

**Oregon Medical Board
Peer Review Audit
June 2016**

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1. Audit Process

In 2009, the Oregon Legislature required a peer review process for health regulatory boards. ORS 676.306(4). The Department of Administrative Services wrote rules effective August, 2011 OAR Division 300, State Peer Review Audits, **125-300-0200** Purpose, Definitions, Review and annual Reports.

The Health Professional Regulatory Boards Workgroup determined the initial review should be focused on the Boards' public safety mission and appointed a four member Audit Team ("Team"). For this Audit, the Team includes the following members:

- Ed Conlow, Executive Director, Board of Medical Imaging
- Lori Makinen, Executive Director, Veterinary Medical Examining Board
- Ruby Jason, Executive Director, Oregon State Board of Nursing
- Anna Sanger Reed, Public Member, Board of Examiners for Speech-Language Pathology and Audiology

The original Team developed a questionnaire and request for information that is provided to agencies. This is the Team's ninth report. The current team interviewed Kathleen Haley, Executive Director of the Oregon Medical Board ("OMB" or "Board"), at the Board's office on March 22, 2016. At that time, team members reviewed several disciplinary files as well as several licensing files, and later interviewed persons who served on the Board and also persons affiliated with the professional associations whose members are licensed by the Board.

2. Background

Statutory composition of the Board: 13 members, appointed by the Governor and confirmed by the Senate to three-year terms, including:

- Seven doctors of medicine (MD);
- Two doctors of osteopathic medicine (DO);
- One doctor of podiatric medicine (DPM);
- One physician assistant (PA);
- Two members of the public who are health care consumers.

Board Meetings and Board Committees: The OMB schedules full two-day Board meetings on a quarterly basis, in January, April, July and October. Per diem for OMB Board members is \$250. The Board has six standing committees, with Board members assigned to serve on several of them, as well as ad hoc committees. Standing committees include: 1) Investigative; 2) Administrative Affairs; 3) Physician Assistant; 4) Acupuncture Advisory; 5) Legislative Advisory; and 6) Editorial. While Administrative, Physician Assistant and Acupuncture meet on a quarterly basis, the Legislative Committee schedules meetings around the legislative sessions in Salem or on an as-needed basis. On the other hand, the Investigative Committee typically meets every month (for a full day) that the full Board isn't meeting, and sometimes even during those months when the full Board is meeting.

Budget and Staffing: With a total 2-year budget of \$11.3 million, fully funded primarily through license fees (with no general fund allocation), the OMB's total of 39 full time staff positions includes – among others – six investigators, five support staff to the investigators, ten licensing staff, a medical director, two accountants, and three IT people. (The total includes several positions that were vacant at the time of this writing.) In addition, OMB contracts for an assistant attorney general who spends about half his time working for OMB.

Jurisprudence exam required for initial applicants: All first-time applicants for a license from OMB must pass a jurisprudence examination with 21 questions, including seven multiple choice and fourteen true/false. The questions deal with statutory and regulatory requirements for persons licensed by OMB. The exam has no time limit and it is "open book," with links provided to online versions of the OMB statutes and rules. An applicant who fails to pass the exam after four attempts cannot obtain a license.

Categories of OMB Licensure

Type of License	Total – 2015**	Initial License Application Fee	2-Yr. Registration Fee*	Renewal Deadline	CE Hours Per 2-Yr.
Medical Doctor	16,266	\$375	\$486* (2-yr)	12/31/2017	Active:60 Emeritus: 30
Osteopath	1,456	\$375	\$486* (2-yr)	12/31/2017	Active: 60 Emeritus: 30
Podiatrist	208	\$340	\$486* (\$2-yr)	12/31/2017	Active: 60 Emeritus: 30
Physician Assistant	1,786	\$245	\$382* (2-yr)	12/31/2017	Active: 60 Emeritus: 30
Acupuncturist	1,471	\$245	\$322* (2-yr)	6/30/2016	Active: 30 Emeritus: 16

**License fees listed in the table do not include certain added surcharges, including a \$20 (2-yr) surcharge to medical doctors and osteopaths to help support the OHSU medical library; a \$50 (2-yr) surcharge to all but acupuncturists for OHA’s prescription drug monitoring program; and \$4 surcharge to all OMB renewal applicants for OHA’s workforce database program. Emeritus (volunteer) license costs \$50 per year.*

***Total number of licensees includes active, inactive and limited licenses.*

Renewals: Renewals are handled through an online process; however the OMB offers licensees the option to renew in the office. All renewals must be submitted through an online process. For all licensure categories except acupuncture, renewal applications may be submitted electronically beginning October 1 during an odd-numbered year, with a December 31 odd-year deadline for submission. Acupuncturists may begin submitting online renewals April 1 during an even-numbered year, with a June 30 deadline. Late renewals are subject to fines and may be required to go through license reactivation.

Continuing Education: Licensees may remain compliant with continuing medical education (CME) requirements either by completing a specific number of CME hours in approved courses, or else by maintaining certification with specific professional organizations such as the American Board of Medical Specialties and the National Commission on Certification of Physician Assistants. There is a statutory requirement (ORS 677.228) that licensees in most OMB licensure categories are required to complete a course in pain management.

3. Strengths, Challenges, Opportunities

Kathleen Haley, Executive Director of the Oregon Medical Board, provided the following summary of OMB's strengths, weaknesses, opportunities and challenges:

Strengths

- Dedicated and mission focused Board and staff
- Adequate budget with reasonable fees for licensees
- Maximum use of technology to deliver services
- A strategic plan that is regularly reviewed and updated

Weaknesses

- Expense and delay in purchasing and human resources as part of a state system

Opportunities

- Evolution of the medical profession into a more business oriented model
- Societal impacts on the agency and professions we regulate
- Use of technology by physicians and the public

Challenges

- Extensive due process requirements for disciplinary cases
- Difficulty in recruiting Board and staff given the workload demands
- Meeting the demands of our multiple stakeholders

4. Initial Licensing and Renewal and Summary of Licensing File Review

Review of Licensing Files:

All of the applications, with a few individual licensee exceptions, are done online. Any documents required can be either uploaded into the application or, if primary source verification is required, can be sent to the Board staff who will scan and upload the document and attach the document to the application. The entire online process, for licenses as well as investigative files, was developed for OMB by GL Solutions. Kathleen Haley said that the OMB worked with GL Solutions over a period of several years to develop the system, which OMB named "TechMed." She said developing TechMed

was a fairly long and arduous process, and that there are some ongoing maintenance issues, but that overall the OMB is happy with TechMed.

During a site visit, OMB staff demonstrated the various stages of the online application process to audit team members. The staff described the requirements for a standard license process and an “expedited” process. Policies for both application types (standard and expedited) were presented and it was very clear that the policies were being followed.

The expedited license process was adopted by legislation in 2009 (HB 2435) to accommodate applicants with no prior regulatory violations and no significant malpractice claim history. The documentation requirements for the expedited license are less than the traditional license with less primary source verification required. Staff pointed out various “stops” to the expedited process based upon either a lack of information or receipt of information that would disqualify the applicant from the expedited process. This provides qualified applicants with access to a streamlined process to licensure while still assuring that all requirements of licensure are being met.

After a license is issued, the policy describes the various primary source verification documents that must be maintained. The files provided to the Audit Team followed the policy precisely. The files of both standard process and expedited process were reviewed and compared to the policy.

Findings and Observations:

The process is consistent with stated policies. No discrepancies were noted during review. The audit team did not see any variation to their policies. The team commends the licensing staff for their work and their adherence to established policies.

5. Complaint and Public Protection

Investigation Process and Investigation Committee

According to information from the OMB website, the Board investigates over 700 inquiries and complaints per year. When an investigation is opened, information is gathered and reviewed by the chief investigator, medical director and executive director prior to presenting it to the Investigative Committee (comprised of five of the OMB’s 13 board members) and full Board, for review and direction.

The Investigation Committee meets most months when there isn’t a quarterly Board meeting scheduled. One member of the Investigative Committee will be designated to take the lead on each investigative case, and will present that case at the full Board meeting. OMB staff estimated that the

Investigative Committee might present as many as 35 full cases (with testimony etc.) for Board consideration at each OMB quarterly meeting, not including disciplinary cases listed on a separate consent agenda.

Full-Board consideration of disciplinary cases will typically consume most or all of the first day of a two-day quarterly Board meeting. Having a committee sort through the investigations, and then present its findings to the full Board, enables the Board to move quickly through a typical heavy agenda.

Corrective Action Agreements: In a disciplinary case in which the OMB finds no serious wrongdoing and feels that some form of non-disciplinary remediation is appropriate, the OMB may enter into a “corrective action agreement” (CAA) with the licensee. Information obtained from the OMB website indicates that a CAA is a *public* document but that the action is considered by the OMB to be a non-disciplinary action. Kathleen Haley said that the CAA process is not spelled out in statute or rules. According to OMB information, a typical CAA might call upon a licensee to take educational courses or comply with mentorship requirements.

Criminal background checks for initial license only: The OMB requires first-time applicants to submit to a fingerprint background check, using Fieldprint’s electronic process. Applicant’s pay a \$48 surcharge with their initial application, to cover the cost of the background check that is completed by the Oregon State Police and FBI. The OMB website states that the “average fingerprint processing time” is from two to four weeks. The OMB does not routinely complete any type of criminal background check on *renewal* applicants.

Separate from background checks that the agency may conduct, applicants for initial and renewal licenses are directed to self-report any criminal history (including arrests) as well as any actions against the applicant’s license. Also, first-time applicants are required to provide a copy of a current self-query from the National Practitioner Data Bank (NPDB) and also the Federation of State Medical Boards.

6. Review of Disciplinary Case Files

For investigative cases, paper files are destroyed a year after a case is closed, and the OMB’s online TechMed file is the investigative record that is retained. Some of the investigative files are quite voluminous but are very well-organized with a complete summary at the front of each file and PDF index tabs that allow the reader to scan through the different sections of each file.

The OMB provides laptop computers to its Board members, and files are electronically delivered to Board members prior to each quarterly meeting or monthly investigative committee meeting. The laptops are locked so that they can only be used for Board business, without allowing interaction with

outside websites. At some point after each Board meeting, the OMB will clear the files off each Board member's laptop. OMB staff indicated that, due to the large size of some of the investigative files, using the laptops has enabled the agency to avoid massive amounts of photocopying and expensive delivery of files to Board members that at times could amount to "boxes" of files per meeting. Kathleen Haley stated that Board members prefer electronic delivery of documents over paper-and-mail delivery.

Probation monitoring: The OMB employs a probation officer who will typically visit probationers on-site once per year. Also, probationers will be called into the office for an annual visit with an assigned Board member. Kathleen Haley said that the probation caseload is typically in the range of 125-150 cases.

Findings and Observations

It appears that the OMB has put significant effort toward developing an electronic file system that transmits voluminous disciplinary documents to board members in manner that is well-organized and secure.

7. Communications/Outreach

The OMB communicates with stakeholders and the public through a variety of channels including the OMB website, (www.oregon.gov/omb), board reports, newsletters, subscriber lists, presentations, and direct access to staff via phone and email.

OMB Website: The OMB website has a modern look with information well organized for quick navigation. One particular strength of the website, including the online license application process, is the availability of direct contact information to OMB staff. All informational pages reviewed featured a footer that popped up with clear direction for contacting the board. The board is clearly committed to being available to licensees and the public. OMB has also been very successful in explaining processes, policies, and terms in ways that enhance public access to this information. For example, the page with links to board action reports begins with a link that defines terms that readers may need to reference to understand what various actions mean.

The OMB website also includes a section on "statements of philosophy" which have been adopted by the board to express its philosophy and intentions regarding the practice of medicine in the state of Oregon. These statements of philosophy address various issues from social media, telemedicine, and advertising to deep brain stimulation and medical use of lasers. While not enacted in statute or rule, these statements of philosophy provide clarity and transparency around issues that may otherwise be

ambiguous, providing guidance on how board members might rule on related questions that come before the board.

Board Reports: Board reports summarize new, interim, and final actions taken by the board. Board reports were very easy to find, well organized, and up to date within the last month.

Newsletters: The quarterly newsletter is called the OMB Report. Editions from Summer 2003- Winter 2016 are currently available online.

Subscriber Lists: Subscriber lists allow anyone to sign up for specific updates like public meeting notices, administrative rules, and quarterly malpractice reports. It also appears to create an opportunity for anyone to send out a note to everyone else who has subscribed to that list.

Presentations: OMB organizes a speaker's bureau with a list of standard presentations available to public groups. Topics include investigative process and complaints, legislative updates, and re-entry to practice. OMB also offers to create a custom presentation based on a group's needs and interests.

Findings and Observations

OMB has done an excellent job of making information easy to access and understand. All communication efforts reviewed have been well organized. Content and tone are skillfully presented in a manner that is professional and direct, as well as welcoming and accommodating.

