

Oregon Medical Board

Budget Presentation
Joint Ways and Means
Subcommittee on Human Services



The Board

Board members serve three-year terms, up to two terms,
are appointed by the Governor and confirmed by the Senate:

7 Medical Physicians (MD), 2 Osteopathic Physicians (DO), 1 Podiatrist (DPM), 2 Public Members



Roger McKimmy, MD
Chair
Eugene



Donald E. Girard, MD
Vice Chair
Portland



Shirin R. Sukumar, MD
Secretary
West Linn



Ramiro Gaitán,
Public Member
Portland



George Koval, MD
Portland



Clifford Mah, DPM
Portland



Michael J. Mastrangelo Jr.,
MD
Bend



Lewis D. Neace, DO
Hillsboro



Angelo Turner,
Public Member
Portland



Keith A. White, MD
Salem

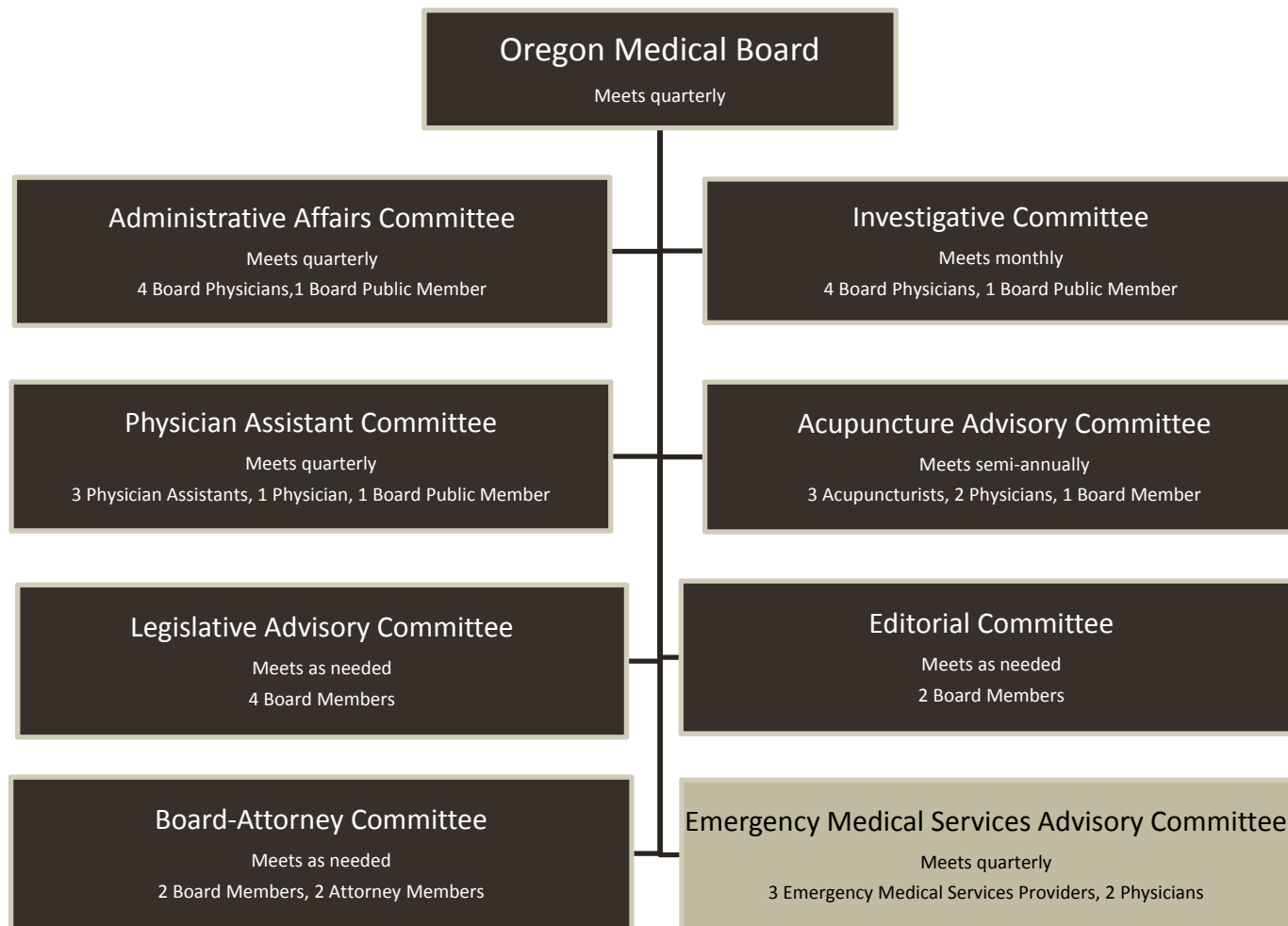


W. Kent Williamson, MD
Portland



Ralph A. Yates, DO
Portland

The Board works through committees



Mission Statement

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

Strategic Plan Goals

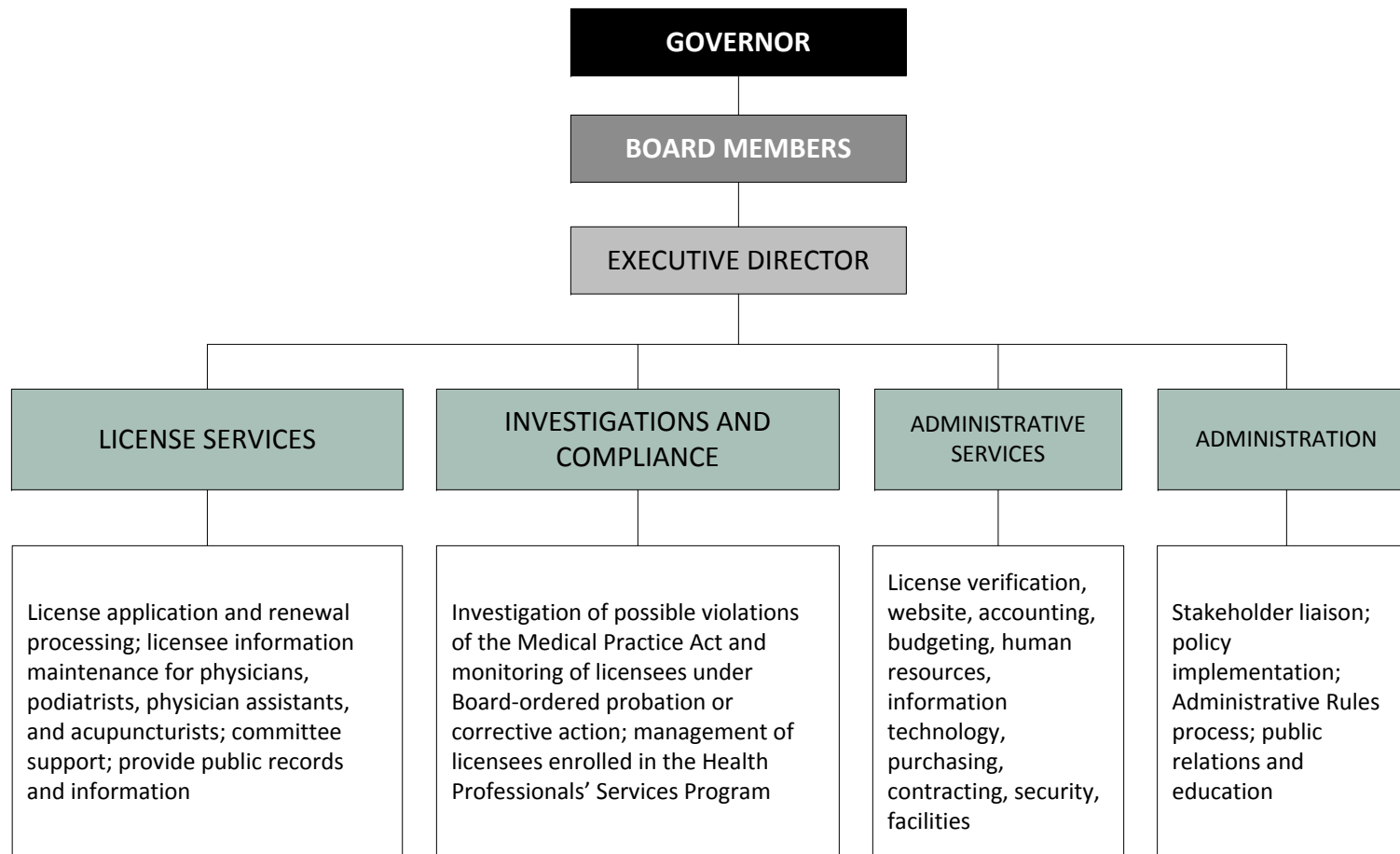
- ✓ **Evaluate** applicants for licensure.
- ✓ **Provide information** to the public.
- ✓ **Inform licensees** about the Board's policies.
- ✓ **Investigate** complaints.
- ✓ **Restore & Remediate** licensees to practice while protecting public safety.
- ✓ Take **appropriate action**.
- ✓ Ensure **efficient** internal operations.

