

# Medical Board, Oregon

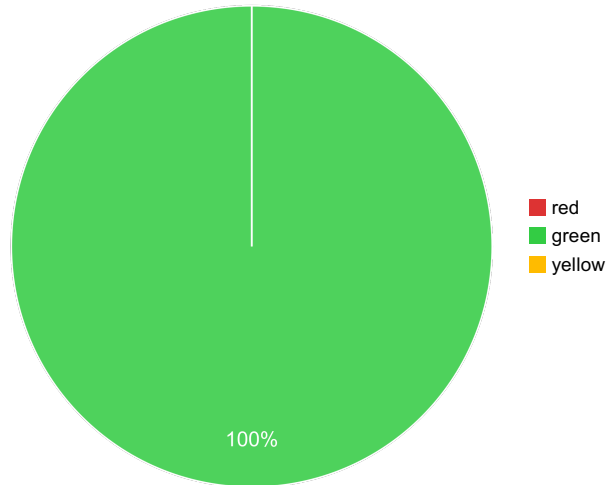
Annual Performance Progress Report

Reporting Year 2022

Published: 9/26/2022 3:00:13 PM

KPM #	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 WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have 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.

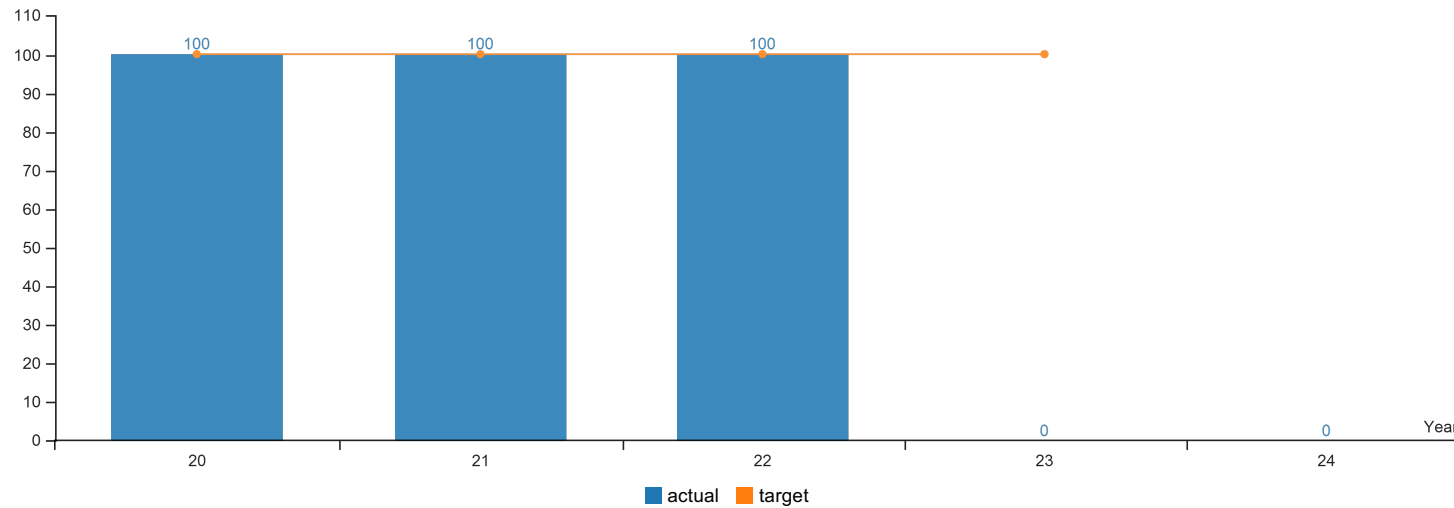
Proposal	Proposed Key Performance Measures (KPMs)
Delete	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.
New	LICENSE APPROPRIATELY - Number of Board-Issued license denials overturned upon appeal.
Delete	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.
New	DISCIPLINE APPROPRIATELY - Number of disciplinary actions overturned on appeal.
Delete	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have a new complaint within 3 years.
New	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have a new Complaint and Notice of Proposed Disciplinary Action within 5 years.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	100%	0%	0%

KPM #1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Percentage of Board-issued denials upheld upon appeal</b>					
Actual	100%	100%	100%		
Target	100%	100%	100%	100%	

#### How Are We Doing

This measure demonstrates that we are appropriately licensing. There have been no successful challenges to the Board's licensing decisions since the measure was enacted in 2002. For fiscal year 2022, the Board issued 2,048 licenses. There were no Final Orders denying licensure during this fiscal year.