8. Stakeholder Interviews

Notes from discussion with board members:

Three board members were contacted, including the current and past chair and one public member. If telephonic communication was not possible then a survey was sent to the participants. There were unanimous opinions regarding the following:

Question #1: Does the OMB operate efficiently and meet the needs of the Board?

Response #1: All three board members stated that the needs of the Board are met and described the staff as available (even on weekends for technical difficulties in reading their online packets) and very positive. All three stated that the use of electronic transmission of their Board packets was a very welcome change given the volume of pages that make up the packet.

Question #2: Do you feel that your initial Board orientation was sufficient for you to grasp the requirements of being a Board member?

Response #2: All stated that the orientation was excellent, including their ability to learn from other Board members. They cited the meeting with the AAG as especially helpful in assisting them to understand how cases are managed. Orientation to committee work is graduated, the more a member is oriented the more cases they are assigned. All stated that they felt comfortable in addressing any questions they may have had through either the Executive Director or other appropriate staff. There was acknowledgment that it takes about 3 years to truly understand the workings of the Board, but also that this was the nature of the work and not as a result of the orientation program; and that the orientation program was thorough but no orientation program can address the complexities of Board work.

Question #3: Does the Board feel that they can have open and substantive discussions with the Executive Director regarding topics of importance to the Board?

Response #3: All members stated that the Executive Director is open to suggestions, always accessible, and that there is frequent dialogue between the Director and the Board. The Board members stated they feel they can discuss any Board related topic with the Executive Director and were certain that all Board members felt the same way.

Question #4: Are you satisfied with the technology provided to you in order to review your Board meeting packet? In other words, do you like the technology or do you wish the information sent to you was on paper rather than electronic?

Response #4: All interviewed members stated they preferred the electronic copy since some packets are about 10,000 pages. They appreciated the organization of the packet online so that they can easily get to the pages they wanted. One member stated that they cannot imagine the packet being handled any other way. Since it is uploaded to the cloud, minor changes to the packet can be easily handled.

Question #5: Any other thoughts or comments you may have for the audit committee?

Response #5: All stated that the Board staff includes hard-working dedicated people and that it was a privilege to work with them. Staff was also cited for the quality and high standard of their work.

Comments from persons affiliated with the professional association

A member of the audit team spoke with several representatives from the statewide organizations that represent practitioners who are regulated by the OMB. One commenter related that the OMB is easy

to work with and responsive to concerns that are brought by the respective association. The commenter expressed the opinion that the associations are properly kept in the loop regarding proposed legislation and administrative rules. This commenter said that, when issues of concern have arisen, the association can get a fair hearing and timely response from the OMB.

However, several commenters suggested that relationships between the board and professional associations were strained in the past, have improved somewhat in recent years, and could continue to improve. One association commenter described the past relationship with the board as somewhat “adversarial” with regard to policy development and implementation, stating that policy discussions have not always been two-way. The commenters acknowledged that a regulatory board’s core mission will necessarily differ in some ways from the goals of a professional association, suggesting recognition that agreement on all issues is not realistic. Commenters volunteered that board staffers have been making successful efforts in recent times to be more responsive to association concerns.

8. Conclusion and Recommendations:

The Audit Team’s overall impression is that the OMB operates in a manner that is efficient and professional. Some specific observations:

1. The OMB’s website provides relatively easy access to a wealth of information.
2. The OMB’s case file system (“TechMed”) provides an effective system for organizing and storing licensure and investigative files and for electronic delivery of voluminous information to board members.
3. The OMB should continue to work to improve communication and collaboration with professional associations regarding policy issues and board actions that impact association members.
4. Since they are relatively easy to do and can help ascertain if licensees are noncompliant with the law, consider performing state police (LEDS) criminal background checks on renewal applicants.
5. To increase awareness of the OMB’s role in protecting the public health, consider more actively promoting OMB’s speaker’s bureau to various constituent groups in both urban and rural communities, by offering to present OMB topics rather than stakeholders requesting topics.

APPENDIX 1
OMB RESPONSE TO AUDIT REPORT



Oregon

Kate Brown, Governor

Medical Board

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July 20, 2016

Ed Conlow, Executive Director
Oregon Board of Medical Imaging
800 NE Oregon St, Suite 1160A
Portland, Oregon 97232-2162

RE: The Oregon Medical Board's Peer Audit

Dear Executive Director Conlow:

The Oregon Medical Board thanks you and your auditing team of Ruby, Anna, and Lori for its comprehensive review of the governance and delivery of services by the Oregon Medical Board. As concluded in the team's report, the Oregon Medical Board is actively engaged in promoting quality health services while providing an objective way for consumers to seek resolution of grievances. The Oregon Medical Board also regularly collaborates with hospitals, healthcare providers, and the AAG to 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 the Oregon Medical Board contribute an important public service on an essentially volunteer basis.

The Oregon Medical Board agrees with the report's conclusions and recommendations; however, we are asking for your further awareness in Recommendation #5.

Consideration and inclusion of the multiple annual hospital and community presentations in urban and rural areas of Oregon, as evidenced by the attached list.

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

Sincerely,

Kathleen Haley, JD
Executive Director

Attachment



Outreach 2015*

Facility or Group	Presentation Topic	Date
Telehealth Alliance of Oregon	Best Policy	February 2, 2015
Lane County Medical Society -Drs. Joseph Thaler and Roger McKimmy	5 Ways to Stay Out of Trouble with the OMB	March 3, 2015
OHSU Transition to Residency -Nicole Krishnaswami	Transition to Residency	March 5, 2015
Lewis & Clark Law School -Health Law & Policy Seminar	Board Discipline	March 18, 2015
OHSU Physician Assistant Program	Legal Aspects of PA Practice	March 20, 2015
A.T. Still University	OMB Processes & Updates	March 23, 2015
OHSU MBA Class -Regulation and Legislation of Healthcare Delivery	Legislation & Regulation of Healthcare	April 10, 2015
Asante Ashland Community Hospital	OMB Processes & Updates	April 15, 2015
Southern Oregon Prescribers Group -Dr. Thaler	5 Ways to Stay Out of Trouble with the OMB	April 22, 2015
Federation of State Medical Boards -Annual Meeting	Licensing Approval Portal	April 23, 2015
Medical Society of Metropolitan Portland -Annual Meeting	Physician Wellness Program	May 5, 2015

Salem Hospital	OMB Processes & Updates	May 8, 2015
Albany Hospital	OMB Processes & Updates	May 11, 2015
Oregon Association of Medical Staff Services -Annual Meeting	OMB Processes & Updates	May 15, 2015
Curry Health Network	OMB Processes & Updates Physician Assistant Practice & Supervising Physician Organizations	June 24, 2015
OHSU - Graduate Medical Education -Hospital Orientation	Oregon Licensure Process	June 30, 2015
OHSU - Graduate Medical Education -Hospital Orientation - Doernbecher	Oregon Licensure Process	July 6, 2015
Pacific University - PA Studies -Nicole Krishnaswami	Licensing and Regulations	August 5, 2015
Pacific University - PA Studies	Licensing, Credentialing, and the OMB	August 12, 2015
Lewis & Clark Health Law Society	OMB Overview	October 12, 2015
Ohio University Heritage College of Osteopathic Medicine -Role of State in Health Policy seminar	Licensure and Regulation	October 30, 2015
Citizens Advocacy Center -Annual Meeting -Netia Miles	Demonstrating Current Competence - How Far Have We Come? Where are We Headed?	November 12, 2015

Oregon Medical Association/Oregon Medical Board - Annual dinner - Esther Kim	Malpractice	December 10, 2015
<i>*Ms. Haley unless otherwise noted.</i>		

Outreach 2016*

Facility or Group	Presentation Topic	Date
Pain Commission - Ms. Haley & Dr. Thaler		February 25, 2016
Oregon College of Oriental Medicine (OCOM)	Oregon Medical Board Overview	February 28, 2016
OHSU Transition to Residency	Medical Licensure & Practice	March 2, 2016
Telehealth Summit		February 4, 2016
OHSU PA Students	Oregon Medical Board Overview & Physician Assistant Licensure	March 17, 2016
OHSU Masters Students	Regulation & Legislation of Healthcare	April 2, 2016
OHSU Masters Students	Regulation & Legislation of Healthcare	April 9, 2016
CareOregon Executive Committee - Ms. Haley & Dr. Thaler	Narcotic Prescribing Issues	April 13, 2016
A.T. Still University, Osteopath Medical Students	Oregon Medical Board Overview	April 20, 2016
Citizens Advocacy Center Webinar	Cultural Competency	April 22, 2016
Surgeons' Travel Board	Oregon Medical Board Overview	May 14, 2016
Oregon Association of Medical Staff Services (OAMSS)	Oregon Medical Board Update	May 20, 2016
Rotary Club* - Dr. Thaler	Oregon Medical Board Overview	?
? - Dr. Fisher	Investigative Process & Disciplinary Outcomes	?

APPENDIX 2

AUDIT QUESTIONNAIRE RESPONSE FROM OMB



Oregon

Kate Brown, Governor

Medical Board

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March 11, 2016

Health Professional Regulatory Boards Audit Team:

Ed Conlow, Executive Director, Board of Medical Imaging
Anna Sanger Reed, Public Member, Speech/Language Pathology & Audiology
Lori Makinen, Executive Director, Veterinary Medical Board
Ruby Jason, Executive Director, Board of Nursing

Re: Peer Audit Questionnaire Responses

Dear Audit Team:

Thank you for the opportunity to respond to the peer review questionnaire of the Oregon Medical Board (OMB). We hope the information provided below helps to begin reviewing the OMB's operations. We look forward to collaborating with you to find opportunities for improvement and to highlight the areas in which we excel.

1. How easy or difficult is it for the public to file a complaint and how do complainants get feedback?

The OMB has a Complaint Resource Officer (Randy Day or David Lilly) available by phone and e-mail during business hours. This staff person takes inquiries on what types of complaints are investigated, how to file a complaint, and the complaint process. In addition, the OMB website features similar information on filing a complaint (www.oregon.gov/omb/Investigations/Pages/How-to-File-a-Complaint.aspx). Complaints may be submitted on an OMB form (readily available online) or by letter according to instructions on the website. When an investigation is opened, the complainant is notified by letter. The complainant is given the name and contact information for the assigned investigator and invited to call during the investigation if they have additional information or questions. When an investigation is closed, the complainant is notified by letter about the resolution of the case. If any public Order has been issued, a copy of that Order will be included for the complainant.

2. What has been your experience with contested case hearings in the last five years?

Please see Attachment 1 for a chart and specific outcomes. Each year, most scheduled contested case hearings (CCHs) are settled, canceled or withdrawn before they reach a hearing. To achieve efficiencies, the OMB has worked hard over the last five years to only schedule the CCH with the Office of Administrative Hearings when it becomes clear that an agreement cannot be reached with the licensee. Therefore, the number of scheduled CCHs has been dramatically reduced.

3. Have you had a complaint backlog anytime in the last five years? If so, how did you address this?

The OMB receives more than 750 complaints each year. While the number of incoming cases can be overwhelming at times, the OMB has not experienced a backlog in reviewing complaints and opening cases. Each complaint is reviewed by the Chief or Assistant Chief Investigator within one to two weeks. Within a week, a decision is made whether to assign an investigation, refer to another agency with jurisdiction, or close the complaint because there is no allegation of a violation of the Medical Practice Act.

To prevent backlogs, administrative duties related to investigations have been increasingly moved to investigative support staff. With impending retirements in the department, the OMB has engaged an outside consultant for an extensive review of the investigation process to look for additional efficiencies.

The OMB does experience a backlog in scheduling licensees and applicants for interviews with the Investigative Committee (IC), a sub-committee of the Board. (See Attachment 3 for the number of investigative interviews held each year.) To assist with scheduling, the OMB has added “mini” IC meetings in addition to the eight regularly scheduled meetings each year. The OMB has also begun to explore using technology such as GoToMeeting.com in interviews.

Once a case is opened and assigned to an investigator, the investigation timeline may be extended to allow for adequate due process and several other significant factors. First, most licensees under investigation have the assistance of counsel. The OMB finds this to be helpful to the licensee as well as the agency; however, it can draw out the timeline for completing an investigation due to logistical aspects of including another person. Second, an investigation may include review of multiple, complex patient records. These records are often coming from large health systems and may include hundreds or thousands of pages of documentation. Third, as the practice of medicine becomes more specialized, it is necessary for the Board to rely on medical consultants who are experts in the particular field. In some areas of practice, there are a limited number of physicians in that specialty, resulting in a small community of physicians who are very well-known to one another. In one current case, the Board must consult with an out-of-state surgeon who specializes in one particular surgery. As a result of these factors and extensive settlement negotiations and appeals, official closure can be delayed for years.

4. How do you evaluate and ensure consistency in disciplinary actions?

The OMB continually evaluates the consistency of disciplinary actions. The agency's database allows extensive tracking of investigation categories and disciplinary actions. Legal externs have independently reviewed and evaluated the OMB's disciplinary action for specific categories of investigations. One such study was published in the *Journal of Medical Regulation* in 2015.