Operating Environment

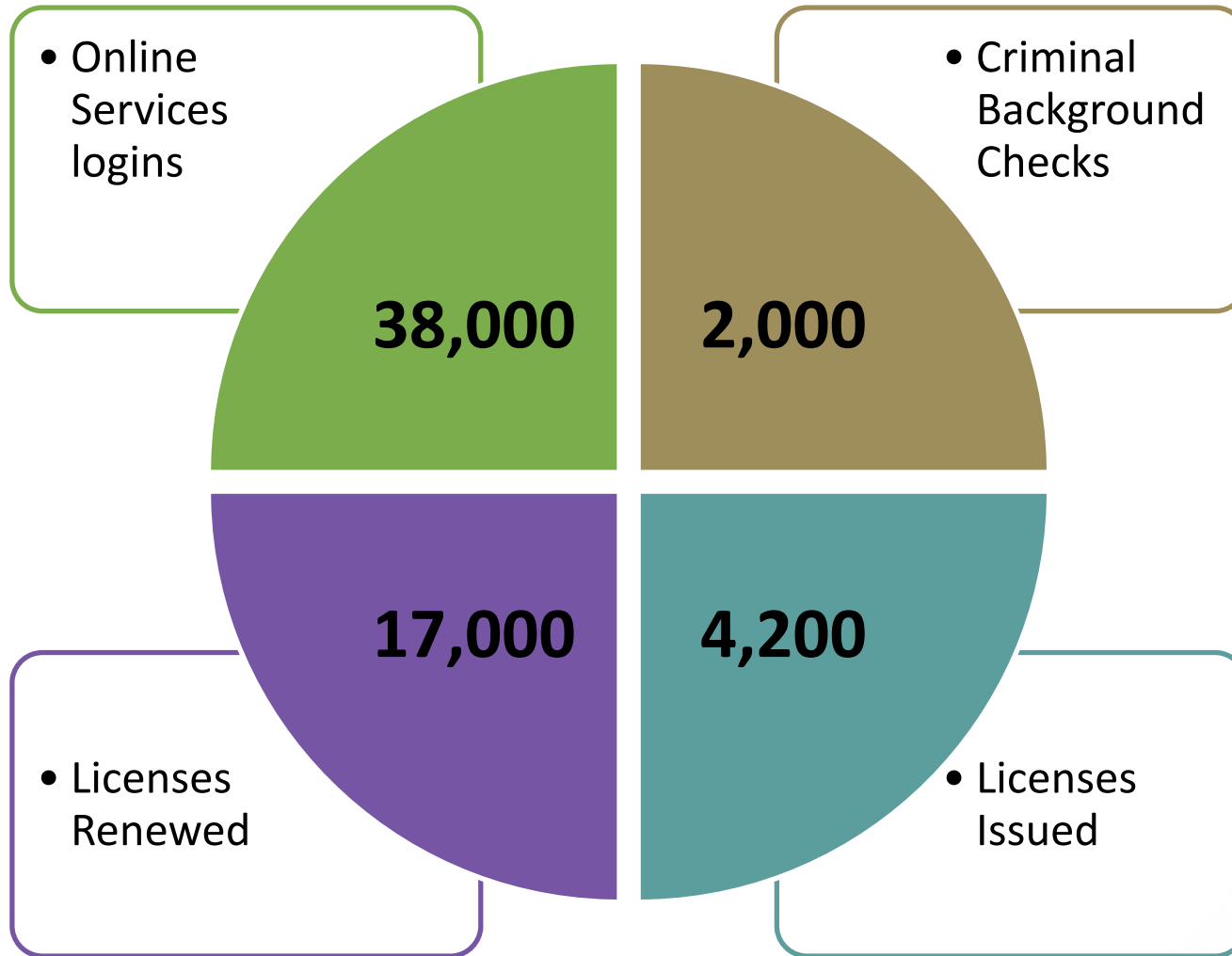
External factors affecting the Medical Board's pursuit of its mission:

- ✓ Societal factors
- ✓ Evolution of the medical profession
- ✓ Impact of technology on health care delivery and regulation
- ✓ Agency issues, responsibility to multiple stakeholders

Organization and Services



License Services, Biennially



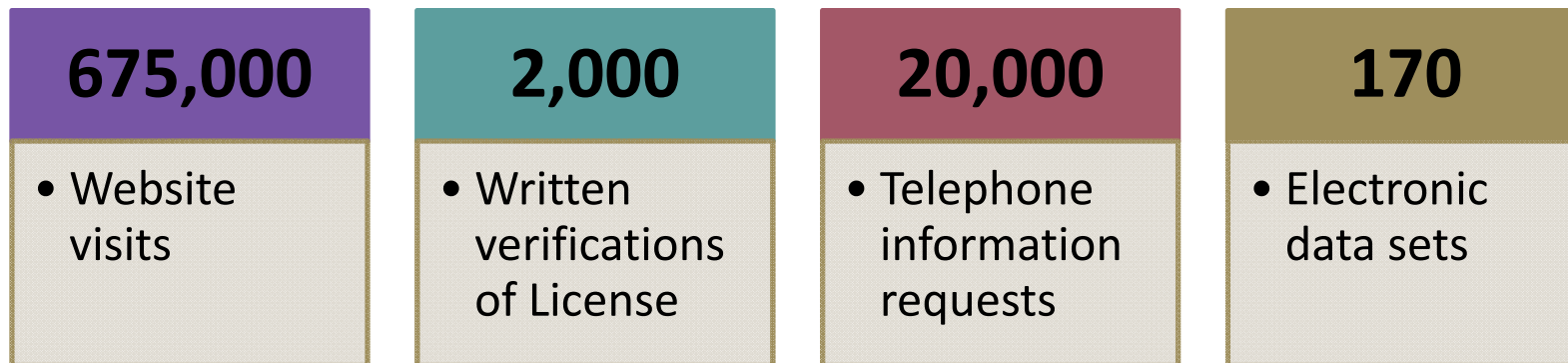
Investigations and Compliance, Annually



Administrative Services

- ✓ Providing the technical & support services that enable Board employees to better serve licensees and the public
- ✓ Providing current, accurate information about the Board and our licensees

Services to the public and licensees, annually:



Performance Measures

Measure	FY 2010	FY 2011	FY 2012
License Appropriately	✓	✓	✓
Discipline Appropriately	✓	✓	✓
Monitor Licensees who are Disciplined	✓	✓	✓
License Efficiently	✓	✓	✓
Renew Licenses Efficiently	✓	✓	✓
Customer Satisfaction	✓	✓	✓
Board Best Practices	✓	✓	✓

