



# A Message From The Director



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I am proud of the significant strides the Division of Professions and Occupations (DPO) has made in my first year as Division Director in ensuring consumer protection, improving customer service, and supporting the Governor's statewide initiatives for a healthy state.

Among the initiatives launched this fiscal year included the "CO Health Professional Check," a new consumer-focused website that allows users to verify and look up the professional profile of their licensed healthcare providers from anywhere — by phone, tablet or desktop computer — to aid in the decision-making process for individuals and families.

The Division also led the effort to pass a state law to combat the misuse and abuse of prescription drugs by expanding access to the Prescription Drug Monitoring Program while helping drive prescriber utilization.

Our focus on deterring drug diversion in healthcare settings has been manifested by increased emergent actions and/or adoption of policies by the Board of Nursing and the Colorado Medical Board.

Licensed professionals in several healthcare areas referred by discipline for an evaluation by Peer Assistance Services now will be required to undergo a fingerprint-based background check in an effort to better protect patients.

But that was only the beginning.

A back-to-basics approach that stresses the identification of efficiencies and implementation of consistency measures has also been a focus. As a result, processing times for applications have dropped by 29 percent due to LEAN process evaluations and improvements.

In fact, all individual license applications now are available online. Gone are the days when lengthy paper applications must be mailed in.

In addition, policies are being adopted to streamline career pathways for active duty

military and veterans applying their military training and experience to achieve licensure.

In June, the Division began its involvement in a multi-state Occupational Licensing Policy Learning Consortium, with a goal of Colorado serving as an active leader in the discussion.

The Consortium's purpose is to help states improve their understanding and implementation of occupational licensure issues and best practices. Key to achieving this is identifying current policies that create unnecessary barriers to labor market entry, and creating an action plan focused on removing those barriers while improving portability and reciprocity for select occupations.

When implemented properly, occupational licensing regulations can help protect the health and safety of consumers by requiring practitioners to undergo a designated amount of training and education in their field. However, differences in state regulations can create barriers to those looking to enter the labor market. These same differences in state regulations make it harder for workers to work across state lines.

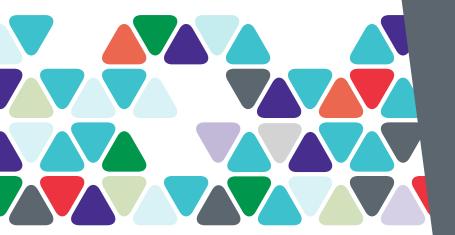
Evidence suggests certain populations are disproportionately affected by diverging regulatory requirements and varying occupational licensing

# policies across states. Within that backdrop, Colorado's action plan will focus on several underserved populations, including veterans, immigrants, displaced or unemployed workers, and the rehabilitated workforce.

Our Division moves forward with a positive outlook on this and other important policies, which is reflected in our three strategic performance initiatives: Public Protection Through Enforcement and Regulation; Enhancement of Education and Outreach; and Improvement of Processes to Better Engage with Regulated Entities. Accomplishments within those parameters in FY 16-17 are the core of this Annual Report.

We will continue to work diligently to meet challenges and ensure that we continue to be approachable, responsible and reliable, while supporting the decision making of the work of our Boards. That mindset will continue to steer us in the upcoming year to set and attain further goals that continue to positively impact Colorado consumers.

It's our clear vision to build upon our successes in 2017-18 and beyond.



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### From DORA's Leadership

At the Colorado Department of Regulatory Agencies (DORA), we believe in promoting a Colorado in which consumers and service providers partner to forge common successes. With a sharp focus on streamlining and modernizing processes and enhancing end-to-end customer experiences, we strive to advance an environment and regulatory framework where both businesses and consumers are treated fairly and the economy thrives. DORA looks to deliver the fastest, easiest, and most enjoyable experience to our customers — the businesses and individuals who interact with us to get the services they need. We are committed to protecting customers, reducing unnecessary "red tape," and ensuring that businesses thrive in an environment that protects consumers.

# DORA's Mission, Vision and Core Values

#### **OUR MISSION**

Consumer protection is our mission.

#### **OUR VISION**

To ensure Colorado has an effective regulatory landscape where both consumers are protected and businesses can thrive in a competitive and fair marketplace.

# DPO: What we regulate

Top 10 Professi	ons by	Number
of Licensees		

Nursing 123,502

Barber/Cosmetology 59,366

Architects/Engineers 34,813

Medical 27,490

Accountancy 19,687

Electrical/Plumbing Apprentices 18,750

Electrical 18,580

Engineering Interns 16,863

Pharmacy 12,969

Massage Therapy 12,384

# Other Professions Ranked by Number of Licensees

Dental 10,067

Physical Therapy 8,914

Professional Counselors 8,754

Plumbing 8,306

Social Work 6,955

Registered Psychotherapy 4,881

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Occupational Therapy 4,193

Addiction Counselors 3,807

Psychologists 3,614

Respiratory Therapy 2,922

Chiropractors 2,721

Speech-Language Pathology 2,579

Surgical Assistant and Surgical Technologist 2,530

Boxing 1,514

Acupuncture 1,466

Optometry 1,354

Marriage and Family Therapists 1,236

Landscape Architects 939

Outfitters 845

Private Investigators 637

Nursing Home Administrators 596

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#### "YOUR INPUT = OUR SUCCESS"

# Stakeholder engagement leads to key changes

Stakeholder input is integral to the Division of Professions and Occupations. The Division couldn't have achieved its many accomplishments in FY 2016-17 without the suggestions of, and participation by stakeholders, who helped drive improvements to processes for licensees and regulated entities.

At the forefront of these changes, the Division placed 100 percent of individual applications online this year. Feedback regarding a desire to ease the submission process of applications was one of the primary drivers, as well as the Governor's Cut the Burden initiative.

Prior to this fiscal year, approximately 38 individual applications were available for online submission. This fiscal year, that figure swelled to 122. The opinions of consumers and business not only were important, but helped encourage the Division to continue these improvements based upon positive feedback received regarding these changes.

The Division also listened when stakeholder feedback on processing times across various industries was deemed too lengthy. That approach led to projects aimed at achieving efficiencies and the removal of items that weren't required by statute, policy or rule. This, in turn, has simplified the review process because fewer items need to be checked before granting a license or credential.

The impact was felt in a wide array of initiatives throughout DPO.

#### COLORADO MEDICAL BOARD

Multiple meetings over the course of a year helped ensure that the Colorado Medical Board wasn't unduly restricting consumer access to care or choice of medical providers while maintaining public protection during the lead up to the passage of Rule 800.