To ensure ongoing consistency, experienced Board members in leadership positions mentor the incoming Board members and provide guidance on the range of available actions and how similar cases have been resolved in the past. Board members assigned to the Investigative Committee (IC) for the first time are also given an IC-specific half-day orientation. In addition, the OMB staff has institutional knowledge and can provide data from the robust database on similar cases and their resolutions. Kathleen Haley has served as the agency's Executive Director since 1994 and works diligently to orient new Board members. Finally, the OMB's Assistant Attorney General (AAG) provides advice on appropriate disciplinary actions in keeping with past actions. Ultimately, no disciplinary action is pursued or issued without sign-off from multiple OMB officials.

5. What has been your experience or challenges in monitoring compliance with the terms of probation and terms of final orders?

The OMB has a Compliance Officer (Terry Lewis) who is charged with monitoring compliance with Board Orders, which may include probation as a term. The Compliance Officer reviews periodic reports from practice mentors, supervisors and treating physicians. He also meets with licensees quarterly with at least one meeting a year at the licensee's practice location. Through the activities of the Compliance Officer position, we have been able to consistently meet or beat our Key Performance Measure target of 6% for recidivism.

Licensees with a term of probation are also required to come to the Board's office one time each year to meet with a Board member one-on-one.

6. How do you verify license application information is correct?

Application information is subject to primary source verification. In other words, any information required for an applicant to qualify for a license must come directly from the source. For example, the medical school and the post-graduate training institution must send verification of successful completion of their programs directly to the OMB in an institution envelope. These documents will not be accepted from the applicant. Primary source verification meets national standards for verification of applicant credentials.

In 2009, HB 2435 created a program for expedited physician licensure. This legislatively-created pathway to licensure allows the OMB to obtain an applicant's documentation of medical school and residency completion from another state or from their certifying board. To qualify, an applicant must have adequate prior medical practice and no derogatory information in their history. For these applicants, the OMB relies on the primary source verification performed by

the certifying board or the state where the applicant was first licensed. OMB staff still primary source verify all other requirements.

All applicants for licensure undergo a state and federal criminal background check by submitting fingerprints to the Oregon State Police and FBI. In addition, any concerns about the completeness or accuracy of the information provided to the Board may be resolved by an interview with the applicant regarding areas of concern or direct peer-to-peer contact between the Board's Executive Director or Medical Director and the source of the information.

7. What kind of background checks do you require in your licensing process?

All initial applicants and licensees who are applying to reactivate their license to a practicing status are required to submit fingerprints for a state and federal criminal background check with the Oregon State Police and the FBI. In addition, their medical practice backgrounds are checked with a query of the national databanks (e.g. the National Practitioner Data Bank and the Federation of State Medical Boards) for any disciplinary actions taken by other state boards or healthcare facilities and any closed malpractice claims. OMB staff also queries the specialty certifying boards if a physician claims board certification. Finally, the primary source verification process itself (direct verification of credentials with residency programs, employers, and others) provides additional details on the applicant's background.

8. How do you determine whether applicants meet the minimum qualifications to enter practice?

The online application process serves as a checklist to ensure that the applicant provides all required elements to meet the minimum qualifications for licensure. Upon submission of the application, OMB licensing staff reviews the information provided on the application and cross-references it with the relevant statutes and rules that set the minimum qualifications. This allows staff to make an initial determination of eligibility. After this initial processing of the application, all of the information is primary source verified to ensure that the applicant does, in fact, meet the minimum qualifications for licensure.

9. Do you require an ethics/jurisprudence state examination or the equivalent?

Yes, an examination on the Medical Practice Act and the Board's administrative rules and Statements of Philosophy is required for licensure. All initial applicants are required to pass this jurisprudence exam. Applicants have three attempts to pass the examination, after which time they will be interviewed by a Board member or the Medical Director. They then have one more opportunity to take and pass the exam.

A revised examination is currently under review by the Board. It will be shorter and relevant to all applicants regardless of practice specialty.

10. Is your budget sufficient for your investigative, legal, and contested case costs?

Yes. The Board has a long history of well-managed budgets. We find efficiencies whenever possible to keep our fees low while maintaining a sufficient ending balance.

11. What kind of public or professional outreach and education efforts do you use?

The OMB publishes a quarterly newsletter with timely, relevant information for licensees and the larger medical community. The OMB's robust website was relaunched in 2013 with information on Board programs and online access to public records and Board information. Kathleen Haley has regular speaking engagements at all Oregon medical schools, PA training programs, acupuncture schools, professional associations and societies, hospitals, health care facilities, and interest groups. Kathleen, the OMB's Medical Director, and other OMB staff also regularly present at state and national conferences on topics of medical regulation.

12. How is information about final disciplinary actions made available to the public?

The complainant in an investigation receives a letter with any disciplinary action that was taken, including a paper copy of the Order. In addition, hospitals or other facilities where a licensee has self-reported privileges are mailed a copy of the action.

The OMB maintains an e-mail listserv of interested parties. A monthly Board Action Report is posted to the OMB website with all public actions taken during that monthly period, and a notification of the posting is sent to the listserv.

The OMB's quarterly newsletter contains all actions taken by the Board over that quarter. It is distributed on paper or electronically to all licensees, all hospitals, and any other interested party which may include members of the news media and the public.

Finally, any interested person may query the OMB's website for a specific licensee. Associated disciplinary actions will be available on the website. Alternatively, a person may submit a public records request for all Board actions relevant to a particular licensee.

13. Is malpractice information available from the Board or on a website?

Yes. Closed malpractice claims that result in a judicial finding or admission of liability, monetary judgment, award or settlement for payment to the claimant (whether on behalf of the licensee or not) are available on the Board's website through the individual licensee's verification page (<http://omb.oregon.gov/verify>).

In accordance with ORS 742.400(5)(a), claims that do not result in a judicial finding or admission of liability, a monetary judgment, award or settlement for payment to the claimant are not available on the website. These claims will be provided upon public records request but will not include the allegation.

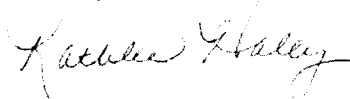
In accordance with ORS 742.400(5)(b), claims prior to January 1, 2010, are not available on the website if the licensee did not have a new claim filed within a four-year period. These claims are provided upon public records request.

The Board sends a quarterly update on closed malpractice claims to subscribers of the Board's malpractice report listserv. Subscribers may be any interested parties, including members of the public and media, licensees, hospitals, health systems, and credentialing organizations. In addition, the Board offers a monthly report of all newly closed malpractice claims for a nominal public records fee.

14. Is your national data bank reporting up to date?

Yes. Reports are made within 30 days of taking disciplinary action if the action is reportable. In most cases, reports are made to both the Federation of State Medical Boards (FSMB) and the National Practitioner Data Bank (NPDB) within one to two weeks of the disciplinary action. The FSMB performs regular audits of the actions reported in order to catch any discrepancies between their records and the OMB's records. The NPDB also performs audits and reports state board compliance on its website.

Sincerely,



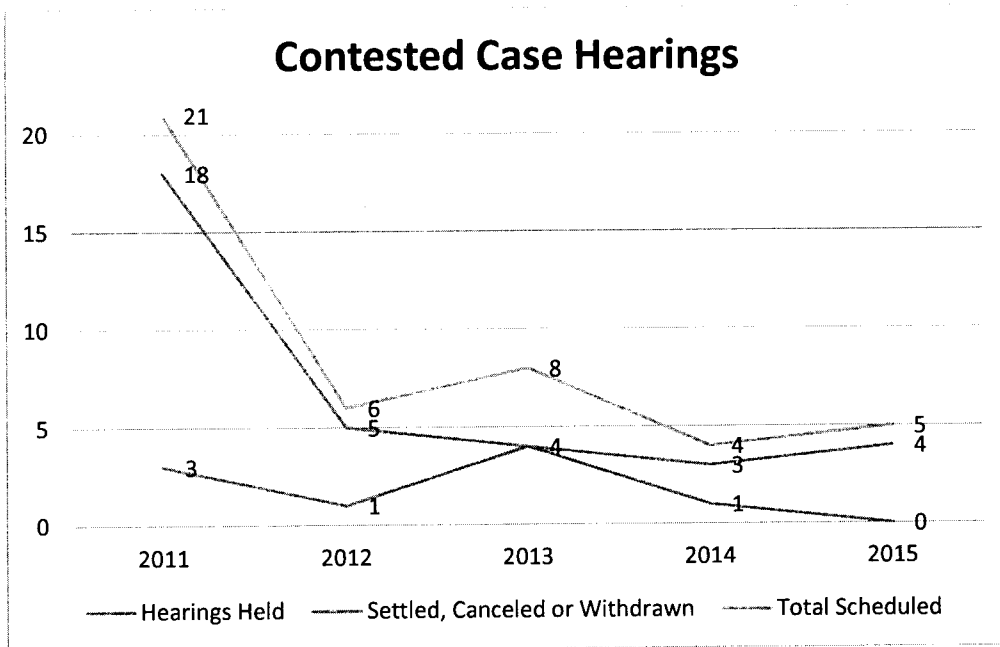
Kathleen Haley
Executive Director

KH:nk

Enclosures: Attachment 1: Contested Case Hearings Statistics and Outcomes (2011-2015)
Attachment 2: Relevant Key Performance Measures (2010 or earlier-2015)
Attachment 3: Complaint and Board Actions Statistics (2011-2015)
Attachment 4: Complaint Process Description
Attachment 5: Open Case Log
Attachment 6: Open Compliance Case Log
Attachment 7: Licensing Statistics (2011-2015)

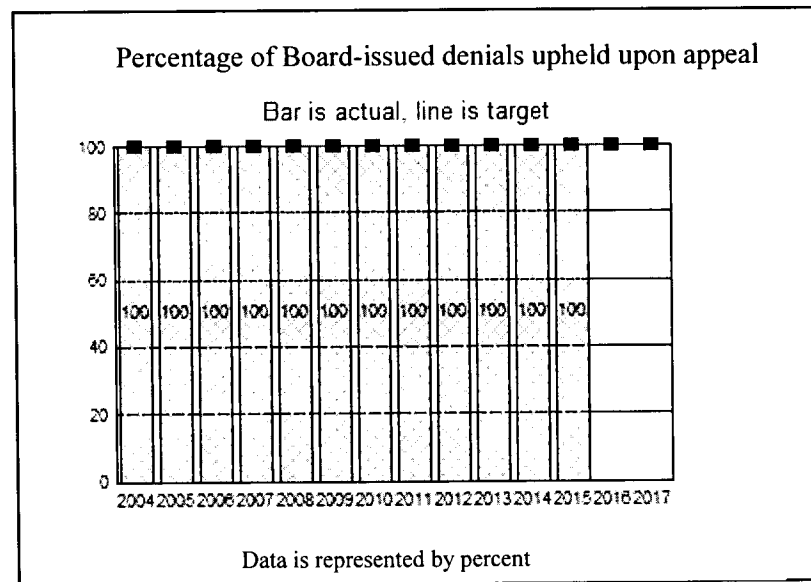
Attachment 1

Contested Case Hearings (2011-2015)



	# Held	Outcomes
2011	3	2 Final Orders: <ul style="list-style-type: none"> • 1 OMB prevailed at hearing • 1 Board overturned ALJ's proposed order; it was later appealed and reversed due to insufficient notice 1 Default Final Order (licensee did not appear for the hearing)
2012	1	Default Final Order (licensee did not appear for the hearing); currently under appeal
2013	4	4 Final Orders (one is currently under appeal)
2014	1	Stipulated Order (settled matter outside of CCH)
2015	0	

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 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 Board's licensing decisions since the measure was enacted in 2002. For fiscal year 2015, we had 1,546 license applications none of which were denied.

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

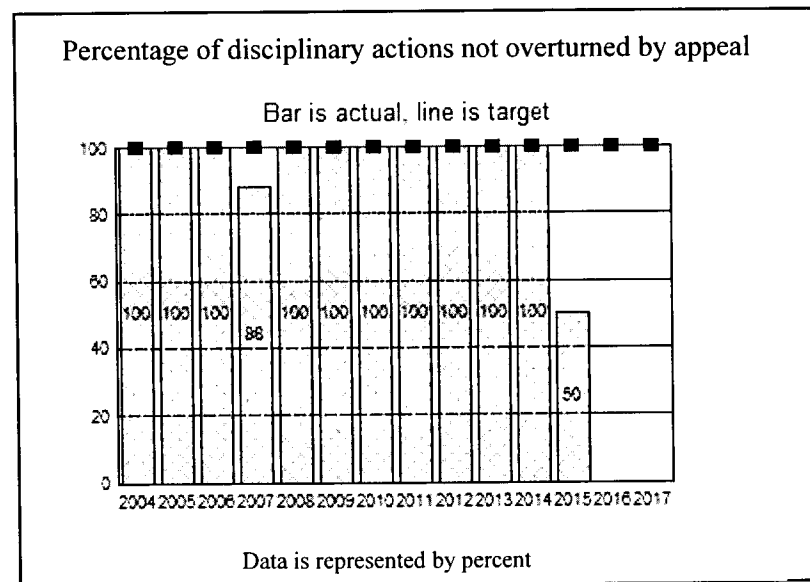
Continue with our current successful practices.