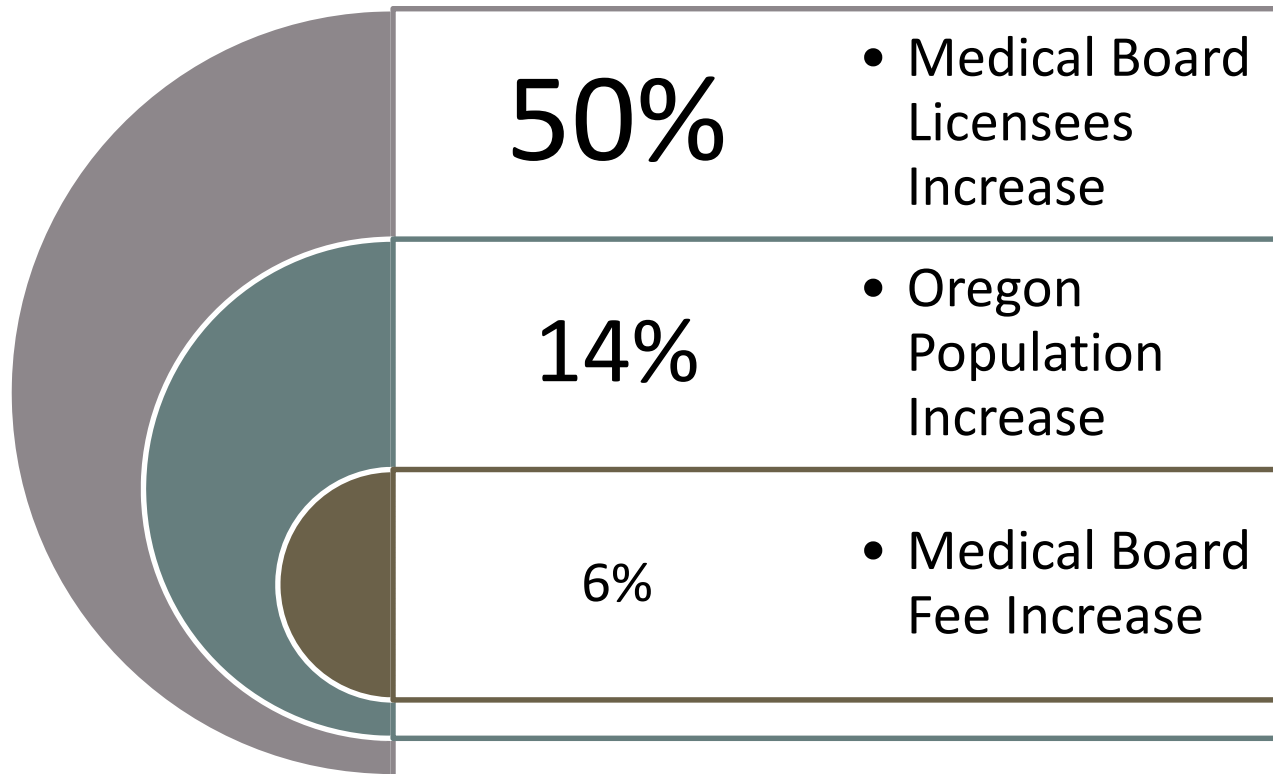
✓ Target met or exceeded

Major Agency Changes

- ✓ Use of technology to modernize activities, provide efficiencies, and transition to paperless processes
- ✓ Streamlined licensing process:
 - Express licensing
 - Expedited Endorsement
- ✓ Update to physician assistant supervision and dispensing
- ✓ Partnering with other health licensing boards on the Health Professionals' Services Program

Agency Efficiencies

Since 2000:



Major Budget Issues

Accountability

Stakeholder Expectations

Reasonable fees

Fast licensing and
complaint resolution

Transparency & Access
to information

Increased services

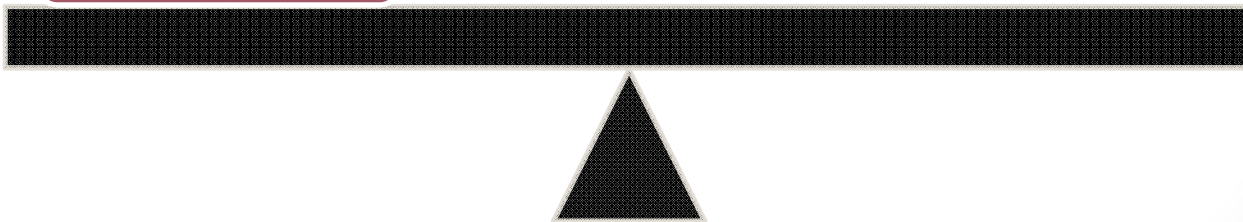
Mission Fulfillment

Inflation

Due diligence to
protect the public

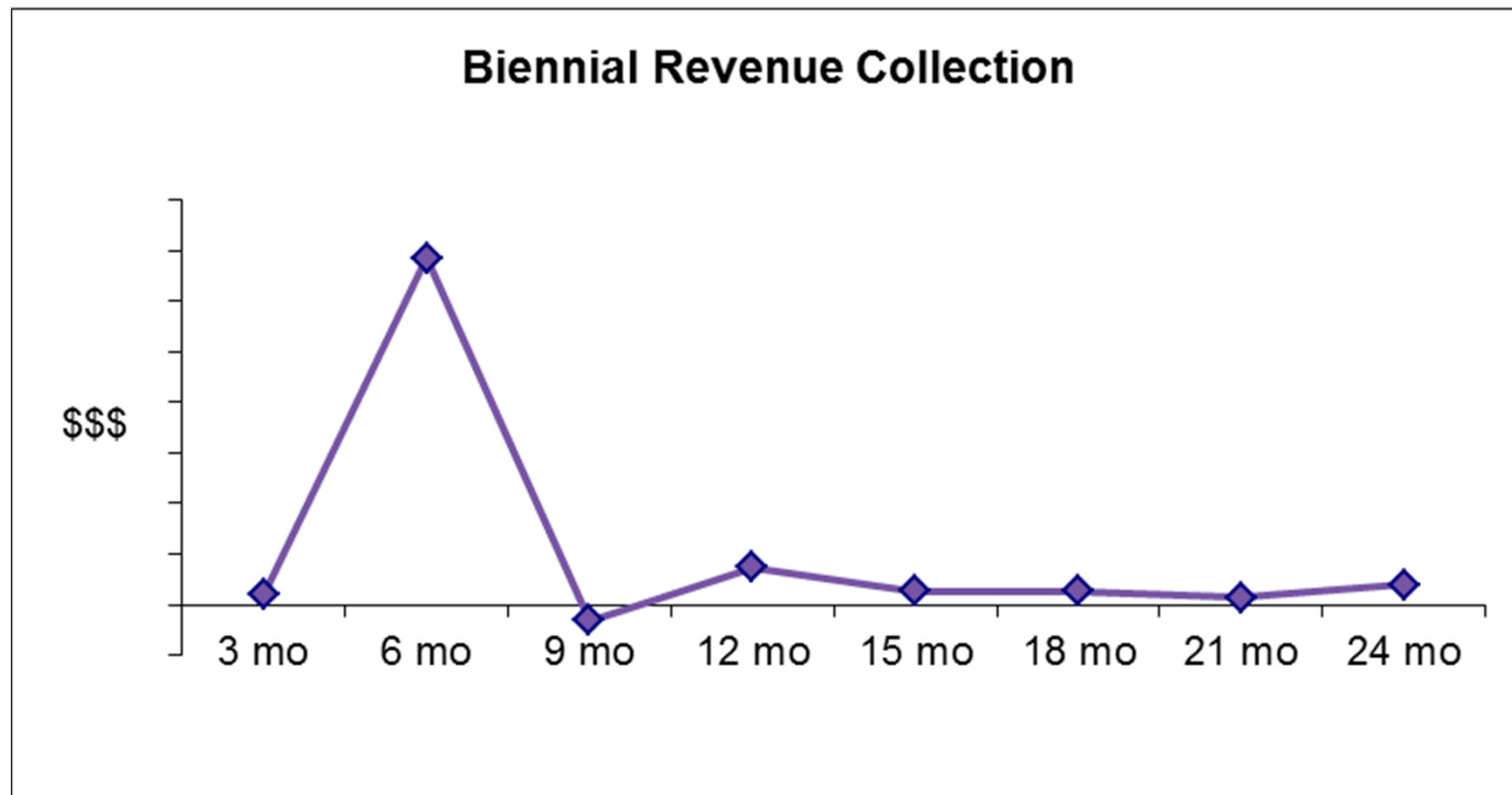
Licensee
Confidentiality

Adequate staff
resources



Revenue Stream

100% Other Funded



2013-15 Policy Packages

- ✓ 101 Renewal Fees Adjustment
- ✓ 102 Criminal Background Check Fee Recovery
- ✓ 103 Physician Assistant Fee Recovery
- ✓ 104 Health Professionals' Services Program Costs
- ✓ 091 State-wide Administrative Savings

2013-15 Policy Packages

101 Renewal Fees

- ✓ OMB Fees were increased by only 6% in 2011. The prior fee increase was 1998.
- ✓ Consistent with the Legislature's direction to impose small, frequent fee increases, the OMB proposes to adjust all license renewal fees each biennium.
- ✓ OMB license renewal fees are lower than surrounding states.

Fees Comparison

	OREGON Proposed	California	Idaho	Nevada	Washington
MD	\$ 243 *	\$ 404	\$ 250	\$ 400	\$ 338
DO	\$ 243 *	\$ 200	\$ 250	\$ 500	\$ 650
DPM	\$ 243 *	\$ 450	\$ 500	\$ 400	\$ 1,025
PA	\$ 191 *	\$ 150	\$ 100	\$ 400	\$ 300
AC	\$ 161	\$ 163	\$ 125	\$ 700	\$ 205

* Does not include the following pass-through fees:

- \$10 to the OHSU Library
- \$25 to support the state-wide prescription monitoring database
- \$5 to support the workforce database

2013-15 Policy Packages

102 Criminal Background Check Fee Recovery

- ✓ Cost-recovery for fingerprint criminal background checks.
- ✓ Since inception in 2006, more than \$350,000 in these applicant costs have been absorbed by current licensees.
- ✓ Pass-through fee only – recovers the fees paid to the Oregon State Police.
- ✓ License application fees will not otherwise increase.

