



# Oregon Medical Board

BUDGET PRESENTATION  
JOINT WAYS AND MEANS  
SUBCOMMITTEE ON HUMAN SERVICES

# 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.

*Over 125 Years of Patient Safety*

# 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 Podiatric Physician (DPM), 1 Physician Assistant, 2 Public Members



Shirin R. Sukumar, MD  
Chair  
West Linn



Kelly Dean Gubler, DO  
Vice-Chair  
Portland



Lisa M. Lipe, DPM  
Secretary  
Lake Oswego



Robert M. Cahn, MD  
Portland



Paul Chavin, MD  
Eugene



Katherine Fisher, DO  
Happy Valley



Rebecca Hernandez, PhD  
Public Member  
Keizer



James K. Lacey, MD  
Salem



Jennifer L. Lyons, MD  
Portland



Michael J. Mastrangelo Jr., MD  
Bend



Melissa D.C. Peng, PA-C  
Portland



# Strategic Plan Goals

- **Streamline** and implement cost **efficiencies**.
- **Improve access to quality care** through efficient licensure and renewal of licensure.
- Provide coordinated **outreach and education** to the public and licensees.
- **Investigate complaints** and take **appropriate action**.
- **Remediate** licensees to practice while protecting public safety.
- Ensure **optimal** internal operations.

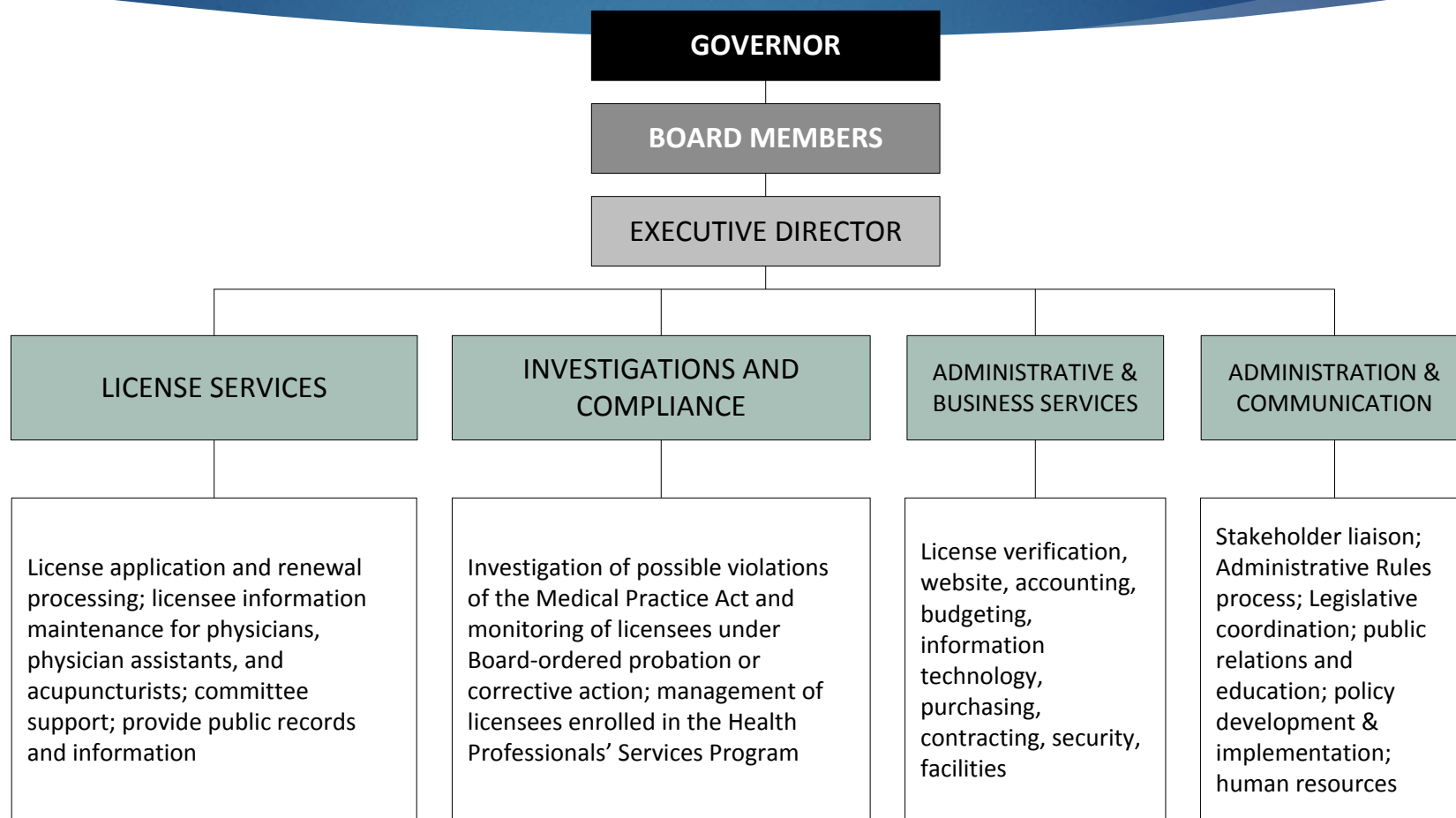
# Key Performance Measures

Measure	FY 2014	FY 2015	FY 2016
License Appropriately	✓	✓	✓
Discipline Appropriately	✓		✓
Monitor Licensees who are Disciplined	✓	✓	✓
License Efficiently	✓	✓	✓
Renew Licenses Efficiently	✓	✓	✓
Customer Satisfaction	✓	✓	✓
Board Best Practices	✓	✓	✓

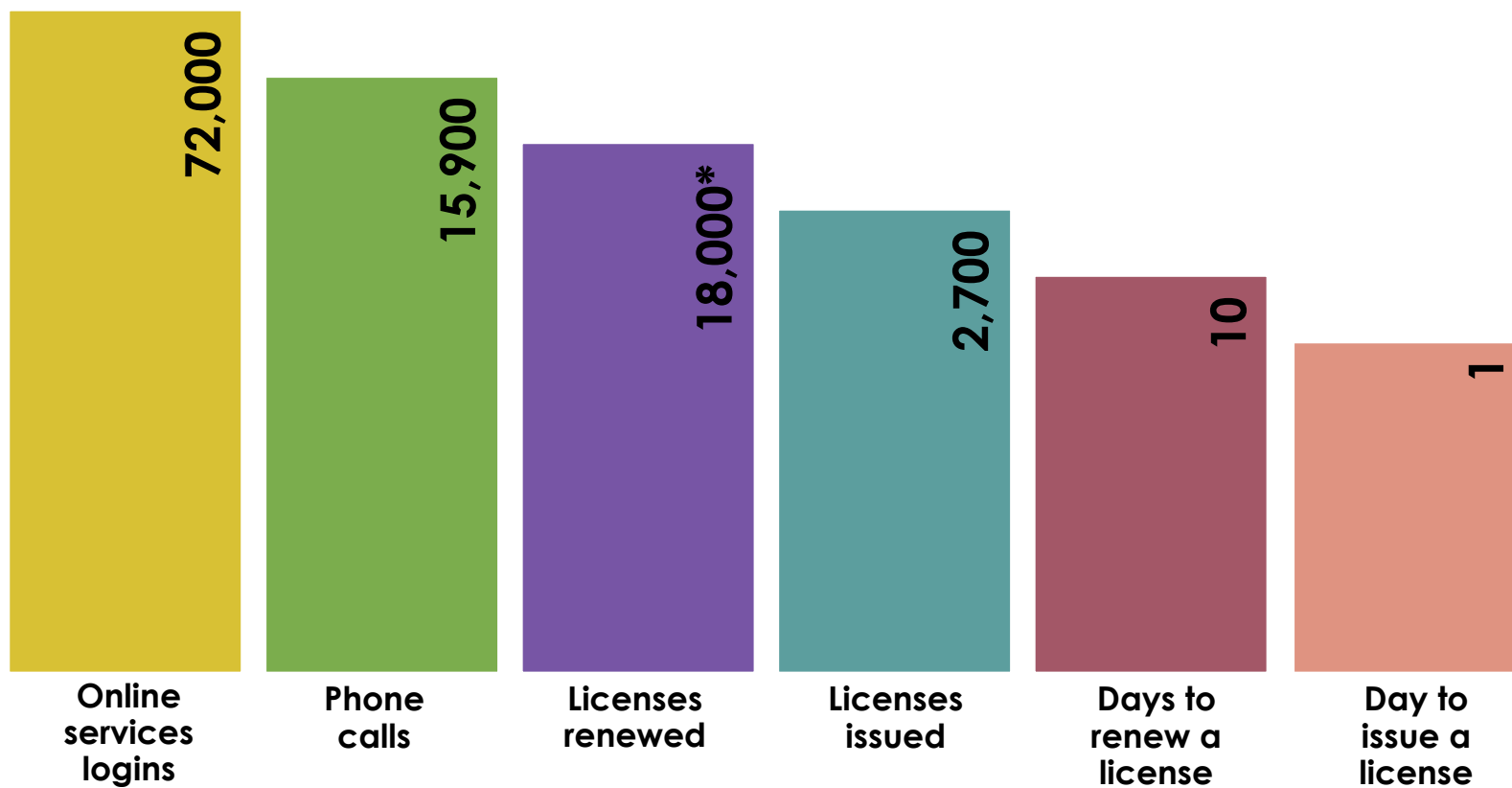
✓ Target met or exceeded

# Organization and Services

## 100% other funded



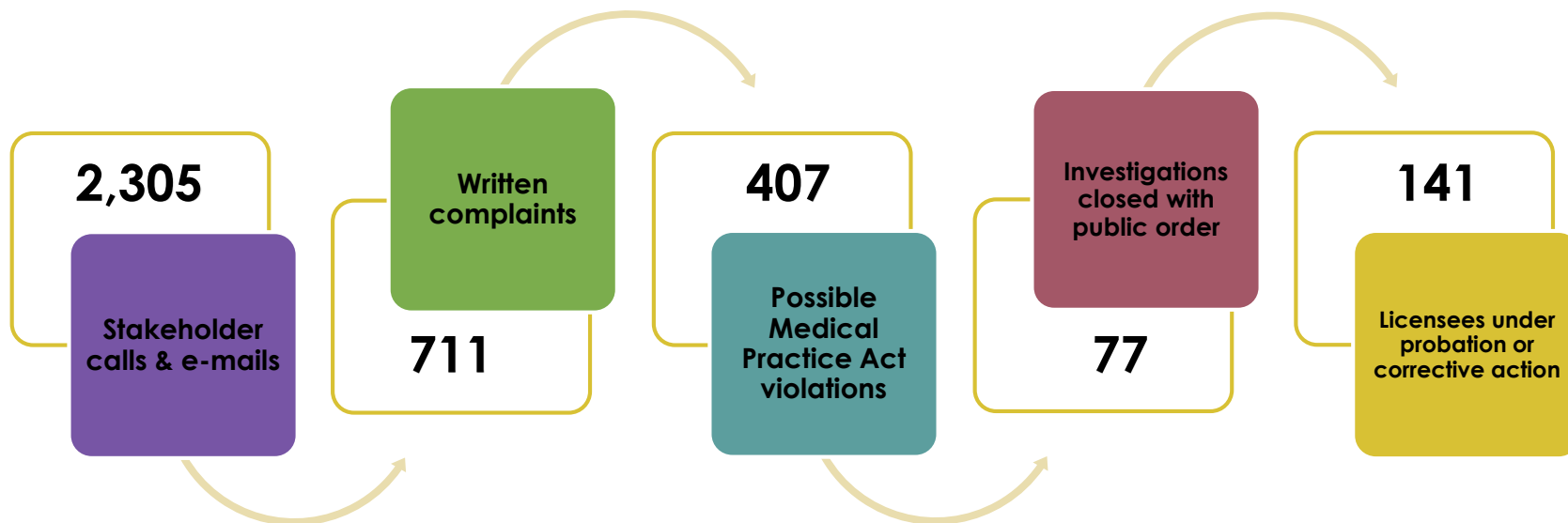
# License Services, 2016



\* 2015 renewals. Most licensees renew every odd-numbered year



# Investigations and Compliance, 2016



# Investigation and Compliance

## Health Professionals' Services Program

- Consolidated, statewide confidential monitoring program for health professionals with substance abuse or mental health disorders focusing on **rehabilitation**.
- Effective July 1, 2017, the OHA-managed program is eliminated. Participating boards will contract for HPSP monitoring services.
- OMB responsibilities:
  - Investigate complaints with substance abuse or mental health disorder allegations.
  - Review applicants for licensure with substance abuse or mental health disorder histories.
  - Investigate HPSP non-compliance reports.
  - HPSP completion evaluations.

