

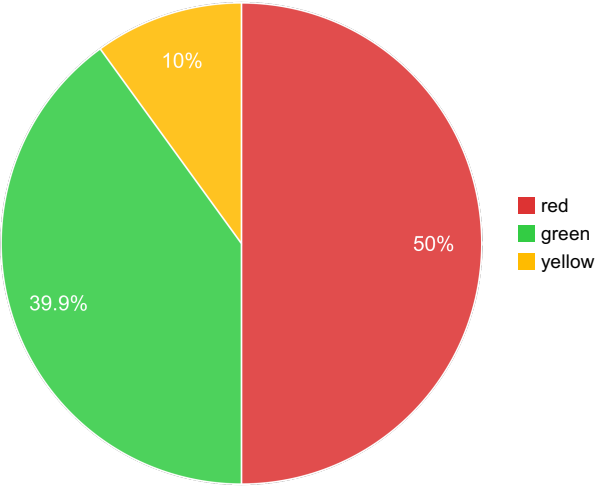
# **Board of Chiropractic Examiners**

Annual Performance Progress Report

Reporting Year 2025

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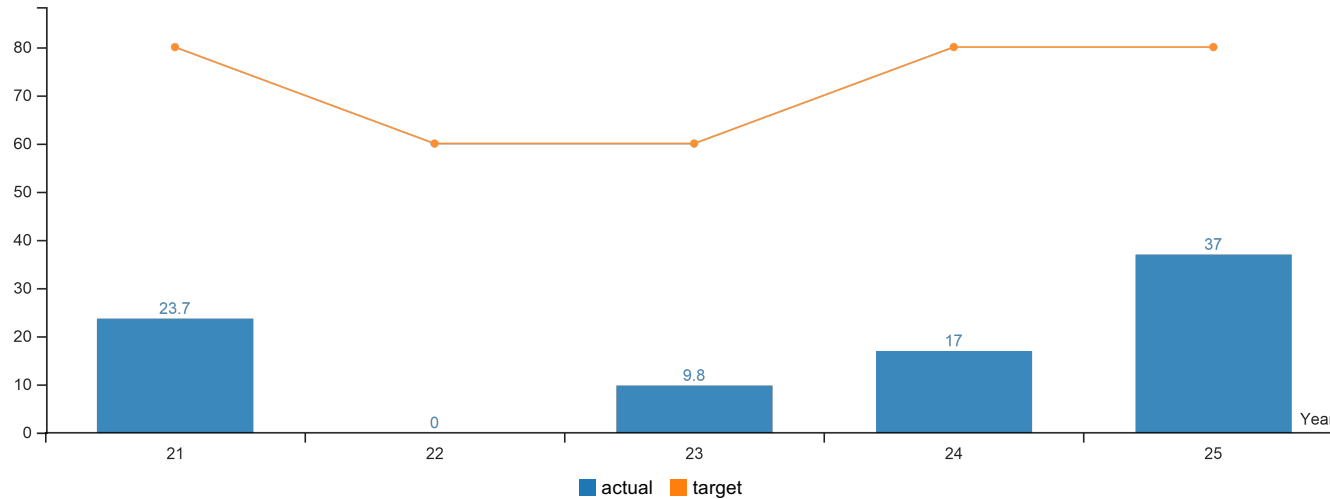
KPM #	Approved Key Performance Measures (KPMs)
1	Days between complaint receipt and investigation report finalized for Board (investigative process step one) - Percent of cases having investigative reports written within 150 days from when a complaint is received to when the investigation is prepared for Board review/action.
2	Days between investigation report finalized and presentation to the Board (investigative process step two) - Percent of cases, with a prepared investigation that is ready for Board review/action, that are presented to the Board within 60 days of completion.
3	Summary of investigative steps: Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within 150 days. -
4	Days between Board review/initial action and case closure (investigative process step three). - Percent of cases closed within 90 days of Board review/initial action.
5	Summary of investigative steps: Average number of days to resolve a complaint. -
6	Percent of sexual misconduct/boundary complaints resolved in 180 days -
7	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
8	Percentage of licenses issued within 5 days once all application components (that are the responsibility of the applicant) have been received. -
9	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise, and availability of information.
10	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	40%	10%	50%

KPM #1	Days between complaint receipt and investigation report finalized for Board (investigative process step one) - Percent of cases having investigative reports written within 150 days from when a complaint is received to when the investigation is prepared for Board review/action.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Complaint receipt to investigation preparation to Board.					
Actual	23.70%	0%	9.80%	17%	37%
Target	80%	60%	60%	80%	80%

#### How Are We Doing

In our last reporting period (target of 120 days), 12 of the 70 complaints processed (17%) included investigators' reports that were completed at or below the 120-day target. The remaining 58 cases (83%) were completed in excess of the target timeframe. The average for cases over the target was **538 days/case**, while cases at or below the target averaged **97 days/case**.

