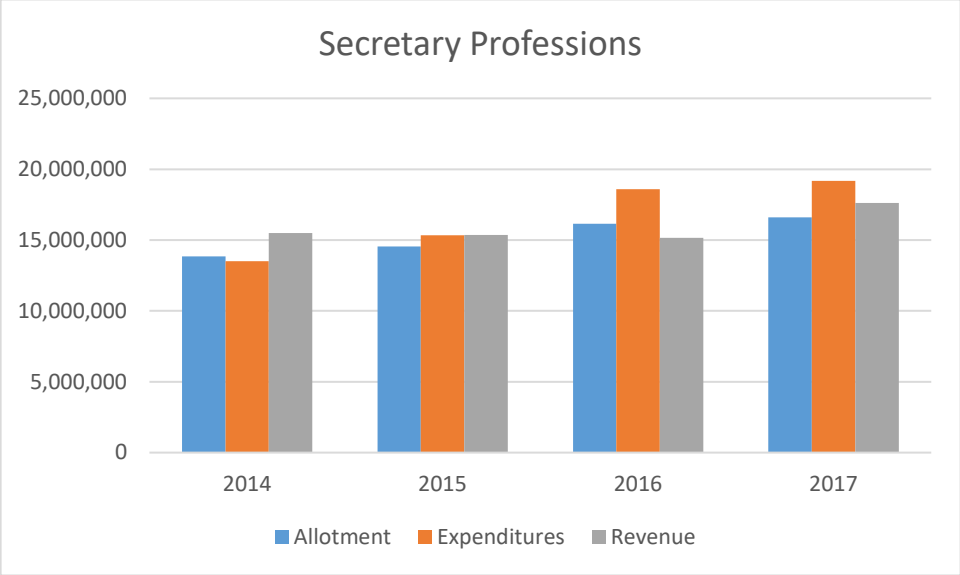
Performance measure 4.1: Operating expenditure versus actual budget, and Performance measure 4.2: Revenue generated versus operating expenditures.

Two measures were developed to monitor budget management. The first compares spending to allotment (budget), and the second compares spending to revenue. Results of both performance measures are displayed together in Chart 4.1/4.2. The goal of these measures is that program spending be within allotment and sustainable from program revenue. In some cases program allotment exceeds revenue received during the period. This is possible because the programs compared in this measure have the ability to use unspent revenue from prior biennia. The measures are combined in the below charts for the commission, other boards and commissions, and the secretary profession programs during FY 2014 through FY 2015, the commission pilot years to date.

Charts 4.1/4.2: Revenues generated compared to actual budget (allotment) and operating expenditures for the commission, other boards and commissions, and the secretary profession programs during FY 2014 through FY 2015, the commission pilot years






Secretary Professions
25,000,000
20,000,000
15,000,000
10,000,000
5,000,000
0
2014
2015
2016
2017
Allotment
Expenditures
Revenue

Chapter 5 – National Research Regarding Regulatory Effectiveness and Patient Safety

2SHB 1518 directed the department and the commission to review summaries of national research and data on regulatory effectiveness and patient safety.

Summaries of national research were included in the 2013 report[6] on the NCQAC and MQAC pilot projects. Therefore, the following summaries are for national research since that time.

The Hamilton Project – Reforming Occupational Licensing Policies

In January of 2015, Professor Morris M. Kleiner of the University of Minnesota, Humphrey School of Public Affairs, wrote a discussion paper entitled *Reforming Occupational Licensing Policies*[7] for The Hamilton Project. The Hamilton Project was "designed in part to provide a forum for leading thinkers across the nation to put forward innovative and potentially important economic policy ideas that share the Project's broad goals of promoting economic growth, broad-based participation in growth, and economic security."

Kleiner proposed four policy changes that he believes would reduce the regulatory costs of occupational licensing among the states while enhancing occupational employment and the services provided to consumers. He made the following recommendations:

1. *State agencies should use cost-benefit analyses to determine whether requests for additional occupational licensing requirements are necessary*. Kleiner proposed that questions on the issue be posed by legislators and that appropriate state agencies and the representatives of those occupations seeking to be licensed do the analyses.

