

# AGENCY STRATEGIC PLAN

FOR THE FISCAL YEARS 2015 – 2019

BY

## TEXAS OPTOMETRY BOARD

<u>BOARD MEMBER</u>	<u>DATES OF TERM</u>	<u>HOMETOWN</u>
D. DIXON GOLDEN, O.D.	08/26/2003 - 01/31/2015	CENTER
RANDALL REICHLER, O.D.	08/26/2003 - 01/31/2015	HOUSTON
CYNTHIA JENKINS	12/23/2008 - 01/31/2015	IRVING
MARIO GUTIERREZ, O.D.	03/29/2011 - 01/31/2017	SAN ANTONIO
JOHN COBLE, O.D.	03/07/2006 - 01/31/2017	ROCKWALL
LARRY W. FIELDS	12/14/2007 - 01/31/2017	CARTHAGE
MELVIN G. CLEVELAND, O.D.	05/23/2007 - 01/31/2019	ARLINGTON
VIRGINIA SOSA, O.D.	05/23/2007 - 01/31/2019	UVALDE
JUDITH CHAMBERS	01/31/2013 - 01/31/2019	AUSTIN

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Submitted by:   
Chris Kloeris, Executive Director

Approved:   
Dixon Golden, O.D., Board Chair



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## STATEWIDE VISION OF TEXAS

Since the last round of strategic planning began in March 2012, our nation's economic challenges have persisted, but Texas' commitment to an efficient and limited government has kept us on the pathway to prosperity. Our flourishing economic climate and thriving jobs market continue to receive national attention and are not by accident. Texas has demonstrated the importance of fiscal discipline, setting priorities and demanding accountability and efficiency in state government. We have built and prudently managed important reserves in our state's "Rainy Day Fund," cut taxes on small business, balanced the state budget without raising taxes, protected essential services and prioritized a stable and predictable regulatory climate to help make the Lone Star State the best place to build a business and raise a family.

Over the last several years, families across this state and nation have tightened their belts to live within their means, and Texas followed suit. Unlike Washington D.C., here in Texas we believe government should function no differently than the families and employers it serves. As we begin this next round in our strategic planning process, we must continue to critically examine the role of state government by identifying the core programs and activities necessary for the long-term economic health of our state, while eliminating outdated and inefficient functions. We must continue to adhere to the priorities that have made Texas a national economic leader:

*Ensuring the economic competitiveness of our state by adhering to principles of fiscal discipline, setting clear budget priorities, living within our means, and limiting the growth of government;*

*Investing in critical water, energy, and transportation infrastructure needs to meet the demands of our rapidly growing state;*

*Ensuring excellence and accountability in public schools and institutions of higher education as we invest in the future of this state and ensure Texans are prepared to compete in the global marketplace;*

*Defending Texans by safeguarding our neighborhoods and protecting our international border; and*

*Increasing transparency and efficiency at all levels of government to guard against waste, fraud, and abuse, ensuring that Texas taxpayers keep more of their hard-earned money to keep our economy and our families strong.*

Rick Perry  
Governor of Texas

## THE MISSION OF TEXAS STATE GOVERNMENT

Texas state government must be limited, efficient, and completely accountable. It should foster opportunity and economic prosperity, focus on critical priorities, and support the creation of strong family environments for our children. The stewards of the public trust must be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

*Aim high...we are not here to achieve inconsequential things!*

## THE PHILOSOPHY OF TEXAS STATE GOVERNMENT

The task before all state public servants is to govern in a manner worthy of this great state. We are a great enterprise, and as an enterprise we will promote the following core principles.

- First and foremost, Texas matters most. This is the overarching, guiding principle by which we will make decisions. Our state, and its future, is more important than party, politics or individual recognition.
- Government should be limited in size and mission, but it must be highly effective in performing the tasks it undertakes.
- Decisions affecting individual Texans are best made by those individuals, their families, and the local governments closest to their communities.
- Competition is the greatest incentive for achievement and excellence. It inspires ingenuity and requires individuals to set their sights high. Just as competition inspires excellence, a sense of personal responsibility drives individual citizens to do more for their future, and the future of those they love.
- Public administration must be open and honest, pursuing the high road rather than the expedient course. We must be accountable to taxpayers for our actions.
- State government has a responsibility to safeguard taxpayer dollars by eliminating waste and abuse, and providing efficient and honest government.
- Finally, state government should be humble, recognizing that all its power and authority is granted to it by the people of Texas, and those who make decisions wielding the power of the state should exercise their authority cautiously and fairly.

## STATEWIDE FUNCTIONAL GOAL/BENCHMARK: REGULATORY

### Priority Goal

To ensure Texans are effectively and efficiently served by high-quality professionals and businesses by:

- Implementing clear standards;
- Ensuring compliance;
- Establishing market-based solutions; and
- Reducing the regulatory burden on people and business.

### Benchmarks

- Percentage of state professional licensee population with no documented violations
- Percentage of documented complaints to licensing agencies resolved within six months
- Percentage of individuals given a test for licensure who received a passing score
- Percentage of new and renewed licenses issued via Internet



## AGENCY MISSION

The mission of the Texas Optometry Board is to promote, preserve, and protect the health, safety and welfare needs of the people of Texas by fostering the providing of quality optometric care to the citizens of Texas through the regulation of the practice of optometry.

## AGENCY PHILOSOPHY

The Texas Optometry Board will act in accordance with the highest standards of ethics, accountability, efficiency, and openness, ensuring equal opportunity for all employees and licensees. We will approach all activities with responsibility and purpose, unbiased, with commitment to the efficient use of licensee dollars. The consumers, professions, and the general public alike can be assured of a balanced and sensible approach to regulation.

## EXTERNAL/INTERNAL ASSESSMENT

### Overview of Agency Scope and Functions

#### Statutory Basis

The Texas Optometry Board is an independent state health regulatory agency, charged with implementing and administering its enabling legislation, Chapter 351, Occupations Code (Optometry Act), to protect the health, safety and welfare of the general public. This charge is accomplished by the regulation of the application for license and the practice of optometry, including the prohibitions against the unauthorized practice.

#### Historical Perspective

The agency was created in 1921 by the 37th Legislature under the name Texas State Board of Examiners in Optometry. The 61st Legislature in 1969 changed the agency's name to Texas Optometry Board and made major revisions to the Optometry Act, many of which are in effect today. In 1975, the Act was amended to include mandatory continuing education to ensure continued competency of optometrists.

In 1981, following the agency's first Sunset review, the 67th Legislature amended the Act considerably. Changes included a nine-member board (three of the members are public members), and the authority to promulgate procedural and substantive rules. Minor amendments to the Act occurred in 1985 and 1989.

In 1991, the 72nd Legislature amended the Act to establish a therapeutic optometrist license, allowing the treatment of visual defects, abnormal conditions, and diseases of the human vision system, removal of foreign bodies from the eye, and prescribing topical medications. In 1993, the second Sunset review of the agency occurred, with substantive changes to the Act, primarily in the area of complaints and enforcement.

In 1999, the 76th Legislature amended the Act, allowing optometric glaucoma specialists to prescribe oral medications and treat glaucoma.

In 2005, the agency's existence was extended until September 1, 2017, as a result of the third Sunset Review. Some enforcement provisions of the Optometry Act were amended by House Bill 1025, 79<sup>th</sup> Legislature, Regular Session. The legislation included changes that applied to many of the agencies undergoing Sunset Review. The Contact Lens Prescription Act was also amended in this legislation to conform to recent federal legislation.

#### Key Service Populations

The citizens of Texas comprise the primary key service population. These customers may be served through direct contact, the agency's regulation of licensees, or through representatives such as legislators and legal representatives. Other major service populations include licensed optometrists, initially as students and applicants and ultimately and most comprehensively, as licensees. The Executive and Judicial branches of state government, other state and federal agencies, the optometric community, and health-related providers and associations should also be included as key service populations.

#### Main Functions

The agency is responsible for the implementation and enforcement of statutes governing optometry, including adopting rules to implement and enforce the Optometry Act. Providing and disseminating consumer information regarding the role of the agency is an-

other responsibility.

Primary functions of the agency are the examination and determination of the fitness of applicants for licensure, licensing of successful applicants, and permanent monitoring of that license, including verification of the required yearly mandatory continuing education for renewal of license. In addition, the agency investigates complaints received against its licensees and issues, when required, remedial sanctions in accordance with the Optometry Act and promulgated rules.

As a state agency, The Texas Optometry Board must comply with all requirements of record keeping and reports required of a state agency.

### Public's Perception

Generally, the public perceives the agency as a regulatory body established to protect the public by assuring that only competent optometrists are licensed. To assure that competency, the agency must require that licensees comply with state laws and rules in the course of practicing optometry. If licensees comply with the law, the general public understands that the agency has sufficiently educated its licensees regarding their legal duties, and, should a licensee fail in their duty, that the agency will take appropriate disciplinary action.

## Organizational Aspects

### Board Structure

The Texas Optometry Board is comprised of nine members appointed by the Governor (with the advice and consent of the Senate) for staggered six-year terms. Serving on the Board are six licensed optometrists and three public members. Both public and licensed Board members are assigned to one or more Board committees.

### Size and Composition of Work Force

The agency employs an Executive Director (an exempt position) who manages the agency with oversight from the Board. The remainder of the staff fills six classified full-time positions: an Executive Assistant II, Accountant II (half time), Investigator III, two Administrative Technicians III, Administrative Technician I (half time, not currently filled), and a Systems Analyst I shared with several other member agencies of the Health Profession Council. The agency is an equal employment opportunity employer and strives to employ a diverse workforce. Efforts are made to have at least one bilingual individual on staff at all times for customer service needs.

### Organizational Structure and Process

With so few employees, structured divisions are not strictly set so as to encourage employees "outside" a division to provide assistance wherever needed. The organizational divisions are:

- continuing education (staffed by an Administrative Assistant III)
- licensing and examination (Administrative Assistant III)
- complaints and enforcement (Investigator III, and unfilled position for Administrative Technician I part-time)
- fiscal affairs (Accountant II )
- information technology (Systems Analyst I)

The Executive Assistant serves as supervisor over the five other classified positions in addition to other duties, including human resources and primary responsibility for required reports preparation. Staff frequently assist in other divisions as the need arises.

#### Geographical Location

The Board Office is located in the William P. Hobby Building at 333 Guadalupe, Tower II, Suite 420, Austin, Texas, in the downtown area of the city. The office consists of approximately 1,400 square feet of space. All members of the Health Professions Council (other than certain programs of the Texas Department of Health) are also located in the Hobby Building.