	Fiscal Year:	2018	2019	2020	2021	2022
<b>Licenses Issued</b>		1,612	1,784	1,675	1,785	2,048
<b>Final Orders Denying Licensure</b>		0	0	2	0	0
<b>Orders and Agreements Appealed</b>		0	0	1	0	0
<b>Orders and Agreements Upheld on Appeal</b>		0	0	0	1	0
<b>Orders and Agreements Overturned on Appeal</b>		0	0	0	0	0
<b>Appeals Pending at Close of Fiscal Year</b>		0	0	1	0	0

This measure is associated with our strategic plan goal of efficiently managing licensure.

**Factors Affecting Results**

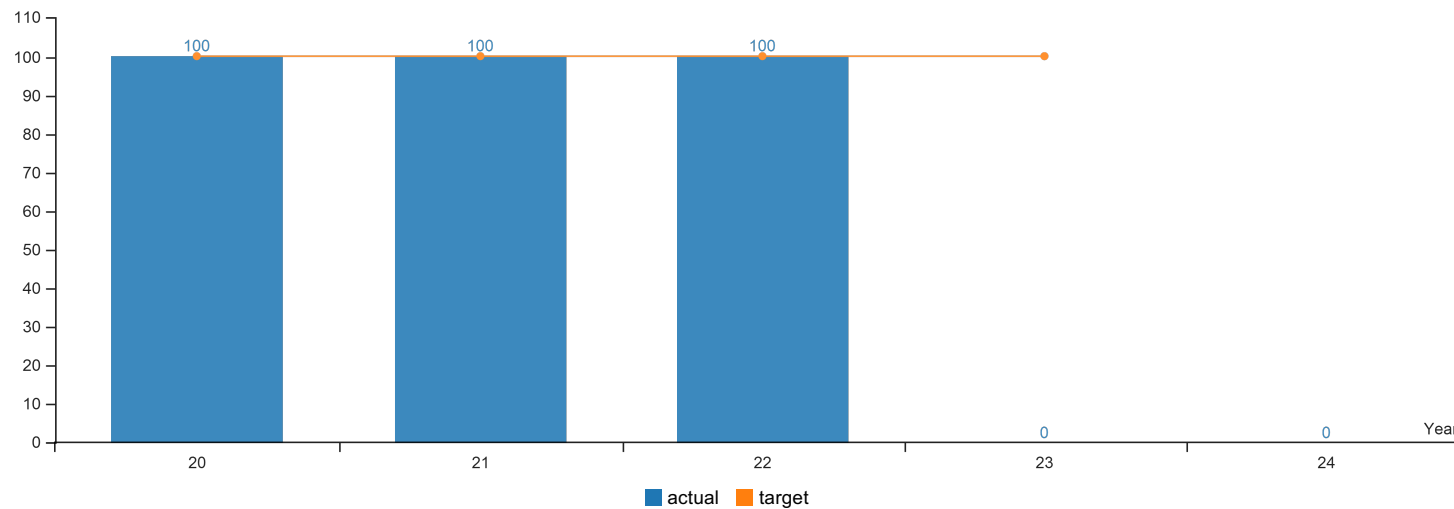
The Board provides extensive due process to all applicants to ensure appropriate outcomes. The target is set at 100% based on past history and the expectation that there will continue to be no successful appeals of our licensure decisions. The higher the percentage, the better we are doing at meeting this performance measure.

