

OREGON MEDICAL BOARD

Annual Performance Progress Report (APPR) for Fiscal Year (2013-2014)

Original Submission Date: 2014

Finalize Date: 7/30/2014

2013-2014 KPM #	2013-2014 Approved Key Performance Measures (KPMs)
1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.
2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.
4	MONITOR LICENSEES WHO ARE DISCIPLINED - Percentage of total probationers with a new complaint within 3 years.
6	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.
7	ASSESS CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating satisfaction with the agency's customer service as "good" or "excellent" for: overall customer service, timeliness, accuracy, helpfulness, expertise, information availability.
8	BOARD BEST PRACTICES - Percent of total best practices met by the Board.
9	LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of license.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2015-2017
	Title: Rationale:

OREGON MEDICAL BOARD

I. EXECUTIVE SUMMARY

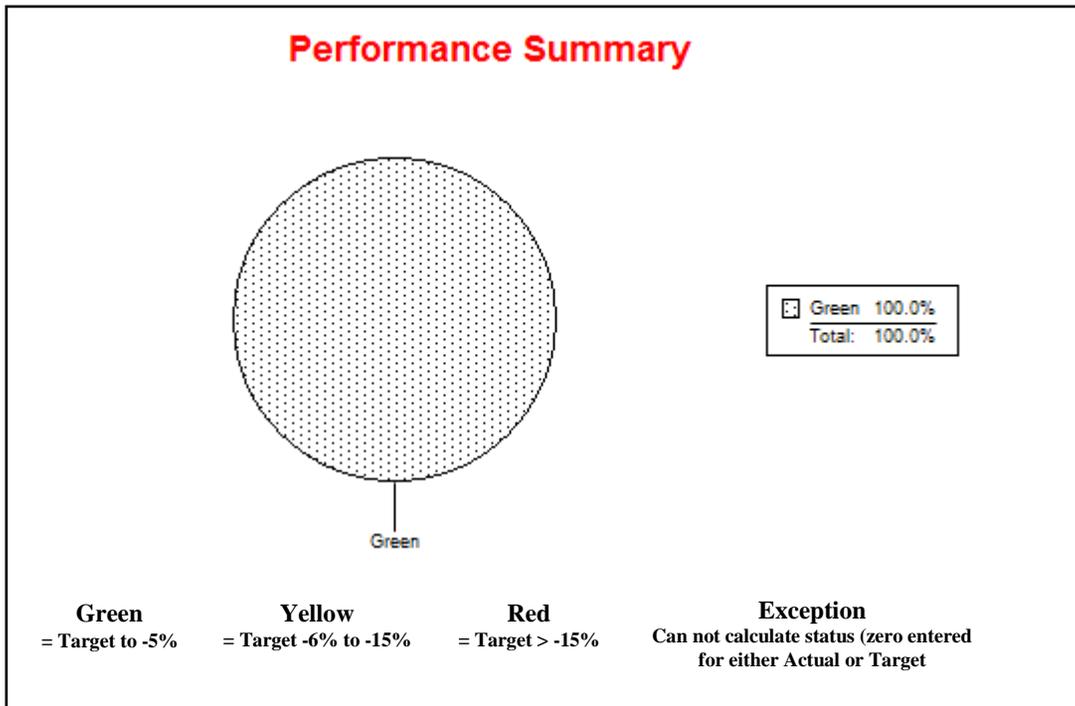
Agency Mission: Protect the health, safety, and well-being of Oregonians by regulating the practice of medicine in a manner that promotes access to quality care.

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1. SCOPE OF REPORT

Our key performance measures cover our Licensing, Investigations, and Administrative functions. The measures are representative of overall agency functioning and performance.

2. THE OREGON CONTEXT

Two 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 and compliance with Board orders. Absent the Boards rehabilitative effect on problematic licensees, more Oregonians would experience premature death. These two measures also directly influence a second Oregon Benchmark, #46, The percentage of adults whose self-perceived health status is very good or excellent. Confidence in one's doctor is essential to confidence in one's health. To enable Oregonians to be assured that their primary care providers meet minimal levels of competency at the time of licensure, the Oregon Medical Board does careful background checks on each applicant, and follows up on each complaint regarding care. The Oregon Medical Board also encourages the public to check out their doctors' malpractice and disciplinary history on our website. The Board's other five measures are linked to the agency mission or have been legislatively mandated.