Note: The department, commission, and the other 16 health profession disciplining authorities prepare a cost-benefit analysis under RCW 34.05.328 for any rule that adds or changes a licensing requirement.

2. *The federal government should promote the adoption of best-practice models*. Because Kleiner believes that it might be difficult for states on their own to undertake the cost-benefit analyses referenced in his first proposal, he proposed that the federal government establish an intergovernmental working group to evaluate and promote sound licensing policies. The proposed working group would review existing studies and experiences across states and thereafter develop a set of best practices. It would also be responsible for updating this set of best practices, and would induce states to adopt the best-practice recommendations by encouraging states or groups of states to compete for federal grants to finance the implementation of these best practices.

3. *State licensing standards should allow individuals to move across state lines with minimal costs for retraining or residency requirements*. Kleiner argued that increasing the recognition of licenses between states would encourage workers to move to states where jobs are most plentiful and would, therefore, be a benefit for both workers and consumers. He further argued that such practices could alleviate uneven geographic distribution of licensed practitioners, and that such a system could assist the economy by

[6] Department of Health, January, 2013, *House Bill 1103 Report To The Legislature.*
[7] Brookings Institution, March, 2015, *Discussion Paper 2015-1.*

allowing licensed workers to maximize their incomes and productivity. He asserted that recognition of licenses across states would help military families and workers who need to relocate due to a job for a spouse or other family member.

Note: The Washington State Legislature and the department have already adopted measures to assist military families and their spouses in these situations. The department grants virtually immediate temporary licenses to military spouses who have been licensed by other states. Further, veterans are allowed to count their hours of military training toward state licensing qualifications in several occupations. Kleiner notes that the initial results of measures such as these suggest that greater use of reciprocity-based agreements and provisional licensing is unlikely to lead to a reduction in the quality of services provided.

4. *Certain occupations that are licensed would be reclassified to a system of certification or no regulation.* Kleiner pointed out that the analysis of the benefits and costs of licensing could find some occupations that might benefit from lesser forms of regulation, or even no regulation at all.

Note: Washington State already has a regulatory system that classifies some health professions as needing certification or registration.

2015 White House Report – Occupational Licensing: A Framework for Policy Makers

In July of 2015, the Obama Administration issued a report entitled *Occupational Licensing: A Framework for Policy Makers*,[8] outlining issues concerning licensure of occupations and recommending a number of best practices. The report noted that occupational licensing can provide important benefits to consumers through improving quality and protecting public health and safety, and that it can be helpful to individuals by encouraging them to develop and enhance lifelong occupational skills. But the report also noted that evidence suggests that licensure can restrict occupational mobility across states, increase costs to consumers, and reduce access to jobs in licensed occupations. This is particularly true, according to the report, when licensing regulations are not properly directed toward consumer protection, and when they are not updated to reflect a changing economy.

According to the report, the negative impacts of occupational licensure may especially affect military spouses, who have to relocate rather frequently, and who can have a difficult time having to get a new license each time they move to a different state. Another issue noted by the report is that licensure systems can prevent skilled immigrants from being able to apply their skills in this country, thus depriving the United States of important benefits from the skills and experience of these workers. The report also finds that licensing laws frequently exclude those with criminal records, regardless of whether their records are relevant to the license for which they might apply. Since as many as one in three Americans has either been arrested or convicted of a crime, such requirements impact a great many.

[8] Department of the Treasury Office of Economic Policy, the Council of Economic Advisers, and the Department of Labor; July, 2015.

The report recommends a number of best practices to assist in overcoming the negative effects of licensure:

- *Ensure that licensing restrictions are closely targeted to protecting public health and safety, and are not overly broad or burdensome.* This recommendation includes suggestions such as:
    - Use systems that are less restrictive than licensing in circumstances in which the impact to public health and safety is minimal;
    - Minimize any procedural burdens or obstacles to becoming licensed, in the form of fees, requirements, processing time, and paperwork;
    - Allow all licensed professionals to provide services to the full extent of their current competency, even if this means that multiple professions could provide the same service; and
    - Review requirements for the formerly incarcerated, immigrants, and veterans to allow qualified individuals to gain licensure, while still providing protections for consumers.

