

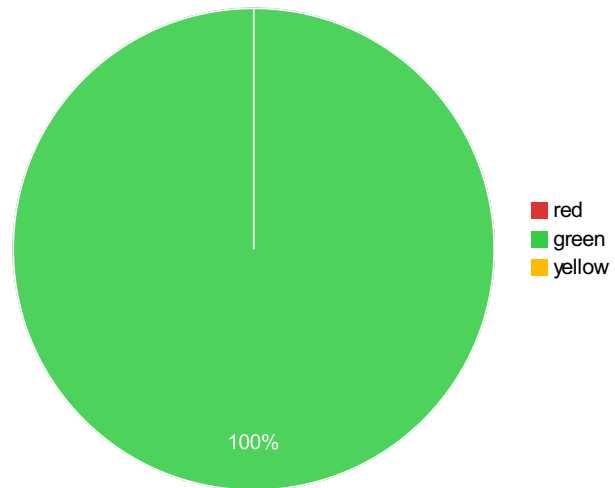
Medical Board, Oregon

Annual Performance Progress Report

Reporting Year 2018

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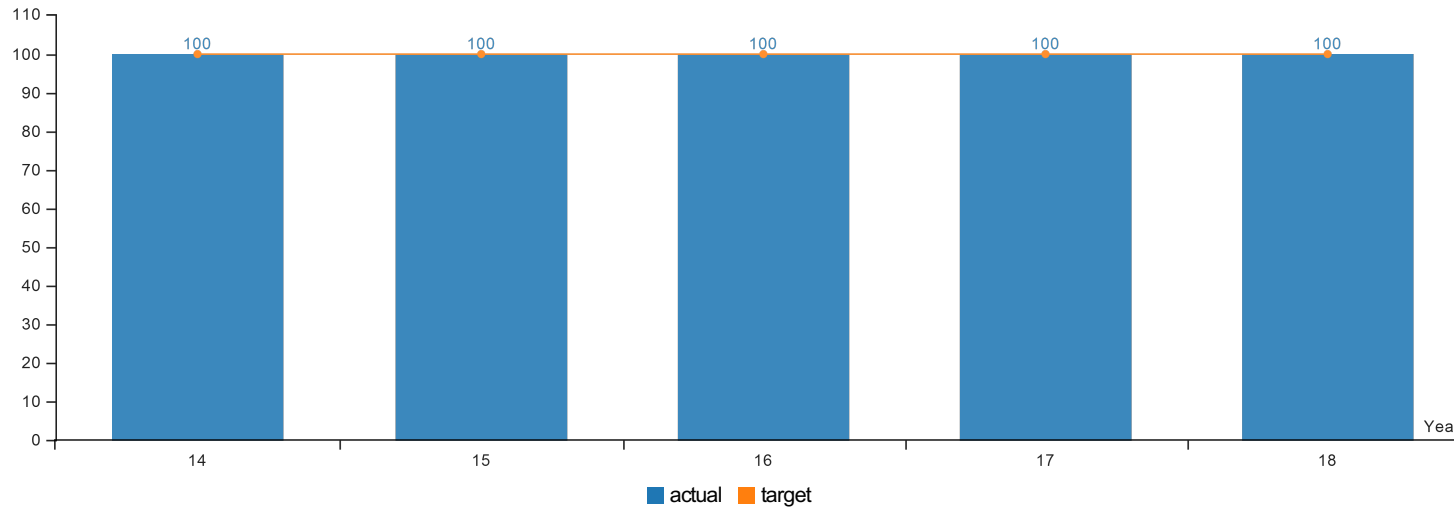
KPM #	Approved Key Performance Measures (KPMs)
1	LICENSE APPROPRIATELY - Percentage of Board-Issued license denials that were upheld upon appeal.
2	DISCIPLINE APPROPRIATELY - Percentage of disciplinary actions not overturned by appeal.
4	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS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



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

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

* Upward Trend = positive result



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

How Are We Doing

This measure demonstrates that we are appropriately licensing as there have been no successful challenges to the Board's licensing decisions since the measure was enacted in 2002. For fiscal year 2018 we had 1,612 licenses granted. No licenses were denied during this fiscal year.