This statutory change governs the delegation of supervision of medical services by unlicensed persons, including medical assistants, the medical spa industry, and a number of technicians, all of whom are critical to handling the overwhelming need for health care. The rule change addresses the issue of transparency, so that patients know that the person performing medical services are doing so under the delegation of a physician, but that the person performing the service is not licensed by the state to perform the service. Previously, there was no requirement that the patient was notified. And when complications or side effects emerged, seeking treatment was difficult because there was no requirement to provide a physician's name, a change that is now in statute.

Colorado Medical Board Policy 10-16 is another stakeholder-driven initiative. Amended in May 2017, this policy allows for the Medical Board to expand its review of malpractice settlements over a period of five years to detect trends in practice that may violate the Medical Practice Act. Prior to this change, each malpractice case was reviewed when it came before the Medical Board. For example, if a physician missed a single instance of a diagnosis, it may be situational. But over a five-year period, if that same diagnosis is missed numerous times, it could indicate an issue with their knowledge base, training or education. The change ultimately is a public-protection measure.



#### **FANTASY SPORTS**

The Fantasy Sports industry sought out the Division and engaged its stakeholders in the rulemaking process to make sure the least restriction was imposed to protect the public. A cohesive set of rules emerged from that important input.

#### CO HEALTH PROFESSIONAL CHECK

The launch of the mobile-friendly license verification and profile search function of the CO Health Professional Check website (Colorado. gov/cohpc) came from consumer feedback requesting that access to information on healthcare professionals be improved.

#### LEGISLATION ACROSS THE DIVISION

The implementation of legislation is another area where public participation was critical, spanning program areas including Mental Health, Electrical, Massage Therapy, Pharmacy, and more (see page 22).

The common denominator in achieving such change was the invaluable responses provided by the public and businesses that the Division licenses and regulates.





Public Protection Through Enforcement and Regulation



# Prescription drug monitoring program sees legislative support

A powerful tool for prescribers and dispensers was made more formidable with the passage of Senate Bill 17-146, concerning access to the electronic prescription drug monitoring program.

The Colorado Prescription Drug Monitoring Program (PDMP) is a statewide database of the controlled substances dispensed to patients throughout Colorado aimed at helping reduce prescription drug misuse, abuse and diversion. It is one of our state's most powerful health information technologies to improve healthcare quality.

And after bipartisan legislation was signed by Gov. John Hickenlooper on April 6, the scope of the PDMP was broadened to improve clinical decision-making tied to the overall health and wellness of patients.

The bill, sponsored by Sen. Cheri Jahn (D-Wheat Ridge) and Rep. Joann Ginal (D-Fort Collins), allows prescribers and pharmacists to check the PDMP for reasons apart from controlled substance prescription considerations, including drug-drug interactions or dangerous side effects.

The new state law also clarifies access for veterinarians. Those veterinarians who are authorized to prescribe controlled substances for animals may access the PDMP to inquire about a current patient, as well as a client if the veterinarian suspects the client has committed drug abuse or mistreated an animal.

The bill supports the Governor's strategic action plan to reduce prescription drug abuse, which is the fastest growing drug problem in the nation and better aligns Colorado policy with those in other states. The Colorado Policy for Prescribing and Dispensing Opioids and the Centers for Disease Control already recognize the benefits of checking the PDMP.



"This is a positive step forward to combat the opioid crisis and improve overall patient safety," Sen. Jahn said.

A study by Pew Charitable Trusts¹ showed that successful prescription drug monitoring programs can help change prescriber behavior by identifying patients at a high risk of doctor shopping or diversion. The bill does not expand access to any user that did not already have access to Colorado's PDMP. The data in the PDMP is secured through information technology and strict confidentiality laws on who may access the data, for whom and how.

Any prescriber or pharmacist can have up to three trained delegates who can access the PDMP on their behalf. This helps prescribers, pharmacists and their staffs utilize the PDMP more frequently to get the most complete medical history possible.

"PDMPs are an important healthcare management tool and it has been demonstrated in other states that their effectiveness is sharpened by allowing users to access the data as a decision-support tool," Rep. Ginal said. "We're pleased that the Colorado legislature saw why this type of access for providers is so important to the health and well-being of all Coloradans."



<sup>&</sup>lt;sup>1</sup> Clark, Thomas; Eadie, John; Kreiner, Peter; Strickler, Gail; "Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices," 2016

### Combating drug diversion in healthcare settings

The misuse and abuse of prescription drugs is a serious health problem nationally and in Colorado.

Studies suggest an estimated 1 in 10 healthcare providers will develop a problem with controlled substances (the same rate experienced by the general public), raising further concerns for patient safety.<sup>2</sup>

In response to this crisis, the Division implemented two key board policies and launched a Drug Diversion Policy Initiative while redoubling efforts to immediately suspend those who allegedly used prescribed controlled substances for anything other than the original intended purpose.

Policy 20-27 was adopted by the State Board of Nursing in July 2016. It is intended to provide guidance to nurses and serve notice to the public the Board will take expedient action in instances where working while impaired or drug diversion is suspected, causing the potential for public harm. Impetus for the policy came from an increase in complaints in diversion and impairment.

It also created an opportunity to provide clarification to employers around these public-protection issues. The Division held several outreach events at various hospitals to educate nursing leadership around their duty to report.

The end result: The Nursing Board has seen an increase in reporting and in emergent actions taken. In FY15, the Board had six summary suspensions. That total rose to 19 the following year, with another two interim cessation of practice agreements (ICPAs). By the end of FY17, the Board had issued 37 summary suspensions and 49 ICPAs.

The Colorado Medical Board added a similar policy, Medical Board policy 40-29, to remove those alleged to have diverted drugs or working impaired from practice in a timely manner.

"We talk a lot about the opioid crisis and frequently discuss patients, but part and parcel of this epidemic is that physicians, nurses and other healthcare providers are not immune from prescription drug addiction or misuse and abuse," said Karen McGovern, Deputy Director for Programs and Legal Affairs for the Division of Professions and Occupations. "Addiction is powerful, and the risk is particularly high for prescribers or nurses given their ready access to controlled substances. The efforts we've made reflect the Division's objective to mitigate the problem."

The Division is working with a variety of other partners, including law enforcement and other state regulators, to share information about potential violations in an effort to better protect consumers, raise awareness and educate stakeholders about reporting suspicious behavior, professional licensing laws, violations that may lead to an arrest, and the type of evidence necessary to remove a licensed professional from practice.

