LFO Revised Budget Form #107BF04c

Board of Medical Examiners
Annual Performance Progress Report (APPR)
for Fiscal Year 2006-07

Original Submission Date: September 28, 2007

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

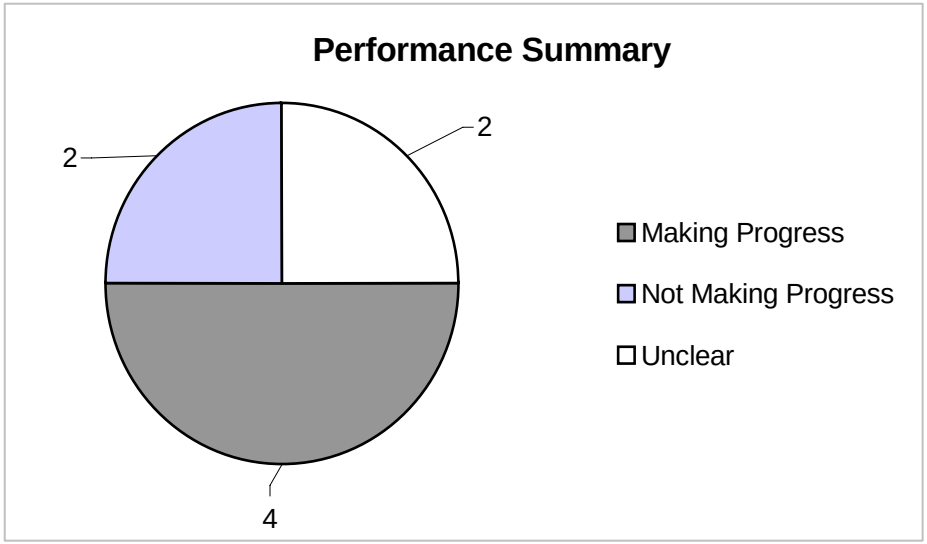
Contact: Kathleen Haley, JD	Phone: 971-673-2700
Alternate: Carol Brandt	Phone: 971-673-2700

1. SCOPE OF REPORT

- Our key performance measures cover our Licensing, Investigations, Health Professionals Program, and Administrative functions.
- Our key performance measures do not address our Executive department. Our measure related to our Executive department was eliminated as part of the 2005 legislative session.

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 sure of their doctors, the Board of Medical Examiners does meticulous background checks on each applicant, and follows up on each complaint regarding care. The Board of Medical Examiners 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.

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

3. PERFORMANCE SUMMARY

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

We have two measures for which we have not met our targets. One measure for which we did not meet our targets is key performance measure number 3. This was the first time in 7 years we have not reached our target for this measure.

We have two measures whose performance is unclear. One of these measures is our measure of days to renew a license. Data is only available for this measure every other year due to a biennial renewal cycle for our licensees. The other measure whose progress is unclear is our customer satisfaction measure for which we have not yet established targets.

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 ever since. This increase 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, leading the agency to begin 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 for our new measures of customer satisfaction to be spread among all program areas. The results have been quite varied between these areas but overall, 74% 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 USED AND EFFICIENCY

Our budget amount for the fiscal year, measured as one-half our biennial Legislatively Adopted expenditure limitation, is $3,527,185.

Our measures of efficiency are KPM #6- License Efficiently, #7- Renew Licenses Efficiently, and #8- Assess Customer Satisfaction with Agency Services. Please refer to #4, Challenges, above and to the individual Key Measure Analysis (Part II) which follows.

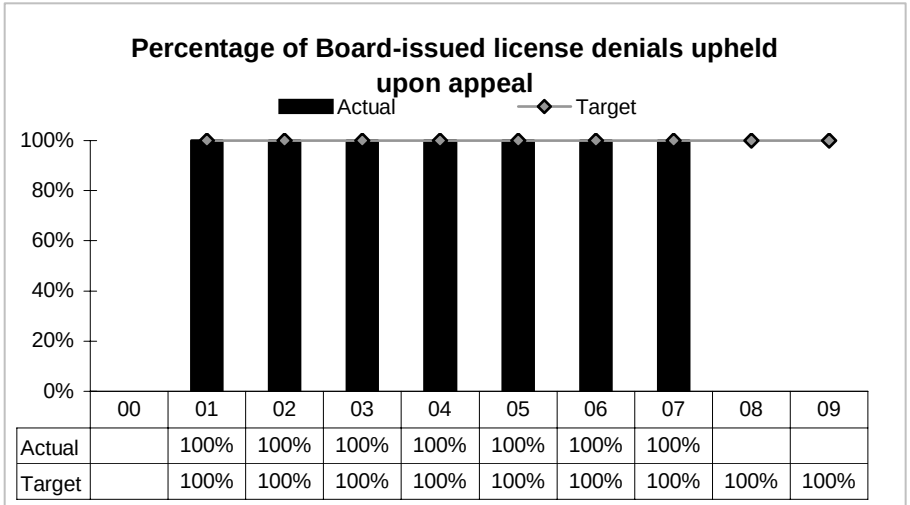
Agency Mission: Protect the health, safety, and well being of Oregonians by regulating the practice of medicine in a manner that promotes quality care.