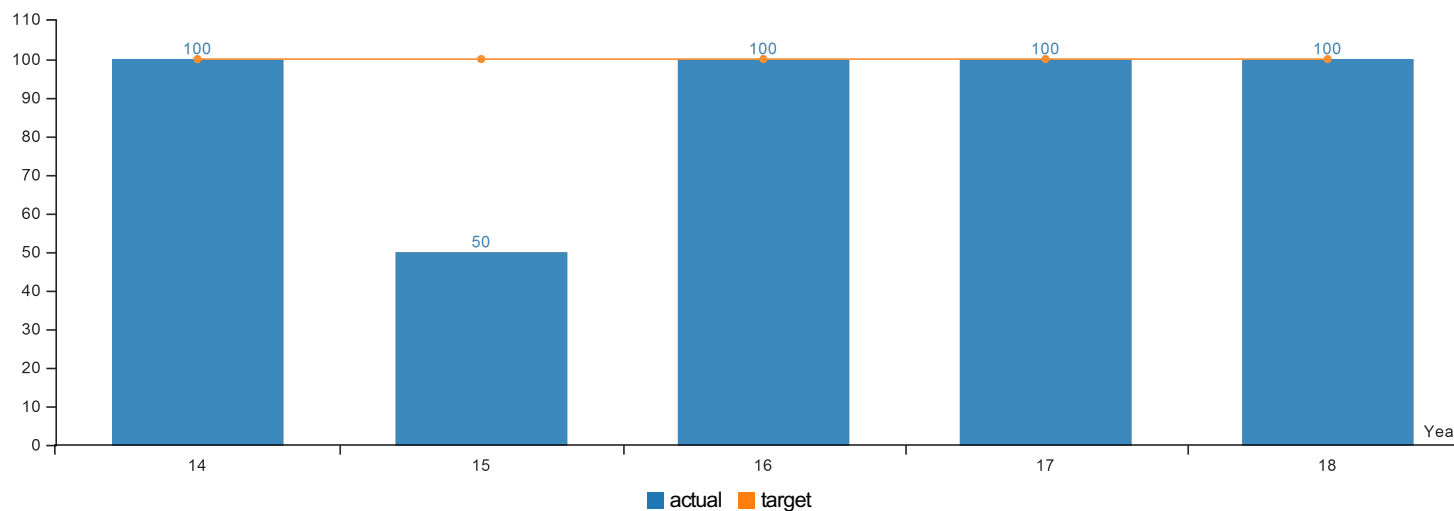
This measure is associated with our strategic plan goal of improving access to quality care through efficiently managing licensure application and renewal processes.

Factors Affecting Results

The Board provides extensive due process to all applicants to ensure appropriate outcomes. The target is set at 100% based on past history and the expectation that there will continue to be no successful appeals of our licensure decisions. The higher the percentage, the better we are doing at licensing appropriately.

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

* Upward Trend = positive result



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

How Are We Doing

This measure represents the Board's disciplinary actions that are not overturned on appeal. In addition to this measure, the Board partnered with Lewis and Clark Law School's externship program in 2013 to engage an extern to examine the consistency of Board disciplinary actions. The research indicates that the Board is highly consistent in its disciplinary actions - 97% of the outcomes were consistent and the remaining 3% had explainable differences. The Board tailors the outcome to the facts of the case. Results for this measure include all cases closed with a public disciplinary order that is reportable to the National Practitioner Databank. These orders include any Stipulated Orders or Final Orders that are reportable to the National Databank.

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

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

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

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

identified.

