OREGON MEDICAL BOARD

Over 125 Years of Patient Safety

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.

THE BOARD

Board members serve three-year terms, up to two terms,

are appointed by the Governor and confirmed by the Senate:

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

Michael J. Mastrangelo Jr., MD
Chair
Bend

Shirin R. Sukumar, MD
Vice Chair
West Linn

George Koval, MD
Secretary
Portland

Katherine Fisher, DO
Happy Valley

Kelly Dean Gubler, DO
Portland

Donald E. Girard, MD
Portland

Clifford Mah, DPM
Portland

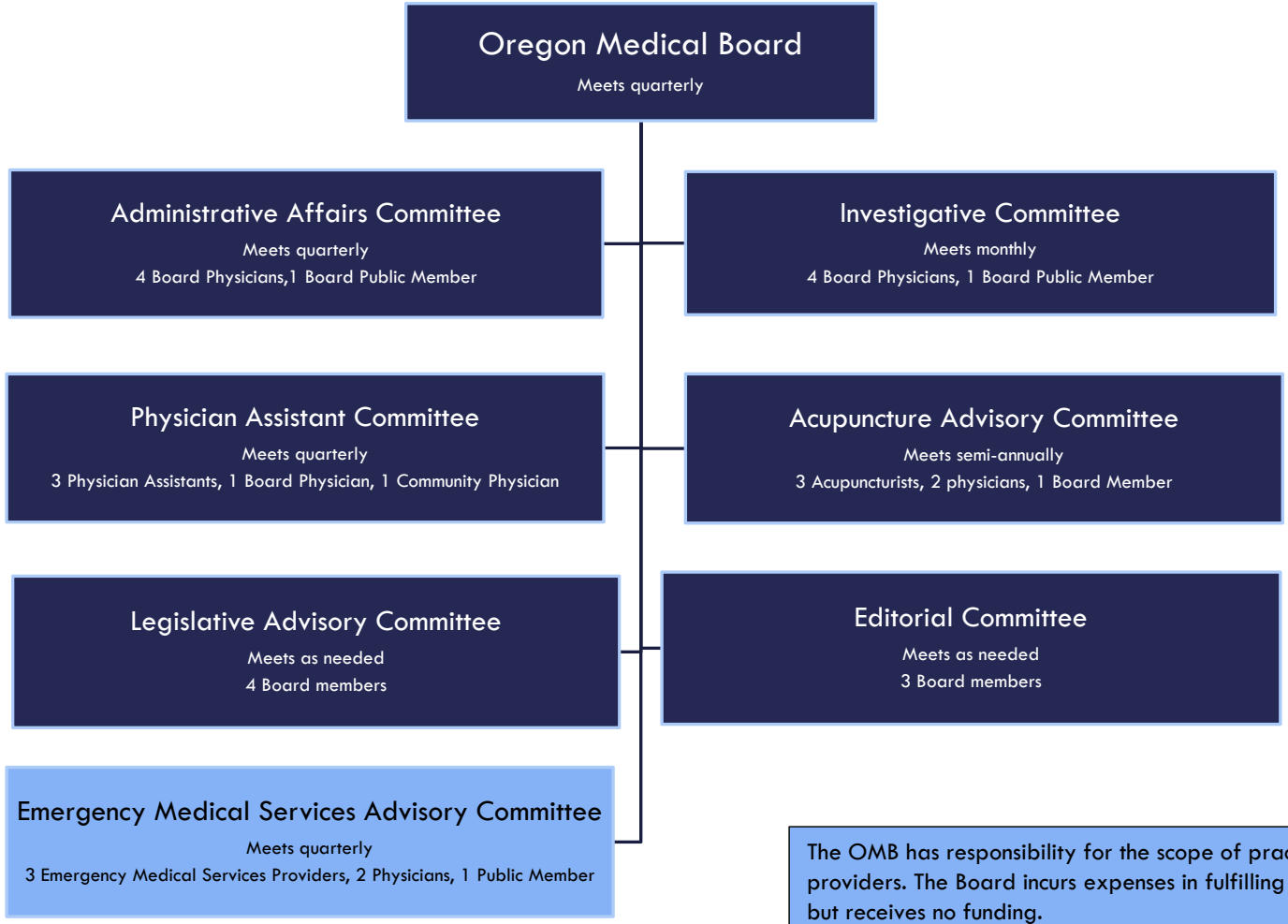
Roger McKimmy, MD
Eugene

Terry Smith,
Public Member
Springfield

Angelo Turner,
Public Member
Portland

W. Kent Williamson, MD
Portland

THE BOARD WORKS THROUGH COMMITTEES

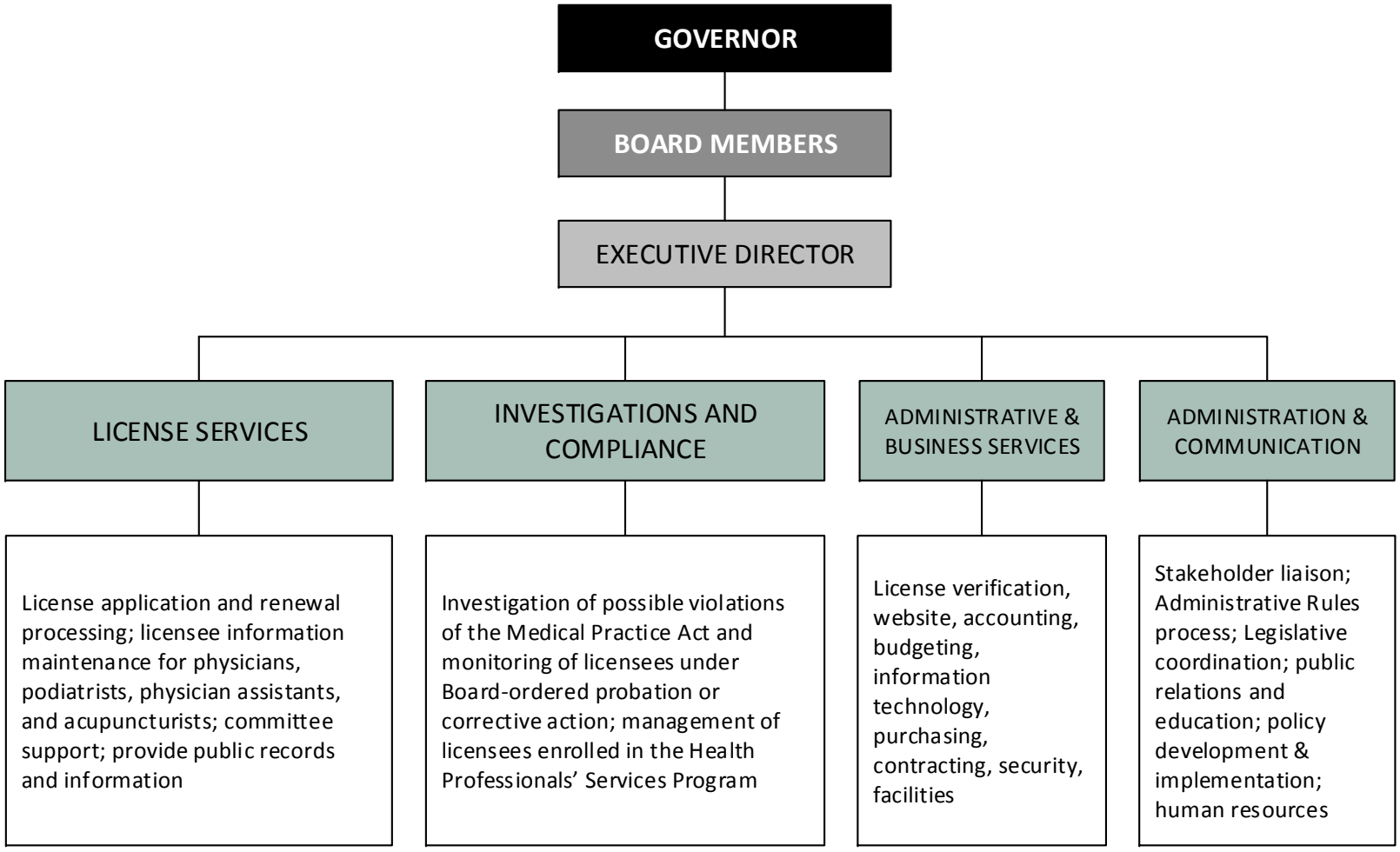


The OMB has responsibility for the scope of practice for EMS providers. The Board incurs expenses in fulfilling this responsibility but receives no funding.

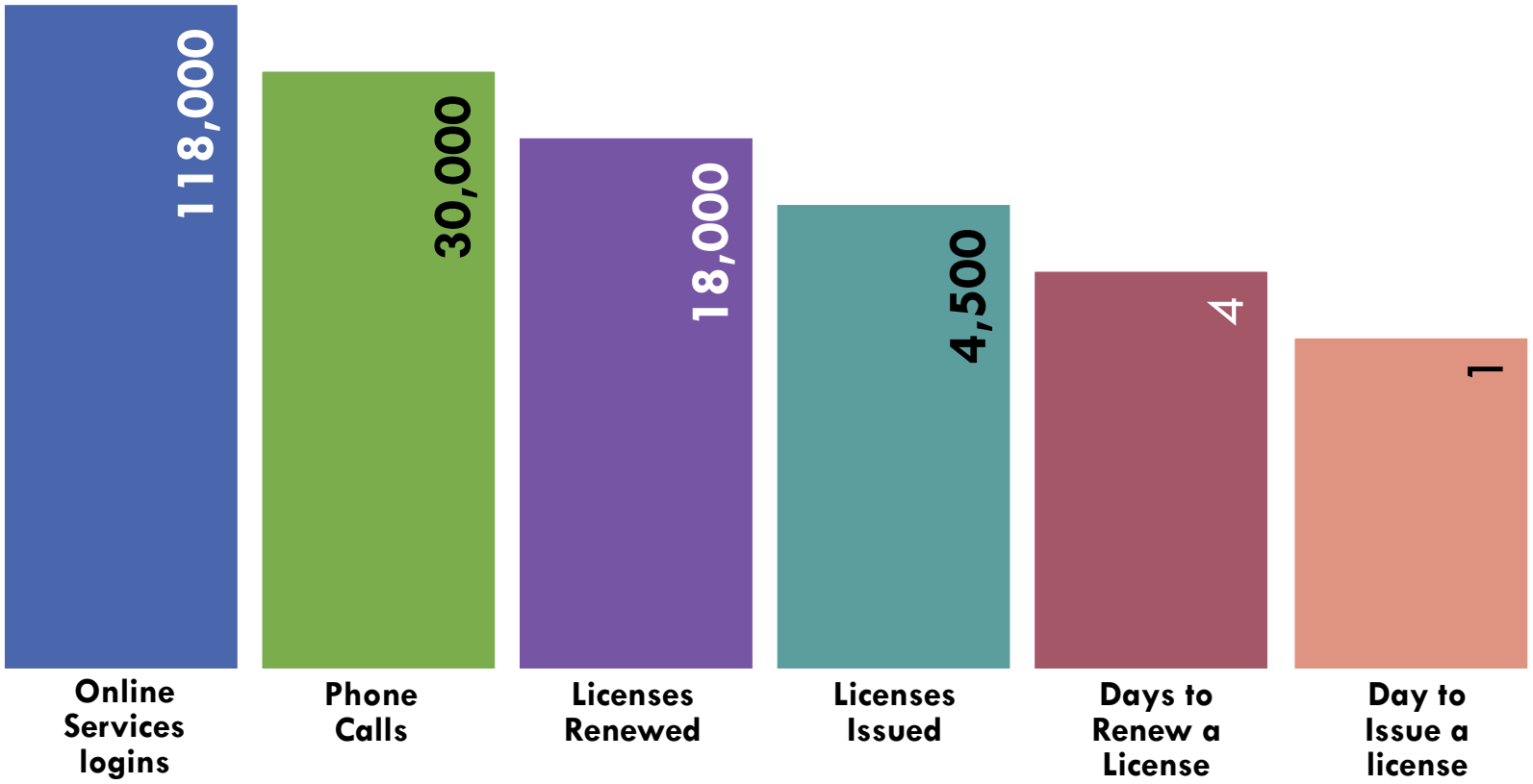
STRATEGIC PLAN GOALS

- **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.

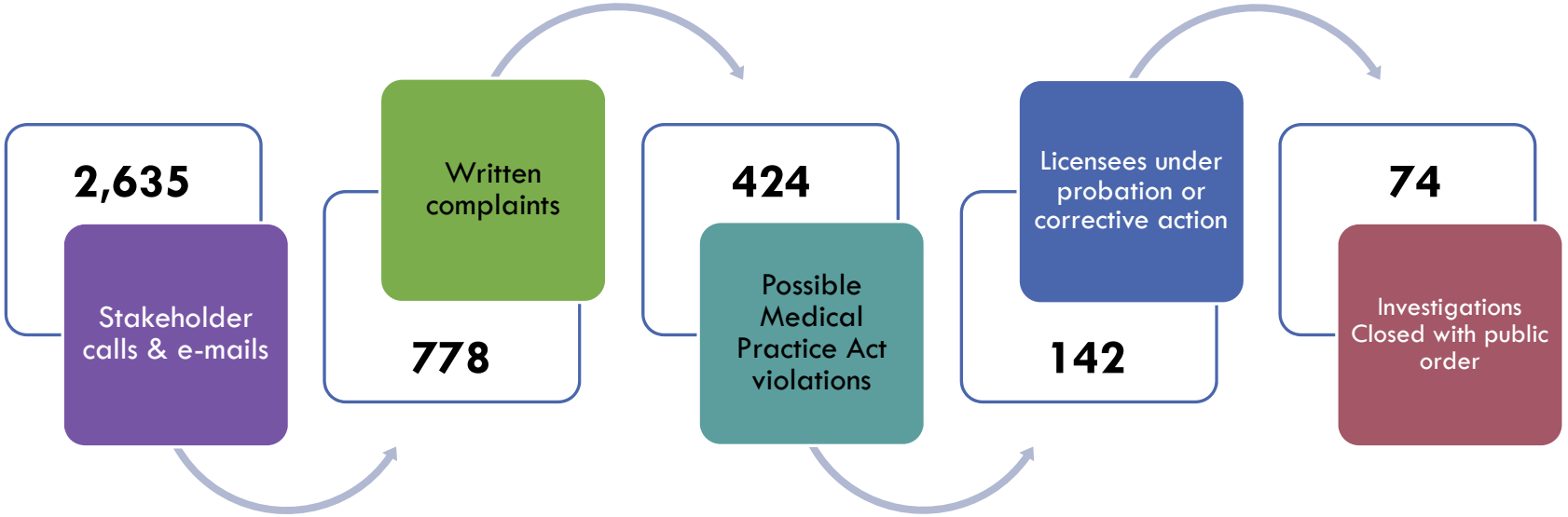
ORGANIZATION AND SERVICES
100% OTHER FUNDED



LICENSE SERVICES, 2013-2014



INVESTIGATIONS AND COMPLIANCE, 2014



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.
- *The Wall Street Journal* says "The Medical Board website is leading the way"

Services to the public and licensees, 2014:

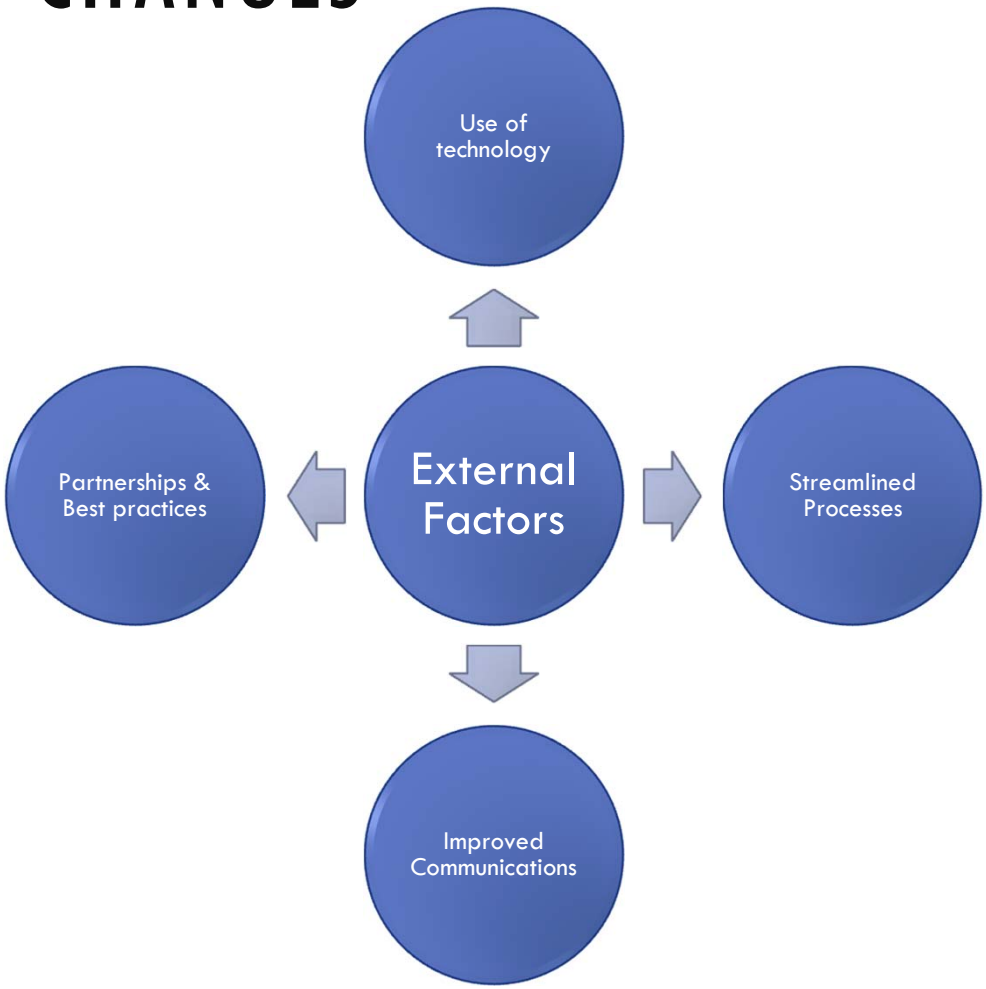
460,000	2,300	27,000	176
• Website visits	• Written verifications of License	• Telephone information requests	• Electronic data sets

KEY PERFORMANCE MEASURES

Measure	FY 2012	FY 2013	FY 2014
License Appropriately	✓	✓	✓
Discipline Appropriately	✓	✓	✓
Monitor Licensees who are Disciplined	✓	✓	✓
License Efficiently	✓	✓	✓
Renew Licenses Efficiently	✓	✓	✓
Customer Satisfaction	✓	✓	✓
Board Best Practices	✓	✓	✓

