

OREGON MEDICAL BOARD

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

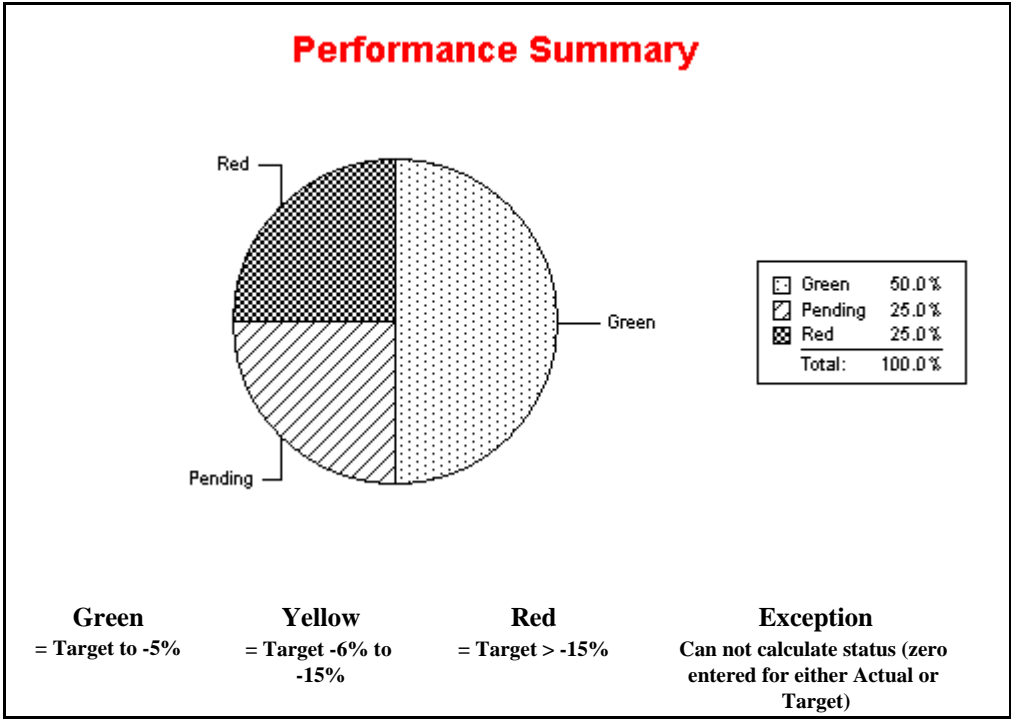
Proposed KPM's for Biennium (2009-2011)

Original Submission Date: 2008

2007-2008 KPM #	2007-2008 Approved Key Performance Measures (KPMs)
1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.
2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.
3	MONITOR LICENSEES WITH SUBSTANCE ABUSE - Percentage of licensees voluntarily entering treatment for substance abuse who meet the terms of the aftercare agreement.
4	MONITOR LICENSEES WHO ARE DISCIPLINED - Percentage of total probationers with a new complaint within 3 years.
5	LICENSE EFFICIENTLY - Average number of days to process an application for medical licensure.
6	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.
7	ASSESS CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating satisfaction with the agency's customer service as "good" or "excellent" for: overall customer service, timeliness, accuracy, helpfulness, expertise, information availability.
8	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: LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of license.</p> <p>Rationale: Replaces KPM #5. The agency proposes this measure as a more effective measure of the agency's efficiency. The previous measure used the date the applicant submitted their application form to the date the license was issued to calculate the number of days elapsed. However, the applicant (and other entities) have multiple other documents that must be submitted before an application is considered to be complete and a license may be issued. Agency staff must wait for all credentialing information to be submitted before issuing a license. A better measure of our efficiency is to measure only the days that we can control. That is, the days from receipt of a completed license application to the date a license is issued.</p>
DELETE	<p>Title: LICENSE EFFICIENTLY - Average number of days to process an application for medical licensure.</p> <p>Rationale: The agency proposes to replace this KPM because it is not an effective measure of the agency's efficiency. The measure has previously used the date the applicant submitted their application form to the date the license is issued to calculate the number of days elapsed. However, the applicant (and other entities) have multiple other documents that must be submitted before an application is considered to be complete and a license may be issued. Agency staff must wait for all credentialing information to be submitted before issuing a license. A better measure of our efficiency is to measure only the days that we can control. That is, the days from receipt of a completed license application to the date a license is issued.</p>

OREGON MEDICAL BOARD		I. EXECUTIVE SUMMARY	
Agency Mission: Protect the health, safety, and well being of Oregonians by regulating the practice of medicine in a manner that promotes quality care.			
Contact: Kathleen Haley, JD		Contact Phone: 971-673-2700	
Alternate: Carol Brandt		Alternate Phone: 971-673-2700	



1. SCOPE OF REPORT

- Our key performance measures cover our Licensing, Investigations, Health Professionals Program, and Administrative functions.
- Our newest key performance measure addresses our Executive department.