For the current reporting period (target of 150 days), **16 of the 43 complaints processed (37%)** included investigators' reports that were completed at or below the 150-day target. **27 cases (63%)** were completed in excess of the target timeframe.

The average number of days from complaint receipt to investigators' report for the 27 cases over the 150-day target was **201.8 days/case**. For the 16 cases at or below the target, the average was **105.5 days/case**, well below the 150-day standard.

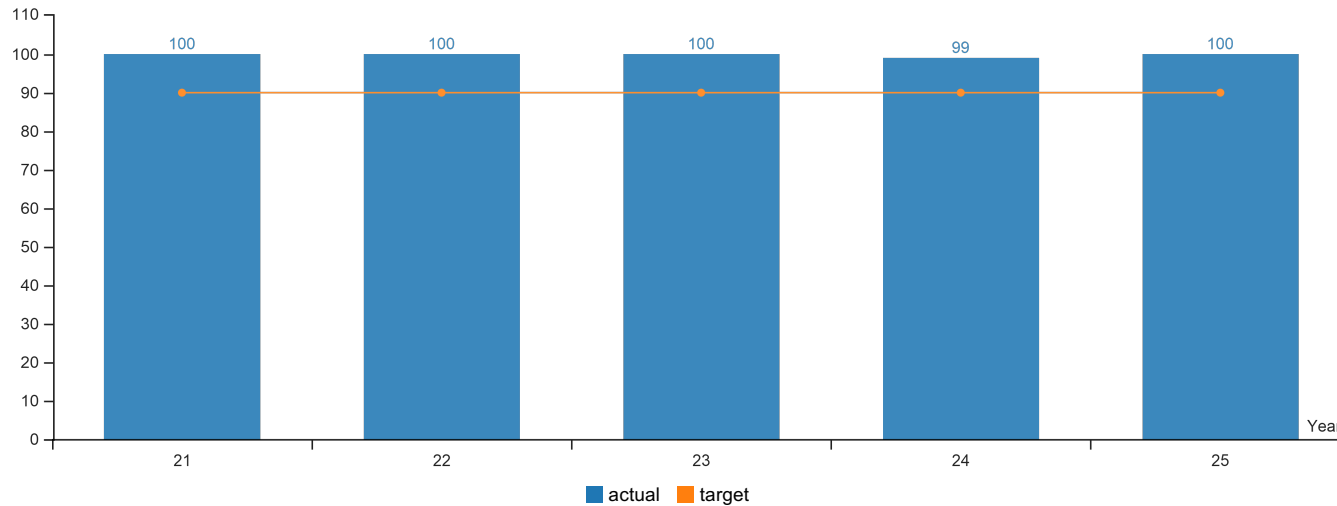
#### Factors Affecting Results

While the OBCE did not meet the target for the current reporting period, performance has improved compared to the previous cycle in both timeliness and the percentage of cases meeting the target (**up from 17% to 37%**), even taking into account the increase in target percentage from 120 days to 150 days.

Staffing changes, including the loss of one investigator due to budget constraints, have temporarily reduced investigative capacity. The agency is actively monitoring caseload distribution, refining workflow efficiencies, and prioritizing cases to further improve performance in upcoming reporting periods.

KPM #2	Days between investigation report finalized and presentation to the Board (investigative process step two) - Percent of cases, with a prepared investigation that is ready for Board review/action, that are presented to the Board within 60 days of completion.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Days between investigation preparation and presentation to the Board.					
Actual	100%	100%	100%	99%	100%
Target	90%	90%	90%	90%	90%

#### How Are We Doing

The 2021 Legislative session changed this KPM, allowing 60 days instead of the original 30 days, for prepared investigations to be presented to the Board due to our agency board meetings occurring every other month. For planning and administrative efficiency purposes, it is better to have the investigation reports submitted as far ahead of the board meeting in which the case is being reviewed as possible.