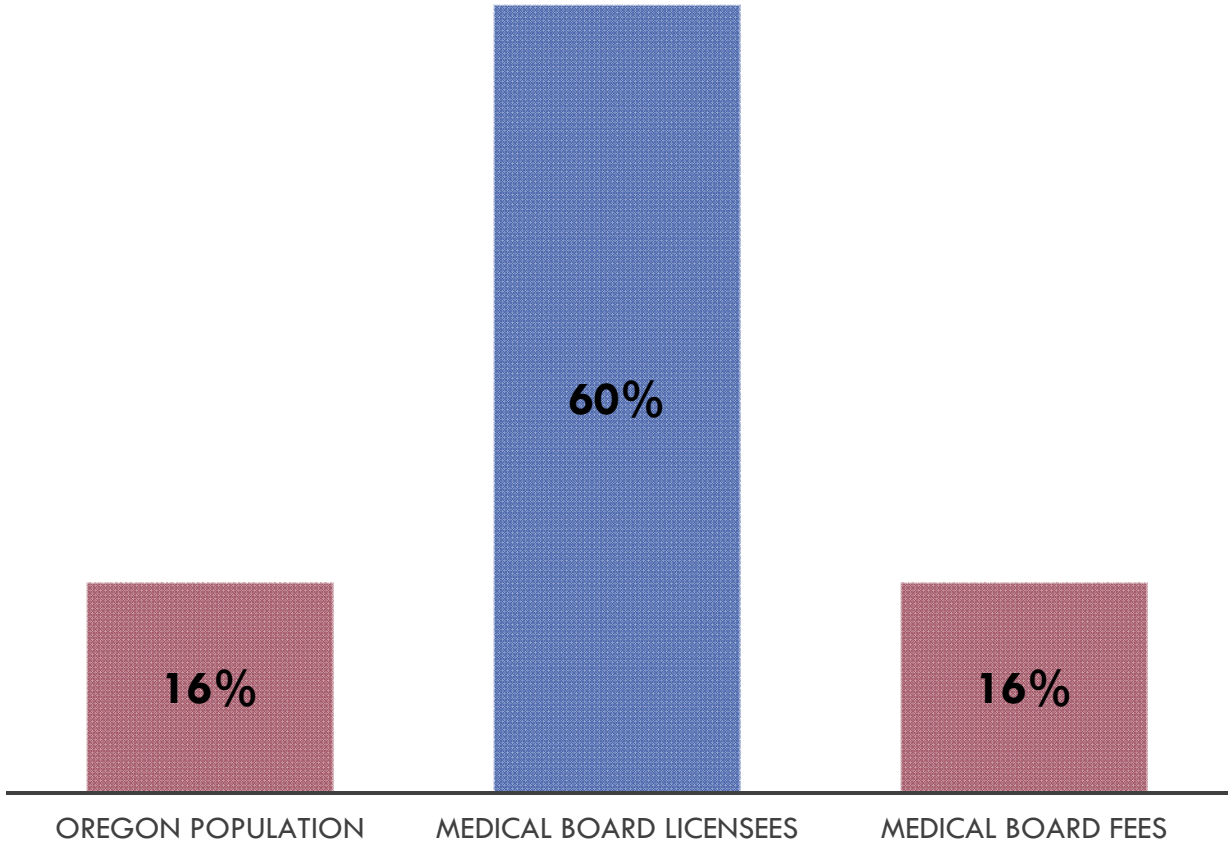
✓ Target met or exceeded

OPERATING ENVIRONMENT DRIVES AGENCY CHANGES



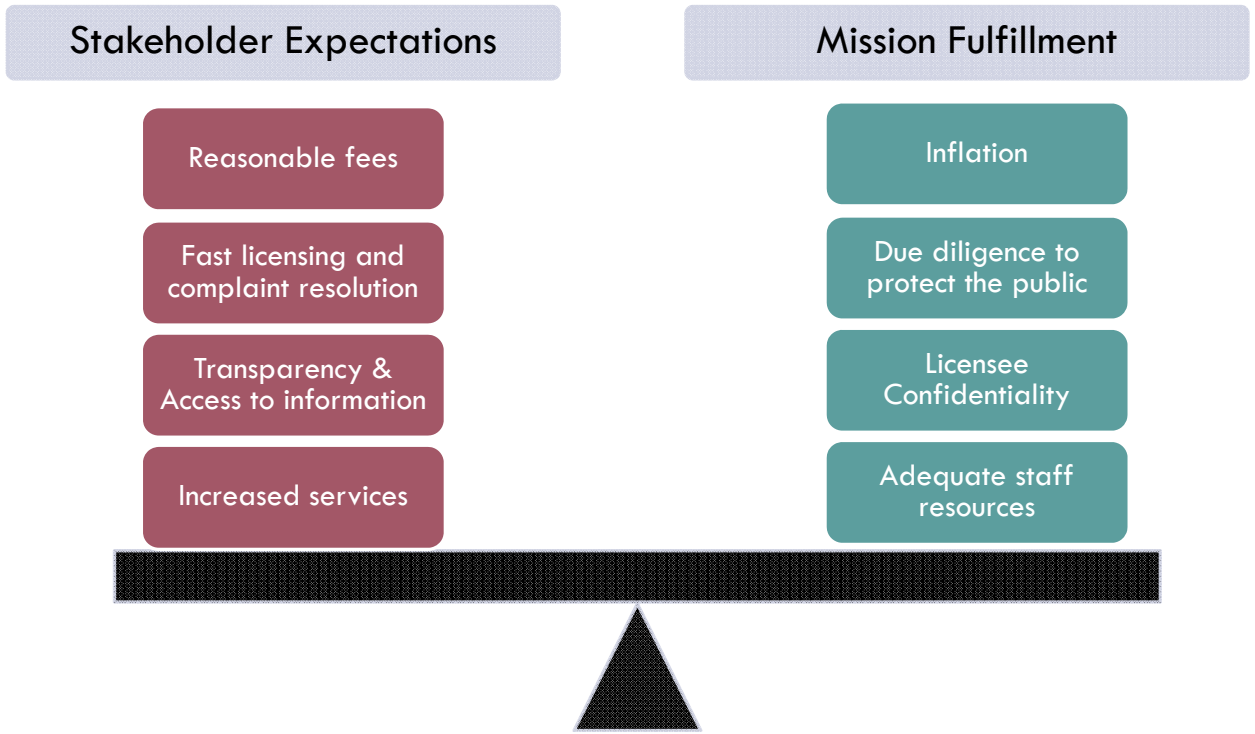
Agency Efficiencies

Increases since 2000:



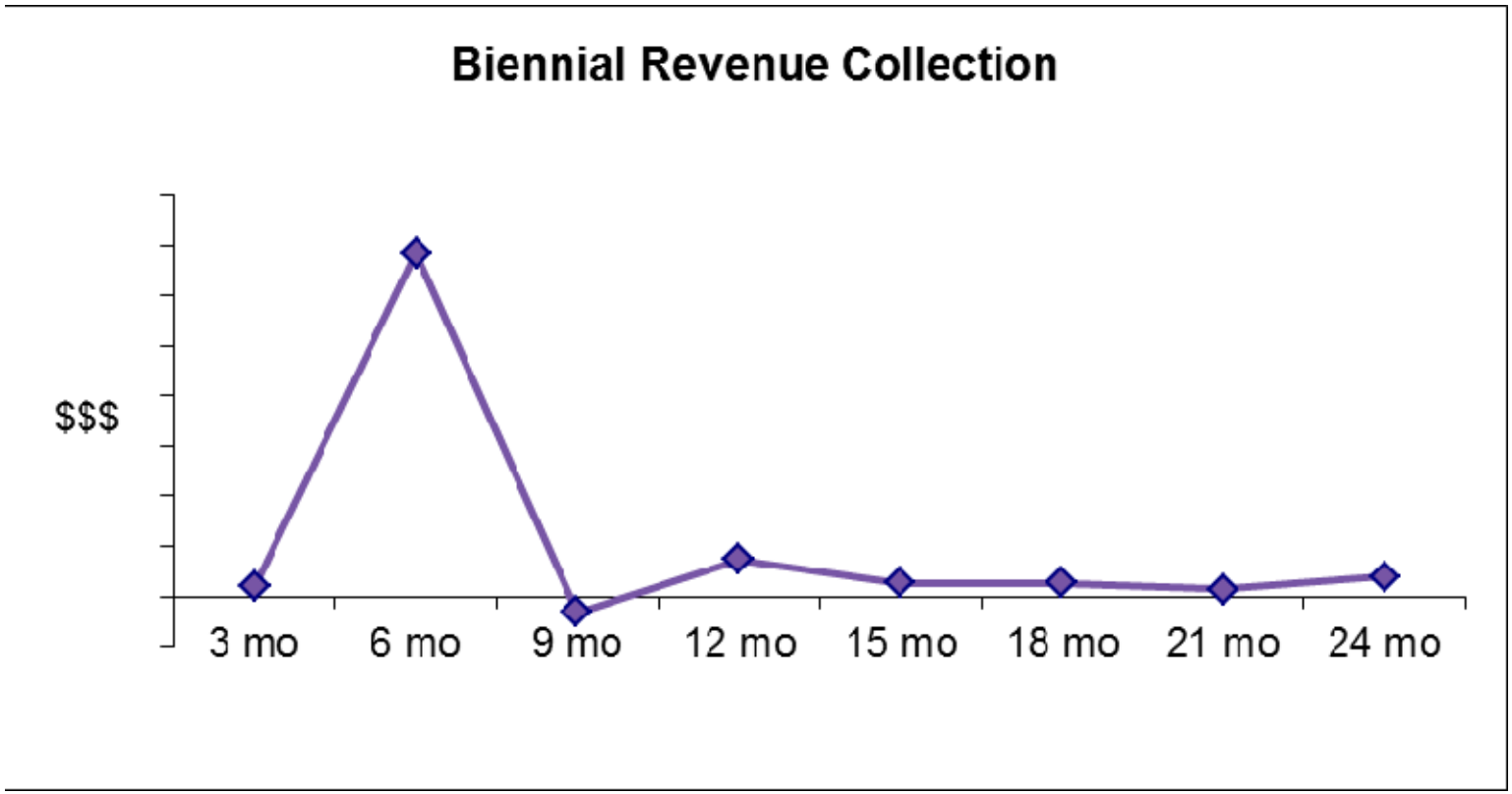
MAJOR BUDGET ISSUES

Accountability

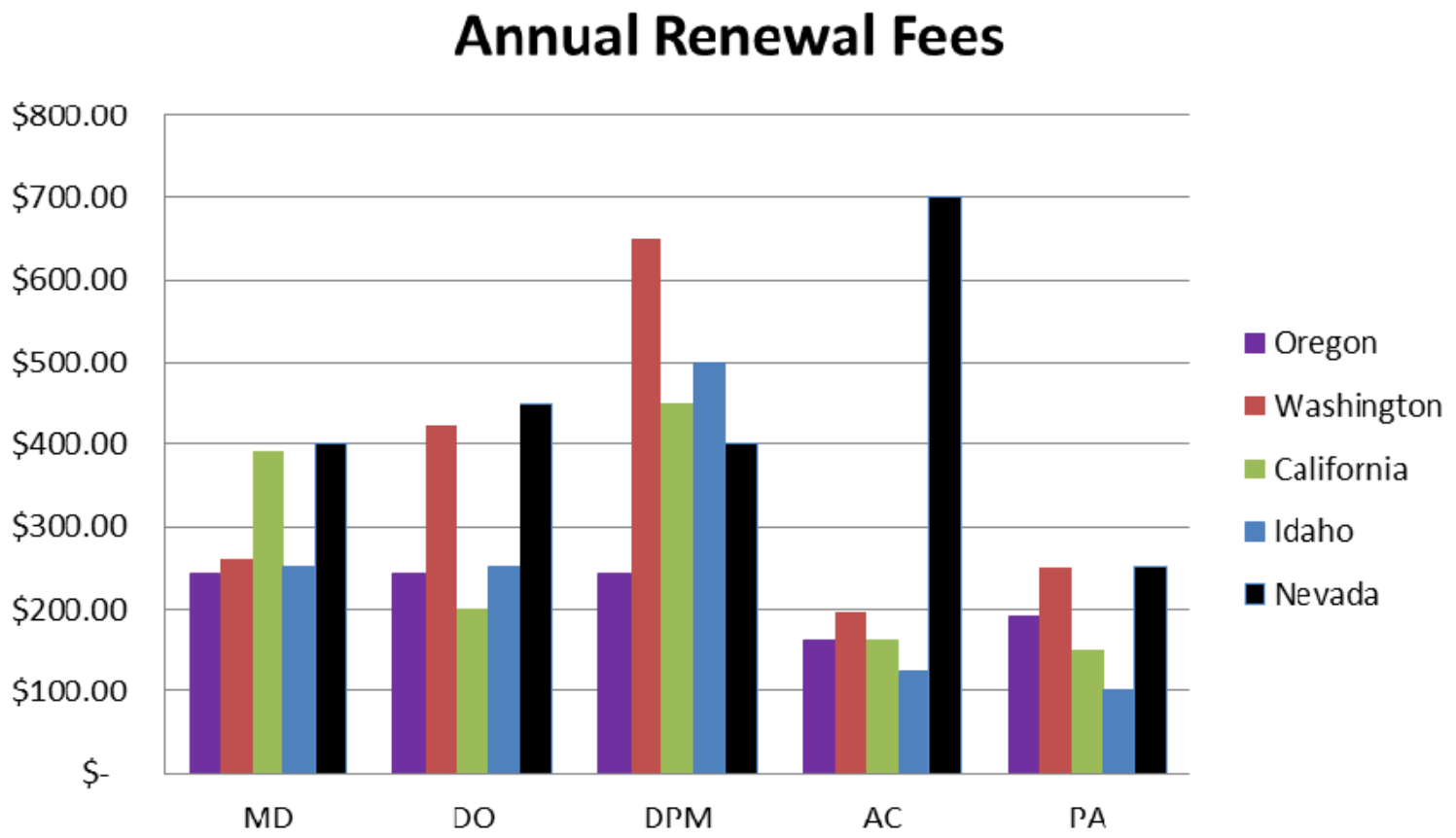


REVENUE STREAM

100% Other Funded



FEES COMPARISON



2015-17 POLICY PACKAGES

- 101 Senate Bill 279
- 102 Office Security & Space
- 103 Rules Coordinator
- 104 Investigative Staffing
- 105 Licensing Staff Adjustment
- 106 State-wide Board Meetings

No Fee Increases

2015-17 POLICY PACKAGES

102 OFFICE SECURITY & SPACE

- Goal 1: Improve public access to agency meetings.
- Goal 2: Ensure the safety of the public and our stakeholders.
- Goal 3: Ensure the safety of our Board members

2015-17 POLICY PACKAGES

103 RULES COORDINATOR

- 1.0 FTE
- Manage Administrative Rules.
- Review and respond to increasingly complex public information requests.
- Assist with internal and external questions about statutes and rules.

2015-17 POLICY PACKAGES

104 INVESTIGATIVE STAFFING

- 1.0 FTE
- Serve as a confidential administrative assistant to the Medical Director and Chief Investigator.
- Coordinate malpractice reporting and civil penalties.

2015-17 POLICY PACKAGES

105 LICENSING STAFF ADJUSTMENTS

- Reclassify six Office Specialist 2 positions.
- Based on recommendations received during the managerial classification and compensation analysis.
- To better reflect the level of decision-making responsibility required of these employees.

2015-17 POLICY PACKAGES

106 STATE-WIDE BOARD MEETINGS

- Increases transparency.
- Improves stakeholder access to the Board.
- Provides licensees an opportunity to see the Board at work.

LEGISLATION

2015 Session bills:

- SB 279 OMB Administrative Efficiencies
- SB 594 Credentialing
- SB144A Telehealth
- SB 684 Institutional License

AGENCY ACCOMPLISHMENTS 2013-2014

Meeting the challenges of medical regulation with creative solutions

- ✓ Transitioned to paperless process for investigations
- ✓ Collaborated on Prescription Drug Monitoring Program and opioid guidelines
- ✓ Updated rules for office-based surgery
- ✓ Developed online practice agreements
- ✓ Partnered with the Oregon Dental Board to provide business and human resources services
- ✓ Provided cultural competency training for Board members and staff
- ✓ Performed analysis of disciplinary outcomes

CONTACT INFORMATION

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APPENDIX

- Secretary of State Audit Results
- 2013-15 Personnel Report
- Ending Balance Form
- Oregon Medical Board Strategic Plan
- Annual Performance Progress Report

Secretary of State Audit Report

Kate Brown, Secretary of State

Gary Blackmer, Director, Audits Division

Health Professional Regulatory Boards: General Review

Summary

Oregon has over 250 boards, commissions, and councils to help protect the health, welfare, and safety of the public. Board members are often subject matter experts and represent diverse stakeholder views. This allows boards to better fulfill governmental functions and engage interested citizens in state government. Boards offer varying perspectives and expertise that can help government be more effective in specialized areas.

Oregon has 20 health professional regulatory boards that license and regulate healthcare professionals. Seventeen operate with their own staff as autonomous agencies, while three operate as a part of larger state agencies. The general mission of health professional regulatory boards is to protect the public and promote the quality of health services.

The objective of this audit was to determine if the governance and delivery of services provided by Oregon's health professional regulatory boards can be improved to better promote the quality of health services, and protect the public health, safety and welfare. We performed broad scale audit work to examine the management efforts of the 17 autonomous boards in the areas of professional licensing, complaint-handling and investigation, and governance. Of these boards, 15 licensed 5,000 or fewer professionals and facilities, while the Pharmacy Board licensed about 24,000 and the Nursing Board about 44,000 in 2012.

In general, boards have policies and procedures in place to address their core functions and appear to be actively engaged in promoting quality health services through their efforts. We verified that activities were performed and processes were in place at the 17 autonomous boards, but because of the broad scale of the audit, we did not evaluate how well each process was carried out.

We found that most boards perform initial criminal background checks of applicants, except for the Veterinary, Occupational Therapy, and Speech Pathology and Audiology Boards. Of the boards that do initial background checks, most perform a national fingerprint-based FBI check. However, most boards do not conduct subsequent checks upon renewal, and some professionals have never been checked.

We examined the complaint-handling, investigative and disciplinary processes of the boards. We found that most boards documented and informed board members of complaints received, and followed procedures for investigating them. Most boards had investigators on staff or under contract to investigate complaints, some of whom had expertise in the health profession. Boards generally separate the investigative process from the disciplinary decision making process. Boards receive assistance from the Attorney General's Office, and a process for licensees to contest board decisions is available through the Office of Administrative Hearings. Disciplinary decisions are reported as required by state and federal law.

We also examined the governance structures and processes of health professional regulatory boards. Studies indicate there is no single most effective governance model to achieve a board's objectives. A third of states have governance structures where boards operate as autonomous agencies. Other states have structures with varying degrees of board collaboration with a central agency and several states have centralized licensing agencies that limit boards to an advisory capacity.

Health professional regulatory boards are responsible for developing policy and enforcing regulations. We found that board members were actively engaged on key matters such as licensing, complaint investigations and discipline, and practice-related issues. In addition, boards delegate many functions to the executive director and staff to carry out, and provide feedback on their efforts. For example, 16 chairpersons reported that they conduct annual evaluations of the executive director.

We found that the boards made reasonable efforts to demonstrate transparency through website content, newsletters, and outreach efforts. This content informs licensing applicants, practitioners, and the public.

To assess board efforts, the 2009 Legislature required boards undergo a periodic peer review. The five board reviews completed to date identified board strengths and made recommendations for improvement.

The Legislature provides some board oversight, as it establishes priorities and sets public policy through the state's budget process. However, boards reported they have experienced difficulty in receiving legislative approval to increase staff and the associated fees to handle increases in workload.

The boards use various methods to obtain specialized services and support. For example, boards rely upon the Attorney General's Office for legal services, and many use the Department of Administrative Services for payroll and purchasing. In addition, 12 of the boards share a location with at least one other board, which allows them to share space and facilitates collaboration. Nonetheless, some benefits could result from more state-sponsored training for board members and a stronger operational connection to the Governor's Office.

We recommend boards give further consideration to background check policies for professionals who handle drugs or interact with vulnerable

populations. In addition, we recommend the Governor consider more operational support and board member training on roles and responsibilities.

Agency Response

The agency response is attached at the end of the report.

Background

Oregon state boards, commissions, and councils incorporate subject matter experts and diverse stakeholder views to fulfill governmental functions and engage interested citizens in Oregon government. Boards offer varying perspectives and expertise that can help government be more effective in specialized areas. Like government in general, boards help protect the health, welfare, and safety of the public.

Oregon has over 250 boards and commissions, or similar entities, which may be either policy-making or advisory boards. Policy-making boards create policies and enforce rules. They can also be governing boards, which are responsible for directing an agency and/or appointing the director. Advisory boards research and advise on policy matters, but do not have authority to make or enforce rules. Licensing boards, which can be either policy making or advisory boards, examine and license members of a profession or occupation to practice in Oregon. Some also have the power to discipline members of the regulated profession or occupation, and to suspend or revoke licenses.

Health professional regulatory boards

Among the State's many boards and commissions are 20 health professional regulatory boards that license professionals and facilities. Seventeen of these boards are policy-making boards and operate as autonomous entities, while three function as advisory boards to larger state agencies. Our audit focused on the 17 autonomous boards, which create policies, license professionals, investigate complaints, make disciplinary decisions, and are responsible for directing the board and appointing its Director. Two of these boards also license and inspect facilities. Figure 1 lists the boards included in the audit.