2013-15 Policy Packages

103 Physician Assistant Fees

- ✓ One-time cost-recovery for physician assistants and supervising physician applications.
- ✓ 2011 SB 224 and 2012 SB 1565 both required unfunded changes to physician assistant regulation.
- ✓ Fee structure was developed in partnership with the Oregon Medical Association (OMA) and the Oregon Society of Physician Assistants (OSPA).

2013-15 Policy Packages

104 Health Professionals' Services Program Costs

- ✓ Additional expenditure authority to fund continued participation in the Health Professionals' Services Program, administered by the Oregon Health Authority.
- ✓ Program costs are driven by third-party contract costs.
- ✓ Ensuring that licensees with substance abuse or mental health issues are safe to practice is critical to public safety.

2013-15 Policy Packages

091 State-wide Administrative Savings

- ✓ \$ 123,898 Budget reduction.
- ✓ Placeholder package for assumed savings through administrative efficiencies.

Legislation

2013 Session bills with impact on the OMB:

- ✓ Health Professionals' Services Program bills
- ✓ Licensure of anesthesiology assistants
- ✓ Credentialing of physicians and other licensees

Agency Accomplishments 2011-2012

Meeting the challenges of medical regulation with creative solutions

- ✓ Incorporated customer satisfaction surveys into online application and renewal process.
- ✓ Improved process for public comment on proposed rulemaking.
- ✓ Collaborated with the Pharmacy Board to create a drug dispensing training program.
- ✓ Performed study reviewing consistency of OMB disciplinary outcomes.
- ✓ Completed implementation of Business Continuity Plan.
- ✓ Implemented intranet and employee newsletter for better agency-wide sharing and communication; instituted monthly topic-specific technology training for staff to help find efficiencies through technology.

Contact Information

Kathleen Haley, JD
Executive Director
(971) 673-2700

Carol Brandt
Business Manager
(971) 673-2679



Appendix

- ✓ Annual Performance Progress Report
- ✓ 2011-13 Personnel Report
- ✓ Phase 2 Buy Form
- ✓ Oregon Medical Board Strategic Plan

OREGON MEDICAL BOARD

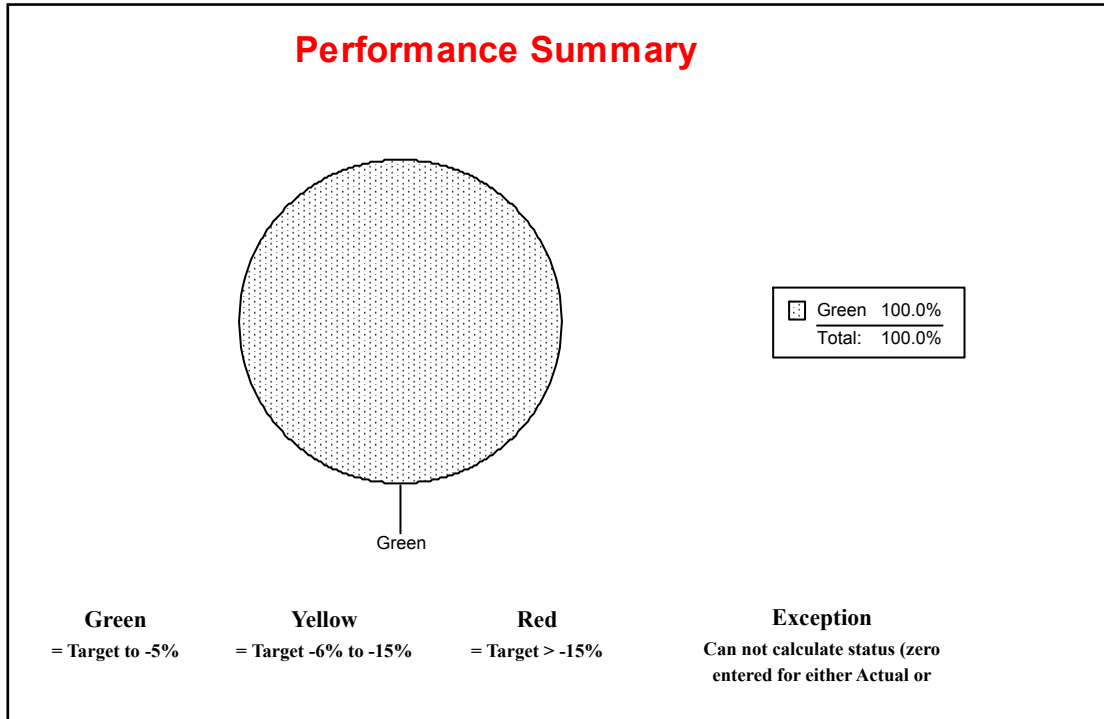
Annual Performance Progress Report (APPR) for Fiscal Year (2011-2012)

Original Submission Date: 2012

Finalize Date: 8/13/2012

2011-2012 KPM #	2011-2012 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.

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 quality care.			
Contact: Kathleen Haley, JD		Contact Phone: 971-673-2700	
Alternate: Carol Brandt		Alternate Phone: 971-673-2700	



1. SCOPE OF REPORT

Our key performance measures cover our Licensing, Investigations, and Administrative functions.

2. THE OREGON CONTEXT

Mission: Protect the health, safety, and well being of Oregonians by regulating the practice of medicine in a manner that promotes quality care. Three 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 Board's rehabilitative effect on problematic licensees, more Oregonians would experience premature death. These three 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, their malpractice information and their disciplinary history on our website. All of these mission-level goals and activities are measured.

3. PERFORMANCE SUMMARY

The Board is making progress (within 5% of targets) on 100% of its measures.

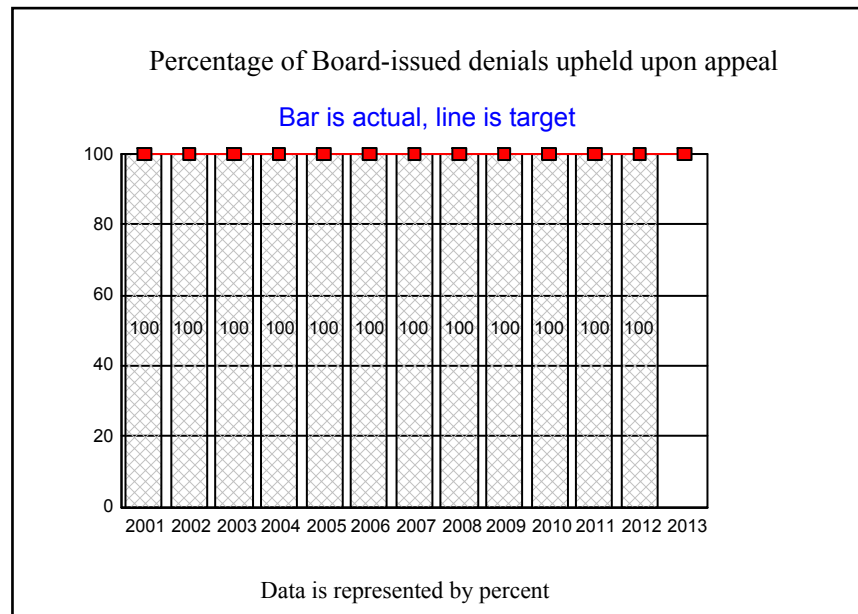
4. CHALLENGES

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. Please refer to #4, Challenges above and to the individual Key Measure Analysis (Part II) which follows.

KPM #1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.	2002
Goal	LICENSE APPROPRIATELY - Determine requirements for licensure and ensure that all applicants granted licensure meet Oregon requirements	
Oregon Context	Relates to agency mission	
Data Source	Agency Investigative and Licensing Databases.	
Owner	Board Members (971) 673-2700	



1. OUR STRATEGY

Continue to provide thorough and complete administrative due process for applicants who do not meet Oregon's standards for medical 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 Boards licensing decisions since the measure was enacted in 2002. For fiscal year 2012, we had 1,260 license applications of which none were denied.

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.