2. THE OREGON CONTEXT

Mission: Protect the health, safety, and well being of Oregonians by regulating the practice of medicine in a manner that promotes quality care. Three of our measures directly influence Oregon Benchmark #45, “Premature death: years of life lost before age 70.” These measures have to do

with discipline of licensees particularly in competency of care cases, compliance with substance abuse monitoring, and compliance with other Board orders. Absent the Board's rehabilitative effect on problematic licensees, more Oregonians would experience premature death.

The measures just described plus one other directly influence a second Oregon Benchmark, #46 – “The percentage of adults whose self-perceived health status is very good or excellent.” Confidence in one's doctor is essential to confidence in one's health. To enable Oregonians to be assured that their primary care providers meet minimal levels of competency at the time of licensure, the Oregon Medical Board does meticulous background checks on each applicant, and follows up on each complaint regarding care. The Oregon Medical Board also encourages the public to check out their doctors and their disciplinary history on our Web site. All of these mission-level goals and activities are measured.

3. PERFORMANCE SUMMARY

The Board is making progress (meeting targets) on 50% of its measures.

We have two measures that we have not met our targets. One measure for which we did not meet our targets is number 5, license efficiently. We have submitted a proposal to change that measure to more accurately measure the time that we can control.

We have two measures whose performance is unclear. One of these measures whose progress is unclear is our customer satisfaction measure number 7 for which we have not yet established targets. The other is a brand new measure, board best practices which again does not have targets established.

4. CHALLENGES

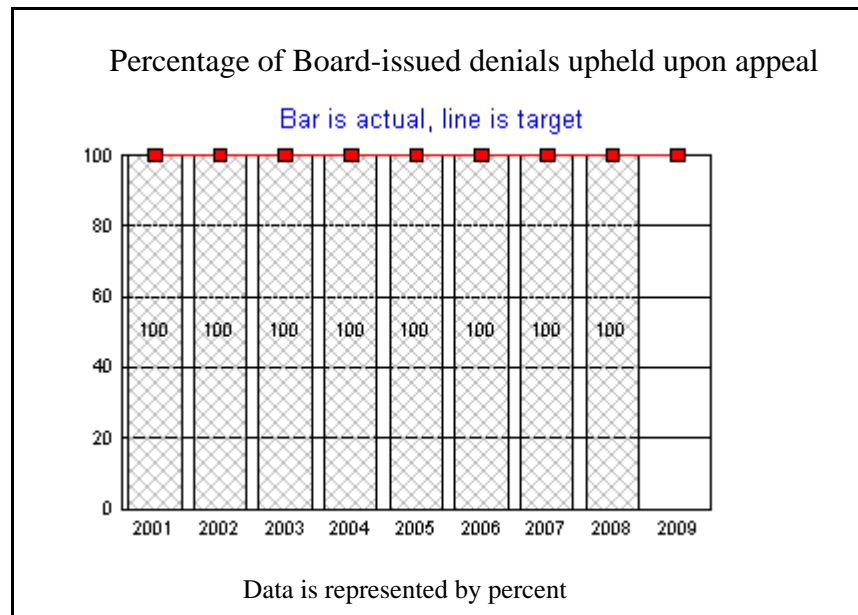
One of the greatest challenges that we have faced in the past several years was an unexpected and unprecedented increase in applications for licensure. During fiscal year 2006, we experienced a 25% increase in license applications over fiscal year 2005. Applications for licensure have continued at this level through 2007. In the first half of 2008 we have seen another 16% increase over the same period in the prior year. These increases coupled with staff vacancies left our licensing department struggling to keep up with incoming work while training new staff. It also raised awareness within the agency regarding our antiquated databases. The agency has begun the process of replacing its entire computer system with a more modern licensing and case management system. This change will bring its own challenges in the coming year but we anticipate the end result will be a more comprehensive, usable system that will increase operating efficiency.

We felt it was important our measure of customer satisfaction be spread among all program areas. The results have been quite varied between these areas but overall, 86% of our customers rate our service as “good” or “excellent.” Our future challenge is to improve service while continuing to maintain our high standards for licensure and discipline.

5. RESOURCES AND EFFICIENCY

Our budget amount for the fiscal year, measured as one-half our biennial Legislatively Adopted expenditure limitation, is \$4,252,951. Our measures of efficiency are KPM #5- License Efficiently, #6- Renew Licenses Efficiently, and #7- Assess Customer Satisfaction with Agency Services. Please refer to #4, Challenges, above and to the individual Key Measure Analysis (Part II) which follows.

KPM #1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.	2002
Goal	LICENSE APPROPRIATELY - Determine requirements for licensure and ensure that all applicants granted licensure meet Oregon requirements	
Oregon Context	Relates to agency mission	
Data Source	Agency Investigative and Licensing Databases.	
Owner	Licensing, Diana Dolstra (971) 673-2700	



1. OUR STRATEGY

Continue to provide thorough and complete administrative due process for applicants who do not meet Oregon’s stringent standards for medical licensure.

