

1                                   **FEDERATION OF STATE MEDICAL BOARDS**  
2                                   **SPECIAL COMMITTEE ON STRATEGIC PLANNING**

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4                                   **Report on FSMB Strategic Plan Recommendations**  
5                                   **2020-2025**

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7                                   **FSMB Strategic Planning Committee Summary and Draft Plan**  
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9                                   The FSMB Special Committee on Strategic Planning met August 14-15, 2019 in Euless, Texas,  
10                                   and again by videoconference on November 22, to review the FSMB’s current strategic plan (**see**  
11                                   **page 6**) and make recommendations for a new plan, to be implemented in May 2020 (**see page**  
12                                   **11**).

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14                                   In preparation for its discussions, the Committee reviewed a variety of documents and information  
15                                   resources, including the:

- 16                                   • 2015 FSMB Board Report on Strategic Planning
- 17                                   • 2019 FSMB Strategic Planning Surveys, gauging opinions of state medical boards leaders  
18                                   and other stakeholders
- 19                                   • Summaries of strategic-visioning exercises conducted by the FSMB Board of Directors  
20                                   and FSMB staff in 2018 and 2019
- 21                                   • 2019 Report of the FSMB House of Delegates on the FSMB 2015-2020 Strategic Plan  
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23                                   At its August meeting, the Committee engaged in large-group and small-group discussions,  
24                                   identifying environmental factors, challenges and opportunities in health care and medical  
25                                   regulation that could impact the next strategic plan.  
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27                                   After a comprehensive review of the current strategic plan, the Committee has concluded that the  
28                                   plan remains fundamentally sound in that it continues to focus on core values and relevant strategic  
29                                   imperatives. The Committee recommended slight adjustments, however, to align elements of the  
30                                   plan more closely with emerging trends and new issues of importance to state medical boards.  
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32                                   The recommended changes are intended to respond to:

- 33                                   • The need for the FSMB to provide strong **leadership in an era of accelerating change** in  
34                                   the health care sector, and the importance of adaptability and the ability to manage change  
35                                   in this new era.
- 36                                   • The continuing rise of **data-use and technology** – including telemedicine and artificial  
37                                   intelligence – as significant factors in health care.
- 38                                   • The particular need to maintain vigilance, safety and oversight in the midst of **new team-**  
39                                   **based care models** and a **blurring scope-of-practice environment**.
- 40                                   • The continuing need for **service and support from the FSMB for its member boards** –  
41                                   which will rely increasingly on the FSMB to serve as a hub and facilitator at a time when  
42                                   the sharing of data, resources and best practices requires a strongly interconnected medical  
43                                   regulatory community.

- 44 • **Increasing public empowerment** – bringing with it the need for state medical boards to  
45 be responsive to the clear preferences of consumers/patients, who put a priority on  
46 efficiency, speed and transparency when dealing with institutions.
- 47 • Trends toward **corporatization, commoditization and consolidation** in health care,  
48 which may have potentially profound impacts on medical regulation.
- 49 • The rise of **legislative/political incursions into medicine** and **de-regulatory forces** in the  
50 United States, including developments since the Supreme Court’s *North Carolina Board*  
51 *of Dental Examiners v. Federal Trade Commission* decision.
- 52 • Changing trends in the nation’s **workforce of physicians, physician assistants and other**  
53 **health care professionals**, and in the ways **medical education** is delivered.

54  
55 The Committee’s discussions and conclusions underscore the need for strong leadership and wise  
56 policies from the medical regulatory community to help guide the next generation of medicine in  
57 the United States through a period of historic change.

## 58 59 **SUMMARY OF DISCUSSIONS**

### 60 61 **Environmental Factors**

62  
63 The Committee discussed a variety of environmental factors impacting medical regulation that  
64 should be taken into account in developing a new strategic plan. These included:

65  
66 **The rapid advance of technology in health care.** Technological innovations – particularly the  
67 use of telemedicine and the growth of artificial intelligence – are changing the way health care is  
68 delivered. While technology is clearly impacting medicine, it is also impacting the process of  
69 medical regulation: As an example, the digitization of records and use of block-chain technology  
70 will impact standard oversight processes, such as credentialing and credentials verification.

