

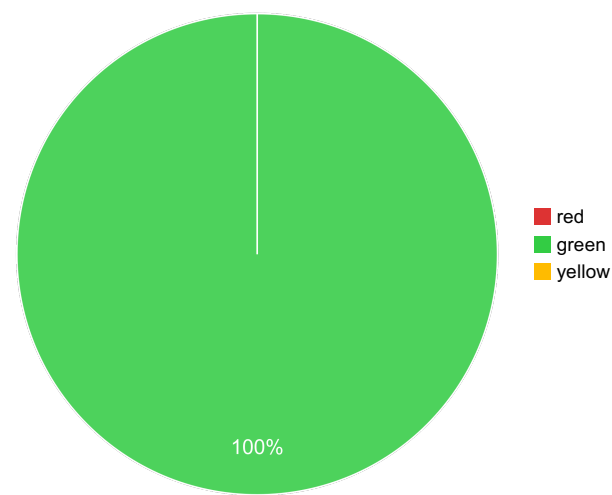
Oregon Medical Board

Annual Performance Progress Report

Reporting Year 2025

Published: 10/2/2025 8:59:13 AM

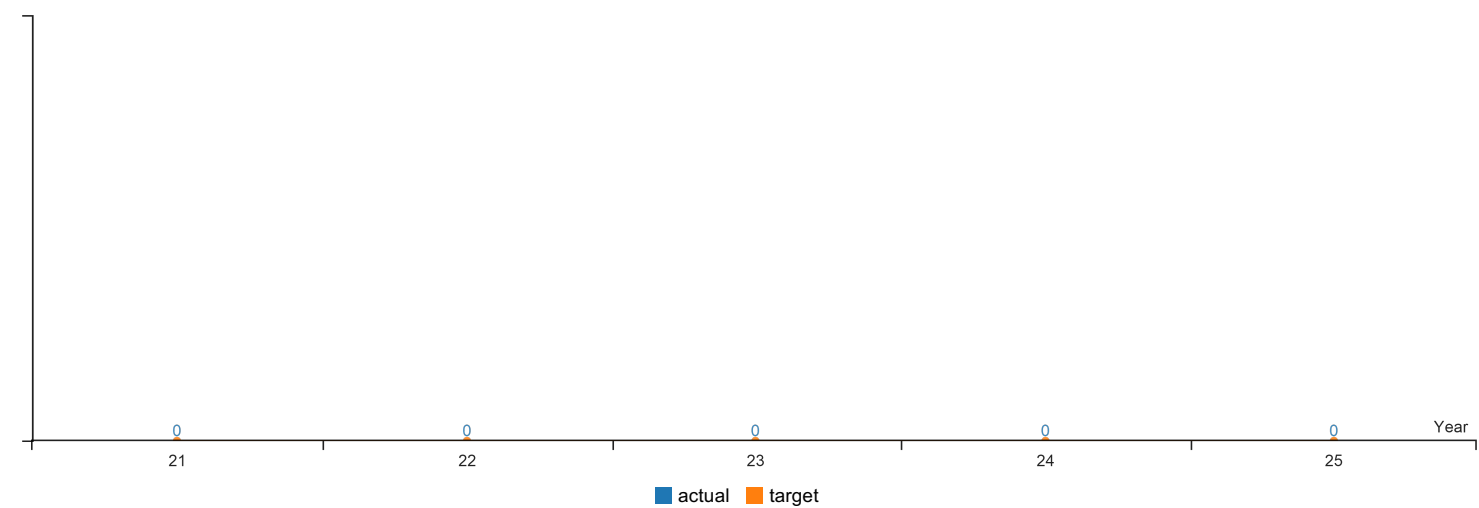
KPM #	Approved Key Performance Measures (KPMs)
1	LICENSE APPROPRIATELY - Number of Board-Issued license denials overturned upon appeal.
2	DISCIPLINE APPROPRIATELY - Number of disciplinary actions overturned on appeal.
3	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have a new Notice of Proposed Disciplinary Action within 5 years.
4	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.
5	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.
6	BOARD BEST PRACTICES - Percent of total best practices met by the Board.
7	LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of license.