2. ABOUT THE TARGETS

Targets are set at 100% based on past history and the expectation that there will continue to be no successful appeals of our licensure decisions. The higher the percentage, the better we are doing at licensing appropriately.

3. HOW WE ARE DOING

The measure demonstrates that we are appropriately licensing as there have been no successful challenges to the Board's licensing decisions since the measure was enacted in 2002. For fiscal year 2008, we had 2,041 license applications of which two were denied and neither one was appealed.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

The Board provides extensive due process to all applicants, ensuring an appropriate outcome

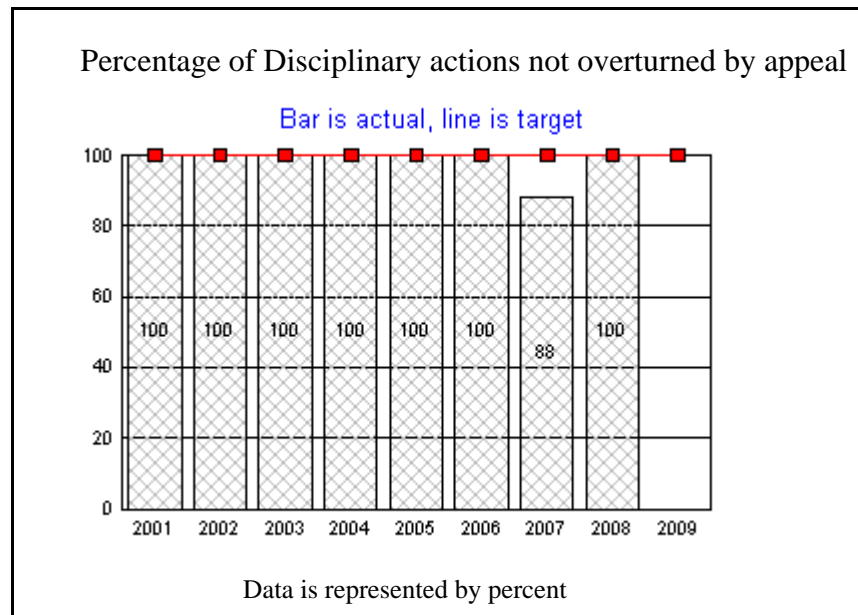
6. WHAT NEEDS TO BE DONE

Continue with our current successful practices.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

KPM #2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.	2002
Goal	DISCIPLINE APPROPRIATELY Investigate complaints against licensees, and ensure that the board members have sufficient information to take appropriate actions based on the facts of the case.	
Oregon Context	OBM 45: PREVENTABLE DEATH and OBM 46: PERCEIVED HEALTH STATUS	
Data Source	Agency Investigative Database	
Owner	Board members (971) 673-2700	



1. OUR STRATEGY

Continue to provide thorough and complete administrative due process for licensees under investigation for possible violation of the Medical Practice Act.

2. ABOUT THE TARGETS

Targets are set at 100% based on past history and the expectation that a successful appeal of our disciplinary decisions is highly undesirable. The higher the percentage, the better we are doing at disciplining appropriately.

3. HOW WE ARE DOING

The measure demonstrates that we are appropriately disciplining as there had been no successful challenges to the Board's disciplinary decisions until fiscal year 2007. Discipline is defined as any case closed with a public order that is reportable to the National Practitioner Databank. These orders include any Stipulated Orders, Voluntary Limitations, or Final Orders. In fiscal year 2008, 42 orders were issued on 65 investigations. Of these, 3 were appealed. One of the three was upheld and two are still pending.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

The Board provides extensive due process to all applicants, ensuring an appropriate outcome. Achieving this goal is disproportionately affected by the small population of disciplinary action appeals. With a small data set, a single successful appeal has a great effect on the percentage outcome.

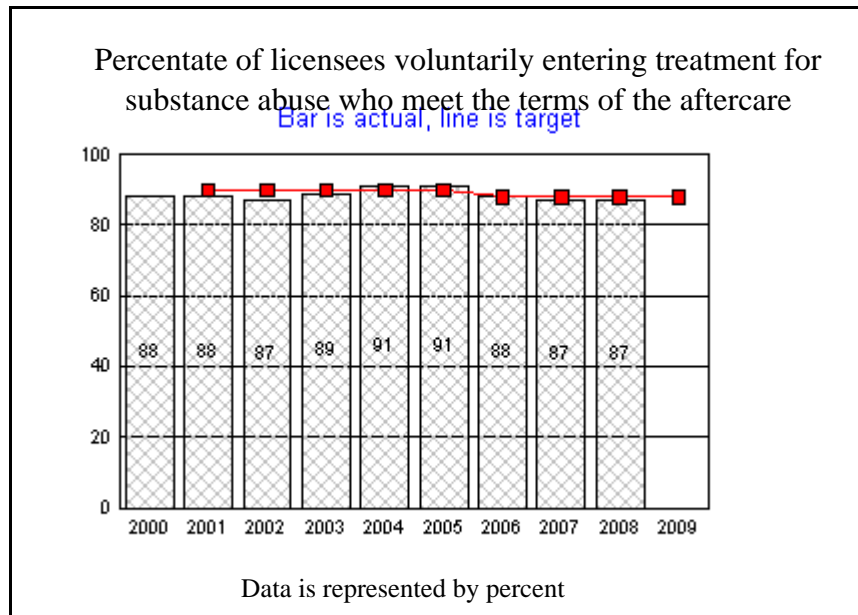
6. WHAT NEEDS TO BE DONE

Although we did not meet our target for fiscal year 2007, the Board considers a single successful appeal during the last 8 years to be evidence that we are disciplining appropriately. We intend to continue with our current successful practices.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