#### Location of Service Population

The agency serves the populace of the entire state. Licensees are located throughout the state with practices in 139 counties. Since the agency does not operate any field or satellite offices, the agency does not maintain an office in the "Texas-Louisiana border region" or "Texas-Mexico border region."

#### Human Resource Strengths and Weaknesses

The agency is continually reviewing existing needs, initiating resource savings and changing production responsibilities for efficiency. Technology, employment of highly qualified individuals, and the regular review of procedures has been the key to keeping the number of full time equivalent employees (FTE's) to a minimum. Significant phases of the agency's activities have been computerized, including on-line renewals, verification of license, and posting of continuing education compliance on the website. Additional efficiencies have been enjoyed with the new database, including real-time posting of license verification information and correspondence generated by the database, although some database tasks may now, for at least the near future, be less efficient.

The agency has a committed, hard working and customer-service oriented staff. The executive director has been employed by the agency since 1999. Turnover has remained low the last several years, with no turnover in FY2012 and one half-time employee leaving the agency in FY2013. However, the death of a long-time employee and the retirement of another long time employee in FY2014 have had a significant impact on an agency with few employees. Additional information concerning staff may be found in the Workforce Plan, Appendix E.

Technology is driving the way Texas does business now and in the future, and with each passing day technology is changing. The agency renews over ninety percent of licenses on-line using the agency's database and Texas Online for the payment transactions. The agency's extensive website is used to transmit application and complaint forms, distribute the newsletter, provide a gateway to license renewal (with extensive instructions), provide continuing education information, links to license verifications, and information for applicants, licensees, and the public (laws, information on filing complaints, and disciplinary status). The website also contains an address to e-mail the agency. Embracing this technology saves money and allows employees to work on other tasks.

#### Statewide Capital Planning

The agency submitted a report for exemption to the Bond Review Board. The agency is not planning any capital expenditures such as expenditures for land acquisition; construction of building and other facilities; renovations of building and other facilities; or ma-

for information resources projects estimated to exceed \$1,000,000. Based on these definitions, the agency does not anticipate any needs in this area.

#### Historically Underutilized Businesses Plan

The agency will continue to make a good-faith effort to include historically underutilized businesses (HUB) in the categories of professional service contracts, other service contracts, and commodities contracts. The objective of the Texas Optometry Board is to utilize HUB as vendors for 20 percent of professional service contracts, 33 percent of other service contracts, and 12 percent of commodity contracts.

In FY 2013, the agency utilized HUB for 100 percent of professional service contracts, and 78.4 percent of the agency's commodity purchases were through HUB vendors. The agency will continue to contact historically underutilized businesses through the use of the web site of the Comptroller's Office. When three bids are required, the agency will contact at least two HUB businesses, one woman-owned and the another minority-owned. The agency follows the guidelines of the Comptroller and accepts the lowest and best bid as well as consideration of availability of the purchase.

The agency's goal for other services is 33 percent HUB purchases. In 2013 the agency's HUB report lists only 0.2 percent through HUB. The significant expenditure in this category is the \$36,000.00 paid to a vendor for the agency's Peer Assistance Program. When the contract for the program was bid by the Comptroller, only two bids were received, and neither vendor was a HUB. The agency will continue to attempt to award contracts to vendors qualifying as a HUB, whenever possible.

#### Key Agency Events/Change/Impact

The most notable recent event for the agency is the continued performance of the agency with limited staff. Constraining turnover of essential staff was vitally important in allowing the agency's staff to manage a licensee population that has increased twenty percent in the last ten years and transfer to a new database that affected almost all the operations of the agency. This was put to the test in 2014 with the loss of two employees having a combined 26 years of employment at the agency. Such a loss has heightened the need to retain the remaining experience employed at the agency. Documented procedures have been a great help during the transition period, however, the training of new employees is a time consuming process and increases the workload for all current employees who must assume additional duties until new employees are sufficiently trained.

Another notable event is two lawsuits filed against the agency and Board Members in FY2014. It has been over ten years since the last lawsuit was filed against the agency. Lawsuits are time consuming, and require some staff members to devote a significant amount of time to the lawsuit instead of the normal day-to-day activities of the agency. The agency has filed motions to dismiss the lawsuits. However, a dismissal in favor of the agency at this stage of the lawsuit does not mean that the lawsuits will not be filed again at a later date. The agency was not given advance warning of the lawsuits, which do not appear to be based on any changes in the manner in which the agency has enforced the Optometry Act. Other sections of the Strategic Plan discuss additional expenditures that may be necessary when defending a lawsuit.

Implementing a Peer Assistance Program was also a recent notable achievement. A Peer Assistance program offers licensees and students with a chemical or mental impairment a pathway for recovery rather than formal disciplinary action by the agency. Associations for licensed professionals operate the programs for a fee which is paid by the agency from a \$10 charge in each license fee. If the licensee or student completes the program re-

quired by the contracted association, the treatment of the impaired individual may be confidential. The agency monitors the association, including the number of individuals served and compliance with statutory guidelines. The program became effective in FY 2011 and the agency has actively promoted the program to licensees and students.

#### Consultants

The agency is currently not utilizing consultants.

### Fiscal Aspects

#### Size of Budget

The Texas Optometry Board is funded through fees assessed to applicants and licensees and through sales of publications. The agency's FY 2014 and 2015 budgets are \$429,217 and \$428,241, respectively.

#### Method of Finance

The general operating fund of the agency is considered a special revenue fund account within General Revenue. Since the agency generates its own funds through fees assessed to licensees and applications for licensure, it does not utilize tax revenues of the general population in Texas. It does, in fact, collect moneys (professional fee) for direct deposit into General Revenue and the School Foundation Fund. Such self-sufficiency should allow the agency to be appropriated accordingly. However, historically during the appropriation process, the agency is subjected to the same restrictions as those agencies receiving total funding from General Revenue.

#### Other States' Comparisons

A direct comparison with other large states is difficult due to the different organizational structures. Optometry Boards in California and Florida are part of a larger agency which may be limited to health licensing, or a much broader regulatory focus. Because the boards are part of a much larger agency, it is difficult to determine whether the financial reports totally separate out expenditures and revenue for just optometry boards.

In reports filed by the Florida and California optometry boards, revenues appear to be similar to the revenues of the Texas Optometry Board:

- Florida = \$1,228,493 from license fees [2013]; revenue less in years when licenses not renewed] : 24% fewer licensees than Texas
- California = \$1,539,000 from license fees [2012]: 87% more licensees than Texas
- Texas = \$1,604,365 from license fees [2013] (includes \$200 professional fee for active licensees)

Expenditures in California and Florida, however, appeared higher:

- CA = \$1,442,000
- FL = \$ 726,867 (may include substantial transfers to umbrella agency)
- TX = \$ 688,263 (appropriated expenditures of \$470,793 + actual \$121,336 transferred to University of Houston + \$96,134 for benefits and debt service allocations made elsewhere in Appropriation Bill)

Again, without knowing the specific sources of funds and descriptions of expenditures, direct comparisons are difficult to make.

Comparison of license fees is equally difficult because of the different fees involved. Florida, for example, has an additional licensing fee for branch offices and drug dispensing. The basic license fee is less than the Texas fee (not including the \$200 Texas professional fee), but with additional fees for branch offices and the fee to dispense drugs, the fees are similar. California's fee is similar to the Texas fee (not including the \$200 Texas professional fee), but California licensees must pay additional annual fees for branch office locations, and use of a practice name. Texas includes the professional fee in lieu of a sales tax on professional charges, but it is extremely difficult to compare the tax provisions of the different states.

### Budgetary Limitations

The agency is self funded through license renewal fees. For the current biennium, the agency's appropriation was changed little from the previous biennium. Approximately \$12,000 and a 0.5 FTE for each appropriated year is funded by a contingent rider. The rider allows the agency to spend the appropriation and hire an additional 0.5 FTE if increased revenue from additional applications from the first graduating classes at the new optometry school in Texas reach a certain threshold. The number of additional applications may just have barely met the bar to obtain the necessary finding of fact, but the agency has determined that current staff can process the applications (however, the number of applicants has increased by 20 percent).

The agency lost 26 years of experience in 2014 with the death of one employee and the retirement of another, making retention of remaining staff a high priority. This priority, however, is difficult with the constraints on the agency's ability to offer significant merit raises to deserving staff.

Difficult to predict expenditures may, in the year incurred, highlight the budgetary limitations for the agency. One such expenditure, the costs of complex disciplinary matters, can be predicted in general, but because the agency's licensing base is relatively small, it is very difficult to predict in which exact year or years the costs will be expended. With complaints becoming more complicated and more licensees appearing to be less amenable to resolving disciplinary matters by entering into agreed orders, costs for complex administrative hearings will incur significant additional costs for the agency.

Even more difficult to predict are litigation costs. The agency and Board Members were sued in FY2014 in federal and state court regarding the possibility that the agency would enforce certain sections of the Optometry Act. Because of the uncertainty of litigation costs and timing (travel to out of town court hearings and expert witness fees, for example, including the uncertainty when such costs would be incurred), the agency did not fill a then currently vacant half-time administrative technician position. That position assisted with all departments of the agency, including the enforcement department. Other expenses, including salaries and the costs of maintaining current, safe and compatible information technology equipment, are restricted by available appropriations.

To control costs, the agency continues to rely on the agency's website and database to deliver information and renew licenses. The agency also continues to participate in sharing arrangements with other Health Profession Council agencies, including database sharing, information technology staffing, human resource assistance, and other areas based on need and efficiencies. The costs of maintaining the website and database are, however, predicted to increase markedly in the future, with some security concerns already resulting in increased costs. Technology changes also require a continual review of software and hard-



ware, and regular replacement of software and hardware that become outdated, either because programs are not compatible with programs used at other state agencies, or the programs are no longer supported such that security becomes an issue. Replacement of significant software can require a substantial expenditure that in some cases is not easily predicted (the recent replacement of the agency's database, for example, when without little advance notice the agency learned that the hardware running the database application was no longer considered viable).

#### Degree to which Current Funding Meets Current and Expected Needs

The current funding for the agency is a limiting factor to timely meeting all the needs of the agency's service population. The restricted funding is most noticeable when the agency is confronted with out of the ordinary expenditures, such as unexpected costs for security enhancements to the agency's networks and website, unexpected litigation costs (see Other Legal Issues, below), and unexpected major open records requests. The response to expected, but not normally recurring costs, such as the expenses of a complicated administrative disciplinary hearing may also be limited by current funding which is not based on these types of cases being a normal occurrence. Staff retention, which in FY2014 became a major concern (see Human Resource Strengths and Weaknesses, above) is also limited by the inability of current funding to support desired merit raises for staff.