KPM #1	**LICENSE APPROPRIATELY** Percentage of Board-Issued license denials that were upheld upon appeal.	**Measure since: 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 2007, we had 1,954 license applications of which none were denied. We had one license denial from a prior year appealed but our decision was upheld.



	00	01	02	03	04	05	06	07	08	09
Actual		100%	100%	100%	100%	100%	100%	100%		
Target		100%	100%	100%	100%	100%	100%	100%	100%	100%

4. **HOW WE COMPARE**
   There is no camparative 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 fiscal year.

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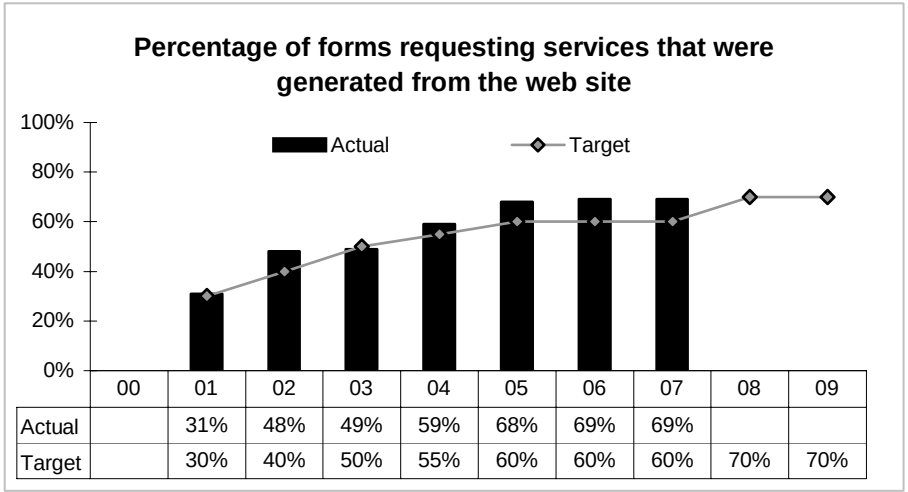
Agency Mission: Protect the health, safety, and well being of Oregonians by regulating the practice of medicine in a manner that promotes quality care.

KPM #2	**MAKE INFORMATION ACCESSIBLE** Percentage of forms requesting services that were generated from the web site.	**Measure since: 2002**
Goal	MAKE INFORMATION ACCESSIBLE - Provide information to the public about the Board's mission, services, and licensees.	
Oregon Context	OBM 46. PERCEIVED HEALTH STATUS	
Data source	Web site generated forms vary from hard copy forms. Agency staff examine the forms to determine the result.	
Owner	Licensing and Administrative Services, Carol Brandt (971) 673-2700	

1. **OUR STRATEGY**
   Public Information Specialists and a Complaint Resource Officer help direct the public and licensees to our web site for information and forms. Keep the web site informative and easy to use.

2. **ABOUT THE TARGETS**
   Targets are set based on past history and the expectation that the agency will continue to make its web site more useful. Higher percentages are desired.

3. **HOW WE ARE DOING**
   This measure reflects how well we are doing at protecting the well being of citizens by providing them with easy to access public information and license forms. As the primary source of this information, this service is essential to the people of Oregon. With the exception of 2003, we have met or exceeded targets for this measure. We continue to add various forms to the web site and staff is working to inform the public about the availability of forms on the web.



	00	01	02	03	04	05	06	07	08	09
Actual		31%	48%	49%	59%	68%	69%	69%		
Target		30%	40%	50%	55%	60%	60%	60%	70%	70%

4. **HOW WE COMPARE**
   There is no comparative data available.