# Administrative and Business Services

- Provide current, accurate information about the Board and our licensees.
- Provide the technical & support services that enable Board members and employees to best serve the public.

## Services to the public and licensees, 2016:

**490,000**

- Website visits

**2,700**

- Written verifications of License

**23,000**

- Telephone information requests

**143**

- Electronic data sets

# Operating Environment Drives Agency Changes

**External  
Factors**



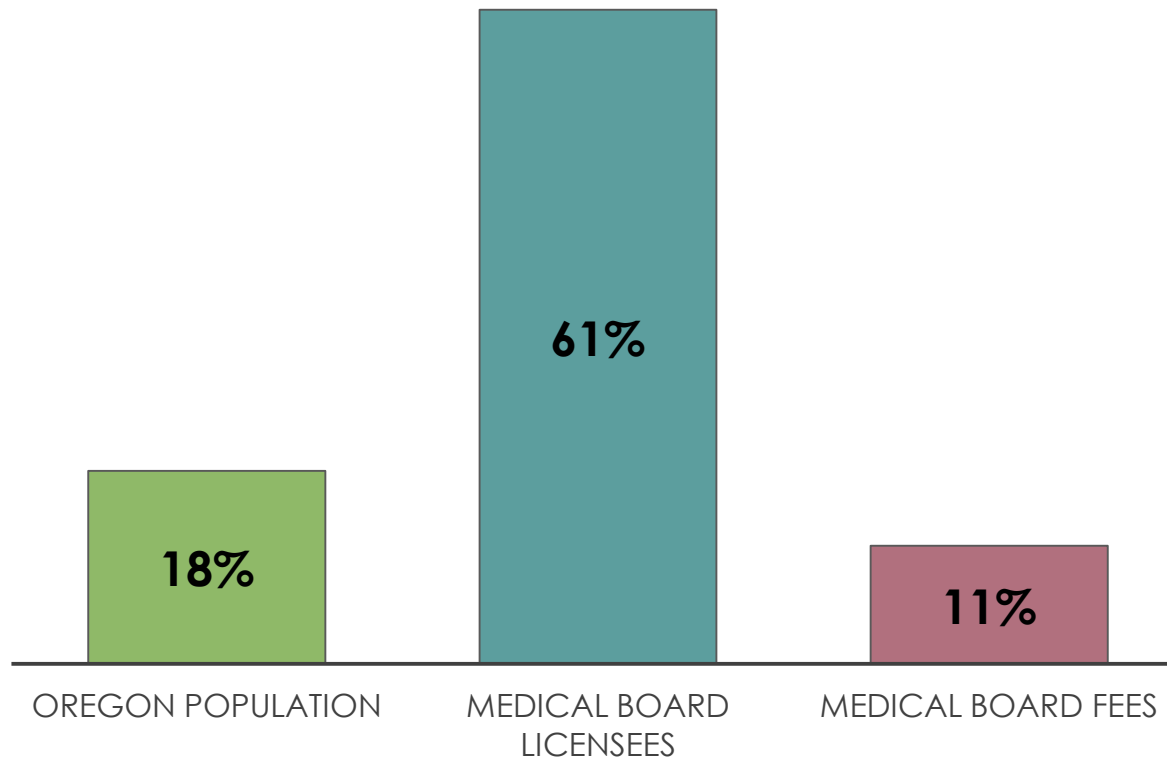
Streamlined Processes

Use of technology

Improved Communications

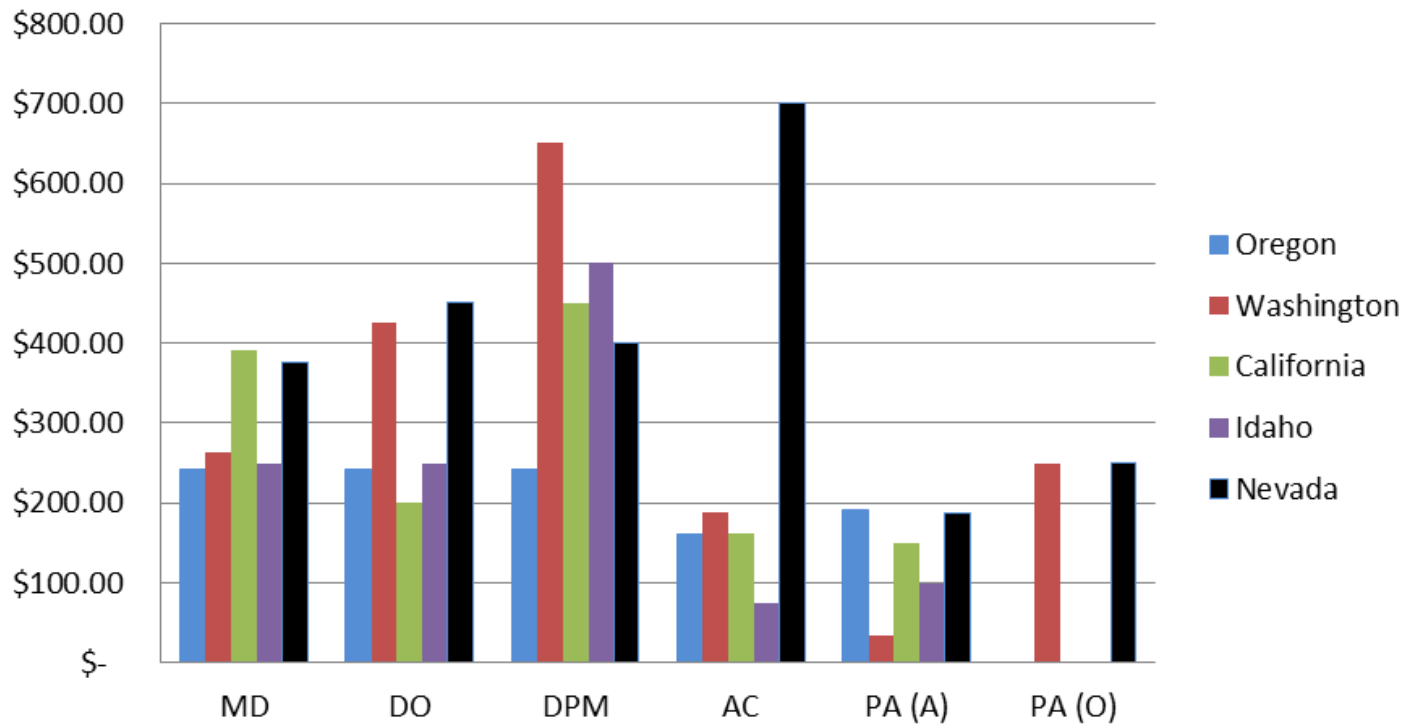
Partnerships & Best practices

# Increases since 2000:



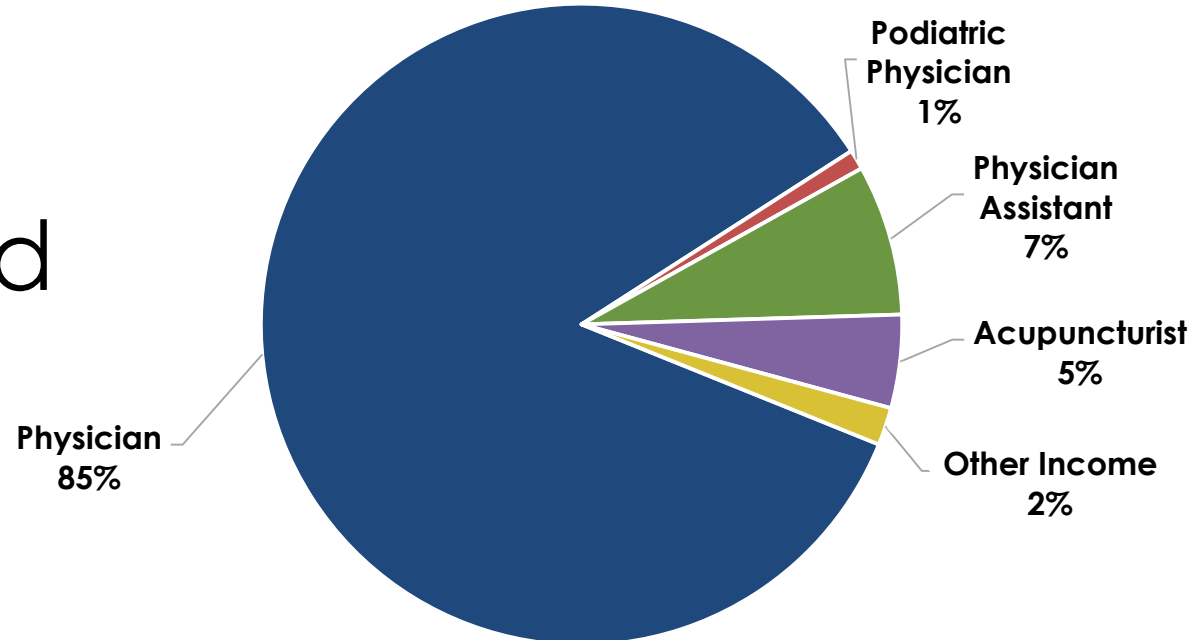
# Fees Comparison

## Annual Renewal Fees



# Revenue Sources

100%  
Other  
Funded



# 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





# 2017-19 Policy Packages

## **No Fee Increases**

- 102 Interstate Medical Licensure Compact
- 103 Board Membership
- 104 Physician Wellness
- 105 Investigative Resources
- 106 Licensing Resources

# 2017-19 Policy Packages

## 102 INTERSTATE MEDICAL LICENSURE COMPACT

- Allows the Board to enter into the Interstate Medical Licensure compact.
- Provides for faster, easier licensing for physicians practicing in multiple states.
- Enhances the ability of states to share investigative and disciplinary information.

# 2017-19 Policy Packages

## 103 BOARD MEMBERSHIP

- 2017 Senate Bill 60
- Allows past (emeritus) Board members to fill in for a current Board member planned absence.
- Provide Board members compensation to prepare for each Board or Investigative Committee meeting.