If no unusual items arise, and with careful planning, the agency will almost be able to maintain the status quo with current funding. Such funding does not allow for any increases in costs of travel, supplies, professional services, telecommunications, or any significant salary actions. Unless funding is increased, competitive salaries, full staffing, extensive travel for enforcement, and information technology matters, including security enhancements and the computer hardware and software upgrades which ensure the highest productivity, will be not be possible. The agency's database, shared with other health licensing agencies to maximize expenditures, is complex to maintain, and that maintenance is expected to require increasing expenditures each year. Similarly, the agency's information technology support, again shared with other health licensing agencies, requires personnel from a competitive industry paying greater and greater salaries compared to what the agencies can offer.

The agency foresees an increase in the amount of financial resources required for disciplinary matters, which have become more complex as more licensees practice to the full extent allowed by law. Although the number of disciplinary cases referred to the State Office of Administrative Hearings varies year to year, it is predicted that fewer disciplined licensees will enter into settlement agreements with the agency. This trend may be caused by the increased seriousness of complaints resulting in more severe sanctions, or a recognition by the licensee of greater consequences to the licensee when disciplinary action is imposed because of mandatory federal reporting and more reliance by patients on insurance plans (the insurance providers closely monitor disciplinary action). Therefore more cases will likely be referred to the State Office of Administrative Hearings.

Typical expenditures for an administrative hearing include expert witness fees and travel expenses, court reporters, and costs of depositions as well as any other discovery that may arise. These amounts can be significant, especially for complicated cases. Although the recent trend shows an increase in the number of administrative hearings, the actual number is difficult to predict for future years. The agency attempts to informally earmark funds for estimated costs, but because it cannot predict when a hearing will be held, the earmarked fund may end up being lapsed if an anticipated hearing is delayed and actually held in the next fiscal year.

These concerns also apply to lawsuits filed against the agency, which because of the lawsuits filed in 2014, appear to be a real possibility in the near future. The agency can also be a plaintiff in lawsuits, which it has in the recent past, to enforce penalties for practicing without a license. These lawsuits, with the agency as a defendant or plaintiff, have similar expenditure issues discussed above regarding administrative disciplinary hearings.

The agency has been appropriated funding for additional staff to process increased numbers of applicants resulting from the opening of an additional optometry school in Texas. The first graduates applied for licenses in 2013. As stated above, the agency has determined that current staff can absorb the increased demands, but normally employees performing increased duties will be expected to be compensated for the additional workload.

An area of uncertainty concerns legislative change to the Optometry Act. The practice of optometry derives its authority from legislation. Twice in the 1990's that practice authority was expanded, which increased the duties of the agency through the licensing and regulation of additional classes of licensees. Although fees to issue the new license categories were established, the agency was not appropriated these fees for the additional effort required to issue the licenses and related tasks. If this history is a guide, similar legislation may pass in the next few years. If new categories of licensees are created, appropriation of new license fees to the agency will be critical to the successful integration of new duties.

## Service Population Demographics

### Citizens of Texas Service Population: Historical Characteristics

Any Texas resident who visits an optometrist is a service population of the state agency that licenses optometrists and regulates the practice of optometry. A majority of citizens obtain eye examinations on an annual basis, but citizens also obtain the services of licensees for injuries, infections, and disease.<sup>3</sup> Vision issues include refractive errors (near and far sighted, and astigmatism), presbyopia, abnormal conditions (including allergies, dry eye, injuries, and muscle imbalances) and eye disease (including glaucoma, diabetic retinopathy, cataracts, dry eye, and macular degeneration). Optometrists perform a majority of the eye examinations in the United States.<sup>3</sup>

Seventy nine percent of the adult population use eyeglasses or contacts to correct vision.<sup>1</sup> Among adults, 33% have the symptoms of myopia (near sightedness); 6.5% severe myopia, 3.6% hyperopia (far sightedness), and 36% astigmatism (irregular surface of the eye).<sup>20</sup> Most, if not all adults over 50, suffer from presbyopia which makes it difficult to focus at near.<sup>11</sup> All licensed optometrists are licensed to diagnose and prescribe to correct refractive errors and presbyopia.

First through education and subsequently through legislation, the practice of optometry has broadened from providing vision correction to now include the diagnosis of disease and abnormality, and also the treatment of eye disease and injury, including the prescribing of medicine and performing other procedures such as foreign eye body removal. Over seventy percent of practicing optometrists in Texas are licensed as Optometric Glaucoma Specialists, who may treat glaucoma and may also prescribe oral drugs. Optometrists not only treat vision disorders and diagnose signs of ocular health problems, but through thorough examinations of the structures of the eye, may diagnose neurological and systemic health problems, the most common being elevated blood pressure and diabetes.

Diabetes itself can impair vision with diabetic retinopathy being the most common diabetic eye disease (the condition is a leading cause of blindness).<sup>13</sup> An advanced stage of

diabetic retinopathy may result in proliferative retinopathy. Patients suffering from this condition may "...reduce their risk of blindness by 95 percent with timely treatment and appropriate follow-up care."<sup>13</sup> Licensees of the agency not only examine to detect vision impairments caused by diabetes, but the disease itself. This diagnosis can be critical, not only for vision health but the patient's general health, since the Texas Diabetes Council, Texas Department of Health, reports an estimate of "440,468 persons aged eighteen years and older in Texas are believed to have undiagnosed diabetes."<sup>17</sup> Diabetes is most prevalent in African Americans, with Hispanics also having more of an incidence than Anglos.<sup>17</sup> The disparity increases with age.<sup>17</sup> A survey of Texas residents 50 years and older reported almost 4 percent as having been diagnosed with diabetic retinopathy.<sup>10</sup>

Glaucoma is a disease that can damage the optic nerve and cause blindness.<sup>14</sup> Open angle glaucoma may have no initial symptoms, but "immediate treatment for early-stage, open-angle glaucoma can delay progression of the disease."<sup>14</sup> According the National Eye Institute, more than 2 million individuals are effected in the United States.<sup>12</sup> A survey of Texas residents 50 years and older reported almost 7 percent as having been diagnosed with glaucoma.<sup>14</sup> African Americans have "... almost 3 times the age-adjusted prevalence of glaucoma than white subjects."<sup>12</sup> Hispanics have a higher incidence than Anglos as age increases.<sup>12</sup>

Cataract (clouding of the lens) is a major factor for low vision.<sup>12</sup> Almost 55 percent of Texas residents 65 years and older report a cataract diagnosis.<sup>7</sup> Optometrists may diagnose the condition and refer patients for treatment to prevent blindness. An incidence of 4.7 percent of macular degeneration and 7.2 percent of workplace injury were reported in a survey of Texas residents aged 50 and above.<sup>10</sup>

Data for 2011 shows that 57.8 percent of Texas citizens received an eye exam in the last 12 months.<sup>8</sup> For those that did not obtain eye care, the reasons cited were: "Cost/Insurance" (29.2 percent) and "No Reason to Go" (51.4 percent).<sup>8</sup>

#### Citizens of Texas Service Population: Characteristics/Trends

The most significant trend in vision health of Texas residents is the predicted increase in the numbers of residents suffering from major eye disease or disorder. "The leading causes of blindness and low vision in the United States are primarily age-related eye diseases such as age-related macular degeneration, cataract, diabetic retinopathy, and glaucoma."<sup>9</sup> The number of older Texans is predicted to increase significantly in the next few years.

In a 2012 survey, optometrists reported between 17 percent and 21 percent of their patients were over 65 years old.<sup>4</sup> The Bureau of the Census estimates that the number of persons 60 and over will increase by approximately 48 percent during the period 2015 to 2040 (versus approximately 18 percent increase for the population as a whole).<sup>5</sup> The 60 and over population currently estimated to be 20 percent of the total population will be an estimated 26 percent of the population in 2040.<sup>5</sup> Estimates in Texas show the population of 65 and older to increase by almost 80 percent between 2013 and 2035.<sup>18</sup>

Many vision health concerns markedly increase with age. Vision impairments double in persons aged 80 years and above when compared to those between 70 – 79 years old.<sup>11</sup> Because of the aging population, "...[t]he number of blind persons in the US is projected to increase by 70% to 1.6 million by 2020, with a similar rise projected for low vision."<sup>12</sup> One study has found that over half of persons 70 and above could improve their vision by obtaining glasses or having their glasses prescription updated.<sup>11</sup> Although the incidence of myopia decreases in older persons, the incidence of hyperopia significantly increases with age.<sup>12</sup>

The number of persons with glaucoma is predicted to reach 3 million by 2020 as compared to 2.2 million today.<sup>12</sup> The prevalence of open angle glaucoma in persons between 60 – 69 is less than half of the prevalence in the 70 – 79 age group.<sup>12</sup> A similar increase for the prevalence of cataract is reported, with an even more significant increase in the next age group for advanced macular degeneration.<sup>12</sup>

Regardless of age, recent studies by the National Eye Institute have reported a very significant increase in the incidence of myopia (near sightedness) in the general population during the last thirty years.<sup>19</sup>

Although not as significant increase as older Texans, young Texans are also expected to increase in number. Young Texans also have vision concerns. “Vision disorders are the fourth most prevalent class of disability in the United States and the most prevalent handicapping conditions in childhood. Early detection increases the likelihood of effective treatment and allows for actions to decrease the negative impact of the disorders. However, fewer than 15 percent of all preschool children receive an eye examination.”<sup>15</sup>

In summary, a rapidly increasing aging population with a higher incidence of vision issues is forecast for the near and extended future. The increased use of vision and medical insurance to pay for eye examinations is discussed in the next section.

#### Licensed Optometrist or Applicant Service Population: Historical Characteristics

The optometrists licensed and regulated by the agency constitute the other major service population. The agency has licensed optometrists since 1922. Currently there are more than 4,100 current licensees holding one of three levels of license. In the last 10 years, the number of licensees has increased by approximately 20 percent. Active licensees with a Texas mailing address total 3,342.

According to data from the Department of State Health Services, the 2013 supply ratio of optometrists to state population was 11 per 100,000, versus 11.2 in 2012 and 12.1 in 2010).<sup>16</sup> The median age of licensees is 45. Male licensees make up 54 percent of the total. Licensees have identified themselves as: Anglo (63 percent) Hispanic (8 percent) African American (3 percent) and Asian (23 percent).

For many years, the state has been served by one optometry school at the University of Houston. A substantial number of applicants were educated elsewhere, however. A new optometry school at the University of the Incarnate Word in San Antonio graduated the first class in 2013.