The mission of health professional regulatory boards (hereafter referred to as boards) is to promote the quality of health services and protect the public's health, safety and welfare. They do this by maintaining a scope of practice, verifying initial qualifications for licensure, ensuring that licensees practice with professional skill and safety, regularly inspecting licensed facilities, and by addressing impairment among licensees. Boards promote the quality of services and protect the public through the licensing and complaint investigation processes. Several key activities of boards include testing licensees to ensure competency, regulating services, handling complaints against licensees, holding hearings to decide the outcome of complaints, and imposing discipline up to and including license revocation. These boards help ensure citizens receive honest, competent, and safe services from licensed health professionals. They also provide an objective way for consumers to seek resolution of grievances.

Boards license health professionals and regulate professions through rule enforcement and policy development. Boards play an important role in

policy development by recommending legislation and preparing rules applicable to the board's profession.

Figure 1: Health Professional Regulatory Boards

	2013-15 Adopted Budget*	Full Time Equivalent Employees	Number of Licenses Issued in 2012***	Number of Licensees as of 12/31/2013
State Board of Chiropractic Examiners (Chiropractic)	$1,455,000	4.88	3,967	3,388
Oregon Board of Licensed Professional Counselors and Therapists (Counselors and Therapists)	$1,097,000	3.5	3,842	3,715
Oregon Board of Dentistry (Dentistry)	$2,581,000	7	3,970	7,892
State Board of Massage Therapists ✓ (Massage Therapists)	$1,746,000	5	3,951	7,353
Oregon Medical Board*** (Medical)	$10,454,000	38.79	3,848	18,331
Board of Medical Imaging (Medical Imaging)	$837,000	3	3,017	6,045
State Mortuary and Cemetery Board** (Mortuary and Cemetery)	$1,409,000	5.71	1,052	2,116
Oregon Board of Naturopathic Medicine (Naturopathic)	$631,000	2.5	1,029	1,029
Oregon Board of Nursing (Nursing)	$14,196,000	47.8	44,132	80,092
Occupational Therapy Licensing Board (Occupational Therapy)	$368,000	1.25	1,820	2,082
Oregon Board of Optometry ✓ (Optometry)	$699,000	2.2	1,276	1,232
Oregon Board of Pharmacy** (Pharmacy)	$5,783,000	19	24,438	24,496
Physical Therapist Licensing Board ✓ (Physical Therapist)	$1,000,000	2.8	4,664	5,002
State Board of Psychologist Examiners (Psychologist)	$1,006,000	3.5	873	1,716
State Board of Licensed Social Workers (Social Workers)	$1,350,000	6	4,770	5,024
State Board of Examiners for Speech-Language Pathology and Audiology (Speech Pathology and Audiology)***	$530,000	2	2,011	2,331
Oregon State Veterinary Medical Examining Board (Veterinary)	$740,000	2.75	3,465	3,365

✓Semi-independent board

*Budget figures are rounded to the nearest $1,000.

**Board also license facilities; count includes number of licensed facilities.

*** The Medical and Speech Pathology and Audiology boards conduct renewals biennially. In 2011, these boards reported issuing 18,664 and 212 licenses, respectively.

In Oregon, members of boards are comprised largely of practitioners from the professions they represent. The Governor appoints, and the Oregon Senate confirms, the members of the 17 autonomous boards included in this audit. Board members are selected based on their ability, professional experience, and interest in serving. The Governor can also remove board members under certain circumstances.

The primary responsibility of boards is to work for the benefit of the public first, before the good of a certain profession or industry. Health boards are separate entities from professional associations. However, professional associations may recommend individuals for board appointments based on their technical expertise or point of view.

The boards we reviewed are responsible for making policy decisions and enforcing regulations as outlined in statute and rule. Chairpersons reported several responsibilities as chair such as conducting board meetings, communicating regularly and working closely with the board's Executive Director (director), and addressing practice related issues. Board members regularly schedule 4 to 11 sessions per year to meet publicly, depending on the board, to accomplish board business. In

addition, boards hold committee meetings. Certain matters, such as investigations, are discussed in confidential executive session as required by law.

Each board is required to appoint a director who serves at the pleasure of the Governor under the direct supervision of the appointing board. The principal role of the director and staff is to carry out the rules, policies and programs developed by the board. The director is charged with keeping all records of the board, completing duties as delegated by the board, and preparing a report on the monitoring and investigative activities of the board. The board can delegate additional duties to the director and board staff.

The number of staff and licensees at the boards we reviewed varies. Half of the boards have less than four full-time equivalent staff (FTE), while three have 18 or more staff. Figure 1 shows the FTE by board. All have a director, and some have licensing and investigative staff. While most of these boards issued less than 5,000 licenses in 2012, the Nursing and Pharmacy Boards together issued more than 68,000 new and renewal licenses, which was more than all the other boards combined. Two of the boards, Pharmacy and Mortuary and Cemetery, also license and inspect facilities. Figure 1 shows the number of staff and licenses issued at each board.

Although some aspects of health boards are governed by the same statute, each board also has its own specific statutes. Individual board statutes delineate the scope of practice for the profession, identify specific sanction authority, as well as specify the composition of the board, including the number and professional background of board members. Board policies and procedures are often outlined in the board's governing statutes and administrative rules. These include qualifications of applicants for licensure and grounds for license denial, suspension and revocation. Governing statutes also define board jurisdiction, which spells out those activities within the board's scope of authority to regulate.

Boards are funded with license fees and fines paid primarily by license holders; they do not receive state General Funds. The 2013-15 adopted budget for each board is shown in Figure 1. The Legislature approves each board's biennial budget, except for semi-independent boards which have a different budget process.

In 2009, the Legislature passed a bill requiring Oregon's health professional regulatory boards to receive periodic peer reviews focusing on the board's public safety mission. Since then, five boards have had a detailed peer review identifying strengths, weaknesses, opportunities for improvement, and challenges within the board's core functions. The peer review reports are distributed to the Governor's Office and each board director.

In 2009, Governor Kulongoski established a Reset Cabinet for restructuring State government. A number of subcommittees were formed to identify barriers, efficiencies, and best practices, and to suggest changes specific to

health professional regulatory boards. In 2010, the health professional regulatory board subcommittees produced reports on background checks, complaint investigations, board member training, budget reporting, Department of Justice services, human resources issues, and information technology.

In 2012, we conducted an audit of boards and commissions that provided an overview of the structure, operations, and functions of state boards in Oregon, and identified opportunities for improvement in the governance and operations of boards to promote accountability. This audit is a continuation of our examination of state boards.

Audit Results

We performed audit work to examine processes at the 17 autonomous health professional licensing boards in the areas of licensing, complaint investigation, and governance. In general, boards appear to be actively engaged in efforts to regulate their professions and protect the public. We verified certain activities were performed by the 17 boards and staff, but because of the broad scale of the audit, we did not evaluate how well each was carried out.

All of the boards have licensing processes and procedures in place guided by state statutes and administrative rules specific to each profession and board, some of which are similar across boards. We found that most boards perform initial background checks of applicants, and less than half perform background checks of renewing licensees. Some boards have licensed professionals who have never received a background check. The number of licenses issued varies widely by board.

All of the boards have complaint investigation processes and procedures in place to protect the public and maintain professional standards. Most boards have staff dedicated to complaint investigation. The investigative files we reviewed at most boards included complete information, including an indication that tasks or processes were completed and an investigative report or summary. Board disciplinary decisions follow established procedures and disciplinary actions were reported to the public.

While all of the boards included in our audit operate autonomously, they are subject to legislative and executive oversight. Boards use a variety of methods to foster transparency. Boards share some services and many have realized the benefits of formal and informal collaboration.

There are opportunities for additional oversight, advocacy and training for boards. Staffing for board oversight and support, at the Governor's Office remains limited. Boards reported a desire for improved contact, communications, and clarity of direction from the Governor's Office. Some boards reported challenges associated with obtaining approval from the Legislature to increase staffing and the associated fee increases. We also noted additional opportunities for board member training on roles and responsibilities.

Boards evaluate credentials and license health professionals

Health professional regulatory boards protect the public through the licensing process, ensuring licensees practice with professional skill and safety. Boards are responsible for ensuring applicants have the appropriate education, experience, and skills to perform their professional duties. Two boards also license related facilities.

Licensing process

The licensing process at each board is guided by state statutes and administrative rules specific to each profession and board. For example, Oregon's Veterinary Practice Act outlines procedures for obtaining a license or permit, which include: graduation from a veterinary department of a college or university, completion of an application, passing several exams, and verification of experience. Oregon statutes regulating medical doctors list similar requirements for licensure of physicians: graduation from a school of medicine, post-graduate training, and an examination.

Boards can issue multiple types of licenses through similar processes. For example, the Nursing Board issues seven different types of nursing licenses, such as Registered Nurse, Nurse Practitioner, and Certified Nursing Assistant. Two boards also license facilities. The Mortuary & Cemetery Board inspect and licenses funeral homes, cemeteries, and other related facilities. The Pharmacy Board licenses drug outlets. Pharmacies are inspected annually; other drug outlets are inspected as time allows. Licenses are valid for one to two years, depending on the profession.

Boards use similar processes for licensing health professionals. Generally, new applicants fill out a manual application for initial licensing, which board staff enters into the board's electronic database. Applicants pay a fee to the board for licensure, which varies based on the license. Applicants must also provide documentation of required education, such as official higher education transcripts and/or certifications.

Applicants are often required to demonstrate their professional competence through a national and state exam. Most boards (16 of 17) reported having national licensing standards such as an exam. The Massage Therapists board reported not having a national uniform licensing standard. Two boards, the Dentistry and the Board of Massage Therapists Boards, also conduct state practical exams. In addition, most boards require applicants to demonstrate their knowledge of state laws and rules regarding their profession through a jurisprudence exam.

As discussed in more detail below, most boards (14 of 17) require a criminal background check for initial licensure. Boards may also consult the U.S. Department of Health and Human Services' National Health Practitioner Data Bank (Data Bank) for instances of professional misconduct or discipline in other states. For example, the Dentistry Medical, Nursing, and Optometry boards receive continuous updates of incidents pertaining to their licensees through the Data Bank. Boards can also receive similar notifications from their affiliated national organizations.

Applicants who are in good standing and have been licensed in another state may apply for license by endorsement at some boards. For example, Registered Nurses and Licensed Practical Nurses may apply for licensure by endorsement at the Nursing Board if they have met certain requirements for education, practice hours, and verification of current or

most recent licensure. Similar to initial applicants, individuals applying by endorsement must also complete an application, pass a background check, and pay a fee.

Boards often use checklists to ensure applications are processed consistently and standards are met, and to show a review and/or receipt of application materials. Often these are manual checklists. For example, the Speech Pathology and Audiology Board uses a manual checklist to ensure all required documentation for licensing has been received. Alternately, the Nursing and Pharmacy Boards reported having checklists for each license type built into their databases, and the Medical Board has an interactive checklist that is updated and accessible by both staff and the individual applicant at any time.

Generally, staff or board members reported they review the completed applications or a selection of the applications. For example, Psychologists Board members review basic information on all license applications before approving them. At the Chiropractic Board, the director reviews all license applications, while at the Nursing Board the Licensing Manager reviews a random sample of applications.

Like initial applicants, licensed professionals must apply and pay a fee to renew their license. Boards typically conduct annual or biennial renewals. In addition, some boards set a standard renewal date for all licensees, while other boards distribute the renewals over the year. For example, the Nursing Board uses the license holder's birthday as the renewal date.

When they apply for a license renewal, applicants are required by statute to self-report criminal or professional violations that occurred since the last licensing period. Board investigators or compliance staff may follow up on reported incidents.

Nearly all boards (16 of 17) require continuing education and that renewal applicants attest to meeting the requirements. Several boards reported auditing a percentage of license holders' adherence to continuing education requirements, including the Counselors and Therapists, Massage Therapists, Medical, Naturopathic, Nursing, Occupational Therapy, Pharmacy, Physical Therapists, and Speech Pathology and Audiology Boards. The Optometry Board reported conducting a complete review of each licensee's continuing education at renewal. The Mortuary and Cemetery Board is the only board that does not currently require continuing education. However, the board reported they are developing a continuing education program that they plan to implement by the end of 2014.

License numbers varies by board

The number of new and renewed licenses issued varies dramatically among the 17 boards. In 2012, the total number of new and renewed licenses issued ranged from 873 at the Psychologist Board to over 44,000 at the Nursing Board. All boards have issued an increasing number of licenses

since 2007, except the Mortuary and Cemetery Board, which had a slight decline from 2007 to 2012. Appendix C at the end of our report shows the number of new and renewal licenses issued per board between 2007 and 2012. Figure 2 shows the number of new and renewal licenses issued per board in 2012.

Figure 2: Number of new and renewal licenses issued per board in 2012

	New Licenses	Renewal Licenses	Total Licenses Issued
Chiropractic	579	3,388	3,967
Counselors and Therapists	665	3,187	3,842
Dentistry	364	3,606	3,970
Massage Therapists	574	3,377	3,951
Medical**	2,132	1,716	3,848
Medical Imaging	681	2,336	3,017
Mortuary and Cemetery*	258	794	1,052
Naturopathic	78	951	1,029
Nursing	8,011	36,121	44,132
Occupational Therapy	192	1,628	1,820
Optometry	47	1,229	1,276
Pharmacy*	3,360	21,078	24,438
Physical Therapist	359	4,305	4,664
Psychologist	62	811	873
Social Workers	1,736	3,034	4,770
Speech Pathology and Audiology**	305	1,706	2,011
Veterinary	248	3,217	3,465

*Board also license facilities; count includes number of licensed facilities.
** The Medical and Speech Pathology and Audiology boards conduct biennial renewals. In 2011, these boards reported issuing 18,664 and 212 licenses, respectively.

Six boards reported an increase over 15% in new licenses from 2007 to 2012:

- Chiropractic
- Counselors and Therapists
- Physical Therapists
- Medical
- Social Workers
- Speech Pathology and Audiology

Renewal licenses constitute the bulk of licenses issued at each board, although initial licensure can be a greater workload. In 2012, renewals accounted for over 80% of the licenses issued at most of the boards. Boards reported the number of renewal licenses issued in 2012 ranged from 794 at Mortuary and Cemetery Board to over 36,000 at the Nursing Board.

Efficiencies from online licensing

Most boards (14 of 17) reported having an online process for license renewal. Boards noted the online renewal process is generally more efficient, saves staff resources and money, improves customer service,

minimizes hard copy documentation, and increases accuracy. Staff at the Counselors and Therapists and Physical Therapist Boards also reported the online renewal process makes the workload more manageable. For example, the Physical Therapists Board eliminated the need to hire temporary staff during the renewal processing period after switching to an online process. The three boards without an online process - the Chiropractic, Psychologist, and Optometry Boards - use a manual process for renewal applications and reported looking to move to an online process in the future.

In contrast to renewals, initial licensing is a manual process for nearly all boards. Only the Medical Board reported having a complete online application process for initial licenses. However, the majority of boards reported having considered using an online application for initial licensing. Boards noted various challenges to moving to an online licensing system, including information technology or database capabilities, a lack of funding for development and implementation, and the need for primary source or notarized documentation. One board also cited the need to review individual transcripts and exam scores, along with needing a photograph of the applicant.

Extent of criminal background checks varies

In addition to professional requirements, boards also ensure public safety through criminal background checks. We found most boards (14 of 17) perform criminal background checks at initial licensing; only the Veterinary, Occupational Therapy, and Speech Pathology and Audiology Boards do not. More than half of boards do not regularly perform subsequent criminal background checks after initial licensing. In addition, many boards have some portion of their licensees who have never received a criminal background check since they were initially licensed before such checks were implemented.

Criminal background checks, especially national checks, permit boards to look into the past of applicants and judge if they meet the ethical standards of the profession. For example, these checks identify criminal incidents that might compromise a professional's ability to perform their job and therefore put the public at risk. Healthcare professionals are often in a position of power with their clients who trust and depend on them for care. Licensees of the health regulatory boards' work with inherently vulnerable populations and many licensed professionals are mandatory reporters of abuse and neglect of children, the elderly, and those with developmental disabilities. For example, Occupational Therapists work on-on-one with individuals with physical, mental, emotional, and cognitive limitations. Licensees at the Board of Psychologist Examiners work with those afflicted with behavioral, emotional, and mental disorders. In addition, some licensees of the Mortuary and Cemetery Board work with loved ones of the recently deceased.

FBI criminal background checks are the most comprehensive

The Oregon Legislature granted health boards the authority to conduct national fingerprint-based criminal records checks through the Federal Bureau of Investigations (FBI) beginning in January, 2010. While health boards were given the authority for criminal background checks, state law does not require the boards to perform them.

The two most common types of criminal background checks the boards perform are a fingerprint-based FBI background check, and an Oregon Law Enforcement Data System (LEDS) background check. Two boards check the Oregon Judicial Information Network (OJIN) in addition to a LEDS background check. An FBI fingerprint-based background check is the most comprehensive type of check performed by the boards. Below are common types of criminal background checks:

- A fingerprint-based FBI background check is a national criminal history check across all 50 states and includes information provided by the FBI, as well as federal, military, state, local and foreign criminal justice agencies and authorized courts.
- A LEDS background check is a check of an individual's criminal history in Oregon using name and date of birth within several databases. LEDS includes current criminal history records, fingerprints, and court case outcomes of individuals in Oregon. It does not include criminal history outside of the state, military records, or federal criminal history.
- OJIN is Oregon's electronic court case system that can be used to check an individual's history within Oregon, such as the outcomes of proceedings in trial and appellate courts. It does not include an individual's arrest history and is not an official case record. OJIN staff reported it should not be used as the only tool while performing a criminal background check.

A review of selected states' health licensing entities across the country revealed variations in the types of criminal backgrounds checks. Most licensing entities we reviewed required background checks for initial licensure, but not for renewals. A fingerprint-based FBI background check was the most common background check found for the boards reviewed.

In September 2010, a subcommittee comprised of health professional regulatory boards recommended the state align the process requirements for fingerprint-based background checks across all licensing boards. However, we noted that the type of background checks boards perform still varies across the boards, for both the initial and subsequent background checks. Currently, 10 of the 17 boards perform a fingerprint-based FBI criminal background check on initial licensure applicants. Figure 3 shows the type of criminal background checks performed at each board.

Most boards perform initial criminal background checks

Most boards (14 of 17) perform a criminal background check on initial applicants. Of these, 12 perform a national background check and two

perform a state background check. Nearly all boards performing a national background check use a fingerprint-based FBI check. However, the Mortuary and Cemetery, and Physical Therapist Boards reported performing a national background check through private firms.

We noted that the Occupational Therapy, Speech Pathology and Audiology, and Veterinary Boards do not perform initial criminal background checks on applicants despite the possibility of past criminal incidents that could compromise a licensee's ability to perform their job and put the public at risk. Occupational Therapists and Speech-Language Pathologists and Audiologists work with vulnerable populations, including children and the elderly. However, professionals who work in facilities such as schools and may be subject to criminal background checks. Veterinarians have prescribing power and access to medications that are at risk for misuse. Yet applicants for these licenses do not undergo any type of criminal background check. In contrast, pharmacists, who also have access to medications, undergo criminal background checks for both initial and renewal licensure.

Figure 3: Criminal Background Checks by Board

	Initial background check type	Renewal background check type
Chiropractic	FBI*	None
Counselors and Therapists	FBI	None
Dentistry	FBI	None
Massage Therapists	FBI	LEDS
Medical	FBI	None
Medical Imaging	LEDS and OJIN	LEDS
Mortuary and Cemetery	LEDS and National	None
Naturopathic	FBI	None
Nursing	FBI	LEDS
Occupational Therapy	None	None
Optometry	LEDS and OJIN	LEDS
Pharmacy	FBI	LEDS
Physical Therapist	National	LEDS
Psychologist	FBI	None
Social Workers	FBI	None
Speech Pathology and Audiology	None	None
Veterinary	None	None

* Chiropractic Assistants receive an OJIN background check.

Most boards do not routinely perform subsequent criminal background checks

Subsequent criminal background checks are a tool boards can use to provide additional protection to the public. These checks may be performed after the initial licensure to detect criminal incidents or patterns of behavior. Checks can occur in conjunction with renewal applications or when issues or complaints against a licensee arise. However, most boards do not regularly perform subsequent background checks.