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

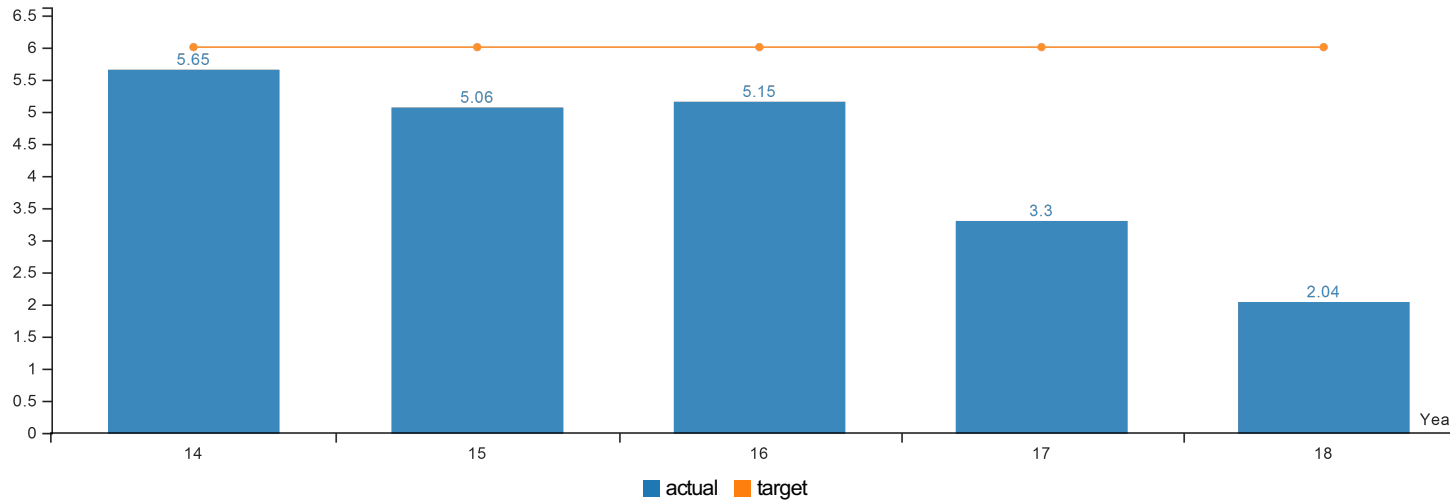
Factors Affecting Results

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

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

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

* Upward Trend = negative result



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

How Are We Doing

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

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

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

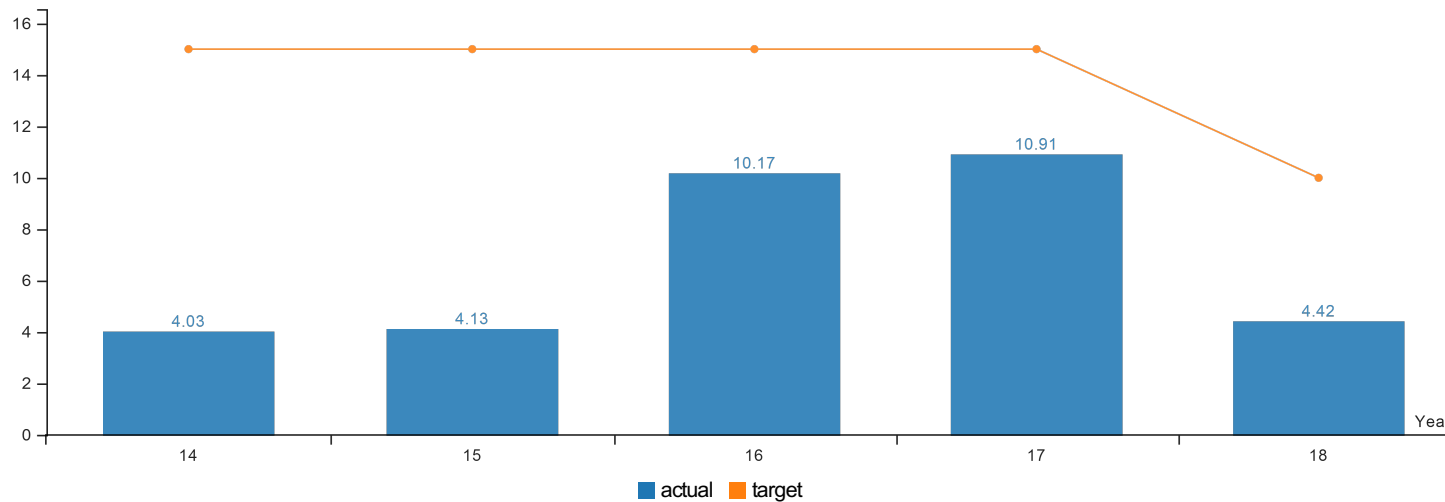
This measure is associated with our strategic plan goal of remediating licensees to safe, active, useful service to Oregon's citizens.

Factors Affecting Results

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

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

* Upward Trend = negative result



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

How Are We Doing

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

The data presented includes those renewals that are outliers, with problems or concerns that need to be reviewed by staff which can add significant time to the renewal process. The renewal of most MD, DO, DPM and PA licenses, (approximately 19,815 individuals) generally occurs biennially during even numbered fiscal years. This results in a 3-month period of high activity for all agency staff. Approximately 1,500 AC licenses are renewed during a different period.