#### Licensed Optometrist or Applicant Service Population: Characteristics/Trends

“Employment of optometrists is projected to grow 24 percent from 2012 to 2022, much faster than the average for all occupations. Because vision problems tend to occur more frequently later in life, an aging population will require more optometrists.”<sup>6</sup> This compares to a projected 20 percent increase for other Health Diagnosing and Treating Practitioners, and 11 percent growth for all occupations.<sup>6</sup> The Bureau of Labor Statistics cited the following factors for this projection:

- vision problems increase with age and the population is aging
- number of people with chronic diseases that have a vision component, such as diabetes, has increased requiring more optometrists to diagnose, treat and refer
- increased numbers of licensees are expected to retire
- number of insurance plans that include vision or eye-care is increasing, including Medicare and Medicaid.<sup>6</sup>

As the population ages, Medicare should become more important. Optometrists are able to participate in Medicaid and Medicare. Managed health care plans, pursuant to the Texas Insurance Code, must include optometrists in the same capacity as other eye doctors. In addition, the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010, contains provisions preventing health care plans from discriminating against optometrists.<sup>2</sup> Although some uncertainty exists about the effect of the new federal law, optometrists may benefit from provisions in the law, but should still enjoy increasing insurance coverage if the federal law is not deployed.

In Texas, an improving economy, and the increasing population as well as the increasing elderly population, predict a future increase in the number of licensees. In addition to the new school in San Antonio, four other optometry schools have recently opened which will result in additional opportunities for persons with a desire to practice optometry in Texas.

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## Technological Developments

### Impact on Agency Operations

Each employee of the agency has a personal computer at their desk that is connected to a LAN (Local Area Network) server, which in turn is ported to the Internet. This allows employees to access the license and complaint database, e-mail, databases at the Comptroller, and the Internet, as well as use the word processing and data management programs installed on each personal computer. Anti-virus software is loaded on each PC and all employees are required to keep the protection up-to-date.

The agency's web site is hosted and maintained by the agency on a separate server. Information posted on the web site includes, but is not limited to, applications for license; agency newsletters, current laws and rules; basic information regarding the agency; board meeting information; customer satisfaction surveys; access to complaint procedures; continuing education course listings and individual compliance totals; detailed practice information for licensees, including information on prescriptions, federal law, and other state laws affecting practice; information for the public and credentialing organizations to verify license status including a link to real-time information on a website; and links to other agencies related to the Texas Optometry Board and its mission. The license renewal process begins with links and instructions on the agency's website. Consumers, licensees, and li-

cense applicants, as well as other state agencies, may easily access this information and communicate through e-mail to the agency.

Participating in the purchase and operation of a database with the five state agencies allowed the agency to lower not only the purchase cost, but also the yearly maintenance and product support costs for the database. However, as with other expenses, these expenses are expected to increase over time, including the share of the salaries of the Health Professions Council staff directly involved with supporting the database. The agency continues to increase its use of automated features of the database when staff time permits.

Not only will expenditure increases be required for database support, but all technology utilized by the agency will see increased costs. This includes new hardware and software to maintain the security of the agency's Internet server, LAN server, and desktop computers. In addition, expenses for support staff salaries is expected to increase substantially as the agency must compete with private sector salaries. The agency shares support staff with other health profession licensing agencies to control costs, but its share of costs will need to increase to maintain competent technology support.

### Anticipated Technological Advances

The agency anticipates that technology advances will continue to improve productivity and reduce costs. For example, it may be possible to include additional information and services on the agency's website in the future. The discipline status of licensees is currently available on the website, but plans are being made to add the actual disciplinary orders to the website which will save labor costs and mailing costs. Lists of licensees may also be added. The software for agency's website, along with websites of other members of the Health Professions Council, is being updated to use a virtualized operating system. This will make updates of the information easier and add new functionality to the website. The agency continues to research the costs and feasibility of having continuing education information transferred directly to the agency's website. Soon, but probably not in the next two or three years, the agency will be able to communicate with almost all licensees via e-mail. Taking advantage of these advances can be done in-house.

The agency is also planning to increase the use of the imaging system which is shared by the majority of the Health Professions. In addition to the current scanning of new documents added to licensee files, the agency is beginning to scan some materials that are currently mailed to Board Members for their regular review to save additional mailing costs. Scanned documents are available at each employee's desktop computer through a Intranet system, which is most frequently used to search for license verification examination data. Using the imaging system will be more convenient and eventually less expensive than other methods of records retention, such as microfilming.

## Economic Variables

### Key Variables

As discussed at length in the Service Population Demographics section above, the key economic variable affecting the licensees of the agency is the aging of the country's population and the greater need for health care for this group.

An additional variable is the number of persons with vision and/or health insurance. Also discussed in the Service Population Demographics section is the predicted effect of the passage of Patient Protection and Affordable Care Act as amended by Health Care and Ed-

ucation Reconciliation Act of 2010. Since the legislation also prohibits insurance providers from discriminating against optometrists, licensees of the agency appear to have opportunities to significantly expand the pool of possible patients. The legislation also designates children's vision care as an essential health benefit. *See endnote 2 above.*

A third variable, discussed below, is the status of the economy as a whole, nationwide and in Texas.

#### Effects of Economic Conditions

Licensees are concerned with the rising costs of health care, medical malpractice insurance, and overhead business expenses. Licensees are also concerned with the overall health of the economy. Downturns in the economy cause individual spending to decrease, including healthcare, so licensees would see fewer patients as potential patients short on funds are more reluctant to spend money on non-emergency health care. A recession not only means the possibility of fewer patient visits, but a poor investment economy is also likely to mean longer careers for many licensees as a large percentage of optometrists are self employed and rely on investments for their retirement.

With the economy improving, the agency predicts that the number of licensees will continue to grow. In fact, the number of applicants for new licenses remained strong during the last few years, no doubt in response to the better economic conditions in Texas versus the rest of the United States. An improving investment economy may mean an increased number of retirements. *See note 5 above.*

The agency receives feedback from customers regarding regulatory burdens in comments to proposed rules, comments to surveys, comments made at Board Meetings, including comments made by trade associations, and in comments e-mailed or mailed to the Board. This feedback is examined by staff and forwarded to the Board for consideration. The Board also monitors the number of applications and licensees renewing as predictors of competitiveness and whether an undue regulatory burden has been imposed on customers.

#### Expected Future Economic Conditions

Appendix K., Economic And Population Forecast, predicts healthy growth in personal income and gross state product for the remainder of the Strategic Plan period. Unemployment is predicted to slowly decline over the same period.

As discussed above in this Strategic Plan, the availability of funds for the health care needs of the rapidly expanding numbers of older Americans is a major economic factor. Assuming that funding will be available, the outlook for the future of optometry practice looks good. As patients become more aware of the increased practice scope of optometrists, licensees should see a greater number of patients seeking broader treatments in optometrists' offices. The 2010 federal health care legislation may assist in this area. And a recovering economy will allow the public to spend the necessary funds for regular eye examinations and obtain glasses and contacts from legal sources.

#### Agency Response

With an improving economy as currently predicted, the agency must plan for stronger growth in the number of licensees as a result of:

- a new optometry school in the state (Incarnate Word in San Antonio),
- increased numbers of older Texans, and
- predicted increase in the number of citizens with access to health insurance



Retaining knowledgeable staff will be a necessity to do more and operate increasingly complex technology.

## Impact of Federal Statutes/Regulations

### Historical Role

Historically, the rules of the Federal Trade Commission have had the most significant effect on the agency's statutes and operations. The first set of rules required the release of a spectacle prescription. The most recent FTC rules interpret the Fairness to Contact Lens Consumers Act, dictating the release requirements for contact lens prescriptions and creating a prescription verification procedure. These rules and the underlying legislation were quite significant, requiring the amending of the Texas Contact Lens Prescription Act and the agency's rules.

Federal Public Law 109-96, effective November 9, 2005, classifies plano contacts, frequently referred to as decorative contacts, as medical devices such that they may only be dispensed with a prescription. The Optometry Act gives the agency the authority to seek prosecution for illegal sales through the Attorney General, but the agency frequently refers complaints relating to contact lens dispensing violations to the Department of State Health Services, which enforces the Contact Lens Prescription Act.

Additional rule making or decisions by other federal agencies have also had an impact, such as the Food and Drug Administration's brief decision to remove plano, or "decorative" contact lenses from classification as prescription medical devices (rule making was overruled by legislation). Federal rules adopted by the Department of Health and Human Services, effective April 2003, applied significant confidential protections to optometric patient records. These regulations have caused the Optometry Board to revise office inspection procedures, increased the complaints regarding confidential records, and most significantly, greatly increased telephone inquiries regarding patient record confidentiality. The agency's website links to several information sources on federal privacy guidelines.

### Current Federal Activities

Currently, only a few bills have been introduced in Congress that might affect the practice of optometry in the future: H.R.855 "Optometric Equity in Medicaid Act - Amends title XIX (Medicaid) of the Social Security Act to require coverage under Medicaid of services of optometrists," and H.R.3975 "Amends title XVIII (Medicare) of the Social Security Act (SSA) to cover low vision devices under Medicare" (descriptions from Library of Congress website). The deployment of the Patient Protection and Affordable Care Act as amended by Health Care and Education Reconciliation Act of 2010 and the court challenges to the statute, are of course the major news regarding federal legislation. The legislation included provisions that require health plans, including self-insured ERISA plans, to treat optometrists similarly to physicians.

### Anticipated Impact

Continued health care reform initiatives on the federal level most probably will have an impact on the agency, profession, and general public. An increased number of patient visits and thus complaints to the agency are likely if increased numbers of patients are provided health insurance. In addition, the federal legislation, as discussed above, may result in increased numbers of applicants and licensees as the demand for optometrists increases.

The agency will require additional resources to properly regulate the additional licensees and additional complaints and inquiries.

### Other Legal Issues

The agency does not anticipate any specific new state statutory changes which would impact the Strategic Plan and operations of the agency. However, one issue arising in the 82<sup>nd</sup> Legislature, if passed, would have greatly impacted the agency. Legislation was introduced to combine the agency with other health licensing agencies. That bill would have completely reorganized the agency with of course significant impact to the Strategic Plan. Unfortunately, the agency has no method of determining the probability of these issues making their way into legislation.

None of the rules adopted by the agency in the last year generated comments during the publishing and adoption process. Therefore the agency does not foresee litigation or issues that could result in litigation, rule challenges, or requests for Attorney General Opinions at this time. However, advances in drug delivery and optometric practice may present unpredictable legal challenges in the future.

The agency is aware of a lawsuit currently being considered by the Fifth Circuit Court of Appeals. A jury trial was held in Federal District Court, in the Southern District of Texas (*Doris Forte, O.D. v. Wal-Mart Stores, Inc.*). The Fifth Circuit's decision may provide some guidance regarding the interpretation of some sections of the Texas Optometry Act.

