

Oregon Medical Board

STRATEGIC PLAN

Board Mission

The mission of the Oregon Medical Board is to protect the health, safety, and well being of Oregon citizens by regulating the practice of medicine in a manner that promotes quality care.

INTRODUCTION

In October 1999, the Oregon Medical Board (in this document also called the "Board" or the "OMB") embarked on a planning process to outline its path for the next two years. It began this important project to set direction more proactively, and sees the plan as a living work in progress rather than a static document. It has been updated in January 2001, December 2003, January 2006, and March 2008, and will continue to be updated periodically.

The Strategic Plan furthers the OMB in the direction set in recent years. It also provides more information on how the Board will reach its goals by identifying high-level strategies. The Oregon Medical Board's mission statement describes the fundamental purpose of the agency as set forth by statute. It is the ultimate goal of the OMB's collective actions, and it highlights the basic value of the agency to its constituencies.

In the planning process, and in the years this plan will guide, the Oregon Medical Board remembers and honors its charge from the legislature and from Oregon's citizens. The Board's ultimate responsibility is to regulate the practice of medicine in order to protect the health, safety, and well-being of, and to promote quality care for Oregon citizens.

In order for the Oregon Medical Board's Strategic Plan to function properly, it must be framed with an awareness of certain key factors in the general society, with constituents, and within the organization itself that affect the environment in which the Board pursues its legislatively mandated position. These environmental factors are presented here in summary form. Please refer to Appendix A for a detailed discussion of these factors.

ENVIRONMENTAL FACTORS

As used here, an "environmental factor" is any opportunity, constraint, or trend, over which the Board may or may not have some control, that affects the environment in which the Board pursues its legislatively mandated mission. While these factors do not drive the goals (which grow out of the Board's mission), they do influence the plan's overall development (especially the development of strategies), and affect the plan's subsequent implementation.

1. Evolution of the Medical Profession

The regulation of the medical profession is affected by the state of the health care industry. Financial pressures and technology are causing the industry to evolve from a profession into a business. In addition, federal and state regulations, demands of third-party payers and the medical malpractice crisis compete for the physicians' time with their clinical practice.

2. Societal Factors

The regulation of medical practice occurs in the context of broader societal factors, often with ethical implications. Major societal factors currently impacting agency operations are confidentiality, definition of the scope of medical practice, an increasing tendency to use the legal system to resolve conflicts, and increased demand for medical services that have been considered cosmetic, complementary or alternative.

3. Impact of Technology

Technology permeates all aspects of society today. It affects how health care is delivered and regulated. Day-to-day operations of the Board are impacted by advances in this area.

4. Agency Issues

The Board, a legislatively-created body, is responsive to multiple entities. It strives to recognize the needs and diversity of licensees and the public, as well as the media, while keeping focused on its mission of public protection.

Please see Appendix A for a more detailed list of factors affecting the Board's operating environment.

GOALS AND STRATEGIES

The Oregon Medical Board's goals are the highest-priority purposes of the agency. Along with the Mission Statement, the OMB's goals describe the agency's desired strategic position. Following is a list of the Board's chief goals, plus the strategies designed to achieve them. The Board's strategies define the ways in which the agency will make its goals concrete realities. These strategies are expressed as directions, approaches, or policies.

There are also action plans that specify how each strategy is to be carried out. Performance measures, while not developed for all actions, provide a means of assessing progress toward achieving goals. Below is a brief list of Board goals and strategies; for details on strategies and action plans, please see Appendix B.

GOAL 1: DETERMINE REQUIREMENTS FOR LICENSURE AND RENEWAL OF LICENSURE AND ENSURE THAT ALL APPLICANTS GRANTED LICENSURE AND RENEWED LICENSEES MEET ALL OREGON REQUIREMENTS.

Determine requirements for Oregon licensure as a Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Physician Assistant (PA), and Acupuncturist (LAc). Process licensure applications and renewals as efficiently as is consistent with public safety. Perform careful background checks on all applicants for licensure.

