



OREGON MEDICAL BOARD

Budget Presentation
Joint Ways and Means
Subcommittee on Human Services

Presentation Objectives

- Mission and Board Composition
- Goals and Performance Measures
- Agency Organization and Services
- Budget and Policy Packages
- Accomplishments

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.



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



K. Dean Gubler, DO
Chair
Portland



Paul Chavin, MD
Vice-Chair
Eugene



James K. Lace, MD
Secretary
Salem



Robert M. Cahn, MD
Portland



Erin Cramer, PA-C
Stayton



Katherine Fisher, DO
Happy Valley



Saurabh Gupta, MD
Portland



Kathleen Harder, MD
Salem



Charlotte Lin, MD
Bend



Patti Louie, PhD
Public Member
Portland



Jennifer L. Lyons, MD
Portland

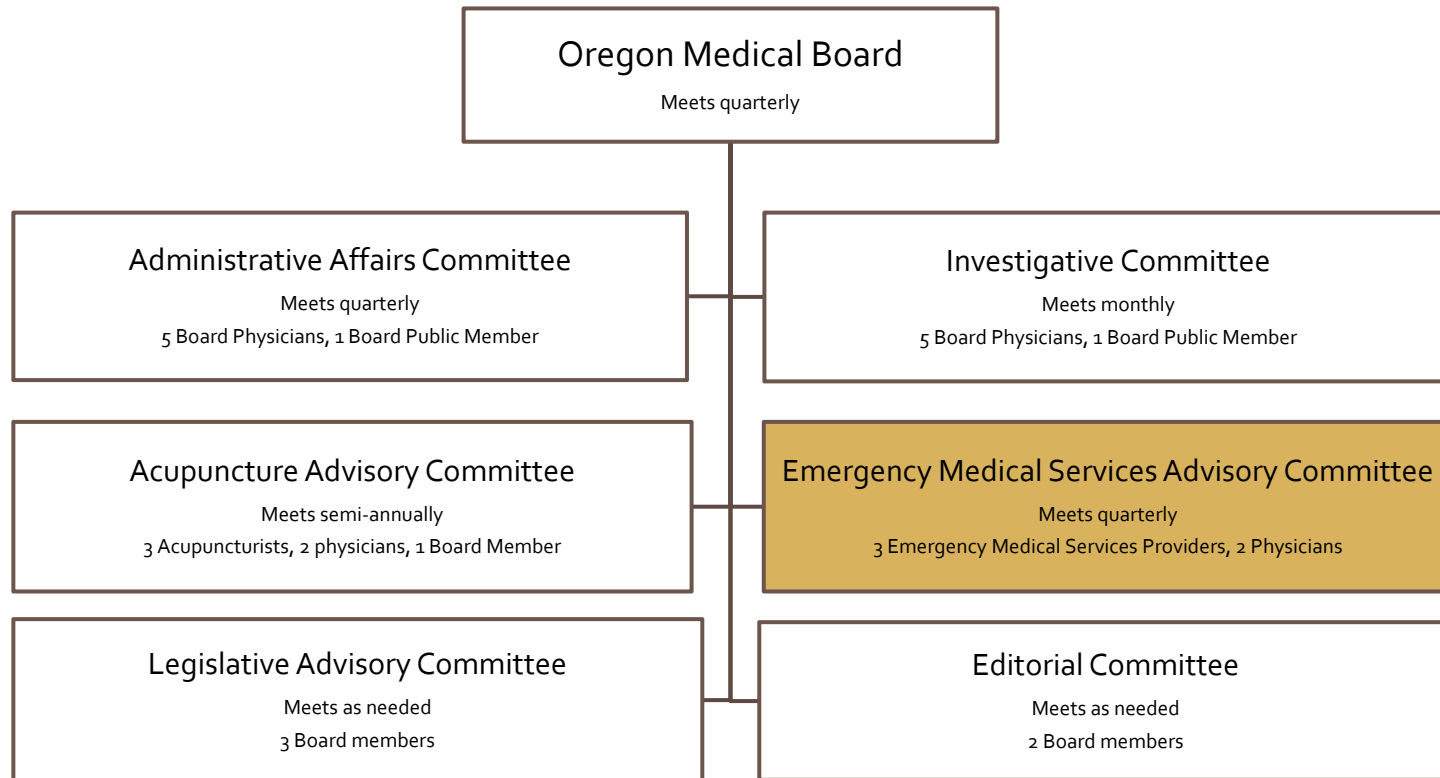


Chere Pereira
Public Member
Corvallis



Andrew Schink, DPM
Eugene

The Board works through committees



The OMB has responsibility for the scope of practice for EMS providers. The Board incurs expenses in fulfilling this responsibility but receives no funding.

Strategic Plan Goals

1. Successful transition in **executive leadership**.
2. **Recruit and retain** the highest qualified Board and Committee members.
3. Continually improve **access to quality care** through efficiently managing licensure and renewal of licensure.
4. Increase **outreach and education** to the public, licensees, agency stakeholders and partners.
5. **Investigate complaints** and take **appropriate action**.
6. **Remediate** licensees to practice while protecting public safety.
7. Ensure **optimal** internal operations.
8. Promote the **wellbeing** of applicants and licensees.

Values

- ✓ Integrity
- ✓ Accountability
- ✓ Excellence
- ✓ Customer Service
- ✓ Equity



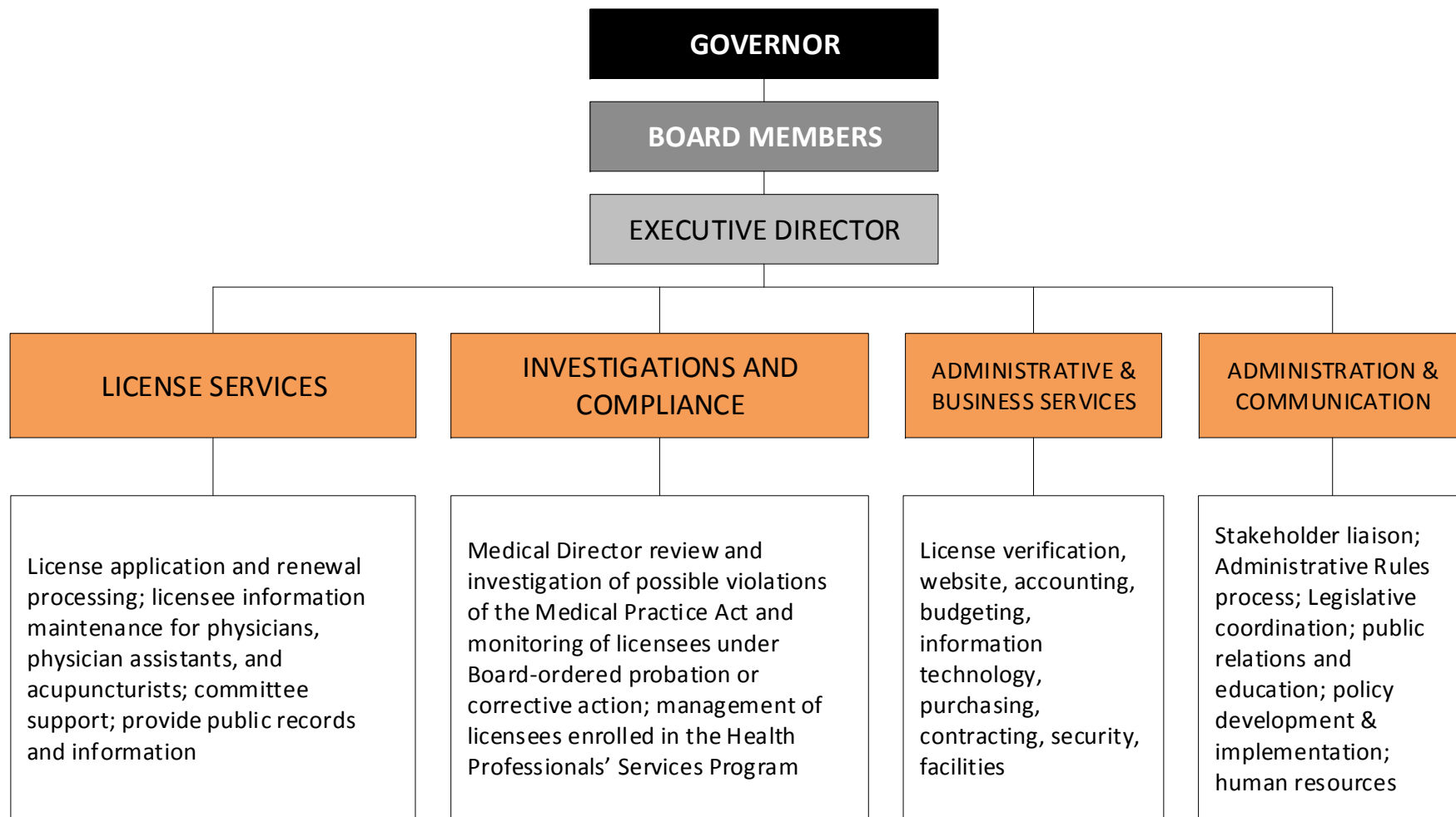
Key Performance Measures

Measure	FY 2016	FY 2017	FY 2018
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, 2018



