



Board of Medical Imaging 800 NE Oregon Street, Suite 1160A Portland, OR 97232-2162 Phone: (971) 673-0215 FAX: (971) 673- 0218

GOVERNOR'S 2013-15 BALANCED BUDGET

OREGON BOARD OF MEDICAL IMAGING (OBMI) Ed Conlow, Executive Director (office-971-673-0216) Thomas King, MBA BSRS RT(R), Board Chairperson

AGENCY MISSION

To protect the public health, safety and welfare of Oregonians undergoing medical imaging studies performed by agency licensees for the purpose of medical diagnosis and therapy.

PROGRAM OBJECTIVES

- Assure that persons who practice medical imaging are properly licensed.
- Increase awareness of medical imaging laws and practices among the public and medical provider community.
- Investigate and resolve complaints regarding medical imaging in a fair and timely manner.
- Determine that limited x-ray machine operator (LXMO) schools are operated in a manner to assure that LXMOs are properly trained to perform within the scope of practice.

PROGRAM SUMMARY

- <u>Licensure</u>: Total of 6,500 active licenses currently, including radiologic technologists; sonographers; nuclear medicine technologists; MRI technologists; radiation therapists; and limited x-ray machine operators.
- <u>Education</u>: Inspect and oversee educational institutions that offer initial programs for limited x-ray permits and also to programs that offer continuing education to licensees. Also, coordinate licensure examinations for limited x-ray machine operators.
- <u>Enforcement</u>: The OBMI investigates violations of licensure statutes and rules, and is typically able to resolve infractions through negotiated agreements.

MEASURING PERFORMANCE THROUGH PUBLIC SAFETY AND CUSTOMER SERVICE

- <u>Timely licensure</u>: All properly-submitted license applications and renewals are processed within five working days.
- <u>Automation</u>: The OBMI works to continually update the website to make it more useful to licensees, and promotes renewal through the online renewal process. The OBMI is moving toward a new database which will enhance the agency's efforts to promote paperless transactions.
- <u>Customer Service</u>:
 - Same-day initial response to telephone inquiries;
 - o Instituted e-newsletter to keep licensees informed regarding Board news and actions;
 - Established community outreach meetings to promote citizen & licensee involvement;
 - Continuous review and update of website to simplify and provide useful information.
- <u>Discipline Resolution</u>: During 2011 and 2012, the Board heard 82 separate disciplinary cases, and instituted 38 disciplinary actions, almost all through negotiated settlements. There were no administrative or judicial challenges to Board action during calendar 2011 and 2012.

FIFTY PERCENT INCREASE IN LICENSES SINCE 2010

HB 2245 was enacted in 2009 to require licensure, effective July 1, 2010, of nuclear medicine technologists, sonographers and MRI technologists. (Oregon was the first state to implement sonography licensure.) While the expanded licensure law was initially projected to increase the OBMI workload by adding 1,200 licensees, the actual increase is 2,200 licenses and growing – a 50 percent increase in two-and-a-half years, with no increase in licensing staff. (Total licenses: 4,342 in June 2010; 6,512 in December 2012.) Each license application must be verified,

including verification of national credentialing, continuing education, work and home address, and criminal background check, with investigative follow-up if information on an application varies from the background check.

RECENT AND UPCOMING PROGRAM CHANGES

The Board's jurisdiction over radiologic technologists, radiation therapists, and limited x-ray machine operators was expanded in 2010 (through HB 2245) to include MRI technologists, nuclear medicine technologists and sonographers, giving Oregon the most comprehensive medical imaging oversight in the nation. Impact:

- 50 percent increase in total licenses—and growing—since 2010;
- Introduction of provisional licenses, to help licensees obtain required experience to expand their skills and add to their licensure scope;
- Investigation and, in some cases, disciplinary action related to persons in the new licensure modalities neglecting to obtain a license.
- First state in the nation to license sonographers.
- Beginning in 2014, anyone applying for a new license or license renewal will be *required* (under HB 2245) to have a credential from one of the recognized national medical imaging credentialing registries.