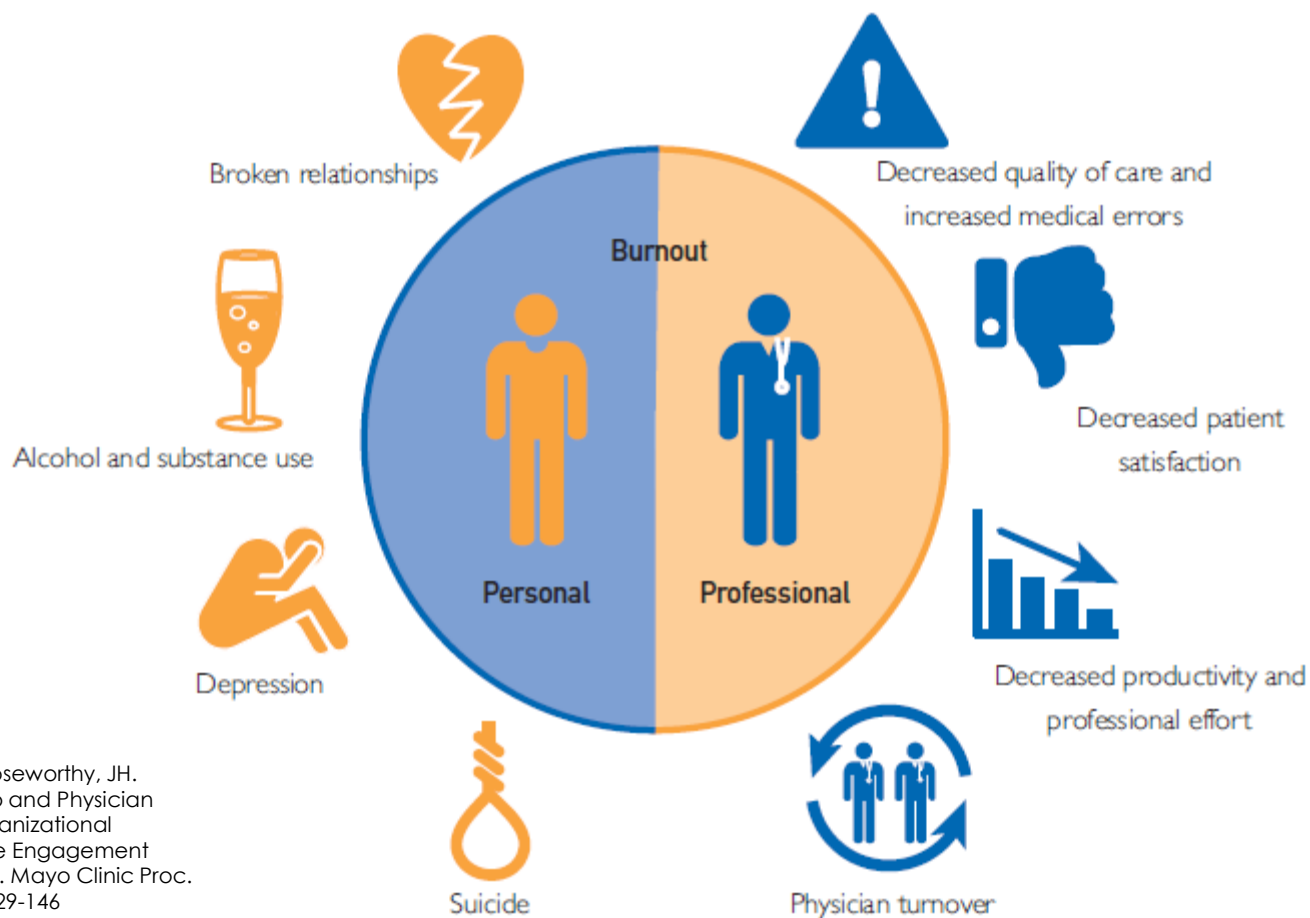
# 2017-19 Policy Packages

## 104 PHYSICIAN WELLNESS

- A partnership of public and private stakeholders to create a statewide program that provides local delivery of support services.
- Focus on early intervention and support to address burnout, stress, and depression.
- OMB provides startup funding for the program, which is expected to improve patient care and access to care.

# 2017-19 Policy Packages

## 104 PHYSICIAN WELLNESS



Shanafelt, TD and Noseworthy, JH.  
 Executive Leadership and Physician  
 Well-being: Nine Organizational  
 Strategies to Promote Engagement  
 and Reduce Burnout. Mayo Clinic Proc.  
 January 2017.92(1):129-146

# 2017-19 Policy Packages

## 105 INVESTIGATIVE RESOURCES

- Adds a 1.0 FTE Investigator 3 position, addressing:
  - Expeditious resolution of complaints
  - Complex investigations
  - Substantial caseload

# 2017-19 Policy Packages

## 106 LICENSING RESOURCES

- Increases a .79 FTE Administrative Specialist to 1.0 FTE, addressing:
  - Increasing workload due to growing numbers of applicants and licensees
  - Recruiting difficulty
  - The need to ensure all similar positions are classified the same, providing cross coverage and the resources to adjust individual workload as necessary

# Agency Accomplishments 2015-2016

*Meeting the challenges of medical regulation  
with creative solutions*

- ✓ Instituted agency wide procedures for public records requests
- ✓ Created Secure Upload Portal for licensee information
- ✓ Developed online status report for renewing licensees
- ✓ Revised applicant MPA and DEA exams
- ✓ Completed external system penetration testing
- ✓ Instituted video conferencing for meetings and interviews
- ✓ Transitioned PA Committee out and transitioned on new PA Board member
- ✓ Commenced provision of financial and HR services for the Board of Dentistry



# Contact Information

**Kathleen Haley, JD**

Executive Director

(971) 673-2700

**Carol Brandt**

Business Manager

(971) 673-2679



# Appendix

- Ending Balance Form
- Oregon Medical Board Strategic Plan
- Annual Performance Progress Report

**UPDATED OTHER FUNDS ENDING BALANCES FOR THE 2015-17 & 2017-19 BIENNIA**

Agency: **Oregon Medical Board**  
 Contact Person (Name & Phone #): **Carol Brandt, (971) 673-2679**

(a) Other Fund Type	(b) Program Area (SCR)	(c) Treasury Fund #/Name	(d) Category/Description	(e) Constitutional and/or Statutory reference	(f) 2015-17 Ending Balance		(h) 2017-19 Ending Balance		(j) Comments
					In LAB	Revised	In CSL	Revised	
Limited	8470-000-00-00-00000	8470000401 Oregon Medical Board	Operations	ORS 677.290	4,850,367	6,968,996	5,924,165	6,290,183	2015-17 LAB and 2017-19 CSL ending balances are revised based on efficiency savings achieved during 2013-15 and 2015-17. The 2015-17 Revised ending balance represents a reserve of approximately 12 months operating expenses for 2017-19. The agency has had and expects to continue to incur expenses related to Contested Case Hearings. These expenses can be significant and cannot be predicted. Sufficient ending balance ensures the agency can absorb these expenses.

**Objective: Provide updated Other Funds ending balance information for potential use in the development of the 2017-19 legislatively adopted budget.**

**Instructions:**

- Column (a): Select one of the following: Limited, Nonlimited, Capital Improvement, Capital Construction, Debt Service, or Debt Service Nonlimited.
- Column (b): Select the appropriate Summary Cross Reference number and name from those included in the 2015-17 Legislatively Approved Budget. If this changed from previous structures, please note the change in Comments (Column (j)).
- Column (c): Select the appropriate, statutorily established Treasury Fund name and account number where fund balance resides. If the official fund or account name is different than the commonly used reference, please include the working title of the fund or account in Column (j).
- Column (d): Select one of the following: Operations, Trust Fund, Grant Fund, Investment Pool, Loan Program, or Other. If "Other", please specify. If "Operations", in Comments (Column (j)), specify the number of months the reserve covers, the methodology used to determine the reserve amount, and the minimum need for cash flow purposes.
- Column (e): List the Constitutional, Federal, or Statutory references that establishes or limits the use of the funds.
- Columns (f) and (h): Use the appropriate, audited amount from the 2015-17 Legislatively Approved Budget and the 2017-19 Current Service Level as of the Agency Request Budget.
- Columns (g) and (i): Provide updated ending balances based on revised expenditure patterns or revenue trends. Do not include adjustments for reduction options that have been submitted unless the options have already been implemented as part of the 2015-17 General Fund approved budget or otherwise incorporated in the 2015-17 LAB. The revised column (i) can be used for the balances included in the Governor's budget if available at the time of submittal. Provide a description of revisions in Comments (Column (j)).
- Column (j): **Please note any reasons for significant changes in balances previously reported during the 2015 session.**

Additional Materials: If the revised ending balances (Columns (g) or (i)) reflect a variance greater than 5% or \$50,000 from the amounts included in the LAB (Columns (f) or (h)), attach supporting memo or spreadsheet to detail the revised forecast.

# Oregon Medical Board



## *Strategic Plan*

*October 2016*

## TABLE OF CONTENTS

<b>Mission</b>	<b>2</b>
<b>Values</b>	<b>2</b>
<b>Introduction</b>	<b>2</b>
<b>Environmental Factors</b>	<b>3</b>
<b>Goals and Strategies</b>	<b>4</b>

<b>Goal 1</b>	Streamline Agency Operations & Implement Cost Efficiencies	<b>4</b>
<b>Goal 2</b>	Improve Access to Quality Care through Efficiently Managing Licensure & Renewal of Licensure	<b>5</b>
<b>Goal 3</b>	Provide Coordinated Outreach & Education to the Public & Licensees	<b>5</b>
<b>Goal 4</b>	Investigate Complaints Against Licensees & Applicants; Ensure That Board Members Have Sufficient Information to Take Appropriate Action Based on the Facts of the Case	<b>6</b>
<b>Goal 5</b>	Remediate Licensees to Safe, Active Useful Service to Oregon's Citizens	<b>6</b>
<b>Goal 6</b>	Provide Optimal Staffing, Facilities, Processes & Tools to Meet Dynamic OMB Customer Needs & Enable the Agency to Succeed in Its Mission	<b>7</b>
<b>Goal 7</b>	Recruit & Retain the Highest Qualified Board Members	<b>8</b>

<b>Appendix A</b>	<b>9</b>
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Environmental Factors

<b>Appendix B</b>	<b>14</b>
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Actions

## 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.

## VALUES

The Oregon Medical Board's values further the mission and shape the culture of the agency. In 2016, the Management Team determined that four core values guide the agency. These values are incorporated into the Strategic Plan:

1. **Integrity** – a commitment to acting honestly, ethically, and fairly.
2. **Accountability** – a willingness to accept responsibility for actions in a transparent manner.
3. **Excellence** – an expectation of the highest quality work and innovation.
4. **Customer Service** – a dedication to provide equitable, caring service to all Oregonians with professionalism and respect.

## 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, 2012, 2014, and 2016. The next formal update will occur in 2018 unless circumstances require an earlier date.

In the planning process, and in the year 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 access to quality care for Oregon citizens.

The Strategic Plan directs the OMB in fulfilling its mission by establishing goals. Each goal is followed by a purpose statement, explaining why the goal is needed and how the goal relates to the agency's guiding values (provided above). The Strategic Plan also identifies high-level strategies for meeting each goal.

In order for the Oregon Medical Board's Strategic Plan to function properly, it must be framed with an awareness for 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.

To ensure the Oregon Medical Board is moving towards its goals, action items are established. Each action item relates to one or more strategies to support one or more goals. The OMB Management Team reviews action items regularly to ensure the actions are completed, current and relevant. Please refer to Appendix B for a current list of these actions.