The Division encourages not just employers, but fellow employees, patients, other providers, educators, and patient family members to help improve patient safety by filing a complaint should they suspect suspicious behavior that may violate state laws. Please visit www.askDORA.colorado. gov and click on "File a Complaint."

<sup>&</sup>lt;sup>2</sup> "Chemical Dependency and the Physician," Mayo Clinic, July 2009.



#### Spreading the word on diversion

- Developed a Drug Diversion Policy webpage at https://www.colorado.gov/dora/Diversion\_ Policy\_Initiative with information on webinars, reporting tips for law enforcement and healthcare employers/employees, and FAQs
- Held a Drug Diversion Symposium in February 2017 that included healthcare regulatory board members, experts and licensed healthcare providers discussing approaches to issues facing licensees, employers and consumers
- Participated in October 2016 in the Colorado Consortium for Prescription Drug Abuse Prevention's fourth-annual meeting at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences

- Held public forums in Greeley, Denver and Pueblo on the impact of the *Colorado Policy for Prescribing and Dispensing Opioids* to evaluate the effectiveness and usefulness of the policy and determine what changes are necessary
- Offered presentations on drug diversion at Children's Hospital, Memorial Hospital (Colorado Springs) and the University of Colorado Medical Center (Aurora)



# Streamlining processes to benefit customer experience

The Division is making a concerted effort to increase consistency efforts, implement Lean projects and adopt best practices in numerous programs to enhance efficiency and work in a more streamlined fashion to the benefit of our stakeholders.

The ultimate goal is improving the customer experience.

A 360-degree look at the Division revealed that there still were multiple areas where its functions remained siloed. The thought process moving forward is that by making small changes, those who do business with the Division can have a consistent and positive experience, no matter which of the 50 professions and occupations they are inquiring about or which Boards are being contacted.

This is just the beginning of what figures to be a long-standing project for the Division. The initial results are promising.



#### **NURSING**

The staff was restructured during a Lean process improvement event in order to better meet deadlines. Processes and workloads tied to the construction, dissemination and follow-up of informational packets prepared for board members were split, allowing staff to devote time to other aspects of their positions.

#### **ELECTRICAL AND PLUMBING**

A focus on workflow processes determined individual responsibilities and reduced the number of touchpoints within the complaint process. Changes were made in both the approval process and job functions, resulting in time savings within the enforcement process.

#### DENTAL

A Lean process improvement project with the Colorado Dental Board resulted in the program decreasing the life of a case from 236 days to 196 for Q1 of FY 16-17 through June 30, 2017. There is evidence that further efficiencies are forthcoming due to continued improvements and timelines.

#### MENTAL HEALTH/PHARMACY

An overall licensing Lean process improvement project focused on several areas:

- Application rules
- Standardization of questions
- Application process times
- Communications to customers and staff
- Application expert review times and processes
- Application quality assurance times and processes
- Electronic transcripts

The reductions in licensing processing times stemming from this initiative have been encouraging dipping 31 percent through May 2017 for a total average processing time of 36 days. Individual programs have experienced even more robust change through that same date. Pharmacist license average processing time was at 25 days, a reduction of 79 percent. The average Mental Health license processing time was 40 days, a 45 percent drop.

#### Number to know

Percentage of cases settled annually over the last five years by Expedited Settlement process: 91%

(Underlying numbers: 5-Year Totals: Received 5,541; Completed 5,237; Settled 4,755 (Settle rate 91%))

ESP (year by year, for background):

FY 12-13: Received 915; Completed 904; Settled 819 (Settle rate 91%)

FY 13-14: Received 932; Completed 863; Settled 800 (Settle rate 93%)

**FY 14-15:** Received 1,017; Completed 1,000; Settled 907 (Settle rate 91%)

**FY 15-16:** Received 1,233; Completed 1,080; Settled 969 (Settle rate 90%)

**FY 16-17:** Received 1,444; Completed 1,390; Settled 1,260 (Settle rate 91%)

91%

Percentage of cases settled annually over the last five years by Expedited Settlement process

#### **ENFORCEMENT**

- Complaints Received and Handled:FY 13-14 4,277; FY14-15 4,899, FY 15-16, 5,602,
- FY 16-17 6,785

Complaints Investigated:

FY 13-14, Received-772, Investigated 533;

FY 14-15 Received-733, Investigated 837.

FY 15-16: Received 848, Investigated 708,

FY 16-17 Received-807 Investigated-908

#### Expedited Settlement:

FY 13-14, Received-932, Settled 863;

FY 14-15 Received-1,017, Settled 1,000.

FY 15-16: Received 1,233, Settled 1,080

FY 16-17 Received 1,444; Completed 1,390;

Settled 1,260





# Protecting the public

#### PRACTICING WITHOUT A LICENSE



Carlos Hernandez-Fernandez held a surgical assistant registration but was discovered illegally posing as a plastic surgeon and performing medical procedures. In August 2016,

the Denver District Attorney's Office charged him with 127 counts after more than 50 victims came forward.

He was sentenced in June 2017 to six years in prison, followed by three years of parole and consecutive six-year probationary terms, and ordered to pay \$189,222 in restitution after pleading guilty to second-degree felony assault, criminal impersonation and unauthorized practice of a physician.

The Colorado Medical Board initially reported Hernandez-Fernandez to law enforcement. In August 2016 they issued a permanent revocation of Hernandez-Fernandez's registration, which was a legal agreement preventing him from ever applying to practice in Colorado as either a surgical assistant or surgical technologist.

#### THEFT AND FRAUD



Colorado State Board of Pharmacy inspectors conducted a drug accountability audit of Havana Pharmacy over a two-year time frame over concerns whether or

not the pharmacy was actually purchasing the ingredients used to compound, dispense and ultimately bill for prescriptions to Medicaid. Record-keeping violations were discovered and it became clear that what was purchased from drug wholesalers, compounded and dispensed was not what was being submitted to Medicaid for insurance reimbursements. In February 2017, the Colorado Attorney General charged Havana Pharmacy owner George Sackey with one count of felony theft and one count of felony computer fraud for allegedly fraudulently billing Medicaid for over \$4.4 million. Havana Pharmacy is now closed.

#### **UNSANITARY CONDITIONS**



Pei Fen Yan and Yong Liu voluntarily relinquished their licenses to practice acupuncture in June 2017. Numerous sanitation and health issues were uncovered a year

prior during an inspection in conjunction with the Colorado Department of Public Health and Environment, prompting disciplinary proceedings that led to a summary suspension in August 2016. Among the findings in that case were the discovery of gynecological examinations outside the scope of practice of acupuncture and cleanliness of their clinic that fell well below the standard of care. The two respondents are barred from applying for a new license to practice for a minimum of two years in Colorado.