3. PERFORMANCE SUMMARY

The Board is meeting or exceeding targets on 100% of its measures.

4. CHALLENGES

The Board is tied to the State in matters such as budgeting and human resources. Political and legal decisions affect the board's ability to raise fees, license, investigate, and discipline. The Board has experienced a diversion of its resources to cover other statewide initiatives while responding to ever-increasing and unfunded demands to develop and implement new policies. The agency's funds are paid by and dedicated to those who are regulated; ninety-eight percent of our revenue comes from the licensing and renewal activities of the agency. As such, our licensees and stakeholders expect their service needs to be met. The Board has worked hard to continue to meet licensee and stakeholder expectations within the legislatively determined budget constraints. The Board's processes, procedures, and technology are constantly evolving to incorporate efficiencies and service improvements.

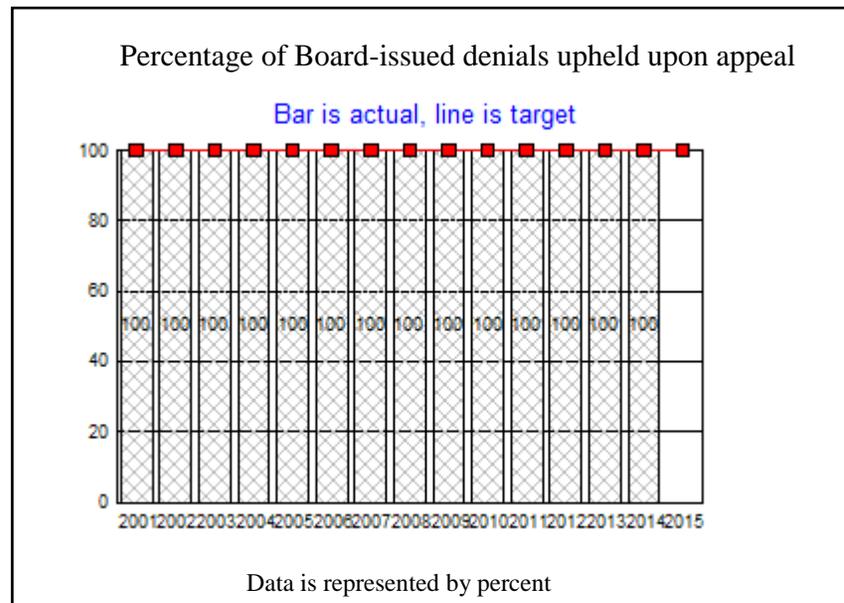
5. RESOURCES AND EFFICIENCY

Our budget amount for the fiscal year, measured as one-half of our biennial Legislatively Adopted expenditure limitation, is \$5,014,275. Our measures of efficiency are #6- Renew Licenses Efficiently, #7- Assess Customer Satisfaction with Agency Services and KPM #9-License Efficiently. Efficiency improvements are detailed within the individual Key Measure Analysis (Part II) which follows.

OREGON MEDICAL BOARD

II. KEY MEASURE ANALYSIS

KPM #1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.	2002
Goal	Improve access to quality care through efficiently managing licensure and renewal of licensure	
Oregon Context	Relates to agency mission	
Data Source	Agency Investigative and Licensing Databases	
Owner	Board Members (971) 673-2700	



1. OUR STRATEGY

Determine requirements for Oregon licensure as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Podiatric Physician (DPM), Physician Assistant (PA) and Acupuncturist (LAc). Process licensure applications and renewals efficiently and consistently with public safety. Perform careful background checks on all applicants for 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 2014, we had 1,361 license applications of which two were denied but not appealed.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

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

6. WHAT NEEDS TO BE DONE

Continue with our current successful practices.

