

CHIROPRACTIC EXAMINERS, BOARD of

Annual Performance Progress Report (APPR) for Fiscal Year (2007-2008)

Proposed KPM's for Biennium (2009-2011)

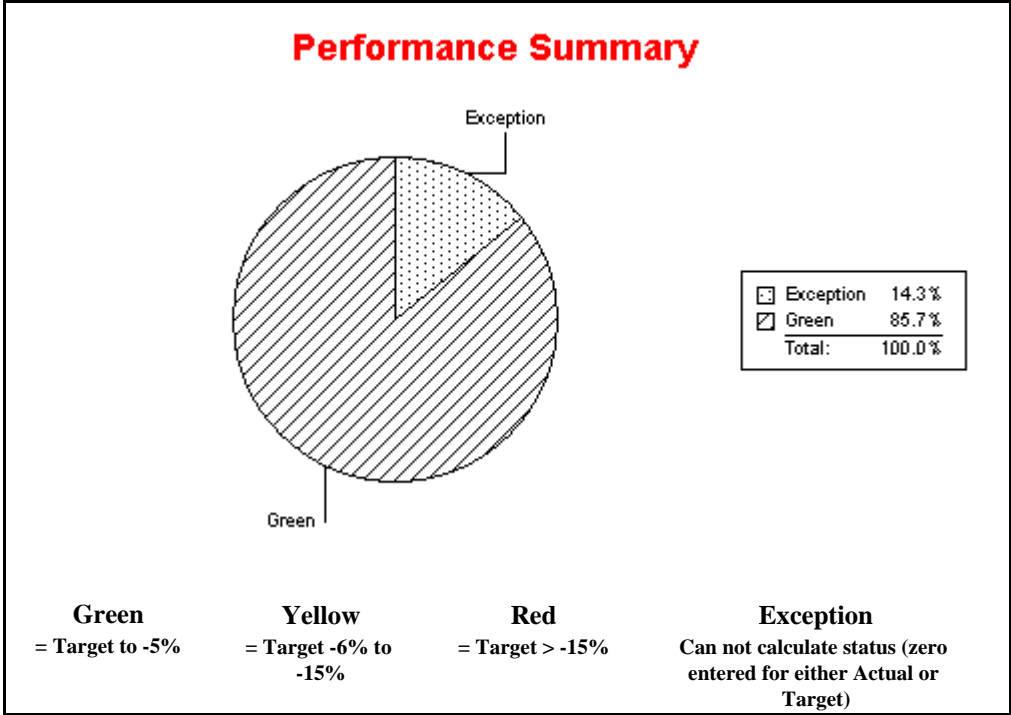
Original Submission Date: 2008

2007-2008 KPM #	2007-2008 Approved Key Performance Measures (KPMs)
1	Average number of days to resolve a complaint.
2	Percent of sexual misconduct/boundary complaints resolved in 180 days
3	Percentage of final orders related to record keeping, treatment, or excessive treatment (clinical issues) resulting in Plans of Supervision, Mentoring Plans or similar emphasis on a rehabilitation approach.
4	Percentage of chiropractic physicians meeting the annual continuing education requirements.
5	Percentage of Oregon chiropractic physicians who have consulted the Oregon Chiropractic Practice and Utilization Guidelines and/or the Educational Manual for Evidence-Based Chiropractic in the last year.
6	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise, and availability of information.
7	Board Best Practices - Percent of total best practices met by the Board.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2009-2011
NEW	<p>Title: The Percentage of licenses issued within a target number of days once all application components (that are the responsibility of the applicant) have been received.</p> <p>Rationale:</p>
NEW	<p>Title: (Proposed New KPM # 3) The Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within a target number of days.</p> <p>Rationale: The Percentage of licenses issued within a target number of days once all application components (that are the responsibility of the applicant) have been received. Rationale: To measure and support timely licensure process. The new measure proposes language suggested by Mr. Bruce Stoffmacher in his report to LFO. This measure should align with a similar measure for other health regulatory boards.</p>
NEW	<p>Title: The Percentage of licenses issued within a target number of days once all application components (that are the responsibility of the applicant) have been received.</p> <p>Rationale: To measure and support timely licensure process. The new measure proposes language suggested by Mr. Bruce Stoffmacher in his report to LFO. This measure should align with a similar measure for other health regulatory boards.</p>
DELETE	<p>Title: Percentage of final orders related to record keeping, treatment, or excessive treatment (clinical issues) resulting in Plans of Supervision, Mentoring Plans or similar emphasis on a rehabilitation approach.</p> <p>Rationale: The data universe for this existing measure is too small (4 in 2007).</p>