When the measure was established and the target set to 100%, the agency did not consider that during most fiscal years there are few, if any, appeals and thus few, if any, appeals outcomes. This has frequently resulted in a calculated result of zero, which is not an indication that we missed the target, only that there is no data for that year. The KPM reporting tool does not allow entry of "not applicable" or other actual results that would indicate no data to report. In these instances, the agency has elected to report actual results of 100% rather than leaving the actual results blank. Blank actual reports are considered to not meet the target which is not accurate when there is simply no data to report.

The agency has proposed changes to this measure for 2023-25 to correct for this situation.

KPM #2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Percentage of disciplinary actions not overturned by appeal</b>					
Actual	100%	100%	100%		
Target	100%	100%	100%	100%	

#### How Are We Doing

This measure represents the Board's disciplinary actions that are not overturned on appeal, an indication of the appropriateness of the Board's decisions. Results for this measure include all cases closed with a public disciplinary order that is reportable to the National Practitioner Data Bank.

In fiscal year 2022, 77 orders and agreements were issued which were reportable to the National Practitioner Data Bank; two were appealed. Three appeals were closed during this fiscal year, two appeals were upheld and one was closed without opinion. The Board has 3 appeals still pending at the end of fiscal year 2022. The Board tailors disciplinary outcomes to the facts of each case.

	Fiscal Year:	2018	2019	2020	2021	2022
<b>Investigations Closed</b>		745	805	743	880	820
<b>Orders and Agreements Issued</b>		55	41	79	85	77
<b>Orders and Agreements Appealed</b>		0	1	2	1	2
<b>Orders and Agreements Upheld on Appeal</b>		1	0	0	0	2
<b>Orders and Agreements Overturned on Appeal</b>		0	1	0	0	0
<b>Orders and Agreements Closed without Opinion/Judgement</b>		0	0	0	0	1
<b>Appeals Pending at Close of Fiscal Year</b>		1	1	3	4	3

The Board has had only two successful appeals of its disciplinary actions since 2008. In fiscal year 2015, the Court of Appeals reversed a 2012 order due to what the court determined to be insufficient notice; the Court did not evaluate the merits of the case. In fiscal year 2019, the Court of Appeals reversed a 2014 order, also due to insufficient notice; however, the Court found that part of the Notice was sufficient and remanded the case to the Board for further consideration. Again, the Court did not evaluate the merits of the case. The Board has changed the structure of its Notices following these appellate decisions, but it should be noted that other Notices have been issued that could be deemed insufficient in future appellate review.

Since the Board has not been reversed on the merits of any case since 2008, the Board considers its disciplinary actions to be appropriate and has addressed deficiencies in process as they are identified.

This measure is associated with our strategic plan goal of equitably reviewing complaints against licensees and applicants.

#### **Factors Affecting Results**

The Board affords extensive due process to all applicants and licensees to ensure appropriate outcomes. Results for this Key Performance Measure are disproportionately affected by the small population of disciplinary action appeals. With a small data set, a single successful appeal has a significant effect on the outcome.