2,705 Licenses issued



1 Day to issue a license



18,400* Licenses renewed



4 Days to renew a license



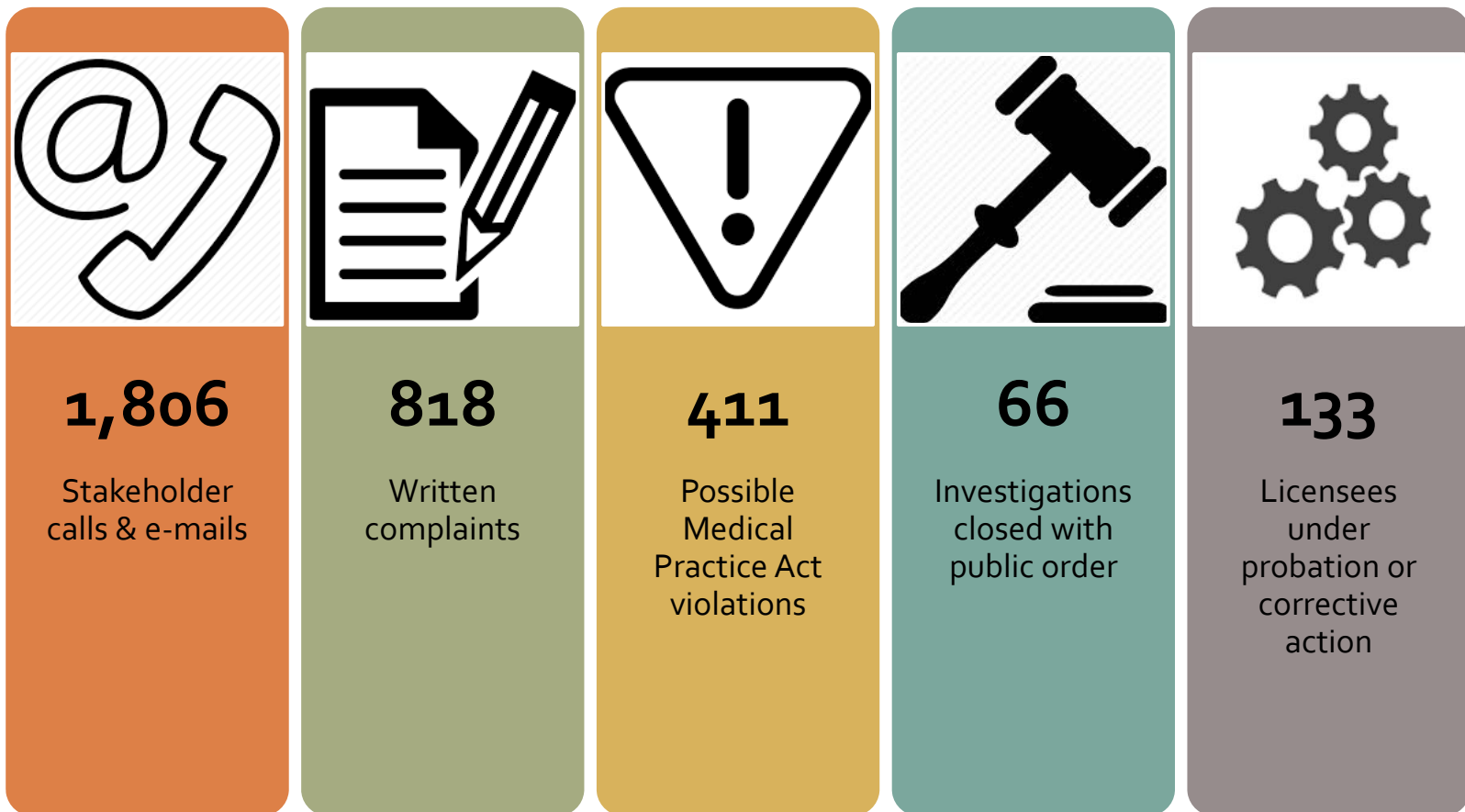
12,276 Phone calls



70,000 Online services logins

* 2017 renewals. Most licensees renew every odd-numbered year

Investigations and Compliance, 2018



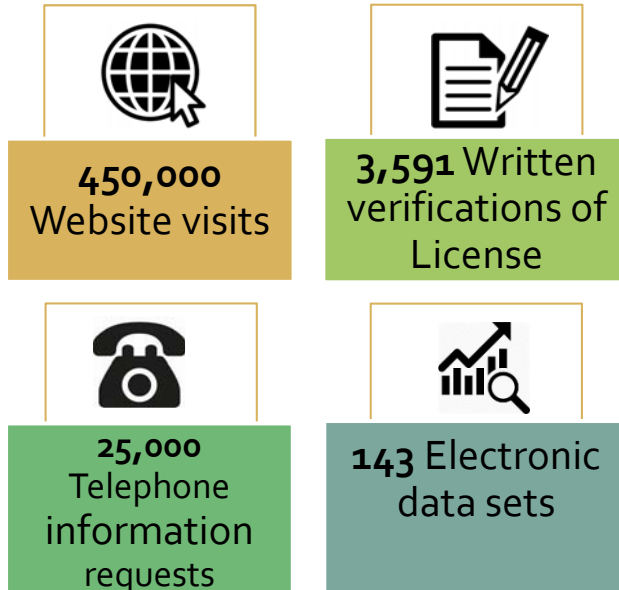
Investigation and Compliance

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 was eliminated. Participating boards have contracted 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.
 - Contract Administration.

Administrative and Business Services

Services to the public and licensees, 2018:



- 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.

Administration and Communication, 2018

- Develop agency communications, including quarterly newsletter and published materials, such as our Cultural Competency Guide
- Work with partners and stakeholders on policy initiatives, such as opioid guidelines and licensee wellness.