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2009-2011
DELETE	<p>Title: Percentage of Oregon chiropractic physicians who have consulted the Oregon Chiropractic Practice and Utilization Guidelines and/or the Educational Manual for Evidence-Based Chiropractic in the last year.</p> <p>Rationale: As a result of the September 2007 OBCE strategic planning meeting, the Board has realigned priorities to deemphasize continued development of the Educational Manual (EMEBC) and focus more on complaints, public protection and other proactive and educational efforts. Also, the 1991 OCPUG document is somewhat out of date. The goals specific to the EMEBC in the OBCE strategic plan were removed while other public protection goals were added. Dropping this measure aligns with the OBCE's ongoing planning and goals.</p>

CHIROPRACTIC EXAMINERS, BOARD of	I. EXECUTIVE SUMMARY
Agency Mission: The mission of the Oregon Board of Chiropractic Examiners is to serve the public, regulate the practice of chiropractic, promote quality, and ensure competent ethical health care.	
Contact: Dave McTeague, Executive Director x23	Contact Phone: 503-378-5816
Alternate: Kelly Edmundson, Administrative Assistant x22	Alternate Phone: 503-378-5816



1. SCOPE OF REPORT

The Oregon Board of Chiropractic Examiners was established in 1915 to ensure that only qualified individuals are licensed to practice chiropractic in Oregon. It is responsible for licensure and regulation of Doctors of Chiropractic (DC) and Certified Chiropractic Assistants (CCA). The Board’s five staff (4.5 FTE) perform background checks on applicants for licensure, issue and renew licenses; investigate complaints against licensees; monitor disciplined licensees and work to rehabilitate them where feasible to ensure that they are able to practice safely.

The Board meets bi-monthly to make determinations regarding complaints, licensing, practice and policy issues.

The OBCE has a Strategic Plan broken down into five general areas.

Public Protection (complaints, investigations, due process, consistent disciplinary actions, probation monitoring)

Professional Competency (licensure, timely examinations, chiropractic continuing education, continued competency, mentoring plans)

Professional Standards and Administrative Rules (Clear and consistent laws, rules and standards of practice; evaluation of examinations, tests, substances, devices, or procedures [ETSDP] for determination of “standard”, “investigational” or “unacceptable” for chiropractic physicians)

Liaison/Communication (public and professional education, current information about chiropractic and chiropractic physicians, customer service, prevention)

Diversity (promotion of cultural and racial diversity on the board and within the profession, Affirmative Action)

2. THE OREGON CONTEXT

The Oregon Board of Chiropractic Examiners has no Primary Links to the Oregon Benchmarks; however, Board activities support the following benchmarks as secondary links.

#29 Skills Training: Percentage of Oregonians in the labor force who received at least 20 hours of skills training in the past year. (Oregon chiropractic physicians must complete 20 hours of continuing education every year.)

#30 Volunteerism: Percentage of Oregonians who volunteer at least 50 hours of their time per year to civic, community or nonprofit activities. (The OBCE relies heavily upon chiropractic physicians and lay persons to provide their expertise on a voluntary basis sometimes at great personal expense.)

#45 Preventable Death, years of life lost before age 70 (rate per 1,000) (For some Oregonians, their chiropractor is their “portal of entry” to the health care system, i.e. the only doctor they see. Chiropractic physicians are trained diagnosticians who provide immediate care or make the appropriate referral to other health care providers. Chiropractors have are focused on the whole person. Wellness and preventative care is a major focus and topic within chiropractic health care.)

#46 Perceived Health Status, Percent of adults whose self-perceived health status is very good or excellent. (Chiropractic physicians make a major contribution to health care, often times providing relief more successful than other health methods.)

#50 Child Abuse or Neglect: Number of children, per 1,000 persons under 18, who are: a. neglected/abused; b. at a substantial risk of being neglected/abused. (Chiropractic physicians are mandatory reporters and are aware of their responsibilities.)

#51 Elder Abuse: Substantiated elder abuse rate per 1,000 Oregonians age 65 or older. (Chiropractic physicians are mandatory reporters and are aware of their responsibilities.)

3. PERFORMANCE SUMMARY

As of January 2008, progress was being made on all key performance measures.

Of particular importance, the goals to resolve complaints generally and boundary complaints general are being met.

The Board's overall program of education and prevention may be having a positive effect. Complaints received dropped 24% from 2007 to 2008. Time will tell if this becomes a trend.

4. CHALLENGES

The key question is whether we are successfully protecting the public? A subjective or qualitative measure may be as appropriate to answer this as the KPM quantitative approach. For example, after a two & half year investigation and contested case hearing, in 2006 the Board revoked a chiropractor's license following the Administrative Law Judge's determination there were serious sexual misconduct and boundary violations. This case is like hitting a home run with bases loaded (even though eight of the eleven complaints exceeded the target of the resolution within 180 days affecting KPM # 2 results).