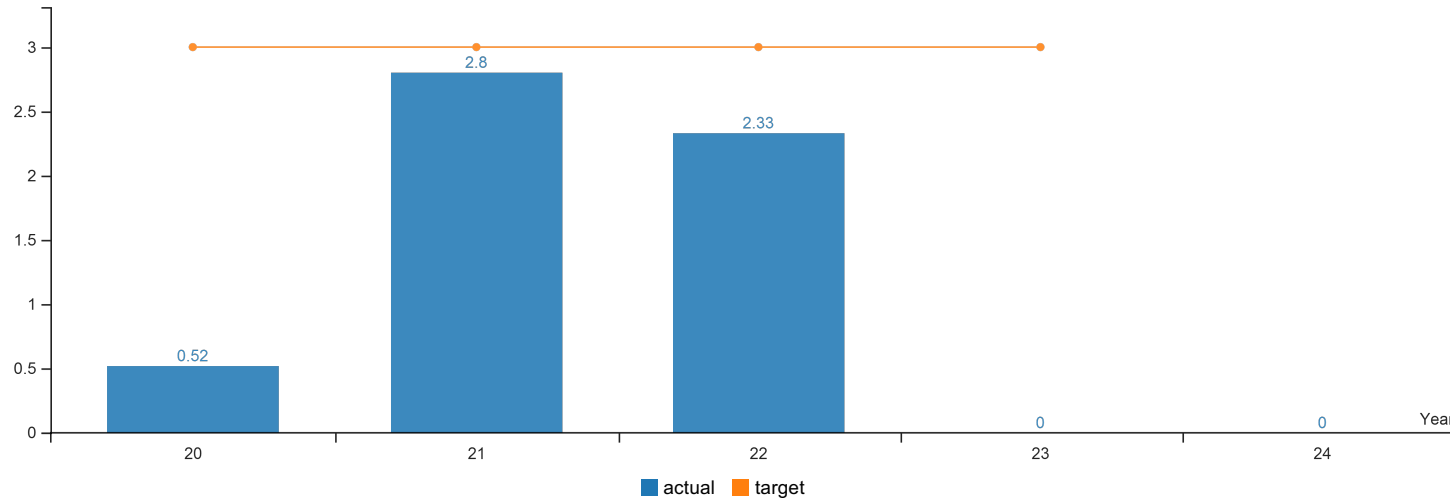
Target is set at 100% based on past history and the expectation that a successful appeal of our disciplinary decisions is highly undesirable. The higher the percentage, the better the Board is doing at disciplining appropriately.

When the measure was established and the target set to 100%, the agency did not consider that during most fiscal years there are few, if any, appeals and thus few, if any, appeals outcomes. This has frequently resulted in a calculated result of zero, which is not an indication that we missed the target, only that there is no data for that year. The KPM reporting tool does not allow entry of "not applicable" or other actual results that would indicate no data to report. In these instances, the agency has elected to report actual results of 100% rather than leaving the actual results blank. Blank actual reports are considered to not meet the target which is not accurate when there is simply no data to report.

The agency has proposed changes to this measure for 2023-25 to correct for this situation.

KPM #4	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have a new complaint within 3 years.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = negative result



Report Year	2020	2021	2022	2023	2024
<b>Percentage of licensees with Board Orders or Corrective Action Agreements who have a new complaint within 3 years.</b>					
Actual	0.52%	2.80%	2.33%	0%	
Target	3%	3%	3%	3%	

**How Are We Doing**

This measure reflects how we are doing to ensure that our licensees are safe to practice medicine. Some licensees, due to the existence of an Order or Agreement issued by the Board, require some degree of monitoring by the Board’s Compliance Officer. Monitoring is done through phone calls, emails, letters, meetings, and interviews by the agency Compliance Officer and Board members.

In fiscal year 2022, there were five licensees subject to a new investigation regarding the same or similar issues for which they had received a Board Order or Agreement within the previous three fiscal years (2020-2022). Because there were a total of 215 Board Orders and Corrective Action Agreements issued over the past three fiscal years, this represents a recidivism rate of 2.33%.

We have been able to exceed the target since fiscal year 2007.

This measure is associated with our strategic plan goal of remediating licensees to safe and active practice.

**Factors Affecting Results**

There are relatively few licensees with Board orders or Corrective Action Agreements. Thus, results are significantly impacted by one or two cases. The lower the percentage, the better the Board is doing at remediating licensees.

Based on legislative direction, the target was changed to 3 percent beginning in fiscal year 2020.