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

KPM #1	LICENSE APPROPRIATELY - Number of Board-Issued license denials overturned upon appeal.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2021	2022	2023	2024	2025
LICENSE APPROPRIATELY					
Actual	0	0	0	0	0
Target	0	0	0	0	0

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 agency began collecting this data in 2002. For fiscal year 2025, the Board issued 2,635 full licenses. There were four Final Orders denying licensure during this fiscal year and no appeals.

Fiscal Year	2021	2022	2023	2024	2025
Licenses Issued	1,785	2,048	2,372	2,404	2,635
Final Orders Denying Licensure	0	0	1	1	4
Orders and Agreements Appealed	0	0	0	0	0
Orders and Agreements Upheld on appeal	1	0	0	0	0
Orders and Agreements Overturned on appeal	0	0	0	0	0
Appeals Pending at Close of Fiscal Year	0	0	0	0	0

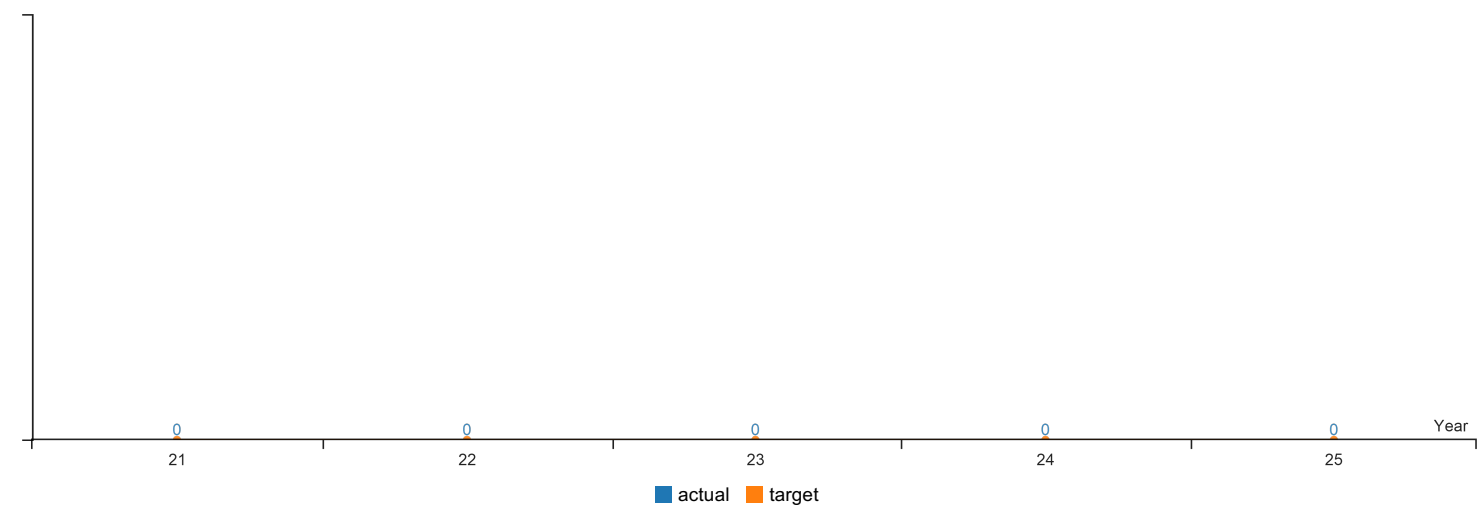
This measure is associated with our strategic plan goal of efficiently managing licensure.

Factors Affecting Results

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

KPM #2	DISCIPLINE APPROPRIATELY - Number of disciplinary actions overturned on appeal.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2021	2022	2023	2024	2025
DISCIPLINE APPROPRIATELY					
Actual	0	0	0	0	0
Target	0	0	0	0	0

How Are We Doing

This measure demonstrates the Board's disciplinary actions that are overturned on appeal, an indication of the appropriateness of the Board's decisions. Results for this measure include all public disciplinary orders that have been appealed. For fiscal year 2025, 53 orders and agreements were issued which were reportable to the National Practitioner Data Bank; none were appealed. The Board has no appeals pending at the end of fiscal year 2025, and the Board began this fiscal year with no pending appeals. The Board tailors disciplinary outcomes to the facts of each case.

