

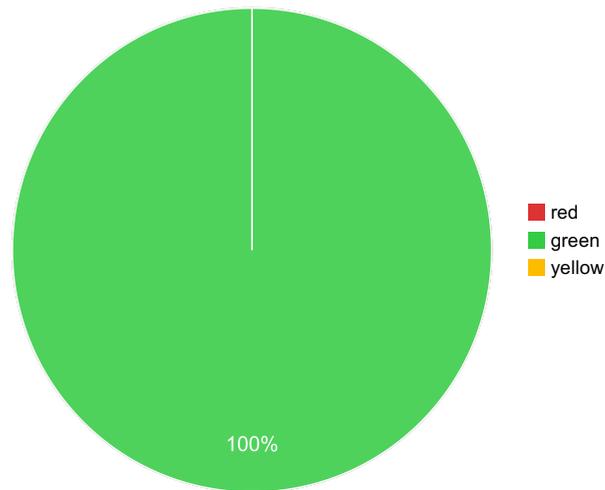
Oregon Medical Board

Annual Performance Progress Report

Reporting Year 2023

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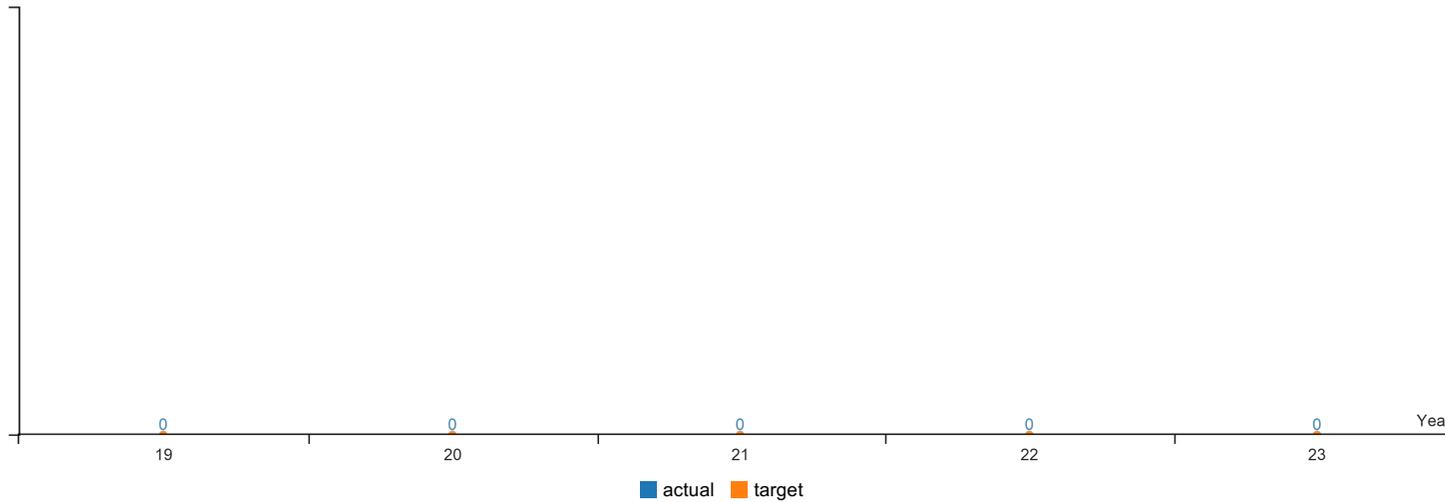
KPM #	Approved Key Performance Measures (KPMs)
1	LICENSE APPROPRIATELY - Number of Board-Issued license denials overturned upon appeal.
2	DISCIPLINE APPROPRIATELY - Number of disciplinary actions overturned on appeal.
4	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have a new Notice of Proposed Disciplinary Action within 5 years.
6	RENEW LICENSES EFFICIENTLY - Average number of calendar days to process and mail a license renewal.
7	ASSESS CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating satisfaction with the agency's customer service as "good" or "excellent" for: overall customer service, timeliness, accuracy, helpfulness, expertise, information availability.
8	BOARD BEST PRACTICES - Percent of total best practices met by the Board.
9	LICENSE EFFICIENTLY - Average number of calendar days from receipt of completed license application to issuance of license.



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

KPM #1	LICENSE APPROPRIATELY - Number of Board-Issued license denials overturned upon appeal.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2019	2020	2021	2022	2023
LICENSE APPROPRIATELY					
Actual	0	0	0	0	0
Target	0	0	0	0	0

How Are We Doing

This measure demonstrates that we are appropriately licensing. There have been no successful challenges to the Board's licensing decisions since the agency began collecting this data in 2002. For fiscal year 2023, the Board issued 2,372 licenses. There was one Final Order denying licensure during this fiscal year and no appeals.