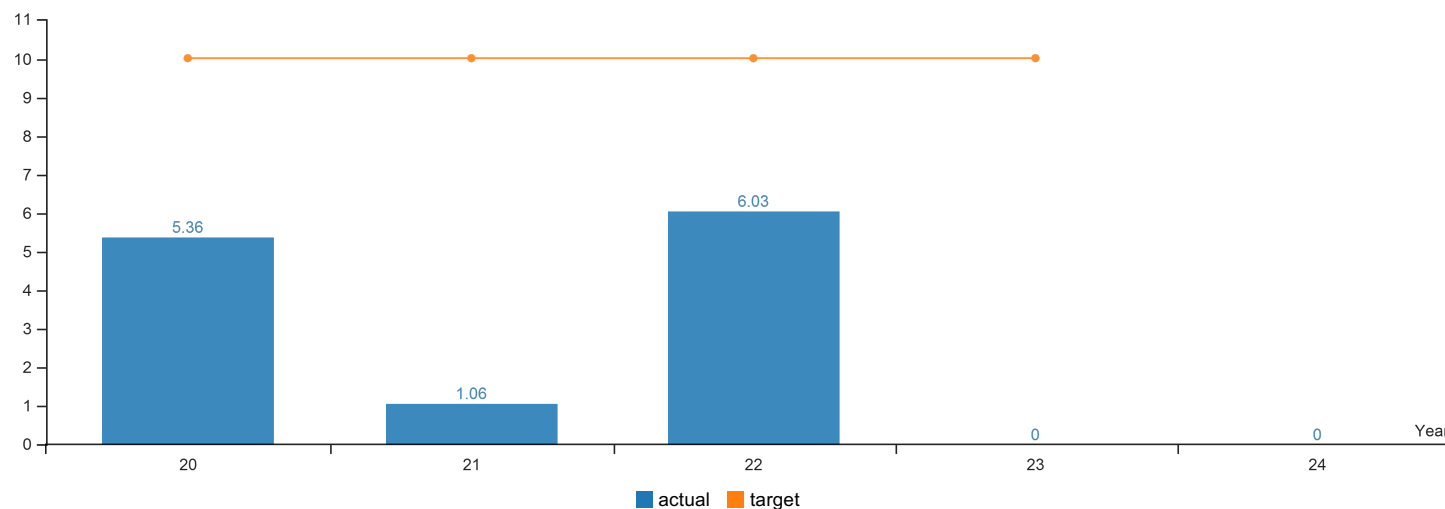
When established, this KPM was intended to measure licensee recidivism rates. As currently calculated, this KPM does not accurately measure recidivism as the mere existence of a new complaint within three years does not in itself indicate that the licensee has again violated the Medical Practice Act (ORS 677). In addition, reviewing complaints received within a period following a licensee's Order or Agreement is a manual process. This introduces human error and represents significant staff time to provide the data.

The agency has proposed changes to this measure for 2023-25, changing the measurement period from three years to five years and changing the indicator from a mere complaint to a Complaint and Notice to better measure recidivism. A Complaint and Notice is a legal document issued by the Board after a complaint has been investigated when the Board believes that a violation of the Medical Practice Act has occurred. The need for this subsequent disciplinary action, even if unrelated to the prior disciplinary action, would be considered recidivism, and the human element (and potential error) of gathering the data will be eliminated.



KPM #6	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = negative result



Report Year	2020	2021	2022	2023	2024
<b>Average number of calendar days to process and mail a license renewal</b>					
Actual	5.36	1.06	6.03		
Target	10	10	10	10	

**How Are We Doing**

This measure demonstrates our efficiency in renewing health care professionals' licenses. We process renewal applications efficiently and consistently while also ensuring public safety by thoroughly evaluating each application.

The data presented includes those renewals that are outliers, with problems or concerns that need to be reviewed by staff which can add significant time to the renewal process. The renewal of most MD, DO, DPM and PA licenses (approximately 21,691 individuals in calendar year 2021), generally occurs biennially during even numbered fiscal years. This results in a 3-month period of high activity for all agency staff. Approximately 1,646 acupuncture licenses were also renewed during fiscal year 2022.