KPM #3	MONITOR LICENSEES WITH SUBSTANCE ABUSE - Percentage of licensees voluntarily entering treatment for substance abuse who meet the terms of the aftercare agreement.	2000
Goal	Restore licensees to active, useful service to Oregon's citizens while protecting public safety.	
Oregon Context	OBM 45: PREVENTABLE DEATH and OBM 46: PERCEIVED HEALTH STATUS	
Data Source	Health Professionals Program records	
Owner	Health Professionals Program, Susan McCall, MD (503) 620-9117	



1. OUR STRATEGY

Provide outreach in hospitals and the community to educate and encourage licensees to self-report problems and seek monitoring and treatment.
 Provide monitoring to prevent relapse.

2. ABOUT THE TARGETS

Targets have been established based on OMB past history and the results of other states' physician health programs. Our targets cover a range of 85-90%. The higher the percentage, the better we are doing at rehabilitating our licensees.

3. HOW WE ARE DOING

The measure reflects how well we are doing ensuring that our licensees are safe to practice medicine. We have met our targets since fiscal year 2004. As of 2008, we have had 420 licensees enroll. 366 are in good standing or have successfully completed the program.

4. HOW WE COMPARE

Direct comparisons are unavailable because these programs vary widely from state to state. Most states have an 85% or better success rate.

5. FACTORS AFFECTING RESULTS

Achieving this goal is disproportionately affected by the small population of licensees in the Health Professionals Program. With a small data set, a single licensee can have a great effect on the percentage outcome. Overall, we are satisfied that the program is performing well.

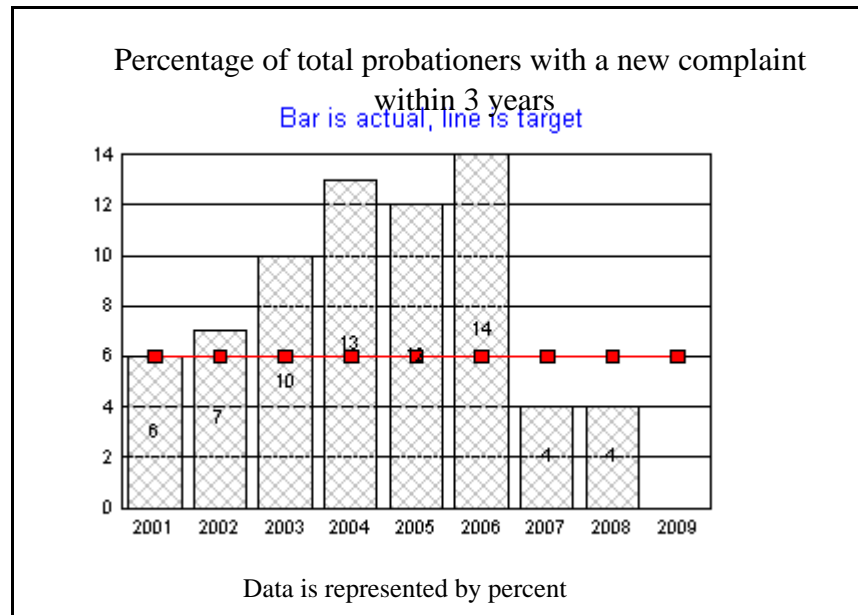
6. WHAT NEEDS TO BE DONE

Continue with our current successful practices and continue to implement the findings from the 2006 Performance Review of the Health Professionals Program.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

KPM #4	MONITOR LICENSEES WHO ARE DISCIPLINED - Percentage of total probationers with a new complaint within 3 years.	2002
Goal	Restore licensees to active, useful service to Oregon's citizens while protecting public safety.	
Oregon Context	OBM 45: PREVENTABLE DEATH and OBM 46: PERCEIVED HEALTH STATUS	
Data Source	Agency Investigative Database	
Owner	Investigations, Gary Stafford (971) 673-2700	



1. OUR STRATEGY

Probationer is defined as a licensee or applicant who, due to the existence of an order issued by the Board, requires some degree of monitoring by the Board’s compliance officer. Our strategy is to monitor licensees under Board order to ensure they comply with the terms of a Board order. This monitoring is done through meetings and interviews by agency Compliance Officers.

