

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, March and November 2008, October 2009 and March 2010. It 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 system. Financial pressures and technology are causing the health care system to evolve from professions into businesses. 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. The recent passage of the national health care plan will exert as yet unknown demands on the health care system.

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, access to rural populations, and an aging populace. There is also an increasing tendency to use the legal system to resolve conflicts, and rising demand for medical services that have been considered cosmetic, complementary or alternative. Medical boards are also dealing with an increasing need to ensure the physical security of the Board and its staff.

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 and also by the increased use of electronic medical records (EMR).

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 and license renewal processes and procedures.
- c. Design and implement systems to minimize or eliminate the potential for error in licensure and renewal.
- d. Establish a system to assess and monitor continuing competency of board licensees using recertification and CME.

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. Educate licensees about maintaining appropriate boundaries with patients and others.
- c. Act as a resource on various issues involving the definition of practice of medicine between different licensed professions.
- d. Encourage licensees to appropriately and safely manage pain issues in their patient population.
- e. 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. Maintain and 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, INCLUDING UTILIZATION OF THE STATE’S HEALTH PROFESSIONALS PROGRAM.

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 participating in 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. Utilize a network of preventive and rehabilitative services.
- d. Ensure that maximum confidentiality is maintained, consistent with protection of the public and all applicable laws.
- e. Maintain the relationship and communication between HPP and OMB to effectuate the mission of OMB and HPP.

GOAL 6: 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. Create a career ladder for employee growth and development.
- 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 gives testimony providing information about scope of practice issues to legislators and is asked to assume more responsibility for oversight.
- 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 the state's 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, malpractice insurers, 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 and increases the need for data security.
- 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.
- k. The eruption of violence nationally on campuses, military bases and toward medical board members necessitates enhanced emphasis on the physical safety of the Board and staff.

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.
- h. The use of Web crawlers increases the need to secure confidential information. At the same time, the public's mandate for greater transparency is potentially exposing the data to more risk.

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 transparently 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 and Federal 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 allow out-of-state physicians to become licensed more quickly 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 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 diversion of OMB resources to cover other statewide initiatives.
- 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.

APPENDIX B – Action Items
Last Updated: September, 2010

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		Expedited endorsement licensure; Implemented 12/23/09
2) Implement the new enterprise-wide system that replaces all existing applications, renewals and reports.	7B	All		Done
3) Provide training for staff on confidentiality, security, release of public information, harassment, etc.	2B	HR, Admin		Done
4) Develop online questionnaire to help applicants determine eligibility.	1B	LS		Done
5) Utilize a system of scanning application materials.	1B	LS, IT		Implementation anticipated 10/1/10
6) Cross-train staff and have all procedures available electronically.	1B, 6B	LS, HR Inv, SS, MD		Continuing: Most cross-training done;
7) Work with Board and others to implement a continuing competency program (CME).	1E	LS, Adm, Board		Rules done. Implementation 2011
8) Work with national bodies to support that licensees maintain competency to practice.	1E	Admin		Ongoing; rule complete
9) Explore with key partners and stakeholders how best to communicate relevant important information to internal and external customers (including possibility of communications staffer) Explore methods for communicating changes and updates in rules and policies that might include email, CME or other methods.	2, 3, 3D, 6	Admin, MD, IT		Ongoing. Hired Policy & Operations Analyst
10) Create historical documentation, with examples, of how cases have been handled (e.g., sexual misconduct, laser, office-based surgery).	3A, 3D	INV, IT, Adm		Ongoing – work in progress

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11) Monitor information from customer satisfaction survey results.	4C, 1B, 6A	ALL		Ongoing:
12) Continue to monitor timeliness and thoroughness of investigations	4A	INV		Ongoing.
13) Develop and implement an agency-wide training plan that includes: diversity, fire, earthquake, first aid, safety, wellness, policies, confidentiality, security, harassment, etc.	7A, 7C, 7D, 7E	HR		Ongoing.
14) Write a Business Continuation Plan in order to maintain critical Board functions in the event of a man-made or natural disaster or pandemic.	7E	SS		Process continuing. Need alternate work site and data replication
15) Stay alert to trends or directions involving semi-independent structure for state agencies.	7F	Adm, SS		Ongoing.
16) Increase office space; look into replacing/upgrading the Board furniture	6C	Adm, SS		2011-13 Budget, Pkg 101
17) Increase office security	6A	Adm, SS		2011-13 Budget, Pkg 101
18) Implement an audit of initial applications and reactivations	1B	LS		10/1/2010 implementation target
19) Create system for agency-wide tracking of OMB flash drives; explore feasibility of web access.	6E	SS, IT, Adm		
20) Orientation, training and mentoring of new Board members.	6C	Adm, SS, INV		Completed for current appointees
21) Monitor credentialing process	1A	Adm, LS		Ongoing
22) Create electronic procedure manuals for Investigations	6E	INV		Target start date 1/1/2011
23) Implement remote access for Web portal	6E	IT, SS		
24) Replacement of Board room sound system	6C	IT, SS		Nearly complete
25) Proactive disclosure service	4A	INV		Under review
26) Review techMed wish list and proceed as necessary/possible - Converted to techMed tickets	6E	Adm, SS		

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27) Upgrade and purchase lap tops for the Board	6C	Adm, SS		Done
28) Hire new IT staff	6D	Adm, HR		Done
29) Upgrade Web site	6E	IT, SS		Ongoing
30) Create career ladder for employee growth and development	6D	All		Mentorship program being developed that will address opportunities for employee development.
31) Hire additional IT staff	6D	IT, SS		Under review
32) Explore online malpractice reporting	2B, C	INV, IT		
33) Rating of 1) Consultants and 2) External entities	4A, B	Adm, INV, SS		
34) Develop criteria for evaluation of remedial programs	5A	Adm, INV		