Strategies:

- a. Identify and assess national/federal trends and requirements for licensure to determine the applicability for Oregon.
- b. Optimize license application procedures and license renewal processes.
- c. Design and implement systems to minimize or eliminate the potential for error in licensure and renewal.
- d. Implement a system for on-line licensure and license renewal.
- e. Establish a system to assess and monitor continuing competency of board licensees.

GOAL 2: PROVIDE INFORMATION TO THE PUBLIC ABOUT THE BOARD'S MISSION, SERVICES, AND LICENSEES.

Promote public awareness of services available through the Board, such as providing information about licensees that can help in making an informed

decision when selecting a health care provider, and serving as a resource when there is a complaint or concern about a provider.

Strategies:

- a. Ensure public awareness of the Board as a resource for information and services.
- b. Ensure appropriate handling of both public and confidential information.
- c. Ensure that Board information is available to all segments of the population.

GOAL 3: INFORM LICENSEES REGARDING THE BOARD'S EXPECTATIONS FOR DELIVERY OF HEALTH CARE CONSISTENT WITH CONTEMPORARY STANDARDS.

Identify areas of frequent problems, and educate through the *OMB Report*, the Internet (<http://www.oregon.gov/OMB/index.shtml>) and presentations by staff and board members. Emphasize changes in rules, positions of the Board, and new problem areas.

Strategies:

- a. Promote statewide adherence to recognized standards of practice and ethics.
- b. Act as a resource on various issues involving the definition of practice of medicine between different licensed professions.
- c. Encourage licensees to appropriately and safely manage pain issues in their patient population.
- d. Educate licensees regarding current and ongoing changes in federal or state laws, rules and policies that impact the practice of medicine in Oregon.

GOAL 4: INVESTIGATE COMPLAINTS AGAINST LICENSEES AND APPLICANTS; AND ENSURE THAT BOARD MEMBERS HAVE SUFFICIENT INFORMATION TO TAKE APPROPRIATE ACTION BASED ON THE FACTS OF THE CASE.

Investigate complaints of potential violations of state law, in a manner that is responsive to the needs of the public and is fair to licensees and applicants and that provides the Board with the information it needs to resolve complaints.

Strategies:

- a. Investigate complaints in a thorough and timely fashion, in accordance with applicable laws and rules.
- b. Utilize a panel of experts to review licensees/cases under investigation.
- c. Ensure that the investigative process is "user friendly" for complainants.
- d. Inform licensees and applicants under investigation about the process.

- e. Ensure that due process requirements are followed for licensees and applicants under investigation.

GOAL 5: RESTORE LICENSEES TO ACTIVE, USEFUL SERVICE TO OREGON'S CITIZENS WHILE PROTECTING PUBLIC SAFETY.

When possible, address practice problems through remedial actions. Monitor licensees who come under disciplinary action to ensure compliance with their terms of probation. Take an active stance in preventing practice problems that endanger patients, utilizing educational outreach, monitoring the prescribing practices of certain licensees, and providing a diversion program for licensees with chemical abuse/dependency and mental health diagnoses.

Strategies:

- a. Design and negotiate early remedial interventions when appropriate.
- b. Monitor licensees under disciplinary action and intervene when necessary to comply with terms of probation.
- c. Maintain and/or support a network of preventive and rehabilitative services.

GOAL 6: MAINTAIN THE HEALTH PROFESSIONALS PROGRAM AS A CONFIDENTIAL REHABILITATION RESOURCE FOR LICENSEES WITH SUBSTANCE USE DISORDERS AND MENTAL HEALTH CONDITIONS.

The mission of the Health Professionals Program (HPP) is to protect the public health through maintenance of the health of licensees of the Oregon Medical Board. To fulfill this mission, the HPP is dedicated to facilitating confidential assessment of potential substance use disorder/mental health conditions, providing effective intervention, coordinating treatment and monitoring affected licensees.