2. ABOUT THE TARGETS

A target of 6% was established at the time the measure was established based on the results available at that time. Until fiscal year 2007, we had been unable to achieve the target since the measure's establishment. We had concerns that our target was unrealistic. However, we believe that a 6% recidivism rate is more acceptable than a higher rate when considering the well-being of Oregonians and our goal is to meet this high expectation. The lower the percentage, the better we are doing to protect public safety.

3. HOW WE ARE DOING

This measure reflects how well we are doing ensuring that our licensees are safe to practice medicine. For fiscal year 2008, we had 163 probationers, 7 of whom had a new investigation opened within 3 years of the original Board order. We have been able to meet our target for the second year in a row. Please see "Factors Affecting Results" below.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

This is a goal that has been difficult to achieve because of an increasing caseload and turnover in the original Compliance Officer position. We received authority for an additional .5 FTE Compliance Officer beginning with the 2005-07 biennium. We had difficulty filling both of the Compliance Officer positions so results of the additional FTE have only been seen in outcomes for this measure beginning in fiscal year 2007. We believe additional staffing for compliance monitoring has helped to reduce the recidivism rate. Because of the small population of licensees who have Board orders, one or two cases can have a great effect on the percentage outcome.

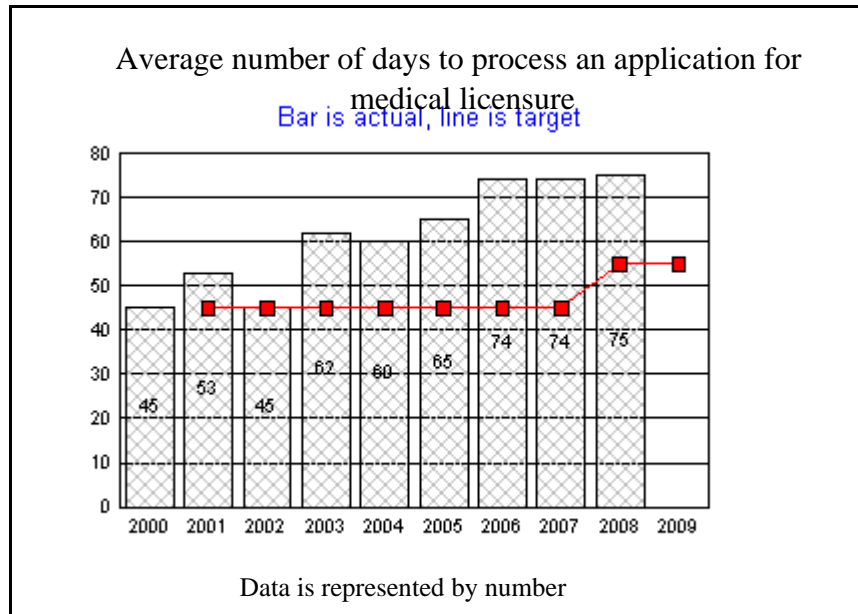
6. WHAT NEEDS TO BE DONE

Continue with our current successful practices.

7. ABOUT THE DATA

The reporting cycle is Oregon's fiscal year.

KPM #5	LICENSE EFFICIENTLY - Average number of days to process an application for medical licensure.	2000
Goal	EFFICIENT INTERNAL OPERATIONS-Ensure efficient internal operations and provide human resources to accomplish the Board's mission effectively.	
Oregon Context	Relates to agency mission	
Data Source	Agency Licensing Database	
Owner	Licensing, Diana Dolstra (971) 673-2700	



1. OUR STRATEGY

Improve licensing process through internal operational changes and provide better training to agency staff.

2. ABOUT THE TARGETS

Targets for 2008 and 2009 have been changed based on a survey which found that many other states are averaging 59 days to issue a license. We feel that a target of 55 days remains comparable with other states yet provides the customer service our licensees expect without compromising public safety. The fewer the days required, the more efficiently we are licensing.

3. HOW WE ARE DOING

The measure demonstrates our efficiency in licensing a new practitioner and the customer service we provide to our licensees and, ultimately, to the citizens of Oregon. While operating efficiency is our goal, rushing licensure for new applicants, and possibly compromising patient care, is not. Preparing a thorough check of all credentials provided by applicants is essential to making sure the applicant meets State requirements for providing medical care. We have been unable to meet our target since 2002.

4. HOW WE COMPARE

A 2005 survey of state medical licensing boards shows an average number of days to process a license application of 59 days.

5. FACTORS AFFECTING RESULTS

Some factors in this measure are outside of the agency's control. Often, our licensing process is "stalled" waiting for the applicant to provide required materials. License applications increased by 25% in 2005 and continued at that new, higher level through 2007. Comparing 2008 to date with the same period in the prior year, we have had a 16% increase in applications. This has added workload for staff, lengthening the time to process. We have also seen an increased complexity in our licensing process due to applicants having licenses in multiple other jurisdictions. Board staff must thoroughly review licenses and status for every state in which an applicant has a license. This is a time-consuming but necessary step in the licensing process.