Nonetheless, the KPM quantitative approach is a useful measure of overall progress. The data show we have met our target four out of the last five years. 2006 data for KPM # 1 show that our time to resolve complaints overall has increased after several years of demonstrating progress. A positive factor was that additional investigative and legal resources were requested and approved for the 2007-2009 biennium.

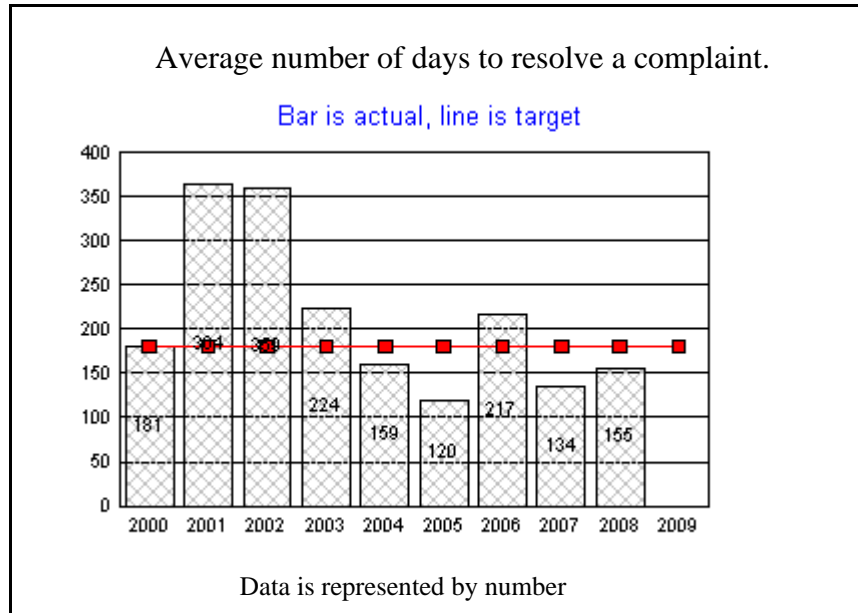
A looming challenge is that expenditures are rising faster than the license revenues, driven by many factors but significant among those are various other state government charges and legal costs.

5. RESOURCES AND EFFICIENCY

The Oregon Board of Chiropractic Examiners 2007-2009 adjusted Legislatively Adopted Budget is \$1,156,726. Recently, a \$52 fee was instituted

to pay for FBI criminal history background checks for chiropractic physician applicants. The transition to birth-month licensing for chiropractic physician relicensing was completed with efficiencies in work flow and a more even revenue flow. Increased use of the agency Web page now provides a speedy method for license verification, with improvements planned for the 2007-09 biennium.

KPM #1	Average number of days to resolve a complaint.	2000
Goal	To resolve a majority of complaints within 180 days.	
Oregon Context	Measures #1 and #2 are linked to our Agency Mission Statement of public protection to ensure competent ethical health care.	
Data Source	OBCE complaint database reports.	
Owner	Dave McTeague, Ex. Dir. 503-373-1620	



1. OUR STRATEGY

We address the most pressing public safety investigations first, even if it causes lower priority complaints to have longer resolution times.

2. ABOUT THE TARGETS

The goal is to keep the annual average number of days to resolve complaints overall below 180 days. Many factors affect this which are outside the agency's control. Overall this is a measure of how quickly we are resolving complaints, not necessarily our success otherwise.

3. HOW WE ARE DOING

We have made steady progress in the last several years and achieved our goal four out of the last five years.

4. HOW WE COMPARE

Only one other health regulatory board, Clinical Social Workers, has a similar measure. Their 2008 data show complaints resolved within 180 days was 74%. They have about half the complaints of the OBCE.

5. FACTORS AFFECTING RESULTS

We have made steady progress in the last several years and achieved our goal. The 2006 results were affected by the successful resolution of several long running cases which involved Peer Review and extended settlement negotiations with opposing legal counsel; and a major sexual misconduct case which involved 11 complainants resulting in revocation. Without those cases the average drops to 184 days, almost at target. The years where we have not met this goal are usually the result of a constellation of difficult cases occurring at the same time.