#### **DISHONEST CONDUCT**



The Office of Funeral Home and Crematory Registration in June 2017 summarily suspended the Colorado registration of Heritage Cremation Providers, LLC (doing business as

Heritage Funeral Homes) for numerous violations of the Mortuary Science Code, including willfully engaging in dishonest conduct by holding itself out as a local licensed cremation provider, failing to notify consumers that it is subcontracting cremations, and providing false information on its application for registration. The investigation spanned seven cases in Colorado, and it was Heritage's registration in the state that was being used to conduct unlicensed funeral practice in at least 11 other states.

#### **FALSE REPRESENTATION**



Daniel Murphy, a Plumbing Apprentice, was issued an Order of Permanent Injunction in January 2017 after he represented himself as a plumber and took payment for

services he did not ultimately provide.

# Lifecycle of a complaint





- Revocations
- Suspensions
- Revocations/suspensions held in abeyance
- Stipulations
- Letters of Admonition
- Other Actions
- Dismissals
- Dismissed with Letters of Concern





# **Enhance Education and Outreach**





# The popularity of tiny homes continues to grow

The Electrical and Plumbing boards in FY 16-17 worked to educate consumers and industry to help them avoid serious mistakes tied to regulations and requirements around tiny homes.

Despite their diminutive standing, tiny homes must have electrical and plumbing permits pulled and inspections completed. Manufacturers and consumers must be sure these units adhere to current electrical and plumbing code requirements.

Educating consumers about these requirements is an important mission for the Division. In doing so, Division representatives attended the Denver Home Show in March 2017 to answer consumer questions and distribute information. Issues related to electrical and plumbing in tiny home construction were also addressed during meetings of the two boards.

Additionally, presentations and conferences with the Division of Housing, the Colorado Chapter of the International Code Council — which encompasses all of the local building authorities in the state — and the Independent Electrical Contractors Association have been conducted to ensure information is available for this growing industry.

"Our outreach has been to let people know that just because one of these homes may be 400 square feet, it's the same as a mansion as it relates to necessary permits needed for both electrical and plumbing," said Mark Browne, Program Director for the Electrical and Plumbing boards. "They are not exempted from statutory requirements just because they are a 'tiny home.'"

A typical tiny home as seen on TV is built to no particular standard, code or weight classification, with no specific definition. It is framed of standard house construction materials on a two-axle, four-wheel 8-x-20 trailer usually seen hauling cards, bobcats, etc. These units are constructed under the American National Standards Institute standard. "Tiny home" can be a euphemism for a park trailer.

Many tiny homes in Colorado and elsewhere do not have electrical and plumbing services to them and are off-grid. Yet, in order for power or potable water to be supplied to them they must either be inspected by the Electrical and/or Plumbing boards, both at the rough and final stages, or have a certification tag attached to them to verify the standard it was built to and that it has been inspected. If a rough inspection has not been completed, walls may need to be torn down in order to conduct the rough inspection.



# Colorado Health Professional Check puts consumers in control of getting informed









#### Critical access to information about state-licensed healthcare providers is available at your fingertips.

CO Health Professional Check, colorado.gov/cohpc, was launched in 2017 and includes information to help individuals and families make more informed healthcare decisions.

Five minutes of research about your licensed physician, nurse, dentist and more could possibly avert future problems, and potentially save time and money.

The site is accessible via mobile phone, desktop computers and tablets and provides easy to follow steps on how to access healthcare provider profile information, allows consumers to read a healthcare provider profile, and even file a complaint, if necessary.

By reviewing a licensed professional's record, consumers will also see a provider's status — such as active, inactive, active with conditions, restrictions, etc. — and whether discipline has been issued by a regulating board.

If public disciplinary action has been taken, the final document is available for review. Public discipline is permanently on a professional's record.

The database contained within CO Health Professional Check is supported by the Healthcare Professions Profile Program (HPPP). HPPP is an online database that provides information about state-licensed healthcare providers such as disciplinary actions, restrictions or suspensions, criminal convictions, business interests, and malpractice insurance settlements.

The law that created this profile program was championed by a mother whose tragic loss of her only son led her to advocate for greater transparency and disclosure by healthcare providers. Her legislative effort resulted in the passage of the Michael Skolnik Medical Transparency Act in 2007. During the last decade, multiple expansions of the Michael Skolnik Medical Transparency Act have been passed by the State Legislature.

Patricia Skolnik appeared in a public service announcement (PSA) in 2017 on television stations throughout Colorado encouraging people to use CO Health Professional Check. The PSA can be seen on DORA's YouTube channel by going to askDORA. colorado.gov.

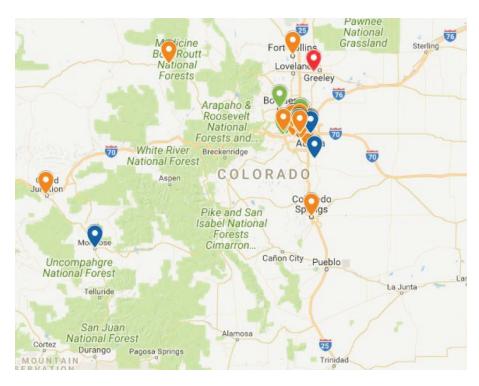
Other information housed within the profile includes educational background, board certifications, practice specialties, and awards and recognitions.

Nearly all healthcare professionals regulated by the Division are required to complete and maintain a profile. That list includes licensed physicians, dentists, chiropractors, nurses, optometrists, podiatrists, psychologists, surgical assistants, and more. Profiles must be created before a license can be renewed, reinstated or reactivated.

The profile requirement currently includes 54 license types and over 225,000 individual licenses.

"CO Health Professional Check is an important offshoot of the work I've championed to improve communication between healthcare professionals and patients," Skolnik said. "This informational tool can help ensure that critical data about state-licensed healthcare providers is available so that well-informed decisions can be made within the clinical process. Reviewing healthcare profiles ultimately can help patients and families locate a provider that matches their needs and expectations."