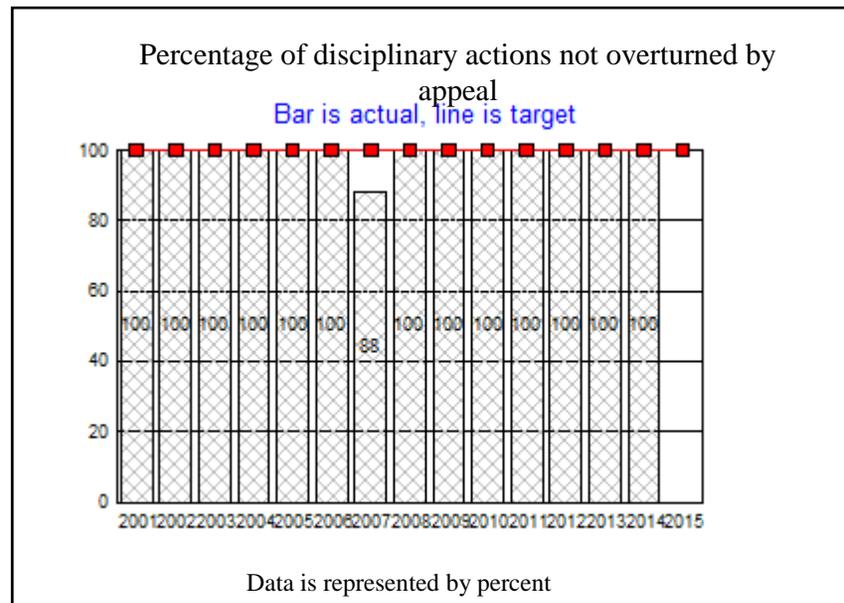
7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

OREGON MEDICAL BOARD

II. KEY MEASURE ANALYSIS

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



1. OUR STRATEGY

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.

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 the Board is doing at disciplining appropriately.

3. HOW WE ARE DOING

The measure demonstrates that the Board is appropriately disciplining. In addition to this measure, the Board partnered with Lewis and Clark Law School's externship program in 2013 to engage an extern to examine the consistency of Board disciplinary actions. The research indicates that the Board is highly consistent in its disciplinary actions- 97% of the outcomes were consistent and the remaining 3% had explainable inconsistencies. The Board tailors the outcome to the facts of the case. Discipline is defined as any case closed with a public order that is reportable to the National Practitioner Databank. These orders include any Stipulated Orders, Voluntary Limitations, Corrective Action Orders reportable to the National Practitioner Databank or Final Orders. In fiscal year 2014, 22 orders were issued for 38 cases. Of these, no orders were appealed. There were three other appeals pending at the close of fiscal year 2013 that are still pending at the close of fiscal year 2014.

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.

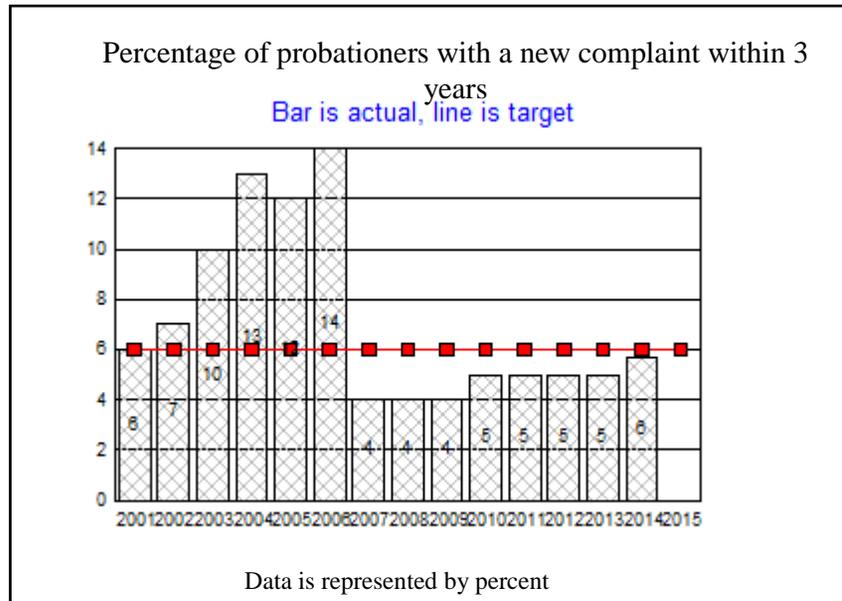
6. WHAT NEEDS TO BE DONE

Although we did not meet our target for fiscal year 2007, the Board considers a single successful appeal during the last 14 years to be evidence that it is disciplining appropriately. We intend to continue with our current successful practices.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

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



1. OUR STRATEGY

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, and participating in

a monitoring program for licensees with chemical abuse/dependency and mental health diagnoses. 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. Monitoring is done through meetings and interviews by the agency Compliance Officer and Board members.