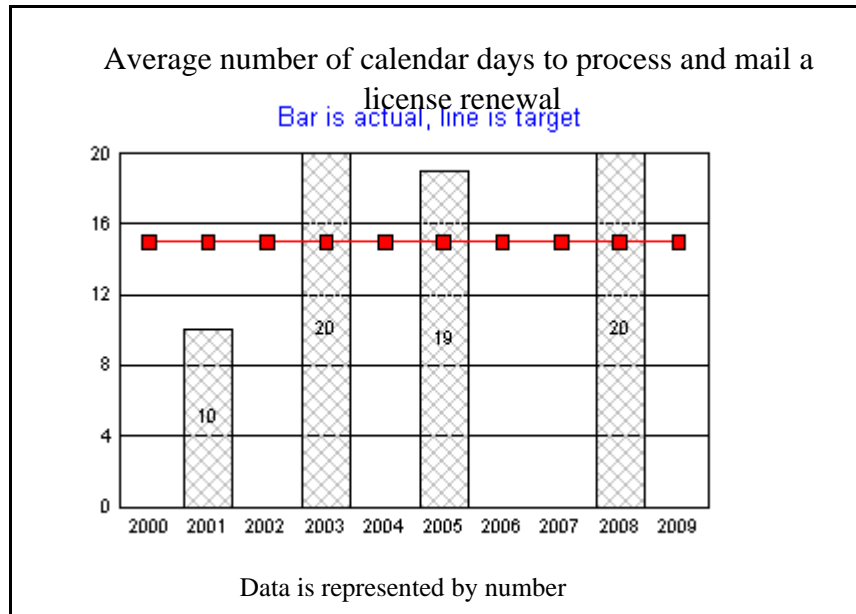
6. WHAT NEEDS TO BE DONE

The agency has modified its internal organization and procedures to ensure that applicants are given timely and complete information about their responsibilities towards completing the licensing process. The agency has found ways, and continues to look for new ways, to automate and web-enable some license processes. To that end, the agency has begun the process of replacing its entire computer system which we anticipate will reduce redundant data entry and improve efficiency. We are in the process of configuring a new licensing and case management software solution and anticipate implementation by February, 2009.

7. ABOUT THE DATA

Fiscal year 2006, 2007 and 2008 results are based on actual number of calendar days to issue an unlimited license. For 2009-2011, we have requested to replace this measure in order to capture only time for which the agency has control. The measure as it stands is for the time between the date a paid application for license was received and the date the license was issued. Much of the time between those two dates is outside the control of the agency.

KPM #6	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.	2000
Goal	EFFICIENT INTERNAL OPERATIONS-Ensure efficient internal operations and provide human resources to accomplish the Board's mission effectively.	
Oregon Context	Relates to agency mission	
Data Source	Agency Licensing Database	
Owner	Licensing, Diana Dolstra (971) 673-2700	



1. OUR STRATEGY

Improve the renewal process through internal operational changes and provide better training to agency staff. We are also pursuing the future use of on-line license renewal.

2. ABOUT THE TARGETS

Our results have ranged from 10 to 20 days. Thus, we have selected a mid-range target of 15 days.

3. HOW WE ARE DOING

The measure demonstrates our efficiency in renewing a practitioner's license. While we did not achieve our target, we did renew 8% more licenses than the prior biennium.

4. HOW WE COMPARE

There is no comparative data available. We do provide a more extensive renewal questionnaire than do most states.

5. FACTORS AFFECTING RESULTS

While operating efficiency is our goal, rushing licensure renewal, and possibly compromising patient care, is not. Preparing a thorough check of all information provided is essential to making sure the licensee meets State requirements and will continue to practice safely. The data presented includes those renewals that are outliers and have problems/concerns that need to be reviewed by staff which can add significant time to the renewal process. The renewal of all our MD & DO licenses (approximately 14,000 in all) occurs biennially. This results in a 3-month period of high activity for all agency staff but the majority of the renewal tasks are performed by a 3-person team of permanent staff plus several seasonal temporary staff.