71  
72 **The role and importance of data.** “Big Data” is a powerful factor across all sectors, as technology  
73 improves our ability to gather, analyze and share large amounts of information. The volume of  
74 health-care-related data – and new technology platforms that widen its potential use – continue to  
75 expand. This ability brings both opportunities and challenges, as issues of privacy, data ownership  
76 and systems-compatibility must be managed in a complex, dynamic environment.

77  
78 **Consolidation and corporatization in health care delivery.** The rate of merger among hospitals  
79 and physician group-practices continues to increase, with a variety of impacts. More and more  
80 physicians are now working as employees of large health systems – which maintain their own  
81 internal physician oversight processes and practice standards, independent of the regulatory  
82 system. Additionally, large retailers – such as CVS and Walmart – are increasing their reach into  
83 the health care sector, with expanded health care delivery services offered through retail clinics.  
84 Google, Apple and other huge technology-based corporations are also expanding their role in  
85 health care – and changing consumer behavior and expectations in the process. The influence of  
86 these large corporate entities on the health system overall will continue to rise.

87

88 **“Commoditization” in medical practice.** The confluence of technological innovation and  
89 corporate growth and influence has led to an environment in which health care outcomes, quality,  
90 price and access are increasingly driven by the competitive marketplace. As a result, medicine  
91 becomes more vulnerable to de-professionalization, and the patient-physician relationship  
92 becomes more vulnerable to de-personalization. As concerns about the impacts of  
93 commoditization grow, there is a perception that the overall influence of the medical community  
94 – an important bulwark for patient safety and quality in health care – is being undercut as a result  
95 of these trends.

96  
97 **The continued rise of consumer empowerment.** Thanks largely to the growth of the Internet  
98 over several decades, consumers continue to wield greater influence in health care – ranging from  
99 increased awareness of medical options to self-diagnosis and heightened expectations for  
100 outcomes, cost and care delivery. The development of household and wearable medical devices  
101 and greater access to data have led patients to be given a larger role as partners in the health care  
102 team. Telemedicine, the growth of retail clinics and other fast, relatively inexpensive models of  
103 health care delivery are increasing the expectations of consumers – who don’t want impediments  
104 and are less concerned about traditional titles, roles and scope of practice of those who provide  
105 their care.

106  
107 **Blurring of lines and traditional roles in health care.** In the new team-based health care delivery  
108 environment, traditional scope-of-practice boundaries are beginning to shift – particularly in terms  
109 of the role of mid-level providers. Physician assistants and other health professionals continue to  
110 play a more prominent role in this environment, and the use of artificial intelligence and other  
111 technologies is accelerating new scope-of-practice trends.

112  
113 **Physician workforce changes.** Demographic shifts indicate that physician shortages in key  
114 medical specialties – including primary care – will grow, creating access-to-care issues,  
115 particularly in rural areas of the United States. Additionally, the physician workforce is aging and  
116 some physicians are working at older ages than previous generations.

117  
118 **Issues in medical education.** As technology continues to reshape medical practice, there is a  
119 growing need to re-think longstanding approaches in medical education. At the same time, the  
120 enormous cost of medical education – including debt-burdens of medical students – is raising  
121 concerns and impacting the distribution of new physicians across medical specialties, further  
122 contributing to workforce and access-to-care issues.

123  
124 **Physician wellbeing.** Concerns about stress-related health issues in the medical workforce have  
125 risen in recent years. There is growing evidence that the wellbeing of physicians has significant  
126 impact on the quality of health care delivery and issues in medical regulation.

## 127 128 **Challenges**

129  
130 **Anti-occupational-licensing efforts and a culture of deregulation.** In the wake of the Supreme  
131 Court’s *North Carolina State Board of Dental Examiners v. Federal Trade Commission* decision,  
132 organized efforts are increasing nationally to scale back on occupational-licensing requirements.