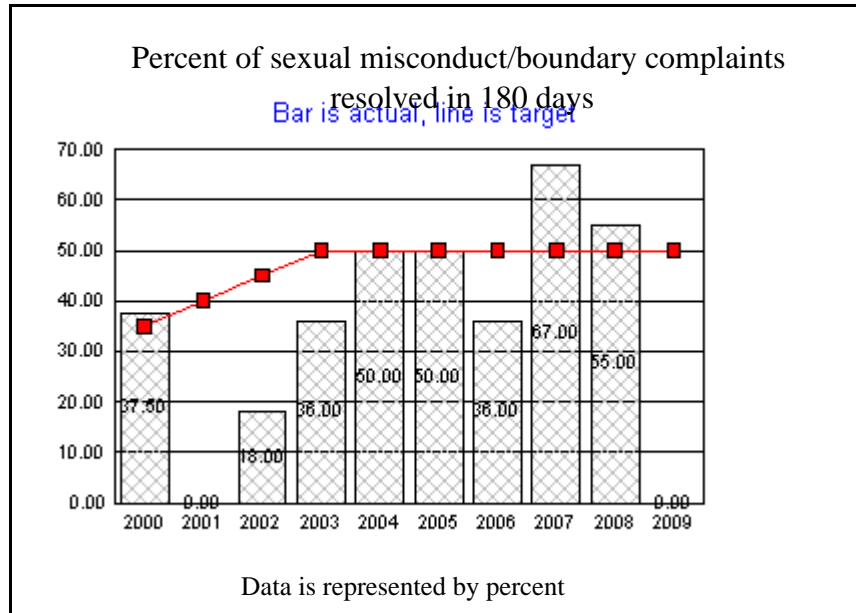
6. WHAT NEEDS TO BE DONE

- A) We prioritize complaints and investigations most important to public protection.
- B) We utilize all our resources (investigator, Ex. Dir., legal counsel, Peer Review Committee, contract investigators).

7. ABOUT THE DATA

We track the open and close date for each complaint in our agency database. We are also beginning to track the investigative “Report to Board” so that a modified or new KPM is possible in the future, similar to the Nursing Board KPM mentioned above. Our data is based on the calendar year. This report's data is updated in January of each year. Data is collected and reported on a calendar year basis.

KPM #2	Percent of sexual misconduct/boundary complaints resolved in 180 days	2000
Goal	To investigate and resolve a majority of these most serious complaints within 180 days.	
Oregon Context	Measures #1 and #2 are linked to our Agency Mission Statement of public protection.	
Data Source	OBCE complaint database reports.	
Owner	Dave McTeague, Ex. Dir. 503-373-1620	



1. OUR STRATEGY

We address the most pressing public safety investigations first, even if it causes lower priority complaints to have longer resolution times. Because of the potential harm to patients these investigations are pursued vigorously.

2. ABOUT THE TARGETS

The goal is to complete these investigations sooner, but not at the expense of public safety. Many factors affect this which are outside the agency's control. Overall this is a measure of how quickly we are resolving complaints, not necessarily our success otherwise.¶160;

3. HOW WE ARE DOING

We exceeded our target in 2007 and 2007. However, our investigations are thorough and effective as is indicated by the Revocation Order issued on August 10, 2006 involving 11 separate complaints against one doctor, one of which was open for over two years. It's better to take longer and get the job done right than it is to rush an investigation and case to closure if that leaves the public unprotected.

4. HOW WE COMPARE

We are the only health board that has a target for this specific category of complaints. This is due in part to the very up close and hands on nature of manual medicine and chiropractic adjusting, and this has been reflected in a past survey which showed the chiropractors with a greater incidence of this type of complaints.

Boundary and sexual misconduct violations can be extremely harmful to patients and other affected persons.

5. FACTORS AFFECTING RESULTS

One factor is the relatively small universe of complaints closed typically from zero to a high of 18 in one year.

Sexual misconduct and boundary complaints are almost always high level investigations. They are usually complex and challenging. Often the complainants or victims need time to open up and come to terms with their role in this process. Often witnesses are difficult to locate or in one current case, they left the country for almost one year. In those cases where a Notice of Proposed Disciplinary Action is issued and a hearing requested, then the timeliness is affected by the amount of difficulty in negotiations and whether or not the respondent doctor (and his/her attorney) are cooperative in the negotiation process. A review of closed cases shows tremendous effort by the OBCE over the last decade. There is also an ongoing prevention effort designed to reduce the incidence of sexual misconduct and boundary violations.

6. WHAT NEEDS TO BE DONE

We continue to make these investigations our highest priority. We recognize that this category often requires extended investigations usually followed by a longer period for negotiations and sometimes contested case hearing.

We will continue to address this issue frequently in our newsletter and in our New Doctor meetings.