Only six of 17 boards reported routinely performing criminal background checks of renewal applicants. Five boards check all license holders at

renewal – the Massage Therapists, Medical Imaging, Nursing, Optometry, and Pharmacy Boards. The Physical Therapist Board performs background checks on 10% of their license holders at renewal. Beginning in 2010, the Counselors and Therapists Board began performing criminal background checks on all license holders every five years. Appendix B at the end of our report shows the boards who perform renewal criminal background checks and the percent of licensees checked.

While six boards perform criminal background checks of renewal applicants, the other 11 boards rely on complaints or peer and self-reporting to identify subsequent issues. Beginning in 2010, state law requires health professionals to report prohibited or unprofessional conduct of peers within 10 days. Licensees are also required by state law to self-report felony arrests, and felony or misdemeanor convictions to their board within 10 days.

Most boards have not performed criminal background checks on all licensees

Eleven boards have some portion of their licensees who have never had a background check conducted by their licensing board. Only six boards have performed criminal background checks on their entire population of licensees and have policies to maintain a population where all licensees have received a criminal background check:

- Counselors and Therapists
- Massage Therapists
- Medical Imaging
- Nursing
- Optometry
- Pharmacy (Note: does not include facilities)

The Occupational Therapy Board performed a LEDS criminal background check on its entire population in 2013, but it does not currently have policies in place to perform background checks on initial applicants, so new license holders will not be checked. The board requested funding for the 2009-11 biennium to conduct FBI fingerprint-based criminal background checks, but the request was denied. The Occupational Therapy Board reported it will conduct future LEDS criminal background checks and is in the process of developing policies.

In addition, the boards that have checked all licensees performed a LEDS criminal background check, which is limited to Oregon and does not capture national criminal histories. Six of these boards perform LEDS checks as part of the license renewal process. One additional board, the Counselors and Therapists Boards, elected to perform a one-time LEDS check on their entire population and has policies in place to perform background checks on initial applicants and all licensees every five years.

Board staff described several factors limiting their ability to perform criminal background checks. These factors included: workload and strained resources, growth in the number of licensees, cost of implementation, inconvenience to licensees, and timeliness of initial and renewal licensing processes. The Speech Pathology and Audiology Board requested, but was denied funding for and investigator in the 2013-15 budget and as a result reported it lacks the infrastructure needed to handle the records and investigate incidents discovered in criminal background checks.

Complaints are investigated to protect the public and maintain professional standards

Investigating complaints and making disciplinary decisions are two of the primary functions of health professional regulatory boards and are central to their mission of regulating the profession and protecting the public. State law requires these boards to assign one or more people to investigate complaints against licensees, applicants or others alleged to be practicing in violation of law.

Complaints originate from a variety of sources, including the public, other licensed professionals, employers and insurance companies. However, most complaints originate from the public. Although complaints can be brought to the board through various means, boards reported a preference for written complaints using a complaint form, email, or letter. Boards can also initiate investigations for reasons such as claims of unlicensed practice, information self-disclosed by applicants and licensees, or information obtained through the criminal background check process.

When a complaint is received, it is generally recorded in a database or logging sheet. Boards typically assess the complaints for jurisdiction, which means they determine if the board has the authority to investigate the complaint, determine a course of action, or impose discipline. Boards also assess whether or not the issue at hand, if true, would constitute a violation. Figure 4 shows the number of investigations opened by each of the 17 boards in 2012. Appendix D at the end of our report shows the number of investigative cases between 2007 and 2012.

Figure 4: Opened Investigative Cases by Board, 2012

	Investigations Opened
Chiropractic	143
Counselors and Therapists	65
Dentistry	231
Massage Therapists	217
Medical	756
Medical Imaging	73
Mortuary and Cemetery	101
Naturopathic	38
Nursing	2,451
Occupational Therapy	9
Optometry	11
Pharmacy	611
Physical Therapist	44
Psychologist	73
Social Workers	73
Speech Pathology and Audiology	78
Veterinary	14

Boards record the complaint assessment in a variety of ways. For example, the Social Workers Board uses a detailed form to document the complaint and guide the investigative staff in determining jurisdiction. The Medical Board incorporates the assessment into its complaint form with user-friendly check boxes. The Dentistry Board has developed a series of codes to indicate the type of investigation.

Boards may receive complaints outside their jurisdiction. Some boards inform the complainant the issue is outside the board's jurisdiction, or refer these complaints to the proper agency. For example, Veterinary Board staff keeps track of complaints that are not within the board's jurisdiction or do not constitute a rule violation and reports this information to the board. According to board staff, most of the boards receive a report or are otherwise informed of all complaints received, including those not investigated.

Generally, complaints within the board's jurisdiction are assigned to an investigator employed by the board. An investigator is required to collect evidence, interview witnesses, and make a confidential report to the board describing the results of the investigation and any prior disciplinary history of the licensee. Our review of complaint files showed a majority of boards (14 of 17) created an investigative report summarizing the actions taken during the investigation and the facts gathered. Board staff generally includes a licensee's prior disciplinary history in reports to board. After receiving an investigative report, members of the board can vote on a disciplinary decision or request further investigation.

Instead of investigative reports, the Speech Pathology and Audiology and Optometry Boards use case tracking reports and provide a summary of the issues and evidentiary documents to board members for review. The

Optometry Board also maintains investigative actions in a confidential activity log. The file review at the Chiropractic Board revealed files that did not consistently contain investigative reports or similar indication of investigative tasks or processes completed. The director has since instructed staff to add tracking reports to future case files.

Health expertise aids complaint investigations

Investigating complaints often requires professional experts who can evaluate and investigate the technical aspects of the complaint. For example, a pharmacist can evaluate prescriptions, records, and drug interactions and more easily uncover violations. A dentist can evaluate dental records and x-rays to determine if a bridge properly fits a patient's mouth and adequate patient care was provided. In addition, a nurse can determine whether a practitioner properly administered drugs to a patient. Other complaints which are not practice-related, such as billing irregularities, may not require this type of technical expertise.

Health professional regulatory boards obtain expertise for evaluating and investigating complaints in a variety of ways, including using investigators with a background in the field, consultants, and board members. Most boards (14 of 17) have dedicated investigative staff. Six boards have one or more staff investigators who are also practitioners:

- Chiropractic
- Dentistry
- Medical Imaging
- Nursing
- Pharmacy
- Physical Therapist

Three of these boards, the Chiropractic, Dentistry, and Nursing Boards, have both practitioner-investigators who can handle practice related complaints and non-practitioner investigators with law enforcement or investigative backgrounds who handle non-practice related complaints. For example, the Nursing Board has five nurse investigators and five non-nurse investigators, and assigns cases based on type of complaint. The investigations that are specific to the practice of nursing are assigned to nurse investigators, while non-practice related issues, such as drug theft, are assigned to investigators with law enforcement or investigative backgrounds. Eight other boards have dedicated investigative staff with backgrounds in law enforcement or investigations.

Three boards do not have dedicated investigative staff positions: Optometry, Speech Pathology and Audiology, and Occupational Therapy. In lieu of dedicated staff, the Speech Pathology and Audiology Board contracts with investigators with a background in law enforcement or investigations and utilizes the director, who is trained in complaint investigation. The Occupational Therapy Board contracts with practitioner-investigators and the Optometry Board utilizes its director and administrative staff to

complete investigations. Many directors and staff have prior experience and/or received training in complaint investigation such as training offered by the Oregon Department of Justice and/or the Council on Licensure, Enforcement& Regulation (CLEAR), which is an international professional body.

Boards with non-practitioner investigators obtain technical expertise in complaint investigations through various means. Most boards reported they contract with consultants or peer professionals as needed to aid investigations. Some, such as the Optometry Board, utilize the technical expertise of board members. However, any board members involved in investigations should recuse themselves from board deliberations of those cases. Other boards, like the Social Workers and Psychology Boards, use both a board committee and contracted professionals to provide expertise. The Naturopath Board requires their investigative staff to have experience in investigations of a medical nature to include charting, medical records, and knowledge of prescription drugs. The Mortuary and Cemetery Board requires industry training in addition to investigative expertise. The Medical Board's Medical Director reviews the investigative work of all practice-related complaints and a board committee also reviews investigative cases.

Having an investigator with a background in the field could be more efficient and save boards time and money, as they may not need to contract with consultant professionals for investigations as often. One board received legislative approval to hire an additional investigator with a health background in the 2013-15 biennium. However, another board reported pressure from the Legislature to justify investigators with professional backgrounds in the field. Boards also cited challenges to hiring health practitioners as investigators which can be more expensive and more difficult to staff because a health professional may be able to earn a greater wage working as a professional in the field.

Board disciplinary decisions follow established procedures

Board disciplinary decisions follow established procedures such as separating the investigative process from decision-making, imposing sanctions based on the specific laws or rules violated, utilizing assistance from the Oregon Attorney General's Office, and handling of contested investigative cases.

Boards make disciplinary decisions based on the investigative information presented as well as the laws and rules governing violations and penalties. Board members generally separate decision-making and discipline from the complaint investigation process. Boards have a variety of sanctions available to them for discipline of licensees or individuals practicing without a license. The sanctions largely depend on the severity of the infraction committed and include reprimand, probation, fines, education, license restrictions, license suspension and license revocation. Boards may also issue a confidential letter of concern to a licensee when the

investigative process has not revealed or substantiated a specific rule violation, but the board is concerned about an area of the licensee's practice or behavior.

The Oregon Attorney General's office assists boards in the investigative and disciplinary process. Boards reported using the Attorney General's services in a variety of ways, including reviewing investigative work, performing background checks, training investigative staff and board members, attending investigative interviews, and advising the board on potential rule or law violations. The Attorney General's office also represents the board during contested case hearings and appeals of board decisions.

There are established procedures in place for boards to make disciplinary decisions and for disciplined parties to contest such decisions. Boards can resolve disputes through a consent order or stipulated agreement, which is a voluntary binding agreement between the board and disciplined party. However, if the board and disciplined party are unable to come to an agreement, the board can make a judgment and the disciplined party has the right to accept or contest the board's decision. Contested decisions are referred to the Office of Administrative Hearings and which assigns an independent Administrative Law Judge. During the contested case hearing, disciplined parties have the opportunity to retain counsel, present evidence, and respond to evidence presented by the board. The Board or Administrative Law Judge issues findings and an order. The disciplined party has the right to appeal the final order to the Oregon Court of Appeals.

Disciplinary actions are reported

By statute, board final orders are public records which are subject to disclosure. These public records include disciplinary sanctions, emergency suspensions, and consent or stipulated agreements involving licensee or applicant conduct. Boards reported disclosing these records through various means including board meeting minutes, posting on the board's website, through a licensee look-up feature, in agency newsletters, and in separate discipline reports.

Federal law also requires reporting of disciplinary actions taken by boards. Specifically, all state health licensing and certification authorities are required to report disciplinary actions to the U.S. Department of Health and Human Services' National Practitioner Data Bank (Data Bank), except for decisions by the Mortuary and Cemetery Board and the Veterinary Board, which reports its decisions to the American Association of State Veterinary State Boards. Some boards report to a national board or entity, which in turn reports to the Data Bank. For example, the Nursing Board reports discipline to a profession-specific entity called NURSYS, the national database for nurses, which reports to the Data Bank.

Board governance, oversight and support

As public entities, boards must exercise proper stewardship of the resources entrusted to them and ensure they are accountable and transparent. Oregon's Governor has pledged to maintain a system of boards and commissions that is both transparent and accountable to the citizens of Oregon. Accountability to the public and healthcare professionals can be achieved in part through oversight functions of the boards and board staff, and through public transparency. Board activities are also subject to both legislative and executive oversight. Overall policy guidance and direction are provided by the Governor, as the state's chief executive officer, and by the Legislature, which writes laws and appropriates operating funds. The Department of Administrative Services (DAS) provides certain administrative services and support.

Models for governance of health boards vary in other states

The governance models of health regulatory boards across the country range from autonomous boards to centralized licensing agencies. Oregon's model of predominantly autonomous health professional regulatory boards is similar to 16 other states. The remaining states have governance models with less board autonomy and more coordination with a central agency, or have boards consolidated within a central agency. Three states have boards that share administrative functions through a central agency. Twenty-one states operate under a model in which autonomous boards share authority with a central agency in matters such as budgets, personnel management, and complaint investigations. Six states operate within a structure where there is limited board authority for decision-making and board actions, and decisions are subject to central agency review. The remaining three states have completely centralized licensing agencies where boards serve in an advisory capacity and decision-making is carried out by a central licensing agency.

Studies indicate there is no single most effective model or common set of best practices for governance models of health licensing boards. Experts disagree on which models may provide superior public protection, efficiency, customer service, or accountability. One study suggests that resources, rather than structure, have a bigger impact on board performance. Similarly, some experts have concluded that structure may matter less than funding, staffing, or leadership. Another study states the best practices of boards are not dependent on governance structure. Some studies suggest autonomous boards may have advantages in disciplinary matters, customer service, and processing time for applications. Other experts suggest an oversight entity may be beneficial in working with the Legislature on rule or law changes and resolving conflicts with the public and disputes among professions. In addition, a 1997 DAS evaluation of the organizational structure of credentialing entities in Oregon found there was no one best model even within the state.

Most Oregon health professional licensing boards operate autonomously

In Oregon, 17 of the 20 health professional regulatory boards are policy-making boards that are regulatory in nature and operate autonomously under their governing statutes. These boards are independent of one another, and are not part of a centralized agency. Three of the 17 boards we reviewed operate as semi-independent agencies within state government. Semi-independent boards do not have all of the same regulations as other state agencies, and have differences in the budget process, administrative support structure, and degree of legislative review.

The other three health professional licensing boards not included within the scope of our audit operate as advisory boards within two larger state agencies: the Oregon Health Authority (OHA) and the Oregon Health Licensing Agency (OHLA). In July 2014, OHLA will transition to become an office within the Oregon Health Authority. There are notable differences between regulatory and advisory boards. For example, advisory boards do not have final decision making authority in matters such as whether to take disciplinary action against a licensed professional, while regulatory boards such as those we reviewed do have this authority.

Boards delegate authority for key functions

Boards have delegated authority to directors and staff to carry out key board functions. Each board is required to appoint a director who serves under the direct supervision of the board, at the pleasure of the Governor. The director is charged with duties delegated by the board, keeping all records of the board, and reporting on the monitoring and investigative activities of the board. Delegated functions include: preparing for board meetings, supervising staff, processing complaints, conducting investigations, reviewing applications for licensure and renewal, preparing budget requests, and coordinating testimony before legislative committees. Although the director and staff perform administrative functions, the board makes final decisions regarding disciplinary actions.

Delegation of authority requires board members to be actively engaged with board staff to provide oversight and ensure board staff is accountable. Effective board members ensure proper oversight through regular attendance, preparation, and engagement at board meetings and by thoroughly reading and reviewing reports, proposals, and other documents prepared by board staff. In addition, boards are required by administrative rule to complete an annual performance evaluation of their director. Sixteen of the 17 board chairpersons reported their board conducted an annual evaluation of their executive director. These evaluations aid in ensuring proper oversight of delegated authority. However, there is no formal process in place to annually evaluate the performance of the Veterinary Board's director.

Active communication with board staff by board members can help to keep the board informed of day-to-day operations and provide oversight of delegated functions. We found board members were actively involved with

communicating and working with directors, and were attentive to matters regarding licensing, discipline, and topics concerning the board's profession.

Boards use a variety of methods to create transparency

Health professional regulatory boards can create transparency by communicating their role in public safety, the complaint process, disciplinary actions, and regulatory requirements of the board's profession. Board transparency promotes accountability to health professionals, lawmakers, and the public.

We found that boards demonstrated transparency through website content, newsletters, and other outreach efforts. Our review of boards' websites found that most make information available to the public through posting notifications of upcoming board meetings and agendas, and past board meeting minutes. Also, boards' websites generally include instructions on how to apply for and obtain a professional license or renewal, how to file a complaint against a licensee, and a description of the complaint investigation process. Boards reported that information about disciplinary actions was included on board websites and in board meeting minutes, newsletters, and through an online look-up of health professionals' license status and discipline.

Boards also create transparency through outreach to practitioners, such as communicating regulatory requirements of the boards' profession. For example, boards reported going to colleges and universities to connect with future practitioners, such as Dentistry Board staff who explain the application procedure and hand out fingerprint cards to students close to graduation. Among other boards, the Massage, Social Work, Speech Pathology and Audiology Board speak with students about the licensing process, and laws and rules of the profession. Some boards also reported being involved with their professional organization on a state and national level. For instance, the Physical Therapist Board's director is on the Federation of State Board's of Physical Therapy's board of directors and previously served on numerous workgroups charged with setting national physical therapy standards.

Peer reviews focus on public safety mission

In 2009, the Legislature passed a bill requiring Oregon's health professional regulatory boards to undergo periodic peer reviews focusing on the boards' public safety mission. Since then, the following five boards have undergone a detailed peer review:

- Speech Pathology and Audiology (2013)
- Nursing (2013)
- Massage Therapists (2012)
- Optometry (2011)
- Occupational Therapy (2010)

The peer reviews identified areas of strengths, weaknesses, opportunities, and challenges within the boards' operations. Strengths included a convenient and timely renewal process for one board and outreach and transparency efforts of other boards. One peer review identified a weakness related to the composition of the board, with the report stating it may not be best for the board's mission. Another found that administrative staff and board members involvement in the investigative process was a weakness, stating that trained investigators have certain skills laypeople lack. Yet another raised doubts about the presumption that applicants are truthful when reporting past criminal behavior. The rising number of complaints, heavy workloads, staffing constraints, and process issues in investigations were other challenges the peer reviews reported. The opportunity to network and share ideas and processes with other health licensing boards was identified as an opportunity.

Challenges in obtaining additional staffing

The Legislature establishes priorities and sets public policy through its administration of the state's budget. Fourteen of the boards we reviewed go through the standard state agency budget process, but none are funded through General Funds. Rather, all 17 boards are funded entirely through Other Funds, primarily fees paid by licensees, such as those for licensure or as part of disciplinary action. The 2013-15 budgets for the boards vary widely, from about $368,000 at the Occupational Therapy Board to about $14,196,000 at the Nursing Board.

The budget process is one of the Legislature's accountability mechanisms for health boards. The Legislature sets their budget and number of staff positions through the standard state agency budget process. Because board budgets are primarily made up of fees, any budgetary increase necessitates a fee increase, which must be approved by the Legislature.

Semi-independent health boards go through a different process and do not present their budgets in legislative hearings. Instead, they prepare their budgets through public hearings, with the results adopted by administrative rule. Unlike the other boards, semi-independent boards may adjust fees without legislative approval. Semi-independent boards submit a report to the Legislative Fiscal Office (LFO) biennially and obtain a financial review or financial audit conducted by a certified public accountant.

Nearly half of the boards reported challenges in obtaining legislative approval for additional staff positions. For instance, the Speech Pathology and Audiology Board requested a part-time investigator in the 2011-13 and 2013-15 biennia, but both requests were denied. The Legislature approved the Board's request to charge licensees for the cost of FBI criminal background checks for the 2013-15 biennium, but the Board reported it is challenged to begin without investigative staff to follow up on the checks. This board reported a 333% increase in the number of complaints and a 24% increase in licensees from 2007 to 2012. In addition, the Naturopathic

Board requested an investigator position for three biennia before obtaining legislative approval for a limited duration investigator in the 2013-15 biennium. It has also reported significant increases, with an increase of 124% in the number of complaints and 33% increase of licensees from 2007 to 2012.

A number of boards included in our audit reported they found the budget process burdensome, and wanted more control over their budgets through a simplified process such as that of semi-independent boards. For instance, a 2010 subcommittee on health professional regulatory boards proposed that the legislative presentation portion of the budgetary process be streamlined, but the recommendation was not approved.

Board members could benefit from additional training

Audits in Oregon and other states have found members of boards may not fully understand their role in creating and upholding the board's system of internal controls. For example, our 2012 report on boards and commissions noted the need for board member training regarding internal controls, compliance and performance. As representatives of public entities, board members need adequate training in order to exercise proper stewardship of the resources entrusted to them.