## 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. These factors affect the environment in which the Board pursues its legislatively dictated mission. While these factors do not drive the goals (which grow out of the Board's mission), they do influence the plan's development and strategies and impact the plan's 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 Affordable Care Act and requirements for meaningful use of electronic health records will continue to exert 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 a 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 as well as all functions of the Board. It affects how health care is delivered, accessed, and regulated. Electronic health records (EHR) are now the standard, telehealth services are increasingly available, and applications for telehealth licenses are growing. Technology affects each goal in the Strategic Plan, and the Board must capitalize on it to achieve the goals effectively and efficiently.

### 4. Agency Issues

The Board, a legislatively created body, is responsive to the Governor, the Legislature, the public, applicants and licensees, professional associations, and various other stakeholders and partners. Recently, other licensing boards have come under scrutiny for anti-competitive actions, resulting in additional federal involvement into all professional licensing boards. The OMB strives to meet the diverse needs of licensees and the public, other government agencies, medical organizations, and 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, along with a purpose statement and the strategies designed to achieve them. These strategies are expressed as directions, approaches, or policies. For the detailed action plan, please see Appendix B.

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### **GOAL 1:** *Streamline Agency Operations and Implement Cost Efficiencies*

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A modified state agency status is one way to move toward **excellence** in operations and efficiency. Semi-independent state agencies are state entities exempt from some statutes governing agencies. However, they remain **accountable** through state and stakeholder oversight. A modified semi-independent model would maintain the long-standing **integrity** of the OMB while improving **customer service** to 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 support for the OMB becoming semi-independent;
- 1.2 Communicate the benefits of a modified semi-independent status for the OMB, its licensees, the state, and the public through informative, one-page briefing sheets tailored to specific audiences;
- 1.3 Renew stakeholder support, including the Oregon Medical Association (OMA), Osteopathic Physicians & Surgeons of Oregon (OPSO), Oregon Society of Physician Assistants (OSPA), Oregon Association of Acupuncture & Oriental Medicine (OAAOM), The Foundation for Medical Excellence (TFME), etc.;
- 1.4 Meet with legislators one-on-one to communicate the benefits of streamlining and seek their support;
- 1.5 Work with the Legislative Counsel to develop a robust legislative concept, and maintain close oversight of the legislative process surrounding the bill;
- 1.6 Implement administrative changes (e.g. budgeting, payroll, hiring, contracting, etc.); and
- 1.7 Explore collaborations with other entities for education and outreach as merited.



## **GOAL 2: *Improve Access to Quality Care through Efficiently Managing Licensure & Renewal of Licensure***

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Requirements for Oregon licensure as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Doctor of Podiatric Medicine (DPM), Physician Assistant (PA), and Acupuncturist (LAc) must be set with **integrity** to ensure fairness toward applicants and licensees. Processing applications and renewals efficiently is vital to **customer service** but must be balanced with the need to maintain **accountability** with thorough background checks. Continually striving to improve the license and renewal processes ensures **excellence** in services provided to licensees.

### **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 Stay abreast of national medical and licensure trends and participate in pilot projects where feasible;
- 2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate;
- 2.4 Foster re-entry of practitioners; and
- 2.5 Regularly and systematically audit applications and renewals.

## **GOAL 3: *Provide Coordinated Outreach & Education to the Public & Licensees***

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Educating the public about the resources available to patients, licensees, and the general public is an important **customer service**. The *OMB Report* and the OMB website [www.oregon.gov/OMB](http://www.oregon.gov/OMB) have been recognized nationally for **excellence**. The Board demonstrates **integrity** with regular presentations by staff and Board members to promote awareness of rules, positions of the Board, and other emerging issues. Outreach efforts also keep the Board **accountable** to the public and licensees by inviting direct feedback from stakeholders.

### **STRATEGIES**

- 3.1 Provide robust online resources;
- 3.2 Encourage attendance at meetings and hearings and feedback from stakeholders;
- 3.3 Increase stakeholder review of budget;
- 3.4 Improve outreach to diverse groups;
- 3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.; and
- 3.6 Explore collaborations with other entities for education, efficiencies, and outreach.

**GOAL 4: Investigate Complaints Against Licensees & Applicants; Ensure That Board Members Have Sufficient Information to Take Appropriate Action Based on the Facts of the Case**

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Patient safety relies on **integrity** and **accountability** in the investigation of complaints against licensees and applicants. Investigations staff provide timely, accurate, complete information for Board members' evaluation, resulting in **excellence** demonstrated in the consistency of disciplinary outcomes. Completing the investigation process in a **customer service** oriented manner requires the Board to be responsive to the needs of the public and fair to licensees.

**STRATEGIES**

- 4.1 Inform licensees and applicants under investigation about the process;
- 4.2 Ensure that the investigative process is “user friendly,” communicating throughout the investigative process and outcome to both licensee and complainant;
- 4.3 Ensure that due process requirements are followed for licensees and applicants under investigation;
- 4.4 Maintain and utilize a cadre of well-qualified consultants from the medical community to review licensees/cases under investigation; and
- 4.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical community standards.

**GOAL 5: Remediate Licensees to Safe, Active, Useful Service to Oregon's Citizens**

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Access to quality care can only be achieved through successful rehabilitation and remediation of licensees who have had concerns identified by the Board. Board staff provide an important **customer service** by identifying resources available to licensees. Further, Board staff achieves **excellence** by evaluating these resources for quality and appropriateness for individual licensees. Monitoring a licensee's progress maintains the **integrity** of the program, and evaluating the licensee's ultimate success or failure maintains **accountability** in these efforts.

**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 to intervene or provide guidance when necessary to comply with terms of probation;
- 5.3 Utilize a network of preventive and rehabilitative services; and
- 5.4 Collaborate with professional organizations e.g. HPSP, physician evaluation programs, healthcare provider organizations, and other resources.

## **GOAL 6: *Provide Optimal Staffing, Facilities, Processes & Tools to Meet Dynamic OMB Customer Needs & Enable the Agency to Succeed in Its Mission***

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The OMB recognizes that outstanding staff and adequate resources are critical to **customer service** and achieving the mission of patient safety. The agency ensures **integrity** in the hiring process and retention efforts. The OMB promotes employee **excellence** by encouraging training, enrichment, innovation, and diversity. The agency's management team is **accountable** for regularly reviewing the tools and resources that allow staff to effectively accomplish their work.

### **STRATEGIES**

- 6.1 Foster a safe, healthy and professional working environment through suitable facilities and a safety-oriented culture;
- 6.2 Continually modernize and optimize technology tools to simplify and streamline agency functions; continually review technology trends to position the agency for current and future technology needs while maintaining open lines of communication with agency staff and ensuring their business needs are met;
- 6.3 Attract, train and retain quality staff; support 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 and foster an environment of continuous process improvement;
- 6.6 Maintain a business continuity plan; cultivate a culture of disaster preparedness and resiliency to aid the agency in response and recovery from all manner of business interruptions;
- 6.7 Review and evaluate policies and procedures on an ongoing basis to ensure they are meeting staff and business needs and are in compliance with state policies;
- 6.8 Improve access and usability of information available from the OMB website and online services;
- 6.9 Develop and expand reporting capabilities for business and operational data providing easy to use reports for greater visibility to management, staff, and external stakeholders, resulting in transparency and improved data; and
- 6.10 Ensure that maximum information confidentiality is maintained, consistent with protection of the public and all applicable laws while operating in a transparent manner.

## **GOAL 7: *Recruit & Retain the Highest Qualified Board Members***

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Board members provide a critical public service for patients and the medical profession. The 13-member Board oversees all agency functions and makes all final decisions on the regulation of the practice of medicine. Achieving **excellence** in the agency's operations depends upon the Board's membership. Board members must ensure **integrity** through consistent and fair decisions and **accountability** through transparent and accessible processes. As the face of the agency, Board members provide **customer service** by focusing on the needs of the public, applicants, licensees, and stakeholders.

### **STRATEGIES**

- 7.1 Communicate the ideal qualifications and qualities needed in Board members and the expectations and responsibilities for Board membership;
- 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible;
- 7.3 Manage the workload of Board membership to reduce burnout; and
- 7.4 Ensure adequate attendance at Board and Committee meetings.

## 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 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 Affordable Care Act and requirements for meaningful use of electronic health records will continue to exert demands on the health care system.

- 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; and
  - More physicians becoming employees of hospitals and large medical systems.

These additional demands lead to increased stress and burnout in the medical profession. Many health care professionals do not have ready access to confidential, private wellness assistance programs, leaving them vulnerable to unhealthy ways of managing stress. This may result in licensees coming to the attention of the Board and the Health Professionals' Services Program.

- e. The effect of Board discipline on licensees is often magnified by the responses of malpractice carriers, third party payers, credentialing entities, and certifying boards. 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.
- f. 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, increasing expenditures of investigation time and litigation costs.
- g. Media coverage of high profile cases creates more intense scrutiny of the Board's role, function and operations, which in turn creates increased demands on the Board and its staff.
- h. 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.
- i. Inadequate reimbursement under Medicare and Medicaid programs has caused increasing numbers of physicians to refuse to accept patients covered by those programs. At the same time, the Affordable Care Act has dramatically increased the number of patients seeking medical care.

## 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.
- e. The increasing demand for cosmetic, complementary, or alternative services reduces 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 requires medical providers to 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 or in response to public emergencies or disasters.
- i. The physician shortage impacts access to health care and increases the use of non-physician health care professionals, 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. Impact of Technology

Technology permeates all aspects of society today as well as all functions of the Board. It affects how health care is delivered, accessed, and regulated. Day-to-day operations of licensees and the Board are impacted by advances in this area.

- a. The advent of online access to medical records and utilization of electronic communication in the provision of care is changing the relationships and documentation (e.g., electronic health records) between licensees and their patients, licensee staff, and pharmacies.
- b. Electronic health records have significantly increased the volume of medical records that are produced and maintained in the course of a licensee providing care to a patient. This results in more documentation to review for investigative cases, significantly increasing the workload for Board and staff.
- c. The lack of standardization of software, imaging and other technology complicates both the practice and the transmission of documents.
- d. Patients may have access to illicit sources of medical care and prescription drugs via the internet.
- e. 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).
- f. 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.
- g. 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.
- h. 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.
- i. Increasingly savvy cyberattacks require advancements in security and protection of 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. 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. The development of the Interstate Compact for Medical Licensure is an example.
- d. Licensees' frustration and dissatisfaction with the practice of medicine may be expressed in their interactions with colleagues, staff, the public, and the government regulators. 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; and
  - 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.

## **APPENDIX B**

### **ACTION ITEMS**

To ensure the Oregon Medical Board is moving toward its goals, the following action items are established. Each action item relates to one or more strategies to support one or more goals. The OMB Management Team reviews the action items regularly to ensure the actions are completed, current and relevant.

(See attached Excel spreadsheet.)