Hired 9 Employees



Made 17 Presentations

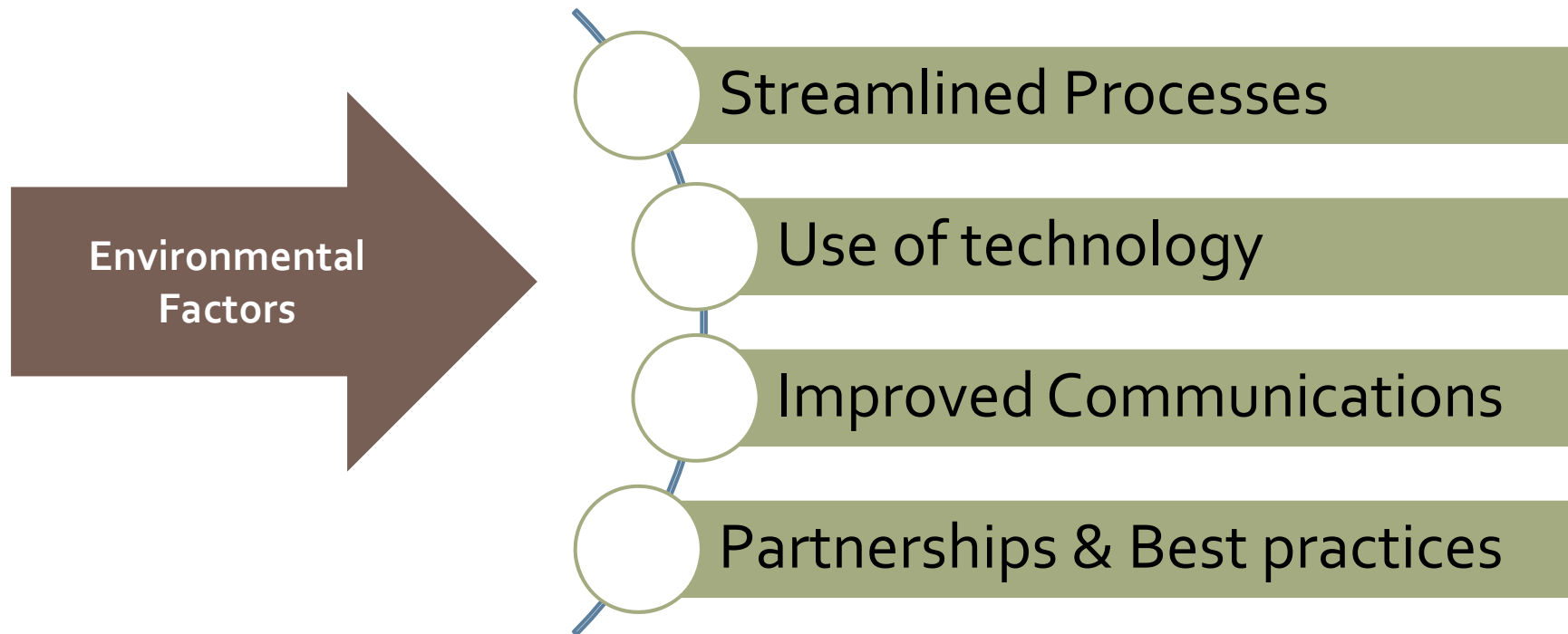


Amended 28 Administrative Rules



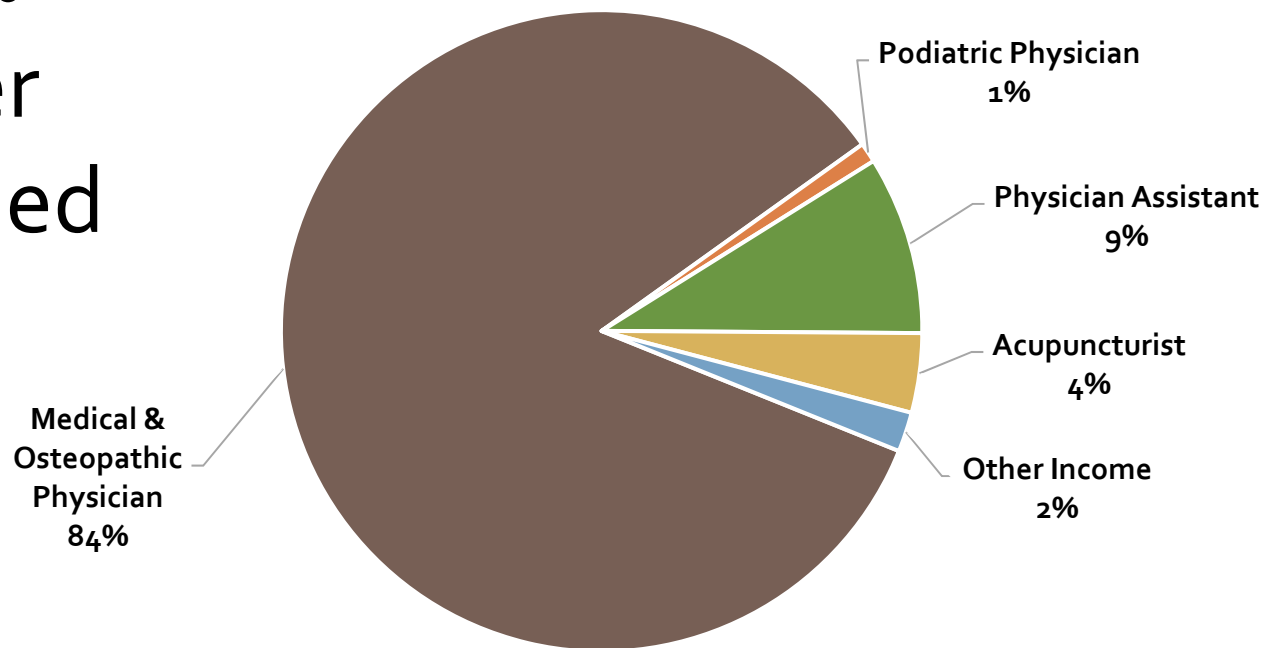
Tracked over 200 proposed bills (2017 & 2018)

Operating Environment Drives Agency Change



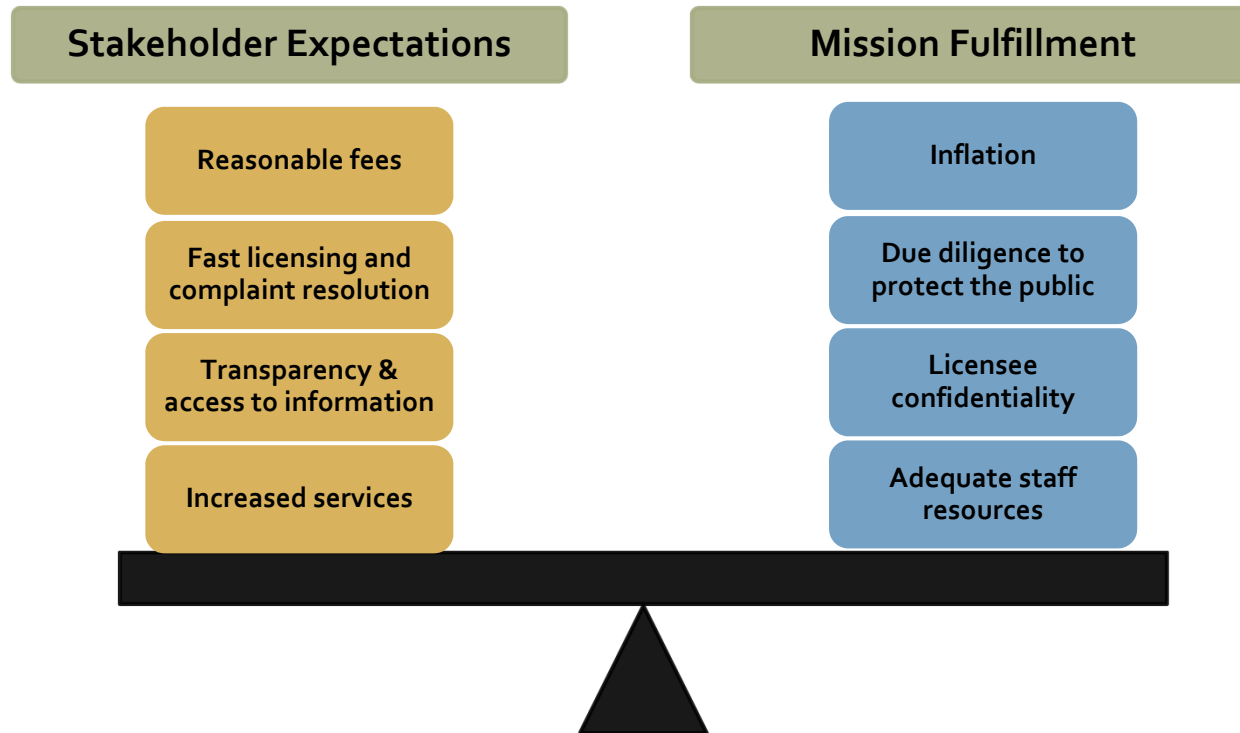
Revenue Sources

100%
Other
Funded



Major Budget Issues

Accountability



2019-21 Policy Packages

No Fee Increases

101 Temporary Fee Reduction

102 Board Membership

103 Physician Wellness

104 Communications Resources

105 Office Security

2019-21 Policy Packages

101 TEMPORARY FEE REDUCTION

- Reduce all registration and renewal fees by 10% for the 2019-21 biennium. All other fees remain at current levels.
- The temporary fee rebate is expected to continue for license fees through 2021.
- Agency revenues reduced by approximately \$1.1 million for the 2019-21 biennium.

Proposed Annual Registration Fees

	Current Fee	Proposed Rebate	Adjusted Fee
Medical, Osteopathic, & Podiatric Physician	\$243	\$25	\$218
Physician Assistant	\$191	\$19	\$172
Acupuncturist	\$161	\$16	\$145

2019-21 Policy Packages

102 BOARD MEMBERSHIP

- Senate Bill 61
- Adds a third public member to the Oregon Medical Board.
- Brings the percentage of public representation on the Medical Board in line with the other health professional regulatory boards in Oregon.

2019-21 Policy Packages

103 PHYSICIAN WELLNESS

- A partnership of public and private stakeholders for a statewide program that provides local delivery of support services for healthcare professionals.
- Focus on early intervention and support to address burnout, stress, and depression, improving patient care and access to care.
- OMB provides additional funding to strengthen the program.

2019-21 Policy Packages

104 COMMUNICATIONS RESOURCES

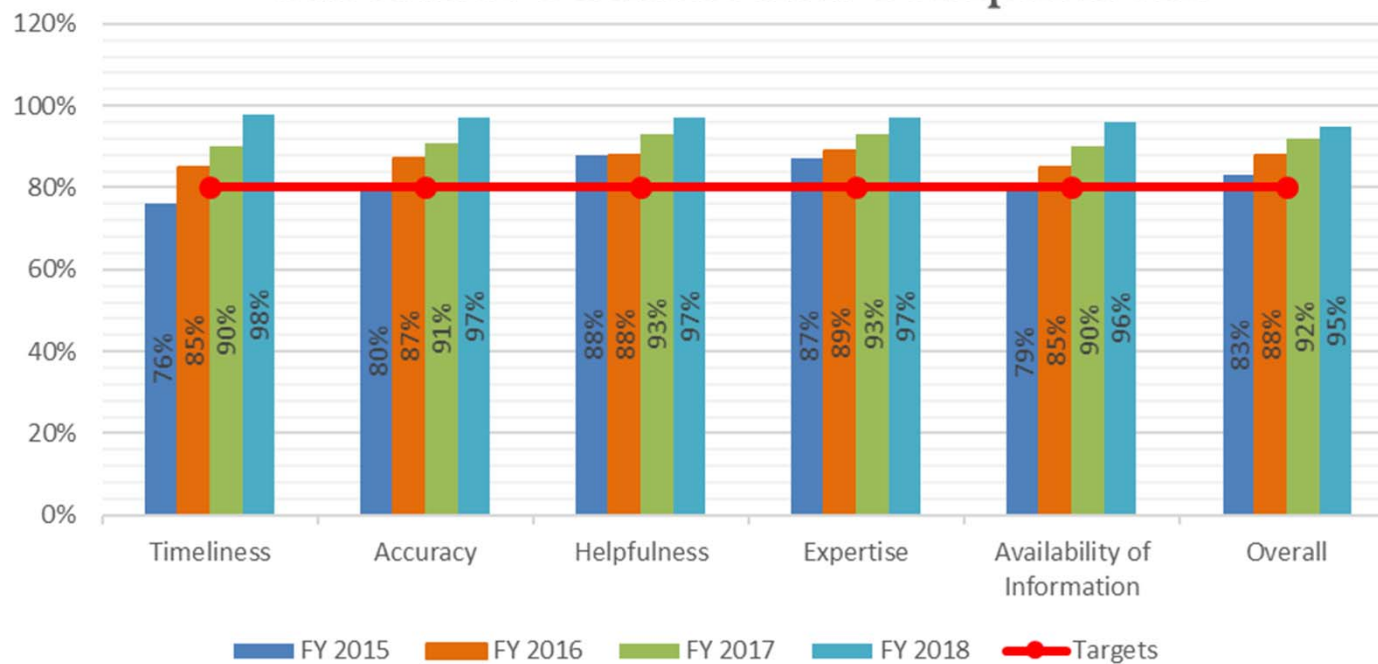
- Adds Public Affairs Specialist 1 position.
- Responsibilities:
 - Writing newsletter articles
 - Web content and other agency publications
 - Researching issues
 - Distributing public meeting notices.
 - Answering questions from the media about factual or straightforward issues
- Increases opportunities for outreach and education to the public, licensees, agency stakeholders and partners.