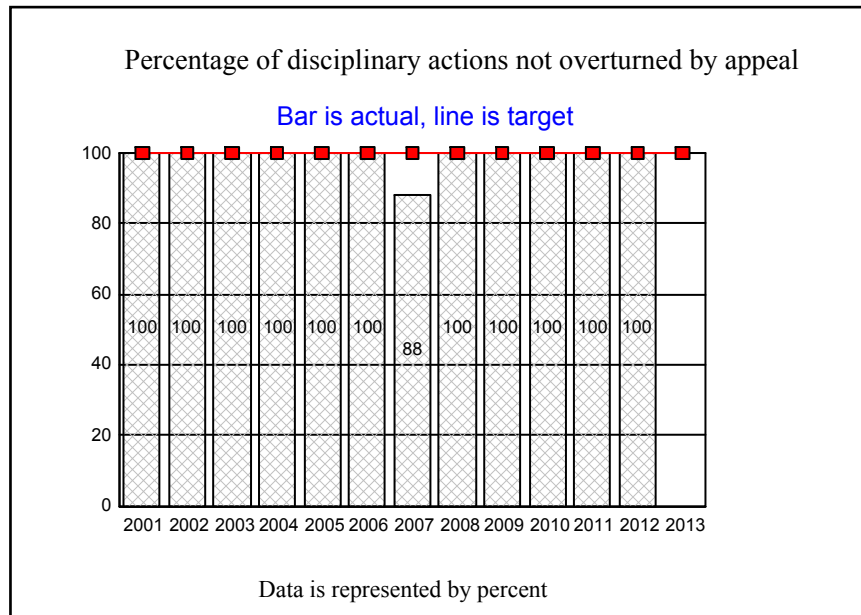
6. WHAT NEEDS TO BE DONE

Continue with our current successful practices.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

KPM #2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.	2002
Goal	DISCIPLINE APPROPRIATELY Investigate complaints against licensees, and ensure that the board members have sufficient information to take appropriate actions 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

Continue to provide thorough and complete administrative due process for licensees under investigation for possible violation of the Medical Practice Act.

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 as there had been no successful challenges to the Boards disciplinary decisions until fiscal year 2007. 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, or Final Orders. In fiscal year 2012, 53 orders were issued. Of these, one order was appealed and is still pending. There were two other appeals pending at the close of fiscal year 2011 that are now closed. One of these orders was upheld in its entirety. In the other case, the Board findings were upheld but the Board penalty was rescinded.

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.

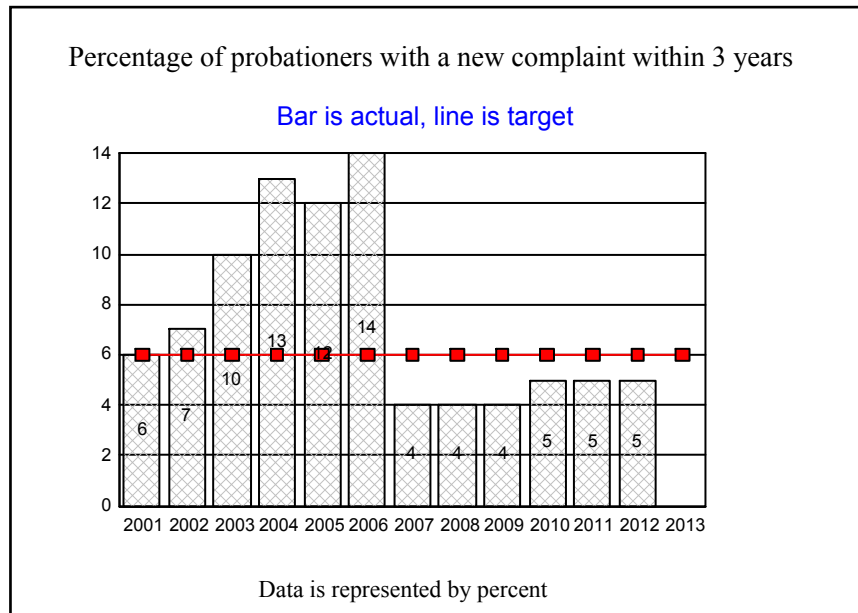
6. WHAT NEEDS TO BE DONE

Although we did not meet our target for fiscal year 2007, the Board considers a single successful appeal during the last 12 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 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

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 Boards compliance officer. Our strategy is to monitor licensees under Board order to ensure they comply with its terms. This monitoring is done through meetings and

interviews by agency Compliance Officers.

2. ABOUT THE TARGETS

A target of 6% was established at the time the measure was established 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 2012, we had 177 probationers, 9 of whom had a new investigation opened within 3 years of the original Board order. We have been able to meet our target for a sixth straight year. Please see Factors Affecting Results below.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

This is a goal that initially had been difficult to achieve because of an increasing caseload and turnover in the original Compliance Officer position. We received authority for an additional .5 FTE Compliance Officer beginning with the 2005-07 biennium. We had difficulty filling both of the Compliance Officer positions. Results of the additional FTE have been demonstrated in outcomes for this measure beginning in fiscal year 2007. Additional staffing for compliance monitoring has helped to reduce the recidivism rate. Because of the small population of licensees who have Board orders, one or two cases can have a significant effect on the percentage outcome.

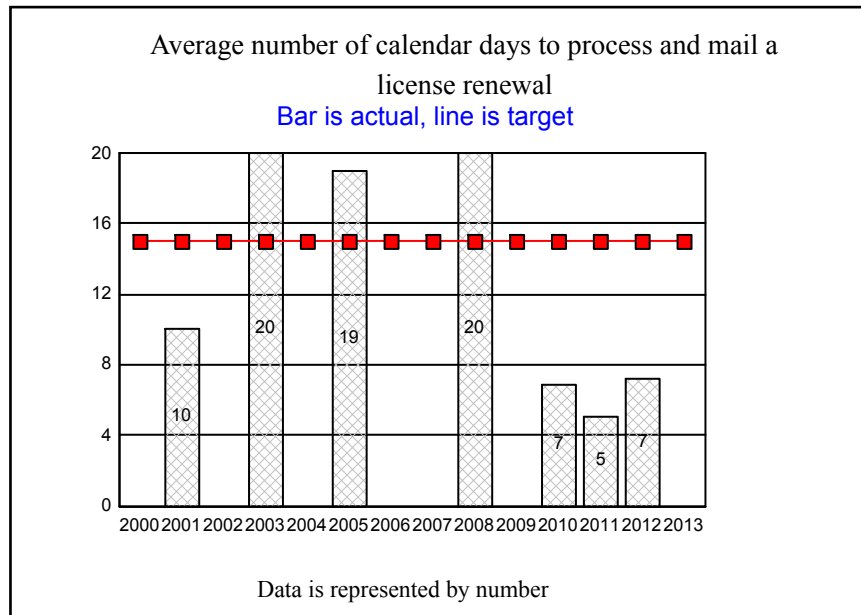
6. WHAT NEEDS TO BE DONE

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	LICENSE APPROPRIATELY - Determine requirements for licensure and ensure that all applicants granted licensure meet Oregon requirements.	
Oregon Context	Relates to agency mission	
Data Source	Agency Licensing Database	
Owner	Licensing, Catherine Stelzer (971) 673-2700	



1. OUR STRATEGY

Improve the renewal process through internal operational changes and provide better training to agency staff. Online license renewal became available in October, 2009, streamlining this process.

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 launching of online 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 16,500 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.