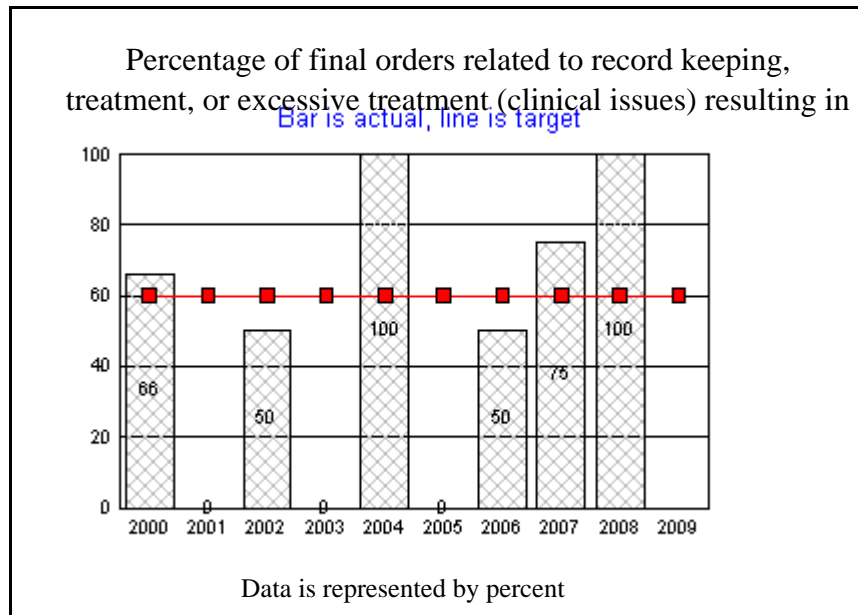
7. ABOUT THE DATA

Data is collected and reported on a calendar year basis. We track the open and close date for each complaint in our disciplinary action database. We are also beginning to track the investigative "Report to Board" so that a modified or new KPM is possible in the future, similar to the Nursing Board KPM mentioned above. The data is based on the calendar year. This report is updated in January each year.

2007 data: 6 complaints closed, one case involved four individual complaints against the same doctor which was resolved within 180 days with a Letter of Reprimand.

2008 data: 11 complaints closed total, six were resolved within 180 days.

KPM #3	Percentage of final orders related to record keeping, treatment, or excessive treatment (clinical issues) resulting in Plans of Supervision, Mentoring Plans or similar emphasis on a rehabilitation approach.	2000
Goal	To rehabilitate those chiropractors who have fallen below minimum standards of chiropractic practice.	
Oregon Context	Measure # 3 is linked to our Agency Mission Statement of public protection.	
Data Source	OBCE complaint database reports and annual review of final board orders.	
Owner	Dave McTeague, Ex. Dir. 503-373-1620	



1. OUR STRATEGY

Promote rehabilitation as a public protection measure in appropriate cases.

2. ABOUT THE TARGETS

The OBCE mandates mentoring plans and other appropriate rehabilitative efforts for those chiropractic physicians who need to address record keeping, treatment, or excessive treatment (clinical issues).

3. HOW WE ARE DOING

Progress has been made, however the number of doctors in this program varies. The doctors who have been mentored have improved their practice and only one has been the subject of further complaints.

4. HOW WE COMPARE

We don't have any basis for comparison with our licensing boards.

5. FACTORS AFFECTING RESULTS

Our universe is too small for this measure to give more than a sense of our progress. Regardless, the Board believes that rehabilitation and quality improvement is an important goal.

6. WHAT NEEDS TO BE DONE

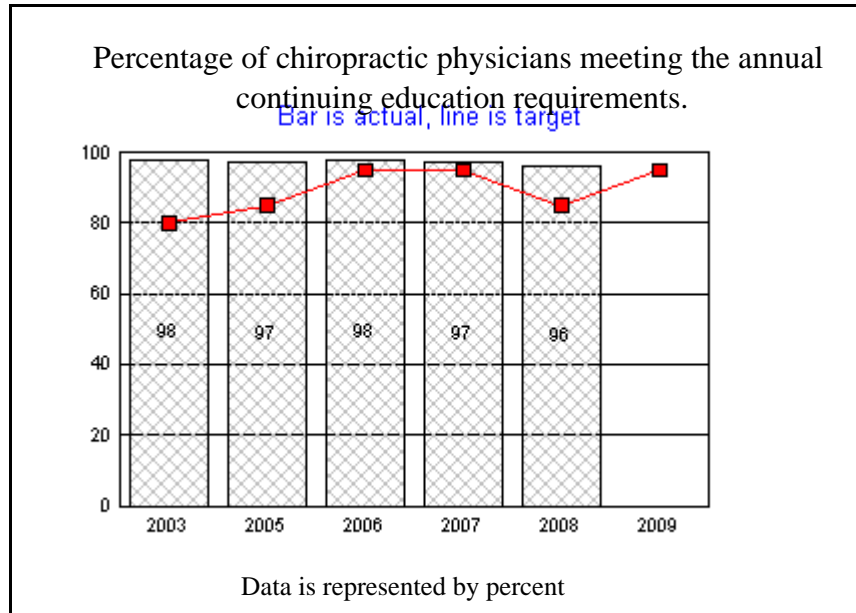
The Board needs to keep looking for cases where rehabilitation is appropriate. This is ongoing and several mentoring plans are currently underway. A special account has been established to handle payment of mentors.