Fiscal Year	2021	2022	2023	2024	2025
Investigations Closed	880	820	830	839	826
Orders and Agreements Issued	85	77	63	51	53
Orders and Agreements Appealed	1	2	0	0	0
Orders and Agreements Upheld on appeal	0	2	1	1	0
Orders and Agreements Overturned on appeal	0	0	0	0	0
Orders and Agreements Withdrawn or Closed without Opinion/Judgement	0	1	1	0	0
Appeals Pending at Close of Fiscal Year	4	3	1	0	0

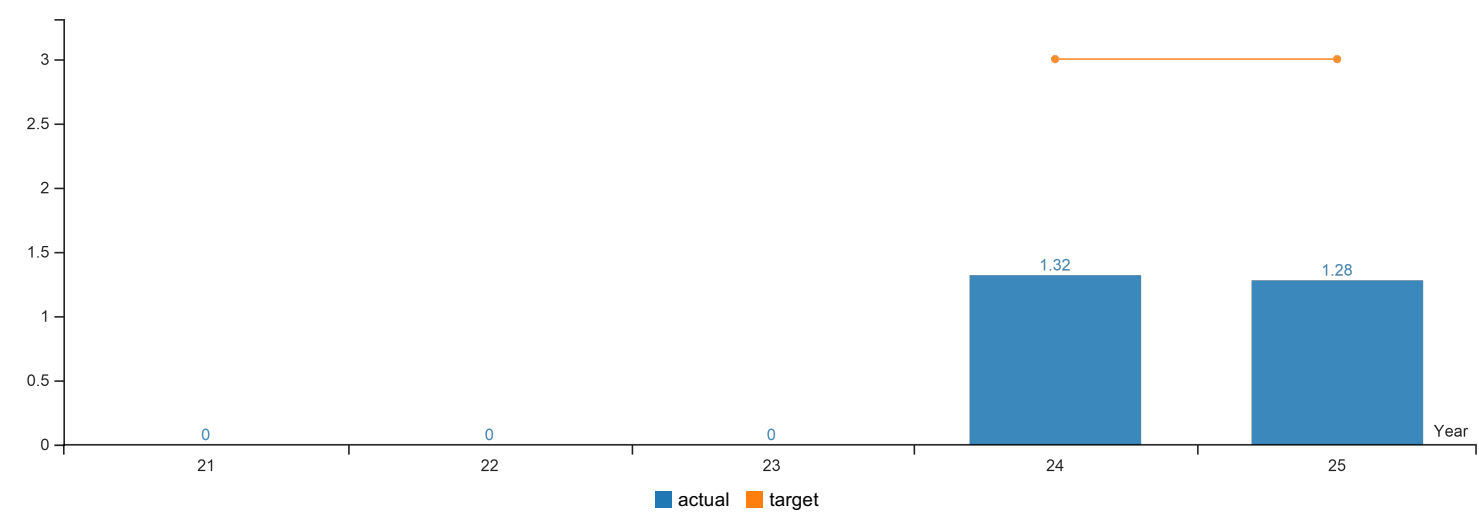
This measure is associated with our strategic plan goal of equitably reviewing complaints against licensees and applicants.

Factors Affecting Results

The Board provides extensive due process to all applicants and licensees to ensure appropriate outcomes. The target is set at zero based on past history and the expectation that there will continue to be no successful appeals of our disciplinary decisions. The lower the results, the more successful we are at meeting this performance measure.

KPM #3	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have a new Notice of Proposed Disciplinary Action within 5 years.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2021	2022	2023	2024	2025
MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS					
Actual				1.32%	1.28%
Target				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.