#	Action	Relating Strategy	Staff Assigned	Notes
1	Confirm the Governor's support of OMB semi-independence <b>Department: Executive</b>	1.1 Clarify the Governor's position on administrative efficiencies to determine support for the OMB becoming semi-independent.	Ms. Haley, Nicole	* In process
2	Renew support of key stakeholders <b>Department: Executive</b>	1.2 Communicate the benefits of a modified semi-independent status for the OMB, its licensees, the state, and the public through informative, one-page briefing sheets tailored to specific audiences. 1.3 Renew stakeholder group support, including 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 (TFME), etc. 1.4 Meet with legislators one-on-one to communicate the benefits of streamlining and seek their support.	Ms. Haley, Nicole	* Ongoing
3	Develop a clear, succinct external communications plan for monthly use; develop staff communication bullets <b>Department: Administration, HR, Executive, Licensing, Investigations</b>	1.2 Communicate the benefits of a modified semi-independent status for the OMB, its licensees, the state, and the public through informative, one-page briefing sheets tailored to specific audiences. 1.4 Meet with legislators one-on-one to communicate the benefits of streamlining and seek their support.	Communications Team, Jessica	* Ongoing
4	Educate and communicate with staff; provide FAQs for human resources and managers; maintain on a weekly or as needed basis <b>Department: Administration, Executive, Investigations, Licensing, HR</b>	1.2 Communicate the benefits of a modified semi-independent status for the OMB, its licensees, the state, and the public through informative, one-page briefing sheets tailored to specific audiences. 6.3 Attract, train and retain quality staff. Support employee growth and development.	Ms. Haley, Eric, Carol, Netia, Jessica	* Ongoing
5	In the event semi-independence is achieved, simplify budget process and presentation to improve transparency of the Board with external stakeholders. <b>Department: Executive, Administration</b>	1.2 Communicate the benefits of a modified semi-independent status for the OMB, its licensees, the state, and the public through informative, one-page briefing sheets tailored to specific audiences. 3.3 Increase stakeholder review of budget. 6.3 Attract, train and retain quality staff. Support employee growth and development.	Ms. Haley, Carol	
6	Hold executive dinners peer-to-peer with the Medical Association and Osteopathic Association leadership on a regular basis; hold staff-to-staff meetings with the Medical Association and Osteopathic Association as needed to discuss and share advice on pertinent issues <b>Department: Executive</b>	1.3 Renew stakeholder support, including 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 (TFME), etc. 2.2 Stay abreast of national medical and licensure trends and participate in pilot projects where feasible. 3.3 Increase stakeholder review of budget. 3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc. 3.6 Explore collaborations with other entities for education, operational efficiencies, and outreach. 5.4 Collaborate with professional organizations, e.g. HPSP, physician evaluation programs, healthcare provider organizations and resources. 7.1 Communicate the ideal qualifications and qualities needed in Board members and the expectations and responsibilities for Board membership.	Ms. Haley	* Ongoing
7	Develop detailed strategy with lobbyist; <b>Department: Executive</b>	1.4 Meet with legislators one-on-one to communicate the benefits of streamlining and seek their support.	Ms. Haley, Nicole	* In process
8	Draft legislative concept for administrative efficiencies <b>Department: Executive</b>	1.5 Work with the Legislative Counsel to develop a robust legislative concept, and maintain close oversight of the legislative process surrounding the bill.	Ms. Haley, Nicole	* In process

9	Work with other Boards and Associations regularly to promote legislative concept <b>Department: Executive</b>	1.5 Work with the Legislative Counsel to develop a robust legislative concept, and maintain close oversight of the legislative process surrounding the bill. 1.7 Explore collaborations with other entities for education and outreach as merited.	Ms. Haley, Nicole	* Ongoing * Letters of Support
10	Managers meet bi-weekly or as needed <b>Department: Executive, Administration, HR, Licensing, Investigations</b>	1.6 Implement administrative changes (e.g. budgeting, payroll, hiring, contracting, etc.).	Ms. Haley, Carol, Jessica, Netia, Eric	* Ongoing
11	Explore the possibility of accepting source documents electronically <b>Department: Licensing, Administration</b>	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 Stay abreast of national medical and licensure trends and participate in pilot projects where feasible. 2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate.	Netia, IT	* Ongoing
12	Pursue implementation of the Interstate Medical Licensure Compact <b>Department: Executive, Licensing, Administration, Investigations</b>	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 Stay abreast of national medical and licensure trends and participate in pilot projects where feasible. 2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate.	Ms. Haley, Netia, Nicole, Dr. Thaler, Carol, Eric	* Ongoing
13	Update application, checklist, and Online Status Report comments to revise instructions, clarify requirements, and streamline the process <b>Department: Licensing</b>	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. 2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate. 3.2 Encourage attendance at meetings and hearings and feedback from stakeholders.	Netia	* Ongoing
14	Regularly update internal procedures to implement updates and ensure consistent processing of files <b>Department: Licensing</b>	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. 2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate.	Netia	* Ongoing * See also #11
15	Review and revise communications to applicants/licensees to ensure consistent messages (e-mail, standard OSR comments, etc.) <b>Department: Licensing</b>	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. 2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate. 3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.	All staff	* Ongoing
16	Create a cover report for AAC use using the same method as the Investigative Case Report (ICR) to streamline agency efficiency and eliminate duplicate work by allowing Investigations to use the same information that is compiled by Licensing when files are transferred across departments <b>Department: Licensing, Administration</b>	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. 2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate. 4.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical community standards. 6.2 Continually modernize and optimize technology tools to simplify and streamline agency functions; continually review technology trends to position the agency for current and future technology needs while maintaining open lines of communication with agency staff and ensuring their business needs are met.	Netia, IT	

17	Convert reactivation applications to online submission <b>Department: Licensing, Administration</b>	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. 2.4 Foster re-entry of practitioners. 3.2 Encourage attendance at meetings and hearings and feedback from stakeholders. 6.5 Explore operational efficiencies by partnering with other entities to enhance shared functions and foster an environment of continuous process improvement.	Netia, IT, Jen	* In process
18	Participate in evolving credentialing process <b>Department: Executive, Licensing</b>	2.2 Stay abreast of national medical and licensure trends and participate in pilot projects where feasible.	Ms. Haley, Netia, Nicole	* Continue to work w/OHA on development
19	Establish a work group to ensure implementation of renewal postmortem proposals, on a quarterly basis through biennium <b>Department: Licensing</b>	2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate.	Netia	* Ongoing
20	Monitor the accuracy and consistency of the civil penalty process <b>Department: Licensing, Administration</b>	2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate.	Netia, Nicole, IT	* Ongoing
21	Participate in Oregon Health Regulatory Board peer review process <b>Department: Executive, Licensing, Investigations</b>	2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate.	Ms. Haley, Netia, Eric, Nicole	* In process
22	Provide cross-departmental information to ensure consistent communication to applicants and licensees <b>Department: Licensing, Investigations</b>	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 Regularly and systematically audit applications and renewals. 3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc. 4.1 Inform licensees and applicants under investigation about the process. 6.3 Attract, train, and retain quality staff. Support employee growth and development.	Netia	
23	Establish criteria for Investigative Committee interviews and Medical Director interviews to ensure most efficiency use of Committee time <b>Department: Executive, Investigations</b>	2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate. 2.4 Foster re-entry of practitioners. 4.2 Ensure that the investigative process is "user friendly," communicating throughout the investigative process and outcome to both licensee and complainant. 4.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical community standards. 5.3 Utilize a network of preventive and rehabilitative services. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout.	Ms. Haley, Dr. Thaler, Eric	

24	<p>Create documentation standards for Medical Director interviews to keep a record of the discussion <b>Department: Executive, Investigations</b></p>	<p>2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate. 2.4 Foster re-entry of practitioners. 4.2 Ensure that the investigative process is "user friendly," communicating throughout the investigative process and outcome to both licensee and complainant. 4.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical community standards. 5.3 Utilize a network of preventive and rehabilitative services. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout.</p>	Ms. Haley, Dr. Thaler, Eric	
25	<p>Provide opportunities for licensing staff to watch IC case reviews and/or Board meetings related to their applicants to see how their contribution impacts the agency <b>Department: Licensing, Investigations</b></p>	<p>2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate. 2.5 Regularly and systematically audit applications and renewals. 4.1 Inform licensees and applicants under investigation about the process. 4.2 Ensure that the investigative process is "user friendly;" communicating throughout the investigative process and outcome to both licensee and complainant. 6.3 Attract, train, and retain quality staff. Support employee growth and development.</p>	Netia	
26	<p>Monitor information from customer satisfaction survey results and evolve agency processes to meet customer expectations while upholding the agency mission <b>Department: Licensing, Investigations, Administration</b></p>	<p>2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate. 3.1 Provide robust online resources. 4.2 Ensure that the investigative process is "user friendly;" communicating throughout the investigative process and outcome to both licensee and complainant.</p>	Netia, Eric, Carol, Nicole	* Ongoing
27	<p>Provide orientation for new Administrative Affairs Committee members <b>Department: Executive, Licensing</b></p>	<p>2.3 Perform regular reviews of licensure and renewal processes to identify efficiencies and implement when appropriate. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout.</p>	Ms. Haley, Netia, Jenette	
28	<p>Establish re-entry to practice and communicate requirements <b>Department: Executive, Licensing</b></p>	<p>3.1 Provide robust online resources. 3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.</p>	Communications Team, Netia	* Website updates
29	<p>Break down rules and new/developing topics into informative online handouts available for applicants, licensees, public and staff (chronic pain prescribing, eligibility requirements, CME audits, re-entry, SPEX, etc.) <b>Department: Executive, Licensing</b></p>	<p>3.1 Provide robust online resources. 3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.</p>	Communications Team, Netia	* Ongoing
30	<p>Create brochures for MD/DO, DPM, AC and PA detailing individual CME requirements, acceptable documentation Handout1 &amp; failure to comply. E-mail PDF along with notification to renew, publish on website, etc. <b>Department: Executive, Licensing</b></p>	<p>3.1 Provide robust online resources. 3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.</p>	Communications Team, Netia	* Website updates * Explore new ideas

31	Develop frequently asked questions for issues in the professions and keep licensees informed of same <b>Department: Executive</b>	3.1 Provide robust online resources. 3.6 Explore collaborations with other entities for education, operational efficiencies, and outreach.	Dr. Thaler, Communications Team	* Ongoing * Joint Statements * Topics of Interest * Newsletter
32	Explore broadcasting meetings via internet <b>Department: Executive, Administration</b>	3.2 Encourage attendance at meetings and hearings and feedback from stakeholders. 3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.	Communications Team, IT	* Tabled * Out of PDX meetings * Friday only? * Cable install
33	Continue oral presentations to stakeholders <b>Department: Executive</b>	3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.	Ms. Haley, Dr. Thaler, Nicole, Board members	* Ongoing
34	Maintain enhanced quarterly newsletter <b>Department: Executive</b>	3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.	Nicole, Theresa	* Ongoing
35	Implement tutorials for licensees, public, etc. on new laws, developing issues in the profession, Board processes, positions of the Board, etc. <b>Department: Executive</b>	3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.	Nicole	* Explore webinar technology
36	Draft letters to the Chief of Staff or Medical Director to remind the organizations of reporting requirements <b>Department: Executive</b>	3.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc. 3.6 Explore collaborations with other entities for education, operational efficiencies, and outreach.	Ms. Haley, Nicole	* Ongoing
37	Maintain investigative timeline for communications to licensees and complainants <b>Department: Investigations</b>	4.1 Inform licensees and applicants under investigation about the process. 4.2 Ensure that the investigative process is “user friendly,” communicating throughout the investigative process and outcome to both licensees and complainant.	Eric	* Ongoing * Meeting with Investigators on a monthly basis * 120 days/90 day letter to licensee/60 day letter to complainant
38	Create historical documentation, with examples, of how cases have been handled (e.g., sexual misconduct, laser, office-based surgery) <b>Department: Investigations, Executive</b>	4.3 Ensure that due process requirements are followed for licensees and applicants under investigation. 4.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical community standards.	Intern/Extern	* IC orientation
39	Continue to monitor timeliness and thoroughness of investigations <b>Department: Investigations</b>	4.3 Ensure that due process requirements are followed for licensees and applicants under investigation. 4.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical community standards.	Eric	* Ongoing
40	Implement and document consistent procedures for investigative steps and case documentation <b>Department: Investigations</b>	4.3 Ensure that due process requirements are followed for licensees and applicants under investigation. 4.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical community standards.	Eric	* Ongoing