Currently, DAS offers online training for state board and commission members based on the Governor's Membership Handbook for Boards and Commissions. However, more than half of board chairs we spoke with were unsure if the state offered any training for board members. In previous years, DAS provided in-person training for board members. Some board chairs and directors reported the previous DAS training was valuable and reinstatement of such training would benefit boards. The Governor's Office is currently working with DAS to arrange a meeting of board administrators to provide them with a general overview of the executive appointments process, board member expectations and to clarify the roles and responsibilities of board members.

To compensate for a lack of state sponsored, in-person training, some boards have utilized other training resources such as training offered by national organizations. In addition, some boards offer training to new members through on-the-job training or new member orientation provided by board staff or other board members.

Benefits of shared services and collaboration

In Oregon, health professional regulatory boards utilize a number of support services including DAS Shared Client Services, information technology (IT), Department of Justice (DOJ) legal services, and Oregon State Police background checks. Thirteen boards use the same private vendor for IT services and support, such as secondary database support, and database management. Twelve boards rely on DAS' Shared Client Services division to provide services such as payroll and accounting. Board directors also attend agency head meetings conducted by the DAS Chief

Operating Officer, budget meetings held by the DAS Chief Financial Officer, and Legislative Coordinators meetings.

All of the boards utilize the DOJ for legal services. Boards reported using their Assistant Attorney General within DOJ to review investigative work, provide training for investigative staff and board members, advise boards on potential rule or law violations, and assist in background checks. Boards requiring FBI fingerprint background checks utilize the Oregon State Police to perform the checks. Several boards have also contracted over the last several years with the Nursing Board to perform LEDS background checks.

In addition to sharing services, boards have formed collaborative networks through which they are able to share information and benefit from each other's experiences. Health board directors meet monthly in a workgroup for peer learning, mentoring, and sharing best practices and challenges. The workgroup discusses matters such as peer review audits, legislative session updates, and updates from the Governor's Office. Semi-independent boards participate in the Semi-Independent Boards Agencies group (SIBA) to address the unique challenges associated with their semi-independent status. Some directors reported these groups were also valuable to new directors in learning about their role and responsibilities, and in facilitating their on-the-job training.

In addition to formal avenues for coordination, informal cooperation and peer mentoring was evident from speaking with board staff and observations at boards that are co-located. Eight of the seventeen boards are located in the same building in Portland and four other boards are located in the same building in Salem. Co-locating allows boards to share office supplies and equipment, build social capital, and share best practices. Board staff who are co-located regularly converse with each other, ask questions, and share experiences to better address board issues and concerns. The effects of co-location were cited in a 2003 national study of health professional regulatory boards, including boards in Oregon, which noted that co-location was perceived as beneficial for boards, and allowed staff to share information and experiences.

Additional opportunities for oversight and advocacy

While mechanisms exist for board accountability, the Governor's Office does not currently have the resources to ensure consistent oversight. The Governor's Executive Appointment's Office, which is responsible for appointments to boards and commissions, only has two staff, the Director and a part-time Program Representative, who is charged with filling over 1,900 appointments to over 200 boards, as well as other responsibilities.

Boards reported they faced challenges and suggested opportunities for improved communication and clarity of direction from the Governor's Office. For example, directors reported not always being informed of hearings for new board members. One board reported their request to include a health professional licensee on their board was denied, despite the board members' desire to include what they believed to be a valuable

licensee perspective. Boards noted that their involvement in developing legislation impacting board regulatory responsibilities or licensees can be an afterthought. For instance, the new law requiring electronic fingerprinting to go into effect in 2014 has a significant impact on boards' licensing processes, but they were not included in the process until just before the bill was passed. Directors also suggested it would be valuable for a representative from the Governor's Office to attend the monthly executive director workgroup meetings, as well as those of individual boards.

In our 2012 report on Oregon boards and commissions, we recommended the Governor's Office establish a periodic and systematic monitoring and reporting structure all for boards and commissions. The Governor's Office staff reported that they are currently developing a template for a quarterly report that will be used by all boards. The report will contain information about ongoing work of the board, any notable fiscal issues and an assessment of the board's overall performance. In addition, the Governor's Office has also stated they will work with DAS to determine who will review and respond to the information provided by boards, as there is no current system in place to manage and respond to issues that might arise from these reports. Because of this gap, the Governor's Office is including this issue in the 2015-17 budget discussions.

Recommendations

We recommend boards give further consideration to background check policies for professionals who handle drugs or interact with vulnerable populations. In addition, we recommend the Governor consider providing more operational support and board member training on roles and responsibilities.

Objectives, Scope and Methodology

Our audit objective was to determine if governance and delivery of services provided by Oregon's Health Professional Boards can be improved to better promote the quality of health services provided, protect the public health, safety and welfare. The scope of our audit included 17 of Oregon's Health Professional Regulatory Boards:

- State Board of Examiners for Speech-Language Pathology and Audiology
- State Board of Chiropractic Examiners
- State Board of Licensed Social Workers
- Oregon Board of Licensed Professional Counselors and Therapists
- Oregon Board of Dentistry
- State Board of Massage Therapists (semi-independent, ORS 182.45)
- State Mortuary and Cemetery Board
- Oregon Board of Naturopathic Medicine
- Oregon Board of Nursing
- Oregon Board of Optometry (semi-independent, ORS 182.45)
- State Board of Pharmacy
- Oregon Medical Board
- Occupational Therapy Licensing Board
- Physical Therapist Licensing Board (semi-independent, ORS 182.45)
- State Board of Psychologist Examiners
- Board of Medical Imaging
- Oregon State Veterinary Medical Examining Board

To answer the audit objective, we gained an understanding of the Boards' licensing processes, the complaint, investigations and discipline processes, as well as the boards' governance and oversight. We performed site visits at all 17 boards and conducted interviews of each Board Chair and Executive Director. We also interviewed board staff and Governor's office staff. We reviewed a limited number of licensing and investigation files to gain an understanding of the boards processes and obtain documentation. We reviewed Oregon Revised Statutes, Oregon Administrative Rules pertaining Boards' authorities, duties, and responsibilities. We surveyed boards for pertinent information, including the number of complaints and licenses issued between 2007 and 2012. We performed internet research and reviewed budget documentation and reports.

We performed limited research on health licensing boards from other states to determine governance structures. To determine which states and boards require background checks, fourteen health licensing agencies in ten states were chosen to get a sample of the spectrum of board governance types from autonomous boards through consolidated state agencies.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

About the Secretary of State Audits Division

The Oregon Constitution provides that the Secretary of State shall be, by virtue of her office, Auditor of Public Accounts. The Audits Division exists to carry out this duty. The division reports to the elected Secretary of State and is independent of the Executive, Legislative, and Judicial branches of Oregon government. The division audits all state officers, agencies, boards, and commissions and oversees audits and financial reporting for local governments.

Audit Team

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This report, a public record, is intended to promote the best possible management of public resources. Copies may be obtained from:

website: http://www.sos.state.or.us/audits/

phone: 503-986-2255

mail: Oregon Audits Division
255 Capitol Street NE, Suite 500
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The courtesies and cooperation extended by officials and employees of the health professional regulatory boards during the course of this audit were commendable and sincerely appreciated.

Appendix A – General Information

	Year Established	Semi-Independent	Number of Board Members	Number of Time Board Meets per Year*	Adopted Budget 2013-2015	Full Time Equivalent Employees
Chiropractic	1915		7	8	$1,454,717	4.88
Counselors and Therapists	1989		8	6	$1,096,822	3.5
Dentistry	1887		10	6	$2,581,266	7
Massage Therapists	1971	✓	7	6	$1,746,000	5
Medical	1889		12	4	$10,453,997	38.79
Medical Imaging	1977		12	4	$836,832	3
Mortuary and Cemetery	1921		11	7	$1,409,105	5.71
Naturopathic	1927		7	6	$631,110	2.5
Nursing	1911		9	11	$14,196,228	47.8
Occupational Therapy	1977		5	4	$367,857	1.25
Optometry	1905	✓	5	4	$698,511	2.2
Pharmacy	1891		7	7	$5,783,198	19
Physical Therapist	1971	✓	8	6	$1,00,000	2.8
Psychologist	1963		9	6	$1,005,553	3.5
Social Workers	1979		7	11	$1,350,215	6
Speech Pathology and Audiology	1973		7	5	$529,895	2
Veterinary	1903		8	6	$740,203	2.75

*These are the regularly scheduled sessions. Boards may conduct additional meetings.

Appendix B – Background Checks

	Background Checks Performed	Initial Background Check Type	Renewal Background Check Type	Percent of Population Checked at Renewal	Background Checks Completed on all License Holders
Chiropractic	✓	FBI*	None		
Counselors and Therapists	✓	FBI	None		✓
Dentistry	✓	FBI	None		
Massage Therapists	✓	FBI	LEDS	All	✓
Medical	✓	FBI	None		
Medical Imaging	✓	LEDS and OJIN	LEDS	All	✓
Mortuary and Cemetery	✓	LEDS and National	None		
Naturopathic	✓	FBI	None		
Nursing	✓	FBI	LEDS	All	✓
Occupational Therapy		None	None		
Optometry	✓	LEDS and OJIN	LEDS	All	✓
Pharmacy	✓	FBI	LEDS	All	✓
Physical Therapist	✓	National	LEDS	10%	
Psychologist	✓	FBI	None		
Social Workers	✓	FBI	None		
Speech Pathology and Audiology		None	None		
Veterinary		None	None		

* Chiropractic Assistants receive an OJIN check.

Appendix C – Licenses Issued, 2007-2012

	New Licenses Issued					
	2007	2008	2009	2010	2011	2012
Chiropractic	443	427	427	465	474	579
Counselors and Therapists	167	170	211	324	451	655
Dentistry	364	328	291	335	358	364
Massage Therapists	734	610	603	603	568	574
Medical	1,801	1,934	1,964	1,930	2,087	2,132
Medical Imaging	665	722	595	1,669	779	681
Mortuary and Cemetery	285	267	249	288	191	258
Naturopathic	77	72	82	80	80	78
Nursing	7,657	7,314	7,998	7,889	8,134	8,011
Occupational Therapy	243	124	236	162	372	192
Optometry	56	44	48	46	53	47
Pharmacy	3,452	5,266	3,622	3,748	3,191	3,360
Physical Therapist	283	308	352	346	403	359
Psychologist	69	87	97	90	100	62
Social Workers	725	764	768	964	1,506	1,736
Speech Pathology and Audiology	198	229	185	230	212	305
Veterinary	258	225	206	223	204	248

	Renewal Licenses Issued					
	2007	2008	2009	2010	2011	2012
Chiropractic	2,624	2,651	2,823	2,976	3,032	3,388
Counselors and Therapists	2,468	2,506	2,628	2,769	2,833	3,187
Dentistry	3,166	3,296	3,343	3,482	3,417	3,606
Massage Therapists	2,645	3,089	2,957	3,325	3,310	3,377
Medical	13,618	1,833	15,757	1,636	16,577	1,716
Medical Imaging	1,791	1,714	1,887	1,584	1,773	2,336
Mortuary and Cemetery	822	720	724	768	781	794
Naturopathic	695	750	785	850	875	951
Nursing	29,934	31,478	32,523	33,187	33,929	36,121
Occupational Therapy	1,330	1,429	1,437	1,488	1,649	1,628
Optometry	1,168	1,223	1,213	1,217	1,228	1,229
Pharmacy	15,766	12,505	17,543	18,435	19,585	21,078
Physical Therapist	3,767	3,723	3,850	3,948	4,112	4,305
Psychologist	693	731	728	1,558	908	811
Social Workers	2,649	2,750	2,864	2,840	2,885	3,034
Speech Pathology and Audiology	-	1,423	-	1,570	-	1,706
Veterinary	2,594	2,127	3,897	2,945	3,526	3,217

*Some boards renew licenses annually and some biennially.

	Total Licenses Issued					
	2007	2008	2009	2010	2011	2012
Chiropractic	3,067	3,078	3,250	3,441	3,506	3,967
Counselors and Therapists	2,635	2,676	2,839	3,093	3,284	3,842
Dentistry	3,530	3,624	3,634	3,817	3,775	3,970
Massage Therapists	3,379	3,699	3,560	3,928	3,878	3,951
Medical	15,419	3,767	17,721	3,566	18,664	3,848
Medical Imaging	2,456	2,436	2,482	3,253	2,552	3,017
Mortuary and Cemetery	1,107	987	973	1,056	972	1,052
Naturopathic	772	822	867	930	955	1,029
Nursing	37,591	38,792	40,521	41,076	42,063	44,132
Occupational Therapy	1,573	1,553	1,673	1,650	2,021	1,820
Optometry	1,224	1,267	1,261	1,263	1,281	1,276
Pharmacy	19,218	17,771	21,165	22,183	22,776	24,438
Physical Therapist	4,050	4,031	4,202	4,294	4,515	4,664
Psychologist	762	818	825	1,648	1,008	873
Social Workers	3,374	3,514	3,632	3,804	4,391	4,770
Speech Pathology and Audiology	198	1,652	185	1,800	212	2,011
Veterinary	2,852	2,352	4,103	3,168	3,730	3,465

*Some boards renew licenses annually and some biennially.

Appendix D – Investigations

	Dedicated Investigative Staff	Boards with Practitioner-Investigators	Number of Investigative Cases Opened					
			2007	2008	2009	2010	2011	2012
Chiropractic	✓	✓	95	72	78	69	130	143
Counselors and Therapists	✓		37	28	38	59	65	65
Dentistry	✓	✓	307	293	255	258	228	231
Massage Therapists	✓		61	145	197	157	173	217
Medical	✓		572	573	552	711	746	756
Medical Imaging	✓	✓	38	32	37	47	35	73
Mortuary and Cemetery	✓		113	211	142	117	146	101
Naturopathic	✓		17	30	25	30	37	38
Nursing	✓	✓	2,111	2,416	2,617	2,777	2,724	2,451
Occupational Therapy			5	5	7	13	7	9
Optometry			26	20	23	23	24	11
Pharmacy	✓	✓	499	652	675	598	698	611
Physical Therapist	✓	✓	32	46	45	37	39	44
Psychologist	✓		54	84	77	124	74	73
Social Workers	✓		36	47	57	55	69	73
Speech Pathology and Audiology			18	16	41	57	100	78
Veterinary	✓		37	39	46	34	41	14

February 28, 2014

Mr. Will Garber, CGFM, MPA
Deputy Director, Audits Division
Oregon Secretary of State Audits Division
255 Capitol Street NE, Suite 500
Salem, OR 97310

RE: Health Professional Regulatory Boards Report

Dear Mr. Garber,

The Health Professional Regulatory Boards thank the Secretary of State Audits Division for its comprehensive review of the governance and delivery of services by the 17 boards reviewed. As concluded in the team's report, all boards are actively engaged in promoting quality health services while providing an objective way for consumers to seek resolution of grievances. The boards also regularly collaborate with one another and achieve transparency through outreach efforts.

Board members are actively involved in key board business and contribute significantly to patient safety in Oregon. The public and professional members of these health boards contribute an important public service on an essentially volunteer basis.

The boards agree with the report's recommendations and are taking the following actions.

Give Further Consideration to Criminal Background Checks

Thorough background checks represent one of the many important methods boards use to ensure that applicants meet the ethical and safety standards of the profession. The report finds that most boards perform thorough initial administrative and criminal background checks of applicants, including a fingerprint-based FBI criminal background check; and the few that do not will continue to explore the feasibility.

In checking with other entities around the country the reviewers found that the Oregon boards' criminal background checks are similar to those of other states; however, the boards will continue to evaluate the benefits and challenges of performing additional checks on professionals at license renewal. Boards will seek any necessary increase in budget limitations, fees or legislation in the 2015 session.

Consider More Operational Support and Board Member Training

Health regulatory boards have the benefit of actively engaged board members. There are a dozen accountability mechanisms in place for boards through the executive and legislative branches as well as the Secretary of State Audits Division. Accountability

begins with enabling legislation and the appointment process for board members as identified in the report. The boards agree that additional resources and better coordination with the Governor's Office, supporting the role of boards and commissions in the State overall, would be of benefit. New members are given board-specific orientations. However, given the scope and complexity of these roles, the health regulatory boards welcome additional training and support.

In reviewing best practices and operations and in comparing the effectiveness of various agency models, several boards have voted to move to a semi-independent model if the option is available. The semi-independent model offers a nimble and cost- effective way of administering health regulatory boards while ensuring accountability. The boards would like to further explore this model and its potential benefits for the state, licensees and the public.

In closing, thank you for your Division's work, insights and openness. We appreciate the collaborative approach in achieving the audit's objective.

Sincerely,

Oregon Board of Chiropractic Examiners
Oregon Board of Dentistry
Oregon Board of Examiners for Speech-Language Pathology and Audiology
Oregon Board of Licensed Professional Counselors and Therapists
Oregon Board of Licensed Social Workers
Oregon Board of Massage Therapists
Oregon Board of Medical Imaging
Oregon Board of Naturopathic Medicine
Oregon Board of Optometry
Oregon Board of Pharmacy
Oregon Health Licensing Agency
Oregon Medical Board
Oregon Mortuary and Cemetery Board
Oregon Occupational Therapy Licensing Board
Oregon Physical Therapist Licensing Board
Oregon State Board of Nursing
Oregon Veterinary Medical Examining Board

JOHN A. KITZHABER, MD
Governor

March 4, 2014

Secretary Kate Brown
State Capitol Building
900 Court Street NE, Suite 136
Salem, Oregon 97310

The Governor's Office would like to thank the Secretary of State Audits Division for their detailed and comprehensive audit of Oregon health licensing boards and commissions.

As noted in the report, health licensing boards, commissions, councils, and similar entities play a vital role here in Oregon, as they allow for direct public participation in the administration of health care policy areas. The opportunity for subject matter expertise and direct stakeholder engagement in government makes the end result better. Therefore, it is essential that we pay close attention to the overall purpose and function of health licensing boards, so that they—like all public entities—are accountable, effective and transparent. This importance is highlighted by the regular focus on the creation, structure and function of boards in administration after administration, for over a hundred years. Simply put, boards are an essential part of what makes for effective government.

The Governor's Office agrees with and is prepared to continue addressing the underlying recommendation in the report. The Governor's Office is actively working to develop a "deliberate and cohesive" governance structure for Oregon boards in partnership with the Department of Administrative Services (DAS) and the Legislature, as well as other stakeholders. The following are a few examples of ways in which the Governor's Office is actively working to address the audit's recommendations:

In response to the issue related to the flow of information from the Governor's Office to the Administrators of health licensing boards, the Governor's Office is very open to a collaborative approach to recruitment with the understanding that the decision to appoint is ultimately up to the Governor. While appointments that are made by the Governor may not always provide Administrators with their preferred candidate, the Governor's Office has established a process of information sharing that creates opportunities for Administrators to provide the Governor with their perspective on their particular needs for specialists, skill sets and work styles for new board members.

Since moving from a strictly paper-based appointments process to a largely electronic-based appointments process, the Governor's Office can now provide Administrators with complete electronic folders that includes all applications to their respective boards or commissions. Administrators have been invited to make suggestions about current applicants as well as providing the Governor's Office with additional candidates who are a better fit for their needs. Board Administrators are now invited to and encouraged to contact the final candidate prior to their confirmation hearings.

The Governor's Office has also begun including Administrators who are receiving new board members in all information that is sent to board candidates during and after their confirmation process. This includes

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WWW.OREGON.GOV

the board candidate's confirmation packet, dates and times of confirmation hearings, and information regarding the required paperwork that follows confirmation.

As noted in the audit report, the Governor's Office is currently developing a template for a quarterly report that will be used by all boards so that accurate and consistent information regarding the performance and expectations of boards and commissions can be tracked and documented. Additionally, the Governor's Office, in partnership with the Department of Administrative services, will gather a group of four Administrators for two meetings to help create the report template. We are working to generate these meetings before April 11, 2014 in order to consolidate information and prepare documents for large trainings for board administrators and Commission Chairs in late April. These trainings are designed to provide an understanding of Executive Appointment process and clarify board expectations by all Executive Directors and Commission Chairs. This will include issues that are:

Procedural: Relating to appointments and board members

Operational: Relating to Executive Directors and the agencies

Policy: Relating to an agency's rules or procedures

Finally, regarding issues related to increasing the oversight of boards and commissions, the Governor's Office is in the process of determining the most appropriate and efficient pathway to solving this issue. Because over 50% of the Governor's appointments require Senate confirmation, it is critical that our office works in concert with the Oregon Legislature and the Department of Administrative Services to make decisions about this issue. As noted in the audit report, the Governor's Office currently has a significant staff capacity issue which will need to be thoughtfully analyzed as we examine oversight questions. We will work with legislative and administrative partners to determine the right procedural and fiscal fixes to providing greater oversight to our health licensing and other boards in the future.