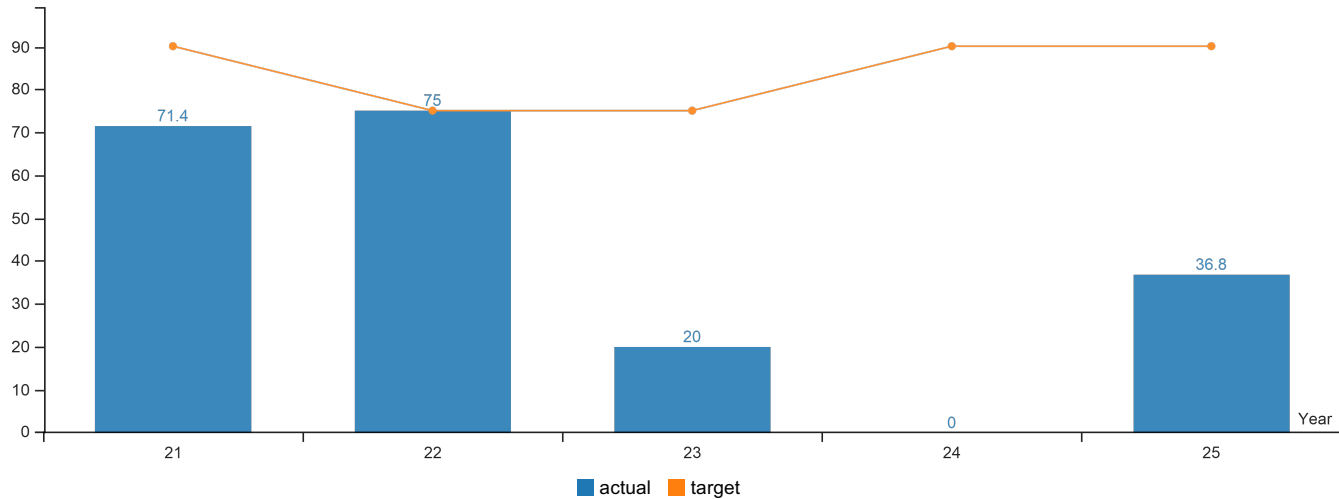
For this reporting period, we have exceeded our target with **100% of our cases (40/40) being presented within 60 days**. The **average number of days to presentation was 27.2**, well below the 60-day threshold, demonstrating strong efficiency in case processing and timely preparation for Board action.

#### Factors Affecting Results

This reporting period handled 40 cases, compared to 73 cases in the prior year. Even with the continued variability in case volume across reporting periods, the agency has consistently met and surpassed this KPM's target. We have met and surpassed this KPM's target in each of the last **five** reporting years.

KPM #3	Summary of investigative steps: Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within 150 days. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Percentage of complaints/investigations presented to the Board within 120 days					
Actual	71.40%	75%	20%	0%	36.80%
Target	90%	75%	75%	90%	90%

#### How Are We Doing

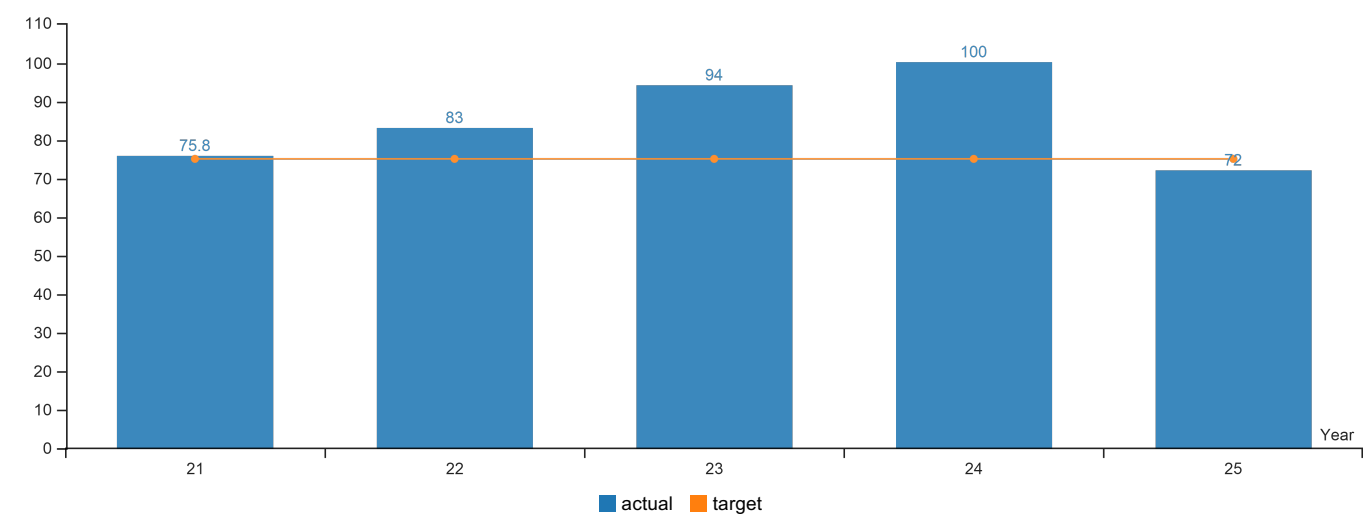
For this reporting period, we did not meet the target for KPM 3. Of the 19 cases that were opened and closed, **7 of the 19 cases (36.8%)** were completed and presented to the Board within 150 days, while **12 of the 19 cases (63%)** exceeded the 150-day benchmark. Although the majority of cases surpassed the target timeframe, the agency continues to make progress in moving cases through the full investigative cycle and into Board review.