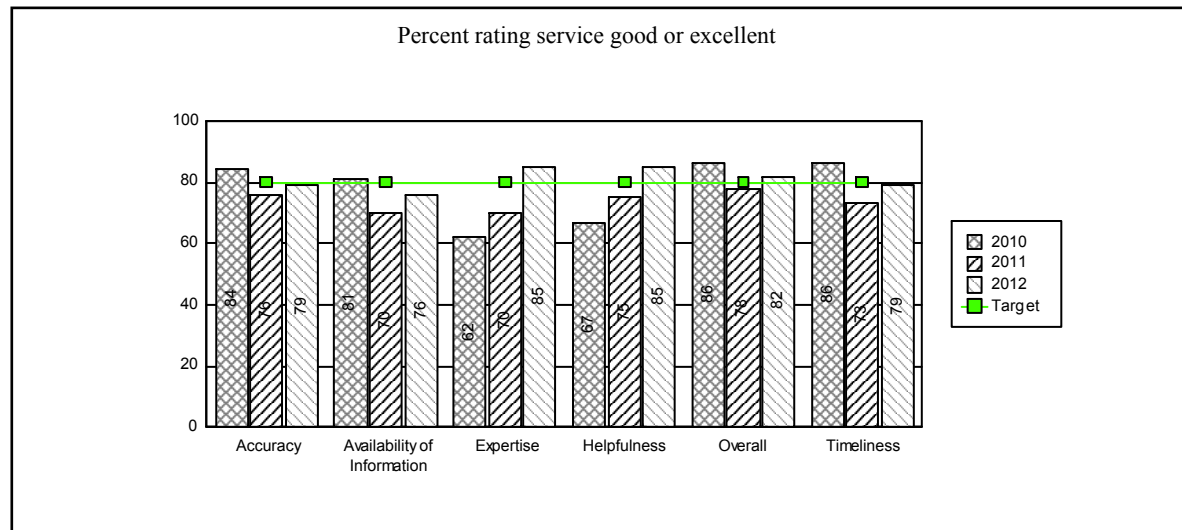
6. WHAT NEEDS TO BE DONE

The agency is modifying 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 has replaced its entire database system 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 now 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	Relates to agency mission	
Data Source	Data from anonymous post-card surveys and SurveyMonkey internet surveys	
Owner	Licensing, Investigations. Kathleen Haley, JD (971) 673-2700	



1. OUR STRATEGY

Conduct customer service survey; review and act on ratings and comments. This measure was added to all state agencies in 2006.

2. ABOUT THE TARGETS

Targets have been established at 80%. Higher percentages reflect higher satisfaction from our customers.

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. The Oregon Medical Board renews most of its licensees in the even numbered fiscal years. Thus, there is a significantly higher number of surveys and responses in the even numbered fiscal years. These higher numbers tend to indicate a higher satisfaction rating than from the lower results of odd numbered fiscal years.

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. We hope 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

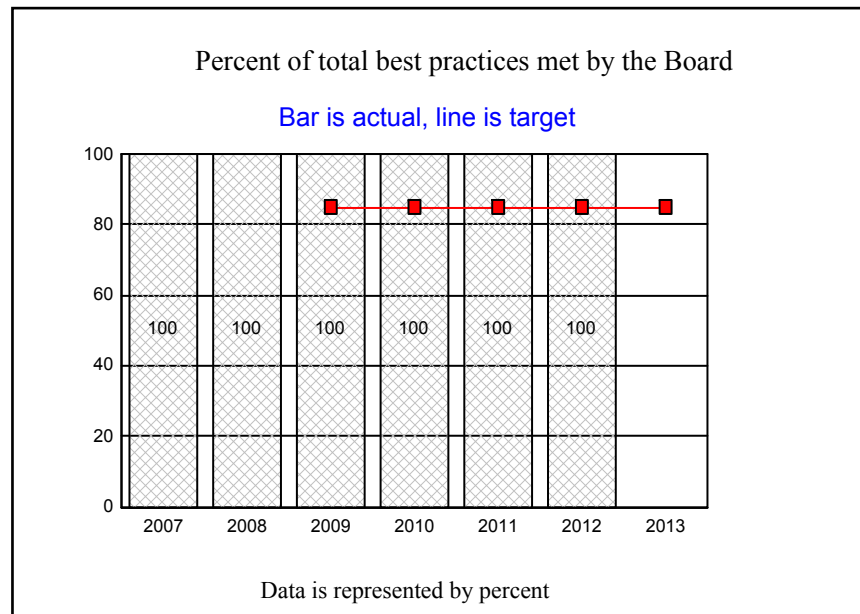
We have used these results to focus our attention on areas within the agency whose responses show less satisfaction than do others. Our Management Council is monitoring the survey results on a continuous basis and we hope to continue to improve our perceived quality of services in all areas.

7. ABOUT THE DATA

Our survey is a continuous survey. For fiscal year 2012, we had a population (surveys sent) of 19,023. 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 2,576 total responses, a 14% response rate, giving our results 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.

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

Conduct Board Member Best Practices Self-Assessment; review and act on ratings and comments.

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.

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.

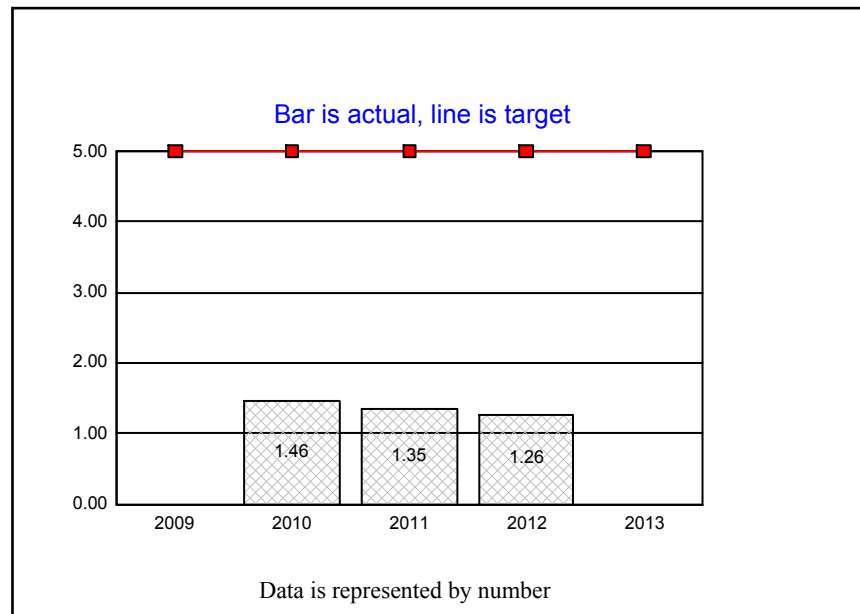
6. WHAT NEEDS TO BE DONE

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	LICENSE APPROPRIATELY - Determine requirements for licensure and ensure that all applicants granted licensure meet Oregon requirements.	
Oregon Context	Relates to agency mission	
Data Source	Agency Licensing Database	
Owner	Licensing, Catherine Stelzer (971) 673-2700	



1. OUR STRATEGY

Improve licensing process through internal operational changes and provide better training to agency staff.

2. ABOUT THE TARGETS

This is a new Measure in 2010, a calculation of the numbers of days it takes to process an application once the file is complete. The target is set at 5 days. The fewer days required, the more efficiently we are licensing.

3. HOW WE ARE DOING

The measure demonstrates our efficiency in licensing a health care professional 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 counts those days after the applicant has submitted all necessary documents.

4. HOW WE COMPARE

There is no comparable data at this time.

5. FACTORS AFFECTING RESULTS

This is a new measure. Long term results are not yet known.

6. WHAT NEEDS TO BE DONE

The agency has significantly modified 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 has replaced its entire database system with a new licensing and case management software solution as of June, 2009. This new system has reduced redundant data entry and improved efficiency. This new system also has an online portion that is 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 paperwork and documents 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 quality care.

Contact: Kathleen Haley, JD	Contact Phone: 971-673-2700
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Alternate: Carol Brandt	Alternate Phone: 971-673-2700
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The following questions indicate how performance measures and data are used for management and accountability purposes.

1. INCLUSIVITY	<p>* Staff: Each of the managers of the 4 divisions within the Board (Administration, Investigations, Licensing, and Administrative 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 2011 Legislative Assembly.</p> <p>* Stakeholders: The Oregon Medical Association and the Osteopathic Physicians and Surgeons of Oregon reviewed 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 2011 Legislative Assembly.</p>
2 MANAGING FOR RESULTS	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.
3 STAFF TRAINING	The Board's Business Manager has received formal training in Performance Measurement development from Department of Administrative Services and Progress Board classes. Staff have received training in gathering data for these measures and are involved in meeting measurement goals as well as correctly entering data that will affect measure calculations.
4 COMMUNICATING RESULTS	<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 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.</p>

* **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, and the Boards Physician Assistant and Acupuncture Advisory Committees 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/performance.shtml>