As discussed above, the agency as well as the Board Members are defendants in lawsuits alleging that the agency and Board Members may not be correctly interpreting provisions of the Optometry Act. The lawsuit filed in State Court was dismissed, but that decision has been appealed. A motion to dismiss the federal lawsuit has also been filed in Federal Court. The agency does not anticipate a decision in either court in conflict with the validity of the Optometry Act or the agency's enforcement of the Act. However, should the courts hold in favor of the plaintiffs' position, the agency might be required to modify rules or procedures. The effects on agency resources of defending the lawsuits is discussed above.

The agency is unaware of any impacts from local governmental requirements.

### Self-Evaluation, Progress, and Opportunities for Improvement

#### Agency Self-Evaluation

A key to efficiency in an agency with few employees is constant evaluation of the performance of each individual and the agency overall. The agency is continually self-evaluating, tying performance into each activity of the agency. Board members monitor this activity through regular reports at board meetings and a comprehensive internal annual report presented after the close of each fiscal year.

The agency has worked diligently to limit turnover of essential staff so as to allow a small staff to manage a licensee population that has increased twenty percent over the last ten years. The agency had been very successful in this area, but in 2014 the agency lost two employees having a combined 26 years of employment at the agency. Documented procedures were used to maintain current agency standards, but the loss highlights the need to continue to work to limit turnover.

Providing a safe environment for employees has been a priority with management. The Texas Optometry Board continues to receive on an annual basis the "Sustained Safety

Performance Award" presented by the Texas Workers' Compensation Commission/Office of Risk Management for promoting and furthering the safety and health of State employees.

The agency provides a smoke-free work environment, and has established policies on safety, drug free workplace, risk management, sexual harassment, and employee wellness. The personnel manual is kept current to include the latest ADA and FMLA guidelines and changes to state/federal laws affecting the operation of the agency. All new hires receive EEO training. The 2012 audit by the Texas Workforce Commission, Civil Rights Division, approved the agency's personal policies.

The agency underwent review by the Sunset Advisory Commission in 2005 and is continued in existence until September 1, 2017

A Post-Payment Audit was conducted by the Comptroller in 2011 of payroll, purchase, and travel transactions processed through USAS and USPS. The audit report described a travel voucher payment that had been issued twice (the overpayment recipient has refunded the overpayment), a payment that had been made in excess of the contracted amount (the oral agreement has been reduced to writing), one instance where a purchase order had been created after the invoice, and control weaknesses over expenditure processing. The agency has revised procedures to address these issues, and to continue with additional checkpoints for control weakness over expenditure processing (because of the limited number of employees at the agency).

The State Auditor conducted a Performance Measures Audit in 2007. The audit certified with qualification the reporting of four key measures, and found the reporting of one key measure to be inaccurate. The qualification rating was based on insufficient supervisory reviews of reported results and control weaknesses, both of which were addressed by the agency in its response to the audit. The agency has revised procedures so that the closing date is stamped on documents to insure that the measure found inaccurate is correctly reported.

The annual risk self assessment is performed by the agency based on audits originally performed by an Internal Auditor.

The 2014 Customer Service Survey shows continued satisfaction by all of the agency's customers: licensees, applicants for license, website users, and complainants. Where comparisons can be made, satisfaction ratings are similar to ratings from previous years, with a slight overall improvement, with the exception of complainants. The agency received many comments and where possible, plans to make changes in response to the comments. By using the website for much of the survey, the agency encouraged additional use of the website.

#### Improvement Area

The agency strives to fully inform licensees and the public of the statutory requirements of the Optometry Act and other state law as an important aspect of the agency's mission to protect the public. Therefore communication with the general public and the agency's licensees will always be an important area for improvement. The agency makes frequent contact with both licensees and the public by telephone, by mail (and e-mail), with an in-depth website, and for licensees specifically, yearly lectures at the instate optometry colleges, and a regular newsletter. However, from survey responses and e-mail and telephone inquiries, it appears that the agency's effort to inform the public and licensees is not always as successful as hoped. Efforts have been made to increase readership of the newsletter, including the addition of 50 year practice profiles (licensees practicing more than 50 years shared their early practice experiences) and additional notifications that the newsletter is always available on the website. Readership must still be increased, however. The one hour Professional Responsibility continuing education hour required of all licensees is another

method the agency is utilizing to inform licensees of important legal issues.

The public and licensees have come to rely on the website for information (or in some cases, a starting point for questions e-mailed to the agency), and additional information is consistently being added to the website. This has been a cost effective strategy for the agency, and most importantly, a very convenient resource for the public and the agency's licensees.

### Obstacles

As referenced throughout this plan and overview of the agency, a common thread runs throughout, which is to operate an effective and efficient state agency. Leadership and staff are in place to do so, however, a major obstacle is in the area of fiscal constraints. The agency will certainly attempt to continue to maintain its current level of efficient service with current funding, however budgets limiting employee pay levels, along with rising travel and equipment costs, will make the task especially difficult. Funding cuts would most likely require service reductions.

The major area of funding which needs to be addressed is employee compensation. The agency has been able to offer small salary increases for the majority of staff, but because of funding limitations, salaries remain below those of the private sector and significant merit raises are not possible. Rewards for dedication and hard work are required to maintain state employee morale and reduce turnover (the effect of turnover is discussed in the Workforce Plan, Appendix E). As discussed above and in Appendix E, recent turnover has made the agency even more aware of the need to retain expertise and the costs to do so.

An additional obstacle will be insuring that licensees exercise the proper standard of care as more licensees incorporate more complex treatments into their practice. With a majority of practicing licensees now able to treat glaucoma and prescribe oral medications, complaints from patients will continue to be more complex, and require additional time and resources to review properly. It is anticipated that such changes may require additional funding and personnel needs in the future.

State government will continue to expect restricted spending while increasing state services. Such constraints increase the possibility of the loss of key employees who may be inadequately compensated in comparison with the private sector. Although the agency's employees are dedicated and motivated, such disparities in salaries affect the overall efficiency through staff turnover and burnout, affecting the viability of the agency.

### Opportunities

Opportunities for the agency abound provided funding is available. With proper funding, the agency can continue to modernize services (such as the extensive website and on-line license renewal) and at the same time continue the high level of service expected by licensees and the public, such as personal replies to questions from all customers.

### Achieving Success

One of the agency's major strengths is the fact that the agency is an independent regulatory board focused solely on optometry, yet able to utilize the shared resources of the Health Professions Council. This independence permits quick responses to the needs of the general public, based on better and faster delivery of services to the public and licensees. Unlike other states where regulatory boards are part of a large, consolidated bureaucracy, the agency is able to respond quickly and make timely decisions without delays caused by numerous organizational levels and multiple focuses. The agency is self-supporting and therefore held fiscally accountable to licensees, regulators, and the general public.

The agency is also able to respond more authoritatively and quickly because the agency is focused solely on optometry licensing and regulation. For example, agency employees can concentrate on optometry matters without any requirement to be proficient in multiple disciplines. Requests for information or action made to a large umbrella agency can frequently be difficult because none or few of the employees are well versed on any particular health profession, especially professions with a smaller license base.

Publication of newsletters to licensees has been ongoing in order to inform licensees regarding rule changes, complaint trends, investigation results, and to offer general communication education to be utilized within the doctor-patient relationship. A consumer pamphlet has been prepared and updated for general information dissemination to the general public. In addition, the agency's website has a large amount of specific information for the public and licensees, as contrasted with the small amount of information typically on websites in other states. The agency receives a substantial number of telephone calls and e-mails prompted by information obtained from the website.

By cooperative collocation with other health boards, i.e. Health Professions Council, implementation of cost savings and efficiency measures have been realized through resource sharing. The most significant example of this cooperation is purchase of a new database with three other agencies in the Health Professions Council, utilizing new employees of the Health Profession Council to manage not only the acquisition but the continued operation and maintenance of the database. This has reduced the cost to each agency. The sharing of the agency's System Analyst with several other HPC agencies is another example of resource sharing. The agency has also entered into agreements with other HPC agencies regarding human resource functions. This interaction has proved to be and will continue to be a useful tool.

#### Survey of Employee Engagement

The agency participated in the Survey of Employee Engagement at the School of Social Work, The University of Texas at Austin, in 2012. The agency planned to do so in early 2014, but a significant change in staff has caused a delay. Once new employees have enough experience working at the agency, a new survey will be requested.

## PERFORMANCE BENCHMARKING

### Performance Measures to Benchmark

A review of the statewide benchmarks indicates four benchmarks that may relate to agency strategies and outcome measures:

- Percent of state professional licensee population without documented violations
- Percent of documented complaints to licensing agencies resolved within six months
- Percent of individuals given a test for licensure who received a passing score
- Percent of new and renewed licenses issued via Internet

These statewide benchmarks appear to be equally influenced by the strategy of the agency as follows:

- Operate an efficient and comprehensive optometry licensure and enforcement system

The following outcome performance measures qualify for benchmarking:

- Percent of licensees with no recent violations.
- Percent of documented complaints resolved within six months
- Percent of licenses renewed on Texas Online

The following explanatory measure qualifies for benchmarking:

- Pass Rate

### Benchmarking Process

The agency has participated in a study with other agencies in the Health Professions Council regarding the complaint process as mandated by House Bill 2407, 77<sup>th</sup> Legislature. One of the revelations of this study is the difference in the enforcement mechanisms in each agency, which are functions of the different enabling acts, different types of complaints, and different histories of the agencies. For example, disciplinary action is defined differently by each agency based on statutory authorization and agency history. A formal reprimand may be defined by one agency as disciplinary action for reporting purposes whereas another agency may not.

The definition of complaint also varies from agency to agency. For example, the Optometry Board classifies complaints concerning the business of optical dispensing by licensees as an official complaint even though the agency only has a very limited jurisdiction in this area. These complaints are so classified in order to better serve the agency's key service populations. On the other hand, because of the agency's limited jurisdiction in this area, these types of complaints take a relatively short time to investigate and come to a final conclusion. Thus comparison to an agency that defines complaints only in terms of violations of its act would not be a valid comparison.

Thus it is extremely difficult to benchmark these outcome measures on either a national or state level. On a national level, the differences in defining "disciplinary action" and "complaint" are even more disparate.

Although a direct comparison with other Texas agencies is difficult, the annual report of the Health Professions Council includes common information for each member agency regarding the number of licensees, number of complaints resolved, average complaint reso-

lution time, and number of disciplinary actions. The Texas Optometry Board in comparison to agencies of similar size appears to be at or above the norm.

The pass rate on the agency's jurisprudence exam usually is within a few percentage points of 100 percent. The jurisprudence examination only covers the applicant's knowledge of Texas law and Board rules. For competency in optometry, the agency accepts a national examination which is also accepted by almost all the other states. The agency accepts passing applicants as determined by the national testing organization giving the examination.