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

Factors Affecting Results

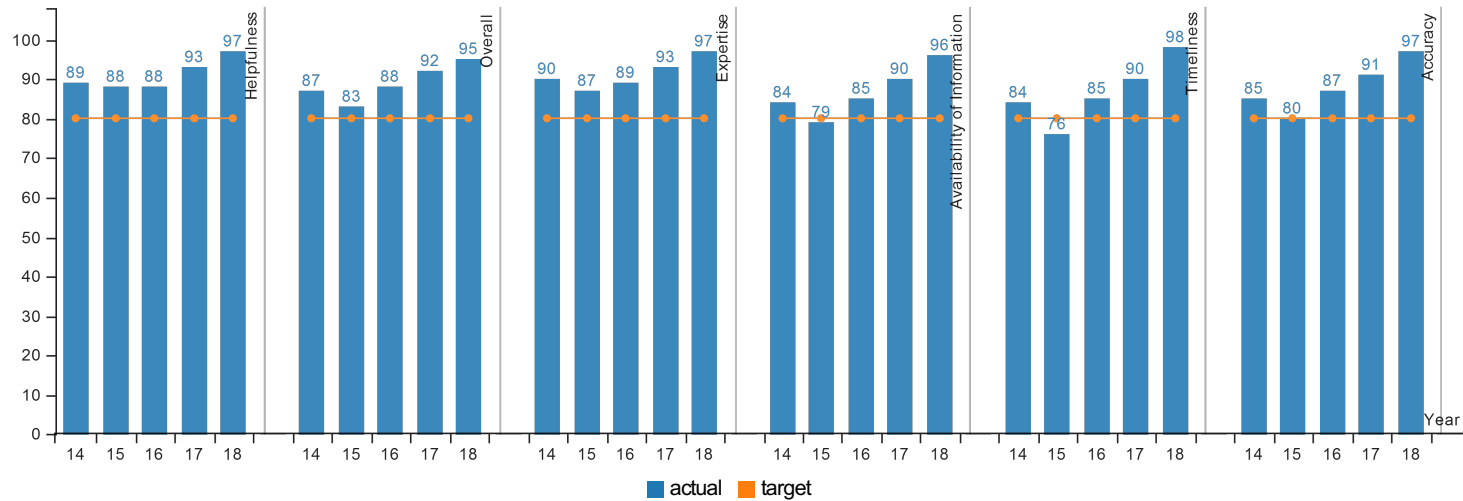
While operating efficiently is our goal, rushing licensure renewal, and possibly compromising patient care, is not. Preparing a thorough check of all information provided by renewing licensees is essential to ensuring the licensee meets state requirements and will continue to practice safely.

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

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

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

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



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

How Are We Doing

This measure demonstrates our customer's opinions on their level of satisfaction with the services we provide. We manage a continuous survey process that utilizes SurveyMonkey, an Internet survey tool, and postcards. All survey data collected, both electronically and by postcards, is 100% anonymous.