7. ABOUT THE DATA

We review the final orders for each year, determine how many fall into the category of record keeping, treatment, or excessive treatment or clinical issues, and identify the percentage of that universe in which mentoring plans or other rehabilitation was mandated. In 2007 four cases were identified, of those one was the subject of a formal mentoring plan and in two others additional continuing education was required. Data is collected and reported on a calendar year basis.

In 2008 we identified 2 case that barely fit into this category. While the response on those was primarily disciplinary, these doctors were required to take continuing educatin to address their record keeping deficiencies. There were no "excessive treatment" final orders in 2008 or any others that dealt primarily with "record keeping, treatment, or excessive treatment (clinical issues)."

KPM #4	Percentage of chiropractic physicians meeting the annual continuing education requirements.	2003
Goal	To ensure chiropractors meet their continuing education requirement to maintain minimum standards of chiropractic practice.	
Oregon Context	Measure # 4 is linked to our Agency Mission Statement of public protection.	
Data Source	Annual audit of 10% of all Oregon chiropractors to determine compliance.	
Owner	Dave McTeague, Ex. Dir. 503-378-5816 ext. 23	



1. OUR STRATEGY

Promote compliance with continuing education requirements.

2. ABOUT THE TARGETS

The OBCE initially expected greater issues with compliance than have occurred. Our current target is 95% compliance.

3. HOW WE ARE DOING

Compliance with CE requirements is very good, however, there are indications we need to increase our monitoring to ensure this is the case in the future.

4. HOW WE COMPARE

We don't have any basis for comparison with other licensing boards.

5. FACTORS AFFECTING RESULTS

The main factor is doctors' understanding of their requirements to complete 20 hours of CE every year. The Board accepts a variety of methods to obtain CE.

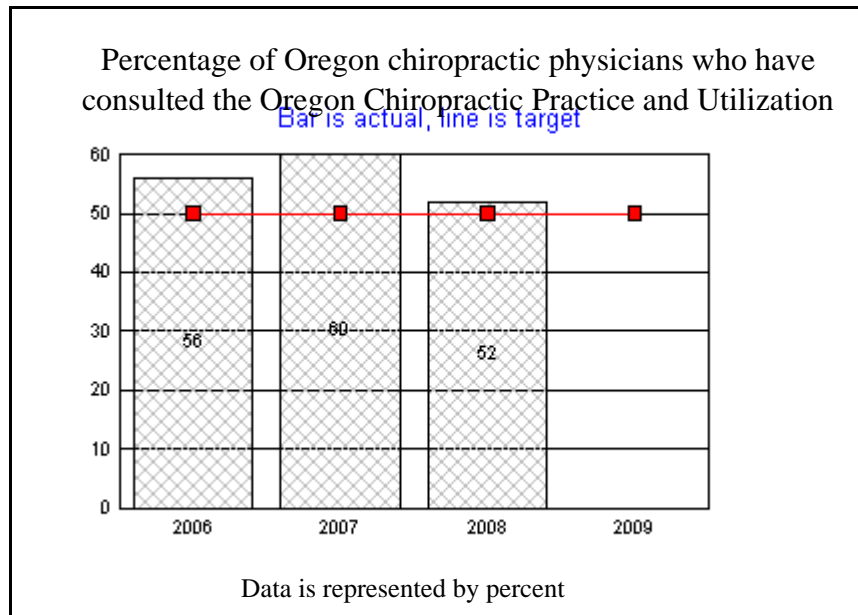
6. WHAT NEEDS TO BE DONE

We are publishing articles in our newsletter to educate licensees about CE requirements. We have updated the CE administrative rule so that more than 10% can be audited and those audits will occur in conjunction with the birth month licensing cycle instead of just once annually.

7. ABOUT THE DATA

The OBCE conducts an annual random audit of 10% or more of all licensees for proof of CE compliance. The 2008 survey was conducted in December 2008.

KPM #5	Percentage of Oregon chiropractic physicians who have consulted the Oregon Chiropractic Practice and Utilization Guidelines and/or the Educational Manual for Evidence-Based Chiropractic in the last year.	2003
Goal	Promoting quality in the chiropractic profession and proactive public protection.	
Oregon Context	Measure # 5 is linked to our Agency Mission Statement of public protection and promoting quality in the chiropractic profession.	
Data Source	Annual survey (part of the customer service survey)	
Owner	Dave McTeague, Ex. Dir. 503-373-1620	



1. OUR STRATEGY

Promote consensus in the profession around key practice issues and areas. The OBCE supported the development of the Educational Manual for Evidence-Based Chiropractic, which also serves to update the Oregon Chiropractic Practice and Utilization Guidelines (OCGUP) adopted in 1991. A Forward and three chapters were developed. These are available on our web page and continue to be a resource.