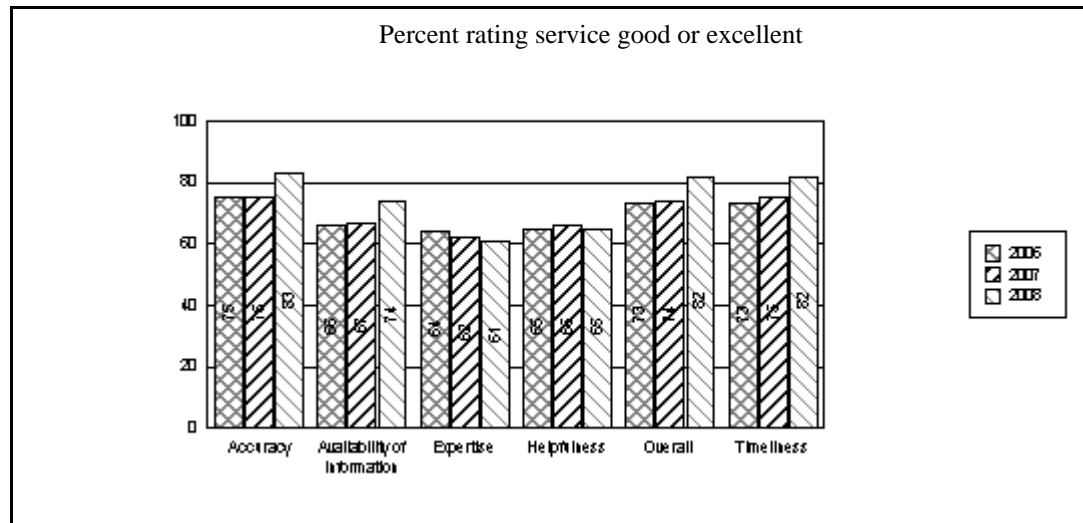
6. WHAT NEEDS TO BE DONE

The agency is modifying its internal organization and procedures to ensure that licensees are given timely and complete information about their responsibilities towards completing the renewal process. The agency has also begun the process of replacing its entire computer system to modernize our processes. This should be fully operational by February, 2009. Once our new licensing and case management system is implemented, we will also be moving towards on-line renewal. On-line license renewals and a more efficient computer system should help us to meet our targets.

7. ABOUT THE DATA

The reporting cycle is fiscal year and calendar days. Licenses are renewed every other year so data is only available during the final months of odd-numbered years. A change to the reporting cycle from calendar year to fiscal year resulted in a gap in data availability for 2006 and 2007. Results will be available for even fiscal year reports for all future reporting.

KPM #7	ASSESS CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating satisfaction with the agency's customer service as "good" or "excellent" for: overall customer service, timeliness, accuracy, helpfulness, expertise, information availability.	2006
Goal	CUSTOMER SATISFACTION- Statewide customer satisfaction measures.	
Oregon Context	Relates to agency mission	
Data Source	Data from anonymous post-card surveys and SurveyMonkey	
Owner	Licensing, Investigations, Health Professionals Program. Kathleen Haley, JD (971) 673-2700	



1. OUR STRATEGY

Conduct customer service survey; review and act on ratings and comments. This is a relatively new measure and data is only available since fiscal year 2006.

2. ABOUT THE TARGETS

Targets have been established at 80% with the agency's 2009-11 Agency Request Budget. We elected not to set targets on the initial data because we had too few months of data. Higher percentages reflect higher satisfaction from our customers.

3. HOW WE ARE DOING

This measure demonstrates our customers' opinions on their level of satisfaction with the services we provide. Given that this a relatively new measure, we were unsure what to expect the results to be. We began our continuous survey process in January, 2006. The results for 2007 were slightly better than for 2006. In 2008, the results showed another increase in the level of satisfaction.

4. HOW WE COMPARE

There is little comparative data available. We did perform some comparisons of customer satisfaction results of other licensing Boards. However, we found that each Board was surveying in different ways and including different customers, making comparisons difficult.

5. FACTORS AFFECTING RESULTS

It's important to understand the role of the OMB in the lives of those responding to the survey. The OMB is a regulatory agency. As such, our customers, be they licensees or complainants, may not agree with our actions. That doesn't mean our actions were incorrect or unlawful, simply not the customer's desired outcome. This could tend to lower our customer satisfaction rating. We hope to temper this effect through continued improvements in the services we provide and in our communication with our customers.

6. WHAT NEEDS TO BE DONE

We have used these results to focus our attention on areas within the agency whose responses show less satisfaction than do others. Our Management Council is monitoring the survey results on a continuing basis and we hope to continue to improve our perceived quality of services in all areas.