The Governor's Office will also work with DAS and the Legislature, as well as stakeholders, to clarify or establish enabling legislation and practices that accomplish the recommended outcomes contained in the audit. We look forward to this process, and the outcomes of our responses to the Secretary of State's audit.

Sincerely,

Governor A. Kitzhaber M.D.
Governor

Oregon Medical Board
2013-15 Personnel Report

Reclassifications Completed

Original		Revised		
Classification	Classification Number	Classification	Classification Number	Justification for Change
ESS 2	Z0119	Exec Asst	Z0830	Reclassify Up - Position growth over time
n/a	n/a	OPA 2	C0871	Establish new position - Business Systems Liaison
Acct Tech 2	C0211	Acct Tech 2	C0211	Increase Months to full time
PEM A	X7000	n/a	n/a	Abolish - Fund Establishment/Reclassification
AS 1	C0107	n/a	n/a	Abolish - Fund Establishment/ Reclassification
AS 1	C0107	n/a	n/a	Reduce Months - Fund Establishment/ Reclassification

New Hires

Classification	Hire Step	Justification for Hire Step
OS 2	4	Internal Equity
OS 2	4	Internal Equity
Inv. 3	6	Strength of qualifications
OS 2	4	Internal Equity
Inv. 3	6	Strength of qualifications
Exec Asst	1	Internal Promotion
OS 2	4	Internal Equity
Acct Tech 2	5	Prior salary, strength of qualifications
OS 2	4	Internal Equity
OS 2	3	Strength of qualifications
OS 2	4	Internal Equity
AS 1	4	Internal Promotion
OS 2	4	Internal Equity
OS 2	4	Internal Equity

UPDATED **OTHER FUNDS ENDING BALANCES FOR THE 2013-15 & 2015-17 BIENNIA**

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Other Fund Type	**Program Area (SCR)**	**Treasury Fund #/Name**	**Category/Description**	**Constitutional and/or Statutory reference**	**2013-15 Ending Balance**		**2015-17 Ending Balance**		**Comments**
					In LAB	**Revised**	**In CSL**	**Revised**	
Limited	8470-000-00-00-00000	8470000401 Oregon Medical Board	Operations	ORS 677.290	3,072,028	3,959,123	4,376,893	5,263,988	2013-15 LAB and 2015-17 CSL ending balances are revised based on efficiency savings achieved during 2011-13. The 2013-15 Revised ending balance represents a reserve of approximately 8 months operating expenses for 2015-17. Based on the agency revenue stream, the agency requires a 6 month operating reserve at the start of each biennium.

Objective: **Provide updated Other Funds ending balance information for potential use in the development of the 2015-17 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 2013-15 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 2013-15 Legislatively Approved Budget and the 2015-17 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 2013-15 General Fund approved budget or otherwise incorporated in the 2013-15 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 2013 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.

Approved by the Board on July 11, 2014

Oregon Medical Board

Strategic Plan

Table of Contents

MISSION

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

INTRODUCTION

In October 1999, the Oregon Medical Board (in this document also called the "Board" or the "OMB") embarked on a formal planning process to outline its path for the next two years. It began this important project to set direction more proactively, and sees the plan as a living work in progress rather than a static document. It has been updated in 2001, 2003, 2006, 2008, 2009, 2010, 2012, and 2014. The OMB Management Team reviews the action items regularly to ensure the actions are completed, current and relevant. The next formal update will occur in 2016 unless circumstances require an earlier date.

The Strategic Plan furthers the OMB in the direction set in recent years. It also provides more information on how the Board will reach its goals by identifying high-level strategies. The Oregon Medical Board's mission statement (see above) describes the fundamental purpose of the agency as set forth by statute (ORS 677). It is the ultimate goal of the OMB's collective actions, and it highlights the basic value of the agency to its constituencies.

In the planning process, and in the years this plan will guide, the Oregon Medical Board remembers and honors its charge from the legislature and from Oregon's citizens. The Board's ultimate responsibility is to regulate the practice of medicine in order to protect the health, safety, and wellbeing of, and to promote quality care for Oregon citizens.

In order for the Oregon Medical Board's Strategic Plan to function properly, it must be framed with an awareness of certain key factors in the general society, with constituents, and within the organization itself that affect the environment in which the Board pursues its legislatively mandated position. These environmental factors are presented here in summary form. Please refer to Appendix A for a detailed discussion of these factors.

ENVIRONMENTAL FACTORS

As used here, an "environmental factor" is any opportunity, constraint, or trend, over which the Board may or may not have some control, which affects the environment in which the Board pursues its legislatively mandated mission. While these factors do not drive the goals (which grow out of the Board's mission), they do influence the plan's overall development (especially the development of strategies), and affect the plan's subsequent implementation.

1. **Evolution of the Medical Profession**
   The regulation of the medical profession is affected by the state of the health care system. Financial pressures and technology are causing the health care system to evolve from professions into businesses. In addition, federal and state regulations, demands of third-party payers and the medical malpractice crisis compete for the physicians' time with their clinical practice. The recent passage of the national health care plan will exert as yet unknown demands on the health care system.

2. **Societal Factors**
   The regulation of medical practice occurs in the context of broader societal factors, often with ethical implications. Major societal factors currently impacting agency operations are confidentiality, definition of the scope of medical practice, access to rural populations, and an aging populace. There is also an increasing tendency to use the legal system to resolve conflicts, and rising demand for medical services that have been considered cosmetic, complementary or alternative. Medical boards are also dealing with an increasing need to ensure the physical security of the Board and its staff.

3. **Impact of Technology**
   Technology permeates all aspects of society today. It affects how health care is delivered, accessed, and regulated. Day-to-day operations of the Board are impacted by advances in this area, increased use of electronic medical records (EMR), and increasing interest in virtual care.

4. **Agency Issues**
   The Board, a legislatively created body, is responsive to multiple entities. It strives to recognize the needs and diversity of licensees and the public, as well as the media and other medical organizations, while keeping focused on its mission of public protection.

Please see Appendix A for a more detailed list of factors affecting the Board's operating environment.

GOALS AND STRATEGIES

The Oregon Medical Board's goals are the highest-priority purposes of the agency. Along with the Mission Statement, the OMB's goals describe the agency's desired strategic position. Following is a list of the Board's chief goals, plus the strategies designed to achieve them. The Board's strategies define the ways in which the agency will make its goals concrete realities. These strategies are expressed as directions, approaches, or policies.

There are also action plans that specify how each strategy is to be carried out. Performance measures, while not developed for all actions, provide a means of assessing progress toward achieving goals. Below is a brief list of Board goals and strategies; for details on strategies and action plans, please see Appendix B.

GOAL 1: Streamline Agency Operations and Implement Cost Efficiencies

Achieving a modified State Agency status is one way to move toward our goal. Semi-independent state agencies are state entities exempt from some statutes governing agencies. However, they remain accountable and subject to state oversight and to their stakeholders. The semi-independent model would benefit the OMB, its licensees, the State, and the public, by achieving the most efficient and effective use of resources.

Strategies:

1.1. Clarify the Governor's position on semi-independence to determine whether he supports the OMB becoming semi-independent;

1.2. Develop and circulate informative one-page briefing sheets tailored to each specific audience explaining semi-independence and what it means for the OMB, its licensees, the State, and the public; develop, and disseminate as needed, an independent analysis of the financial impact of being a semi-independent state agency;

1.3. Gather the input and support of stakeholder groups such as 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. Work with media to communicate the benefits of streamlining state-wide;

1.5. Meet with legislators one-on-one to communicate the benefits of streamlining and seek their support;

1.6. Work with the Legislative Counsel to develop a robust legislative concept, and maintain close oversight of the legislative process surrounding the bill; and

1.7. Implement administrative changes (e.g. budgeting, payroll, hiring, contracting, etc.).

1.8. Explore collaborations with other entities for education and outreach as merited.

Actions:

- Explore the feasibility of changing the Board to a semi-independent agency;
  - *Strategies: 1.1*
- Confirm the Governor's support of OMB semi-independency;
  - *Strategies: 1.1*
- Seek support of key stakeholders;
  - *Strategies: 1.2, 1.3, 1.4, 1.5*
- Direct lobbyist;
  - *Strategies: 1.4, 1.5*
- Draft legislative concept for semi-independence;
  - *Strategies: 1.6*
- Work with other Boards and Associations regularly to promote legislative concept;
  - *Strategies: 1.6, 1.8*
- Educate and communicate with staff; provide FAQs for human resources and managers; maintain on a weekly or as needed basis;
  - *Strategies: 1.2, 6.3*
- Develop a clear, succinct external communications plan for monthly use; develop staff communication bullets;
  - *Strategies: 1.2, 1.4, 1.5*
- Managers meet bi-weekly or as needed; and
  - *Strategies: 1.7*
- Have an independent analysis the budget impact and cost efficiencies of being a semi-independent agency.

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

Determine requirements for Oregon licensure as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Doctor of Podiatric Medicine (DPM), Physician Assistant (PA) and Acupuncturist (LAc). Process licensure applications and renewals efficiently and consistent with public safety. Perform careful background checks on all applicants for licensure.

Strategies:

2.1 Use technology to streamline and expedite licensure and renewal processes and access information that is already available to the Board at little or no cost;

2.2 Stay abreast of national trends and initiatives like MOL/MOC 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.

Actions:

- Update application and checklist to revise instructions, clarify requirements and streamline the process;
  - *Strategies: 2.1, 2.3, 3.2*
- Develop frequently asked questions brochure for licensees and public regarding Senate Bill 224 rules (supervising physician applications, supervision physician organizations, practice agreements, etc.);
  - *Strategies: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.3, 3.3*
- Use online verifications of ABMS and AOA specialty certifications to refine communications;
  - *Strategies: 2.1*
- Establish a work group to ensure implementation of renewal postmortem proposals, on a quarterly basis through biennium;
  - *Strategies: 2.3*
- Regularly update internal procedures to implement updates and ensure consistent processing of files;
  - *Strategies: 2.1, 2.3, 2.7*
- Review and revise communications to applicants/licensees to ensure consistent messages (e-mail, standard OSR comments, etc.);
  - *Strategies: 2.1, 2.3, 2.7, 3.10*
- Develop audit criteria for internal audits of renewal files;
  - *Strategies: 2.5*
- Explore the possibility of accepting source documents electronically;
  - *Strategies: 2.1, 2.3, 2.2*
- Establish work group to review and update website related to all content, including online resources;
  - *Strategies: 2.1, 2.4, 3.2, 3.3, 3.8, 3.9, 3.10*
- Communicate avenue for re-entry to practice;
  - *Strategies: 2.4, 3.2, 3.7, 3.8, 3.10, 3.11, 5.1, 5.2, 5.3, 6.10, 5.4, 5.5*
- Work with national bodies to support that licensees maintain competency to practice;
  - *Strategies: 2.2, 3.7, 3.11*
- Monitor information from customer satisfaction survey results;
  - *Strategies: 2.3, 3.1, 4.2*
- Convert reactivation applications to online submission;
  - *Strategies: 2.1, 2.4*
- Automate more elements of internal audits of files;
  - *Strategies: 2.5*
- Research the possibility of automatic data syncing from a source to automatically update techMed with a disciplinary report;
  - *Strategies: 2.1*
- Explore possibility of applicants and renewing licensees to upload their own documents to their record;
  - *Strategies: 2.1*
- Participate in evolving credentialing process.
  - *Strategies: 2.2*
- Track the accuracy and consistency of the civil penalty process.
  - *Strategies: 2.3*
- Monitor development of Interstate Compact

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

Promote public awareness of services available through the Board and serve as a resource for complaints or concerns about a provider. Educate licensees through the *OMB Report*, the OMB website (www.oregon.gov/OMB/Pages/index.aspx) and presentations by staff and board members. Emphasize changes in rules, positions of the Board, and new problem areas.

Strategies:

3.1 Provide additional online resources, for example:

- Link to credentialing form;
- PA reactivation; and
- Drug Enforcement Administration (DEA)/Pharmacy re: dispensing.

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, physician extenders, etc.;

3.6 Explore collaborations with other entities for education, operational efficiencies, and outreach as merited.

Actions:

- Review and revise communications to applicants/licensees to ensure consistent messages (e-mail, standard OSR comments, etc.);
  - *Strategies: 2.1, 2.3, 2.6, 2.7, 3.5*
- Develop frequently asked questions brochure for licensees and public regarding Senate Bill 224 rules (supervising physician applications, supervision physician organizations, practice agreements, etc.);
  - *Strategies: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.3, 3.1*
- Develop frequently asked questions for issues in the professions and keep licensees informed of same;
  - *Strategies: 3.1, 3.6*
- Establish work group to review and update website related to all content, including online resources;
  - *Strategies: 2.1, 2.4, 3.1,3.6*
- Communicate avenue for re-entry to practice;
  - *Strategies: 2.4, 3.5, 3.6, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6*
- Continue oral presentations to stakeholders;
  - *Strategies: 3.5*
- Maintain enhanced quarterly newsletter;
  - *Strategies 3.5*
- Implement quarterly presentations at Board offices for licensees, public, etc. on new laws, developing issues in the profession, Board processes, positions of the Board, etc.;
  - *Strategies: 3.5*

- Work with national bodies to support that licensees maintain competency to practice;
  - *Strategies: 2.2, 3.6*
- Monitor information from customer satisfaction survey results;
  - *Strategies: 2.3, 3.4, 4.3*
- Upgrade website;
  - *Strategies: 3.1*
- Educate applicants on administrative review process (reasons why, timeline, may require additional documents);
  - *Strategies: 3.5*
- Explore broadcasting meetings via internet;
  - *Strategies: 32*
- Finalize the complaint review process brochure;
  - *Strategies: 3.1*
- Draft letters to the Chief of Staff or Medical Director to remind the organizations of reporting requirements;
  - *Strategies: 3.6*
- Establish brochure for re-entry to practice for physician assistants;
  - *Strategies: 3.13.5*
- Break down rules and new/developing topics into informative handouts available for applicants, licensees, public and staff (chronic pain prescribing, eligibility requirements, CME audits, re-entry, SPEX, etc.);
  - *Strategies: 3.1, 3.5, 3.5*
- Create brochures for MD/DO, DPM, AC and PA detailing individual CME requirements, acceptable documentation ***Handout***[1] & failure to comply. E-mail PDF along with notification to renew, publish on website, etc.; and
  - *Strategies: 3.1, 3.5*
- 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.
  - *Strategies: 3.7*
- Reinvigorate the Communications Team and Web Committee
  - *Strategies: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6*
- Keep transparency paramount.
  - *Strategies: 3.2, 3.3, 3.4*

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

Promote public safety through investigation of complaints involving licensees and applicants in a manner that is responsive to the needs of the public and is fair to licensees and applicants.

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;

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.

Actions**:**

- Recruit new consultants as needed;
  - *Strategies: 4.4, 4.5*
- Maintain investigative timeline for communications to licensees and complainants;
  - *Strategies: 4.1, 4.2*
- Create historical documentation, with examples, of how cases have been handled (e.g., sexual misconduct, laser, office-based surgery);
  - *Strategies: 4.3, 4.5*
- Monitor information from customer satisfaction survey results;
  - *Strategies: 2.3, 3.1, 4.2*
- Continue to monitor timeliness and thoroughness of investigations;
  - *Strategies: 4.3, 4.5*
- Rating of consultants, evaluators, treatment programs, and educational programs;
  - *Strategies: 4.2, 4.4*
- Implement and document consistent procedures for investigative steps and case documentation;
  - *Strategies: 4.3, 4.5*
- Expedite early identification and screening of potential medical practice issues in investigative cases;
  - *Strategies: 4.3, 4.5*
- Consider the need for additional investigative staff.
  - *Strategies: 4.3, 4.5*

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

When possible, address practice problems through remedial actions. Monitor licensees who come under disciplinary action to ensure compliance with their orders. Take an active stance in preventing practice problems utilizing educational outreach and participating in a health professionals program for licensees with substance use and mental health diagnoses.

Strategies:

5.1 Design and negotiate early remedial interventions when appropriate through such methods as enrollment in the Health Professionals' Services Program (HPSP);

5.2 Monitor licensees under disciplinary action and intervene when necessary to comply with terms of probation and provide guidance through collaboration with the Medical Director;

5.3 Utilize a network of preventive and rehabilitative services; and

5.4 Collaborate with professional organizations e.g. HPSP, physician evaluation programs, healthcare provider organizations and resources.

Actions:

- Evaluate new and existing programs to address problems relating to competency and re-entry to practice;
  - *Strategies: 5.3, 5.4*
- Communicate avenues for re-entry to practice;
  - *Strategies: 5.1, 5.2, 5.3, 6.10, 5.4*
- Facilitate enrollment in the Health Professionals' Services Program as indicated for licensees and applicants;
  - *Strategies: 5.1, 5.4*
- Maintain an ongoing list of qualified resources/services for assessment and follow-up.
  - *Strategies: 5.3, 5.4*
- 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.
  - *Strategies: 5.2, 5.4*

GOAL 6: *Staffing, facilities, processes and tools are optimal in meeting dynamic OMB customer needs and providing resources that enable the agency to succeed in its mission*

Promote employee growth, enrichment, and diversity, ensuring that each staff member is equipped to serve as a responsible and innovative member of the Oregon Medical Board team. Continue to attract and retain employees with the necessary skills to carry out the Board's mission. Ensure all staff have access to the tools and resources necessary to effectively accomplish their work.

Strategies**:**

6.1 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 for applicability to current and future agency needs;

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.

6.9 Improve reporting capabilities for proprietary and operational data providing greater visibility to management, staff and external stakeholders;

6.10 Ensure that maximum information confidentiality is maintained, consistent with protection of the public and all applicable laws.

Actions:

- Maintain a Business Continuity Plan 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.
  - *Strategies: 6.6*

- In the event Semi-Independent State Agency status is achieved, work to educate and communicate with staff; provide FAQs for human resources and managers; maintain on a weekly basis during the transition period.
  - *Strategies: 1.2, 6.3*
- Implement self-service certificates of registration;
  - *Strategies: 6.2*
- Continue testing and strengthening disaster recovery response, etc.;
  - *Strategies: 6.6*
- Cross-train staff and have all procedures available electronically;
  - *Strategies: 6.2, 6.3*
- 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.
  - *Strategies: 6.3*
- Increase office space; look into replacing/upgrading the Board furniture;
  - *Strategies: 6.1*
- Provide comprehensive orientation, training and mentorship to new Board members and new staff;
  - *Strategies: 6.3*
- Hire well qualified staff to fill vacancies as they occur.
  - *Strategies: 6.3*
- Deploy Microsoft Office 2013.
  - *Strategies: 6.2*
- Develop and deploy online reactivation applications.
  - *Strategies: 6.5*
- Develop and deploy online access to Practice Agreements.
  - *Strategies: 6.5*
- Complete update of online services web pages to use new website template.
  - *Strategies: 6.8*
- Revise OMB webpages to optimize usage with mobile devices.
  - *Strategies: 6.8*
- Consider the need for additional information technology staff.
  - *Strategies: 6.5*
- Develop and deploy database data warehouse to better capture data allowing for more comprehensive reporting.
  - *Strategies: 6.9*
- Document current system requirements.
  - *Strategies: 6.6*
- Implement role-based security across all security domains.
  - *Strategies: 6.10*

Appendix A

ENVIRONMENTAL FACTORS

As explained earlier in this document, an "environmental factor" is an opportunity, constraint, or trend that affects the environment in which the Board carries out its work. The following is not intended as a complete list, but does touch upon some of the major factors affecting the Board's working environment.