#### Factors Affecting Results

Our case backlog from 2020–2022, caused by limited investigative staffing, continues to affect KPMs related to case timeliness. This challenge was further compounded by a reduction in investigative staff due to budget constraints, which has limited our ability to close cases as quickly as desired. Many of the cases that closed this year originated during periods of staff shortage, which extended their resolution timelines. Despite these challenges, the agency has processed a higher overall volume of cases compared to earlier years, and investigative staff are steadily reducing the backlog. As this progress continues, we anticipate improved compliance with the 150-day benchmark in future reporting periods.

KPM #4	Days between Board review/initial action and case closure (investigative process step three). - Percent of cases closed within 90 days of Board review/initial action.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Days between Board review/initial action and case closure.					
Actual	75.80%	83%	94%	100%	72%
Target	75%	75%	75%	75%	75%

How Are We Doing

We did not meet this KPM for this reporting period. Of the **32 cases** reviewed by the Board, **23 of the 32 cases (72%)** were closed within 90 days of Board review and initial action, while **9 of the 32 cases (28%)** exceeded the 90-day benchmark. The **average time to closure was 66.6 days**, demonstrating that most cases are being resolved in a timely manner after Board action.

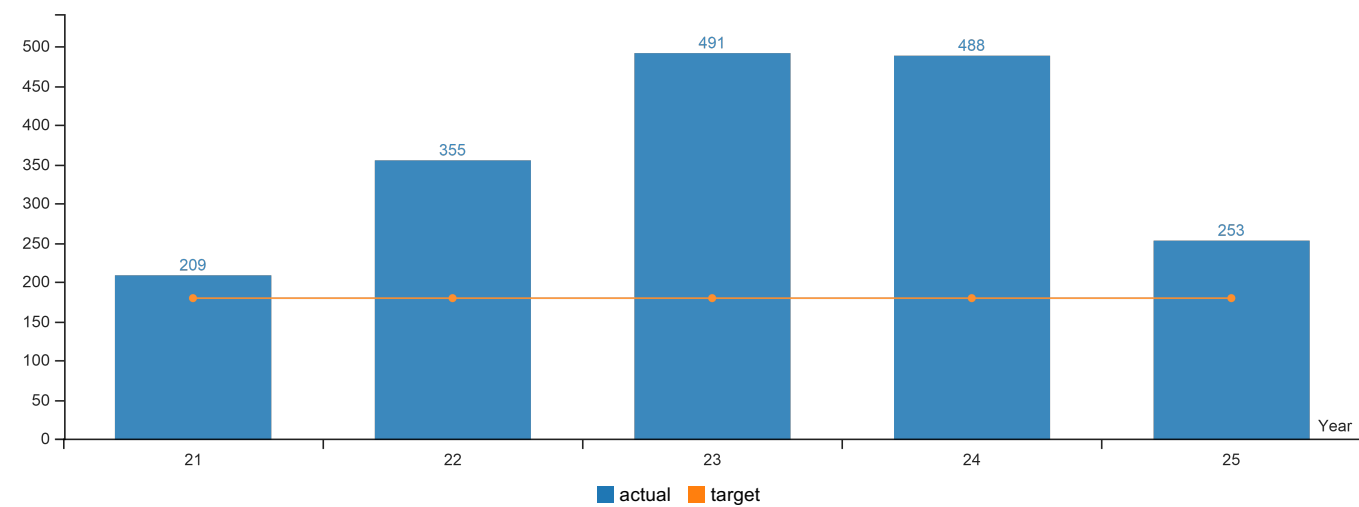
Factors Affecting Results

While we did not meet this KPM, 2 of the cases that exceeded the 90 day window had requested hearings but were eventually resolved without hearing and without undue expense to the agency. These two cases skewed the average number of days before closure.

The majority of cases were resolved well within the required timeframe. Once staff receives the Board’s determinations on cases, we continue to work diligently to implement outcomes as efficiently and effectively as possible, maintaining strong performance on this measure.

KPM #5	Summary of investigative steps: Average number of days to resolve a complaint. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = negative result



Report Year	2021	2022	2023	2024	2025
Average number of days to resolve a complaint.					
Actual	209	355	491	488	253
Target	180	180	180	180	180

How Are We Doing

The average number of days to resolve a complaint for our previous reporting period (2024) was **488**. A total of **44 cases** were closed during this reporting period, with **36 of the 44 cases (81.8%)** closing over the 180-day target and **8 of the 44 cases (18.2%)** closing within 180 days.

For our current reporting period, while the target was not met, improvements are evident. The average number of days to resolve a complaint was **253**. **36 cases** were closed during this reporting period with **28 closing over the 180-day target**. Of these 28 cases, 27 Oregon licensed DCs were involved, amounting to only 1.61% of the total 1,675 licensed DCs as of 9/1/2025. The 28 cases were open for an average of 253 days, which reflects progress compared to the previous reporting period.