2019-21 Policy Packages

105 OFFICE SECURITY

- Institute additional physical security measures to protect our Board members and staff.
- Anticipated security enhancements:
 - Badges and card locks at external doors
 - Re-keying of all external doors
 - Installation of security cameras to cover the main entrance

Customer Satisfaction Comparisons



"This was the best license application process I have encountered (I have 4 other state licenses). Licensing staff were always courteous AND helpful. The Oregon medical board staff were also the most meticulous, noting history items that none of the other states have ever noticed! That creates an image of trust in the Oregon application system to pick only qualified applicants."

"I was very pleased with all of this [complaint] process and decision. Both justice and mercy were granted. Thank you. "

"OMB exceeded expectations--again."

2019



Agency Accomplishments 2017-2018

Meeting the challenges of medical regulation with creative solutions

- ✓ Developed an award-winning Cultural Competency Guide, distributed to all licenses
- ✓ Introduced email confirmation of application submission and every-other week reminders to check for outstanding requirements
- ✓ Enhanced online services to provide applicants and licensees access to previously submitted information
- ✓ Adopted rules for Physician Assistant prescribing of Suboxone
- ✓ Instituted “Non-Binary” as a gender option
- ✓ Expanded use of data analytics to guide agency improvements
- ✓ Completed external systems penetration and social engineering testing



Nicole Krishnaswami, 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 2017-19 & 2019-21 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) (g) 2017-19 Ending Balance		(h) (i) 2019-21 Ending Balance		(j) Comments
					In LAB	Revised	In CSL	Revised	
Limited	8470-000-00-00-00000	8470000401 Oregon Medical Board	Operations	ORS 677.290	5,863,104	8,921,532	8,014,893	7,562,095	2017-19 LAB and 2019-21 CSL ending balances are revised based on efficiency savings achieved during 2015-17 and 2017-19. The 2017-19 Revised ending balance represents a reserve of approximately 15 months operating expenses for 2019-21. 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. The revised ending balance estimate for 2019-21 includes all GRB policy packages, including a proposed fee decrease.

Objective: Provide updated Other Funds ending balance information for potential use in the development of the 2019-21 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 2017-19 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 2017-19 Legislatively Approved Budget and the 2019-21 Current Service Level at the Agency Request Budget level.
- 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 2017-19 General Fund approved budget or otherwise incorporated in the 2017-19 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 2017 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.



2018 - 2020
OREGON MEDICAL BOARD
STRATEGIC PLAN

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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 2018, the Management Team determined that five 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.
5. **EQUITY** – Create and foster an environment where everyone has access and opportunity to thrive

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, 2016, and 2018. The next formal update will occur in 2020, unless circumstances require an earlier date.

In the planning process, and in the years this plan will guide, the OMB 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 Oregon citizens and to promote access to quality care for Oregon citizens.

The Strategic Plan directs the Oregon Medical Board 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 OMB'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.

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.

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.

GOAL 1: SUCCESSFUL TRANSITION IN EXECUTIVE LEADERSHIP

The Oregon Medical Board has a reputation for **excellence** in meeting its mission. The outgoing executive director has served with **integrity** for the past 24 years. In order to continue to provide an **accountable, equitable, and customer service** oriented organization, a smooth transition in leadership is essential.

STRATEGIES:

- 1.1 Appoint an interim executive director;
- 1.2 Hire and support permanent executive director;
- 1.3 Continue the emeritus executive director up to the maximum allowable hours;
- 1.4 Have the current chair continue in that capacity for an additional year;
- 1.5 Ensure an open, equitable, and accountable vetting process for hiring an executive director;
- 1.6 Communicate regularly throughout the agency;
- 1.7 Maintain a strong management team; and
- 1.8 Identify and plan for major projects or tasks that will span the transition period.

ACTIONS:

	Action	Assigned	Strategy
1	<p>Consultation on high-impact issues, regular 1:1 weekly meeting with new Executive Director, participation in Board retreat, assist with Board appointment process, and selection of Board leadership.</p> <p>Section: Executive Due Date: Ongoing</p>	Interim ED, New ED, Outgoing ED,	1.1 1.2 1.3 1.4 1.8
2	<p>Work closely with DAS to recruit and hire an executive director in a timely fashion.</p> <p>Section: Executive, HR Due Date: 10/31/18</p>	Board Committee Outgoing ED, HR,	1.2 1.5
3	<p>Regular Communication regarding transition with full Board, management team, and staff.</p> <p>Section: Administration, Executive Due Date: 1:1 meetings - 12/31/18, Employee Satisfaction Survey – 07/31/19</p>	Interim ED, ED, Comm. Team, HR	1.5 1.6 1.7 1.8

GOAL 2: RECRUIT & RETAIN THE HIGHEST QUALIFIED BOARD AND COMMITTEE MEMBERS

Board members provide a critical public service for patients and the medical profession. The 13-member Board oversees the agency and makes all final decisions on the regulation of the practice of medicine. Achieving **excellence** in executing the mission depends upon the Board’s membership. Board members must ensure **integrity** and **equity** through consistent and fair decisions and **accountability** through transparent and accessible processes. Board members provide **customer service** by advocating for patient safety for all Oregonians.

STRATEGIES

- 2.1 Communicate the ideal qualifications and qualities needed in Board members and the expectations and responsibilities for Board membership;
- 2.2 Work with Board leadership and emeritus members to Communicate the importance of leadership, mentoring, recruiting, and workload management.
- 2.3 Partner with professional associations and the Governor’s office to efficiently identify excellent candidates for Board membership;
- 2.4 Prepare Board members and help them understand the complex work and role of the Board as quickly as possible;
- 2.5 Manage the workload of Board membership to reduce burnout and engage members for two full terms;
- 2.6 Ensure adequate attendance at Board and Committee meetings;
- 2.7 Utilize emeritus Board members effectively; and
- 2.8 Obtain legislative approval for a third Public Board member.

ACTIONS:

	Action	Assigned	Strategy
1	Maintain regular contact with Health Policy Advisor and professional associations. Section: Executive Due Date: Ongoing	ED, MD	2.1 2.2 2.3 2.8
2	Check FSMB’s materials to see if guidelines or descriptions of a Board member’s role already exists (e.g. delegation and approval process). Section: Administration, Executive Due Date: 09/30/18	Comm. Team	2.4 2.5 2.6
3	New ED meet 1:1 with Board members to understand their goals, needs, and questions. Section: Executive Due Date: 12/31/18	Board, ED	2.4 2.5
4	Use Board retreat to identify areas that may be streamlined or delegated to staff. Section: Executive, Investigations, Licensing Due Date: 10/31/18	Board, Management Team	2.2 2.4 2.5 2.7
5	Draft Communication for Board Chair to share with new members regarding expectations. Section: Executive Due Date: 12/31/18	Interim ED	2.4 2.6
6	Medical Director to share OneNote with new Board members. Section: Executive Due Date: 03/31/19	MD	2.5
7	Meet with key legislators to discuss the need for a 3rd public board member. Section: Executive Due Date: 03/31/19	Interim ED	2.8
8	Work closely with Legislative Counsel on drafting process, particularly to define the qualifications of a public board member. Section: Administration, Executive Due Date: 09/30/18	Legislative Team	2.8

GOAL 3: CONTINUALLY IMPROVE ACCESS TO QUALITY CARE THROUGH EFFICIENTLY MANAGING LICENSURE & RENEWAL OF LICENSURE

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** and **equity** 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

- 3.1 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;
- 3.2 Stay abreast of national medical and licensure trends and participate in pilot projects where feasible;
- 3.3 Identify and implement efficiencies in licensure, renewal, and re-entry processes through internal post-mortem reviews and stakeholder feedback;
- 3.4 Regularly and systematically audit applications and renewals; and
- 3.5 Maintain internal procedures to implement updates and ensure consistent processing of files.