2. ABOUT THE TARGETS

As of September 2007, the OBCE has refocused its efforts away from producing more chapters of the Educational Manual and towards other proactive and public protection efforts. This KPM was amended to have broader language to measure the use of these documents. The target for this measure is still 50%.

In 2009 the OBCE is proposing to drop this measure and be replaced with one of the common health board measures.

3. HOW WE ARE DOING

The survey shows we are still meeting this goal.

4. HOW WE COMPARE

We don't have any basis for comparison and are not aware of any other health boards that measure the use of their practice guide documents.

5. FACTORS AFFECTING RESULTS

The slow pace of developing the Educational Manual has made it harder to measure the results of this effort. A major survey effort in March 2005 produced information concerning the profession's differing perceptions of this project.

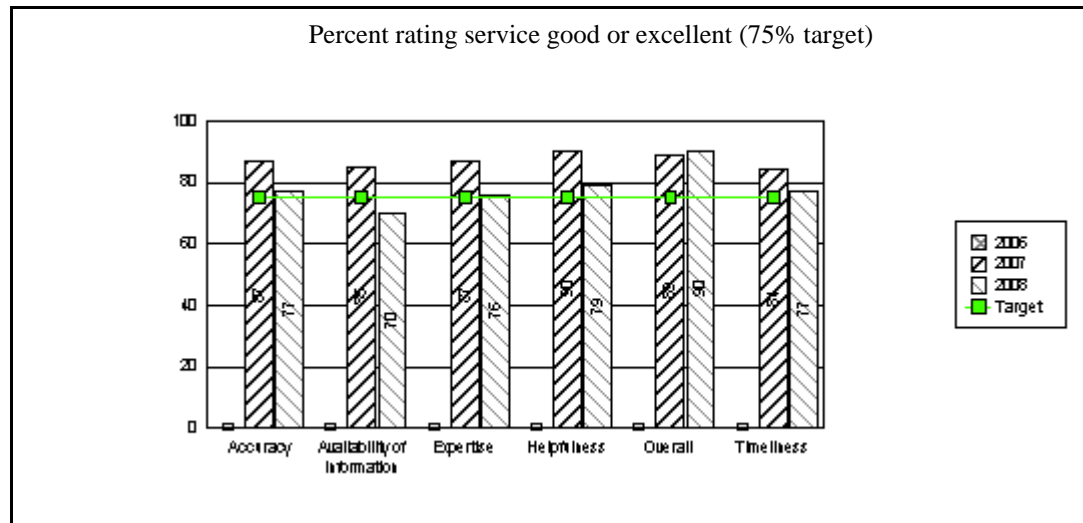
6. WHAT NEEDS TO BE DONE

The OBCE's September 2007 strategic planning effort has caused the Board to reassess their approach to quality promotion. Future strategies are likely to involve increased communication via other means with chiropractors and stakeholders, an exploration of promoting proficiency vs. minimum competency, and a renewed focus on rehabilitation where it is needed.

7. ABOUT THE DATA

Data was collected as part of the annual online customer service survey in 2006 and previously in surveys in 1999 and 2005. Data on the modified measure for 2007 was collected in the OBCE Customer Satisfaction Survey between December 2007 and February 2008. Data is collected and reported on a calendar year basis as part of our ongoing Customer Service Survey.

KPM #6	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise, and availability of information.	2007
Goal	Providing top quality customer service.	
Oregon Context	Measure # 6 is a shared performance measure across state agencies.	
Data Source	Annual customer service survey. This survey is on our web site year round and is also emailed frequently to licensees, applicants and other public persons.	
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1. OUR STRATEGY

Survey and measure customer satisfaction each year.

2. ABOUT THE TARGETS

The 75% target is a combination of “Good” and “Excellent” responses as opposed to “Fair” and “Poor” and “Don’t Know.”

3. HOW WE ARE DOING

This is still new performance measure and 2007 is the first year with a significant sample size of over 450 respondents. These results are generally similar to those obtained in 1999 and 2005 OBCE surveys.

4. HOW WE COMPARE

We need to review the other board's results.

5. FACTORS AFFECTING RESULTS

The OBCE has sufficient staffing to respond quickly to requests for information and license applications/ renewals etc.