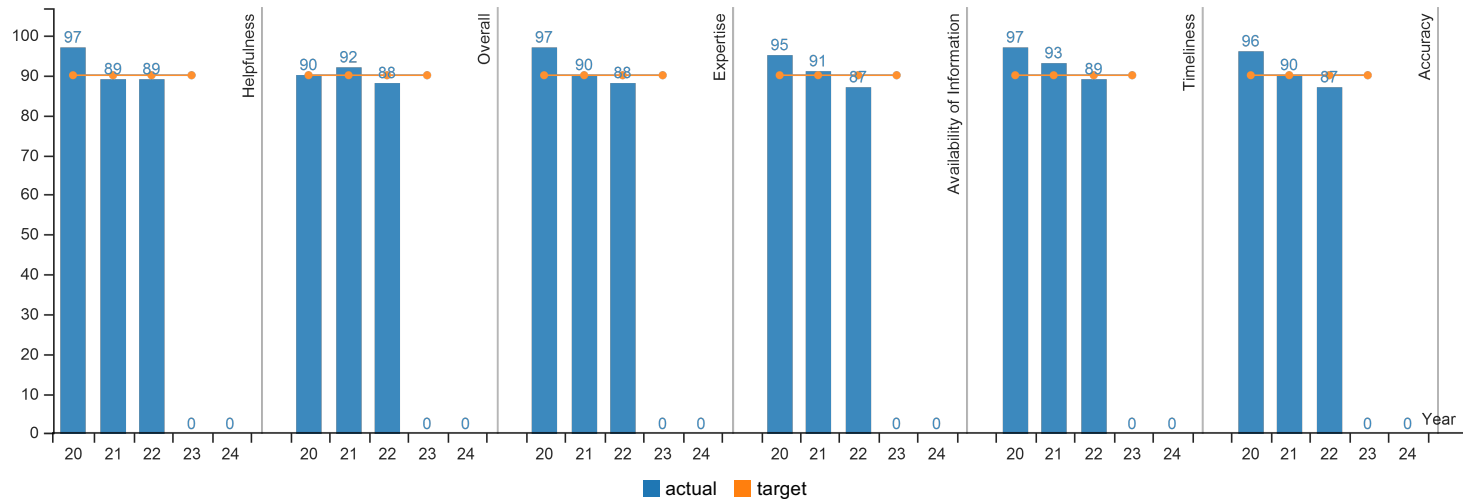
The Board has been able to exceed the target since 2008. This measure is associated with our strategic plan goal of efficiently managing licensure.

**Factors Affecting Results**

While operating efficiently is our goal, rushing licensure renewal, and possibly compromising patient care, is not. Preparing a thorough check of all information provided by renewing licensees is essential to ensuring the licensee meets state requirements and will continue to practice safely.

Since the launch of online license renewal in October 2009, the time to process a renewal significantly decreased until 2016. During fiscal years 2016 through 2020, the agency experienced a high rate of staff turnover. Despite the vacancies, we were able to exceed our target through streamlining of the licensing process and technological improvements.

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.  
 Data Collection Period: Jul 01 - Jun 30



Report Year	2020	2021	2022	2023	2024
<b>Helpfulness</b>					
Actual	97%	89%	89%		
Target	90%	90%	90%	90%	
<b>Overall</b>					
Actual	90%	92%	88%		
Target	90%	90%	90%	90%	
<b>Expertise</b>					
Actual	97%	90%	88%		
Target	90%	90%	90%	90%	
<b>Availability of Information</b>					
Actual	95%	91%	87%		
Target	90%	90%	90%	90%	
<b>Timeliness</b>					
Actual	97%	93%	89%		
Target	90%	90%	90%	90%	
<b>Accuracy</b>					
Actual	96%	90%	87%		
Target	90%	90%	90%	90%	

How Are We Doing

This measure demonstrates our customer's opinions on their level of satisfaction with the services we provide. We manage a continuous survey process that utilizes SurveyMonkey, an Internet survey tool, and postcards. All survey data collected, both electronically and through postcards, is 100% anonymous.

The agency's Management Council monitors the survey results on a continuous basis and we use the feedback from our customers to improve our systems and processes. Our success is demonstrated by the consistently positive feedback from our customers.

For fiscal year 2022 we had a population (surveys sent) of 25,949. We received 405 total responses for a 2% response rate and a 3% margin of error at 95% confidence level.