Factors Affecting Results

Our severe understaffing during 2020–2022 continues to influence KPMs related to investigations, as a backlog of cases carried forward into the current reporting period. This challenge was compounded by **budget reductions**, which resulted in the loss of an investigator and further limited our capacity to resolve cases within target timelines.

Ongoing **technical and workflow issues with the InLumon licensing system** have also created inefficiencies in case tracking and processing, delaying movement through the investigative cycle. Many of the cases that closed during this period originated in earlier years of limited staffing, which inflated their closure times despite improvements in more recent cases.

Other factors also affect outcomes. Some cases are inherently more complex, involving multiple complainants, witnesses, or cross-jurisdictional issues that extend timelines. In addition, because the Board met only every three months during 2025, due to budget constraints, investigations that are otherwise ready for review must often wait until the next scheduled meeting, creating unavoidable

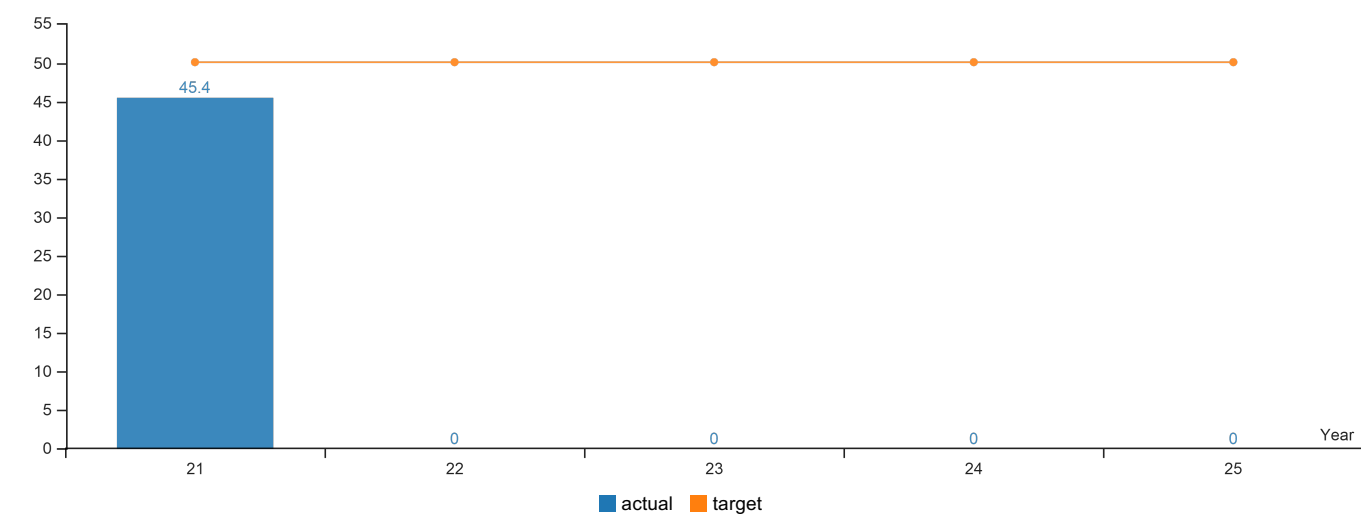
delays in case closure.

The overall impact remains limited, as **only 1.61% of the total licensee base** was involved in cases exceeding 180 days and the average days a case is open has greatly improved from last cycle. As the backlog continues to diminish, we anticipate continued improvement in meeting this KPM target.



KPM #6	Percent of sexual misconduct/boundary complaints resolved in 180 days -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
<b>Percent of sexual misconduct/boundary complaints resolved in 180 days</b>					
Actual	45.40%	0%	0%	0%	0%
Target	50%	50%	50%	50%	50%

### How Are We Doing

We have not met the target for this reporting period. A total of 12 sexual misconduct/boundary cases were open during this reporting period, of which 8 were closed. The closed cases averaged 284 days from opening to resolution, with individual case lengths ranging from 190 to 410 days. While this represents more case closures compared to the prior reporting period, the overall average resolution time remains above the 180-day target.

### Factors Affecting Results

Sexual misconduct and boundary complaints continue to be among the most complex and time-consuming cases managed by the Board. These cases frequently involve multiple victims or witnesses, cross-jurisdictional law enforcement involvement, and coordination with outside agencies. Victims are often highly traumatized, which can delay interviews or testimony. In addition, these cases may require the engagement of expert evaluators and coordination with other licensing bodies or judicial authorities.

The involvement of defense counsel further extends timelines, as licensees facing significant discipline (e.g., suspension or revocation) often utilize every available procedural safeguard. This may include filing multiple motions, negotiating extended settlements, requesting hearings, or appealing final orders. While these actions are part of due process and must be respected, they also increase the length of time before final resolution.