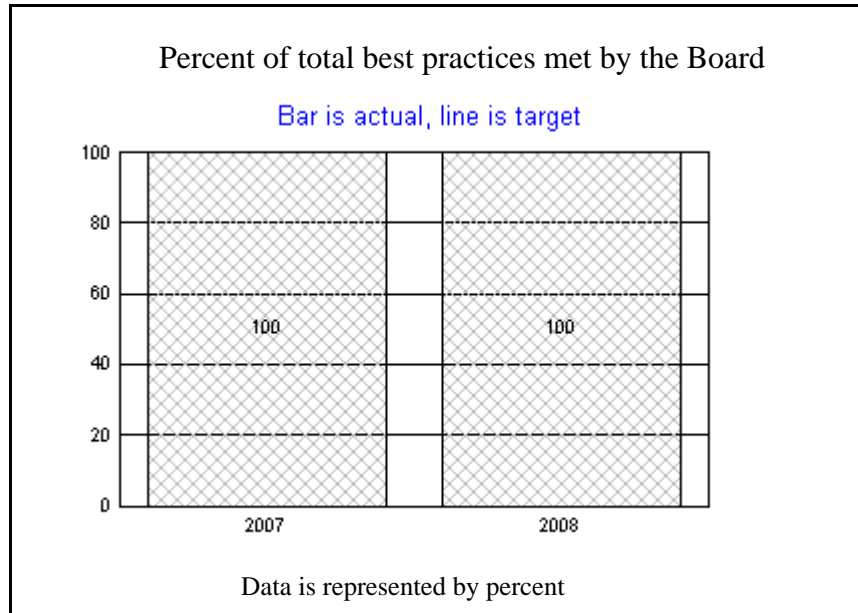
7. ABOUT THE DATA

Our survey is a continuous survey conducted by agency staff. For fiscal year 2008, we had a population (surveys mailed) of 14,467. We sent a survey to each new licensee, each licensee who had recently renewed their license, all complainants whose complaints resulted in an investigation (surveys were sent at the close of the case), and all current participants in our Health Professionals Program. We received 3,615 total responses, a

25% response rate, giving our results a 1% margin of error at a 95% confidence level. We also used SurveyMonkey, an email survey tool, for the first time during our Acupuncturist License Renewal this year (only 5% of the population). Because we have e-mail addresses for only about 50% of our AC licensees, the survey did not accurately capture the opinions of the entire AC population. The Board is continuing to test the use of SurveyMonkey as a means to simplify the survey process without negatively effecting our response rate.

Results for each individual group sampled are retained by the agency and the information that these results provide is used at a management level. However, we have chosen to combine the results for all groups to reach an agency wide result as shown above. The results for each group contain too few responses to produce meaningful data. Equal weighting was given to each response.

KPM #8	BOARD BEST PRACTICES - Percent of total best practices met by the Board.	2008
Goal	BOARD BEST PRACTICES- Statewide Board Best Practices measure	
Oregon Context	Relates to agency mission.	
Data Source	Survey of agency Board members.	
Owner	Board Members, (971) 673-2700	



1. OUR STRATEGY

Conduct Board Member Best Practices Self-Assessment; review and act on ratings and comments. This is a new measure and data is only available for fiscal years 2007 and 2008

2. ABOUT THE TARGETS

Targets will be established with the agency's 2009-11 Agency Request Budget. We are requesting the target be set at 85%

3. HOW WE ARE DOING

The measure demonstrates that we are meeting best management practices with respect to governance oversight by our board. The criteria being evaluated includes Executive Director performance expectations and feedback, strategic management and policy development, fiscal oversight and board management.

4. HOW WE COMPARE

This is the first year for this performance measure, data from other agencies is not yet available.

5. FACTORS AFFECTING RESULTS

The OMB engages in an ongoing strategic planning process that addresses several of the issues that are evaluated in this measure.

6. WHAT NEEDS TO BE DONE

We will continue with our current successful practices and use these results to focus our attention on areas that may need attention in the future.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

OREGON MEDICAL BOARD**III. USING PERFORMANCE DATA**

Agency Mission: Protect the health, safety, and well being of Oregonians by regulating the practice of medicine in a manner that promotes quality care.

Contact: Kathleen Haley, JD

Contact Phone: 971-673-2700

Alternate: Carol Brandt

Alternate Phone: 971-673-2700

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

1. INCLUSIVITY

- * **Staff :** Each of the managers of the 5 divisions within the Board (Administration, Investigations, Licensing, Health Professionals Program, and Administrative Services) was tasked with developing performance measures for their division. Staff within the division assisted by refining definitions and identifying reliable data sources.
- * **Elected Officials:** The Legislature approved these performance measures during our budget hearing during the 2007 Legislative Assembly.
- * **Stakeholders:** The Oregon Medical Association reviewed our budget and performance measures.
- * **Citizens:** The stakeholder public as represented by the Legislature approved these performance measures during our budget hearing during the 2007 Legislative Assembly.

2 MANAGING FOR RESULTS

In 2001 the Board created its first formal Strategic Plan. This document integrates the Board's goals, strategies for attaining goals, action plans, and performance measures. The Plan is updated annually by managers and staff with Board oversight.

3 STAFF TRAINING

The Board's Business Manager has received formal training in Performance Measurement development from Department of Administrative Services and Progress Board classes. Staff have received training in gathering data for these measures and are involved in meeting measurement goals.

4 COMMUNICATING RESULTS

- * **Staff :** Performance measure results are communicated to Board staff at manager and staff meetings.
- * **Elected Officials:** The Board communicates results to the Legislature through the Progress Board reports and biennially to the Legislature during budget presentations. Results are also communicated biennially during formal presentations to the Board's assigned Department of Administrative Services Budget Analyst and the Legislative Fiscal Officer.

	<p>* Stakeholders: The Executive staff of the Board meet biennially with representatives of the Oregon Medical Association, the Osteopathic Physicians and Surgeons of Oregon, the Oregon Podiatric Medical Association, and the Board's Physician Assistant and Acupuncture Advisory Committees to review the agency's budget and performance measures.</p>
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* **Citizens:** Results are communicated to the public on the Board's Web site at <http://www.oregon.gov/OMB/performance.shtml>