2. ABOUT THE TARGETS

A target of 6% was established in 2002 based on the results available at that time. We had been unable to achieve the target since the measure was established until fiscal year 2007 when we added a second compliance officer. The lower the percentage, the better we are doing to protect patient 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 2014, we had 177 probationers, 10 of whom had a new investigation opened within 3 years of the original Board order, a recidivism rate of 5.65%. We have been able to meet our target for an eighth straight year.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

The target of 6% was established when the measure was instituted in 2002 based on results available at that time. During the years that followed, we were unable to achieve the target, in part due to staff turnover. The Board has reorganized workload and is now able to consistently meet the target. There are relatively few licensees with Board orders. Thus, results are significantly impacted by one or two cases.

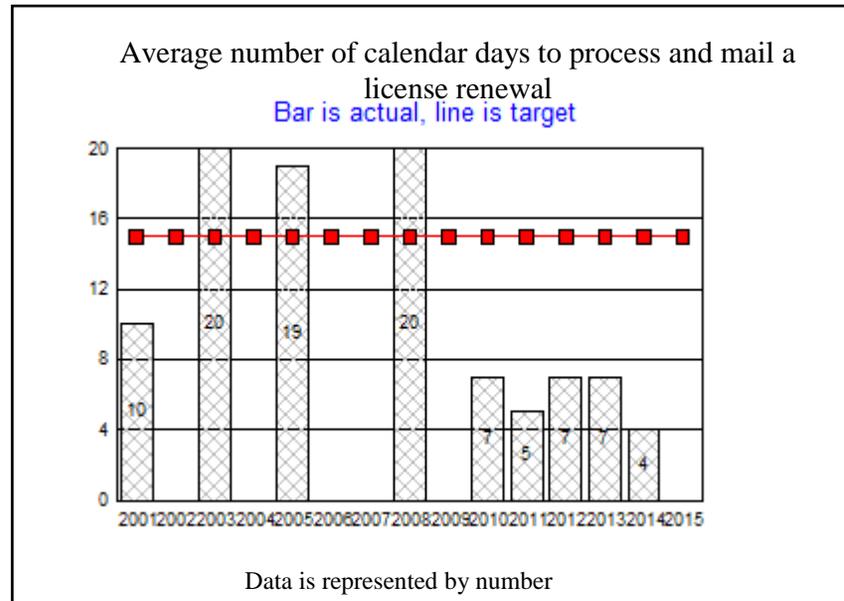
6. WHAT NEEDS TO BE DONE

Continue with our current successful practices.

7. ABOUT THE DATA

The reporting cycle is Oregon's fiscal year.

KPM #6	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.	2000
Goal	Improve access to quality care through efficiently managing licensure and renewal of licensure	
Oregon Context	Relates to agency mission	
Data Source	Agency Licensing Database	
Owner	Licensing, Netia Miles (971) 673-2700	



1. OUR STRATEGY

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

2. ABOUT THE TARGETS

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

3. HOW WE ARE DOING

The measure demonstrates our efficiency in renewing a health care professional's license. With the launch of online license renewal in October, 2009, there was a significant decrease in the time it took to process a renewal.

4. HOW WE COMPARE

There is no comparative data available.

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 ensuring the licensee meets state requirements and will continue to practice safely. The data presented includes those renewals that are outliers and have problems/concerns that need to be reviewed by staff which can add significant time to the renewal process. The renewal of most of our MD, DO, DPM and PA licenses (approximately 17,270 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 small team of permanent staff plus a few seasonal temporary staff.