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

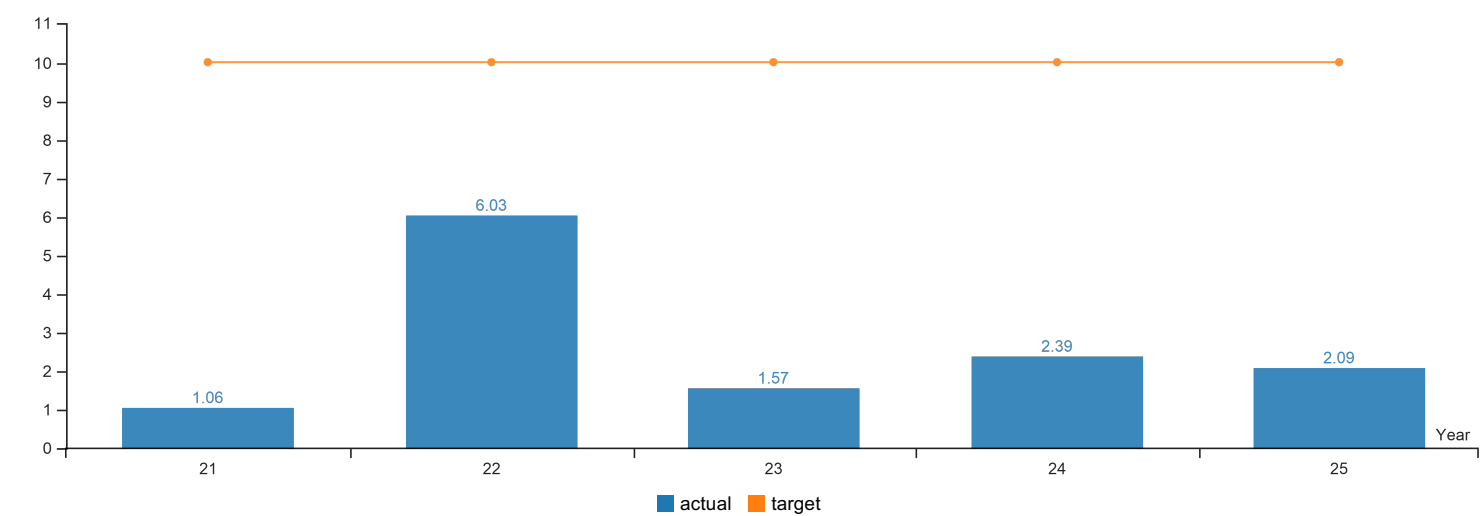
Factors Affecting Results

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 more effective the Board is at remediating licensees and preventing recidivism.

For fiscal year 2023, this measure replaced a similar previous measure, changing the measurement period from three years to five years and changing the indicator from a mere complaint to a Notice of Proposed Disciplinary Action to better measure recidivism. A Notice of Proposed Disciplinary Action is a legal document issued by the Board after a complaint is investigated when the Board believes a violation of the Medical Practice Act has occurred. The need for this subsequent disciplinary action, even if unrelated to prior disciplinary action, is considered recidivism. Data is not available for fiscal years prior to 2024.

KPM #4	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	2021	2022	2023	2024	2025
Average number of calendar days to process and mail a license renewal					
Actual	1.06	6.03	1.57	2.39	2.09
Target	10	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.