ACTIONS:

	Action	Assigned	Strategy
1	Explore the possibility of accepting source documents electronically. Section: Administrative and Business Services, Licensing Due Date: 12/31/19	IT, Licensing Mgr.	3.1 3.2 3.3
2	Update online Initial Application process to allow users to more easily navigate the application. Section: Administrative and Business Services, Licensing Due Date: 06/30/19	IT, Licensing Mgr.	3.1 3.3
3	Update online processes to allow users to upload documents from within the process. Section: Administrative and Business Services, Licensing Due Date: 12/31/19	IT, Licensing Mgr.	3.1 3.3
4	Create automated application received email to encourage applicants to use OSR “early and often”. Section: Administrative and Business Services, Licensing Due Date: 09/30/18	IT, Licensing Mgr.	3.1 3.3
5	Provide applicants and licensees with access to their confirmation page after submission. Section: Administrative and Business Services, Licensing Due Date: 09/30/18	IT, Licensing Mgr.	3.1 3.3
6	Monitor development of Interstate Compact. Section: All Due Date: Ongoing	Management Team	3.2
7	Monitor the accuracy and consistency of the civil penalty process. Section: Administrative and Business Services, Licensing Due Date: 12/31/19	IT, Licensing Mgr., Policy Analyst	3.3 3.5
8	Evaluate new and existing programs to address problems relating to competency, re-entry to practice, and wellness. Section: Administration, Executive, Licensing, Investigations Due Date: Ongoing	Management Team	3.3
9	Innovate audit process for internal audits of application and renewal files. Section: Administration, Administrative and Business Services, Licensing Due Date: Ongoing	IT, Licensing Mgr.	3.1 3.4 3.5

GOAL 4: INCREASE OUTREACH & EDUCATION TO THE PUBLIC, LICENSEES, AGENCY STAKEHOLDERS AND PARTNERS

Educating patients, licensees, and the general public is an important **customer service**. Board publications and resources (e.g. The *OMB Report*, the *Cultural Competency Guide*, and www.oregon.gov/OMB) have been recognized nationally for **excellence**. The Board demonstrates **integrity** and **equity** with regular presentations by staff and Board members to promote awareness of rules, positions of the Board, and other emerging issues. Outreach and partnership efforts also keep the Board **accountable** to the public and licensees by inviting direct feedback from stakeholders and continuing to provide accurate and timely access to public records.

STRATEGIES

- 4.1 Deliver robust online resources;
- 4.2 Encourage stakeholder feedback through attendance at public meetings and rule hearings;
- 4.3 Provide opportunities for budget review by stakeholders;
- 4.4 Improve outreach to diverse groups;
- 4.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.;
- 4.6 Explore collaborations with other entities for education, efficiencies, and outreach;
- 4.7 Establish OMB as the most accurate and complete source of MD, DO, DPM, PA, and LAc information; and
- 4.8 Accurately and promptly respond to public records and data requests.

ACTIONS:

	Action	Assigned	Strategy
1	Improve online license verification. Section: Administration, Administrative and Business Services Due Date: 12/31/18	Comm. Team, IT	4.1 4.7
2	Use state and national guidelines to ensure website accessibility. Section: Administrative and Business Services Due Date: 03/31/19	Business Mgr., Comm. Team, IT	4.1 4.4
3	Transition to new listserv provider. Section: Administrative and Business Services Due Date: 09/30/18	IT, Licensing Mgr.	4.2
4	Create videos showing key Applicant/Licensee Services, e.g., initial application, renewal, filing a practice agreement and implement tutorials on new laws, developing issues in the profession, Board processes, positions of the Board, etc. Section: All Due Date: 12/31/19	Comm. Team, IT	4.6
5	Publish new resource guides for licensees. Section: Administration Due Date: 12/31/19	Comm. Team, Policy Analyst	4.5 4.6
6	Collaborate with the Prescription Drug Monitoring Program to get OMB licensees registered for the program. Section: Administration, Administrative and Business Services Due Date: 07/31/18	IT, Policy Analyst	4.6
7	Create educational materials on Telehealth, Common credentialing, wellness. Section: Administration Due Date: 03/31/19	Comm. Team	4.6
8	Send letters to the Chief of Staff or Medical Director of medical schools and hospitals to remind the organizations of reporting requirements. Section: Executive Due Date: 06/30/19	ED, Policy Analyst	4.6

9	<p>Create query to support swift distribution of emails to licensees in response to OHA or other statewide concerns.</p> <p>Section: Administration, Administrative and Business Services Due Date: 12/31/18</p>	Comm. Team, IT	4.7
10	<p>Document procedure for fulfilling data requests. Consider:</p> <ul style="list-style-type: none"> · Questions to ask if someone is requesting a new data transfer · Potential need for a DUA and/or confidentiality agreement · Payment · Log of IT hours · Any other administrative task associated with data transfers <p>Section: Administration, Administrative and Business Services Due Date: 09/30/18</p>	Business Mgr., IT, Policy Analyst	4.8
11	<p>Update Public Records Process</p> <p>Section: Administration, Executive Due Date: 12/31/19</p>	Comm. Team, Policy Analyst	4.8
12	<p>Request funding and authority for New Public Affairs Specialist position, 2019-21 policy package 104.</p> <p>Section: Executive, Administrative and Business Services Due Date: 06/30/19</p>	ED, Business Mgr., HR	4.1 - 4.8

GOAL 5: INVESTIGATE COMPLAINTS AGAINST LICENSEES & APPLICANTS; ENSURE THAT BOARD MEMBERS HAVE SUFFICIENT INFORMATION TO TAKE APPROPRIATE ACTION BASED ON THE FACTS OF THE CASE

Patient safety relies on **integrity, equity, 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

- 5.1 Inform licensees and applicants under investigation about the process;
- 5.2 Ensure that the investigative process is “user-friendly,” communicating throughout the investigative process and outcome to both licensee and complainant and monitoring customer service survey feedback;
- 5.3 Ensure that due process requirements are followed for licensees and applicants under investigation;
- 5.4 Maintain and utilize a cadre of well-qualified consultants from the medical Community to review licensees/cases under investigation;
- 5.5 Investigate complaints in a thorough, equitable, and timely fashion, with adequate staffing, in accordance with applicable laws and medical Community standards; and
- 5.6 Review Board and Committee processes to identify efficiencies in the movement of Investigative cases.

ACTIONS:

	Action	Assigned	Strategy
1	Maintain investigative timeline for Communications to licensees and complainants. Section: Investigations Due Date: Ongoing	Chief Investigator	5.1 5.2
2	Continue to monitor timeliness and thoroughness of investigations. Section: Investigations Due Date: Ongoing	Chief Investigator, MD	5.3 5.4 5.5
3	Expedite early identification and screening of medical malpractice issues in investigative cases. Section: Investigations Due Date: 10/31/18	Investigators, MD	5.3 5.4 5.5
4	Implement and document procedures for investigative steps and case documentation. Section: Investigations Due Date: 12/31/2019	Chief Investigator	5.3 5.5
5	Explore the use of consultant earlier on in the investigation process to expedite actions. Section: Investigations Due Date: 10/31/18	Chief Investigator, MD	5.4
6	Use Board retreat to identify areas that may be streamlined or delegated to staff (e.g. DIU cases with no pattern or patient care involved, ED/MD interviews scheduled proactively). Section: Executive, Investigations, Licensing Due Date: 10/31/18	Board, Management Team	5.5 5.6

GOAL 6: REMEDIATE LICENSEES TO SAFE, ACTIVE, USEFUL SERVICE TO OREGON'S CITIZENS

Access to quality care can only be achieved through successful rehabilitation and **equitable** 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

- 6.1 Design and negotiate early remedial interventions when appropriate through such methods as enrollment in the Health Professionals' Services Program (HPSP), provided through contract with a private vendor (contractor);
- 6.2 Ensure the HPSP program is fiscally responsible and the contractor is accountable to the Board;
- 6.3 Monitor licensees under disciplinary action to intervene or provide guidance when necessary to comply with terms of discipline;
- 6.4 Facilitate completion of educational requirements for licensees who have entered into remediation agreements with the Board;
- 6.5 Utilize a network of preventive and rehabilitative services;
- 6.6 Collaborate with professional organizations e.g. Physician evaluation programs, healthcare provider organizations, the Wellness Coalition, local or regional organizations engaged in patient safety initiatives or healthcare provider education and other resources;
- 6.7 Maintain a list of evaluators and treatment providers that have been approved for utilization by licensees for substance use disorders or mental health issues; and
- 6.8 Review Board and Committee processes to identify efficiencies in the movement of Investigative cases.

ACTIONS:

	Action	Assigned	Strategy
1	Facilitate enrollment in the Health Professionals' Services Program as indicated for licensees and applicants. Section: Executive, Investigations Due Date: Ongoing	ED, Investigations, MD	6.1 6.2 6.5 6.6 6.7
2	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. Section: Investigations Due Date: Ongoing	Compliance, Investigators, MD	6.3 6.4
3	Evaluate new and existing programs to address problems relating to competency and re-entry to practice. Section: Administration, Executive, Investigations, Licensing Due Date: Ongoing	Management Team	6.5 6.6
4	Use Board retreat to identify areas that may be streamlined or delegated to staff (e.g. DIU cases with no pattern or patient care involved, ED/MD interviews scheduled proactively). Section: Executive, Investigations, Licensing Due Date: 10/31/18	Board, Management Team	6.8

GOAL 7: PROVIDE OPTIMAL STAFFING AND RESOURCES TO MEET EVOLVING OMB CUSTOMER NEEDS

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** and **equity** 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:

- 7.1 Attract, train, and retain quality staff; support employee wellbeing, growth, and development;
- 7.2 Foster a safe, healthy, and professional working environment through suitable facilities and a safety-oriented culture;
- 7.3 Continually modernize and optimize technology tools to simplify and streamline agency functions;
- 7.4 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;
- 7.5 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;
- 7.6 Explore operational efficiencies by partnering with other entities to enhance shared functions and foster an environment of continuous process improvement;
- 7.7 Cultivate a culture of disaster preparedness and resiliency to aid the agency in response and recovery from all manner of business interruptions;
- 7.8 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;
- 7.9 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
- 7.10 Ensure that maximum information confidentiality is maintained, consistent with protection of the public and all applicable laws, including the OSCIO Statewide Information Security Standards, while operating in a transparent manner.