41	Expedite early identification and screening of potential medical practice issues in investigative cases <b>Department: Investigations</b>	4.3 Ensure that due process requirements are followed for licensees and applicants under investigation. 4.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical community standards.	Dr. Thaler, Investigators	* Ongoing
42	Explore the feasibility of instituting a process for review of licensees under Board order for compliance with Board requirements, such as CME and PRAG maintenance <b>Department: Investigations</b>	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 to intervene or provide guidance when necessary to comply with terms of probation. 5.4 Collaborate with professional organizations e.g. HPSP, physician evaluation programs, healthcare provider organizations and resources.	Dr. Thaler, Investigators, Terry, Nita	* Ongoing
43	Transition HPSP contract administration from Oregon Health Authority (OHA) to OMB <b>Department: Executive, Investigations, Administration</b>	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 to intervene or provide guidance when necessary to comply with terms of probation. 5.3 Utilize a network of preventive and rehabilitative services. 5.4 Collaborate with professional organizations e.g. HPSP, physician evaluation programs, healthcare provider organizations and resources.	Ms. Haley, Nicole, Eric, Assistant Chief Investigator, Carol, Joan, Stephanie	* In process
44	Facilitate enrollment in the Health Professionals' Services Program as indicated for licensees and applicants <b>Department: Executive, Investigations</b>	5.1 Design and negotiate early remedial interventions when appropriate through such methods as enrollment in the Health Professionals' Services Program (HPSP). 5.4 Collaborate with professional organizations e.g. HPSP, physician evaluation programs, healthcare provider organizations and resources.	Ms. Haley, Dr. Thaler	* Ongoing *Remove OHA from cycle
45	Increase compliance monitoring efficiency <b>Department: Investigations</b>	5.2 Monitor licensees under disciplinary action to intervene or provide guidance when necessary to comply with terms of probation.	Eric, Terry, Nita	* In process
46	Evaluate new and existing programs to address problems relating to competency and re-entry to practice <b>Department: Executive, Administration, Licensing, Investigations</b>	5.3 Utilize a network of preventive and rehabilitative services. 5.4 Collaborate with professional organizations e.g. HPSP, physician evaluation programs, healthcare provider organizations and resources.	Management Team	* Ongoing * Coalition
47	Implement role-based security across all security domains <b>Department: Administration</b>	6.10 Ensure that maximum information confidentiality is maintained, consistent with protection of the public and all applicable laws while operating in a transparent manner.	IT	* Ongoing * 75% complete
48	Deploy Microsoft Office 2016 <b>Department: Administration</b>	6.2 Continually modernize and optimize technology tools to simplify and streamline agency functions; continually review technology trends to position the agency for current and future technology needs while maintaining open lines of communication with agency staff and ensuring their business needs are met.	IT	
49	Evaluate how agency staff uses technology to identify areas for efficiency improvement <b>Department: Administration, Executive</b>	6.2 Continually modernize and optimize technology tools to simplify and streamline agency functions; continually review technology trends to position the agency for current and future technology needs while maintaining open lines of communication with agency staff and ensuring their business needs are met.	IT, Communications	



50	Continue to deliver agency-wide training that includes: diversity, safety, wellness, policies, confidentiality, information technology, security, changes to rules, statutes, and procedures, and other training to meet evolving needs <b>Department: Executive, Administration, Licensing, Investigations</b>	6.3 Attract, train, and retain quality staff. Support employee growth and development.	Management Team	* Continuous
51	Hire well qualified staff to fill vacancies as they occur <b>Department: Executive, Administration, Licensing, Investigations</b>	6.3 Attract, train, and retain quality staff. Support employee growth and development.	Management Team	* Ongoing
52	Provide comprehensive orientation, training and mentorship to new Board members and new staff <b>Department: Executive, Administration, Licensing, Investigations</b>	6.3 Attract, train, and retain quality staff. Support employee growth and development. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible.	Management Team	* Ongoing
53	Evaluate agency business processes to identify areas for efficiency improvement and ensure alignment with agency mission <b>Department: Administration</b>	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.	IT	
54	Identify and participate in information technology trainings and network within and out of state to gather best practices to implement at OMB <b>Department: Administration</b>	6.5 Explore operational efficiencies by partnering with other entities to enhance shared functions and foster an environment of continuous process improvement.	IT	
55	Maintain, test, and strengthen a Business Continuity Plan and disaster recovery response in order to meet evolving critical Board functions in the event of a manmade or natural disaster; update as needed to capture agency changes and address identified gaps <b>Department: Administration, All Departments</b>	6.6 Maintain a business continuity plan; cultivate a culture of disaster preparedness and resiliency to aid the agency in response and recovery from all manner of business interruptions.	Carol, Stephanie	* Ongoing
56	Carry out a cyber-attach simulation exercise on OMB systems to identify gaps in OMB systems security and recovery plans. <b>Department: Administration</b>	6.6 Maintain a business continuity plan; cultivate a culture of disaster preparedness and resiliency to aid the agency in response and recovery from all manner of business interruptions.	Carol, IT	
57	Document current system specifications <b>Department: Administration</b>	6.6 Maintain a business continuity plan; cultivate a culture of disaster preparedness and resiliency to aid the agency in response and recovery from all manner of business interruptions.	IT	* In process

58	Ensure that all staff have read and understand the most current HR policies <b>Department: Administration</b>	6.7 Review and evaluate policies and procedures on an ongoing basis to ensure they are meeting staff and business needs and are in compliance with state policies.	Jessica	* Ongoing
59	Research and deploy automated system testing <b>Department: Administration</b>	6.8 Improve access and usability of information available from the OMB website and online services.	IT	
60	Create an online mechanism for third party payment of licensee fees <b>Department: Administration, Licensing</b>	6.8 Improve access and usability of information available from the OMB website and online services.	Carol, Netia, IT	
61	Test OMB webpages for functionality on all devices and systems <b>Department: Administration</b>	6.8 Improve access and usability of information available from the OMB website and online services.	IT	* Ongoing
62	Implement database data versioning to capture all TechMed changes over time to allow for more comprehensive reporting <b>Department: Administration</b>	6.9 Develop and expand reporting capabilities for business and operational data providing easy to use reports for greater visibility to management, staff and external stakeholders, resulting in transparency and improved data.	IT	* New services available
63	Conduct exit interviews with Board members to inform changes in training or potential replacement Board members. <b>Department: Executive</b>	7.1 Communicate the ideal qualifications and qualities needed in Board members and the expectations and responsibilities for Board membership. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible.	Ms. Haley	
64	Recruit members of the advisory committees (Acupuncture and EMS) to be Board members <b>Department: Executive</b>	7.1 Communicate the ideal qualifications and qualities needed in Board members and the expectations and responsibilities for Board membership. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible.	Ms. Haley	
65	Invite potential Board members to observe meetings <b>Department: Executive</b>	7.1 Communicate the ideal qualifications and qualities needed in Board members and the expectations and responsibilities for Board membership. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible.	Ms. Haley	
66	Provide information for potential Board members about the experience of Board membership <b>Department: Executive</b>	7.1 Communicate the ideal qualifications and qualities needed in Board members and the expectations and responsibilities for Board membership. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout.	Ms. Haley, Nicole, Theresa, Kristina	
67	Explore various possibilities for shifting work to staff members to allow Executive Director to focus on Board cultivation <b>Department: Executive, Administration, Licensing, Investigations</b>	7.1 Communicate the ideal qualifications and qualities needed in Board members and the expectations and responsibilities for Board membership. 7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout. 7.4 Ensure adequate attendance at Board and Committee meetings.	Management Team	

68	Use GoToMeeting when appropriate to reduce Board member travel and time away from practice. <b>Department: Executive, Administration</b>	7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout.	Ms. Haley, Carol, IT	
69	Acknowledge Board members' time spent preparing for meetings <b>Department: Executive, Administration</b>	7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout.	Ms. Haley, Carol	
70	Create a one-page document welcoming new Board members to state service and explaining the process requirements (DAS and OMB) for getting started <b>Department: Executive</b>	7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout.	Ms. Haley, Nicole, Theresa	
71	Explore the possibility of a focused investigative subcommittee to review cases more frequently than the monthly Investigative Committee meetings; the subcommittee may be composed of staff and emeritus Board members or some other arrangement <b>Department: Executive, Investigations</b>	7.2 Prepare Board members and help them understand the complex work of the Board as quickly as possible. 7.3 Manage the workload of Board membership to reduce burnout. 7.4 Ensure adequate attendance at Board and Committee meetings.	Ms. Haley, Dr. Thaler, Eric	
72	Pursue legislation to allow flexibility in Board composition <b>Department: Executive</b>	7.3 Manage the workload of Board membership to reduce burnout. 7.4 Ensure adequate attendance at Board and Committee meetings.	Ms. Haley, Nicole	2017 LC 654

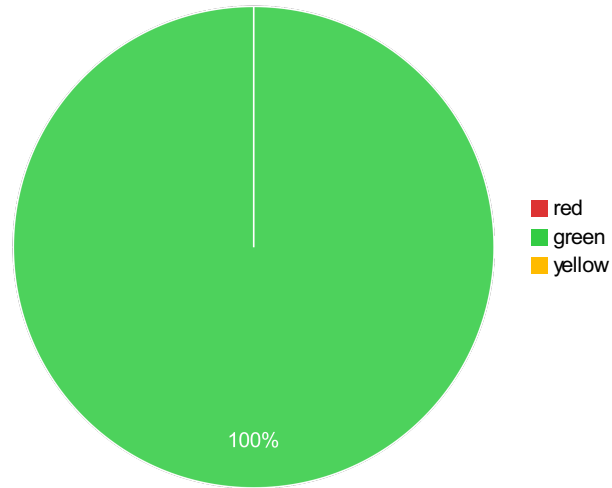
# Medical Board, Oregon

Annual Performance Progress Report

Reporting Year 2016

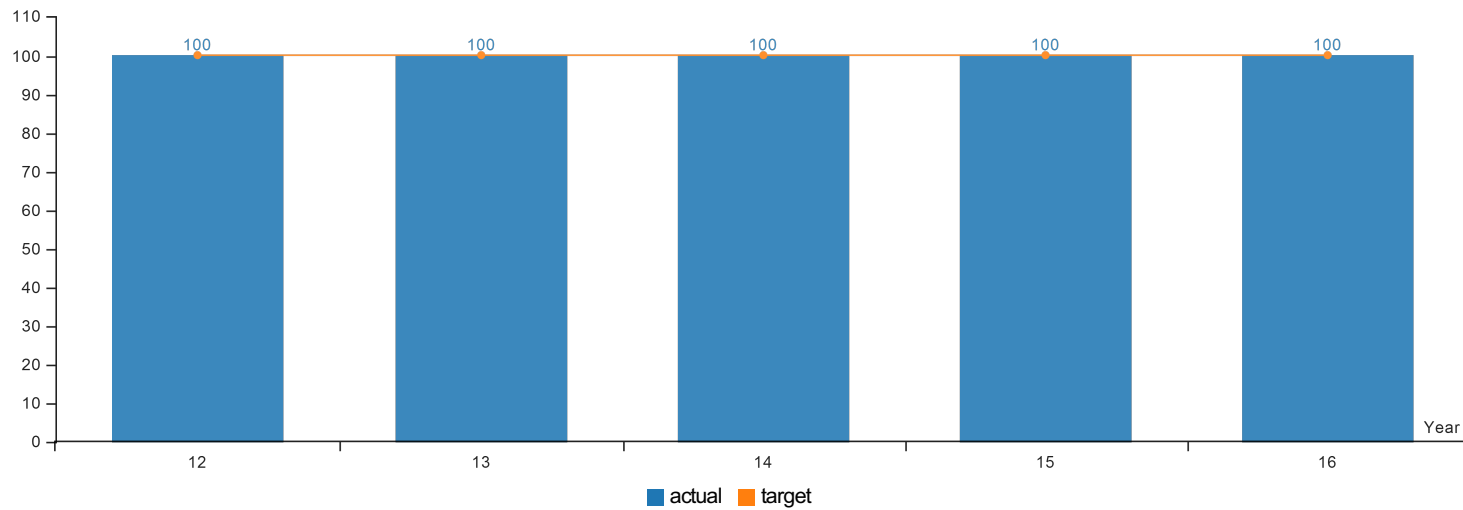
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KPM #	Approved Key Performance Measures (KPMs)
1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.
2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.
4	MONITOR LICENSEES 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.