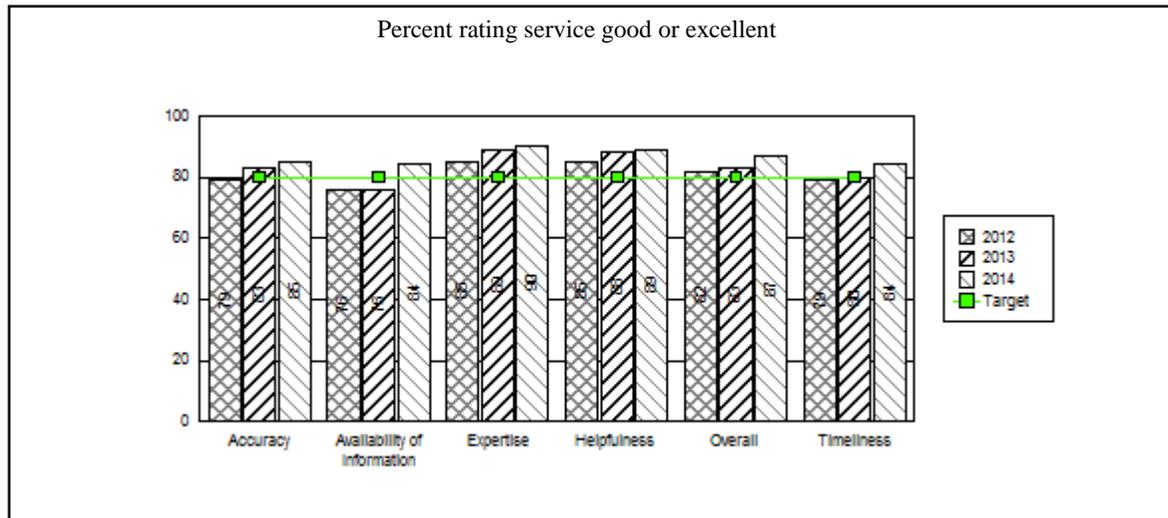
6. WHAT NEEDS TO BE DONE

The agency continues to modify 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 replaced its entire database to modernize our processes. This licensing and case management system was implemented in June, 2009. We implemented online renewal in October, 2009. Online license renewals and a more efficient computer system have helped us to meet our targets.

7. ABOUT THE DATA

The reporting cycle is fiscal year and calendar days. Most licenses are renewed every other year. In the past, data has only been available during the final months of odd-numbered years. A change to the reporting cycle from calendar year to fiscal year resulted in a gap in data availability for 2006 and 2007. As of fiscal year 2010, our new database provides the ability to report results for the few licensees who renew on an annual basis.

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



1. OUR STRATEGY

This measure was added to all state agencies in 2006.

2. ABOUT THE TARGETS

Targets have been established at 80%. Higher percentages reflect higher customer satisfaction.

3. HOW WE ARE DOING

This measure demonstrates our customers' opinions on their level of satisfaction with the services we provide. We began our continuous survey process in January, 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 Boards are surveying in different ways and including different customers.

5. FACTORS AFFECTING RESULTS

It's important to understand the role of the Oregon Medical Board in the lives of those responding to the survey. The Oregon Medical Board is a regulatory agency. As such, our customers, be they licensees or complainants, may not agree with the Board's actions. Customers may not receive desired outcomes. This could tend to lower our customer satisfaction rating. The Board works 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 monitors the survey results on a continuous basis and we continue to improve our perceived quality of services in all areas. One area in which we have consistently struggled is availability of information. The state of Oregon has recently had the opportunity to work with professional website designers to redesign and restructure our website. This project was completed within fiscal year 2014. The revised website provides our stakeholders better access to the information they need from the Board and has improved our results for this measure.