Oregon Medical Board

2011-2013 Personnel Report

Reclassifications Completed

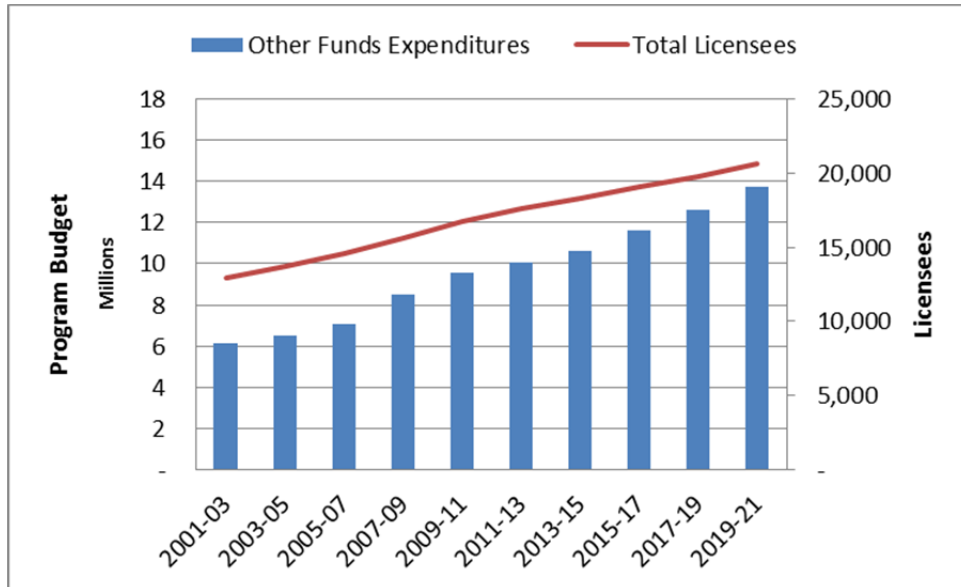
None

New Hires

Classification	Hire Step	Justification for Hire Step
Inv 3	7	Prior Salary, exceptional qualifications
OS 2	4	Internal equity
AS 1	3	Prior Salary, internal equity, strength of qualifications
Inv 3	6	Exceptional qualifications
HRA 3	2	
OS 2	4	Internal equity, strength of qualifications
Supervising Physician	2	
ISS 5	6	Prior salary, strength of qualifications
OS 2	4	Prior Salary, internal equity, strength of qualifications

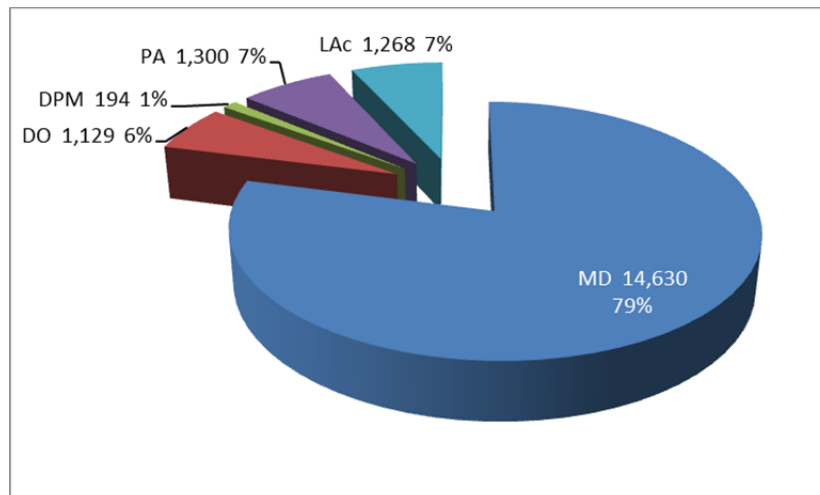
Agency Name: Oregon Medical Board

Primary Outcome Area: Safety
Secondary Outcome Area: Healthy People
Program Contact: Carol Brandt, 971-673-2679



Executive Summary

The Oregon Medical Board (“Board” or “OMB”) protects the health, safety, and well-being of Oregon citizens by regulating the practice of medicine in a manner that promotes quality care. The Board is responsible for licensing, regulating, and disciplining the professions of medical doctor (MD), doctor of osteopathy (DO), podiatrist (DPM), physician assistant (PA), and acupuncturist (LAc) to ensure that qualified individuals are licensed to practice.



Program Description

The Board's purpose is public safety. Public protection is achieved through prevention, remediation, and ensuring the public is informed about their medical providers and Board processes.

The Board is composed of 10 individuals licensed by the agency and 2 members of the public, all appointed by the Governor and confirmed by the Senate. The members of the Board have ultimate responsibility for the activities of the agency.

The OMB grants licenses only after careful review of an applicant's education, training, employment history, and background and criminal history checks to ensure that the applicant qualifies to practice medicine safely in Oregon. Licensing requirements are consistent with the rigorous standards or "best practices" recommended by the Federation of State Medical Boards (FSMB) and aimed at preventing harm caused by the practice of medicine by unqualified persons. New licenses are issued weekly and renewed biennially.

The OMB's Investigations and Compliance Department responds to complaints against licensees for alleged violations of the Medical Practice Act, monitors disciplined licensees, reviews current licensees when questions arise during the renewal process, investigates applicants if there is a question regarding whether they meet licensing qualifications, and facilitates remediation. Disciplinary procedures are consistent with national standards and comply with state law to ensure licensees receive due process. Disciplinary orders are issued monthly after each full Board conference call.

Stakeholders include the public; applicants and licensees; other state and national boards and agencies; professional organizations; hospitals, public and private healthcare facilities; medical and osteopathic, physician assistant and acupuncture schools; and health insurance systems. The Board partners with professional associations and others to achieve common goals. The Board ensures that stakeholders have access to its services and are informed of its processes and actions through interactions with agency staff, the agency website, and multiple channels of communication.

Program Justification and Link to 10-Year Outcome

The OMB provides the critical public service of ensuring that Oregon's citizens receive safe, quality medical care by allowing only qualified individuals to have the privilege to practice medicine, essential to Safety Strategy 5.

The OMB provides regulation that is focused on prevention and remediation. The Board's Licensing Department ensures that only applicants who meet the statutory standards are granted a license to practice medicine, thereby preventing practice by unauthorized or unqualified persons. The Board relies on its Investigations and Compliance Department to identify and assess licensees with competency issues or who may be impaired by substance use disorders or mental health issues and can be helped through the state's Health Professionals' Services Program (HPSP). Successful remediation can return experienced professionals to practices where they can continue to be vital additions to the state's healthcare systems. Public safety is enhanced by proactively evaluating, assessing the competency of, and treating licensees before they become a danger to themselves or patients.

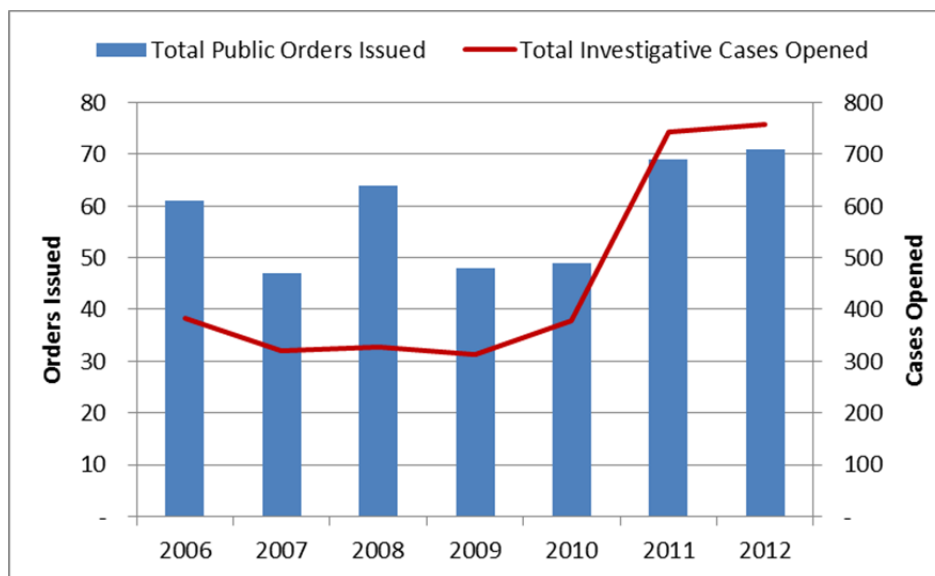
The OMB educates licensees, the public, and other stakeholders by providing educational outreach through its publications, presentations, and website, including access to public information about its licensees. Access to the Board's information services creates a more knowledgeable and responsible citizen population that understands the regulatory process and services available to them. The public is empowered to make educated choices when faced with selecting a health care provider.

The OMB also improves access to safe, quality care for Oregonians by encouraging a larger pool of medical providers in the state. This is done by streamlining licensing processes without compromising its standards and by keeping health professionals safely in the workforce or helping them safely re-enter the workforce after ceasing practice for a period of time. For example, the OMB's expedited licensure process allows practitioners with a license to practice medicine in good standing in another state to bypass some of the formal documentation requirements, thereby speeding up the licensing process without lowering qualification standards. The OMB helps providers who have had time away from clinical practice to establish a re-entry program so that they are competent when they return to practice. Further, the Board participates in a national pilot program through the Federation of State Medical Boards requiring ongoing education and acknowledgement that physicians are staying current with their medical knowledge.