RESOURCES TARGETED TOWARD CUSTOMER SERVICE & INTERAGENCY COOPERATION

- To meet expanded demand with no increase in licensure staff, OBMI focuses on immediate customer service, processing most license applications and renewals within two business days, promptly responding to inquiries from licensees and maintaining five-day, 8:00 a.m. to 4:00 p.m. open office hours to accommodate walk-ins.
- Entered into an interagency agreement with OHA Radiation Protection Services (RPS) to hire a part-time investigator for OBMI who also works as an inspector for RPS. The two agencies can combine resources to piggy-back OBMI investigations along with RPS inspections.
- Working cooperatively with OHA Radiation Protection Services to update administrative rules governing uses of radiation on humans.
- Work cooperatively with other health boards co-located in Portland on software and database programming, office resources, business continuity, safety plan, and other issues.
- Contract with DAS for HR and accounting services, and with the DOJ for legal services.
- Upcoming projects to contain costs and streamline service delivery:
 - Expanded emphasis toward online renewals, to save printing, postage and handling costs and to promote convenience for licensees.
 - Electronic storage of licensure records, for access, security, and convenience. providing easier access to records, greater records security and enhanced ability to respond to the needs of licensees.

FUTURE FOCUS - USE OF MEDICAL IMAGING TECHNOLOGY IS EXPANDING

Medical imaging is a dynamic and expanding field of medical practice, suggesting that the growth in demand for licenses will continue at some level, adding to agency workload over time. The Board's intention is to work to develop systems and procedures to manage increased workload within existing program resources, by creating greater efficiencies and economies, through:

- Expanded utility of agency web-based resources;
- Secure electronic storage of licensure records/move away from dependence upon paper records;
- Expand electronic communication with licensees to promote awareness of licensure requirements and other news regarding medical imaging professions;
- Focus on community outreach to promote awareness and compliance with licensure regulations.

HB 2104 – PROHIBIT NON-MEDICAL USE OF MEDICAL IMAGING TECHNOLOGY

To protect public health and safety, the OBMI is sponsoring HB 2104 to prohibit use of medical imaging (x-ray; ultrasound; etc.) on a human unless the imaging is necessary to serve a medical purpose. HB 2104 would require all such medical imaging to be both ordered and interpreted by a licensed physician, PA or NP. Because of the small number of known potential violators in Oregon, the Board is not anticipating a significant change in investigations or disciplinary actions, and will endeavor to handle any caseload increase within existing agency resources.



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Oregon Board of Medical Imaging (OBMI): Licensing Board

Primary Outcome Area: Secondary Outcome Area: Program Contact:

Safety n/a Ed Conlow: 971-673-0216



Executive Summary

The Oregon Board of Medical Imaging (OBMI) licenses and oversees medical imaging technologists who are qualified to practice radiography, radiation therapy, sonography, nuclear medicine, and magnetic resonance imaging (MRI). In addition, the OBMI oversees the educational requirements and issues permits for limited x-ray machine operators. Licensure assures that imaging technologists are properly educated and trained. In turn, Oregon consumers of health care services can be confident that diagnostic and therapeutic imaging procedures are conducted as accurately and safely as possible. Accurate imaging procedures improve patient safety and help contain health costs by aiding in the prevention of health problems through effective diagnosis and treatment.

Program Description

Licensure: The OBMI's licensure process assures that imaging technologists are qualified, in order to promote safety through improved health outcomes. The OBMI establishes licensure standards, completes background checks of license applicants, and confirms national registry credentials and/or continuing education attendance. To promote timely renewal and reduce licensure violations, the OBMI mails reminder notices to licensees in advance of the renewal date. The OBMI issues several licensure types, including permanent license for fully-qualified technologists, provisional licenses for current licensees who are adding specialties to their current license, and temporary licenses to allow students and recent graduates to work under supervision while completing clinical requirements toward permanent licensure. Licensure is available to qualified radiographers, radiation therapists, limited x-ray operators and – newly added in July, 2010 – nuclear medicine technologists, sonographers, and MRI technologists.