- *Facilitate a careful consideration of licensure's costs and benefits*. This recommendation proposes that:
    - Comprehensive cost-benefit assessments of licensing laws through both sunrise and regular sunset reviews that would examine licensing issues outlined in the recommendation above, as well as determining whether licensing requirements are well-tailored to ensure quality and protect consumers;
    - Sunrise and sunset reviews examine the effects that licensing would have on the number of practitioners available;
    - The reviews study the effect that requiring a license would have on costs to the consumer; and
    - The review and consideration of the administrative costs of enforcing licenses.

    The report recommends several measures to ensure the efficacy of sunset reviews.

    Note: Washington State does not have a sunset law or sunset procedure under the current sunrise law, chapter 18.120 RCW. However, the department and commission review all of their rules every five years, and revise or repeal existing rules when appropriate. In addition, RCW 34.05.328 requires a cost-benefit analysis for any rule that changes a licensing requirement.

- *Work to reduce licensing's barriers to mobility*. This recommendation focuses on the following ideas:
    - Harmonize licensing requirements to the maximum extent possible across states;

- Form interstate compacts to make it easier for licensees to practice across state lines (in situations such as telework), and to move from state to state without licensure obstacles;
- Ensure that the interstate compacts include mechanisms by which states could share information on licensee performance; and
- Urge that individuals with criminal records not face automatic exclusion from licensure.

Because authority regarding occupational licensure is generally in the hands of the states, the report urges state legislators and policymakers to adopt institutional reforms that promote a more careful and individualized approach to occupational regulation, thereby improving economic opportunities and allowing workers to take advantage of new developments in today's economy.

Restructuring Scope of Practice Regulations

An October 2017 article[9] in *Health Affairs*, co-authored by healthcare professionals Catherine Dower, Jean Moore, and Margaret Langelier, argues that it is necessary to restructure scope of practice regulations in order to remove barriers to quality healthcare. The article works from the premise that the regulatory system currently in place limits the effective use of healthcare professionals by its disparity between professional competencies and legal scope of practice requirements. The authors also note that the current system is full of inconsistencies between states, and that the system does not have the flexibility to properly support innovation and change.

The authors recommend aligning legal scopes of practice with actual professional competencies for the various health professions in all states; establishing regulatory flexibility that would recognize new and overlapping roles for healthcare professionals, particularly in team-based models; increasing consumer input in health regulation generally, and most specifically in scope of practice questions; and establishing a national clearinghouse for scope of practice information that would provide access to up-to-date information about emerging health professions and scope of practice issues.

While the authors write from the perspective of needs they believe have become more urgent following the passage of the Affordable Care Act, they note that many of their recommendations are not new, but rather reflect the thinking of multiple experts who have studied the system over the years. They characterize the current regulatory system as "outdated," and argue that it is not well suited to supporting the necessary transformation of the healthcare system into one that can enhance health and health practice in the twenty-first century.

[9] *Redesigning the health care workforce,* Health Affairs, Vol. 32, No.11, November 2013.

Chapter 6 - Conclusions and Recommendation

2SHB 1518 (2013) authorized the commission to conduct a pilot project through June 30, 2018, under which it was granted additional authority over budget development, spending, and staffing. Action by the 2018 legislature is needed for the commission to maintain this authority on a permanent basis.

Prior to the pilot, the commission executive director and staff worked with multiple boards and programs in the department. The pilot allowed for the hiring of a full-time team devoted exclusively to, and directed by, the commission.

Throughout the pilot, the commission and the department have maintained a close partnership and effective working relationship. A joint operating agreement was negotiated to the benefit of both organizations and the public they serve. Some functions, including licensing and the management of disciplinary cases, were transferred from central units in the department to commission staff. The transitions were thoughtfully planned and implemented.

The commission has been pleased with the services it has received from the department investigative, legal, and other support units, and has no plans to transition these functions.

Working with the department, the commission has achieved significant improvements in patient safety and professional standards, while enhancing operations, services, and productivity.

In recognition of these accomplishments, the commission received the Wiley Outstanding Chiropractic Board Award for 2017 from its national board organization, the FCLB. This annual award recognizes a single board that has exemplified standards of excellence and the achievement of ambitious goals, serving as a model for all chiropractic licensing boards.