#### **Factors Affecting Results**

We provide a survey to each new licensee, each licensee who renewed their license, each licensee who reactivated their license, and all complainants whose complaints resulted in an investigation (surveys are sent at the close of the case). Results for each individual group are retained by the agency and used at a management and team level. All results are combined to reach an agency wide result for reporting purposes. Equal weighting was given to each response.

As described above, there were 25,949 surveys distributed during fiscal year 2022, whereas there were 4,556 surveys distributed in fiscal year 2021. The increase in surveys sent for fiscal year 2022 is due to the biennial license renewal cycle. The Board's Investigations Department reviews all complaints to determine whether state law (the Medical Practice Act) may have been violated. Each complaint is considered on its own merits with its specific set of circumstances to determine whether one of the Medical Practice Act's 27 separate grounds for discipline exist. When the Board determines that the complaint is outside of its jurisdiction or does not constitute a violation of the Medical Practice Act, complainants are often unhappy even after the Board has thoroughly investigated and determined the appropriate outcome in accordance with state statutes. These survey responses drive down the overall agency results. This is not an indication that the agency is not operating correctly or effectively, only that the customer was dissatisfied with the outcome. The Board investigates complaints and disciplines appropriately and in accordance with state statutes, as evidenced by our KPM number 2.

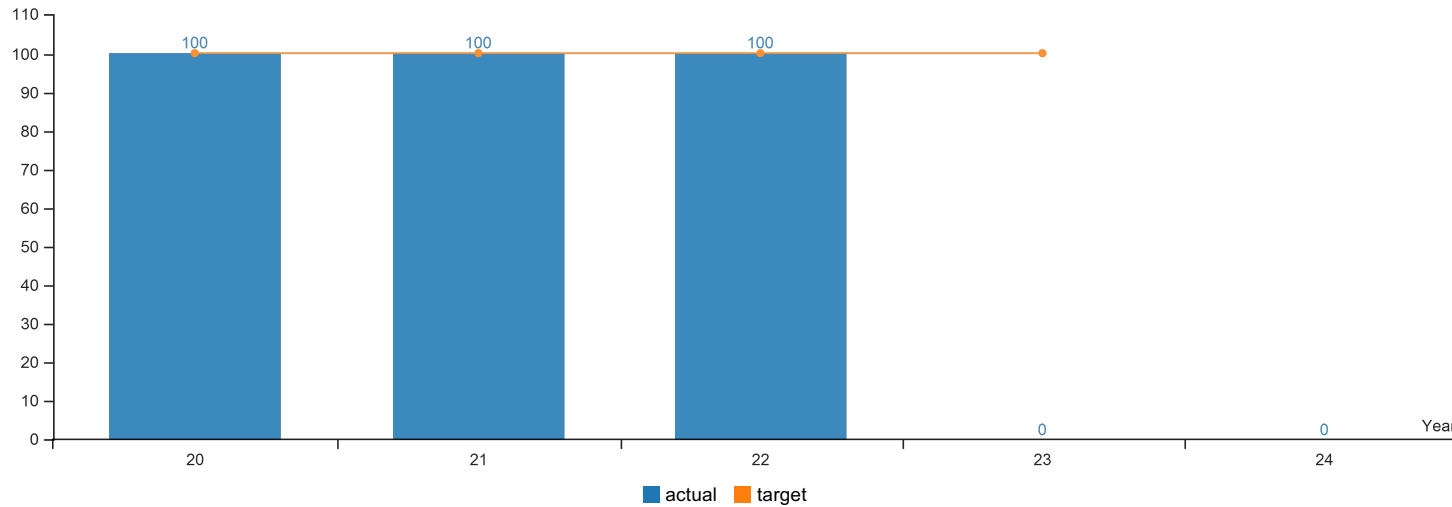
During fiscal year 2022, agency services continued to be impacted by the COVID-19 pandemic and resulting public health emergency. We are proud of how the agency adapted to maintain a high level of service despite the interruption in normal business processes and the impact on the way agency staff fulfilled their responsibilities to our customers.

Based on legislative direction, the target was changed to 90% beginning in fiscal year 2020.