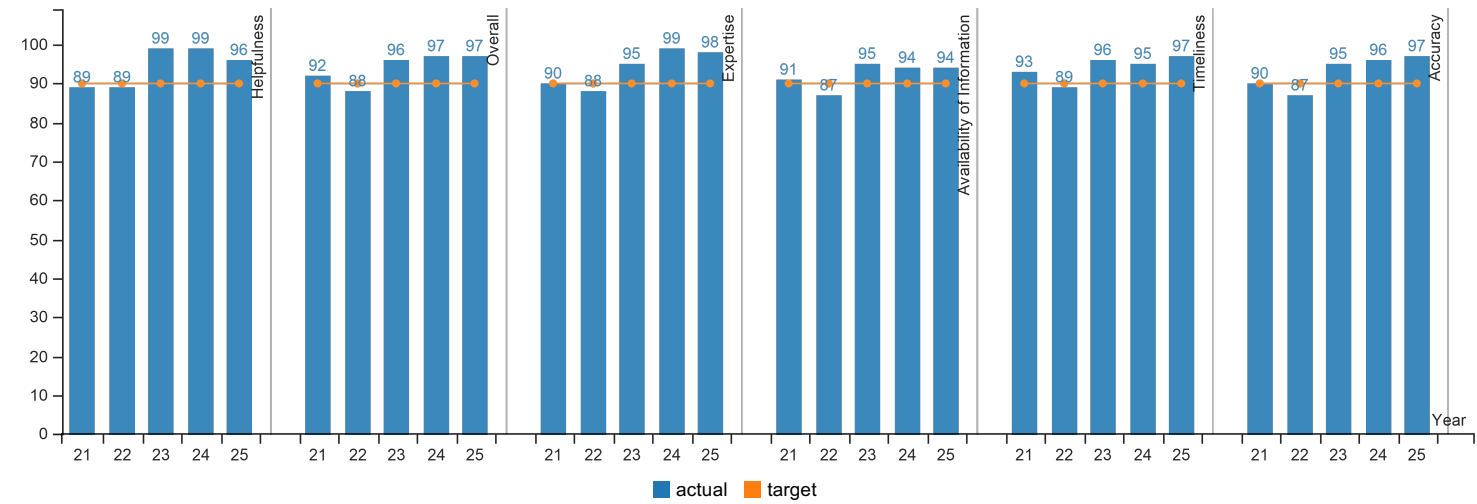
The data presented includes those renewals that are outliers, with problems or concerns that need to be reviewed by staff which can add significant time to the renewal process. The renewal of most physician, physician associate, podiatrist, and acupuncture licenses (approximately 966 individuals in fiscal year 2025) generally occurs biennially during even numbered fiscal years. This results in a 3-month period of high activity for all agency staff.

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

Factors Affecting Results

While operational efficiency is our goal, rushing licensure renewal--potentially compromising patient safety--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.

KPM #5	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	2021	2022	2023	2024	2025
Helpfulness					
Actual	89%	89%	99%	99%	96%
Target	90%	90%	90%	90%	90%
Overall					
Actual	92%	88%	96%	97%	97%
Target	90%	90%	90%	90%	90%
Expertise					
Actual	90%	88%	95%	99%	98%
Target	90%	90%	90%	90%	90%
Availability of Information					
Actual	91%	87%	95%	94%	94%
Target	90%	90%	90%	90%	90%
Timeliness					
Actual	93%	89%	96%	95%	97%
Target	90%	90%	90%	90%	90%
Accuracy					
Actual	90%	87%	95%	96%	97%
Target	90%	90%	90%	90%	90%

This measure demonstrates our applicants and licensees' level of satisfaction with the services we provide. We manage a continuous survey process that utilizes SurveyMonkey, an Internet survey tool. All survey data collected 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 received from our customers.

For fiscal year 2025 we had a population (surveys sent) of 5,097. We received 65 total responses, a 1% response rate.

Factors Affecting Results

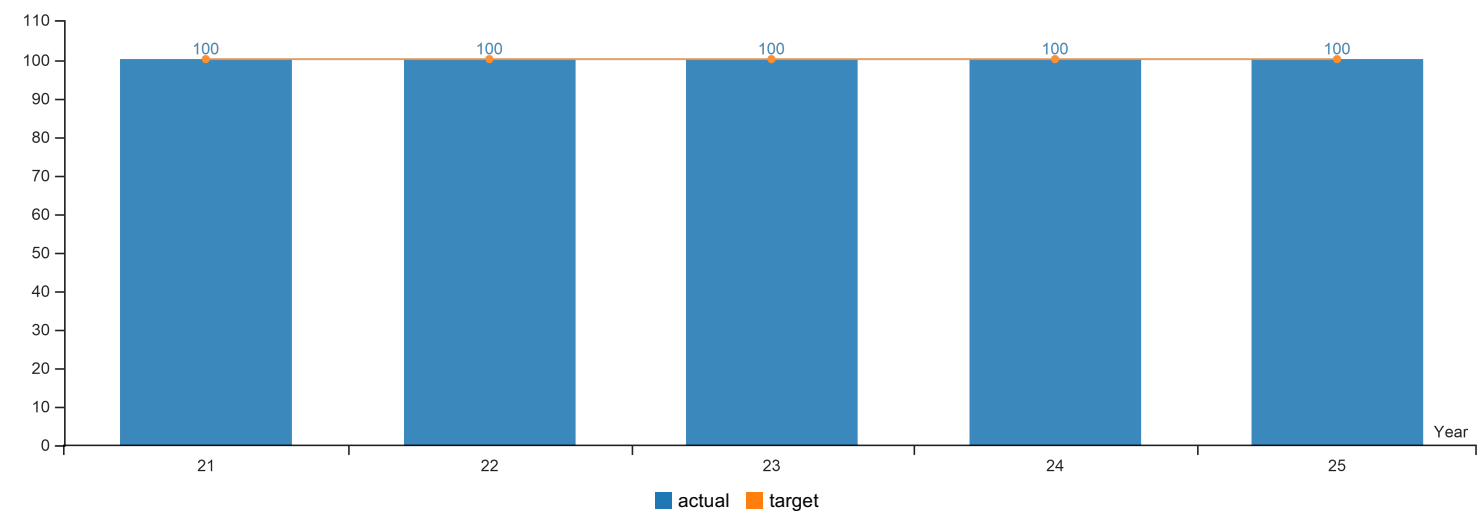
We provide a survey to each new licensee, each licensee who renewed their license and each licensee who reactivated their license. All other survey results are combined to reach an agency-wide result for reporting purposes. Equal weighting is given to each response. Results for each individual group are retained by the agency and used at a management and team level.