	Green	Yellow	Red
	= Target to -5%	= Target -6% to -15%	= Target > -15%
<b>Summary Stats:</b>	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



Metric	2012	2013	2014	2015	2016
<b>Percentage of Board-issued denials upheld upon appeal</b>					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

#### How Are We Doing

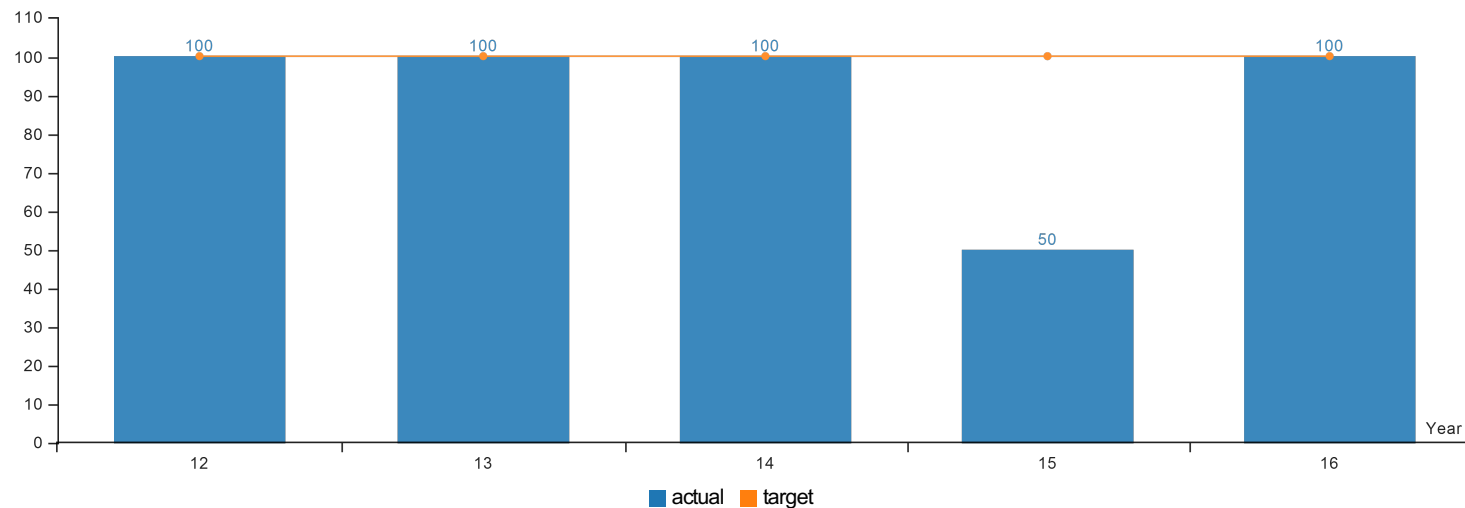
The measure demonstrates that we are appropriately licensing as there have been no successful challenges to the Board's licensing decisions since the measure was enacted in 2002. For fiscal year 2016, we had 1,539 license applications, none of which were denied.

This measure is associated with our strategic plan goal of improving access to quality care through efficiently managing licensure application and renewal processes.

#### 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 licensing appropriately.

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



Metric	2012	2013	2014	2015	2016
<b>Percentage of disciplinary actions not overturned by appeal</b>					
Actual	100%	100%	100%	50%	100%
Target	100%	100%	100%	100%	100%

### How Are We Doing

The measure demonstrates that the Board is appropriately disciplining. In addition to this measure, the Board partnered with Lewis and Clark Law School's externship program in 2013 to engage an extern to examine the consistency of Board disciplinary actions. The research indicates that the Board is highly consistent in its disciplinary actions-97% of the outcomes were consistent and the remaining 3% had explainable differences. The Board tailors the outcome to the facts of the case. Discipline is defined as any case closed with a public order that is reportable to the National Practitioner Databank. These orders include any Stipulated Orders, Voluntary Limitations, and Corrective Action Orders reportable to the National Practitioner Databank or Final Orders.

In fiscal year 2016, 49 orders were issued for 54 cases. None of these were appealed. There were three pending appeals at the end of the 2015 fiscal year. Two of these appeals are still pending; one has been closed and upheld during the 2016 fiscal year.

There were no successful appeals during fiscal year 2016. Although we did not meet our target for fiscal year 2015, the Board considers a single successful appeal since 2008 to be evidence that the Board is disciplining appropriately.

This measure is associated with our strategic plan goal of ensuring that Board members have sufficient information to take appropriate action based on the facts of the case.

### Factors Affecting Results

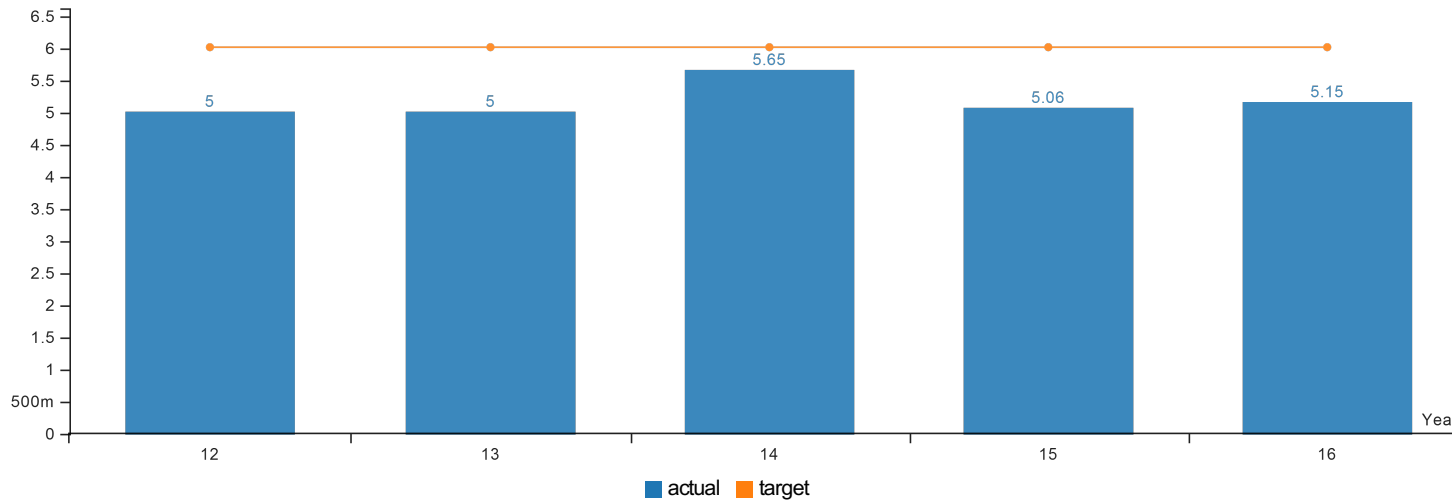
The Board provides extensive due process to all applicants and licensees to ensure appropriate outcomes. Results for this Key Performance Measure are disproportionately affected by the small population of disciplinary action appeals. With a small data set, a single successful appeal has a significant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



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



Metric	2012	2013	2014	2015	2016
<b>Percentage of probationers with a new complaint within 3 years</b>					
Actual	5%	5%	5.65%	5.06%	5.15%
Target	6%	6%	6%	6%	6%

#### How Are We Doing

This measure reflects how well we are doing to ensure that our licensees are safe to practice medicine. Probationer is defined as a licensee or applicant who, due to the existence of an order issued by the Board, requires some degree of monitoring by the Board's compliance office. Monitoring is done through meetings and interviews by the agency Compliance Office and Board members.

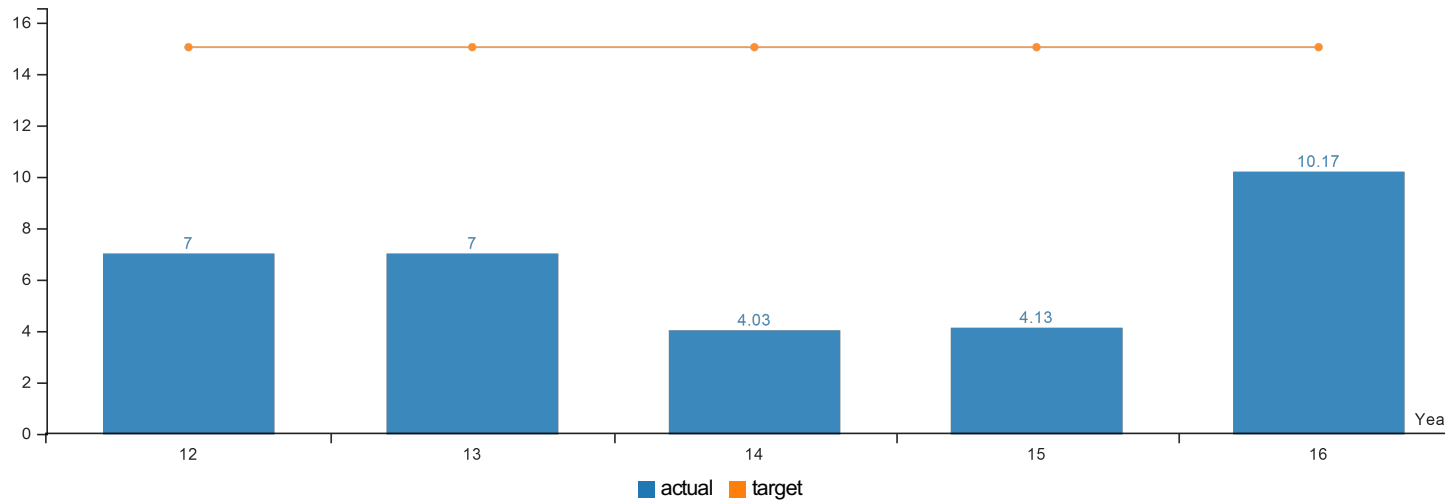
For fiscal year 2016, we had 194 probationers, 10 of whom had a new investigation opened within 3 years of the original Board order, a recidivism rate of 5.15%. We have been able to meet our target for a tenth straight year.