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, 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, and Corrective Action Orders reportable to the National Practitioner Databank or Final Orders. In fiscal year 2015, 52 orders were issued for 68 cases. Of these, 2 orders were appealed. There was one order pending at the close of fiscal year 2013 that is still pending. There were two other appeals pending at the close of fiscal year 2013 that were closed during fiscal year 2015, in one of which the Board's decision was reversed.

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.

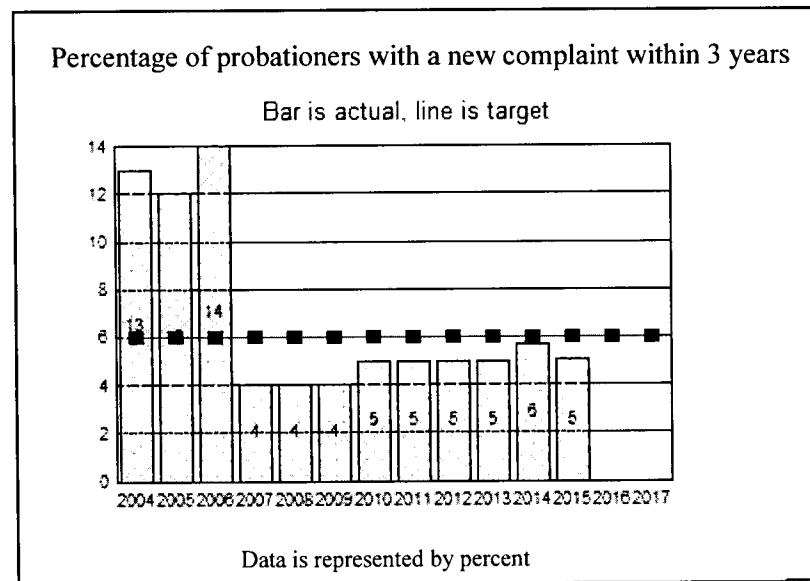
6. WHAT NEEDS TO BE DONE

Although we did not meet our target for fiscal year 2015, the Board considers a single successful appeal since 2008 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.

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 by 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 Board's 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 were unable to achieve the target 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 2015, we had 178 probationers, 9 of whom had a new investigation opened within 3 years of the original Board order, a recidivism rate of 5.06%. We have been able to meet our target for a ninth 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

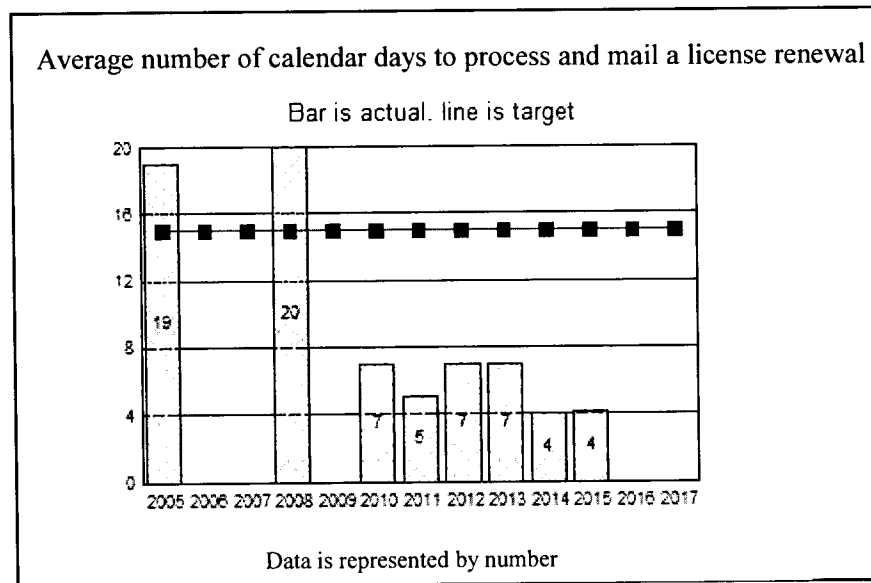
Continue with our current successful practices.

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

A target of 15 days was selected in 2001 based on actual results at that time.

3. HOW WE ARE DOING

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

4. HOW WE COMPARE

There is no comparative data available.

5. 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 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 17,350 in all) occurs biennially during even-numbered fiscal years. 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

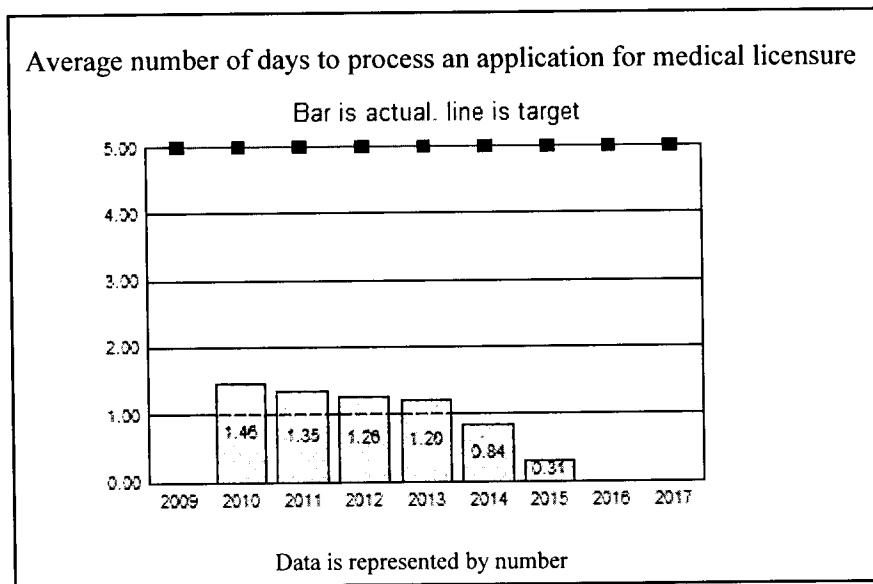
The agency continues to modify its internal organization and procedures to ensure that licensees are given timely and complete information about their responsibilities in the renewal process. The agency replaced its entire database to modernize our processes. This licensing and case management system 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 #9	LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of	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 of 5 days was established in 2009 based on the agency weekly approval schedule. The agency currently approves licenses more frequently but given available information, the 5-day target is comparable to other state medical licensing boards.

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

The Oregon Medical Board is processing licenses faster than other state's medical licensing boards for which information is available.

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.

Attachment 3**Complaints & Board Actions (2011-2015)**

Investigation Category	2011	2012	2013	2014	2015
Preliminary Phone Calls	2,427	2,127	2,298	2,369	2,371
Preliminary E-mails	187	149	162	266	290
Written Complaints*	799	757	719	778	763

**Only written complaints result in an investigation.*

Investigation Action	2011	2012	2013	2014	2015
Investigations Opened	744	754	719	778	764
Investigative Committee Interviews	65	74	56	53	50
Investigations Closed	723	762	722	731	728

Source of Complaint	2011	2012	2013	2014	2015
Oregon Medical Board	53	55	86	49	63
Board or HPSP Non-Compliance	2	0	21	18	17
Hospital or Other Health Care Institution	38	30	25	31	24
Insurance Company	3	8	4	7	5
Malpractice Review	20	28	37	44	37
Other	85	75	55	67	69
Other Boards	10	5	5	9	6
Other Health Care Providers	56	66	66	62	57
Patient or Patient Associate	442	448	410	479	473
Pharmacy	6	8	10	5	4
Self-Reported	26	21	23	30	21

ENVIRONMENTAL PROTECTION AGENCY

2011

2012

2013

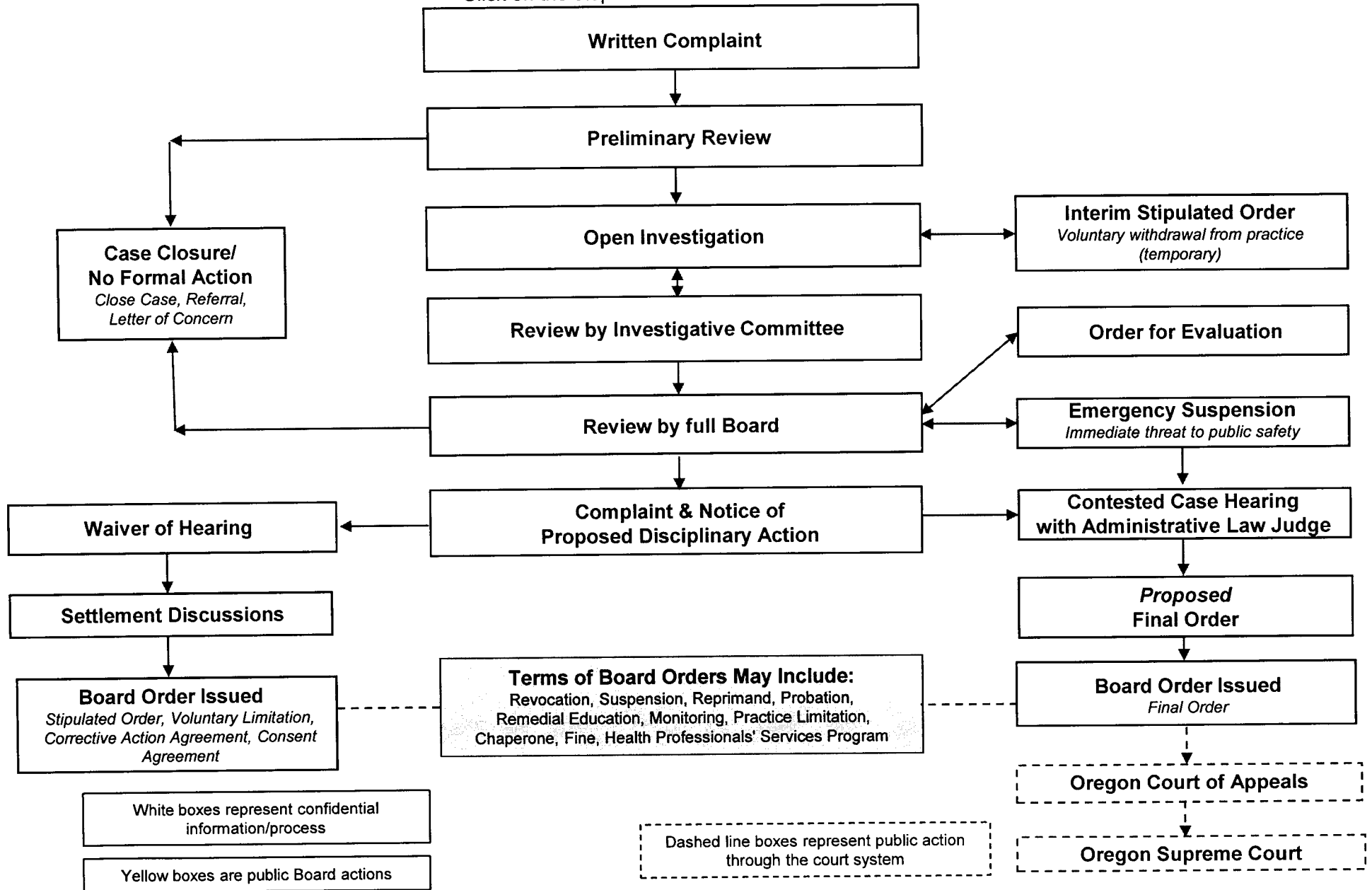
2014

2015

		2011	2012	2013	2014	2015
Investigations Closed without Public Order	No Apparent Violation	335	394	313	316	300
	No Violation/ Preliminary Investigation	125	95	110	103	123
	No Violation/ Reviewed by Committee	93	81	124	121	132
	No Violation/ Letter of Concern	81	107	104	114	98
	Exceptionally Closed	1	8	6	3	3
	Temporarily Closed	2	1	0	1	0
	Other	16	13	10	9	9
Investigations Closed with Public Order	Corrective Action Agreement	10	17	11	20	19
	Stipulated Order	41	38	37	35	40
	Voluntary Limitation	3	2	0	0	1
	Automatic Suspension	3	3	0	2	1
	Final Order (includes Default Final Order)	11	1	3	7	2

ANATOMY OF A COMPLAINT

Click on the steps below for more information.



Written Complaint

The Oregon Medical Board (OMB) requests that complaints about licensees be made in writing. Specific information about the person making the complaint (name, address and phone number) is needed so that they can be contacted for additional information and regarding the outcome of the complaint (The complaint form can be found [here](#)).