Recommendations:

With the conclusion of the chiropractic commission's pilot, three pilot projects have now been completed. The findings of the three pilots, as well as the national research on regulation and patient safety in the report, will now be reviewed and considered by the department for improving approaches and resource utilization in the other commissions, boards, and secretary programs.

1. Based on the results of the commission pilot, the commission and department recommend that the staffing and budgetary authority granted to the commission under the pilot project and scheduled to expire on June 30, 2018, be made permanent by the legislature.
2. The department recommends that no additional pilot projects be authorized for other commissions and boards, as the three completed pilots provide results and sufficient information for possible utilization in enhancing the business model of the other commissions and boards.

Appendices

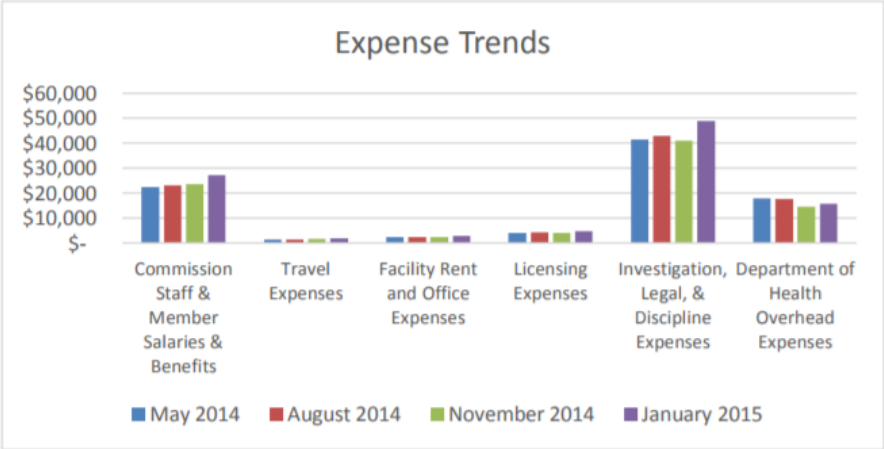
Appendix A - Chiropractic Quality Assurance Commission Members

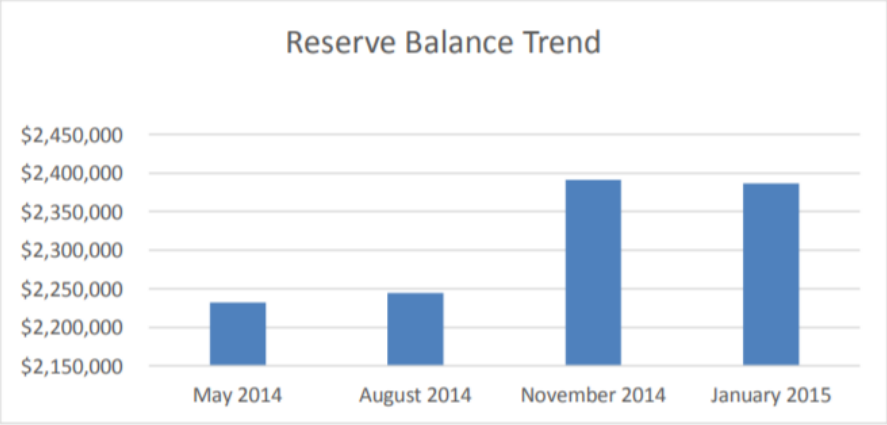
Member Name & City
Maria J. Best, DC Freeland, WA
Aaron W. Chan, DC, Chair Kennewick, WA
Judy L. Colenso, Public Member Spokane Valley, WA
Kimberly A. Corbin Waters, DC Renton, WA
David S. Folweiler, DC, Vice Chair Seattle, WA
Winfield S. Hobbs, DC, Vice-Chair Seattle, WA
Bryson J. Langel, DC Olympia, WA
Douglas M. Long, DC Tacoma, WA
Ronwynn B. Pratt, DC Cashmere, WA
Robert J. Schmitt, DC Mount Vernon, WA
James H. Slakey, Public Member Tumwater, WA
Gabe (Gary) L. Smith, DC, Past Chair Camas, WA
Louise Stephens, Public Member Wenatchee, WA
Matthew K. Waldron, DC, Past Chair Mountlake Terrace, WA