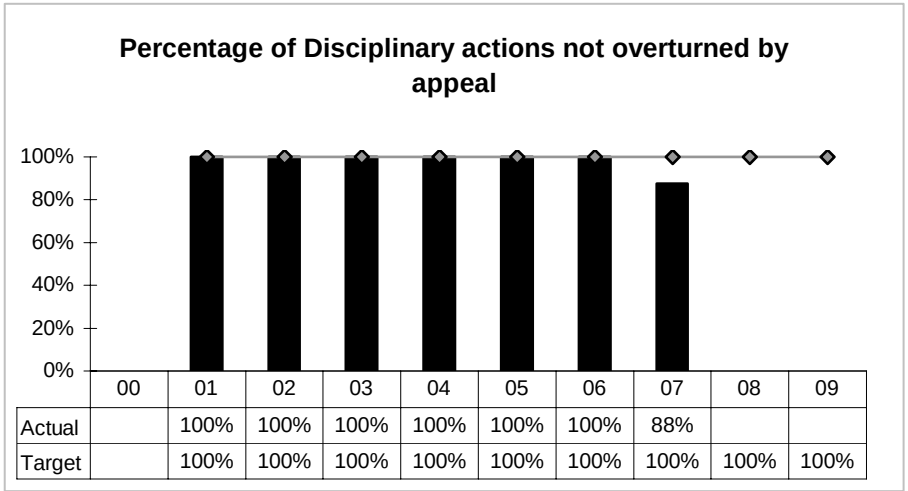
5. **FACTORS AFFECTING RESULTS**
   Facilitating these results are good web site design with easy to find forms and embedded links.

6. **WHAT NEEDS TO BE DONE**
   Continue with our current successful practices.

7. **ABOUT THE DATA**
   Reporting cycle is Oregon fiscal year.

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

KPM #3	**DISCIPLINE APPROPRIATELY** Percentage of disciplinary actions not overturned by appeal.	**Measure since: 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	Investigations, Gary Stafford (971) 673-2700	



	00	01	02	03	04	05	06	07	08	09
Actual		100%	100%	100%	100%	100%	100%	88%		
Target		100%	100%	100%	100%	100%	100%	100%	100%	100%

1. **OUR STRATEGY**
   Continue to provide thorough and complete administrative due process for licensees under investigation for possible violation of the Medical Practices 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 the current fiscal year. Discipline is defined as any case closed with a public order. The order might be a Corrective Action Order, a Stipulated Order, a Voluntary Limitation, or a Final Order. For fiscal year 2007 we had 29 investigations closed with discipline, none of which were appealed. We had one successful appeal of a disciplinary action from a prior fiscal year.

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 7 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 fiscal year.

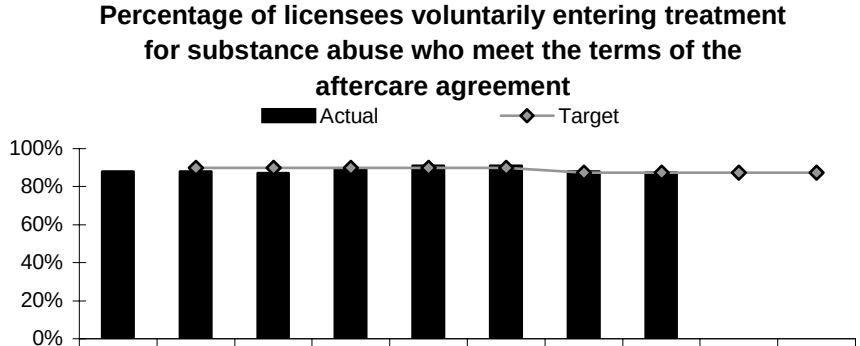
Agency Mission: Protect the health, safety, and well being of Oregonians by regulating the practice of medicine in a manner that promotes quality care.

KPM #4	**REHABILITATE LICENSEES WITH SUBSTANCE ABUSE** Percentage of licensees voluntarily entering treatment for substance abuse who meet the terms of the aftercare agreement.	**Measure since: 2000**
Goal	REHABILITATE LICENSEES when possible 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 BME 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 for fiscal years 2004, 2005, 2006, and 2007. As of 2007, we have had 386 licensees enroll. 337 are in good standing or have successfully completed the program.



	00	01	02	03	04	05	06	07	08	09
Actual	88%	88%	87%	89%	91%	91%	88%	87%		
Target		90%	90%	90%	90%	90%	88%	88%	88%	88%

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 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.