Consistent with the Safety policy vision, the OMB prevents harm and provides a remedy when harm does occur.

Program Performance

The number of people served is illustrated in the graph of Total Licensees on page 1. The Board also tracks the number of investigative cases and public orders issued as shown in the graph below. The number of investigative cases opened increased significantly during 2011 due to a change in our tracking methodology.



The quality of program performance is measured in several ways. A low percentage of license denials and disciplinary actions overturned on appeal demonstrates that the agency is appropriately licensing and disciplining. Note that during 2007 one disciplinary action was

overturned by the Oregon Court of Appeals. Because few disciplinary actions are appealed, a single case has a great impact on the percentage outcome. The recidivism rate, the rate at which disciplined licensees re-offend, demonstrates the Board's ability to remediate and educate licensees, enabling them to continue to safely practice.

<i>Fiscal Year:</i>	2007	2008	2009	2010	2011	2012
% License Denials Overturned	0%	0%	0%	0%	0%	0%
% Disciplinary Actions Overturned	12%	0%	0%	0%	0%	0%
% Recidivism	4%	4%	4%	5%	5%	5%

Timeliness measures of program performance:

- Average number of calendar days from receipt of completed license application to issuance of license (Fiscal year 2012=1.26 days)
- Average number of calendar days to process and mail a license renewal (Fiscal year 2012=7 days)

Enabling Legislation/Program Authorization

The Board is governed by Oregon Revised Statute 677. Recognizing that to practice medicine is not a right but a privilege, the Legislature established the Board in 1889, tasking it with the responsibility to protect the public from unauthorized or unqualified persons and unprofessional conduct by licensed persons.

Funding Streams

The Board revenues and expenditures are entirely Other Funds. 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. The other 2 percent of our funding is generated by various fees for services the agency provides.

Significant Proposed Program Changes from 2011-13

The requested budget includes no new programs or services. The 2013-15 Governors budget represents a 0.6% decrease from current service level funding. This includes budget reductions of \$ 144,470 for projected PERS savings and \$ 123,898 for projected savings from the Administrative Baseline 2.0 project. Also included is a projected \$208,751 increase in the costs of the Health Professionals' Services Program described above. This program is an important component of protecting the public through the prevention and remediation of medical providers. No alternative program exists due to statutory requirements.

Oregon Medical Board

STRATEGIC PLAN

Board Mission

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

INTRODUCTION

In October 1999, the Oregon Medical Board (in this document also called the "Board" or the "OMB") embarked on a formal 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 2001, 2003, 2006, 2008, 2009, 2010, and 2012. The OMB Management Team reviews the action items regularly to ensure the actions are completed, current and relevant. The next formal update will occur in 2014 unless circumstances require an earlier date.

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 (see above) describes the fundamental purpose of the agency as set forth by statute (ORS 677). 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 wellbeing 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: ACHIEVE SEMI-INDEPENDENT STATUS AS A STATE AGENCY.

Semi-Independent State Agencies are state entities exempt from some statutes governing agencies. However, they remain accountable and subject to state oversight and to their stakeholders. The semi-independent model would benefit the OMB, its licensees, the State, and the public, by achieving the most efficient and effective use of resources.

Strategies:

- 1.1 Clarify the Governor's position on semi-independence to determine whether he supports the OMB becoming semi-independent and whether we should pursue it individually or collectively with other health licensing boards.
- 1.2 Develop and circulate informative one-pagers tailored to each specific audience explaining semi-independence and what it means for the OMB, its licensees, the State, and the public.
- 1.3 Gather the input and support of stakeholder groups like the Oregon Medical Association (OMA), Osteopathic Physicians & Surgeons of Oregon (OPSO), Oregon Society of Physician Assistants (OSPA), Oregon Association of Acupuncture & Oriental Medicine (OAAOM), and the Foundation for Medical Excellence (FME), etc.
- 1.4 Work with media to communicate the benefits of semi-independence state-wide.
- 1.5 Meet with legislators one-on-one to communicate the benefits of semi-independence and seek their support.
- 1.6 Work with other boards to develop a robust legislative concept, and maintain close oversight of the legislative process surrounding the bill.
- 1.7 Implement administrative changes (e.g. budgeting, payroll, hiring, contracting, etc.).

GOAL 2: IMPROVE ACCESS TO QUALITY CARE THROUGH EFFICIENTLY MANAGING LICENSURE & RENEWAL OF LICENSURE.

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:

- 2.1 Use technology to streamline and expedite licensure and renewal processes and access information that is already available to the Board at little or no cost.
- 2.2 Participate in Maintenance of License/Maintenance of Certification (MOL/MOC) pilot (Continuing Medical Education, etc.).
- 2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate.
- 2.4 Foster re-entry of practitioners.
- 2.5 Stay abreast of national trends and initiatives and use where feasible.
- 2.6 Regularly and systematically audit applications and renewals.
- 2.7 Develop matrix for consistent handling of “non-pristine” applications and renewals.

GOAL 3: PROVIDE COORDINATED OUTREACH AND EDUCATION TO THE PUBLIC AND LICENSEES.

Promote public awareness of services available through the Board and serve as a resource for complaints or concerns about a provider. Educate licensees through the *OMB Report*, the OMB Web site (<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:

- 3.1 Improve communication with complainants.
- 3.2 Update and reorganize Web site information.
- 3.3 Provide additional on-line resources, for example:
 - Link to credentialing form;
 - PA reactivation;
 - Drug Enforcement Administration (DEA)/Pharmacy re: dispensing.

- 3.4 Encourage attendance at meetings and hearings and feedback from stakeholders.
- 3.5 Explore hiring outreach coordinator.
- 3.6 Increase stakeholder review of budget.
- 3.7 Stay at forefront of developing issues in the professions and keep licensees informed of same.
- 3.8 Partner with specialty certification Boards for licensee look up and other issues (be the go-to site).
- 3.9 Improve outreach to diverse groups.
- 3.10 Educate licensees about the Medical Practice Act and Board processes, statements of philosophy, physician extenders, etc.
- 3.11 Explore collaborations with other entities for education and outreach as merited.

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:

- 4.1 Investigate complaints in a thorough and timely fashion, with adequate staffing, in accordance with applicable laws.
- 4.2 Maintain and utilize a cadre of well-qualified consultants to review licensees/cases under investigation.
- 4.3 Ensure that the investigative process is “user friendly” for complainants and communicative through the investigative process and outcome.
- 4.4 Inform licensees and applicants under investigation about the process.
- 4.5 Ensure that due process requirements are followed for licensees and applicants under investigation.

GOAL 5: RESTORE AND REMEDIATE LICENSEES TO ACTIVE, USEFUL SERVICE TO OREGON'S CITIZENS WHILE PROTECTING PUBLIC SAFETY.

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:

- 5.1 Design and negotiate early remedial interventions when appropriate through such methods as enrollment in the Health Professionals' Services Program (HPSP).
- 5.2 Monitor licensees under disciplinary action and intervene when necessary to comply with terms of probation and provide guidance through collaboration with the Medical Director.
- 5.3 Utilize a network of preventive and rehabilitative services.
- 5.4 Ensure that maximum confidentiality is maintained, consistent with protection of the public and all applicable laws.
- 5.5 Collaborate with professional organizations e.g. HPSP, physician evaluation programs, healthcare provider organizations and resources and the Foundation for Medical Excellence (FME).
- 5.6 Explore the feasibility of developing a mentoring program.

GOAL 6: ENSURE EFFICIENT INTERNAL OPERATIONS AND PROVIDE HUMAN RESOURCES AND ADEQUATE FACILITIES 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. Ensure all staff have access to the tools and resources necessary to effectively accomplish their work.

Strategies:

- 6.1 Ensure a safe, healthy, and professional working environment.
- 6.2 Maintain updated Technology Plan and investigate ways to simplify and streamline agency functions.
- 6.3 Attract, train, and retain quality staff. Create a career ladder for employee growth and development.
- 6.4 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.

- 6.5 Explore operational efficiencies by partnering with other entities to enhance shared functions.
- 6.6 Maintain a business continuity plan; foster a culture of disaster preparedness and resiliency to aid the agency in response and recovery from all manner of business interruptions.

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.