#### DPO OUTREACH EVENTS FY 16-17



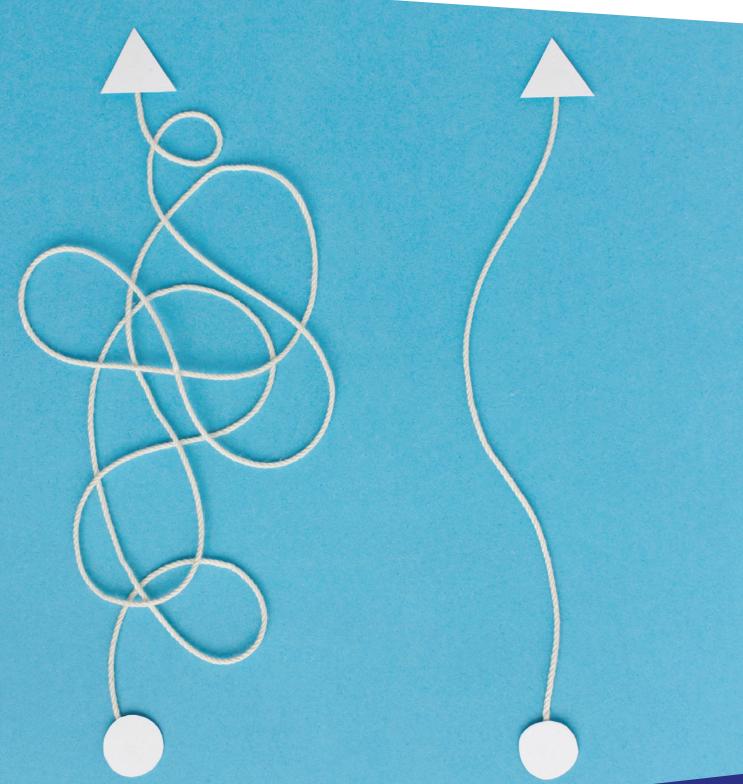
- Division Stakeholder Meeting
- Educational Seminar
- Resource Table
- Industry Event
  - Community Event/Townhall
- Other





# Improve Processes to Better Engage with Regulated Entities





# All licensure applications now available online

One of the largest customer service wins of FY 16-17 for the Division of Professions and Occupations and the licensees was the move to make 100 percent of individual professional licensure applications available online, and ahead of schedule, and the 29 percent reduction of licensing process times since summer 2016.

"These are extremely positive, tangible results that have emerged from reviews and updates of internal workflow processing, implementation of technology, and the maximization of the work done by individuals," said Ronne Hines, Division Director.

It has allowed for faster approvals of qualified candidates for licensure and improved ease of use. This benefits both consumers and employers by addressing community needs to get qualified workers into the workforce quickly.

The Division already has begun the process of moving business applications online, as well. The evaluation process began in April 2017 and will be completed sometime during the 2017-2018 fiscal year. Seventeen businesses applications ultimately should be included, among them nine relating to the Pharmacy program. Others include: Fantasy Contest Registration; Fantasy Contest License; Electrical Contractor; Plumbing Contractor; Water



Conditioning Contractor; Funeral Home; and Crematory.

The Division will continue moving forward with system improvements, and monitoring application volume trends. Additionally, the Division will continue its practice of reviewing application requirements for opportunities. Lessons learned from other streamlining include the utilization of attestations in lieu of document submittal in cases, where appropriate, for the profession; seeking efficiencies that allow for renewals of multi-licensed individuals with a single website visit, and business organizations with multiple licenses using a single payment.

Industry continues to be a driver of these improved practices. For example, electrical and plumbing employer and training stakeholders requested certain accommodations be made for licensure examination protocols for applicants who have English as a second language. Now, qualifying individuals can bring word to word translation dictionaries to the examination site. The affiliated boards also worked with the exam vendor to create a form where an

employer or instructor attests that candidates for licensure require ESL testing. These developments should open doors for more qualified individuals to be licensed, which will help grow the labor force in Colorado's booming construction industry.

The State Electrical Board also received feedback requesting that it conduct outreach on the Western Slope. The board listened, and on May 22, 2017 it held its meeting in Montrose to discuss pertinent issues and give the rural communities surrounding the city a forum to voice concerns.

"The Division has taken progressive steps to ensure processes are continually reviewed to reduce unnecessary burdens while enhancing opportunities to help our state's qualified workforce achieve appropriate licensure," said Jacki Arcelin, the Division's Director of Strategic Operations and Program Improvement. "The Division will continue to engage stakeholders and solicit feedback so we may further identify improvements that can be made and create additional efficiencies."



#### Stakeholder "wins"

Launched new mental health (Marriage and Family Therapist, Licensed Professional Counselor and Psychologist) and Licensed Social Worker licenses online in which the applicant/student may directly submit a one-page form signed by a school official rather than having the school send transcripts separately. These moves streamlined processes and save overall application approval time by up to a month by allowing candidates to obtain a permit upon completion of a degree without waiting for graduation.

Developed surveys for every program to address consumer needs. Each month results from respondents and complainants are exported and placed in a report that allows the Division to evaluate what it can do better and continue to gauge customer satisfaction. Analyzing the feedback and incorporating it into processes help to spur ongoing improvements.

Implemented productivity tracking of applications per specialist/per month in customer service and licensing in order to increase efficiency and streamline workload. Information that is tracked from the work of customer service representatives include number of calls received, emails processed, verifications of licenses completed and mail opened. This tracking allows customer service to provide help



with excess volume in the specific licensing area. Most importantly, it has resulted in increased productivity within licensing and customer service units.

Streamlined case times through automating consumer advisory and acknowledgment letters, 30-day letters and status update letters. When an action is added (for example, a complaint received or origin-ated), a letter automatically populates to program staff. No alterations of the form are needed and staff do not need to leave the system, helping efficiency and saving time. Additionally, once the letter is created it appears in electronic format and are emailed rather than printed and mailed.

#### Numbers to Know...

#### LICENSE PROCESSING TIMES

Pharmacist	down 79 percent
Mental Health	down 43 percent
Overall	down 29 percent

#### LICENSING ACROSS 50 PROFESSIONS

Licensing Volume	FY 14-15	FY 15-16	FY 16-17
New Licenses	40,257	42,096	45,843
License Renewals	135,528	204,360	168,168
License Reinstatements	5,242	5,426	5,880

# FY 16-17 legislative implementation wins

HB 16-1073: Electrical Industry Safety and Training Act: The

legislation clarifies language regarding local jurisdictions that take over permitting and inspection authority from the state, ensuring that a contemporaneous review takes place and that individuals involved in the electrical installations demonstrate that they are properly licensed and registered with the state and all statutory requirements are followed. Also, the continuing competency assessment previously necessary for renewal was replaced with a continuing education requirement (24 hours) to renew a license, beginning in 2020. This helps guarantee that all licensees continue their education so they are current on the latest national electrical code changes.