The high pass rate on the jurisprudence exam is not an impediment to licensure in this state. Other licensing exams in Texas as well as out of state vary such that a comparison would not be that meaningful. In fact, some states similar in size to Texas do not require jurisprudence examinations.

## AGENCY GOALS

### GOAL 1

To manage a quality program of examination and licensure to ensure the initial and continuing competency of optometrists and enforce the optometry statutes to ensure that the public is protected from incompetent services, fraud and misrepresentation.

### GOAL 2

To establish and carry out policies governing purchasing that foster meaningful and substantive inclusion of historically underutilized businesses.



## OBJECTIVE AND OUTCOME MEASURES

### Objective

To operate, each year of the biennium, a licensing and enforcement system for optometrists that will assure that 100% of the optometrists meet minimum compliance standards.

### Outcome Measures

- Percent of Licensees with No Recent Violations
- Percent of Complaints Resulting in Disciplinary Action
- Recidivism Rate for Those Receiving Disciplinary Action
- Percent of Documented Complaints Resolved Within Six Months
- Percent of Licensed Optometrists Meeting Continuing Education Requirements
- Number of Licensees Who Renewed On-line
- Recidivism Rate for Peer Assistance Program
- One-year Completion Rate for Peer Assistance Program

###

### Objective

To include historically underutilized businesses (HUB's) in at least 10% of the total value of contracts awarded annually by the agency in purchasing.

### Outcome Measures

- Percent of Total Dollar Value of Purchasing Contracts Awarded to HUB's

## STRATEGY, OUTPUT MEASURES, EFFICIENCY AND EXPLANATORY MEASURES

### Strategy:

- Operate an efficient and comprehensive optometry licensure and enforcement system.

### Output Measures:

- \* Number of New Licenses Issued to Individuals
- \* Number of Licenses Renewed (Individuals)
- \* Number of Individuals Examined
- \* Number of Examination Sessions Conducted
- \* Number of Complaints Resolved
- \* Number of Continuing Education Courses Approved
- \* Number of Investigations Conducted
- \* Number of Licensed Individuals Participating In a Peer Assistance Program

### Efficiency Measures:

- \* Average Licensing Cost per Individual License Issued
- \* Average Cost per Exam Administered
- \* Average Time for Complaint Resolution
- \* Average Cost per Complaint Resolved
- \* Percentage of New Individual Licenses Issued Within 10 days
- \* Percentage of Individual License Renewals Issued with 7 days

### Explanatory Measures:

- \* Total Number of Individuals Licensed
- \* Pass Rate
- \* Number of Jurisdictional Complaints Received

###

### Strategy:

- Develop and implement a plan for increasing the use of historically underutilized businesses through purchasing contracts.

### Output Measures:

- \* Number of HUB Contractors Contacted for Bid Proposals
- \* Number of Contracts Awarded
- \* Dollar Value of HUB Contracts Awarded

TECHNOLOGY RESOURCES PLANNING

<b>1. Initiative Name:</b> Name of the technology initiative.	
Complete configuration of enterprise database system.	
<b>2. Initiative Description:</b> Brief description of the technology initiative.	
Agency plans to complete the installation of a new comprehensive database shared with five other agencies. The support and maintenance of the database is being provided by the Health Professions Council. Substantial portions of the database are operational, but there are missing elements that must be completed.	
<b>3. Associated Project(s):</b> Name and status of current or planned project(s), if any, that support the technology initiative and that will be included in agency's Information Technology Detail.	
<b>Name</b>	<b>Status</b>
n/a	
<b>4. Agency Objective(s):</b> Identify the agency objective(s) that the technology initiative supports.	
Objective 1: Operate an efficient and comprehensive optometry licensure and enforcement database	
<b>5. Statewide Technology Priority(ies):</b> Identify the statewide technology priority or priorities the technology initiative aligns with, if any.	
<ul style="list-style-type: none"> <li>• P1 Cloud Services</li> <li>• P2 Data Management</li> <li>• P3 Business Continuity</li> <li>• P4 Enterprise Planning and Collaboration</li> <li>• P5 Legacy Applications</li> </ul>	<ul style="list-style-type: none"> <li>• P6 Mobility</li> <li>• P7 Network</li> <li>• P8 IT Workforce</li> <li>• P9 Security and Privacy</li> <li>• P10 Virtualization</li> </ul>
P2, P3, P4, P5, P6, P9	
<b>6. Guiding Principles:</b> As applicable, describe how the technology initiative will address the following statewide technology guiding principles:	
<ul style="list-style-type: none"> <li>• Connect – expanding citizen access to services</li> <li>• Innovate – leveraging technology services and solutions across agencies</li> <li>• Trust – providing a clear and transparent accounting of government services and data</li> <li>• Deliver – promoting a connected and agile workforce</li> </ul>	
Connect and trust: license verification information can be posted in real time on the Internet rather than the monthly posting previously employed.	
Innovate: database is shared by 6 other agencies, creating common maintenance and sup-	

port solutions to be performed by the Health Professions Council  
 Deliver: database is web based allowing access outside the building when the need arises.

- 7. Anticipated Benefit(s):** Identify the benefits that are expected to be gained through the technology initiative. Types of benefits include:
- Operational efficiencies (time, cost, productivity)
  - Citizen/customer satisfaction (service delivery quality, cycle time)
  - Security improvements
  - Foundation for future operational improvements
  - Compliance (required by State/Federal laws or regulations)

Operational efficiencies, Citizen/customer satisfaction: letters will be generated by the database to decrease time spent creating numerous letters. Customers will receive documents either more quickly or with fewer staff required. Data available on Internet searches is updated in real time.

Security improvements: database keeps record of all changes to data.

Foundation for future operational improvements: database is a current product of vendor providing databases to many government programs. Database will allow data sharing with other agencies and entities, including the Attorney General, Guaranteed Student Loan Corporation, and the Department of Public Safety.

Compliance: Allows auditors to track entries in database.

- 8. Capabilities or Barriers:** Describe current agency capabilities or barriers that may advance or impede the agency's ability to successfully implement the technology initiative.

Barrier of sufficient staff time to continue to revise procedures and documents in order to take full advantage of database is an issue.

**1. Initiative Name:**

Maintain IT Resources

**2. Initiative Description:**

Maintain hardware, software, security, network and IT support at a level that: follows best practices, protects the security of all IT equipment, allows use of industry standard software and hardware, and allows customers and staff to rely on the hardware and software day in and day out to perform tasks necessary for an efficiently functioning state agency.

**3. Associated Project(s):**

Name	Status
n/a	

**4. Agency Objective(s):**

Objective 1: Operate an efficient and comprehensive optometry licensure and enforcement system

<b>5. Statewide Technology Priority(ies):</b>
P2, P3, P4, P5, P7, P8, P9
<b>6. Guiding Principles:</b>
Connect and trust: up-to-date hardware and software will permit the agency to maintain flow of information on a timely basis to public and customers. Innovate and deliver: employing new technology will facilitate innovation as well as a connected workforce.
<b>7. Anticipated Benefit(s):</b>
Operational efficiencies, Citizen/customer satisfaction: productivity can only be maintained if hardware and software are operational and compatible with industry standards Security improvements: network security must constantly be improved as threats increase Foundation for future operational improvements: employing new technology will facilitate innovation as well as a high moral workforce able to take on increased demands of increased efficiencies
<b>8. Capabilities or Barriers:</b>
Barrier of appropriations sufficient to maintain IT at needed levels.

<b>1. Initiative Name:</b>	
Modifications to Website	
<b>2. Initiative Description:</b>	
Transition to a modern and secure Content Management System, sharing a professional web site developer employed by the Health Professions Council to test and evaluate website for accessibility and ease of use.	
<b>3. Associated Project(s):</b>	
<b>Name</b>	<b>Status</b>
n/a	
<b>4. Agency Objective(s):</b>	
Objective 1: Operate an efficient and comprehensive optometry licensure and enforcement system	
<b>5. Statewide Technology Priority(ies):</b>	
P5, P6, P9, P10	
<b>6. Guiding Principles:</b>	
Connect and trust: accessible website with easy access to information needed the most.	
<b>7. Anticipated Benefit(s):</b>	

Operational efficiencies, Citizen/customer satisfaction: rapid changes to website possible including updating of all necessary links, easier to find information  
 Security improvements: incorporate most recent security rules  
 Foundation for future operational improvements: easier to change website with all links identified and catalogued  
 Compliance: accessibility compliance

**8. Capabilities or Barriers:**

Barriers of staff time and funding

**1. Initiative Name:**

Virtualization of Agency Servers

**2. Initiative Description:**

Transition older server to modern server using a virtual environment.

**3. Associated Project(s):**

Name	Status
n/a	

**4. Agency Objective(s):**

Objective 1: Operate an efficient and comprehensive optometry licensure and enforcement system

**5. Statewide Technology Priority(ies):**

P2, P3, P4, P7, P9, P10

**6. Guiding Principles:**

Connect and trust: access to server virtually uninterrupted despite hardware issues

**7. Anticipated Benefit(s):**

Operational efficiencies, Citizen/customer satisfaction: delivers cost-effective server consolidation and business continuity  
 Security improvements: incorporate most recent security  
 Foundation for future operational improvements: much easier to transfer functions to different server if server fails  
 Compliance: compliance with industry standards