Complainant information and the complaint are confidential. OMB staff will only reveal information required to further the review of the complaint. Identifying information on the complainant is not given out.

For more information regarding the types of complaints the Board can and cannot act upon, please click [here](#).

RETURN TO FLOWCHART

Preliminary Review

All complaints received by the Oregon Medical Board (OMB) are entered into an electronic database and reviewed by OMB staff to determine if there is an alleged violation of the Medical Practice Act. All complaints are reviewed by the Chief Investigator and the Assistant Chief Investigator. The OMB's Executive Director, Medical Director and the Assistant Attorney General who is assigned to the OMB may also be involved in this review.

If there appears to be a potential violation of law in which the OMB could take a formal action, then the matter is assigned for additional work.

If there does not appear to be a violation in which the OMB may take a formal action, the case will be closed with no formal action. The complainant will be notified of the outcome.

These matters remain confidential when the case is closed.

RETURN TO FLOWCHART

Case Closure / No Formal Action

After Preliminary Review:

Cases may be closed after a preliminary review when it is determined the Oregon Medical Board (OMB) lacks jurisdiction in the matter or there is insufficient evidence to prove that a violation of Oregon law (Medical Practice Act) has occurred. The OMB will notify the complainant of such a case closure and will attempt to provide resources or make referrals to entities such as other regulatory/licensing boards or law enforcement when appropriate. Closed cases remain confidential.

After Board Review:

Cases may be closed after review by the full 12 member Board with no formal disciplinary action. In some instances, closure was due to insufficient evidence to prove that a violation of law occurred. In other cases, there may be no violation of law that warrants formal public action, but the Board is nonetheless concerned about some aspect of the licensee's conduct or performance. As a result, the Board will send a confidential Letter of Concern to the licensee that provides guidance on practice improvement. These cases remain confidential.

RETURN TO FLOWCHART

Open Investigation

If after preliminary review, it is determined that a violation of Oregon law (Medical Practice Act) may have occurred in which the Board could take a formal action, the matter is assigned to an Oregon Medical Board (OMB) Investigator for further investigation. The Investigator will work with the OMB Medical Director and Chief Investigator as needed to determine what information is necessary to evaluate the matter. Information that is gathered may include medical records, pharmacy records or information from other healthcare providers or witnesses that may have relevant information. Confidentiality is maintained as much as possible during the course of an investigation. Only information required to further the investigation is released. All gathered information is reviewed by OMB's Chief Investigator, Medical Director and Executive Director prior to presentation to the Investigative Committee (IC) for review and direction.

The IC may request that additional information be gathered or for additional steps to be taken. Those steps may include obtaining information on additional patients that may have been treated by a licensee, inviting the licensee to be interviewed by the IC or having an outside expert review the matter and render an opinion.

RETURN TO FLOWCHART

Interim Stipulated Order (ISO)

If information is gathered during the course of the investigation that raises concern about public safety, the licensee may be requested to voluntarily sign an Interim Stipulated Order (ISO). An ISO is an agreement between the Board and the licensee which places conditions on the licensee's practice. Those conditions may range from limitations on practice to ceasing practice until the investigation is complete. This Order is not considered a disciplinary action; however, it is a public document.

RETURN TO FLOWCHART

Review by the Investigative Committee (IC)

The Investigative Committee (IC) is composed of five of the Board's 12 members. At least one of the IC members is a public, non-physician member of the Board.

The IC reviews investigations that have been conducted by OMB staff investigators, directs further investigative steps that may need to be undertaken and interviews licensees who are under investigation when appropriate. The IC may direct that information be obtained from other specific healthcare providers or witnesses or that a more detailed review of a licensee's practice be conducted through the review of additional patient records. The IC may direct that an outside consultant be obtained to review the care provided by the licensee. Ultimately, the IC makes recommendations to the full Board regarding case resolutions.

RETURN TO FLOWCHART

Order for Evaluation

If concerns are raised regarding a licensee's physical or mental health or their medical knowledge or competence, the Board may issue an order for the licensee to get an appropriate evaluation to assess those concerns. These orders are confidential.

RETURN TO FLOWCHART

Review by the Full Board

The Board is composed of 12 members; nine physicians, one podiatric physician, and two are non-physician public members. The Board reviews cases and recommendations from the Investigative Committee (IC) and makes final decisions on the cases. Prior to rendering a decision, the Board will review all materials that have been gathered in relation to the case. The Board members may refer the matter back to the IC if they desire additional information or investigative steps be taken.

If, after the case has been reviewed, the Board believes there is enough evidence to support a finding that there has been a violation of the law (Medical Practice Act), the Board may vote to issue a Complaint and Notice of Proposed Disciplinary Action, which is a public document.

If the Board finds that there is insufficient evidence to support a finding that the law was violated, the Board will direct that the case be closed with no formal action. In those cases where the Board has concerns regarding some aspect of the licensee's conduct or performance, the Board may send a confidential Letter of Concern that provides guidance on practice improvement.

To learn more about the Board and Committee assignments, please visit [Board and Committee Assignments](#).

RETURN TO FLOWCHART

Emergency Suspension

The Order of Emergency Suspension is issued when the licensee poses an *immediate* threat to the safety and welfare of his or her patients. This is a public document to immediately suspend the licensee's practice pending the completion of the investigation. The licensee has a right to a Contested Case Hearing on this interim order.

RETURN TO FLOWCHART

Complaint and Notice of Proposed Disciplinary Action

If the Board finds evidence to support a violation(s) of the Medical Practice Act, it will propose disciplinary action by issuing a Complaint and Notice of Proposed Disciplinary Action (C&N). The C&N outlines the specific allegations against the licensee and summarizes the basis for disciplinary action. Upon receipt, the licensee may request a Contested Case Hearing or waive the right to a hearing. The C&N is a public document available upon a public records request.

RETURN TO FLOWCHART

Waiver of Hearing

If a licensee waives the right to a Contested Case Hearing or fails to request one, the licensee may enter into settlement discussions with the Board or do nothing and accept a Default Final Order.

RETURN TO FLOWCHART

Contested Case Hearing

If the licensee requests a hearing, he or she can either enter into settlement discussions with the Board to find a mutually acceptable resolution, or proceed with a contested case hearing presided over by an administrative law judge, who will draft a Proposed Final Order. The Board will then review the Proposed Final Order and determine the appropriate final action.

RETURN TO FLOWCHART

Board Order Issued

The Board may issue a Stipulated Order, a Voluntary Limitation, a Corrective Action Agreement or a Consent Agreement. Terms and language in these orders are agreed upon by the licensee and the Board. These orders are all public documents. The terms of these Board orders may include revocation, suspension, reprimand, probation, remedial education, monitoring, practice limitation and fines.

RETURN TO FLOWCHART

Default Final Order

The Board may issue a Default Final Order if the licensee did not submit a request for a Contested Case Hearing after receiving a Complaint and Notice of Proposed Disciplinary Action, or if the licensee fails to appear at a hearing without good cause. The Default Final Order imposes action upon the licensee and is usually serious in nature, such as revocation of a license. This is a public document.

RETURN TO FLOWCHART

Proposed Final Order

After a Contested Case Hearing, an Administrative Law Judge (ALJ) will issue a Proposed Final Order. This proposed order is not a public document. The Board has the discretion to revise the findings, sanctions and terms of this proposed order when it issues a Final Order.

RETURN TO FLOWCHART

Final Order

The Final Order (FO) is a public document that is issued by the Board after the completion of a Contested Case Hearing and subsequent to a Proposed Final Order. The FO generally imposes action upon the licensee and is often serious in nature.

RETURN TO FLOWCHART

Stipulated Order

The Stipulated Order (SO) is a public document stipulating that the licensee has violated the Medical Practice Act. The licensee agrees to the specific terms or sanctions in the SO; however, sometimes the licensee “neither admits nor denies” the violation.

RETURN TO FLOWCHART

Voluntary Limitation

The Voluntary Limitation (VL) is a public document. The terms are agreed upon by the licensee and the Board. A VL may restrict or limit an area or areas of the licensee’s practice, but is not usually disciplinary.

RETURN TO FLOWCHART

Corrective Action Agreement

The Corrective Action Agreement (CAA) is a public, non-disciplinary order designed to modify, monitor or otherwise correct an identified problem. The terms are agreed upon by the licensee and the Board. There are no findings of serious wrong doing, and identified problems can be addressed through remediation.

RETURN TO FLOWCHART

Consent Agreement (CA)

The Consent Agreement (CA) is a non-disciplinary, public agreement between the Board and the licensee to resolve an issue or address deficiencies identified by the Board. A CA is often used to formalize a re-entry plan for a licensee who proposes to return to clinical practice after ceasing practice for a significant period of time.

RETURN TO FLOWCHART

Oregon Court of Appeals

A licensee may choose to appeal a Final Order issued by the Board. The licensee may ask for judicial review by the Oregon Court of Appeals within 60 days from the date of the Final Order.

RETURN TO FLOWCHART

Case #	Investigator	Complaint #	Case Open Date	Current Status	Date of Status	Days In Status	License Status
11-0789	WF	2	12/28/2011	Settlement Discussion - Hearing Requested	04/14/2014	695	Active
12-0024	WF	3	01/17/2012	Settlement Discussion - Hearing Requested	04/14/2014	695	Active
13-0614	RD	2	10/23/2013	Order Signature Pending	07/17/2015	236	Active
13-0649	TL	9	11/07/2013	Board Agenda	03/03/2016	6	Suspended
13-0662	VW	8	11/13/2013	Hearing Pending	10/19/2015	142	Active
13-0725	MS	2	12/13/2013	Consultant Report Pending	08/07/2015	215	Active
14-0095	VW	9	02/06/2014	Hearing Pending	10/19/2015	142	Active
14-0126	WF	1	02/27/2014	Order Signature Pending	11/03/2015	127	Active
14-0200	WF	2	04/07/2014	Order Signature Pending	11/03/2015	127	Active
14-0212	WF	1	04/11/2014	Board Consent Agenda	02/25/2016	13	Emeritus
14-0255	WF	5	04/30/2014	Settlement Discussion - Hearing Requested	01/08/2015	426	Active
14-0297	WF	1	05/20/2014	Board Agenda	03/03/2016	6	Active
14-0317	MS	2	05/27/2014	Consultant Report Pending	01/12/2016	57	Active
14-0346	DL	3	06/05/2014	Board Agenda	03/03/2016	6	Active
14-0474	MS	3	08/11/2014	Settlement Discussion - Hearing Requested	02/23/2016	15	Active
14-0528	VW	3	08/29/2014	CN Staffing	09/09/2015	182	Active
14-0540	DL	8	09/05/2014	Board Agenda	03/03/2016	6	Inactive
14-0548	MS	4	09/09/2014	Order Signature Pending	02/03/2016	35	Active
14-0571	WF	1	09/16/2014	Order Staffing	03/09/2016	0	Lapsed
14-0583	WF	3	09/29/2014	Evaluation Pending	10/08/2015	153	Inactive
14-0611	WF	4	10/07/2014	CN Staffing	09/09/2015	182	Active
14-0615	WF	7	09/26/2014	Obtain Charts and Consultant	06/04/2015	279	Active
14-0637	MS	8	10/20/2014	Board Consent Agenda	03/03/2016	6	Active
14-0642	DL	3	10/20/2014	Board Consent Agenda	03/03/2016	6	Active
14-0667	RD	1	10/29/2014	Board Consent Agenda	03/03/2016	6	Active
14-0671	WF	2	10/30/2014	Settlement Discussion - Hearing Requested	02/19/2016	19	Active
14-0672	TL	2	10/30/2014	Hearing Pending	09/11/2015	180	Active
14-0676	WF	3	11/04/2014	Order Signature Pending	11/03/2015	127	Active
14-0683	DL	2	10/30/2014	Board Consent Agenda	02/25/2016	13	Active
14-0700	WF	5	11/12/2014	CN Staffing	09/09/2015	182	Active
14-0715	MS	1	11/17/2014	Board Consent Agenda	03/03/2016	6	Active
14-0718	WF	4	11/17/2014	Evaluation Pending	10/08/2015	153	Inactive
14-0758	MS	1	12/01/2014	IC Agenda	12/31/2015	69	Retired
14-0774	DL	3	12/08/2014	Board Consent Agenda	02/25/2016	13	Active
14-0779	VW	11	12/10/2014	Hearing Pending	10/19/2015	142	Active
14-0801	VW	1	12/18/2014	Intake Review	02/22/2016	16	Active
14-0802	WF	2	12/18/2014	Order Staffing	03/09/2016	0	Lapsed
14-0809	TL	16	12/22/2014	Additional Investigation	06/04/2015	279	Active
15-0010	MS	1	01/07/2015	Order Signature Pending	03/09/2016	0	Inactive
15-0039	WF	1	01/26/2015	Additional Investigation	02/11/2016	27	Active
15-0050	WF	6	01/26/2015	Board Agenda	02/04/2016	34	Active
15-0051	WF	2	01/26/2015	Board Agenda	03/03/2016	6	Active
15-0056	WF	2	01/28/2015	Board Agenda	03/09/2016	0	Approved
15-0067	VW	1	02/02/2015	Order Signature Pending	10/26/2015	135	Active