HB 16-1320: Regulation of Massage Therapy:

The Division continued to build off enhanced massage industry regulations that allow it to provide law enforcement with new tools to crack down on human trafficking. Implementation of the bipartisan bill included presenting a "roadmap" for enforcement to the Colorado Trafficking and Organized Crime Coalition (CTOCC), a group of approximately 25 law enforcement agencies that focus on human trafficking involving adults and foreign nationals, as well as multiple presentations in collaboration with the Office of the Attorney General to District Attorneys and police departments around the state.

The Division also participated in a human trafficking workgroup hosted by the Office of the Attorney General that included representation from federal and state law enforcement. The Division continues to conduct stakeholder sessions to respond to inquiries and collaborate with law enforcement on the bill.



HB 16-1404: Regulate Fantasy Contests:

As the state moved to regulating this industry for the first time, through stakeholder input, it was able to adopt a cohesive set of rules that protect the public. These rules attempt to ensure individuals with extensive insider knowledge are on an even playing field when betting against the general public in order to avert widescale losses by the latter. The law also prevents the sharing of confidential information, distinguishes between highly experienced players and beginners, ensures fantasy contestants are 18 or older, and prohibits the use of computer scripts that can give players an unfair advantage.



SB 16-135: Collaborative Pharmacy Practice Agreements:

Collaborative Pharmacy
Practice was implemented
by the Pharmacy Board to
allow qualified pharmacists
to dispense certain classes
of prescription drugs to
qualified patients pursuant to
either statewide protocols,
or agreements and protocols
between pharmacists and
physicians or pharmacists and

advanced practice registered nurses with prescriptive authority. This practice ultimately allows patients to receive limited healthcare services in a timely manner from a pharmacy as well as enables pharmacists to be more participatory in the overall healthcare team.



HB 16-1063: Mental Health School Safety:

The bill concerned an exception to the prohibition against disclosing confidential communications with a mental health professional when school safety is at risk. Now, it is allowed in the practice to disclose normally confidential information if a threat is brought to light, increasing public protection.



SB 16-1160: Sunset Surgical Assistants, Surgical Technicians:

The act requires each applicant for surgical technician or surgical assistant registration to submit to a criminal history background check. The reauthorization is designed to boost consumer protection, as background information previously was self-reported by the registrant. Of the 2,491 current surgical assistants and surgical technologists registered in Colorado, 22 percent of those registrants had a "hit" showing a reported charge or conviction with the CBI and/ or FBI. Upon review, 48 percent of all hits required a case to be opened, representing 11 percent of the total registered surgical assistants and surgical technologists of Colorado.

# Building career pathways for active duty military, veterans and spouses

The Division offers a variety of services and programs for military members, military spouses, and veterans to assist with professional licensure. These initiatives all emerged from the Colorado legislative process and focus on enhancing career transition and credential mobility by building pathways to apply military experience toward a Colorado professional license, certification or registration.

# THE DIVISION HAS FOUR EXISTING INITIATIVES WHERE:

- a) licensing fees are waived for military personnel serving in a war zone, emergency response effort, or contingency environment for at least 120 days;
- b) military spouses who move to Colorado due to military orders are offered a one-year extension of their existing license;
- c) military members whose license expires during combat service receive a swift pathway to reinstatement;
- d) education and training received in the military is applied toward licensing and certification requirements to the maximum extent allowed by law.

This year, the Division added a new initiative when Gov. John Hickenlooper signed Colorado House Bill 16-1197 titled: "Concerning a requirement that state agencies implement a program to streamline the granting of occupational credentials to veterans based on military training."

The Division hired a Regulatory and Veterans Policy Analyst to oversee the implementation for all 50 professions and the project was designated as the Veterans Occupational Credentialing and Licensing (VOCAL) initiative.

VOCAL evaluates the extent to which military training meets state professional requirements, identifies reciprocity mechanisms with other states, and determines if an occupational exam is available to authorize a veteran to practice. The initiative also consults with community colleges and other educational institutions regarding courses to cover gaps between military training and professional requirements, offers guidance on refresher courses for reinstatement of lapsed civilian credentials, and considers adopting a national credentialing exam.

The Division identified four professions for Phase One VOCAL consideration: Engineers, Nurses, Dentists and Physical Therapists. The selection criteria included the Governor's employment priorities, current labor trends and professions where the Division has high licensing volume for transitioning veterans.

The Nursing, Dental, and Physical Therapy boards unanimously adopted two new rules and seven new policies to streamline the granting of occupational credentials to veterans based on military training.

The Department also launched a new "Military and Veterans Programs" website, colorado.gov/dora-military, with the Division contributing substantial content.

colorado.gov/dora-military

# **VOCAL** phased implementation

PHASE 1 (Complete, 2017)	Dental, Engineers, Nursing, Physical Therapy.
PHASE 2 (2017)	Architect, Land Surveyor, Landscape Architect, Electrician, Plumber, Surgical Assistant, and Surgical Technologist.
PHASE 3 (2017)	Accountancy, Addiction Counselor, Barber, Cosmetologist, Esthetician, Hair Stylist, and Manicurist.
PHASE 4-6 (2018-2019)	Audiology, Chiropractic, Marriage and Family Therapy, Massage Therapy, Occupational Therapy, Optometry, Pharmacy, Physician, Professional Counselor, Psychology, Respiratory Therapy, Speech Language Pathology.
PHASE 7-10 (2020-2021)	Acupuncture, Athletic Training, Funeral Home & Crematory, Hearing Aid Provider, Midwife, Naturopathic Medicine, Nursing Home Administrator, Outfitter, Podiatry, Private Investigator, Registered Psychotherapy, Social Work, Veterinary.









# Colorado Passenger Tramway Safety Board investigation completed after tragedy

On December 29, 2016, skier Kelly Huber was with her two children at Ski Granby Ranch when they fell off the Quick Draw Express lift, resulting in her tragic death and injury to her children.

State law requires the Colorado Passenger Tramway Safety Board (CPTSB) to conduct an investigation into any death or injury related to a possible malfunction of a passenger tramway and immediately underwent an exhaustive investigation into the possible malfunction of the lift.

After the intensive investigation, the CPTSB found it was not a singular malfunction, but rather an unprecedented series of events never before seen combining to trigger the incident that day.

This was the third lift-related fatality in the state since the formation of the CPTSB in 1965, and efforts to ensure safety to the highest degree possible remain tantamount for the Board.

Now armed with new information from the investigation, the CPTSB is currently considering implementing a new action plan based on considerations outlined in its reported findings.