ACTIONS:

	Action	Assigned	Strategy
1	1:1 meetings with all staff; employee satisfaction survey; implement process changes or employee engagement ideas resulting from survey. Section: Administration, Executive, HR Due Date: Ongoing	Comm. Team, Management Team	7.1
2	Continue to deliver agency-wide training that includes: diversity, ethics, safety, wellness, policies, confidentiality, information technology, security, changes to rules, statutes, ethics, procedures, PERS benefits, and other training to meet evolving needs. Section: All Due Date: Ongoing	Management Team	7.1 7.8
3	Emphasize the value of the total compensation package and of the non-monetary benefits we provide. Section: Executive, HR Due Date: Ongoing	HR	7.1
4	Implement Workday. Section: All Due Date: 12/31/18	Management Team	7.1 7.3 7.5 7.9
5	Increase office security, 2019-21 policy package 105 . Section: Administration, Administrative and Business Services Due Date: 12/31/19	Business Mgr., ED, HR	7.2

6	Continue building and updating techmed system documentation while pursuing replacement of techmed. Hire consultant/project manager to help select and design new database; secure funding; foster staff buy-in; transfer data; train staff. Section: Administrative and Business Services Due Date: 06/30/23	Business Mgr., IT, Management Team	7.3
7	Transition to Office 365. Section: Administrative and Business Services Due Date: 12/31/19	IT	7.3 7.4
8	Upgrade workstation hardware and software. Section: Administrative and Business Services Due Date: 06/30/19	IT	7.3 7.4
9	Continue testing and strengthening disaster recovery response, etc. through our Business Continuity Plan (BCP). Section: All Due Date: Ongoing	Management Team, Stephanie	7.7
10	Prepare website resources for swift deployment of information to stakeholders in the event of a business disruption. Section: Administrative and Business Services Due Date: 12/31/18	Business Mgr., IT, Comm. Team	7.7
11	Contract for repeat of external penetration testing and respond appropriately to any findings. Section: Administrative and Business Services Due Date: 03/31/20	Business Mgr.	7.9 7.10
12	Implement role-based security across all security domains. Section: Administrative and Business Services Due Date: 12/31/18	IT	7.10

GOAL 8: PROMOTE AND MAINTAIN THE WELLBEING OF OMB APPLICANTS AND LICENSEES

Patient and population health is dependent on ensuring the health and well-being of health care providers statewide. Facilitating **equitable** access to confidential, private, voluntary, and free counseling services addresses burnout with the goal of preventing impairment, unprofessional conduct, or poor practice. The Medical Board supports the wellbeing of our applicants and licensees which will positively impact patient care and maintain the **integrity** and **excellence** of the profession.

STRATEGIES:

- 8.1 Encourage licensees to seek counseling before they become impaired;
- 8.2 Secure funds for provision of counseling, educational services, and research to determine efficacy;
- 8.3 Promote outreach and education to applicants, licensees, and stakeholders;
- 8.4 Engage in statewide and national partnerships to promote wellbeing of health care providers;
- 8.5 Ensure equitable access including rural and frontier areas; and
- 8.6 Promote telehealth counseling services.

ACTIONS:

	Action	Assigned	Strategy
1	Request funding for wellness program, 2019-21 policy package. Section: Administrative and Business Services, Executive Due Date: 06/30/19	Business Mgr., Policy Analyst	8.1 8.2
2	Reach rural area licensees through outreach and education. Section: Administration, Executive Due Date:	Comm. Team , ED, MD	8.1 8.3 8.4 8.5 8.6
3	Participate in physician wellness research. Section: Administration, Administrative and Business Services, Executive Due Date:	ED, IT, MD	8.1 8.4 8.5 8.6

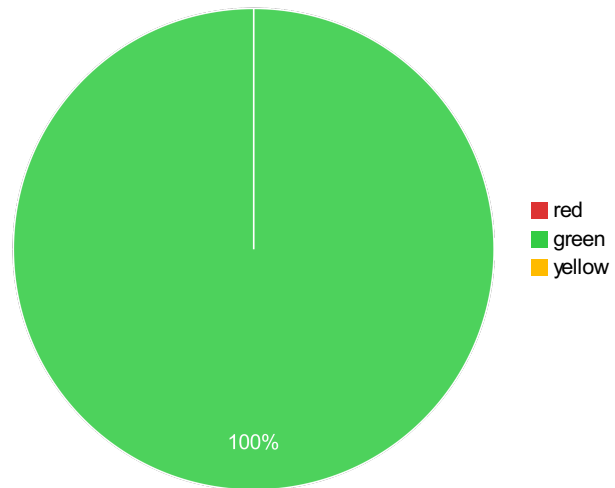
Medical Board, Oregon

Annual Performance Progress Report

Reporting Year 2018

Published: 8/9/2018 8:07:52 AM

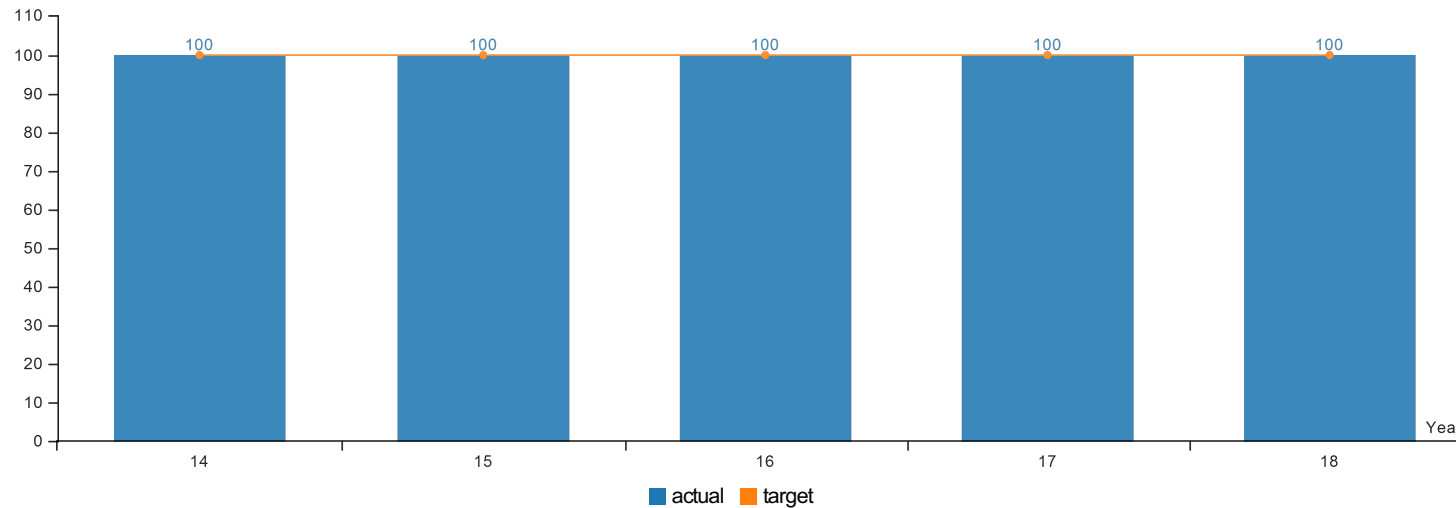
KPM #	Approved Key Performance Measures (KPMs)
1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.
2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.
4	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS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



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

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

* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
Percentage of Board-issued denials upheld upon appeal					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

This 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 2018 we had 1,612 licenses granted. No licenses were denied during this fiscal year.

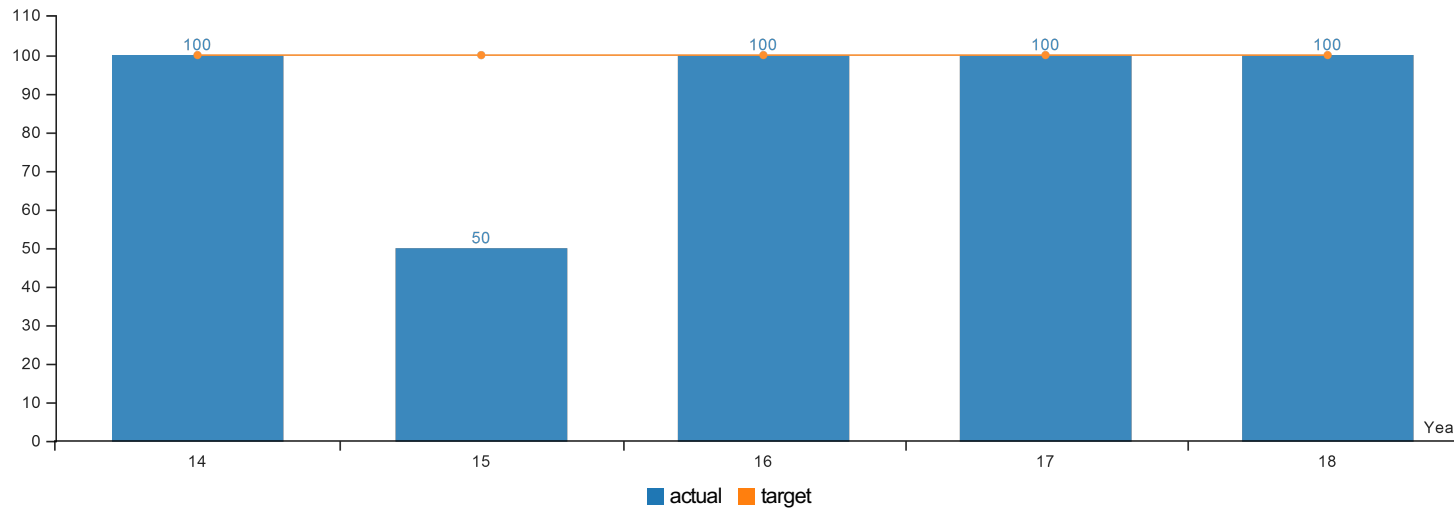
This measure is associated with our strategic plan goal of improving access to quality care through efficiently managing licensure application and renewal processes.