<u>Education</u>: The OBMI provides oversight and authorization to educational institutions that offer initial education programs for limited x-ray permits and also to schools that offer continuing education to licensees. Working with a vendor, the Board oversees initial examinations for limited x-ray machine operators.

Enforcement to promote effective compliance: The OBMI investigates violations of licensure statutes and rules, and is typically able to resolve infractions through negotiated agreements. The Board works closely with DHS' Radiation Protection Services (RPS), which is directed by statute (ORS 688.595) to enforce the medical imaging law. The OBMI will, if necessary, initiate disciplinary action including civil penalties, license suspension or revocation. In this regard, OBMI staffers provide daily one-on-one communication with licensees and applicants, through telephone, email and walk-ins, to help licensees maintain compliance and avoid violations. The OBMI staff work to clarify licensure requirements on the website and through a new e-newsletter. The OBMI had 64 disciplinary cases in 2012, 18 cases in 2011, 47 cases in 2010, 37 cases in 2009 and 36 cases in 2008.

<u>Community outreach</u>: In 2011 and 2012 the OBMI worked with the Oregon Association of Hospitals and Health Systems (OAHHS) to promote awareness of state licensure requirements, conducted community outreach meetings in Bend and Medford, and initiated an e-newsletter to licensees and others, to promote greater awareness of licensure requirements and to obtain feedback.

<u>Streamlining regulations to maximize effectiveness</u>: The OBMI conducted a review of agency regulations in 2011 which resulted in amended statutes and rules to clarify and streamline the licensure process:

- Amended the process for issuance of late renewal fees to make it easier for licensees to comply and avoid penalties;
- Clarified provisional licensure status to enable licensees to continue to work in the field while complying with national credentialing requirement;
- Successfully sought corrective legislation during the 2012 session to enable long-time radiographers to continue to maintain their licensure;
- Revised regulations to help limited x-ray schools maintain compliance with their national accrediting entity;
- Enacted administrative rules to clarify the process for students to obtain temporary licensure;

- Convened a panel of limited school directors to begin two-way conversation on ways to improve pass rates among limited x-ray students;
- Developed a quick reference guide to help clarify licensure requirements, distributed through cooperative effort with the hospital association;
- Ongoing project to upgrade and simply the OBMI website to make it more useful and efficient for licensees and the public.

Program Justification and Link to 10-Year Outcome

Assuring that medical imaging technologists are properly educated and clinically experienced promotes the outcomes of *Strategy 5* of the *Safety Policy Vision*. In this regard, the marketplace functions with less harm to Oregonians through reasonable regulatory efforts that promote accurate diagnosis and treatment while minimizing potentially harmful exposure.

Program Performance: Total licensure increases; administrative cost per license declines

In 2009 the Legislature enacted HB 2245 to make Oregon's medical imaging licensure law the most comprehensive in the nation, adding licensure for technologists in nuclear medicine, MRI and sonography. As a result, the total number of licenses issued jumped 50 percent over a two-year period, from 4,442 in June 2010 to 6,512 in December 2012. Dividing total agency expenditures by the total number of licensees, the cost per license declined from \$128 per biennium during 2007-09 biennium to \$115 per license during the current biennium.

Enabling Legislation/Program Authorization

Regulation of radiography and radiation therapy was instituted in 1977 under ORS Chapter 688.405-605. Regulation was expanded in HB 2245 (2009) to require technologists of MRI, nuclear medicine and sonography to be licensed beginning July 1, 2010. Oregon was the first state in the nation to implement licensure for sonographers.

Funding Streams

The OBMI – totally supported through other funds – is authorized in statute (ORS 688.455; 688.485) to establish fees for licensure and for overseeing limited x-ray machine operator examinations. A fee of one hundred and twenty dollars for a *two-year* license is established in OAR 337-021-000 et al. For limited x-ray examinations, the fee is \$20 for each examination category. Licensure and examination fees account for 99 percent of OBMI income.