Despite these challenges, the agency continues to prioritize thorough investigations and careful case management to ensure public protection. Each case is pursued diligently with the goal of holding licensees accountable while respecting the rights of all parties involved. The increase in the number of cases closed this year demonstrates progress toward improved case resolution capacity, even if the statutory target has not yet been achieved.

## What We Are Doing

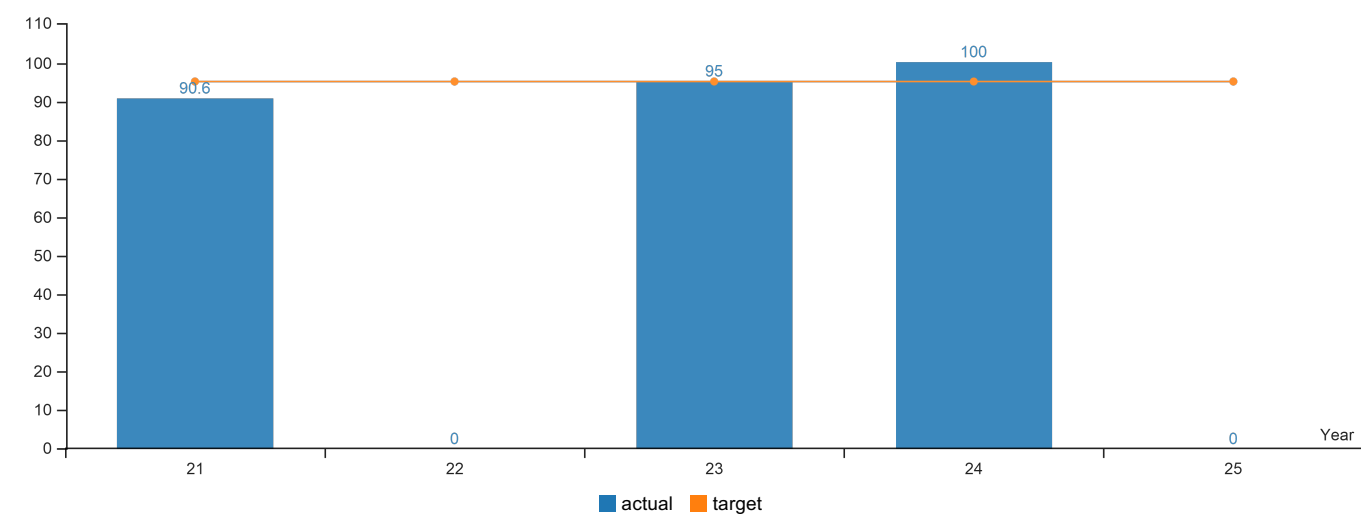
The Board is actively working to reduce resolution times while maintaining the quality and integrity of investigations. Efforts include:

- **Streamlining case management practices** to ensure earlier identification of complex cases likely to exceed the target timeline.
- **Expanding staff training and coordination** with law enforcement and partner agencies to reduce delays caused by cross-jurisdictional issues.
- **Prioritizing high-risk cases** to ensure timely intervention in matters posing significant threats to public safety.
- **Exploring process efficiencies** such as earlier settlement conferences and improved scheduling practices with the Office of Administrative Hearings.

Through these measures, the agency seeks to balance the dual priorities of due process and public protection while making steady progress toward achieving the 180-day resolution target in future reporting periods.

KPM #7	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Percentage of chiropractic physicians meeting the annual continuing education requirements.					
Actual	90.60%	0%	95%	100%	0%
Target	95%	95%	95%	95%	95%

How Are We Doing

For this reporting period, no continuing education audits were conducted. Several factors contributed, including staff shortages from resignations and layoffs, as well as ongoing technical issues with the InLumon licensing database. These challenges limited the agency’s ability to carry out its regular audit functions.

Audits are scheduled to begin again in **September 2025**, and we anticipate compliance rates will remain strong once routine audit processes resume.