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

* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
Percentage of disciplinary actions not overturned by appeal					
Actual	100%	50%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

This measure represents the Board's disciplinary actions that are not overturned on appeal. 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. Results for this measure include all cases closed with a public disciplinary order that is reportable to the National Practitioner Databank. These orders include any Stipulated Orders or Final Orders that are reportable to the National Databank.

The Board has had only one successful appeal of its disciplinary actions since 2008. In fiscal year 2015, the Court of Appeals reversed an order due to insufficient notice; the Court did not address the merits of the case. The Board has since changed the structure of its Notices. However it should be noted that other Notices have been issued that could be deemed to contain the same deficiencies which could be reflected in future appellate decisions.

Two appeals were pending at the end of the 2017 fiscal year. One was reversed and remanded based on a procedural error. The Court of Appeals did not opine on the merits of the case, but rather remanded the procedural matter back to the Board for an additional hearing which resulted in an outcome that was not challenged by the licensee. The other appeal was still pending at the end of fiscal year 2018.

In fiscal year 2018, 55 orders and agreements were issued which were reportable to the National Practitioner Databank. One of the orders has been appealed.

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

identified.

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

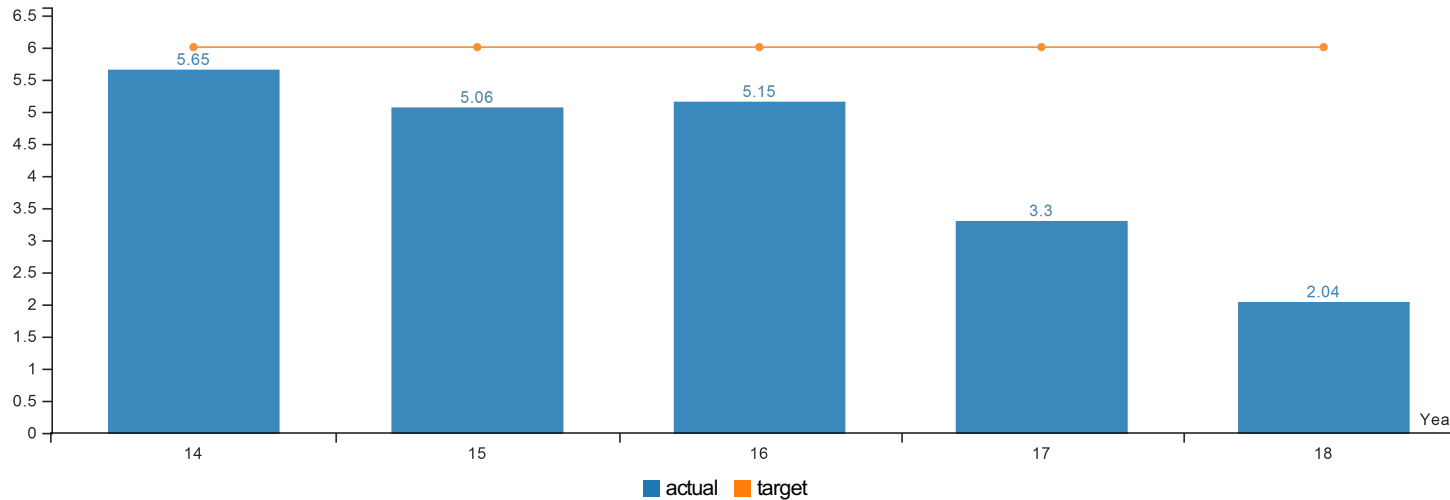
Factors Affecting Results

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

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

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

* Upward Trend = negative result



Report Year	2014	2015	2016	2017	2018
Percentage of licensees with Board Orders or Corrective Action Agreements who have a new complaint within 3 years.					
Actual	5.65%	5.06%	5.15%	3.30%	2.04%
Target	6%	6%	6%	6%	6%

How Are We Doing

This measure reflects how well we are doing to ensure that our licensee are safe to practice medicine. Many licensees who have a Board Order or Corrective Action Agreement require some degree of monitoring by the Board's Compliance Officer. Monitoring is done through phone calls, email, letters, meetings, and interviews by the agency Compliance Officer and Board members.

For the three fiscal years ending in 2018, there were a total of 182 Board Orders and Corrective Action Agreements issued. Four licensees represented by these Orders/Agreements had a new investigation opened within 3 years regarding the same issue(s) addressed by the Order or Agreement, a recidivism rate of 2.04%. At the end of fiscal year 2018 there were 156 licensees requiring monitoring.

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

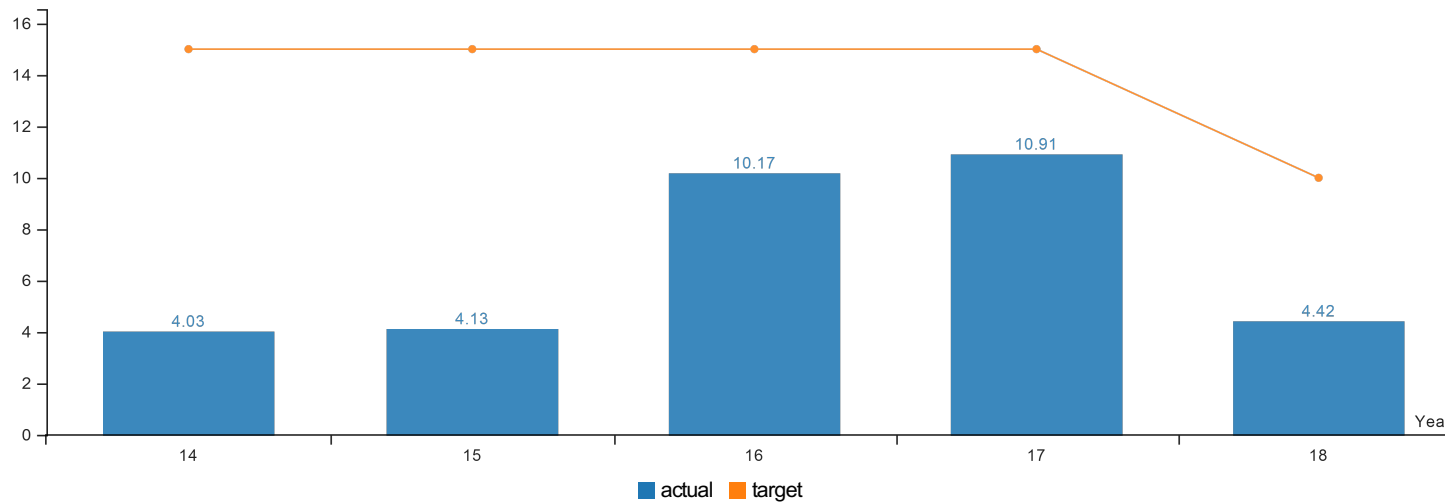
This measure is associated with our strategic plan goal of remediating licensees to safe, active, useful service to Oregon's citizens.

Factors Affecting Results

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

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

* Upward Trend = negative result



Report Year	2014	2015	2016	2017	2018
Average number of calendar days to process and mail a license renewal					
Actual	4.03	4.13	10.17	10.91	4.42
Target	15	15	15	15	10

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 19,815 individuals) generally occurs biennially during even numbered fiscal years. This results in a 3-month period of high activity for all agency staff. Approximately 1,500 AC licenses are renewed during a different period.