As part of the new action plan, the Division's Supervisory Tramway Engineer would spearhead the formation



of statewide committees that can address report recommendations. Plans would include the formation of a task force with four main areas of emphasis — Electrical, Operations, Fixed Grip Chairlifts, Detachable Chairlifts — and also include multiple subcommittees.

These areas of emphasis at the state level would be newly created yet mirror those already in place at the national level at the American National Standards Institute (ANSI). Creating a state task force outside of ANSI could potentially quicken the implementation process within Colorado, since timelines for adopting rules at the state level are less restrictive than enacting national standards.

There are an estimated 100 million rides on Colorado ski slopes each year, accounting for 25 percent of the nation's ski traffic.

#### CPTSB RECOMMENDATIONS

The CPTSB made several recommendations to improve safety and transparency, including:

- Consideration of adding a "black box" recording device for all aerial lifts for data collection
- Testing and optimizing drive parameters under operational conditions, instead of the current acceptance test which simulates an empty or fully loaded lift.
- Including delays in all speed change commands in order to help facilitate the stabilization of dynamics in the cable.
- Adding a delay to all stop commands in order to help facilitate the stabilization of dynamics in the cable.



### Improving statewide access to healthcare

The Division continues to implement measures and policies that help to increase the public's access to healthcare throughout the state, especially in rural areas.



These initiatives involve a wide range of programs within DPO.

The Policy for Prescribing and Dispensing Opioids has been a topic of discussion in forums in Greeley, Denver and Pueblo during FY 16-17 involving healthcare professionals, patient family members, behavioral health specialists, substance abuse treatment providers, and the general public. Stakeholders will again engage in the process as the final draft is proposed in the fall of 2017 to all prescribing boards in order to ensure that appropriate guidelines that serve the dual purpose of treating the individual patient and public health emerge.

The passage of Rule 800 by the Medical Board should have a profound impact on patient access, since it allows physicians to delegate medical services to other people in areas where there may not be enough healthcare providers to handle patients. This change builds upon a revamped telehealth policy passed last year by the Board.

The Division further addressed access to care with the hiring of a Veterans Policy Analyst who is responsible for making sure that military and veterans receive credit for their military experience so they can more

seamlessly qualify for licenses across all 50 professions and occupations under the the Division's purview.

The initiative further provides military spouses with active licenses in good standing from another state who move to Colorado due to military orders the ability to practice for up to a year before obtaining a license here.

Procedural changes are helping individuals get to work faster and will continue to emerge. Direct testing in the Pharmacy program already is substantially shortening the time between application and issuance of a license. Mental Health programs such as Licensed Professional Counselor, Psychologist, Social Work, and Marriage and Family Therapy previously required certification documents to be uploaded but attestations now are accepted, making it simpler to apply and easier for the Office of Licensing to review. Additionally, Nursing is among the programs undergoing a review to find efficiencies in the application process to speed credentialing.

These are part and parcel of internal consistency measures that are taking place throughout the Division, which also extends to the complaint process. Efforts are ongoing to truncate that period so when complaints are dismissed, individuals can more rapidly report to their insurance company about these

Board dismissals and hopefully avert increased rates.

#### MORE TO COME...

- Continue efforts to enhance customer service experience and to ensure ease of access to information ranging from applications for licensure to checking your healthcare professional's credentials
- Consider options for Architects, Engineers and Land Surveyors that could remove obstacles related to experience and education reviews prior to applying
- Continue improvements to licensing and enforcement processing times
- Enhance consistency in handling licensing and disciplinary decisions
- Improve Prescription Drug Monitoring Program efficacy and utilization and update the Policy for Prescribing and Dispensing Opioids
- Host five board meetings or stakeholder sessions outside the Denver area
- Survey recently approved licensees to direct streamlining efforts
- Develop a tracking process to better understand caller needs and update the website with pertinent data from those interactions

#### Other program initiatives for FY 17-18



The Psychiatric Technician exam is slated to become computerbased. Testing previously occurred only twice per year, and applications were filed on paper. The exam has been redeveloped to provide more opportunities for applicants to test more often. The Board of Nursing was expected to implement rules to support the changes, since rulemaking language needed to be changed to accommodate online testing.

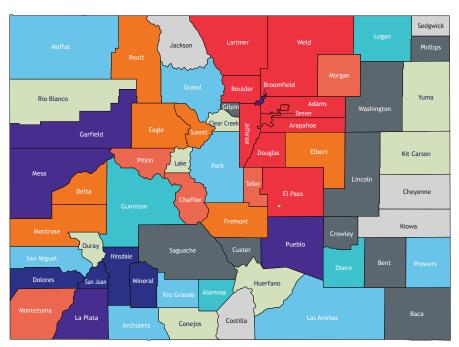


Renewal applications for Advanced Practice Nurses (APRN) and Full Prescriptive Authority Nurses (RXN) will be streamlined. The goal is to simplify ongoing renewal management and reduce the burden for nurses who have experience as an RXN or APRN in other states to obtain their license in Colorado. One outcome is to eventually "attach" APRN, RXN and Registered Nurse (RN) credentials so that renewals can be done together instead of all three individually, which is the current protocol.



The State Electrical Board is planning on releasing an approved vendor list for providers of continuing education. Previously, for continued competency assessment, a licensee needed to locate vendors that offered professional development units. But, according to stakeholders, the criteria caused confusion in the industry. The approved vendor list will be tied to Continuing Education Unit providers. The goal is to release a new application to vendors this summer.

# Map of coverage area in Colorado



#### LICENSEES COVERAGE AREA IN COLORADO

- Denver 36,731
- Arapahoe 30,444
- El Paso 27,668
- Jefferson 26,696 • Adams 18,104
- Douglas 16,899
- Larimer 16,831
- Boulder 16,820
- Weld 10.326
- Mesa 7,773
- Pueblo 7,738Broomfield 4,185
- Garfield 3,038 • La Plata 2 991
- Elbert 2,191
- Montrose 2,035
- Fremont 1,816 • Summit 1,556
- Delta 1,453Routt 1,402
- Montezuma 1,145
- Pitkin 1,028
- Morgan 1,017 • Teller 986
- Chaffee 986
- Logan 794
- Otero 791 Alamosa 781
- Gunnison 776
- Grand 682
- Archuleta 669 Moffat 651

- Las Animas 644
- Park 588 Prowers 512
- Rio Grande 476
- San Miguel 407
- Rio Blanco 353 Yuma 332
- Conejos 322
- Ouray 311