133 In addition, a culture of deregulation at both state and federal levels has noticeably grown in recent  
134 years – with what some perceive as legislative incursions or overreach into the practice of  
135 medicine. These trends put new pressures on boards’ ability to conduct regulatory oversight.

136  
137 **Inefficiency of systems in a team-based, consumer-driven health care environment.** With  
138 blurring lines in the scope of medical practice, professional regulators must be well-coordinated  
139 across sectors – but the current lack of systems integration and aligned policies make that a  
140 challenge. The issue is exacerbated by the demands of increasingly empowered consumers – and  
141 health care professionals – who have little tolerance for inefficiencies in systems. Of particular  
142 concern to boards is how to transition from legacy systems in an environment that requires  
143 nimbleness and speed.

144  
145 **Questions of accountability and responsibility in regulation.** Rapid changes in health care  
146 delivery – including the rise of telemedicine, the use of artificial intelligence and an increase in  
147 team-based care models – have created new “grey areas” and challenges in determining  
148 accountability and responsibility in medical decision-making and care outcomes.

149  
150 **Quality control and maintenance of privacy in a data-rich environment.** The ubiquity of data,  
151 the proliferation of entry-points for its collection, and the ease with which it can be shared raise  
152 new questions for boards regarding its management – including security, privacy and quality.

## 153 154 Opportunities

155  
156 **Leadership.** In an era of great change and a high level of uncertainty about the future, the FSMB  
157 has an opportunity to play a strong leadership role. The health care system is experiencing  
158 “pendulum swings” – and institutions can earn support and trust in this environment by helping to  
159 provide stability to their stakeholders. By helping state boards navigate change – and helping build  
160 the public’s trust in boards at the same time – the FSMB can establish its value.

161  
162 **Technology and data.** The growing availability and importance of technology and data provides  
163 a unique opportunity for the FSMB, which in recent years has expanded its data capabilities –  
164 including infrastructure investments and a transition to digital platforms. The FSMB is positioned  
165 to serve as an information-hub, convener and facilitator as the regulatory community enters a new  
166 era of technology and data processing. The growing reality within medicine is that telemedicine,  
167 artificial intelligence and other modalities are here and have enormous potential but must be shaped  
168 by wise policy.

169  
170 **Education for boards and licensees.** In the current health care environment, there is a strong need  
171 for ongoing educational opportunities for state medical boards – as well as their licensees. This is  
172 particularly important, given the relatively high turnover-rate in the state medical board  
173 community: Surveys show that 40% of stakeholders within the Federation have worked in medical  
174 regulation for less than five years. By focusing on educating its member boards about emerging  
175 trends and best practices and helping them provide targeted continuing professional education for  
176 their licensees, the FSMB can help ensure stability amid change.

177

178 **Communications and advocacy.** With the pace of change faced by the health care community,  
179 the need for close communication between institutions and their stakeholder audiences – and  
180 strong advocacy on key issues – has never been greater. In this environment, the FSMB has the  
181 opportunity to deliver value by keeping boards informed, helping raise public awareness of the  
182 work they do, and coordinating advocacy on their behalf. This is particularly important in an era  
183 when many boards face tight budgets and lean staffing.

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185 **CURRENT FSMB STRATEGIC PLAN, 2015-2020**

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**About the FSMB**

The Federation of State Medical Boards represents the 70 state-medical and osteopathic regulatory boards – commonly referred to as state medical boards – within the United States, its territories and the District of Columbia. It supports its member boards as they fulfill their mandate of protecting the public’s health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other health care professionals.

**Vision**

The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality health care.

**Mission**

The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices.

**Strategic Goals**

- **State Medical Board Support:** Serve state medical boards by promoting best practices and providing policies, advocacy, and other resources that add to their effectiveness.
- **Advocacy and Policy Leadership:** Strengthen the viability of state-based medical regulation in a changing, globally-connected health care environment.
- **Collaboration:** Strengthen participation and engagement among state medical boards and expand collaborative relationships with national and international organizations.
- **Education:** Provide educational tools and resources that enhance the quality of medical regulation and raise public awareness of the vital role of state medical boards.
- **Data and Research Services:** Expand the FSMB's data-sharing and research capabilities while providing valuable information to state medical boards, the public and other stakeholders.
- **Organizational Strength and Excellence:** Enhance the FSMB’s organizational vitality and adaptability in an environment of change and strengthen its financial resources in support of its mission.