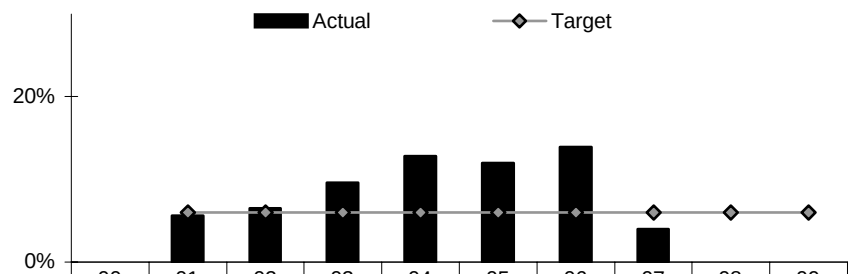
6. **WHAT NEEDS TO BE DONE**
   Continue with our current successful practices and implement the findings from the recent Performance Audit of the Health Professionals Program.

7. **ABOUT THE DATA**
   Reporting cycle is Oregon fiscal year.

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

KPM #5	**REHABILITATE LICENSEES WHO ARE DISCIPLINED** Percentage of total probationers who re-offend within 3 years.	**Measure since: 2002**
Goal	REHABILITATE LICENSEES when possible 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. Re-offend is defined as any complaint resulting in a formal investigation whether related to an existing order or not. 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.



	00	01	02	03	04	05	06	07	08	09
Actual		6%	7%	10%	13%	12%	14%	4%		
Target		6%	6%	6%	6%	6%	6%	6%	6%	6%

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 the current fisal year, 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 2007, we had 157 probationers, 7 of which had a new investigation opened within 3 years of the original Board order. We have been able to meet our target for the first time since 2001. 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 have had difficulty filling both of the Compliance Officer positions so results of the additional FTE have only now been seen in outcomes for this measure. We believe additional staffing for compliance monitoring has helped to reduce the recidivism rate. In addition, 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.

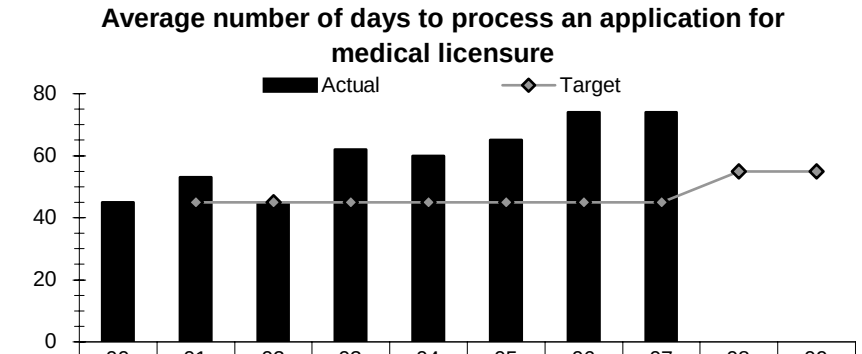
7. **ABOUT THE DATA**
   The reporting cycle is Oregon fiscal year.

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

KPM #6	**LICENSE EFFICIENTLY** Average number of days to process an application for medical licensure.	**Measure since: 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.



	00	01	02	03	04	05	06	07	08	09
Actual	45	53	45	62	60	65	74	74		
Target		45	45	45	45	45	45	45	55	55

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 have continued at that new, higher level since. 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**

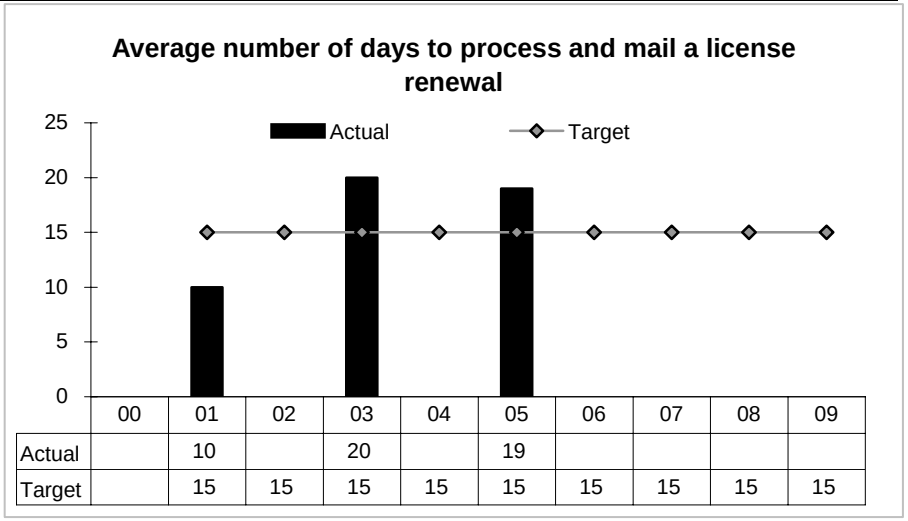
   The agency has modified its internal organization and procedures to ensure that applicants are given timely and complete information about their responsibilities towards completing the licensing process. Our organizational and procedural changes should allow us to more efficiently perform our duties for licensing. 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 also hope that a more modern licensing and case management system will allow us to better understand if the number of days required for licensing are due to internal operating shortcoming or are due to factors outside of the control of the agency. We have issued a Request for Proposal for a Licensing and Case Management software solution and anticipate configuration and implementation by the end of calendar year 2008.