1. Evolution of the Medical Profession

The regulation of the medical profession is affected by the state of the health care industry. Financial pressures and technology are causing the industry to evolve from a profession into a business. In addition, federal and state regulations, demands of third-party payers and the medical malpractice crisis compete for the physicians' time with their clinical practice.

a. Business strategies rely heavily on marketing practices, which influence public expectations and demands. Direct marketing of prescription drugs to the public is a good example of this influence.

b. Attempts to capture market share have resulted in professions and organizations attempting to expand their scope of practice through legislative change, or expand their business/organization to provide a broader range of services. Diagnostic and treatment procedures that were once the exclusive province of physicians are now performed by different groups of health care professionals who have varying degrees of education and skill. Because the Board's legislative mandate includes responsibility for defining the practice of medicine, it gives testimony providing information about scope of practice issues to legislators and is asked to assume more responsibility for oversight.

c. Business forces have increased the frequency with which patients change providers, lessening trust and undermining the physician-patient relationship. Additionally, increasing numbers of physicians practicing medicine outside their local communities impacts the physician-patient relationship.

d. Business competition and other rapid changes in multiple areas of health care delivery have resulted in:
   - Greater physician workload;
   - A loss of autonomy;
   - Decreased reimbursement;
   - Increased scrutiny and accountability;
   - Attempts to standardize care;
   - Increased documentation demands; and
   - More physicians becoming employees of hospitals and large medical systems.

   Some physicians respond to the stress of these changes in unhealthy ways, which bring them to the attention of the Board or the state's Health Professionals' Program.

e. Investigative and disciplinary matters now receive much wider attention through the media, the Internet and state and national reporting entities. This causes licensees under investigation or disciplinary action greater consequences from employers, malpractice insurers, peer groups, hospitals and health plans in response to their situations. One result is that licensees contest investigation and disciplinary action more often and more vigorously than was formerly the case, increasing expenditures of investigation time and litigation costs.

f. Coverage of certain high profile cases by the press creates more intense scrutiny of the Board's role, function and operations, which in turn creates increased demands on the Board and its staff.

g. The ever-increasing cost of malpractice insurance and decreased financial reimbursement from federal programs compared with other parts of the country has caused some licensees to retire early or not take on new patients. This has resulted in a shortage of medical care in certain specialties throughout the state. The inadequate reimbursement under Medicare and Medicaid programs has caused increasing numbers of physicians to refuse to accept patients covered by those programs.

h. The effect of Board discipline on licensees is frequently magnified by the responses of malpractice carriers, third party payers and credentialing entities. Determination of disciplinary actions by OMB can affect the ability of physicians to practice – even though this is not the intended result of Board action. The increased proportion of physician employees and the need for physicians to be credentialed in multiple systems may magnify the effect further.

2. Societal Factors

The regulation of medical practice occurs in the context of broader societal factors and changing public demands. Often these have ethical implications. Major societal factors currently or potentially impacting agency operations are:

a. Public access to information on, and outcomes for, various providers increases interest in regulatory activity and increases the need for data security.

b. The public is becoming better informed about standards of practice and about services available from the medical profession. This leads to increased expectations for service when seeking medical care, and increases the likelihood that the patient will seek legal recourse when these expectations are not met.

c. The formation of special interest groups and their political activity have created an additional set of expectations on the delivery and cost of medical care.

d. The aging of the population is causing increased demand for certain types of medical care, such as geriatric medicine or cardiac services. This demand is challenging the system to provide adequate quantity and quality of these particular services.

e. There is a demand for a variety of services that are considered cosmetic, complementary or alternative, thereby reducing the number of physicians available for clinical care.

f. Accepted ethical standards change with time, technology, and financial and legal considerations.

g. The diversity of the population raises expectations that medical providers will exercise greater cultural awareness in delivering health care.

h. National and international events may require licensees to leave their communities when called up to active service in the armed forces.

i. The physician shortage impacts access to health care and increases the use of physician extenders, i.e. nurse practitioners and physician assistants. The move to sub-specialties and the aging of the physician population leads to fewer primary care physicians capable of providing services in rural areas throughout the state.

j. National patient safety movements focus on systems issues rather than individual accountability.

k. The eruption of violence nationally on campuses, military bases and toward medical board members necessitates enhanced emphasis on the physical safety of the Board and staff.

3. Technology Factors

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

a. The advent of online access to medical records and utilization of electronic communication in the provision of care is changing the relationships and documentation (e.g., electronic medical records) between licensees and their patients, licensee staff and pharmacies.

b. The lack of standardization of software, imaging and other technology complicates both the practice and the transmission of documents.

c. Patients may have access to illicit sources of medical care and prescription drugs via the internet.

d. Telemedicine has allowed medicine to be more globally practiced (e.g. interpretation of diagnostic imaging studies by physicians from either out of the state or out of the country).

e. The acceleration of changes in medical technology has provided the physician with a sophisticated arsenal of tools. Innovations in medical technology require an increasing emphasis on multi-disciplinary approaches to diagnosis and therapy. Development of novel medical treatments holds potential for advances in patient care and require increased specialty medical training to make them widely available to patients.

f. The immediate and interactive nature of the Internet raises public expectations that providers and regulators make more information more easily available. It also leads to the unrealistic expectation that every physician will have "up to the minute" knowledge about every aspect of medical care and research. The medical "community," even for physicians in rural areas, has expanded through technology. It has also experienced the magnified time pressures that such technological advances have created for physicians, the Board and their staff.

g. Federal regulations such as the Health Insurance Portability and Accountability Act (HIPAA) have placed special requirements on licensees regarding the electronic transmission of private medical information.

h. The use of web crawlers increases the need to secure confidential information. At the same time, the public's mandate for greater transparency is potentially exposing the data to more risk.

4. Agency Issues

The Board is a highly visible state agency. It must be responsive to multiple private and governmental entities, including the media, which have diverse needs and expectations, while keeping focused on its mission of public protection. Environmental factors arising from and affecting the Board's position as a state agency include:

a. The Board has a responsibility to operate in a manner fair to all stakeholders, and as transparently as is consistent with Oregon and federal confidentiality laws and the demands of public protection. Regulatory laws and rules require impartial interpretation for fair enforcement.

b. There continues to be debate among the entities to which the Board responds, and between those entities and the Board itself, over what records and proceedings should or should not be confidential. In the midst of evolving legal interpretation, the Board must ensure that patient information and licensee records are kept secure, and that staff maintains proper confidentiality in accordance with Oregon and Federal law while providing unobstructed access to the large body of information that is open to the public.

c. There is an increased demand for flexible licensing regulations that would allow out-of-state physicians to become licensed more quickly in Oregon.

d. Licensees' frustration and dissatisfaction with medicine in general may be expressed in their interactions with colleagues, staff and the public or in other arenas such as medical regulation. Agency staff must be responsive to increasingly disgruntled applicants and licensees.

e. As a state agency:
   - The Board is tied to the State in such matters as budgeting, human resources, and information technology and services. This creates both opportunities and constraints;
   - Political and legal decisions affect the Board's ability to raise fees, license, investigate and discipline;
   - The Board must meet ever-rising demands for services from licensees and the public while operating within executive and legislatively-determined budgetary constraints;
   - The Board must attempt to achieve optimum productivity, striving to attract and retain highly skilled and reliable staff in the competitive Portland area labor market while operating within the confines of State Human Resource Division guidelines of salary, benefits and job classification;
   - The Board must respond to ever-increasing and unfunded demands to develop and implement new policies; 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.

OREGON MEDICAL BOARD

Annual Performance Progress Report (APPR) for Fiscal Year (2013-2014)

Original Submission Date: 2014

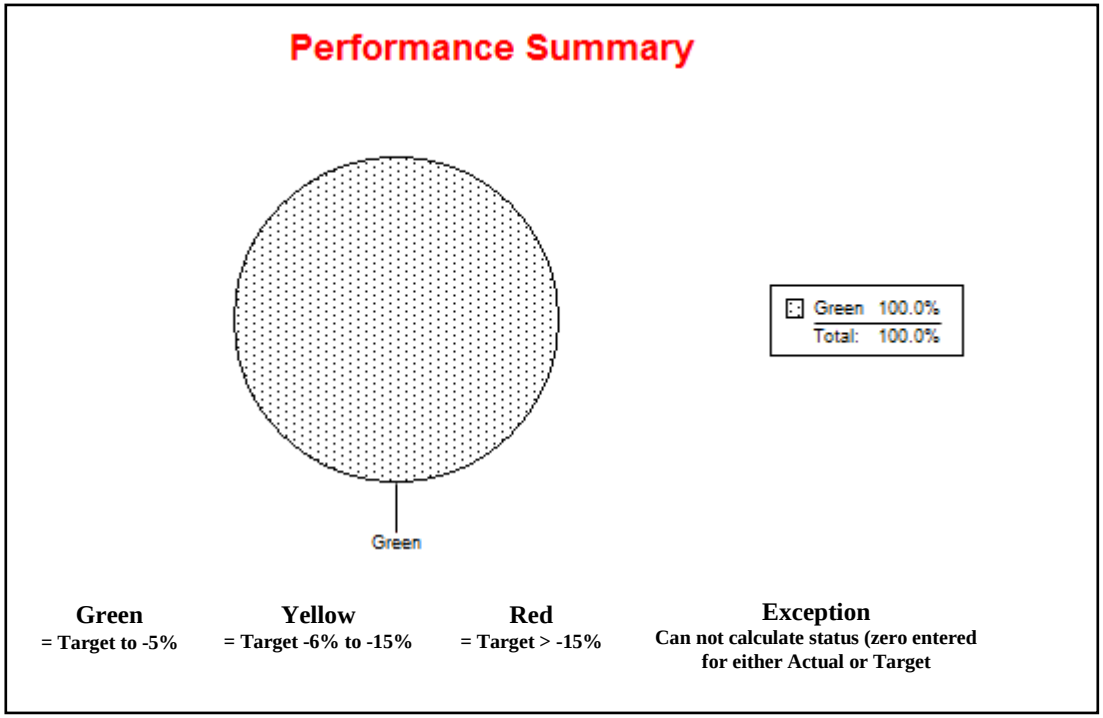
Finalize Date: 7/30/2014

2013-2014 KPM #	2013-2014 Approved Key Performance Measures (KPMs)
1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.
2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.
4	MONITOR LICENSEES WHO ARE DISCIPLINED - Percentage of total probationers with a new complaint within 3 years.
6	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.
7	ASSESS CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating satisfaction with the agency's customer service as "good" or "excellent" for: overall customer service, timeliness, accuracy, helpfulness, expertise, information availability.
8	BOARD BEST PRACTICES - Percent of total best practices met by the Board.
9	LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of license.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2015-2017
	Title: **Rationale:**

OREGON MEDICAL BOARD	I. EXECUTIVE SUMMARY
Agency Mission: Protect the health, safety, and well-being of Oregonians by regulating the practice of medicine in a manner that promotes access to quality care.	

Contact: Kathleen Haley, JD	**Contact Phone:** 971-673-2700
Alternate: Carol Brandt	**Alternate Phone:** 971-673-2700



1. SCOPE OF REPORT

Our key performance measures cover our Licensing, Investigations, and Administrative functions. The measures are representative of overall agency functioning and performance.

2. THE OREGON CONTEXT

Two of our measures directly influence Oregon Benchmark #45, Premature death: years of life lost before age 70. These measures have to do with discipline of licensees and compliance with Board orders. Absent the Boards rehabilitative effect on problematic licensees, more Oregonians would experience premature death. These two measures also directly influence a second Oregon Benchmark, #46, The percentage of adults whose self-perceived health status is very good or excellent. Confidence in one's doctor is essential to confidence in one's health. To enable Oregonians to be assured that their primary care providers meet minimal levels of competency at the time of licensure, the Oregon Medical Board does careful background checks on each applicant, and follows up on each complaint regarding care. The Oregon Medical Board also encourages the public to check out their doctors' malpractice and disciplinary history on our website. The Board's other five measures are linked to the agency mission or have been legislatively mandated.

3. PERFORMANCE SUMMARY

The Board is meeting or exceeding targets on 100% of its measures.

4. CHALLENGES

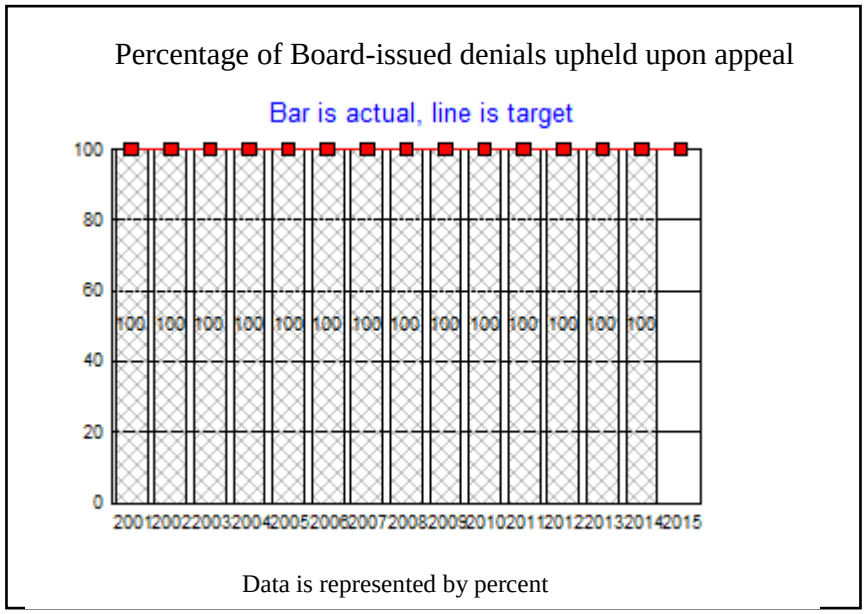
The Board is tied to the State in matters such as budgeting and human resources. Political and legal decisions affect the board's ability to raise fees, license, investigate, and discipline. The Board has experienced a diversion of its resources to cover other statewide initiatives while responding to ever-increasing and unfunded demands to develop and implement new policies. The agency's funds are paid by and dedicated to those who are regulated; ninety-eight percent of our revenue comes from the licensing and renewal activities of the agency. As such, our licensees and stakeholders expect their service needs to be met. The Board has worked hard to continue to meet licensee and stakeholder expectations within the legislatively determined budget constraints. The Board's processes, procedures, and technology are constantly evolving to incorporate efficiencies and service improvements.

5. RESOURCES AND EFFICIENCY

Our budget amount for the fiscal year, measured as one-half of our biennial Legislatively Adopted expenditure limitation, is $5,014,275. Our measures of efficiency are #6- Renew Licenses Efficiently, #7- Assess Customer Satisfaction with Agency Services and KPM #9-License Efficiently. Efficiency improvements are detailed within the individual Key Measure Analysis (Part II) which follows.

OREGON MEDICAL BOARD	II. KEY MEASURE ANALYSIS

KPM #1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.	2002
Goal	Improve access to quality care through efficiently managing licensure and renewal of licensure	
Oregon Context	Relates to agency mission	
Data Source	Agency Investigative and Licensing Databases	
Owner	Board Members (971) 673-2700	



1. OUR STRATEGY

Determine requirements for Oregon licensure as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Podiatric Physician (DPM), Physician Assistant (PA) and Acupuncturist (LAc). Process licensure applications and renewals efficiently and consistently with public safety. Perform careful background checks on all applicants for licensure.

2. ABOUT THE TARGETS

Targets are set at 100% based on past history and the expectation that there will continue to be no successful appeals of our licensure decisions. The higher the percentage, the better we are doing at licensing appropriately.

3. HOW WE ARE DOING

The measure demonstrates that we are appropriately licensing as there have been no successful challenges to the Boards licensing decisions since the measure was enacted in 2002. For fiscal year 2014, we had 1,361 license applications of which two were denied but not appealed.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

The Board provides extensive due process to all applicants, ensuring an appropriate outcome.

6. WHAT NEEDS TO BE DONE

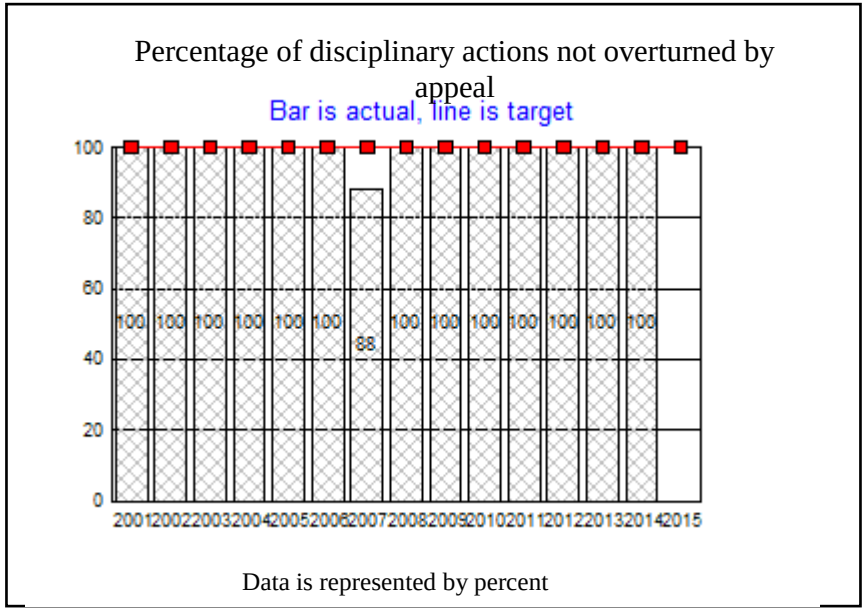
Continue with our current successful practices.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

OREGON MEDICAL BOARD	II. KEY MEASURE ANALYSIS

KPM #2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.	2002
Goal	Investigate complaints against licensees and applicants; ensure that Board members have sufficient information to take appropriate action based on the facts of the case	
Oregon Context	OBM 45: PREVENTABLE DEATH and OBM 46: PERCEIVED HEALTH STATUS	
Data Source	Agency Investigative Database	
Owner	Board members (971) 673-2700	



1. OUR STRATEGY

Investigate complaints of potential violations of state law, in a manner that is responsive to the needs of the public and is fair to licensees and applicants and that provides the Board with the information it needs to resolve complaints.

2. ABOUT THE TARGETS

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

3. HOW WE ARE DOING

The measure demonstrates that the Board is appropriately disciplining. 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 inconsistencies. 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, Corrective Action Orders reportable to the National Practitioner Datebank or Final Orders. In fiscal year 2014, 22 orders were issued for 38 cases. Of these, no orders were appealed. There were three other appeals pending at the close of fiscal year 2013 that are still pending at the close of fiscal year 2014.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

The Board provides extensive due process to all applicants, ensuring an appropriate outcome. Achieving this goal is disproportionately affected by the small population of disciplinary action appeals. With a small data set, a single successful appeal has a great effect on the percentage outcome.

6. WHAT NEEDS TO BE DONE

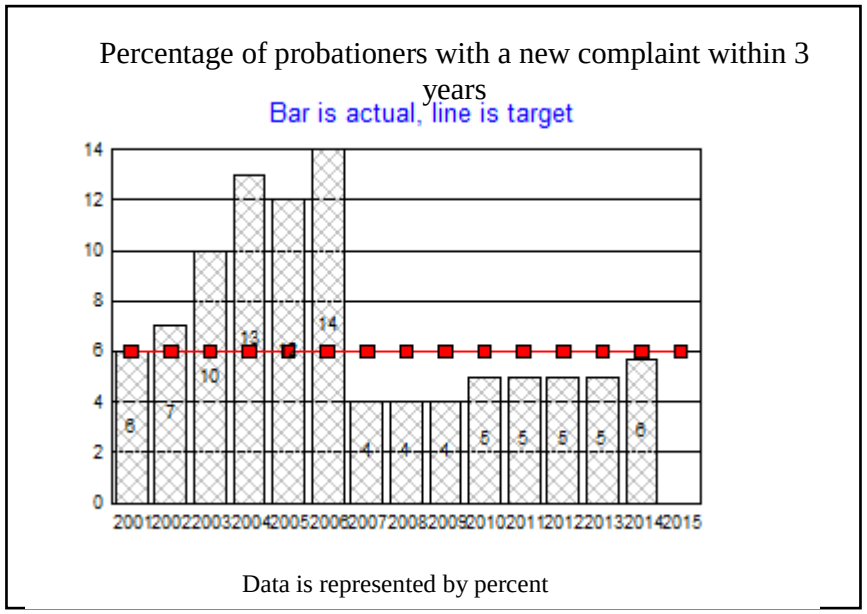
Although we did not meet our target for fiscal year 2007, the Board considers a single successful appeal during the last 14 years to be evidence that it is disciplining appropriately. We intend to continue with our current successful practices.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

OREGON MEDICAL BOARD	II. KEY MEASURE ANALYSIS

KPM #4	MONITOR LICENSEES WHO ARE DISCIPLINED - Percentage of total probationers with a new complaint within 3 years.	2002
Goal	Restore and remediate licensees to active, useful service to Oregon's citizens while protecting public safety	
Oregon Context	OBM 45: PREVENTABLE DEATH and OBM 46: PERCEIVED HEALTH STATUS	
Data Source	Agency Investigative Database	
Owner	Investigations, Eric Brown (971) 673-2700	



1. OUR STRATEGY

When possible, address practice problems through remedial actions. Monitor licensees who come under disciplinary action to ensure compliance with their terms of probation. Take an active stance in preventing practice problems that endanger patients, utilizing educational outreach, and participating in

a monitoring program for licensees with chemical abuse/dependency and mental health diagnoses. Probationer is defined as a licensee or applicant who, due to the existence of an order issued by the Board, requires some degree of monitoring by the Boards compliance officer. Monitoring is done through meetings and interviews by the agency Compliance Officer and Board members.