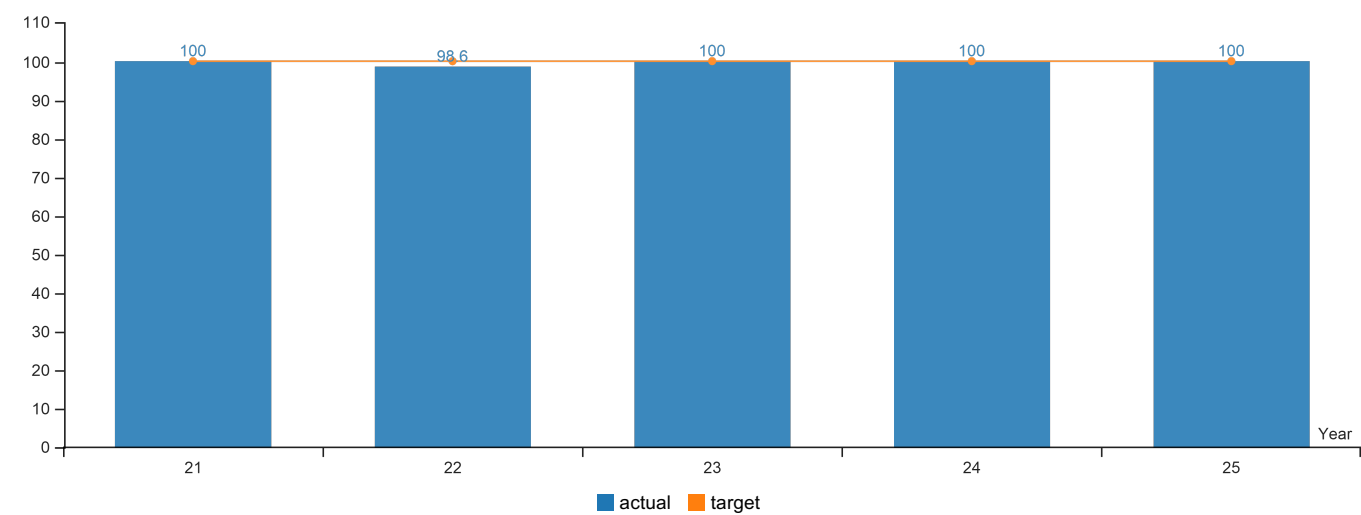
Factors Affecting Results

Regularly scheduled audits will recommence once staffing levels stabilize and InLumon is fully operational. With the system’s enhanced functionality, licensees can upload proof of continuing education directly into their electronic license file. This improvement should streamline the audit process significantly. When licensees are audited, required documentation should already be in their file, reducing delays and manual follow-up.

Based on past audit history and system improvements, we anticipate compliance rates will meet the new 100% target going forward.

KPM #8	Percentage of licenses issued within 5 days once all application components (that are the responsibility of the applicant) have been received. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Time to process chiropractor applications					
Actual	100%	98.60%	100%	100%	100%
Target	100%	100%	100%	100%	100%

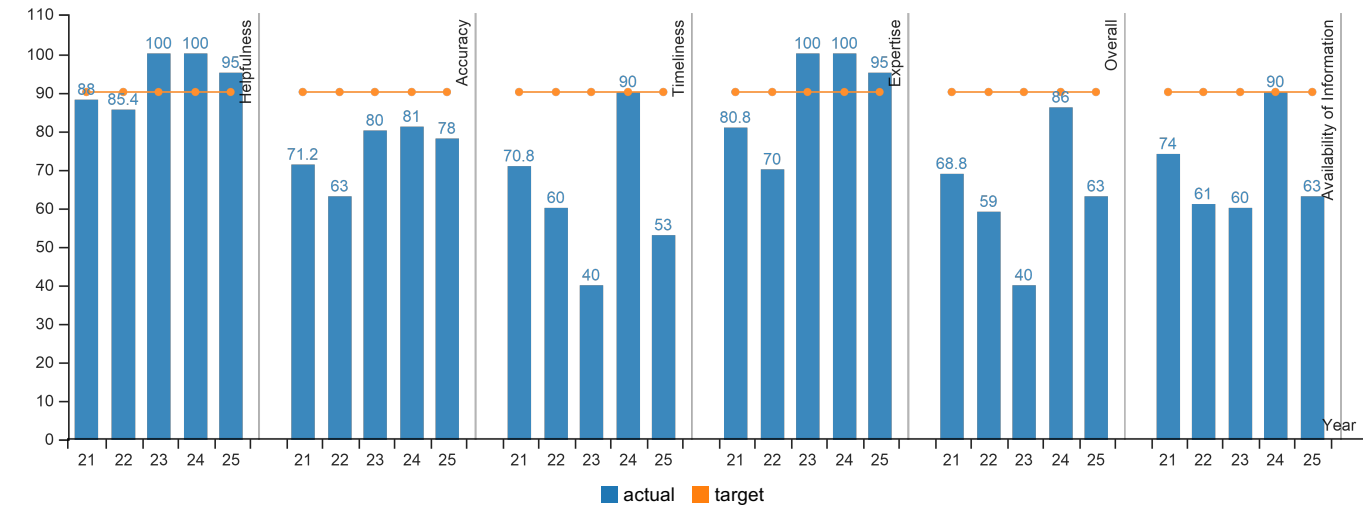
How Are We Doing

We met this target for this reporting period.

Factors Affecting Results

Once a full and complete license application is received, we are able to issues licenses the same day.