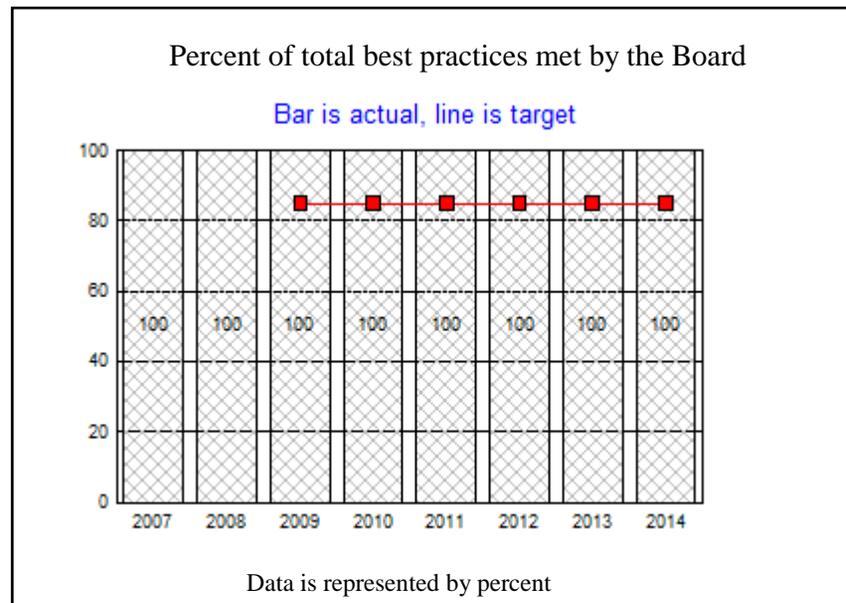
7. ABOUT THE DATA

Our survey is a continuous survey. For fiscal year 2014, we had a population (surveys sent) of 19,879. We provided a survey to each new licensee, each

licensee who had recently renewed their license, and all complainants whose complaints resulted in an investigation (surveys were sent at the close of the case). We received 2,356 total responses, a 12% response rate, a 1% margin of error at a 95% confidence level. SurveyMonkey, an Internet survey tool, was used for all new licenses and renewals and an anonymous post-card for all investigations. Results for each individual group sampled are retained by the agency and the information that these results provide is used at a management level. We have combined the results for all groups to reach an agency wide result for reporting as the results for each group contain too few responses to produce meaningful data. Equal weighting was given to each response.

OREGON MEDICAL BOARD**II. KEY MEASURE ANALYSIS**

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

**1. OUR STRATEGY**

This measure was added to all Boards and Commissions in 2008.

2. ABOUT THE TARGETS

A target of 85% has been established. While the Agency has been able to achieve 100% since the measure was introduced, a single dissenting Board member would have a significant effect on the percentage outcome.

3. HOW WE ARE DOING

The measure demonstrates that we are meeting best management practices with respect to governance oversight by our board. The criteria being evaluated includes Executive Director performance expectations and feedback, strategic management and policy development, fiscal oversight and board management. The Board instituted this measure in 2007; it was mandated for Boards and Commissions by the Legislature in 2008.

4. HOW WE COMPARE

Results are comparable with other licensing boards.

5. FACTORS AFFECTING RESULTS

The Oregon Medical Board engages in an ongoing strategic planning process that addresses several of the issues that are evaluated in this measure. Board members discuss oversight and governance activities at the Administrative Affairs Committee and Board meetings. The Board Chair is in constant communication with the agency Executive Director on management issues.

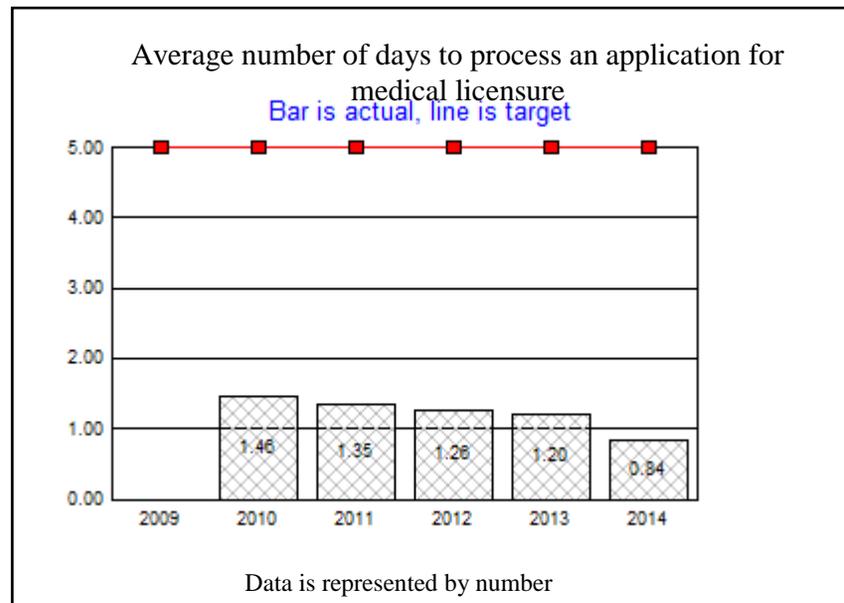
6. WHAT NEEDS TO BE DONE

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

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

KPM #9	LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of license.	2009
Goal	Improve access to quality care through efficiently managing licensure and renewal of licensure	
Oregon Context	Relates to agency mission	
Data Source	Agency Licensing Database	
Owner	Licensing, Netia Miles (971) 673-2700	