2. ABOUT THE TARGETS

A target of 6% was established in 2002 based on the results available at that time. We had been unable to achieve the target since the measure was established until fiscal year 2007 when we added a second compliance officer. The lower the percentage, the better we are doing to protect patient safety.

3. HOW WE ARE DOING

This measure reflects how well we are doing ensuring that our licensees are safe to practice medicine. For fiscal year 2014, we had 177 probationers, 10 of whom had a new investigation opened within 3 years of the original Board order, a recidivism rate of 5.65%. We have been able to meet our target for an eighth straight year.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

The target of 6% was established when the measure was instituted in 2002 based on results available at that time. During the years that followed, we were unable to achieve the target, in part due to staff turnover. The Board has reorganized workload and is now able to consistently meet the target. There are relatively few licensees with Board orders. Thus, results are significantly impacted by one or two cases.

6. WHAT NEEDS TO BE DONE

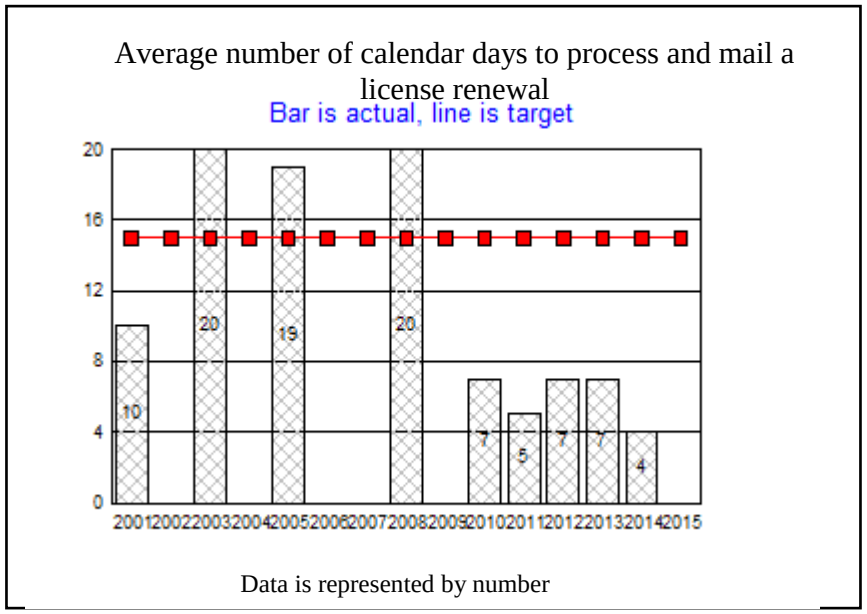
Continue with our current successful practices.

7. ABOUT THE DATA

The reporting cycle is Oregon's fiscal year.

OREGON MEDICAL BOARD	II. KEY MEASURE ANALYSIS

KPM #6	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.	2000
Goal	Improve access to quality care through efficiently managing licensure and renewal of licensure	
Oregon Context	Relates to agency mission	
Data Source	Agency Licensing Database	
Owner	Licensing, Netia Miles (971) 673-2700	



1. OUR STRATEGY

Determine requirements for Oregon licensure as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Podiatric Physician (DPM), Physician Assistant (PA) and Acupuncturist (LAc). Process licensure applications and renewals efficiently and consistently with public safety. Perform careful background checks on all applicants for licensure.

2. ABOUT THE TARGETS

Our original results ranged from 10 to 20 days. Thus, we selected a mid-range target of 15 days.

3. HOW WE ARE DOING

The measure demonstrates our efficiency in renewing a health care professional's license. With the launch of online license renewal in October, 2009, there was a significant decrease in the time it took to process a renewal.

4. HOW WE COMPARE

There is no comparative data available.

5. FACTORS AFFECTING RESULTS

While operating efficiency is our goal, rushing licensure renewal, and possibly compromising patient care, is not. Preparing a thorough check of all information provided is essential to ensuring the licensee meets state requirements and will continue to practice safely. The data presented includes those renewals that are outliers and have problems/concerns that need to be reviewed by staff which can add significant time to the renewal process. The renewal of most of our MD, DO, DPM and PA licenses (approximately 17,270 in all) occurs biennially. This results in a 3-month period of high activity for all agency staff but the majority of the renewal tasks are performed by a small team of permanent staff plus a few seasonal temporary staff.

6. WHAT NEEDS TO BE DONE

The agency continues to modify its internal organization and procedures to ensure that licensees are given timely and complete information about their responsibilities towards completing the renewal process. The agency replaced its entire database to modernize our processes. This licensing and case management system was implemented in June, 2009. We implemented online renewal in October, 2009. Online license renewals and a more efficient computer system have helped us to meet our targets.

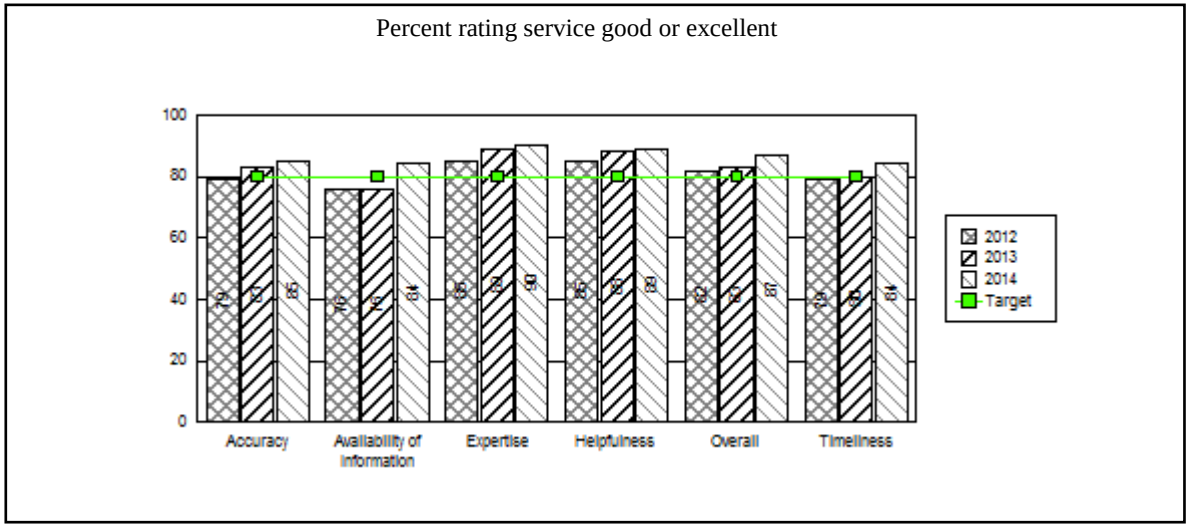
7. ABOUT THE DATA

The reporting cycle is fiscal year and calendar days. Most licenses are renewed every other year. In the past, data has only been available during the final months of odd-numbered years. A change to the reporting cycle from calendar year to fiscal year resulted in a gap in data availability for 2006 and 2007. As of fiscal year 2010, our new database provides the ability to report results for the few licensees who renew on an annual basis.

OREGON MEDICAL BOARD	II. KEY MEASURE ANALYSIS

KPM #7	ASSESS CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating satisfaction with the agency's customer service as "good" or "excellent" for: overall customer service, timeliness, accuracy, helpfulness, expertise, information availability.	2006

Goal	CUSTOMER SATISFACTION- Statewide customer satisfaction measures
Oregon Context	Legislatively mandated
Data Source	Data from anonymous post-card surveys and SurveyMonkey internet surveys
Owner	Licensing, Investigations. Kathleen Haley, JD (971) 673-2700



1. OUR STRATEGY

This measure was added to all state agencies in 2006.

2. ABOUT THE TARGETS

Targets have been established at 80%. Higher percentages reflect higher customer satisfaction.

3. HOW WE ARE DOING

This measure demonstrates our customers' opinions on their level of satisfaction with the services we provide. We began our continuous survey process in January, 2006.

4. HOW WE COMPARE

There is little comparative data available. We did perform some comparisons of customer satisfaction results of other licensing Boards. However, we found that Boards are surveying in different ways and including different customers.

5. FACTORS AFFECTING RESULTS

It's important to understand the role of the Oregon Medical Board in the lives of those responding to the survey. The Oregon Medical Board is a regulatory agency. As such, our customers, be they licensees or complainants, may not agree with the Board's actions. Customers may not receive desired outcomes. This could tend to lower our customer satisfaction rating. The Board works to temper this effect through continued improvements in the services we provide and in our communication with our customers.

6. WHAT NEEDS TO BE DONE

We have used these results to focus our attention on areas within the agency whose responses show less satisfaction than do others. Our Management Council monitors the survey results on a continuous basis and we continue to improve our perceived quality of services in all areas. One area in which we have consistently struggled is availability of information. The state of Oregon has recently had the opportunity to work with professional website designers to redesign and restructure our website. This project was completed within fiscal year 2014. The revised website provides our stakeholders better access to the information they need from the Board and has improved our results for this measure.

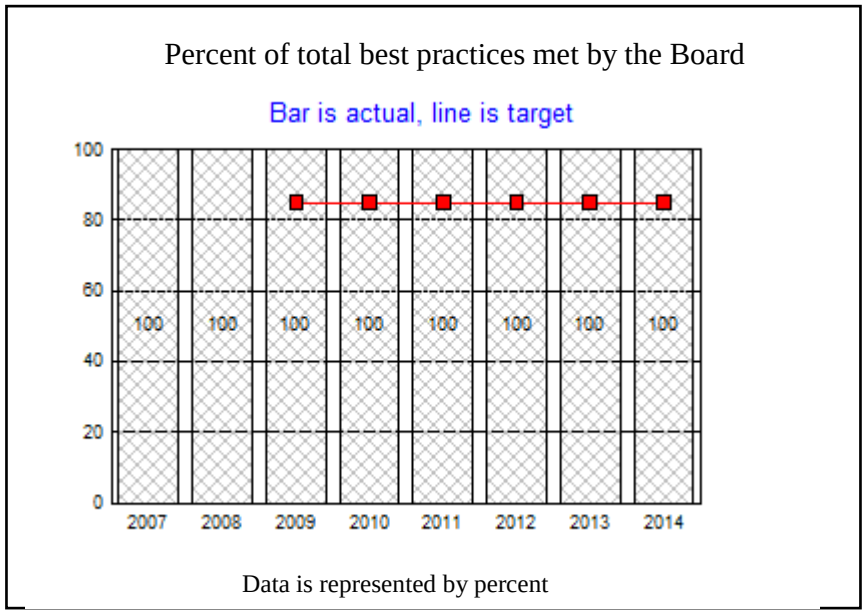
7. ABOUT THE DATA

Our survey is a continuous survey. For fiscal year 2014, we had a population (surveys sent) of 19,879. We provided a survey to each new licensee, each

licensee who had recently renewed their license, and all complainants whose complaints resulted in an investigation (surveys were sent at the close of the case). We received 2,356 total responses, a 12% response rate, a 1% margin of error at a 95% confidence level. SurveyMonkey, an Internet survey tool, was used for all new licenses and renewals and an anonymous post-card for all investigations. Results for each individual group sampled are retained by the agency and the information that these results provide is used at a management level. We have combined the results for all groups to reach an agency wide result for reporting as the results for each group contain too few responses to produce meaningful data. Equal weighting was given to each response.

OREGON MEDICAL BOARD	II. KEY MEASURE ANALYSIS

KPM #8	BOARD BEST PRACTICES - Percent of total best practices met by the Board.	2008
Goal	BOARD BEST PRACTICES- Statewide Board Best Practices measure	
Oregon Context	Relates to Agency Mission	
Data Source	Survey of agency Board members	
Owner	Board Members, (971) 673-2700	



1. OUR STRATEGY

This measure was added to all Boards and Commissions in 2008.

2. ABOUT THE TARGETS

A target of 85% has been established. While the Agency has been able to achieve 100% since the measure was introduced, a single dissenting Board member would have a significant effect on the percentage outcome.

3. HOW WE ARE DOING

The measure demonstrates that we are meeting best management practices with respect to governance oversight by our board. The criteria being evaluated includes Executive Director performance expectations and feedback, strategic management and policy development, fiscal oversight and board management. The Board instituted this measure in 2007; it was mandated for Boards and Commissions by the Legislature in 2008.

4. HOW WE COMPARE

Results are comparable with other licensing boards.

5. FACTORS AFFECTING RESULTS

The Oregon Medical Board engages in an ongoing strategic planning process that addresses several of the issues that are evaluated in this measure. Board members discuss oversight and governance activities at the Administrative Affairs Committee and Board meetings. The Board Chair is in constant communication with the agency Executive Director on management issues.

6. WHAT NEEDS TO BE DONE

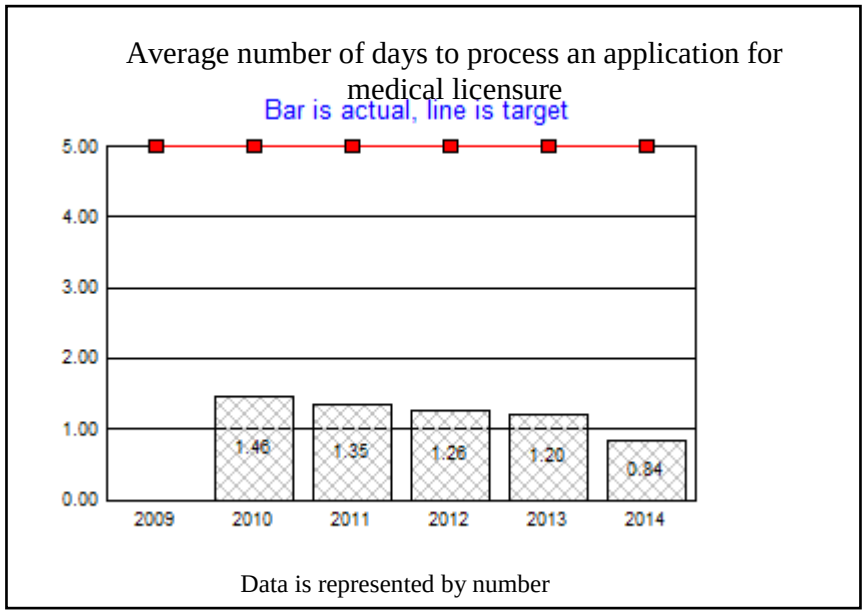
We will continue with our current successful practices and use these results to focus our attention on areas that may need attention in the future.

7. ABOUT THE DATA

Reporting cycle is Oregon's fiscal year.

OREGON MEDICAL BOARD	II. KEY MEASURE ANALYSIS

KPM #9	LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of license.	2009
Goal	Improve access to quality care through efficiently managing licensure and renewal of licensure	
Oregon Context	Relates to agency mission	
Data Source	Agency Licensing Database	
Owner	Licensing, Netia Miles (971) 673-2700	



1. OUR STRATEGY

Determine requirements for Oregon licensure as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Podiatric Physician (DPM), Physician Assistant (PA) and Acupuncturist (LAc). Process licensure applications and renewals efficiently and consistently with public safety. Perform careful background checks on all applicants for licensure.

2. ABOUT THE TARGETS

The target is set at 5 days based on the agency weekly approval schedule. The fewer days required, the more efficiently we are licensing.

3. HOW WE ARE DOING

The measure demonstrates our efficiency in licensing health care professionals and the customer service we provide to the citizens of Oregon. While operating efficiency is our goal, rushing licensure for applicants, and possibly compromising patient care, is not. Preparing a thorough check of all credentials provided by applicants is essential to making sure the applicant meets state requirements for providing medical care. This measure 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.

4. HOW WE COMPARE

There is no comparable data at this time.

5. FACTORS AFFECTING RESULTS

None have been identified.

6. WHAT NEEDS TO BE DONE

The agency continues to modify its internal organization and procedures to ensure that applicants are given timely and complete information about their responsibilities towards completing the licensing process. The agency replaced its entire database with a new licensing and case management software solution in June, 2009. This new system reduced redundant data entry and improved efficiency. This new system also has an online component now implemented for all license applications and renewals.

7. ABOUT THE DATA

Results are based on actual number of calendar days to issue an unlimited license between the date an applicant has submitted all necessary documentation and the date the license was issued.

OREGON MEDICAL BOARD	III. USING PERFORMANCE DATA
Agency Mission: Protect the health, safety, and well-being of Oregonians by regulating the practice of medicine in a manner that promotes access to quality care.	

Contact: Kathleen Haley, JD	**Contact Phone:** 971-673-2700
Alternate: Carol Brandt	**Alternate Phone:** 971-673-2700

The following questions indicate how performance measures and data are used for management and accountability purposes.	
1. INCLUSIVITY	*** Staff :** Each of the managers of the 4 divisions within the Board (Administration and Communications, Investigations, Licensing, and Administrative and Business Services) was tasked with developing performance measures for their division. Staff within the division assisted by refining definitions and identifying reliable data sources. *** Elected Officials:** The Legislature approved these performance measures during our budget hearing during the 2013 Legislative Assembly. *** Stakeholders:** The Oregon Medical Association, the Osteopathic Physicians and Surgeons of Oregon, the Oregon Podiatric Medical Association, the Oregon Society of Physician Assistants and the Oregon Association of Acupuncture and Oriental Medicine review our budget and performance measures. *** Citizens:** The stakeholder public as represented by the Legislature approved these performance measures during our budget hearing during the 2013 Legislative Assembly.
2 MANAGING FOR RESULTS	In 2001, the Board created its first formal Strategic Plan. This document integrates the Boards' goals, strategies for attaining goals, action plans, and performance measures. The Plan is updated regularly by managers and staff with Board oversight. Action plans and performance measure results are regularly reviewed by managers and the Board to ensure the agency is making progress towards goals identified.
3 STAFF TRAINING	The Board's Business Manager has received formal training in Performance Measurement development through Department of Administrative Services and Oregon Progress Board classes. Staff have received training in gathering data for these measures and are involved in meeting measurement targets as well as correctly entering data that will affect measure calculations.
4 COMMUNICATING RESULTS	*** Staff :** Performance measure results are communicated to Board staff at management and staff meetings. *** Elected Officials:** The Board communicates results to the Legislature during budget presentations and annual

	Performance Progress Reports. Results are also communicated biennially during formal presentations to the Boards' assigned Department of Administrative Services Budget Analyst and the Legislative Fiscal Officer. *** Stakeholders:** The Executive staff of the Board meet with representatives of the Oregon Medical Association, the Osteopathic Physicians and Surgeons of Oregon, the Oregon Podiatric Medical Association, the Oregon Society of Physician Assistants and the Oregon Association of Acupuncture and Oriental Medicine to review the agency's budget and performance measures. *** Citizens:** Results are communicated to the public on the Boards website at http://www.oregon.gov/omb/board/about/Pages/Annual-Performance-Measures.aspx