**8. Capabilities or Barriers:**

Barriers of staff time and funding

## APPENDICES:

### Appendix A: Agency Planning Process

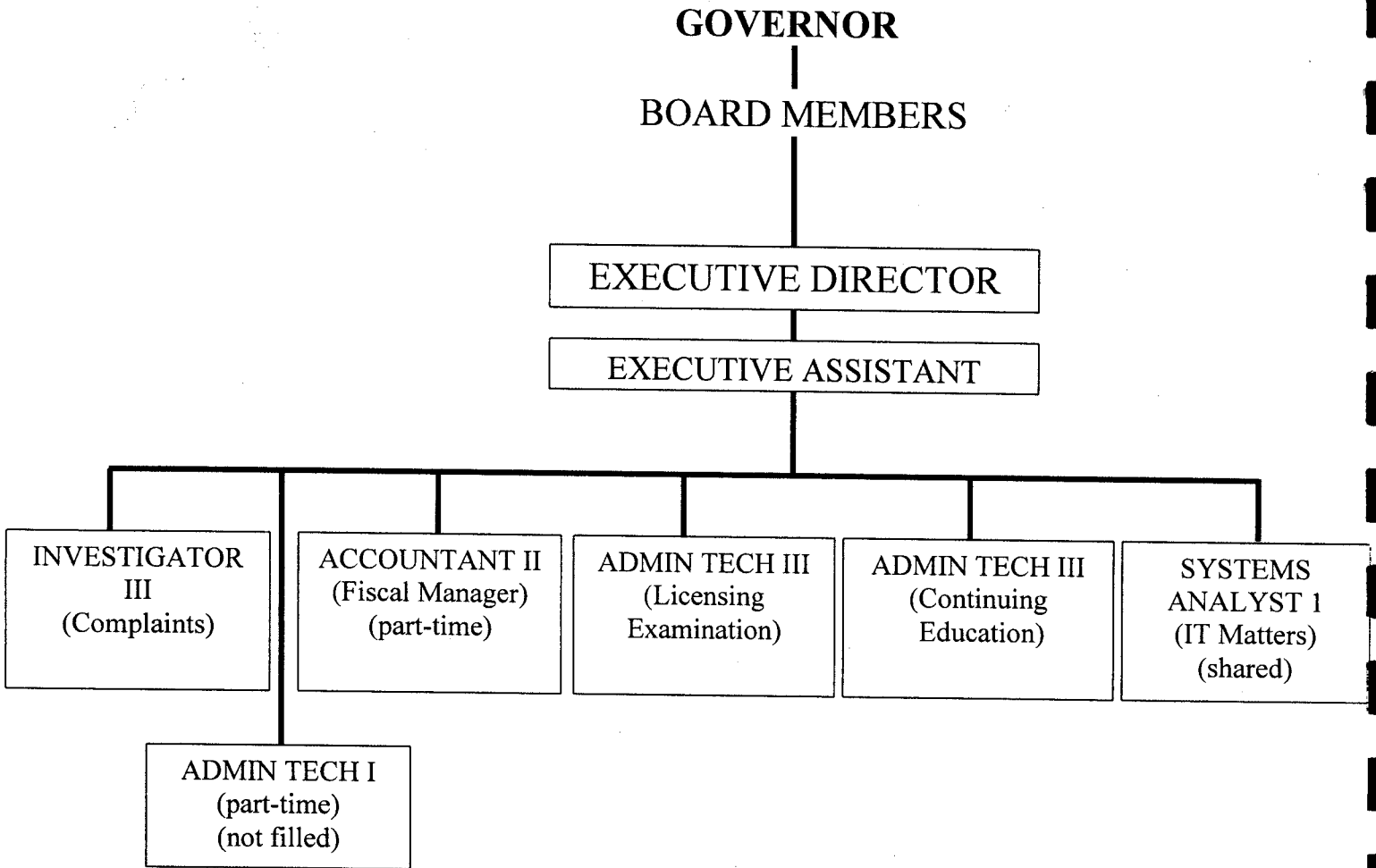
The plan builds on previous plans, and primarily continues the focus and predictions of the agency's previous plans. To determine whether to plan for the future growth of the number of licensees, the agency thoroughly researched government and private sources regarding the need for additional licensees, and the factors that would increase or decrease the need.

Legislative changes, so important in determining the scope of licensing and enforcement for this agency, are difficult to predict, and thus planning for such changes is also difficult. However, by reviewing the history of legislative change, the agency can attempt to predict future requirements (employees, travel funds, additional information technology) and duties for the agency.

Previous legislative change is having an impact on the enforcement activities of this agency, and this plan is based in part on a thorough review of trends and outside factors that may affect these activities. Information was obtained from other Texas agencies and other state optometry boards to sharpen predictions.

The 2015-2019 Strategic Plan was an agenda item at the May 2, 2014, board meeting.

Appendix B: Current Organization Chart





Appendix C: Outcome Projections

TEXAS OPTOMETRY BOARD  
OUTCOMES  
2015-2019

OUTCOME MEASURES	2013	2014	2015	2016	2017
Percent of Licensees with No Recent Violations	98.0	98.0	98.0	98.0	98.0
Percent of Complaints Resulting in Disciplinary Action	2.0	2.0	2.0	2.0	2.0
Recidivism Rate for Those Receiving Disciplinary Action	-0-	-0-	-0-	-0-	-0-
Percent of Documented Complaints Resolved Within Six Months	86.5	86.5	86.5	86.5	86.5
Percent of Licensees Renewing on the Internet	85	85	85	85	85

Appendix E: Workforce Plan

## TEXAS OPTOMETRY BOARD WORKFORCE PLAN FISCAL YEARS 2015-2016

**I. AGENCY OVERVIEW**

The agency was created in 1921 by the 37th Legislature under the name Texas State Board of Examiners in Optometry. The 61st Legislature in 1969 changed the agency's name to Texas Optometry Board. Sunset legislation in 2005 extended the agency until 2017.

The agency implements and enforces the Texas Optometry Act. This includes promulgating rules to interpret and clarify the provisions of the Act. The agency also provides and disseminates consumer information regarding the role of the agency.

Primary functions of the agency are the examination and determination of the fitness of applicants for licensure, the licensing of successful applicants, and the permanent monitoring of that license, including auditing the required yearly mandatory continuing education for renewal of licenses. In addition, the agency resolves complaints received against its licensees, conducts investigations, and issues remedial sanctions in accordance with the Act and promulgated rules.

As a state agency, the Texas Optometry Board must comply with all requirements of record keeping and reports required of a state agency.

**A. Agency Mission**

The mission of the Texas Optometry Board is to promote, preserve, and protect the health, safety and economic welfare of the people of Texas through the regulation of the practice of optometry.

**B. Strategic Goals and Objectives**

The agency has two goals:

<i>GOAL 1</i>	<i>To manage a quality program of examination and licensure to ensure the initial and continuing competency of optometrists and enforce the optometry statutes to ensure that the public is protected from incompetent services, fraud and misrepresentation.</i>
Objective	Operate an efficient and comprehensive optometry licensure and enforcement system.
Strategies	Participate in training, both in-house, state-wide and national in scope Develop additional methods of automation and on-line renewal and licensure Continue to resolve complaints in a short period of time
<i>GOAL 2</i>	<i>To establish and carry out policies governing purchasing that foster meaningful and substantive inclusion of historically underutilized businesses.</i>
Objective	Develop and implement a plan for increasing the use of historically underutilized businesses through purchasing contracts.
Strategies	Locate historically underutilized businesses & maintain up-to-date list Contact businesses on list before making purchases

**C. Anticipated Changes in Strategies**

The final decision by the Sunset Advisory Commission, incorporated into House Bill 1025,

79<sup>th</sup> Legislature, Regular Session, continued the agency with minor changes through 2017. Therefore the agency is not anticipating any changes in strategy. Rather, the agency will continue to search for organizational efficiencies, especially through Health Profession Council initiatives, such as:

- Broad sharing of information technology employees
- Sharing of human resource employees and functions

## II. CURRENT WORKFORCE PROFILE (SUPPLY ANALYSIS)

### A. Critical Workforce Skills

Currently the agency requires these critical skills to adequately perform its mission:

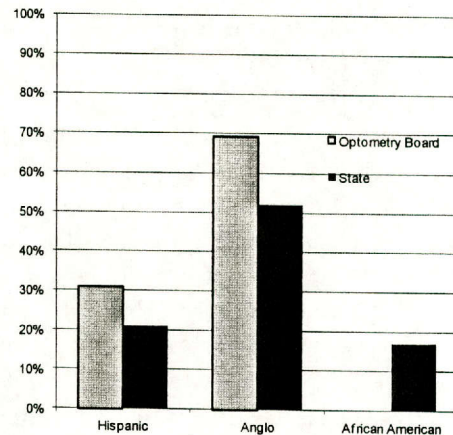
- Investigation
- Customer service
- Interpretation of laws and rules
- Human resources and management
- Accounting
- Information technology
- Administration of programs

### B. Workforce Demographics

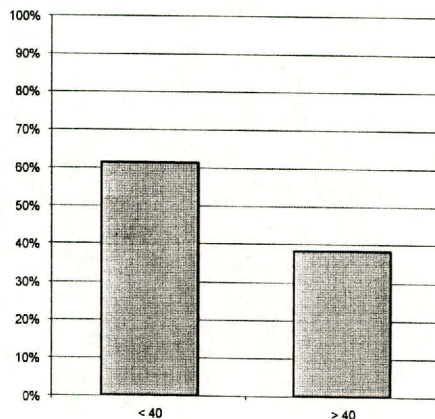
The following graphs depict the Agency's workforce demographics as of May 1, 2014. Since the agency has seven FTE's (two employees are part-time), each employee has a significant impact on any statistical analysis of the workforce.

The graphs reflect the hiring of two new employees in mid FY2014 due the death of one employee and the retirement of the other, and a half-time FTE position not currently filled because of budget concerns. These hires decreased the overall age of employees, continued the status quo for the gender distribution, and increased the percentage of Hispanic employees. Looking back, the gender distribution has varied from a majority female to now a majority male, all dependant on the best quality candidate available for the job. The agency will continue to work toward a gender and racial makeup that reflects the citizens of Texas, while hiring the best qualified candidate for each position.

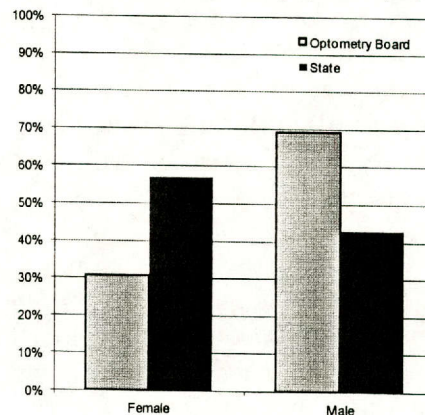
Racial Make-up  
Optometry Board (2014) vs State Agency Workforce (2012)



Age  
Optometry Board (2014)



Workforce Gender  
Optometry Board (2014) vs State Agency Workforce (2012)



Because the agency is small, a comparison of the African American, Hispanic, and female employees to the state agencies workforce by category may not be that useful (several categories would have only one agency employee so classified). The table below compares the agency to the 2012 state agencies workforce statistics (SAW):

Category	Employees in Agency	African American	Hispanic	Female	
Administration	1	0%	0%	0%	
		10%	15%	51%	SAW
Professional	1.5	0%	0%	0%	
		11%	16%	56%	SAW
Technical	1	0%	0%	0%	
		15%	24%	56%	SAW
Admin Sup	3	0%	31%	31%	
		19%	31%	87%	SAW