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

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

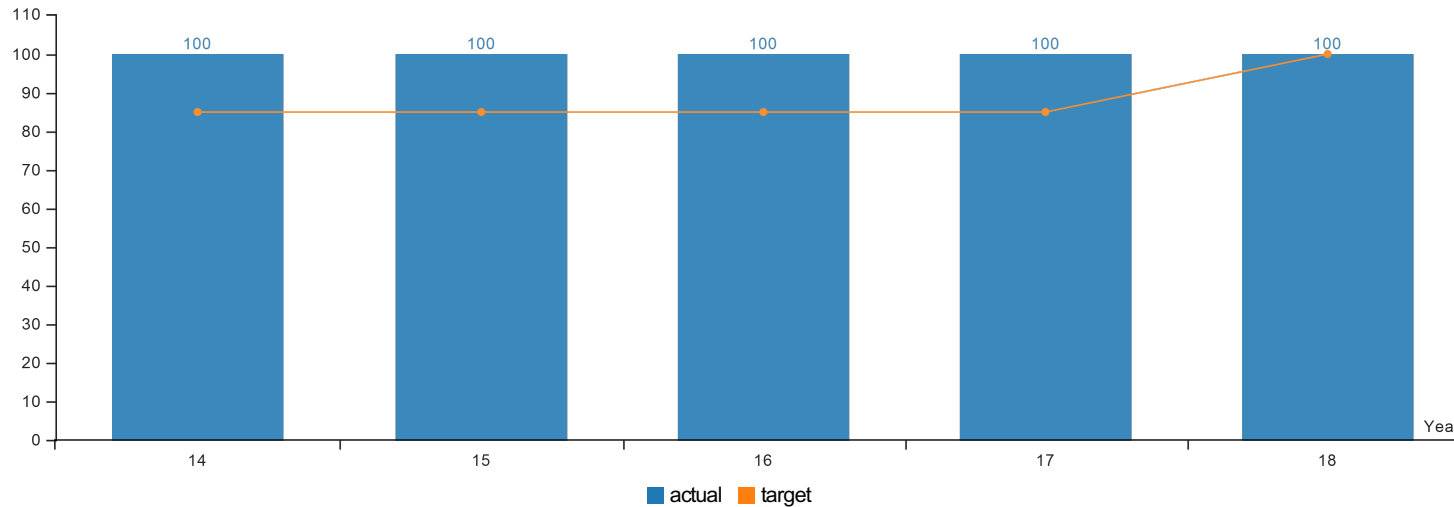
Factors Affecting Results

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

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

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

* Upward Trend = positive result



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

How Are We Doing

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

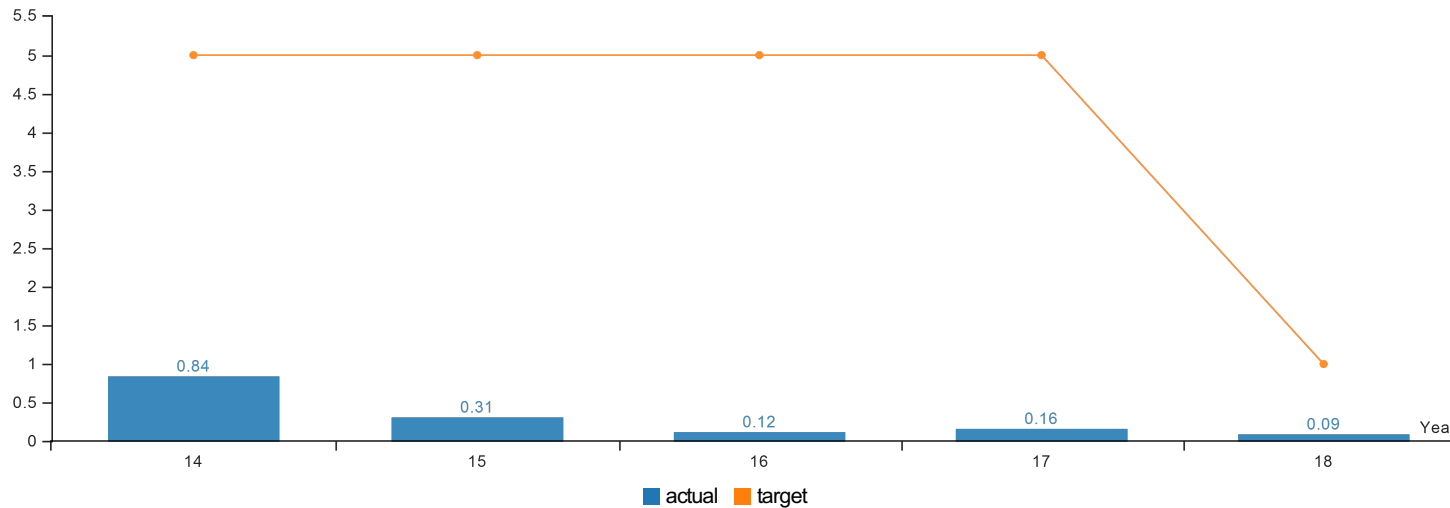
The Board has been able to meet the target since the measure was implemented in 2007.

Factors Affecting Results

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

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

* Upward Trend = negative result



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

How Are We Doing

This measure demonstrates our efficiency in licensing health care professionals and the customer service we provide to the citizens of Oregon. We process applications efficiently and consistently with public safety. We perform careful background checks on all applicants for licensure. The measure reflects the time to licensure within direct control of the agency - the number of days to license after the applicant has submitted all necessary documents. For fiscal year 2018 there were 1,612 licenses granted.

The Board has been able to exceed the target since the measure was implemented in 2009

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

Factors Affecting Results

While operating efficiency is our goal, rushing licensure for applicants, and possibly compromising patient care, is not. Preparing a thorough check of all credentials provided by applicants is essential to making sure the applicant meets state requirements for providing medical care.

The target of five days was established in 2009 based on the agency weekly license approval schedule. The agency currently approves licenses more frequently. The target changed to one day beginning with fiscal year 2018. Given information available, the agency is processing licenses faster than other state's medical licensing boards.