7. **ABOUT THE DATA**

   Fiscal year 2006 and 2007 results are based on actual number of calendar days to issue an unlimited license.

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

KPM #7	**RENEW LICENSES EFFICIENTLY** Average number of days to process and mail a license renewal.	**Measure since: 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 license. While we did not achieve our target, we did renew 7% more licensees than the prior biennium in less time with fewer temporary employees.
4. **HOW WE COMPARE**
   There is no comparative data available. However, 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 renewal of all our MD & DO licenses (approximately 13,000 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. Our organizational and procedural changes should allow us to more efficiently perform our duties for license renewal.

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. Further data will be available as of the final months of calendar year 2007, reported for fiscal year 2008. A change to the reporting cycle from calendar year to fiscal year resulted in a gap in data availability. Results will be available for even fiscal year reports for all future reporting.

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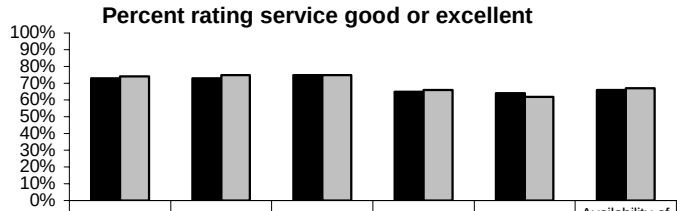
KPMs 8	CUSTOMER SERVICE : Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information	Measure since: 2006
Goal	CUSTOMER SATISFACTION- Statewide customer satisfaction measures.	
Oregon Context	Relates to agency mission	
Data source	Data from anonymous post-card surveys.	
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 new measure and data is only available for fiscal years 2006 and 2007.

2. **ABOUT THE TARGETS**
   Targets will be established 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.



	Overall	Timeliness	Accuracy	Helpfulness	Expertise	Availability of Information
2006	73.0%	73.0%	75.0%	65.0%	64.0%	66.0%
2007	74.0%	75.0%	75.0%	66.0%	62.0%	67.0%
2007-09 Target						

3. **HOW WE ARE DOING**
   This measure demonstrates our customers' opinions on their level of satisfaction with the services we provide. Given that this was our first attempt at surveying, we were unsure what to expect the results to be. We began our continuous survey process in January, 2006 so the results represent slightly more than a full fiscal year. The results for 2007 were slightly better than for 2006.

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 BME in the lives of those responding to the survey. The BME 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 OUR CUSTOMER SERVICE SURVEY**

Our survey is a continuous survey conducted by agency staff. Through fiscal year 2007, we had a population (surveys mailed) of 5,500. 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 1,392 total responses, a 25% response rate, giving our results a 2% margin of error at a 95% confidence level.

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.

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Contact: Kathleen Haley, JD	Phone: 971-673-2700
Alternate: Carol Brandt	Phone: 971-673-2700

The following questions indicate how performance measures and data are used for management and accountability purposes.	
1 INCLUSIVITY Describe the involvement of the following groups in the development of the agency's performance measures.	• 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 2005 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 2005 Legislative Assembly.
2 MANAGING FOR RESULTS How are performance measures used for management of the agency? What changes have been made in the past year?	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 What training has staff had in the past year on the practical value and use of performance measures?	The Board's Assistant Executive Director 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 How does the agency communicate performance results to each of the following audiences and for what purpose?	• 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 biannually during formal presentations to the Board's assigned Department of Administrative Services Budget Analyst and the Legislative Fiscal Officer. • 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. ▪ Citizens: results are communicated to the public on the Board's Web site at http://www.oregon.gov/BME/performance.shtml