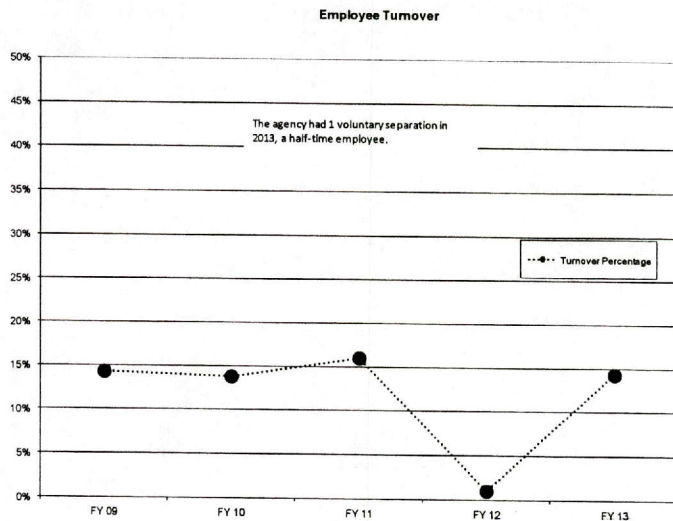
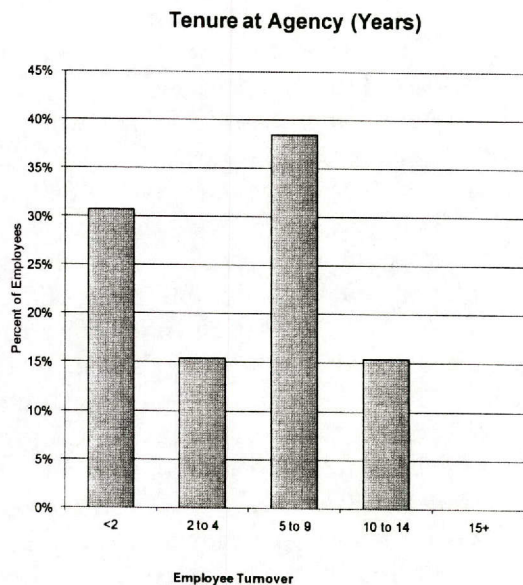
**C. Employee Turnover**

Of particular importance is the employee tenure at the agency. As mentioned above, the agency was required to replace two long term employees in FY2014. Whereas before the replacements, a majority of employees had served more than 9 years at the agency, with the new hires a significant number of employees have less than 5 years with the agency. Prior to the changes in 2014, employee turnover had been quite low, with the last two separations being low level half-time administrative technicians. Increasing tenure to where the figures were pre FY 2014 means taking steps to reduce turnover, including increased employee morale and hiring employees with stable employment goals.

The agency has been able to serve the public despite some turnover since the majority of new employees have employment histories in state government. Because many agencies operate similarly, the agency is able to quickly utilize their skills (training is still provided in the specific procedures and laws of the agency).

**D. Retirement Eligibility**

One employee is currently eligible for retirement. A half-time employee has retired and returned to work. Thus retirement may be an issue for the



agency in the relative near future.

### **III. FUTURE WORKFORCE PROFILE (DEMAND ANALYSIS)**

The Agency's future workforce profile should closely match the current profile (with all positions filled). However, the ability to share agency functions with other members of the Health Professions Council may allow the agency to more accurately employ the type of person needed by the agency the majority of the time. For example, the agency shares its System Analyst with all the smaller Health Professions Council agencies, none of which could afford to hire a full-time employee for this essential task. The agency has also shared employees with larger agencies on a short term basis when the larger agency was hiring and training new employees.

Future workforce skills required should match the current skills required by the agency. A new optometry school in San Antonio will mean an increased number of applicants for 2013 and every year thereafter, with a corresponding increase in the number of licensees to regulate beginning in 2013. This increased workload will require increased dedication and efficiency, but continued growth of the licensee base will at sometime require additional employees.

Significant future budget cuts would require the agency to create vacancies or not fill vacancies that develop. Each and every employee is necessary to efficiently operate the agency, and the agency will have difficulty meeting its goals strategies without the necessary staff as the number of licensees regulated by the agency continue to increase.

### **IV. GAP ANALYSIS**

#### **A. Gaps Do Exist with Current Staffing or Future Staffing**

The agency's current workforce is well qualified and competent to undertake the tasks required by the agency, although the two new hires will continue to be trained in their positions. Employees will leave in the future, creating vacancies that make it difficult to timely accomplish needed tasks. Provided that employee salaries increase, the agency should be able to select well qualified individuals to fill the vacancies. Most current employees are not only experienced in the critical areas, but they also have either sufficient experience with information technology or the ability to acquire the necessary information technology skills. New employees will need to possess such skills in order for the agency to operate efficiently. As the job market in Austin becomes more competitive, the agency may face smaller applicant pools. Continued limiting of benefits and a continued falling behind on compensation may make state agency employment a less attractive option for applicants.

#### **B. Gaps**

At present the agency faces a time gap between the creation of a vacancy and the filling of the vacancy. This gap is a significant hardship as vacancies will occur in the future. A period of at least a month and a-half is required to replace an employee where the agency has only a two week notice of a vacancy creation, and no matter how qualified the new employee is, additional training is always required. Therefore the Agency's strategies will concentrate on reducing turnover, and recognizing the inevitable, coping with vacancies as they occur.

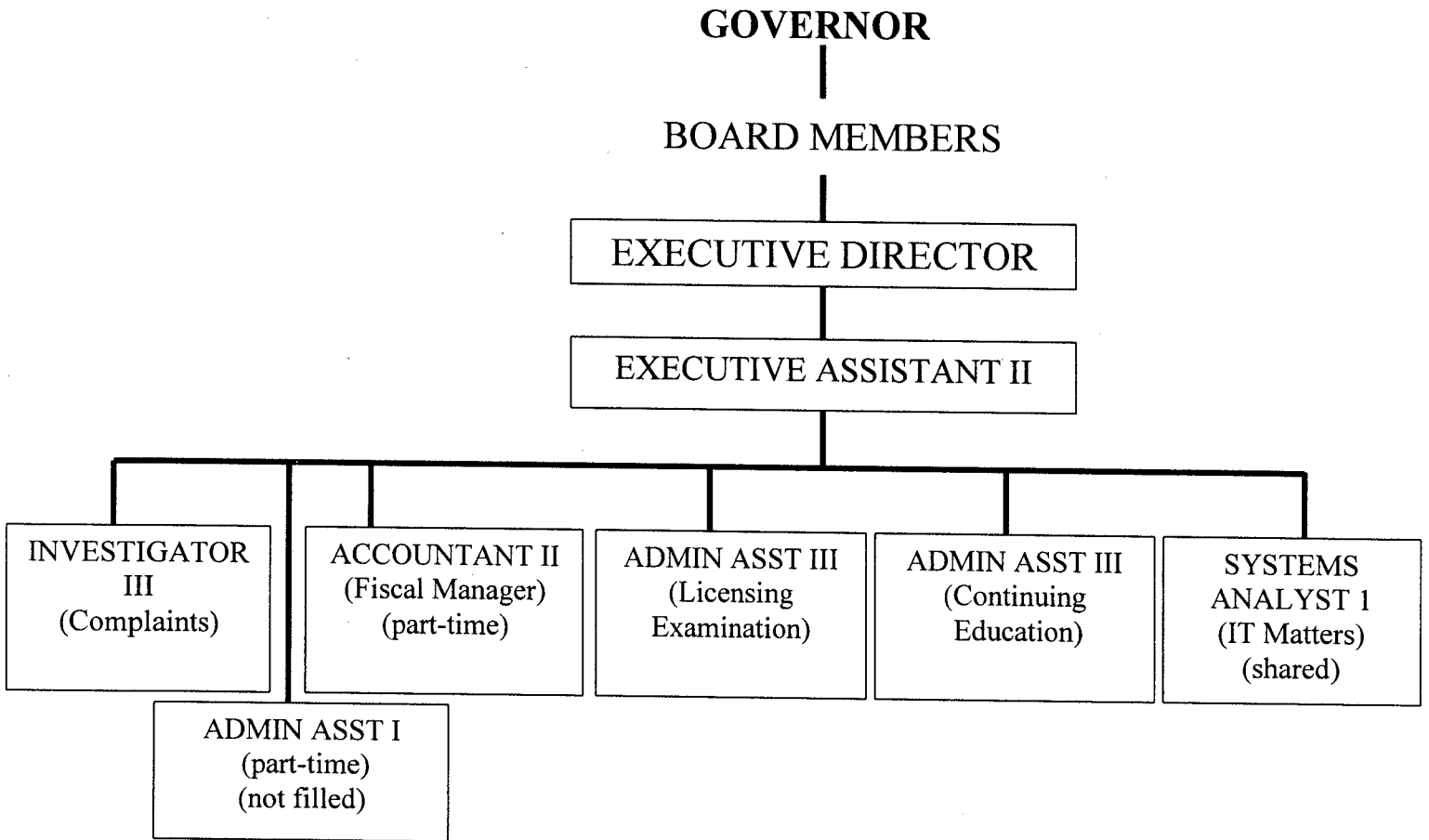
### **V. STRATEGY DEVELOPMENT**

The agency has created the following plan to address gaps, including the time gap (the time

between the creation of a vacancy and the filling of that vacancy) and to insure that valuable information possessed by long time employees is transmitted to the agency should that employee leave:

Gap	The time between the creation of a vacancy and the filling of that vacancy
Rationale	In a small agency, the time period that a job vacancy exists (and the training period after the job is filled) is a burden on the agency, since one or more employees must execute at least a substantial portion of the duties usually performed by the person in the vacant position. This creates almost a domino effect with other employees in-turn assisting the helping employees with their regular duties.
Action Steps	Reduce turnover by making the agency a good place to work (recognizing contribution of employees, creating a team approach to accomplishing the tasks of the agency, etc.) Update procedure manuals for each division Cross train additional employees Be prepared to immediately seek replacements for every employee
Gap	Work deadlines more difficult to meet as more deadlines imposed without additional employees
Rationale	Additional work may not justify a new position, but will require each staff member to accomplish more tasks.
Action Steps	Continue to explore methods to accomplish work with less staff input
Gap	Information gap created by the retirement or leaving of a long time employee
Rationale	Unless procedures are in place to record the information possessed by long time employees, the agency will suffer great inefficiencies and possibly make costly mistakes
Action Steps	Update procedure manuals for each division Cross train additional employees Establish permanent lines of communication that survive termination Establish organized record system

Texas Optometry Board Organizational Chart



## Appendix F: Survey Of Employee Engagement

The School of Social work at The University of Texas at Austin conducts surveys to serve as a tool for State agencies in establishing and maintaining excellence in government. The agency participated during March 2012, and these results were reported in the previous Strategic Plan.

The agency planned to again participate in March 2014, but the death of an employee and the retirement of another employee meant that over a third of the staff directly associated with the functions of the agency were no longer with the agency. The agency values the input of the Survey Of Employee Engagement, and plans to again participate in the near future once this significant portion of the staff becomes familiar with the agency.