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

The higher the percentage, the higher our customers' satisfaction with our services.

KPM #6	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	2021	2022	2023	2024	2025
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

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 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.

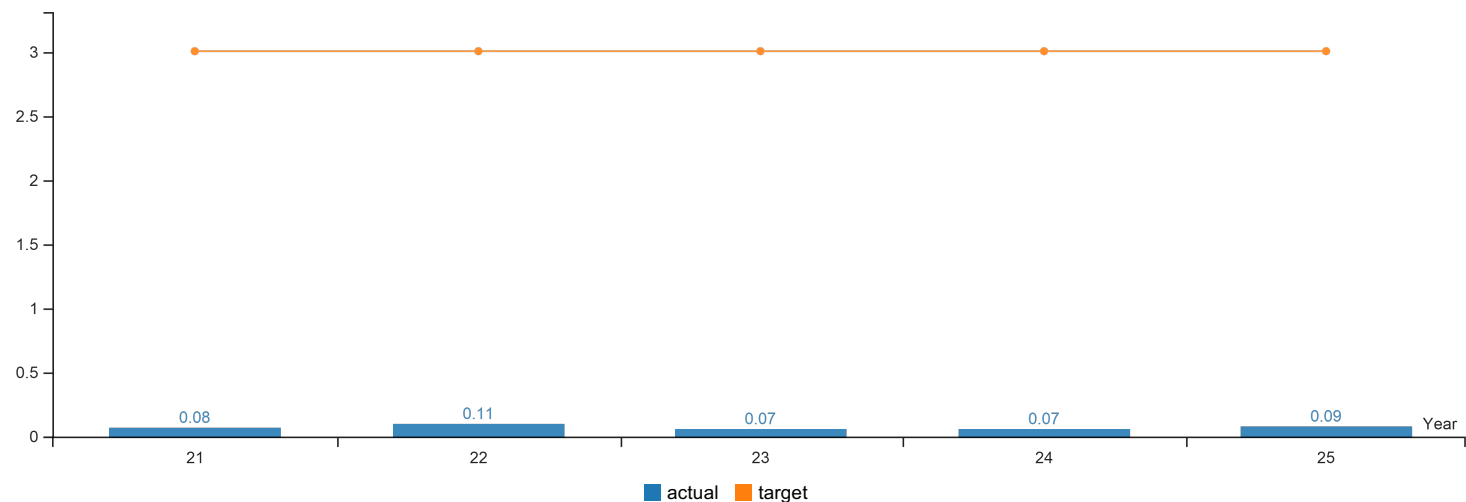
The Board has been able to meet the target since the measure was implemented in 2007.

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 #7	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	2021	2022	2023	2024	2025
Average number of days to process an application for medical licensure					
Actual	0.08	0.11	0.07	0.07	0.09
Target	3	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 2025 there were 2,635 full 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 safety, 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.