Appendix B – Financial Summary and Trends Report Example

Chiropractic Quality Assurance Commission
Budget Summary Report
July 1, 2013 – January 31, 2015

Beginning Balance On July 1, 2013			$1,952,666
Revenue Since July 1, 2013			$2,199,042
Expenses Since July 1, 2013	Amount	Percent	
Commission Staff & Member Salaries & Benefits	$ 461,021	26%	
Travel Expenses	$ 31,861	2%	
Facility Rent and Office Expenses	$ 48,634	3%	
Licensing Expenses	$ 83,109	5%	
Investigation, Legal, & Discipline Expenses	$ 872,684	49%	
Department of Health Overhead Expenses	$ 268,040	15%	
Total Expenses		100%	$1,765,348
Ending Balance On January 31, 2015			$2,386,359





Appendix C – Commission Compliance Performance Standards
Chiropractic Quality Assurance Commission
Compliance Activity Performance Standards

- Draft disciplinary orders received from the legal unit will be carefully reviewed for feasibility and practicality, and appropriate feedback and suggestions will be provided to the legal unit by the next business day.

- Upon receiving final disciplinary orders, within five business days, the following tasks will be completed:
    - the compliance requirements list for the case/respondent will be developed
    - the requirements and respondent licensure status will be correctly reflected on the DOH computer system
    - a paper file for the compliance case will be created

- Within five business days of receipt of the disciplinary order, create and mail a letter to the respondent (and attorney if represented) communicating the terms and conditions to be met, as well as the compliance deadlines.

- Respondent compliance or non-compliance with the terms and conditions in each case will be tracked and monitored accurately and in a timely manner.

- Appropriate consultation and decision making regarding the case will be made with the assigned reviewing commission member.

- Communications with respondents, including with those respondents who are difficult to deal with, will be professional at all times.

- Respondent requests for modification of compliance terms and conditions will be coordinated with a Commission disciplinary panel.

- A reminder letter will be sent to the respondent within five days of a respondent's failure to comply with the terms or conditions of his or her order.

- The initiating of respondent audits through the investigation unit will be consistent with timelines in the order.

- If the respondent fails to comply with requirements after receipt of the reminder letter, the case will be forwarded to case manager within five business days for action by a disciplinary panel.

- Within 10 business days after a respondent's completion of all terms and conditions in the order, the completed compliance summary worksheet and cover memo will be submitted to a disciplinary panel.

- Within five business days after a panel has approved the completion of a respondent's compliance requirements, appropriate notations and status updates will be completed in the DOH licensing system.

Washington State Chiropractic Quality Assurance Commission Policy/Procedure

Title:	Policy for Considering Requests for Additions or Changes to the Commission Classified List of Chiropractic Procedures and Instrumentation WAC 246-808-505	Number: CH-6-12-14

PURPOSE:
The Chiropractic Quality Assurance Commission (commission) has established the following policy and procedure for considering requests for additions or changes to the Commission Classified List of Chiropractic Procedures and Instrumentation. The goals of this policy are to ensure:

- a comprehensive evidence-based decision-making process for considering each request,
- transparency and strong participation of stakeholders in the review process, and,
- fully documented and accessible records on all request decisions.

POLICY:

Step 1 - Anyone requesting additions or changes to the list must complete the list addition or change request form, Form 1 (attached to this policy).

Step 2 – The request is added to the next available Commission meeting agenda, which is distributed to all stakeholders. At the open public meeting, the Commission conducts initial review of request of Form 1, determines if the request will be considered, and if it is to be considered, the priority of the review of the request. Requests may not be considered for several reasons including, for example, that the procedure or instrument requested clearly is not relevant to the practice of Chiropractic in the State of Washington.

Step 3 - If the commission decides to consider the request, it is given to the Instrumentation and Procedure/Standard of Care Committee for review based on the priority established by the Commission.