15-0078	DL	3	02/09/2015	IC Interview/ Consultant Pending	02/04/2016	34	Inactive
15-0102	RD	1	02/18/2015	Obtain Charts and Consultant	02/09/2016	29	Active
15-0103	MS	2	02/18/2015	IC Agenda	02/23/2016	15	Active
15-0122	DL	1	03/12/2015	IC Interview/ Consultant Pending	02/04/2016	34	Active
15-0138	WF	11	03/11/2015	Order Draft Pending	03/03/2016	6	Active
15-0149	WF	8	03/16/2015	Obtain Charts and Consultant	06/04/2015	279	Active
15-0150	MS	6	03/16/2015	Consultant Report Pending	01/29/2016	40	Active
15-0151	TB	3	03/16/2015	Order Signature Pending	03/03/2016	6	Active
15-0156	TL	3	03/17/2015	Board Agenda	03/07/2016	2	Active
15-0169	MS	2	03/26/2015	IC Interview/ Consultant Pending	02/26/2016	12	Active
15-0170	DL	2	03/26/2015	Obtain Charts and Consultant	08/06/2015	216	Active
15-0179	RD	1	03/31/2015	IC Agenda	02/29/2016	9	Locum Tenens
15-0181	TB	3	04/01/2015	Board Agenda	02/04/2016	34	Active
15-0183	DL	9	04/03/2015	Board Agenda	03/03/2016	6	Inactive
15-0189	TB	1	04/06/2015	Order Staffing	03/08/2016	1	Active
15-0206	VW	2	04/14/2015	Obtain Charts and Consultant	11/05/2015	125	Active
15-0217	DL	4	04/17/2015	Obtain Charts and Consultant	02/04/2016	34	Active
15-0218	WF	9	04/17/2015	Obtain Charts and Consultant	12/09/2015	91	Active
15-0225	TL	7	04/21/2015	Evaluation Pending	02/04/2016	34	Active
15-0235	MS	9	04/27/2015	Consultant Report Pending	01/29/2016	40	Active
15-0237	RD	3	04/27/2015	IC Agenda/Interview	01/29/2016	40	Active
15-0239	RD	3	04/30/2015	Order Staffing	03/08/2016	1	Active
15-0247	DL	3	04/30/2015	Obtain Charts and Consultant	11/05/2015	125	Active
15-0250	WF	3	05/01/2015	Additional Investigation	02/18/2016	20	Active
15-0258	TB	1	05/06/2015	Board Consent Agenda	02/25/2016	13	Active
15-0259	DL	7	05/06/2015	IC Interview/ Consultant Pending	02/04/2016	34	Active
15-0260	TL	4	05/06/2015	Board Agenda	02/04/2016	34	Active
15-0262	TB	1	05/08/2015	IC Agenda	03/04/2016	5	Active
15-0263	TB	11	05/08/2015	IC Agenda	03/04/2016	5	Active
15-0269	WF	4	05/11/2015	Order Signature Pending	11/03/2015	127	Active
15-0272	DL	3	05/11/2015	Board Consent Agenda	02/25/2016	13	Active
15-0273	TB	1	05/11/2015	Obtain Charts and Consultant	11/05/2015	125	Active
15-0278	RD	2	05/15/2015	Consultant Report Pending	01/27/2016	42	Active
15-0286	MS	1	05/18/2015	Consultant Report Pending	01/12/2016	57	Active
15-0289	WF	3	05/19/2015	Ready for IC/Interview	02/16/2016	22	Active
15-0295	TB	2	05/19/2015	Interview with Medical Director	02/04/2016	34	Lapsed
15-0297	WF	5	05/19/2015	Order Signature Pending	11/03/2015	127	Active

15-0305	MS	3	05/22/2015	Consultant Report Pending	01/29/2016	40	Active
15-0328	RD	1	06/01/2015	Obtain Charts and Consultant	03/03/2016	6	Active
15-0339	RD	2	06/08/2015	Additional Investigation	03/08/2016	1	Active
15-0344	MS	1	06/09/2015	Order Staffing	03/08/2016	1	Locum Tenens
15-0346	DL	14	06/09/2015	Board Consent Agenda	02/25/2016	13	Active
15-0362	WF	1	06/15/2015	Order Signature Pending	01/26/2016	43	Active
15-0377	TB	5	06/23/2015	IC Agenda	02/22/2016	16	Suspended
15-0385	WF	1	06/29/2015	IC Interview/ Consultant Pending	03/03/2016	6	Active
15-0391	RD	1	07/01/2015	IC Agenda	02/25/2016	13	Active
15-0392	MS	1	07/02/2015	IC Agenda	12/03/2015	97	Lapsed
15-0393	TB	2	07/06/2015	IC Interview/ Consultant Pending	02/04/2016	34	Active
15-0402	TB	1	07/08/2015	IC Interview/ Consultant Pending	02/04/2016	34	Pending Under Review
15-0405	RD	1	07/09/2015	IC Agenda/Interview	02/22/2016	16	Active
15-0406	TB	11	07/09/2015	Obtain Charts and Consultant	02/04/2016	34	Active
15-0408	MS	1	07/13/2015	Board Consent Agenda	02/25/2016	13	Active
15-0418	TB	1	07/16/2015	Board Agenda	03/03/2016	6	Pending Under Review
15-0420	TB	1	07/16/2015	Board Consent Agenda	03/03/2016	6	Expired
15-0423	WF	1	07/16/2015	Board Consent Agenda	02/25/2016	13	Active
15-0426	RD	2	07/20/2015	IC Interview/ Consultant Pending	02/04/2016	34	Active
15-0427	DL	1	07/17/2015	Obtain Charts and Consultant	02/04/2016	34	Active
15-0435	DL	1	07/20/2015	Board Consent Agenda	02/25/2016	13	Active
15-0439	RD	1	07/22/2015	Obtain Charts and Consultant	11/05/2015	125	Active
15-0446	TB	6	07/23/2015	Initial Investigation	08/05/2015	217	Active
15-0447	RD	2	07/23/2015	Obtain Charts and Consultant	11/05/2015	125	Active
15-0458	WF	2	07/30/2015	Order Signature Pending	01/26/2016	43	Active
15-0461	DL	2	08/04/2015	Board Consent Agenda	02/25/2016	13	Active
15-0466	WF	1	08/07/2015	Obtain Charts and Consultant	02/04/2016	34	Active
15-0470	DL	1	08/11/2015	Board Consent Agenda	02/25/2016	13	Active
15-0481	TB	3	08/17/2015	Obtain Charts and Consultant	02/17/2016	21	Active
15-0485	TB	1	08/18/2015	Initial Investigation	08/20/2015	202	Active
15-0486	RD	3	08/19/2015	Consultant Report Pending	01/27/2016	42	Active
15-0487	MS	2	08/19/2015	Board Agenda	03/03/2016	6	Lapsed
15-0489	RD	1	08/21/2015	Additional Investigation	02/22/2016	16	Active
15-0497	WF	2	08/25/2015	IC Interview/ Consultant Pending	03/03/2016	6	Active
15-0498	RD	1	08/25/2015	Board Agenda	03/03/2016	6	Active
15-0502	DL	3	08/27/2015	IC Agenda	12/14/2015	86	Active
15-0505	MS	3	08/31/2015	Board Consent Agenda	02/25/2016	13	Active
15-0509	MS	1	09/01/2015	Board Consent Agenda	03/03/2016	6	Active

15-0514	TB	2	09/01/2015	Obtain Charts and Consultant	02/04/2016	34	Active
15-0518	DL	3	09/03/2015	Additional Investigation	12/23/2015	77	Active
15-0520	WF	2	09/08/2015	Board Consent Agenda	02/25/2016	13	Active
15-0521	MS	2	09/08/2015	Obtain Charts and Consultant	02/04/2016	34	Active
15-0524	WF	1	09/10/2015	Board Consent Agenda	03/03/2016	6	Active
15-0526	TB	1	09/11/2015	IC Agenda	03/03/2016	6	Inactive
15-0528	TL	2	09/15/2015	Pending Closure	01/07/2016	62	Inactive
15-0532	TB	4	09/15/2015	Board Consent Agenda	02/25/2016	13	Active
15-0534	RD	3	09/17/2015	Consultant Report Pending	01/27/2016	42	Active
15-0536	TB	2	09/17/2015	Board Consent Agenda	02/25/2016	13	Active
15-0537	TB	1	09/17/2015	Board Consent Agenda	02/25/2016	13	Active
15-0541	TB	1	09/21/2015	IC Interview/ Consultant Pending	02/04/2016	34	Inactive
15-0542	TB	2	09/21/2015	Initial Investigation	09/22/2015	169	Active
15-0548	MS	1	09/24/2015	Board Consent Agenda	03/03/2016	6	Active
15-0549	RD	1	09/25/2015	Board Agenda	03/03/2016	6	Expired
15-0552	RD	5	09/28/2015	IC Agenda	12/22/2015	78	Emeritus
15-0554	DL	1	09/28/2015	Pending Closure	12/03/2015	97	Active
15-0556	RD	5	09/29/2015	Medical Director Review	01/29/2016	40	Active
15-0557	RD	1	09/29/2015	Medical Director Review	01/29/2016	40	Active
15-0564	DL	3	09/29/2015	Board Consent Agenda	02/25/2016	13	Active
15-0565	TB	1	09/30/2015	Board Consent Agenda	02/25/2016	13	Active
15-0566	TB	1	09/30/2015	Board Consent Agenda	02/25/2016	13	Active
15-0567	RD	1	09/30/2015	Board Consent Agenda	02/25/2016	13	Active
15-0568	DL	3	10/02/2015	Obtain Charts and Consultant	03/03/2016	6	Active
15-0574	WF	1	10/06/2015	Board Consent Agenda	02/25/2016	13	Active
15-0578	RD	1	10/07/2015	Board Consent Agenda	02/25/2016	13	Active
15-0579	RD	2	10/07/2015	Board Consent Agenda	02/25/2016	13	Active
15-0580	MS	1	10/08/2015	Board Consent Agenda	02/25/2016	13	Active
15-0581	WF	1	10/08/2015	Board Consent Agenda	03/03/2016	6	Retired
15-0582	VW	7	10/09/2015	Board Consent Agenda	03/03/2016	6	Active
15-0583	DL	2	10/12/2015	Pending Closure	12/03/2015	97	Active
15-0584	VW	7	10/12/2015	IC Agenda	03/09/2016	0	Pending
15-0585	RD	2	10/12/2015	Obtain Charts and Consultant	03/03/2016	6	Active
15-0587	TB	1	10/14/2015	IC Agenda	02/22/2016	16	Lapsed
15-0588	MS	1	10/09/2015	Board Consent Agenda	02/25/2016	13	Received
15-0591	DL	1	10/13/2015	IC Agenda/Interview	02/26/2016	12	Active
15-0593	VW	1	10/15/2015	Initial Investigation	10/30/2015	131	Pending Under Review
15-0595	TB	2	10/15/2015	Board Consent Agenda	03/03/2016	6	Emeritus
15-0596	MS	1	10/15/2015	Board Consent Agenda	03/03/2016	6	Active
15-0597	WF	1	10/15/2015	Initial Investigation	10/30/2015	131	Approved
15-0599	TB	1	10/16/2015	Initial Investigation	11/09/2015	121	Active
15-0600	TB	1	10/16/2015	Initial Investigation	11/09/2015	121	Active
15-0601	TB	1	10/16/2015	Board Consent Agenda	03/03/2016	6	Active
15-0607	DL	1	10/19/2015	Board Consent Agenda	02/25/2016	13	Active
15-0609	WF	1	10/20/2015	Board Agenda	03/03/2016	6	Expired
15-0610	TB	1	10/20/2015	Initial Investigation	10/30/2015	131	Active
15-0611	WF	5	10/20/2015	IC Interview/ Consultant Pending	03/03/2016	6	Active