The higher the percentage, the higher our customer's satisfaction with our services.

KPM #8	BOARD BEST PRACTICES - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Percent of total best practices met by the Board</b>					
Actual	100%	100%	100%		
Target	100%	100%	100%	100%	

#### How Are We Doing

This measure demonstrates that we are meeting management best 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, and fiscal oversight and board management. 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.

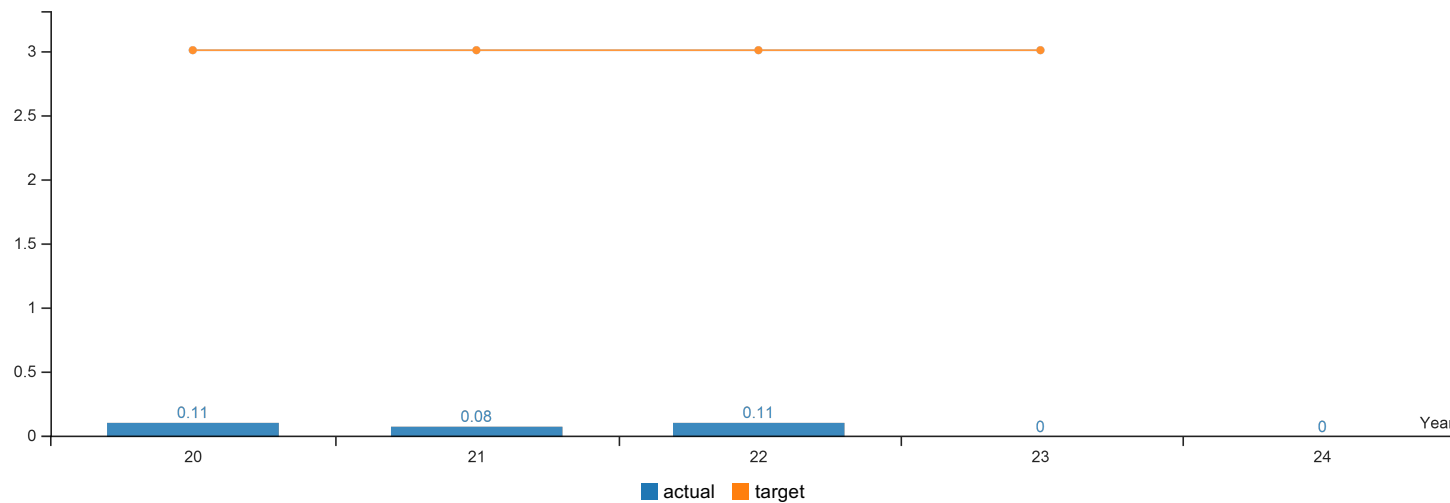
The Board has been able to meet the target since the measure was implemented in 2007.

#### Factors Affecting Results

For consistency with the other health regulatory boards, the target changed to 100% beginning in fiscal year 2018. However, it should be noted that if the Oregon Medical Board were to have a dissenting Board member, we would not meet this target. The higher the percentage, the better the Board is doing at fulfilling governance best practices.

KPM #9	LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

\* Upward Trend = negative result



Report Year	2020	2021	2022	2023	2024
<b>Average number of days to process an application for medical licensure</b>					
Actual	0.11	0.08	0.11		
Target	3	3	3	3	

#### How Are We Doing

This measure demonstrates our efficiency in licensing health care professionals and the customer service we provide to the citizens of Oregon. We process applications efficiently and consistently with public safety. We perform careful background checks on all applicants for licensure. The 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. For fiscal year 2022 there were 2,048 licenses granted.

The Board has been able to exceed the target since the measure was implemented in 2009. This measure is associated with our strategic plan goal of efficiently managing licensure and renewal of licensure.

#### Factors Affecting Results

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.

The target of five days was established in 2009 based on the agency weekly license approval schedule. The agency currently approves licenses more frequently. The target changed to one day beginning with fiscal year 2018. Based on legislative direction, the target was changed to 3 days beginning in fiscal year 2020.