Step 4 – The Instrumentation and Procedure/Standard of Care Committee researches the request with the assistance of staff and the assigned Assistant Attorney General if necessary. All educational, scientific, and regulatory source materials relevant to the request are obtained and provided to the Committee members.

Step 5 – The Instrumentation and Procedure/Standard of Care Committee discusses the request during the Committee meeting portion of the Commission's open meeting agendas and completes the list request review form, Form 2 (attached to this policy).

Step 6 - Instrumentation and Procedure/Standard of Care Committee presents Form 2 to the full Commission.

Step 7 – The Commission makes a final decision regarding the request and the decision is recorded on Form 3 (attached to this policy).

Step 8 – Staff informs the requester of the Commission decision.

Step 9 – The complete file on the decision, including the forms and all background research and materials, is maintained in the Commission office and is also made available online at the Commission's website.

This policy is effective June 12, 2014 and remains in effect until the commission withdraws the policy.

Gabe Smith, DC, Chair

Date

CHIROPRACTIC QUALITY ASSURANCE COMMISSION

Request for an Addition or Change to the Commission Classified List of Chiropractic Procedures and Instrumentation (Form 1)
WAC 246-808-505

Procedure or Instrument Requested	
Requester's Name	
Mailing Address	
Phone Number(s)	
Email Address	

1. Describe your request for an addition or change to the Commission Classified List of Chiropractic Procedures and Instrumentation.

2. What is the relationship of the procedure or instrument to chiropractic care in the State of Washington?

3. Describe the scientific basis and research relevant to the procedure or instrument. Please cite and include a copy of your references.

4. Identify and describe evidence of the potential risks and benefits of the procedure or instrument to chiropractic patients.

5. Is the procedure or instrument taught in accredited chiropractic colleges? If yes, identify the colleges, when was it was added to their curricula, and the hours of education and training provided.

The Commission may request further information as necessary.

Signature: _____Date: _____

CHIROPRACTIC QUALITY ASSURANCE COMMISSION

Instrumentation and Procedure/Standard of Care Committee

Q&A Regarding Request for Additions or Changes to the Commission Classified List of Chiropractic Procedures and Instrumentation (Form 2)
WAC 246-808-505

Procedure or Instrument Requested	
Requester's Name	
Date Form Completed	

1. Is utilization of the requested procedure or instrument by chiropractors consistent with RCW 18.25? Are any other statutes implicated?

2. How relevant and thorough is current research regarding the scientific basis for the procedure or instrument?

3. To what extent would the procedure or instrument impact directly and positively on chiropractic care in the State of Washington?

4. What are the risks and benefits of the procedure or instrument to patients? To what extent do the benefits outweigh the risks?

5. To what extent is utilizing the procedure or instrument taught in accredited chiropractic colleges?

6. Is the current status of the instrument or procedure generally viewed as experimental or for use in research only?

7. Would approval of the instrument or procedure be viewed as controversial by the profession or other stakeholders?

8. Other factors the Committee considered in the review of the request:

9. Committee Recommendation: (Check One)

	Use Of The Procedure Or Instrument Is Approved, And Should Be To Be Added To The List
	Use Of The Procedure Or Instrument Is Not Approved, And Should Be Prohibited
	Use Of The Procedure Or Instrument Is Not Approved, But May Be Reconsidered Later
	Use Of The Procedure Or Instrument Is Not Approved, But May Be Used On An Investigational or Research Basis
	Decision Should Be Deferred Until A Full Rules Process Is Conducted By The Commission

CHIROPRACTIC QUALITY ASSURANCE COMMISSION

Decision Regarding Request for Additions or Changes to the Commission Classified List of Chiropractic Procedures and Instrumentation (Form 3)
WAC 246-808-505

Procedure or Instrument Requested	
Requester's Name	
Date of Decision	
Chair Signature	

Commission Decision

	Use Of The Procedure Or Instrument Is Approved, And Is Added To The List
	Use Of The Procedure Or Instrument Is Not Approved, And Is Prohibited
	Use Of The Procedure Or Instrument Is Not Approved, But May Be Reconsidered Later
	Use Of The Procedure Or Instrument Is Not Approved, But May Be Used On An Investigational or Research Basis
	Decision Is Deferred Until A Full Rules Process Is Conducted By The Commission