Strategies

- a. Promote medical community awareness of HPP as a user-friendly, confidential resource to assist licensees who are or may have chemical dependencies or mental health conditions.
- b. Evaluate and implement appropriate technological advances to enhance case management efficiency and data management.
- c. Maintain a network of consultants and evaluation/treatment facilities capable of meeting the needs and scope of expertise required for HPP to fulfill its mission.
- d. Ensure that maximum confidentiality is maintained, consistent with protection of the public and all applicable laws.
- e. Evaluate and enhance the relationship and communication between HPP and OMB to effectuate the mission of OMB and HPP.

GOAL 7: ENSURE EFFICIENT INTERNAL OPERATIONS AND PROVIDE HUMAN RESOURCES TO ACCOMPLISH THE BOARD'S MISSION EFFECTIVELY.

Promote employee growth, enrichment, and diversity, ensuring that each staff member is equipped to serve as a responsible and innovative member of the Oregon Medical Board team. Continue to attract and retain employees with the necessary skills to carry out the Board's mission.

Strategies:

- a. Ensure a safe and healthy working environment.
- b. Maintain updated Technology Plan and investigate ways to simplify and streamline agency functions.
- c. Ensure a professional working environment.
- d. Attract, train, and retain quality staff.
- e. Ensure efficient and effective use of agency resources in compliance with Oregon Revised Statutes, Oregon Administrative Rules, the Oregon Accounting Manual, state and agency policies, and labor contracts.
- f. Determine the feasibility of a semi-independent structure for the Oregon Medical Board.

Appendix A

ENVIRONMENTAL FACTORS

As explained earlier in this document, an "environmental factor" is an opportunity, constraint, or trend that affects the environment in which the Board carries out its work. The following is not intended as a complete list, but does touch upon some of the major factors affecting the Board's working environment.

1. Evolution of the Medical Profession

The regulation of the medical profession is affected by the state of the health care industry. Financial pressures and technology are causing the industry to evolve from a profession into a business. In addition, federal and state regulations, demands of third-party payers and the medical malpractice crisis compete for the physicians' time with their clinical practice.

- a. Business strategies rely heavily on marketing practices, which influence public expectations and demands. Direct marketing of prescription drugs to the public is a good example of this influence.
- b. Attempts to capture market share have resulted in professions and organizations attempting to expand their scope of practice through legislative change, or expand their business/organization to provide a broader range of services. Diagnostic and treatment procedures that were once the exclusive province of physicians are now performed by different groups of health care professionals who have varying degrees of education and skill. Because the Board's legislative mandate includes responsibility for defining the practice of medicine, it may give testimony or provide information about scope of practice issues.
- c. Business forces have increased the frequency with which patients change providers, lessening trust and undermining the physician-patient relationship. Additionally, increasing numbers of physicians practicing medicine outside their local communities impacts the physician-patient relationship.
- d. Business competition and other rapid changes in multiple areas of health care delivery have resulted in:
 - Greater physician workload.
 - A loss of autonomy.
 - Decreased reimbursement.
 - Increased scrutiny and accountability.
 - Attempts to standardize care.
 - Increased documentation demands.
 - More physicians becoming employees of hospitals and large medical systems.Some physicians respond to the stress of these changes in unhealthy ways which bring them to the attention of the Board or its Health Professionals Program.
- e. Investigative and disciplinary matters now receive much wider attention through the media, the Internet, and state and national reporting entities. This causes licensees under

investigation or disciplinary action greater consequences from employers, peer groups, hospitals, and health plans in response to their situations. One result is that licensees contest investigation and disciplinary action more often and more vigorously than was formerly the case, increasing expenditures of investigation time and litigation costs.

- f. Coverage of certain high profile cases by the press creates more intense scrutiny of the Board's role, function and operations, which in turn creates increased demands on the Board and its staff.
- g. The ever-increasing cost of malpractice insurance and decreased financial reimbursement from federal programs compared with other parts of the country has caused some licensees to retire early or not take on new patients. This has resulted in a shortage of medical care in certain specialties throughout the state. The inadequate reimbursement under Medicare and Medicaid programs has caused increasing numbers of physicians to refuse to accept patients covered by those programs.
- h. The effect of Board discipline on licensees is frequently magnified by the responses of malpractice carriers, third party payers and credentialing entities. Determination of disciplinary actions by OMB can affect the ability of physicians to practice – even though this is not the intended result of Board action. The increased proportion of physician employees and the need for physicians to be credentialed in multiple systems may magnify the effect further.