Significant Proposed Program Changes for 2011-13

1. <u>Interagency agreement for investigative services -- \$11,120 increase requested for 2013-2015</u>: For the 2011-13 biennium, the Board of Medical Imaging (OBMI) was authorized to hire a 0.25 FTE investigator, to help manage disciplinary cases and related investigations. The position is necessary due to the dramatic increase in licensees created through 2009 legislation (HB 2245) that created state licensure requirements for technologists who practice MRI, nuclear medicine and sonography. In August, 2012, the Board entered an interagency agreement with Radiation Protection Services (RPS), an office of the Oregon Health Authority, to purchase an average of ten hours per week of investigator services. This interagency agreement will maximize the OBMII's ability to enforce regulations and assure public health and safety because RPS already inspects the facilities where many OBMI licensees work; OBMI and RPS can utilize resources in a cooperative manner that can enhance the value of this position for both agencies. The OBMI is requesting

\$11,120 in additional limitation for the 2013-15 biennium, to upgrade the prorated salary level of OBMI's investigator to be consistent with what RPS is paying this position.

2. Electronic storage and management of records -- \$11,146 increase requested for 2013-2015: The OBMI is requesting \$11,146 limitation to enter a contract with RICOH to scan licensure application and renewal documents into an electronic format that can be securely stored. Electronic document storage will reduce expenses and inefficiencies related to paper storage. It will improve security by controlling and tracking access to documents by using a web-based program called *DocumentMall*. In succeeding biennia, expenses will be related to maintenance and accordingly are expected to drop to less than half the initial expenditure.

Legislatively Approved 2013-2015 Key Performance Measures

Agency: Medical Imaging, Board of

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imaging studies performed by agency licensees for the purpose of medical diagnosis and therapy	medical diagnosis and therapy.					
Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015	. ⁴ ⁴
3 - TIMELY LICENSURE - Percent of initial and renewal license and limited permit applications from qualified applicants that are processed within 10 business days.		Approved KPM	100.00			
4 - AUTOMATION - Percent of license and limited permit applications from qualified applicants that are processed using an automated procedure.		Approved KPM	38.00			
5 - CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved KPM	96.00	95.00	95.00	
5 - CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Availability of Information	Approved KPM	97.00	95.00	95.00	
5 - CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Expertise	Approved KPM	96.00	95.00	95.00	
5 - CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Helpfulness	Approved KPM	98.00	95.00	95.00	
5 - CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise,	Overall	Approved KPM	97.00	95.00	95.00	

Print Date: 2/8/2013

availability of information.

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Board
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Agency:

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Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
5 - CUSTOMER SERVICE - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Timeliness	Approved KPM	98.00	95.00	95.00
6 - DISCIPLINE RESOLUTION - Percentage and number of complaints resolved by means other than from formal administrative hearings within a year.		Approved KPM	90.00		
7 - BEST PRACTICES - Percent of total best practices met by the Board.		Approved KPM	100.00		

LFO Recommendation:

Sub-Committee Action:

Print Date: 2/8/2013

UPDATED OTHER FUNDS ENDING BALANCES FOR THE 2011-13 & 2013-15 BIENNIA

Agency: Oregon Board of Medical Imaging (OBMI) Contact Person: Ed Conlow, Executive Director; 971-673-0216

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()	ng Balance	Revised				 							***						
(ll)	2013-15 Ending Balance	In GRB	187,898				 1												
(g)	ng Balance	Revised	236,391						_										
(f)	2011-13 Ending Balance	In LAB	143,724					 											
(e)	Constitutional and/or	Statutory reference																	
(q)		Category/Description	Operations																
(c)		Treasury Fund #/Name	83300-01172																
(q)		Program Area (SCR)	83300-026-00-00000	N U U U U U U U U U U U U U U U U U U U														I I I I I I I I I I I I I I I I I I I	
(a)	Other Fund				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					922914911111111111111111111111111111111								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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 2011-13 Legislatively Approved Budget. If this changed from previous structures, please note the change in Comments (f 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 resen 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 2011-13 Legislatively Approved Budget and the 2013-15 Governor's Recommended 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 implemente otherwise incorporated in the 2011-13 LAB. Provide a description of revisions in Comments (Column (j)).

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 for

Column (): Please note any reasons for significant changes in balances previously reported during the 2011 session.

Ending Balance Form Jan 2013 -- OBMI