KPM #9	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise, and availability of information.
	Data Collection Period: Sep 01 - Aug 31



Report Year	2021	2022	2023	2024	2025
<b>Helpfulness</b>					
Actual	88%	85.40%	100%	100%	95%
Target	90%	90%	90%	90%	90%
<b>Accuracy</b>					
Actual	71.20%	63%	80%	81%	78%
Target	90%	90%	90%	90%	90%
<b>Timeliness</b>					
Actual	70.80%	60%	40%	90%	53%
Target	90%	90%	90%	90%	90%
<b>Expertise</b>					
Actual	80.80%	70%	100%	100%	95%
Target	90%	90%	90%	90%	90%
<b>Overall</b>					
Actual	68.80%	59%	40%	86%	63%
Target	90%	90%	90%	90%	90%
<b>Availability of Information</b>					
Actual	74%	61%	60%	90%	63%
Target	90%	90%	90%	90%	90%

How Are We Doing

We achieved target performance in 2 of the 6 measured areas of customer service satisfaction during this reporting period (Helpfulness and Expertise). Overall scores in Timeliness, Accuracy, and Availability of Information remain below the 90% target.

#### **Factors Affecting Results**

Several factors influenced these outcomes. First, there was a decrease in survey respondees than in reporting years past, which greatly effect the percentage outcomes. Additionally, the loss of key personnel and an extended vacancy in a critical position temporarily limited our ability to provide timely service. That position has now been filled, restoring non-investigative staffing capacity. In addition, continued challenges with the licensing database management platform — issues largely outside of agency control — created barriers that affected both timeliness and accuracy ratings.

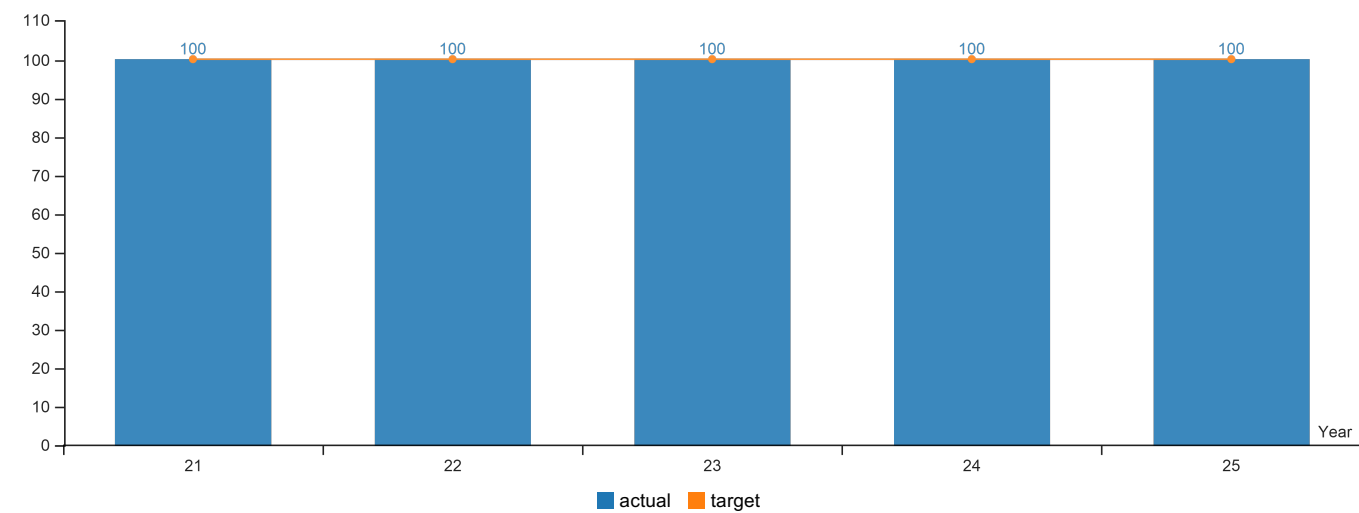
It is important to note, however, that 95% of respondents rated staff as courteous and professional. This underscores that customer service concerns are not rooted in staff performance, but primarily reflect ongoing struggles with the technical platform. Staff expertise and helpfulness exceeded 90%, demonstrating our commitment to professionalism and responsiveness despite system limitations.

## **Looking Forward**

The agency is actively working with our vendor partners to resolve database performance issues and improve reliability. With restored staffing and a strong foundation of professionalism and expertise among staff, we expect continued improvement in Accuracy, Timeliness, and Overall customer satisfaction during the next reporting cycle.

KPM #10	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Board Best Practices - Percent of total best practices met by the Board.					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

All 7 Board members provided a response to the Board Best Practices KPM and assessed a 100% aggregate score, meeting our target for this reporting period.

Factors Affecting Results

Even with an uncertain year due to budget constraints - laying off an employee and another resigning, transitioning our physical office to fully remote, cutting back our meetings from 6 to 4 per year - we have been able to facilitate and ensure the Board's work continues in an efficient, transparent, and thorough manner.