231 **PROPOSED FSMB STRATEGIC PLAN, 2020-2025 (RECOMMENDATIONS)**

232  
233 Changes to each of the sections of the current Strategic Plan that have been suggested are noted  
234 below.

235  
236 **1. “ABOUT THE FSMB” Statement**

237  
238 *Current Statement – no recommended changes*

239  
240 The Federation of State Medical Boards represents the 70 state-medical and osteopathic regulatory  
241 boards -- commonly referred to as state medical boards -- within the United States, its territories  
242 and the District of Columbia. It supports its member boards as they fulfill their mandate of  
243 protecting the public’s health, safety and welfare through the proper licensing, disciplining, and  
244 regulation of physicians and, in most jurisdictions, other health care professionals.

245  
246 **2. VISION**

247  
248 *Current Vision*

249  
250 The FSMB is an innovative leader, helping state medical boards shape the future of medical  
251 regulation by protecting the public and promoting quality health care.

252  
253 Recommendations for change:

- 254 • Replace “helping state medical boards” with “supports state medical boards”
- 255 • Update the language slightly to better articulate the FSMB’s role of working as an  
256 innovative partner as it meets the needs of state medical boards

257  
258 *Proposed Revised Vision*

259  
260 *The FSMB supports state medical boards as they protect the public and promote quality health  
261 care, partnering and innovating with them to shape the future of medical regulation.*

262  
263 **3. MISSION**

264  
265 *Current Mission*

266  
267 The FSMB serves as the voice for state medical boards, supporting them through education,  
268 assessment, research and advocacy while providing services and initiatives that promote patient  
269 safety, quality health care and regulatory best practices.

270  
271 Recommendations for change:

- 272 • Delete “the voice” and replace with “a national voice”
- 273 • Add “data”

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276 **Proposed Revised Mission**

277  
278 The FSMB serves as a national voice for state medical boards, supporting them through  
279 education, assessment, data, research and advocacy while providing services and initiatives  
280 that promote patient safety, quality health care and regulatory best practices.  
281

282 **4. STRATEGIC GOALS**

283  
284 ***Current Goal 1 – no recommended changes***

285  
286 ***State Medical Board Support:*** Serve state medical boards by promoting best practices and  
287 providing policies, advocacy, and other resources that add to their effectiveness.  
288

289 ***Current Goal 2***

290  
291 ***Advocacy and Policy Leadership:*** Strengthen the viability of state-based medical regulation  
292 in a changing, globally-connected health care environment.  
293

294 **Recommendations for change:**

- 295 • Replace “viability” with “impact”
- 296 • Change “state-based medical regulation” to “state medical regulation”
- 297 • Delete “globally” and replace “changing” with “dynamic, interconnected”  
298

299 **Proposed Revised Goal 2**

300  
301 ***Advocacy and Policy Leadership:*** Strengthen the impact of state medical regulation in a  
302 dynamic, interconnected health care environment.  
303

304 ***Current Goal 3***

- 305  
306 • ***Collaboration:*** Strengthen participation and engagement among state medical boards and  
307 expand collaborative relationships with national and international organizations.  
308

309 **Recommendations for change:**

- 310 • Add “government entities” to help clarify that collaboration is sought with both private-  
311 sector and public-sector partners
- 312 • Include “state” in addition to “national” and “international”
- 313 • Replace “strengthen” with “build” to reduce the repetition of the word “strengthen” in the  
314 strategic plan goals  
315

316 **Proposed Revised Goal 3**

317  
318 ***Collaboration:*** Build participation and engagement among state medical boards and expand  
319 collaborative relationships with state, national and international organizations and government  
320 entities.