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

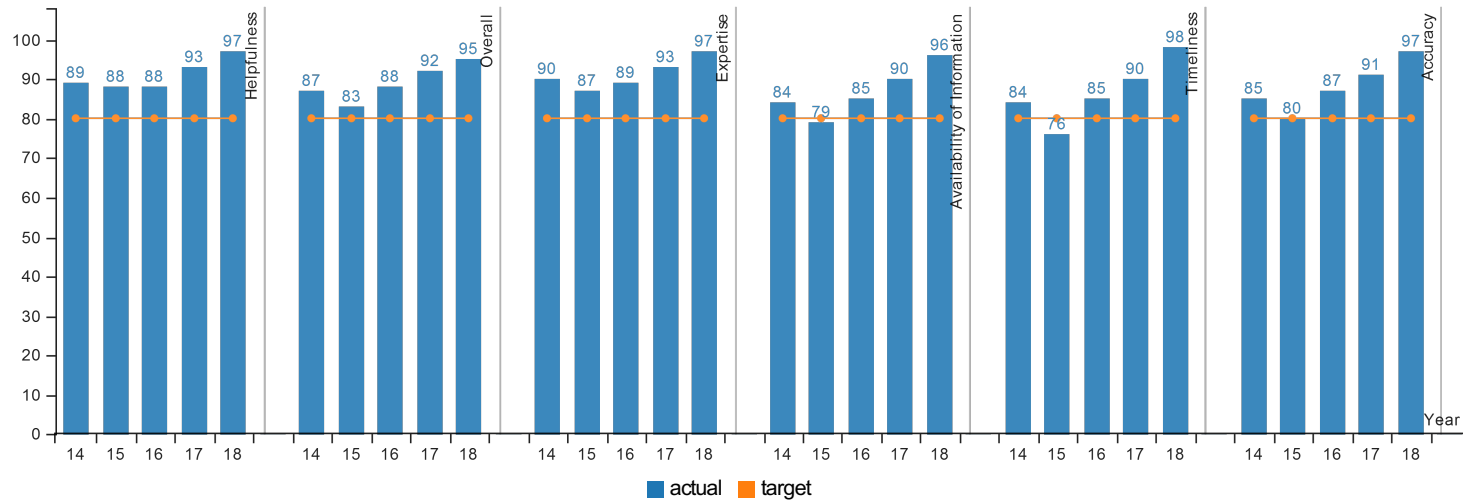
While operating efficiently is our goal, rushing licensure renewal, and possibly compromising patient care, is not. Preparing a thorough check of all information provided by renewing licensees is essential to ensuring the licensee meets state requirements and will continue to practice safely.

Since the launch of online license renewal in October 2009, the time to process a renewal significantly decreased until 2016. In between fiscal years 2016 through 2018, the agency experienced a higher than normal rate of staff turnover. Despite the vacancies, license renewals has been greatly improved by utilizing advanced technology to streamline the licensing process. The average

number of calendar days to renew a license improved from 10.91 days in fiscal year 2017 to 4.42 days in fiscal year 2018.

Based on legislative direction, the target changed to 10 days beginning in fiscal year 2018.

KPM #7	ASSESS CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating satisfaction with the agency's customer service as "good" or "excellent" for: overall customer service, timeliness, accuracy, helpfulness, expertise, information availability.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2014	2015	2016	2017	2018
Helpfulness					
Actual	89%	88%	88%	93%	97%
Target	80%	80%	80%	80%	80%
Overall					
Actual	87%	83%	88%	92%	95%
Target	80%	80%	80%	80%	80%
Expertise					
Actual	90%	87%	89%	93%	97%
Target	80%	80%	80%	80%	80%
Availability of Information					
Actual	84%	79%	85%	90%	96%
Target	80%	80%	80%	80%	80%
Timeliness					
Actual	84%	76%	85%	90%	98%
Target	80%	80%	80%	80%	80%
Accuracy					
Actual	85%	80%	87%	91%	97%
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 postcards, is 100% anonymous.

The agency's Management Council monitors the survey results on a continuous basis and we use the feedback from our customers to improve our systems and processes. Our success is demonstrated by the improvements in our customer responses, with 95% of our customers rating our overall services as good or excellent for fiscal year 2018.

For fiscal year 2018 we had a population (surveys sent) of 23,292. We received 3,950 total responses with a 17% response rate and a 1% margin of error at 95% confidence level. The increase in surveys sent is due to the fiscal year including our grand renewal period.

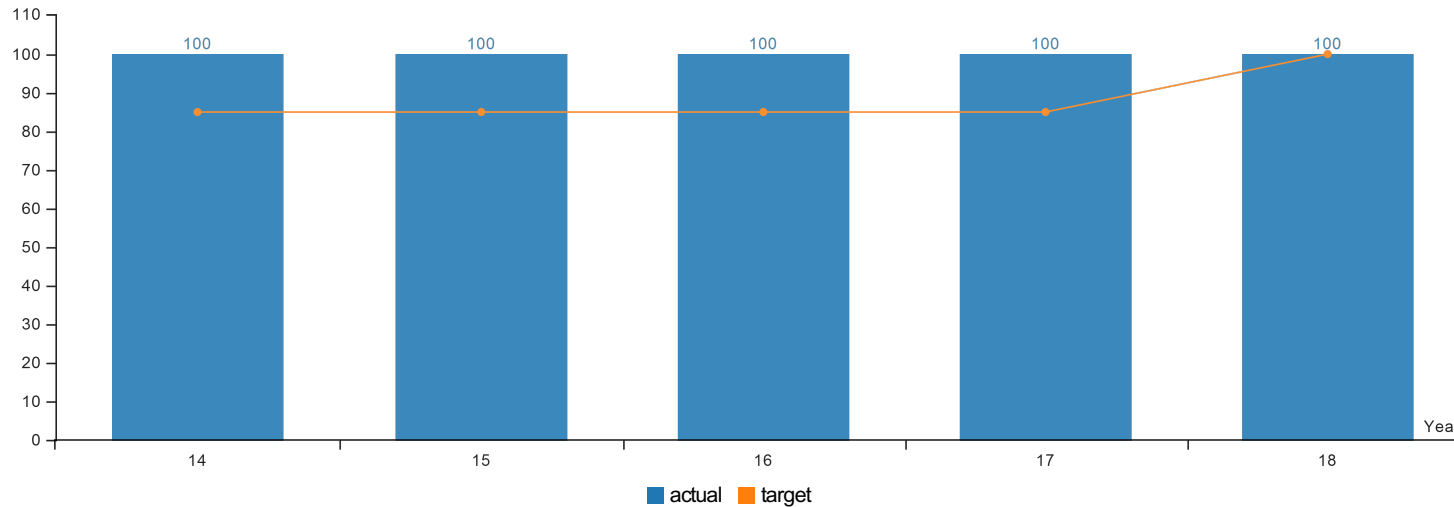
Factors Affecting Results

We provide a survey to each new licensee, each licensee who 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. All results are combined to reach an agency wide result for reporting purposes. Equal weighting was given to each response.

The higher the percentage, the higher our customer's satisfaction with our services. For fiscal year 2018, the satisfaction percentage increased for every category surveyed.

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

* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
Percent of total best practices met by the Board					
Actual	100%	100%	100%	100%	100%
Target	85%	85%	85%	85%	100%

How Are We Doing

This measure demonstrates that we are meeting management best practices with respect to governance oversight by our Board. The criteria being evaluated includes Executive Director performance expectations and feedback, strategic management and policy development, and fiscal oversight and board management. The Oregon Medical Board engages in an ongoing strategic planning process that addresses several of the issues that are evaluated in this measure. Board members discuss oversight and governance activities at the Administrative Affairs Committee and Board meetings. The Board Chair is in constant communication with the agency Executive Director on management issues.

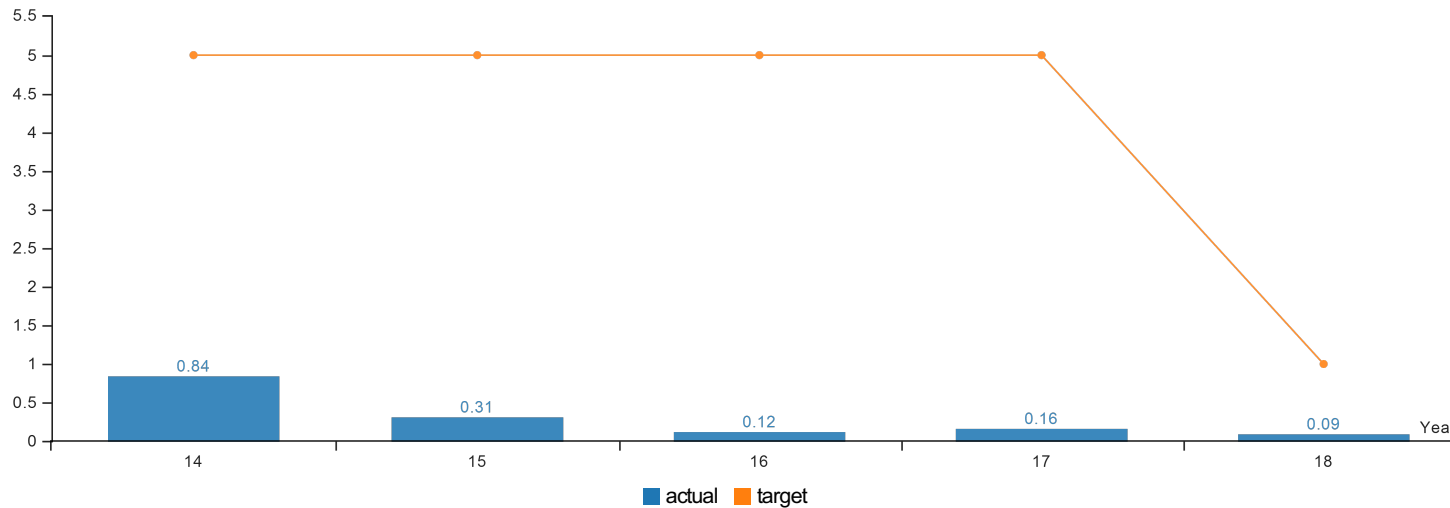
The Board has been able to meet the target since the measure was implemented in 2007.

Factors Affecting Results

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

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

* Upward Trend = negative result



Report Year	2014	2015	2016	2017	2018
Average number of days to process an application for medical licensure					
Actual	0.84	0.31	0.12	0.16	0.09
Target	5	5	5	5	1

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 2018 there were 1,612 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. The target changed to one day beginning with fiscal year 2018. Given information available, the agency is processing licenses faster than other state's medical licensing boards.