15-0612	MS	1	10/20/2015	Initial Investigation	10/30/2015	131	Active
15-0615	TB	1	10/21/2015	Board Consent Agenda	03/03/2016	6	Active
15-0616	TB	1	10/21/2015	Board Consent Agenda	03/03/2016	6	Active
15-0618	WF	5	10/22/2015	Chief Investigator Review	02/12/2016	26	Active
15-0619	TB	3	10/22/2015	IC Interview/ Consultant Pending	02/04/2016	34	Active
15-0624	RD	1	10/26/2015	Initial Investigation	10/30/2015	131	Active
15-0628	TB	1	10/26/2015	Order Signature Pending	12/31/2015	69	Lapsed
15-0629	RD	1	10/26/2015	Board Consent Agenda	02/25/2016	13	Approved
15-0631	DL	6	10/29/2015	IC Interview/ Consultant Pending	03/03/2016	6	Active
15-0632	VW	1	10/29/2015	Pending Closure	03/07/2016	2	Active
15-0633	DL	1	10/29/2015	Medical Director Review	03/04/2016	5	Active
15-0635	MS	1	10/30/2015	Board Consent Agenda	03/03/2016	6	Active
15-0637	MS	2	11/03/2015	Board Consent Agenda	02/25/2016	13	Active
15-0638	WF	2	11/03/2015	IC Agenda	03/02/2016	7	Active
15-0644	DL	4	11/06/2015	IC Interview/ Consultant Pending	02/04/2016	34	Active
15-0645	WF	9	11/05/2015	IC Interview/ Consultant Pending	03/03/2016	6	Active
15-0651	MS	1	11/10/2015	Initial Investigation	01/25/2016	44	Active
15-0652	TB	7	11/09/2015	Board Consent Agenda	03/03/2016	6	Active
15-0653	WF	2	11/09/2015	IC Interview/ Consultant Pending	02/04/2016	34	Active
15-0656	MS	1	11/09/2015	Ready for IC	02/26/2016	12	Active
15-0660	TB	6	12/03/2015	Initial Investigation	12/10/2015	90	Active
15-0661	DL	1	11/12/2015	Chief Investigator Review	03/08/2016	1	Active
15-0666	DL	4	11/18/2015	Initial Investigation	11/23/2015	107	Inactive
15-0667	WF	1	11/18/2015	Initial Investigation	11/23/2015	107	Inactive
15-0670	DL	1	11/19/2015	Initial Investigation	11/24/2015	106	Active
15-0672	WF	1	11/20/2015	Board Consent Agenda	03/03/2016	6	Active
15-0677	MS	3	11/23/2015	Ready for IC	02/26/2016	12	Active
15-0678	RD	1	11/25/2015	IC Agenda	03/03/2016	6	Active
15-0679	RD	1	11/25/2015	IC Agenda	03/03/2016	6	Active
15-0680	RD	1	11/25/2015	IC Agenda	03/03/2016	6	Active
15-0683	TB	2	11/24/2015	Initial Investigation	12/02/2015	98	Active
15-0686	DL	4	11/30/2015	Initial Investigation	12/02/2015	98	Inactive
15-0688	MS	5	11/30/2015	Medical Director Review	03/09/2016	0	Active
15-0689	RD	3	11/30/2015	Board Consent Agenda	03/03/2016	6	Active
15-0690	WF	1	11/30/2015	IC Agenda	02/26/2016	12	Active
15-0691	MS	1	11/30/2015	IC Agenda	03/03/2016	6	Active
15-0693	WF	4	12/03/2015	Initial Investigation	12/18/2015	82	Active
15-0695	MS	1	12/04/2015	Initial Investigation	12/18/2015	82	Active
15-0702	DL	1	12/08/2015	Initial Investigation	12/10/2015	90	Retired
15-0703	MS	1	12/08/2015	Initial Investigation	12/10/2015	90	Inactive
15-0704	WF	2	12/09/2015	IC Agenda	02/25/2016	13	Active
15-0705	VW	1	12/09/2015	Board Consent Agenda	03/03/2016	6	Active
15-0706	WF	1	12/09/2015	Initial Investigation	12/18/2015	82	Active
15-0708	TB	4	12/09/2015	Board Consent Agenda	03/03/2016	6	Active
15-0710	TB	1	12/10/2015	Chief Investigator Review	03/02/2016	7	Active
15-0711	MS	1	12/18/2015	Initial Investigation	12/23/2015	77	Active

15-0713	WF	4	12/14/2015	Initial Investigation	12/18/2015	82	Active
15-0714	MS	4	12/14/2015	Board Consent Agenda	03/03/2016	6	Active
15-0717	DL	2	12/14/2015	Initial Investigation	12/18/2015	82	Approved
15-0718	DL	1	12/14/2015	Initial Investigation	12/18/2015	82	Active
15-0719	TB	1	12/16/2015	Initial Investigation	12/18/2015	82	Active
15-0720	MS	5	12/16/2015	Initial Investigation	12/18/2015	82	Active
15-0722	RD	2	12/16/2015	Initial Investigation	12/18/2015	82	Active
15-0723	RD	4	12/16/2015	IC Agenda	03/09/2016	0	Active
15-0724	RD	2	12/16/2015	Initial Investigation	12/18/2015	82	Active
15-0726	RD	2	12/16/2015	IC Agenda	02/26/2016	12	Inactive
15-0735	DL	3	12/17/2015	Obtain Charts and Consultant	03/03/2016	6	Active
15-0736	VW	7	12/18/2015	IC Interview/ Consultant Pending	03/03/2016	6	Active
15-0738	TB	3	12/21/2015	Chief Investigator Review	03/02/2016	7	Active
15-0739	TB	1	12/21/2015	Initial Investigation	12/23/2015	77	Active
15-0740	WF	1	12/21/2015	Initial Investigation	12/23/2015	77	Active
15-0741	MS	1	12/21/2015	Initial Investigation	12/23/2015	77	Active
15-0742	DL	4	12/21/2015	IC Agenda	02/22/2016	16	Active
15-0743	MS	2	12/21/2015	Board Consent Agenda	03/03/2016	6	Active
15-0744	RD	3	12/21/2015	IC Agenda	02/29/2016	9	Active
15-0755	TB	1	12/22/2015	Initial Investigation	12/24/2015	76	Surrendered
15-0757	RD	1	12/22/2015	IC Agenda	03/09/2016	0	Active
15-0758	MS	1	12/22/2015	Initial Investigation	12/24/2015	76	Active
15-0760	TL	1	12/23/2015	Chief Investigator Review	02/02/2016	36	Active
15-0761	VW	2	12/23/2015	IC Interview/ Consultant Pending	03/03/2016	6	Active
15-0762	WF	4	12/23/2015	IC Agenda	03/07/2016	2	Active
15-0763	MS	6	12/24/2015	Initial Investigation	12/28/2015	72	Approved
15-0768	RD	1	12/29/2015	Initial Investigation	12/31/2015	69	Active
15-0772	WF	2	12/28/2015	Initial Investigation	12/31/2015	69	Lapsed
15-0776	TB	2	12/30/2015	Initial Investigation	12/31/2015	69	Active
15-0777	MS	7	12/30/2015	Initial Investigation	12/31/2015	69	Active
15-0778	TL	8	12/31/2015	Chief Investigator Review	02/24/2016	14	Revoked
15-0779	RD	3	12/31/2015	Initial Investigation	01/06/2016	63	Active
15-0780	WF	1	12/31/2015	Initial Investigation	01/06/2016	63	Active
16-0001	MS	1	01/05/2016	Initial Investigation	01/06/2016	63	Active
16-0002	TB	3	01/05/2016	Initial Investigation	01/06/2016	63	Active
16-0004	DL	5	01/05/2016	Initial Investigation	01/06/2016	63	Active
16-0006	DL	4	01/05/2016	Initial Investigation	01/12/2016	57	Active
16-0011	RD	2	01/06/2016	Initial Investigation	01/12/2016	57	Active
16-0012	WF	6	01/06/2016	Initial Investigation	01/07/2016	62	Active
16-0014	WF	1	01/11/2016	IC Agenda	03/07/2016	2	Expired
16-0015	TB	1	01/11/2016	Initial Investigation	01/12/2016	57	Pending
16-0017	WF	1	01/11/2016	Initial Investigation	01/22/2016	47	Active
16-0018	MS	2	01/08/2016	Initial Investigation	01/22/2016	47	Active
16-0020	MS	1	01/12/2016	Initial Investigation	01/12/2016	57	Inactive
16-0021	DL	1	01/12/2016	Board Agenda	03/03/2016	6	Pending
16-0024	VW	4	01/11/2016	Intake Review	01/14/2016	55	Active
16-0025	VW	5	01/14/2016	Evaluation Pending	03/03/2016	6	Inactive
16-0030	DL	1	01/13/2016	Initial Investigation	01/22/2016	47	Approved

16-0031	TB	1	01/14/2016	Initial Investigation	01/22/2016	47	Pending
16-0032	TB	1	01/13/2016	Initial Investigation	01/22/2016	47	Active
16-0033	MS	3	01/14/2016	Initial Investigation	01/25/2016	44	Active
16-0036	DL	7	01/15/2016	Initial Investigation	01/25/2016	44	Active
16-0039	WF	7	01/15/2016	Initial Investigation	01/25/2016	44	Active
16-0040	WF	1	01/20/2016	Initial Investigation	01/25/2016	44	Active
16-0044	TB	2	01/21/2016	Initial Investigation	01/25/2016	44	Active
16-0046	DL	1	01/12/2016	Initial Investigation	02/16/2016	22	Active
16-0047	VW	1	01/20/2016	Pending Closure	03/07/2016	2	Active
16-0048	DL	2	01/20/2016	Chief Investigator Review	03/04/2016	5	Active
16-0049	TB	1	01/21/2016	Initial Investigation	01/26/2016	43	Active
16-0053	VW	3	01/25/2016	Board Consent Agenda	03/03/2016	6	Active
16-0055	MS	1	01/25/2016	Initial Investigation	01/26/2016	43	Active
16-0056	WF	1	01/25/2016	Initial Investigation	01/26/2016	43	Pending Under Review
16-0060	VW	1	01/27/2016	Pending Closure	03/03/2016	6	Active
16-0061	VW	1	01/27/2016	Pending Closure	03/03/2016	6	Active
16-0062	DL	1	01/27/2016	Initial Investigation	02/02/2016	36	Active
16-0065	TB	2	01/28/2016	Initial Investigation	02/02/2016	36	Active
16-0066	MS	2	01/28/2016	Initial Investigation	02/02/2016	36	Active
16-0067	TB	2	01/28/2016	Initial Investigation	02/05/2016	33	Active
16-0068	TB	4	02/01/2016	Initial Investigation	02/05/2016	33	Active
16-0070	VW	2	02/02/2016	Pending Closure	03/07/2016	2	Active
16-0073	TB	2	02/03/2016	Initial Investigation	02/09/2016	29	Active
16-0075	VW	2	02/04/2016	Intake Review	02/11/2016	27	Active
16-0081	TB	1	02/08/2016	Pending Closure	03/07/2016	2	Active
16-0082	MS	6	02/08/2016	Initial Investigation	02/16/2016	22	Active
16-0083	WF	3	02/11/2016	Initial Investigation	03/09/2016	0	Lapsed
16-0084	Intake			Complaint Received	02/08/2016	30	
16-0085	WF	4	12/17/2015	Initial Investigation	02/11/2016	27	Active
16-0086	Intake		02/08/2016	Complaint Received	02/08/2016	30	
16-0087	TL	3	02/01/2016	Initial Investigation	02/22/2016	16	Active
16-0089	TL	2	02/09/2016	Initial Investigation	02/09/2016	29	Active
16-0090	MS	3	02/08/2016	Initial Investigation	02/09/2016	29	Active
16-0091	TB	2	02/09/2016	Initial Investigation	02/12/2016	26	Active
16-0092	TL	5	02/09/2016	Initial Investigation	03/09/2016	0	Active
16-0094	MS	2	02/11/2016	Initial Investigation	02/12/2016	26	Inactive
16-0096	RD	1	02/11/2016	Initial Investigation	02/12/2016	26	Active
16-0097	TB	2	02/12/2016	Initial Investigation	02/12/2016	26	Active
16-0098	TB	1	02/12/2016	Initial Investigation	02/12/2016	26	Active
16-0099	MS	3	02/12/2016	Initial Investigation	02/25/2016	13	Active
16-0100	MS	3	02/12/2016	Initial Investigation	02/25/2016	13	Active
16-0102	TB	4	02/12/2016	Initial Investigation	02/25/2016	13	Active
16-0103	TB	9	02/12/2016	Initial Investigation	02/25/2016	13	Active