This measure is associated with our strategic plan goal of remediating licensees to safe, active, useful service to Oregon's citizens.

#### Factors Affecting Results

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

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



Metric	2012	2013	2014	2015	2016
<b>Average number of calendar days to process and mail a license renewal</b>					
Actual	7	7	4.03	4.13	10.17
Target	15	15	15	15	15

### How Are We Doing

This measure demonstrates our efficiency in renewing health care professional's licenses and the customer service we provide to the citizens of Oregon. We process renewal applications efficiently and consistently with public safety.

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 18,550 individuals) general occurs biennially during even numbered fiscal years. This results in a 3-month period of high activity for all agency staff.

The Board has been able to exceed the target since 2008. This measure is associated with our strategic plan goal of improving access to quality care through efficiently managing licensure and renewal of licensure.

### Factors Affecting Results

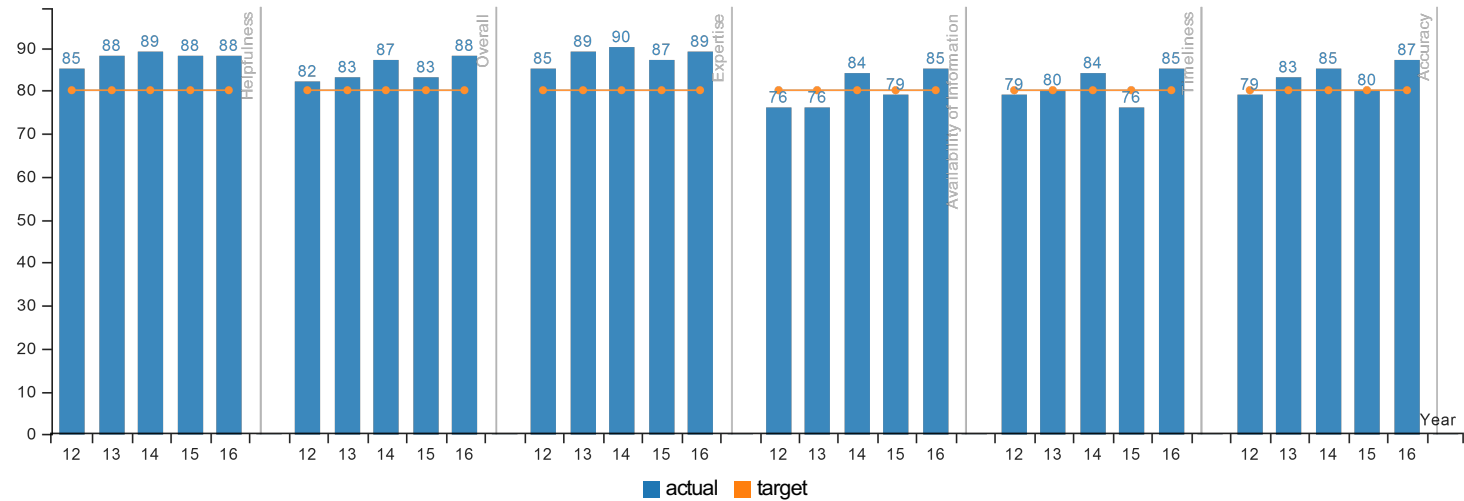
While operating efficiently is our goal, rushing licensure renewal, and possibly compromising patient care, is not. Preparing a thorough check of all information provided by renewing licensees is essential to ensuring the licensee meets state requirements and will continue to practice safely.

Since the launch of online license renewal in October, 2009, the time to process a renewal significantly decreased until fiscal year 2016. During fiscal year 2016, the agency experienced an unexpected staff shortage within our licensing department. This reduced the number of staff available to review license renewal applications and slowed the renewal process. While the average number of calendar days to renew a license increased dramatically, the result was still faster than our established target.

The agency recognized that the slower renewal process may adversely impact licenses. To prevent staff shortages from impacting future license renewal processes, the agency performed a thorough review of the renewal process and found additional ways to streamline the process without short cutting public safety. We are confident these changes will improve future results.

The target of 15 days was established when renewals were manually reviewed paper forms. For 2017-19, we request the target be changed to 10 days, acknowledging the expected reduction in days achieved through streamlining, automation, and the use of online renewals.

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



Metric	2012	2013	2014	2015	2016
<b>Helpfulness</b>					
Actual	85%	88%	89%	88%	88%
Target	80%	80%	80%	80%	80%
<b>Overall</b>					
Actual	82%	83%	87%	83%	88%
Target	80%	80%	80%	80%	80%
<b>Expertise</b>					
Actual	85%	89%	90%	87%	89%
Target	80%	80%	80%	80%	80%
<b>Availability of Information</b>					
Actual	76%	76%	84%	79%	85%
Target	80%	80%	80%	80%	80%
<b>Timeliness</b>					
Actual	79%	80%	84%	76%	85%
Target	80%	80%	80%	80%	80%
<b>Accuracy</b>					
Actual	79%	83%	85%	80%	87%
Target	80%	80%	80%	80%	80%

**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 by postcard, is 100% anonymous.

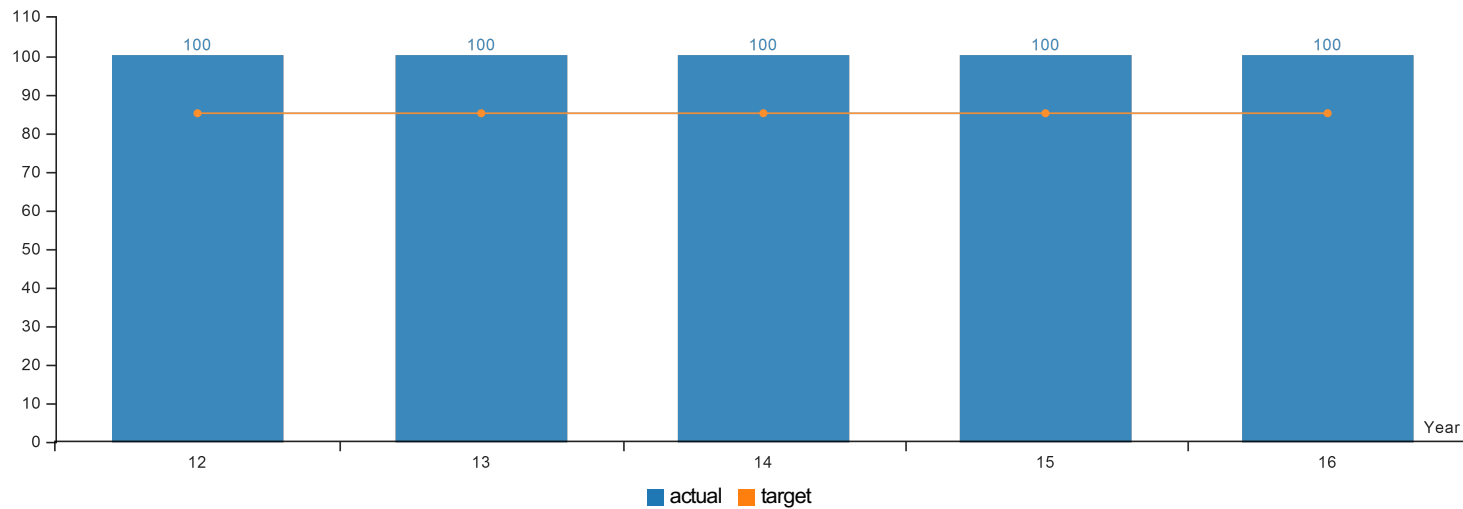
We provided a survey to each new licensee, each licensee who had recently renewed their license, and all complainants whose complaints resulted in an investigation (surveys were sent at the close of the case). Results for each individual group are retained by the agency and used at a management and team level. The results for each group contain too few responses to produce meaningful data so all results are combined to reach an agency wide result for reporting purposes. Equal weighting was given to each response.

For fiscal year 2016, we had a population (surveys sent) of 21,772. We received 3,276 total responses, a 15% response rate, a 1% margin of error at a 95% confidence level.

#### **Factors Affecting Results**

It is 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 may tend to lower our customer satisfaction rating. The Board works to temper this effect through continued improvements in the services we provide and in our communication with our customers.

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



Metric	2012	2013	2014	2015	2016
<b>Percent of total best practices met by the Board</b>					
Actual	100%	100%	100%	100%	100%
Target	85%	85%	85%	85%	85%

**How Are We Doing**

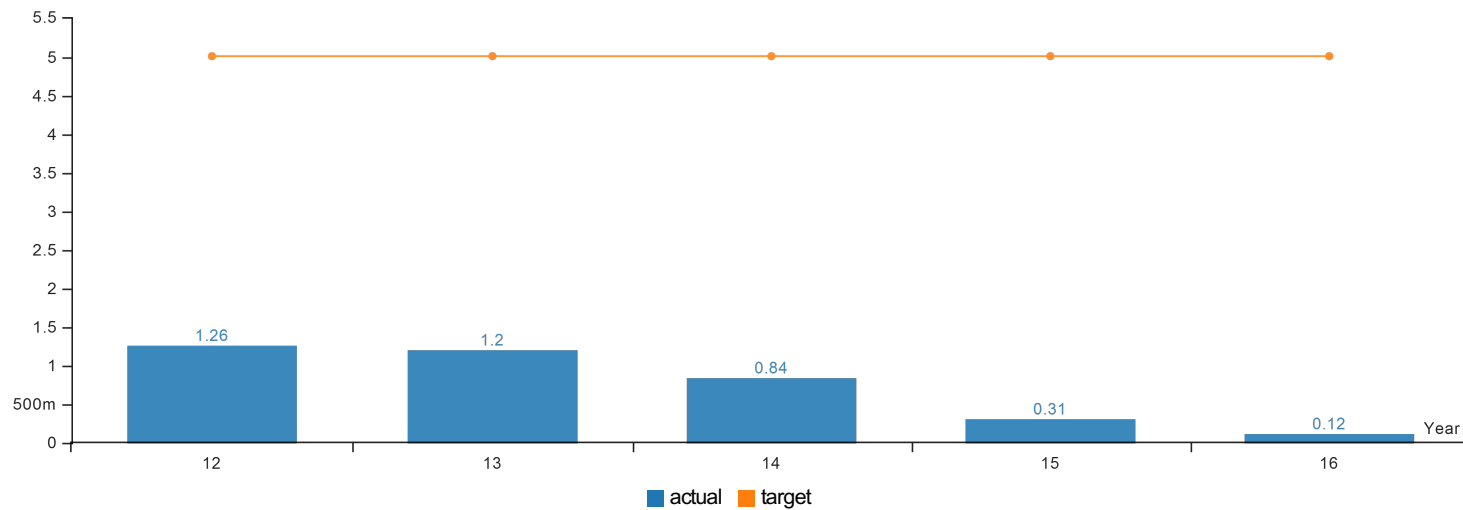
The measure demonstrates that we are meeting management best practices with respect to governance oversight by our Board. The criteria being evaluated includes Executive Director performance expectations and feedback, strategic management and policy development, fiscal oversight and board management. 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 exceed our target since the measure was implemented in 2007.

**Factors Affecting Results**

We have asked that the target be changed to 100% for consistency with the other health regulatory boards. 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 management 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



Metric	2012	2013	2014	2015	2016
<b>Average number of days to process an application for medical licensure</b>					
Actual	1.26	1.20	0.84	0.31	0.12
Target	5	5	5	5	5

**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 2016, there were 1,538 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 improving access to quality care through 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 but given information available, the agency is processing licenses faster than other state's medical licensing boards.