321 **Current Goal 4**

322

323 *Education:* Provide educational tools and resources that enhance the quality of medical regulation  
324 and raise public awareness of the vital role of state medical boards.

325

326 Recommendations for change:

- 327 • Add “Communications” to the goal’s title
- 328 • Move the phrase “Raise public awareness” to the beginning of the goal’s description
- 329 • Add the word “effectiveness”

330

331 **Proposed Revised Goal 4**

332

333 ***Communications and Education:*** Raise public awareness of the vital role of state medical  
334 boards while providing educational tools and resources that enhance the quality and  
335 effectiveness of medical regulation.

336

337 **Current Goal 5**

338

339 *Data and Research Services:* Expand the FSMB's data-sharing and research capabilities while  
340 providing valuable information to state medical boards, the public and other stakeholders.

341

342 Recommendations for change:

- 343 • Add “Technology” to the goal’s title; collapse “Research Services” under the heading  
344 “Data”
- 345 • Add “Provide leadership in the use of emerging health care technologies”
- 346 • Change “data-sharing and research capabilities” to “data and research capabilities”
- 347 • Change “while providing” to “sharing”; streamline verbiage to keep goal consistent in  
348 length with the other goals

349

350 **Proposed Revised Goal 5**

351

352 ***Technology and Data:*** Provide leadership in the use of emerging health care technology  
353 impacting medical regulation and expand the FSMB’s data and research capabilities, sharing  
354 valuable information with stakeholders.

355

356 **Current Goal 6**

357

358 *Strength and Excellence:* Enhance the FSMB’s organizational vitality and adaptability in an  
359 environment of change and strengthen its financial resources in support of its mission.

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361 Recommendations for change:

- 362 • Remove “financial”
- 363 • Replace “vitality and adaptability” with “efficiency, effectiveness and adaptability”

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**Proposed Revised Goal 6**

***Organizational Strength and Excellence:*** Enhance the FSMB’s organizational efficiency, effectiveness and adaptability in an environment of change and strengthen its resources in support of its mission.

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372 **PROPOSED FSMB STRATEGIC PLAN, 2020-2025 (FOR APPROVAL)**

373

374 **About the FSMB**

375

376 The Federation of State Medical Boards represents the 70 state-medical and osteopathic regulatory  
377 boards – commonly referred to as state medical boards – within the United States, its territories  
378 and the District of Columbia. It supports its member boards as they fulfill their mandate of  
379 protecting the public’s health, safety and welfare through the proper licensing, disciplining, and  
380 regulation of physicians and, in most jurisdictions, other health care professionals.

381

382 **Vision**

383

384 The FSMB supports state medical boards as they protect the public and promote quality health  
385 care, partnering and innovating with them to shape the future of medical regulation.

386

387 **Mission Statement**

388

389 The FSMB serves as a national voice for state medical boards, supporting them through education,  
390 assessment, data, research and advocacy while providing services and initiatives that promote  
391 patient safety, quality health care and regulatory best practices.

392

393 **Strategic Goals**

394

395 • **State Medical Board Support:** Serve state medical boards by promoting best practices and  
396 providing policies, advocacy, and other resources that add to their effectiveness.

397

398 • **Advocacy and Policy Leadership:** Strengthen the impact of state medical regulation in a  
399 dynamic, interconnected health care environment.

400

401 • **Collaboration:** Build participation and engagement among state medical boards and  
402 expand collaborative relationships with state, national and international organizations and  
403 government entities.

404

405 • **Communications and Education:** Raise public awareness of the vital role of state medical  
406 boards while providing educational tools and resources that enhance the quality and  
407 effectiveness of medical regulation.

408

409 • **Technology and Data:** Provide leadership in the use of emerging health care technology  
410 impacting medical regulation and expand the FSMB’s data and research capabilities,  
411 sharing valuable information with stakeholders.

412

413 • **Organizational Strength and Excellence:** Enhance the FSMB’s organizational efficiency,  
414 effectiveness and adaptability in an environment of change and strengthen its resources in  
415 support of its mission.