16-0104	VW	2	02/16/2016	Initial Investigation	02/16/2016	22	Active
16-0105	DL	1	02/16/2016	Initial Investigation	02/25/2016	13	Active
16-0106	DL	1	02/16/2016	Initial Investigation	02/25/2016	13	Active
16-0107	TB	2	02/16/2016	Initial Investigation	02/25/2016	13	Active
16-0108	VW	6	02/18/2016	Initial Investigation	02/25/2016	13	Inactive
16-0110	MS	8	02/18/2016	Initial Investigation	02/25/2016	13	Inactive
16-0112	Intake	1	02/19/2016	Complaint Received	02/22/2016	16	Active
16-0113	Intake	3	02/19/2016	Complaint Received	02/22/2016	16	Active
16-0114	WF	1	02/22/2016	Initial Investigation	02/25/2016	13	Active
16-0115	VW	1	02/19/2016	Intake Review	02/25/2016	13	Active
16-0116	Intake	2	02/19/2016	Pending Closure	02/24/2016	14	Active
16-0117	Intake	1	02/19/2016	Pending Closure	02/24/2016	14	Active
16-0118	WF	1	02/22/2016	Initial Investigation	02/25/2016	13	Active
16-0120	Intake	1	02/23/2016	Pending Closure	02/26/2016	12	Active
16-0121	MS	8	02/23/2016	Initial Investigation	02/25/2016	13	Active
16-0122	Intake	1	02/23/2016	Pending Closure	02/24/2016	14	Active
16-0123	Intake	1	02/23/2016	Pending Closure	02/26/2016	12	Active
16-0124	Intake	2	02/24/2016	Pending Closure	03/08/2016	1	Active
16-0125	MS	3	02/24/2016	Initial Investigation	03/08/2016	1	Approved
16-0126	WF	1	02/19/2016	Initial Investigation	03/08/2016	1	Active
16-0127	WF	1	02/25/2016	Initial Investigation	02/25/2016	13	Active
16-0128	DL	17	02/25/2016	Initial Investigation	03/08/2016	1	Active
16-0129	MS	2	02/25/2016	Initial Investigation	03/08/2016	1	Active
16-0130	MS	1	02/22/2016	Initial Investigation	03/08/2016	1	Active
16-0132	Intake	2	02/26/2016	Complaint Received	02/26/2016	12	Active
16-0133	Intake	2	02/26/2016	Pending Closure	03/09/2016	0	Active
16-0134	Intake	2	02/26/2016	Pending Closure	03/07/2016	2	Active
16-0135	Intake	13	02/26/2016	Pending Closure	03/08/2016	1	Active
16-0136	DL	1	02/29/2016	Initial Investigation	03/08/2016	1	Active
16-0137	WF	10	02/29/2016	Initial Investigation	03/09/2016	0	Active
16-0138	TB	2	02/29/2016	Initial Investigation	03/08/2016	1	Active

16-0139	TB	1	02/29/2016	Initial Investigation	03/08/2016	1	Active
16-0140	Intake	1	02/29/2016	Pending Closure	03/09/2016	0	Active
16-0141	Intake	1	02/29/2016	Pending Closure	03/09/2016	0	
16-0142	Intake	1	02/29/2016	Pending Closure	03/09/2016	0	
16-0143	Intake	1	03/01/2016	Pending Closure	03/07/2016	2	
16-0144	Intake	3	02/29/2016	Pending Closure	03/07/2016	2	
16-0145	VW	3	03/02/2016	Intake Review	03/08/2016	1	Active
16-0146	VW	2	03/02/2016	Intake Review	03/08/2016	1	Active
16-0147	RD	5	03/02/2016	Initial Investigation	03/08/2016	1	Active
16-0149	WF	3	03/04/2016	Initial Investigation	03/08/2016	1	Active
16-0150	Intake	1	03/04/2016	Pending Closure	03/09/2016	0	Active
16-0151	RD	3	03/03/2016	Initial Investigation	03/08/2016	1	Active
16-0152	Intake	13	03/03/2016	Pending Closure	03/09/2016	0	Active
16-0153	RD	1	03/03/2016	Initial Investigation	03/08/2016	1	Active
16-0154	VW	1	03/07/2016	Intake Review	03/08/2016	1	Active
16-0155	Intake	4	03/08/2016	Complaint Received	03/08/2016	1	Active
16-0156	Intake	5	03/08/2016	Complaint Received	03/08/2016	1	Active
16-0157	Intake	1	03/08/2016	Complaint Received	03/08/2016	1	Active

Entity ID #	Current Case Status	Open Date	Monitoring Level
13430	Open	10/08/2015	2 - Passive
13430	Open - On Board Agenda	10/08/2015	2 - Passive
25488	Open - On Board Agenda	04/03/2014	1 - Active
1021863	Open	01/08/2016	3 - Administrative
7199	Open	01/07/2016	2 - Passive
11508	Open	07/11/2002	2 - Passive
11853	Open - On IC Agenda	10/03/2013	2 - Passive
28962	Open	04/04/2013	1 - Active
6815	Open	05/05/2011	1 - Active
15179	Open	07/11/2013	1 - Active
22862	Open	10/08/2010	3 - Administrative
14691	Open	04/03/2014	3 - Administrative
5431	Open	07/11/2014	1 - Active
13942	Open	09/03/2009	3 - Administrative
12554	Open	01/08/2015	1 - Active
2729	Open	10/08/2015	2 - Passive
22621	Open	06/04/2009	3 - Administrative
25928	Open	11/06/2006	2 - Passive
1030175	Open	01/08/2016	2 - Passive
7213	Open	11/02/2006	4 - None
30608	Open	09/03/2009	2 - Passive
2577	Open	10/08/2015	2 - Passive
36122	Open	10/08/2015	2 - Passive
26317	Open	02/06/2014	2 - Passive
16254	Open	07/31/2001	2 - Passive
1026343	Open	11/06/2014	2 - Passive
34945	Open	10/02/2014	1 - Active
1016894	Open	04/05/2012	3 - Administrative
10001	Open	07/10/2014	1 - Active
1019142	Open	06/02/2015	1 - Active
13437	Open	06/29/2010	4 - None
7940	Open	12/26/2013	4 - None
1682	Open	10/08/2009	1 - Active
14589	Open	10/08/2015	1 - Active
24949	Open	07/22/2015	2 - Passive
9869	Open	10/02/2014	1 - Active
2779	Open	01/10/2013	1 - Active
1019823	Open	04/02/2015	2 - Passive
9644	Open	09/04/2003	2 - Passive
26586	Open - On IC Agenda	10/11/2012	2 - Passive

6000	Open	04/03/2014	2 - Passive
11618	Open	10/11/2012	2 - Passive
6545	Open	08/06/2015	2 - Passive
8643	Open - In Investigation	04/03/2014	2 - Passive
4335	Open	10/02/2014	2 - Passive
7238	Open - In Investigation	01/10/2013	1 - Active
33568	Open	04/05/2012	1 - Active
12192	Open	10/06/2011	2 - Passive
8996	Open	08/06/2015	2 - Passive
14660	Open	07/09/2009	2 - Passive
35419	Open	07/09/2015	2 - Passive
8359	Open	08/02/2012	2 - Passive
1016324	Open - On Board Agenda	04/03/2014	2 - Passive
10439	Open	02/05/2007	1 - Active
27018	Open	04/04/2013	1 - Active
24627	Open	10/16/2003	2 - Passive
4394	Open	01/07/2016	2 - Passive
24878	Open	09/05/2001	1 - Active
14307	Open	04/02/2015	2 - Passive
4983	Open	10/11/2007	2 - Passive
13689	Open	07/10/2014	4 - None
24321	Open	05/03/2006	3 - Administrative
3443	Open - On Board Agenda	06/24/2010	1 - Active
11237	Open	01/27/2000	2 - Passive
33261	Open	07/11/2013	2 - Passive
32027	Open	07/09/2015	2 - Passive
10117	Open	05/21/1998	2 - Passive
1017103	Open	11/04/2014	2 - Passive
15083	Open - On Board Agenda	04/02/2015	1 - Active
14861	Open	01/14/2010	2 - Passive
5242	Open	07/12/2012	2 - Passive
13986	Open	10/08/2015	2 - Passive
14881	Open	07/11/2002	2 - Passive
4033	Open	04/15/2004	4 - None
22470	Open	04/02/2015	2 - Passive
6267	Open	04/05/2012	2 - Passive
4924	Open	04/07/2016	1 - Active
14668	Open	06/29/2010	4 - None
9994	Open	10/08/2015	2 - Passive
1004698	Open	10/02/2014	2 - Passive
32170	Open	10/02/2014	1 - Active
14528	Open	01/20/2008	2 - Passive

15383	Open	05/01/2008	1 - Active
3402	Open	10/02/2014	2 - Passive
26944	Open	10/08/2015	2 - Passive
13981	Open - On IC Agenda	01/07/2016	2 - Passive
35523	Open	04/04/2013	2 - Passive
2353	Open	10/20/1988	4 - None
13929	Open	10/11/2012	2 - Passive
24187	Open	10/08/2009	4 - None
1030647	Open	11/10/2015	2 - Passive
30235	Open	07/09/2015	2 - Passive
4188	Open	01/12/2012	2 - Passive
24850	Open	01/30/2007	4 - None
12288	Open	10/08/2015	1 - Active
15987	Open	01/07/2016	1 - Active
16356	Open	03/23/2010	4 - None
3702	Open	04/08/2010	3 - Administrative
11923	Open	10/07/2010	2 - Passive
11182	Open	07/11/2013	2 - Passive
33717	Open	04/04/2013	2 - Passive
11026	Open	01/07/2016	1 - Active
1001196	Open	10/07/2010	2 - Passive
31908	Open	10/06/2011	2 - Passive
34948	Open	07/07/2011	2 - Passive
4406	Open	10/11/2012	2 - Passive
2489	Open - In Investigation	07/10/2014	1 - Active
25904	Open	04/08/2011	3 - Administrative
10824	Open	03/12/2007	2 - Passive
24528	Open	07/12/2012	2 - Passive
36483	Open	10/08/2015	2 - Passive
15342	Open	01/08/2015	1 - Active
26899	Open	12/01/2011	3 - Administrative
15745	Open - In Investigation	01/07/2016	2 - Passive
12694	Open	02/07/2008	1 - Active
37366	Open	10/03/2013	2 - Passive
1028289	Open	09/21/2015	2 - Passive
4295	Open	07/10/2008	3 - Administrative
1025663	Open	04/29/2015	2 - Passive
1017810	Open	01/12/2012	2 - Passive
1001967	Open	01/08/2015	1 - Active
34290	Open	11/03/2011	2 - Passive
37133	Open	03/02/2016	2 - Passive
28367	Open	07/12/2012	1 - Active

14931	Open - On Board Agenda	07/12/2013	2 - Passive
11169	Open	01/07/2016	2 - Passive
14940	Open	03/04/2010	1 - Active
30861	Open	01/23/2009	2 - Passive
10831	Open - On IC Agenda	07/12/2012	2 - Passive
12892	Open	04/03/2014	2 - Passive
27047	Open	04/03/2014	2 - Passive
10363	Open	10/08/2015	2 - Passive
11519	Open	04/21/2000	3 - Administrative
11924	Open	05/05/2011	1 - Active
34300	Open	09/03/2009	2 - Passive
35872	Open - On IC Agenda	10/08/2015	4 - None
11226	Open	04/02/2015	1 - Active
16630	Open	04/03/2014	2 - Passive
30818	Open	01/13/2011	2 - Passive
13856	Open - On Board Agenda	03/22/2010	3 - Administrative
6513	Open	10/03/2013	2 - Passive
10037	Open	04/04/2013	2 - Passive
15493	Open	11/03/2005	3 - Administrative
12995	Open	10/11/2012	2 - Passive
11385	Open	06/02/2011	2 - Passive
8396	Open	01/08/2015	2 - Passive
25416	Open	07/10/2003	3 - Administrative
2959	Open	07/10/2008	2 - Passive
7123	Open	01/20/2016	2 - Passive
1005679	Open	01/08/2015	2 - Passive
9699	Open	04/17/2003	2 - Passive
12069	Open - In Investigation	04/03/2014	1 - Active
37878	Open	07/09/2015	2 - Passive
6470	Open	10/08/2015	2 - Passive
24793	Open	02/03/2011	3 - Administrative

Monitoring Level is assigned based on the terms included in the Board Order

Active: Order includes probation or other term requiring OMB staff action (re-entry plans, no notice visits, practice site approval, etc.)

Passive: Order does not require action by OMB staff (mentorships, CME, fines, etc.)

Administrative: Order is for a fine only

None: License expired or Licensee is no longer in Oregon

Doctors of Medicine (MD)	2011	2012	2013	2014	2015
Active	11,598	12,421	12,309	13,141	14,076
Inactive	1,322	1,485	1,253	1,441	1,498
Limited (all types)	696	687	687	706	692
Total	13,616	14,593	14,249	15,288	16,266

Doctors of Osteopathic Medicine (DO)	2011	2012	2013	2014	2015
Active	799	917	947	1,047	1,177
Inactive	93	102	88	109	118
Limited (all types)	94	110	133	139	161
Total	986	1,129	1,168	1,295	1,456

Podiatric Physicians (DPM)	2011	2012	2013	2014	2015
Active	159	168	171	180	187
Inactive	17	18	10	10	10
Limited (all types)	9	9	9	10	11
Total	185	195	190	200	208

Physician Assistants (PA)	2011	2012	2013	2014	2015
Active	1,048	1,241	1,294	1,469	1,655
Inactive	54	47	51	81	131
Limited (all types)	0	1	0	1	0
Total	1,102	1,289	1,345	1,551	1,786

Acupuncturists (LAc)	2011	2012	2013	2014	2015
Active	1,154	1,191	1,299	1,302	1,399
Inactive	66	65	74	61	72
Limited (all types)	2	2	1	1	0
Total	1,222	1,258	1,374	1,364	1,471