6. WHAT NEEDS TO BE DONE

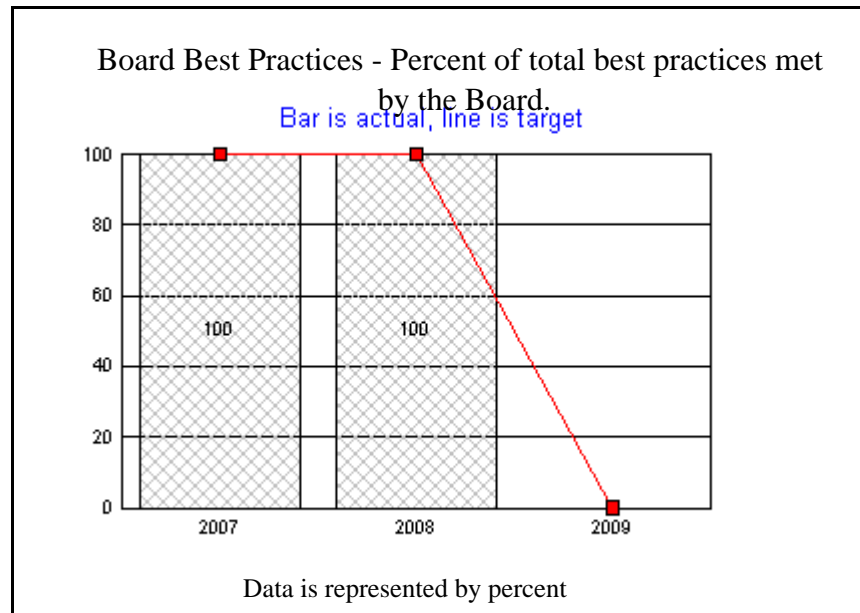
We continue to look for ways to improve our customer service. One example is our new web page Licensee Lookup feature which provides a more effective way to address license verification requests. We have also made all disciplinary orders also available via web page. We are exploring more E-government approaches to communication and licensing.

7. ABOUT THE DATA

The 2007 survey, as both a Web and mail out survey, was conducted from December 2007 through Feb. 2008 and received over 450 responses. Data is collected and reported on a calendar year basis.

We need a periodic effort to increase our response rate to our web base survey.

KPM #7	Board Best Practices - Percent of total best practices met by the Board.	2007
Goal	To address key management duties and responsibilities for members of the Board of Chiropractic Examiners.	
Oregon Context	Measure # 7 is a shared performance measure affecting many state boards and commissions.	
Data Source	Annual board review of 15 criteria. This was completed in November 2008 by the OBCE.	
Owner	Dave McTeague, Ex. Dir. 503-373-1620.	



1. OUR STRATEGY

Complete and meet all Best Practices for state boards and commissions. The Board reviews these Best Practices on an ongoing basis. The Board Vice-President is assigned to monitor compliance.

2. ABOUT THE TARGETS

The target is 100%.

3. HOW WE ARE DOING

The Board is meeting the goal. As a result of this review the Board sees financial information more frequently and is conducting Ex. Dir. performance evaluations on a regular annual basis.

4. HOW WE COMPARE

We understand our performance is comparable to other health licensing boards.

5. FACTORS AFFECTING RESULTS

The OBCE has engaged in an ongoing strategic planning process that addresses many of these criteria, plus a major planning meeting was held in September 2007.

6. WHAT NEEDS TO BE DONE

A more clear definition of expectations for some of these very broad best practices would be helpful.

7. ABOUT THE DATA

The Board reviews the list of requirements on a calendar year basis.

Agency Mission: The mission of the Oregon Board of Chiropractic Examiners is to serve the public, regulate the practice of chiropractic, promote quality, and ensure competent ethical health care.

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The following questions indicate how performance measures and data are used for management and accountability purposes.

<p>1. INCLUSIVITY</p>	<p>* Staff : • Staff: Review of current performance measures on an annual basis.</p> <p>* Elected Officials:</p> <p>• Elected Officials: Approving and making changes to legislatively approved performance measures.</p> <p>* Stakeholders: • Stakeholders: Reviewing letters, telephone calls and e-mails regarding the Board’s performance measures.</p> <p>* Citizens: • Citizens: Our current Annual Performance Review Report is available on the OBCE's web site.</p>
<p>2 MANAGING FOR RESULTS</p>	<p>All data collected on performance measures is reviewed by the Board as part of ongoing Strategic Planning. An online customer service survey is ongoing to obtain data for several measures. Two performance measures were modified in the 2007 Legislature. A new Board Best Practices measure was added which will be highlighted in the next report. Two measures may be replaced in 2009 with measures common to other health regulatory boards. -</p>
<p>3 STAFF TRAINING</p>	<p>DAS Training occurred in previous biennia. The Ex. Dir. and board members have attended Citizen Advocacy Center conferences which address performance measurements from a public board member point of view.</p>

	<p>The DAS website and staff have been helpful in the update process.</p>
4 COMMUNICATING RESULTS	<ul style="list-style-type: none">* Staff : At staff meetings and through e-mails and memos on customer satisfaction. * Elected Officials: These are presented to the Legislature as part of the budget process. * Stakeholders: Use of Web-site, presentations and responding to direct inquiries. * Citizens: Use of Web-site, presentations and responding to direct inquiries.