2. Societal Factors

The regulation of medical practice occurs in the context of broader societal factors and changing public demands. Often these have ethical implications. Major societal factors currently or potentially impacting agency operations are:

- a. Public access to information on, and outcomes for, various providers increases interest in regulatory activity.
- b. The public is becoming better informed about standards of practice and about services available from the medical profession. This leads to increased expectations for service when seeking medical care, and increases the likelihood that the patient will seek legal recourse when these expectations are not met.
- c. The formation of special interest groups and their political activity have created an additional set of expectations on the delivery and cost of medical care.
- d. The aging of the population is causing increased demand for certain types of medical care, such as geriatric medicine or cardiac services. This demand is challenging the system to provide adequate quantity and quality of these particular services.
- e. There is a demand for a variety of services that are considered cosmetic, complementary or alternative, thereby reducing the number of physicians available for clinical care.
- f. Accepted ethical standards change with time, technology, and financial and legal considerations.
- g. The diversity of the population raises expectations that medical providers will exercise greater cultural awareness in delivering health care.
- h. National and international events may require licensees to leave their communities when called up to active service in the armed forces.
- i. The physician shortage impacts access to health care and increases the use of physician extenders, i.e. nurse practitioners and physician assistants. The move to sub-specialties and the aging of the physician population leads to fewer primary care physicians capable of providing services in rural areas throughout the state.
- j. National patient safety movements focus on systems issues rather than individual accountability.

3. Technology Factors

Technology permeates all aspects of society today, and affects how health care is delivered and regulated. Day-to-day operations of licensees and the Board are impacted by advances in this area.

- a. The advent of on-line access to medical records and utilization of electronic communication in the provision of care is changing the relationships and documentation (e.g., electronic medical records) between licensees and their patients, licensee staff and pharmacies.
- b. The lack of standardization of software, imaging and other technology complicates both the practice and the transmission of documents.
- c. Patients may have access to illicit sources of medical care and prescription drugs via the Internet.
- d. Telemedicine has allowed medicine to be more globally practiced (e.g. interpretation of diagnostic imaging studies by physicians from either out of the state or out of the country).
- e. The acceleration of changes in medical technology has provided the physician with a sophisticated arsenal of tools. Innovations in medical technology require an increasing emphasis on multi-disciplinary approaches to diagnosis and therapy. Development of novel medical treatments holds potential for advances in patient care and require increased specialty medical training to make them widely available to patients.
- f. The immediate and interactive nature of the Internet raises public expectations that providers and regulators make more information more easily available. It also leads to the unrealistic expectation that every physician will have "up to the minute" knowledge about every aspect of medical care and research. The medical "community," even for physicians in rural areas, has expanded through technology. It has also experienced the magnified time pressures that such technological advances have created for physicians, the Board and their staff.
- g. Federal regulations such as the Health Insurance Portability and Accountability Act (HIPAA) have placed special requirements on licensees regarding the electronic transmission of private medical information.

4. Agency Issues

The Board is a highly-visible state agency. It must be responsive to multiple private and governmental entities, including the media, which have diverse needs and expectations, while keeping focused on its mission of public protection. Environmental factors arising from and affecting the Board's position as a state agency include:

- a. The Board has a responsibility to operate in a manner fair to all stakeholders, and as openly as is consistent with Oregon and federal confidentiality laws and the demands of public protection. Regulatory laws and rules require impartial interpretation for fair enforcement.
- b. There continues to be debate among the entities to which the Board responds, and between those entities and the Board itself, over what records and proceedings should or should not be confidential. In the midst of evolving legal interpretation, the Board must ensure that patient information and licensee records are kept secure, and that staff maintains proper confidentiality in accordance with Oregon law while providing unobstructed access to the large body of information that is open to the public.
- c. There is an increased demand for flexible licensing regulations that would readily allow out-of-state physicians to practice in Oregon.
- d. Licensees' frustration and dissatisfaction with medicine in general may be expressed in their interactions with colleagues, staff and the public or in other arenas such as medical regulation. Agency staff must be responsive to increasingly disgruntled applicants and licensees.
- e. As a state agency:
 - The Board is tied to the State in such matters as budgeting, human resources, and information technology and services. This creates both opportunities and constraints.
 - Political and legal decisions affect the Board's ability to raise fees, license, investigate, and discipline.
 - The Board must meet ever-rising demands for services from licensees and the public while operating within executive and legislatively-determined budgetary constraints.
 - The Board must attempt to achieve optimum productivity, striving to attract and retain highly skilled and reliable staff in the very competitive Portland area labor market while operating within the confines of State Human Resource Division guidelines of salary, benefits, and job classification.
 - The Board must respond to ever-increasing and unfunded demands to develop and implement new policies.
 - The Board must respond to increasing consideration of consolidating agencies and their functions.
- f. The move to greater legalization of the Board's processes by the legal community dilutes professionally led regulation, increases costs and slows the process.

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The Board's strategies define the ways in which the agency will make its goals concrete realities. These strategies are expressed as directions, approaches, or policies. The action plans specify how each strategy is to be carried out.

Performance measures that have direct links to actions are noted in the tables. For a complete list of performance measures, see the tabbed section immediately following Appendix B.

(Departments: LS-Licensing Section, INV-Investigations/Compliance, IT-Information Technology, SS-Support Services, HR – Human Resources, HPP-Health Professionals Program, MD-Medical Director, Adm-Administration; Prf Msr-Performance Measure)

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Actions	Goal/ Strategy	Dept.	Prf Msr	Update
1) Actively participate in the License Portability Project of the Federation of State Medical Boards (FSMB).	1A	LS, Adm		Monitoring progress of Idaho pilot.
2) Implement the new enterprise-wide system that replaces all existing applications and reports.	7B	All		Continued techMed effort
3) Review current processing of applications for licensure to assist with the development of a new tallying process that will incorporate applications for reactivation, applications for Physician Assistant and Acupuncture licensure, and the tracking of “problem” applicants in conjunction with implementation of a new enterprise-wide system.	1C	LS, IT	8	???????
4) Determine when receipt of email or fax document is acceptable vs. when is original document required.	1C	LS		Diana – sent an execnet to get info from other states. Those that responded said will accept fax or email copy, but will not complete file without original from provider.
5) Implement training for staff on confidentiality or release of information.	2B	HR, Admin		Ms. Haley – staff training on confidentiality (Warren)
6) Develop online questionnaire to help applicants determine eligibility. Draft administrative rules where needed.	1B	LS		Carol suggested making survey initial part of online application. Suggested that questions be answered so applicant knows from the start if he/she qualifies. Decided not to have the questionnaire automatically limit

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				who applies. Move forward with Liz.
7) Develop a more efficient storage and retrieval system by scanning application materials.	1B	LS, IT		Diana – would like to scan application when it comes in the door.
8) Cross-train staff and create new online desk manuals for the licensing services department.	1B	LS, HR		Diana – the call center would like an online reference tool that is searchable. Ms. Haley stated that cross training with Michele/Michael and Peter/Netia has helped.
9) Gather information from other states about their on-line licensure and renewal process including issues of authenticity and electronic signature for an on-line registration system.	1D	LS		Diana – initial application will require photo and signature to be mailed in separately from online application. Renewals may or may not require another picture/signature. Also, electronic signature and authentication of such. Ms. Haley – separate meeting with Warren before moving forward in techMed. Malar will call a meeting to include Warren and Mike Blasberg.
10) Work with Board and others to design and implement a continuing competency program (CME).	1E	LS, Adm, Board		Ms. Haley – moving to final rule in January.
11) Work with national bodies to support that licensees maintain competency to practice.	1E	Admin		Ms. Haley – February 2009 Summit. Maintaining competency through Board certification may not be same