- Clear Creek 280 Huerfano 264
- Kit Carson 257
- Baca 185
- Gilpin 184
- Custer 169
- Lincoln 168 Bent 165
- Phillips 164
- Saguache 155
- Washington 125
- Crowley 124
- Sedgwick 115 Costilla 90
- Chevenne 73
- Jackson 62
- Kiowa 61
- Dolores 56
- Mineral 41
- Hinsdale 38
- San Juan 40

# **Statistics for FY 16-17**

#### **FY16 BOARD OR PROGRAM ACTIONS**

BOARD OR PROGRAM	Revocations (1)	Suspensions (2)	Revocations/ Suspensions held in abeyance or stayed/ suspended (3)	Stipulations (4)	Letters of Admonition	Other Actions (5)	Dismissals	Dismissed with Letters of Concern (6)
Accountancy	9	1	0	49	0	8	45	10
Acupuncturists	2	0	0	1	0	0	5	6
Addiction Counselors	4	0	2	36	6	6	85	11
Architects/Engineers/Land Surveyors	1	0	0	23	15	7	66	24
Athletic Trainers	1	0	0	0	0	0	4	0
Audiologists	0	0	0	2	2	0	1	0
Barber/Cosmetology	2	0	0	208	81	134	121	326
Boxing	0	0	0	0	0	0	0	0
Chiropractic	1	0	0	8	3	4	31	10
Dental	7	0	0	32	27	3	151	139
Direct Entry Midwives	0	0	2	0	0	0	2	1
Electrical	4	0	0	37	6	26	68	13
Funeral Homes & Crematories	0	0	0	1	1	2	15	11
Hearing Aid Providers	0	0	0	0	0	0	0	2
Landscape Architects	0	0	0	0	0	0	1	0
Massage Therapists	19	2	0	20	22	32	215	151
Mental Health								
Licensed Professional Counselors	5	0	1	40	13	2	102	22
Marriage and Family Therapists	0	0	0	5	0	0	34	5
Psychology	6	0	0	9	3	6	59	14
Social Work	10	0	0	7	6	0	74	15
Registered Psychotherapists	7	0	2	23	7	11	113	15
Medical	22	1	0	41	39	7	772	121
Naturopathic Doctors	0	0	0	0	0	1	1	2
Nurse Aides	37	3	0	0	67	3	108	231
Nursing	106	4	0	95	104	31	425	212
Nursing Home Administrators	0	1	0	2	0	0	10	1
Occupational Therapists	0	0	0	3	1	0	3	3
Optometry	2	0	0	3	2	0	10	1
Outfitters	0	0	0	11	9	1	2	8
Passenger Tramway	0	0	0	1	6	0	4	0
Pharmacy	14	0	0	128	5	4	117	77
Physical Therapy	2	0	0	11	2	1	14	12
Plumbers	2	0	0	24	7	18	51	9
Podiatry	0	0	0	3	1	1	7	7
Private Investigators	0	0	0	2	1	4	13	11
Respiratory Therapy	1	1	0	1	2	0	4	1
Speech Language Pathologists	0	0	0	1	2	0	4	6
Surgical Technologists	1	1	0	3	0	0	163	0
Veterinarians	2	0	0	13	6	1	61	22
TOTAL DIVISION OF PROFESSIONS AND OCCUPATIONS — FY17	267	14	7	843	446	313	2,961	1,499
FY 15-16 Actuals	165	8	6	667	322	222	1707	1,138
FY 14-15 Actuals	149	9	0	642	303	326	1735	1,248

<sup>(1)</sup> Revocations include voluntary surrender of license

 $<sup>(2) \</sup> Suspensions \ include \ those \ actively \ served \ and \ summary \ suspensions \ and \ agreements \ to \ cease \ practice \ in \ lieu \ of \ suspension$ 

<sup>(3)</sup> Prior to FY11 these were included with suspensions

<sup>(4)</sup> Stipulations - which includes probation

<sup>(5)</sup> Other actions include cease and desist orders, citations, cases combined for closure, confidential practice restrictions, and injunctions

<sup>(6)</sup> Prior to FY11 these numbers were included in number of dismissed cases

#### BOARD AND PROGRAM STATISTICS FY17 (JULY 1, 2016 THRU JUNE 30, 2017)

				Number of Board Actions		
BOARD OR PROGRAM	Number of New Licenses	Number of Total Licenses	Number of Complaints	Actions	Dismissals	
Accountancy Board	715	19687	103	67	55	
Acupuncture	94	1466	15	3	11	
Addiction Counselors	425	3807	143	54	96	
Architects/Engineers/Land Surveyors	3141	34813	124	46	90	
Athletic Trainers	206	816	3	1	4	
Audiology	47	538	1	4	1	
Barber/Cosmetology	3991	59366	815	425	447	
Boxing	822	1544	13	0	0	
Chiropractic Board	176	2721	88	16	41	
Dental Board	669	10067	459	69	290	
Direct Entry Midwives	8	66	1	2	3	
Electrical Board	4199	18580	165	72	81	
Fantasy Contests	17	17	0	0	0	
Funeral Homes/Crematories	10	272	26	4	26	
Hearing Aid Providers	42	236	2	0	2	
Landscape Architects	63	939	1	0	1	
Massage Therapists	1266	12392	450	95	366	
Medical Board	2719	27490	1060	110	893	
Marriage and Family Therapists	200	1232	55	8	39	
Professional Counselors	1421	8754	189	61	124	
Psychologists	315	3614	85	25	73	
Social Workers	922	6955	127	23	89	
Registered Psychotherapists	1002	4881	146	50	128	
Naturopathic Doctors	17	131	6	1	3	
Nurse Aides	6129	38093	442	110	339	
	9019	85409	876	340	637	
Nursing Board Nursing Home Administrators						
-	55	596	20	3	11	
Occupational Therapists	529	4193	23		6	
Optometry Board	96	1354	12	7	11	
Outfitters Board	79	845	32	21	10	
Passenger Tramway	5	437	10	151	4	
Pharmacy Board	1190	12969	302	16	194	
Physical Therapy Board	1114	8914	37	51	26	
Plumbers Board	1680	8306	134	5	60	
Podiatry Board	27	104	18	8	14	
Private Investigators	206	637	24	5	24	
Respiratory Therapy	326	2922	15	5	5	
Speech Language Pathologists	513	2579	14	3	10	
Surgical Techs/Assistants	2041	2520	330	5	163	
Veterinary Medicine	347	4462	99	22	83	
TOTAL	45,843	394,724	6,465	1,892	4,460	





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