1. OUR STRATEGY

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

2. ABOUT THE TARGETS

The target is set at 5 days based on the agency weekly approval schedule. The fewer days required, the more efficiently we are licensing.

3. HOW WE ARE DOING

The measure demonstrates our efficiency in licensing health care professionals and the customer service we provide to the citizens of Oregon. While operating efficiency is our goal, rushing licensure for 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. This measure reflects the time to licensure within direct control of the agency- the number of days to license after the applicant has submitted all necessary documents.

4. HOW WE COMPARE

There is no comparable data at this time.

5. FACTORS AFFECTING RESULTS

None have been identified.

6. WHAT NEEDS TO BE DONE

The agency continues to modify its internal organization and procedures to ensure that applicants are given timely and complete information about their responsibilities towards completing the licensing process. The agency replaced its entire database with a new licensing and case management software solution in June, 2009. This new system reduced redundant data entry and improved efficiency. This new system also has an online component now implemented for all license applications and renewals.

7. ABOUT THE DATA

Results are based on actual number of calendar days to issue an unlimited license between the date an applicant has submitted all necessary documentation and the date the license was issued.

OREGON MEDICAL BOARD	III. USING PERFORMANCE DATA
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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 access to quality care.

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

<p>1. INCLUSIVITY</p>	<p>* Staff : Each of the managers of the 4 divisions within the Board (Administration and Communications, Investigations, Licensing, and Administrative and Business Services) was tasked with developing performance measures for their division. Staff within the division assisted by refining definitions and identifying reliable data sources.</p> <p>* Elected Officials: The Legislature approved these performance measures during our budget hearing during the 2013 Legislative Assembly.</p> <p>* Stakeholders: The Oregon Medical Association, the Osteopathic Physicians and Surgeons of Oregon, the Oregon Podiatric Medical Association, the Oregon Society of Physician Assistants and the Oregon Association of Acupuncture and Oriental Medicine review our budget and performance measures.</p> <p>* Citizens: The stakeholder public as represented by the Legislature approved these performance measures during our budget hearing during the 2013 Legislative Assembly.</p>
<p>2 MANAGING FOR RESULTS</p>	<p>In 2001, the Board created its first formal Strategic Plan. This document integrates the Boards' goals, strategies for attaining goals, action plans, and performance measures. The Plan is updated regularly by managers and staff with Board oversight. Action plans and performance measure results are regularly reviewed by managers and the Board to ensure the agency is making progress towards goals identified.</p>
<p>3 STAFF TRAINING</p>	<p>The Board's Business Manager has received formal training in Performance Measurement development through Department of Administrative Services and Oregon Progress Board classes. Staff have received training in gathering data for these measures and are involved in meeting measurement targets as well as correctly entering data that will affect measure calculations.</p>
<p>4 COMMUNICATING RESULTS</p>	<p>* Staff : Performance measure results are communicated to Board staff at management and staff meetings.</p> <p>* Elected Officials: The Board communicates results to the Legislature during budget presentations and annual</p>

Performance Progress Reports. Results are also communicated biennially during formal presentations to the Boards' assigned Department of Administrative Services Budget Analyst and the Legislative Fiscal Officer.

* **Stakeholders:** The Executive staff of the Board meet with representatives of the Oregon Medical Association, the Osteopathic Physicians and Surgeons of Oregon, the Oregon Podiatric Medical Association, the Oregon Society of Physician Assistants and the Oregon Association of Acupuncture and Oriental Medicine to review the agency's budget and performance measures.

* **Citizens:** Results are communicated to the public on the Boards website at <http://www.oregon.gov/omb/board/about/Pages/Annual-Performance-Measures.aspx>