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				recommendation.
12) Work with vendor to implement agency-wide new on-line registration renewal process/system.	1D (and others)	LS		techMed
13) Explore with key partners and stakeholders how best to communicate relevant important information to the public, licensees and others (including possibility of communications staffer for internal/external needs of agency).	2, 3, 6	Admin		Ms. Haley – working with stakeholders. The Hospital Assn. is proving feedback. The newsletter is much more regular.
14) Create historical documentation, with examples, of how cases have been handled (e.g., sexual misconduct, laser, office-based surgery).	3A, 3D	INV, IT		Defer until TechMed in place, then ongoing
15) Explore method for communicating changes and updates in rules and policies that might include email, CME or other	3D	MD		Dr. Parshley – website has been updated, but doesn't think physicians look at it. Carol suggested listserv once emails are collected.
16) Implement case management systems through Tech Med	4A, 4E, 6B	HPP, INV		On hold for techMed.
17) Monitor information from customer survey cards.	4C, 1B, 6A	INV		Ms. Haley – January meeting, Management Team will review customer satisfaction cards.
18) Continue to monitor timeliness and thoroughness of investigations	4A	INV		Gary – completed daily; mandated by statutes.
19) Track the confidential reporting of graduate medical education programs and report findings to the Board and the Federation.	5A	Adm		Ms. Haley – follow up with graduate medical education programs.
20) Explore the use of new programs to assess and address problems relating to competency and re-entry to practice.	5C	HPP, INV		Gary, Dr. McCall, Dr. Parshley. Dr. Parshley – very expensive and very selective.
21) Facilitate and implement biennial audit of HPP.	6A	Board, Adm, and		Current audit RFP has been released.

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		HPP		Dr. McCall – move to 4-5 years. Carol will note for next budget cycle.
22) Design and implement HPP's mental health program.	6	HPP		Dr. McCall – policies and procedures will be finalized Nov. 20, 2008; program implemented 1/1/09.
23) Evaluate adequacy of HPP staffing.	6C	HPP, Adm		Dr. McCall – is there funding for new position? Ms. Haley – positions were evaluated and are in budget request.
24) Develop and implement community awareness outreach plan for HPP.	6A	HPP		Dr. McCall – need more staff to get to higher level of marketing.
25) Implement a facilitated discussion between HPP and Investigations.	6E	HPP, INV		Dr. McCall – would like to do this, especially with updated policies and procedures. Ms. Haley – INV and Steve Gallon met. If desired, Debbie can convene mtgs. between HPP and INV.
26) Design and implement a confidential survey of HPP participants.	6A	HPP		Dr. McCall – in process with current RFP.
27) Clarify and develop any needed Oregon Administrative Rules for HPP.	6	Adm, LS, HPP		Ms. Haley – Warren's advice – lapse, relapse should be OAR, which would show Legislature that it's a rule. Dr. McCall – policy will be brought to Liaison Committee.
28) Develop and implement an agency-wide training plan that includes: diversity, fire, earthquake, first aid, safety, wellness,	7A, 7C, 7D, 7E	HR		Debbie – Agency Safety and Wellness Committee will

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policies, confidentiality, security and others as deemed necessary				convene 1/1/09. Security Training is targeted for completion by 12/1/08. Domestic Violence Training was completed 10/22/08.
29) Train and support all users on the use of new enterprise-wide system (Tech Med)	7B, 7D	HR, IT, Admin		On hold for techMed completion.
30) Investigate, purchase and train staff on Automatic External Defibrillator.	7A	MD, HR		Debbie – completed during first aid training.
31) Write a Business Continuation Plan in order to maintain critical Board functions in the event of a man-made or natural disaster.	7E	SS		Carol – in process.
32) Stay alert to trends or directions involving semi-independent structure for state agencies.	7F	Adm, SS		Ms. Haley – not moving forward.