Fiscal Year	2019	2020	2021	2022	2023
Licenses Issued	1,784	1,675	1,785	2,048	2,372
Final Orders Denying Licensure	0	2	0	0	1
Orders and Agreements Appealed	0	1	0	0	0
Orders and Agreements Upheld on appeal	0	0	1	0	0
Orders and Agreements Overturned on appeal	0	0	0	0	0
Appeals Pending at Close of Fiscal Year	0	1	0	0	0

This measure is associated with our strategic plan goal of efficiently managing licensure.

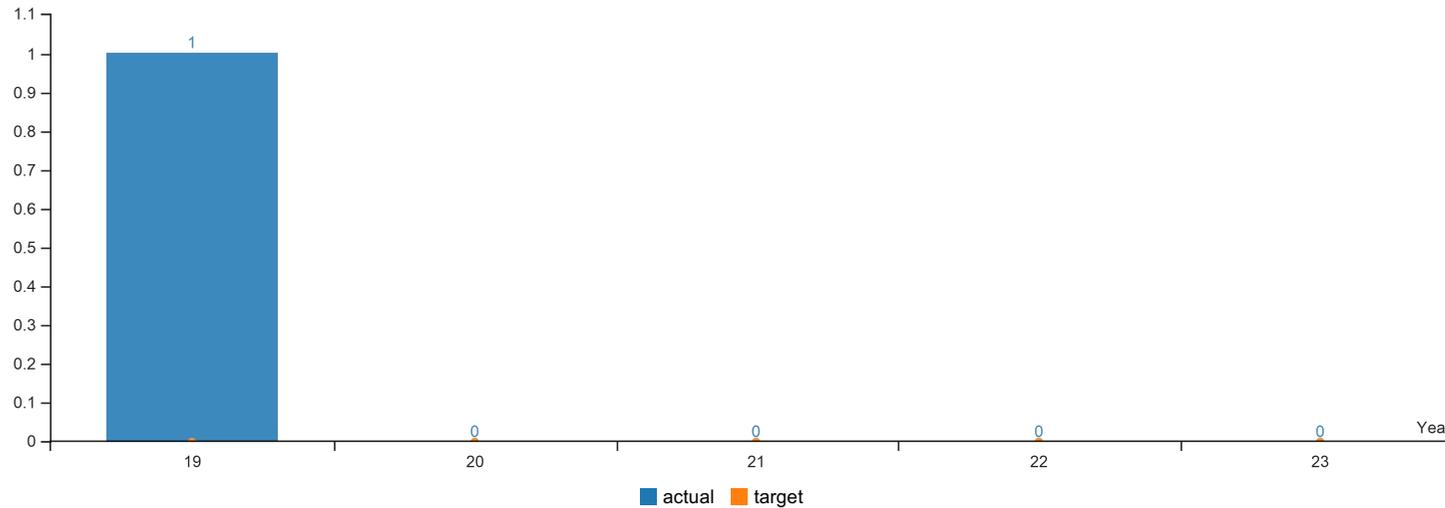
Factors Affecting Results

The Board provides extensive due process to all applicants to ensure appropriate outcomes. The target is set at zero based on past history and the expectation that there will continue to be no successful appeals of our licensure decisions. The lower the results, the better we are doing at meeting this performance measure.

For fiscal year 2023, this measure replaced a similar previous measure, changing the measure to report license denials overturned rather than those not overturned. Results and targets changed from percentages to numbers. This change provides a clearer portrayal of the outcome and underlying data. Data from prior years has been included to show agency performance over time.

KPM #2	DISCIPLINE APPROPRIATELY - Number of disciplinary actions overturned on appeal.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2019	2020	2021	2022	2023
DISCIPLINE APPROPRIATELY					
Actual	1	0	0	0	0
Target	0	0	0	0	0

How Are We Doing

This measure demonstrates the Board's disciplinary actions that are not overturned on appeal, an indication of the appropriateness of the Board's decisions. Results for this measure include all public disciplinary orders that have been appealed.

In fiscal year 2023, 63 orders and agreements were issued which were reportable to the National Practitioner Data Bank; none were appealed. Two appeals were closed during this fiscal year, one appeal was upheld and one was withdrawn. The Board has one appeal still pending at the end of fiscal year 2023. The Board tailors disciplinary outcomes to the facts of each case.

Fiscal Year	2019	2020	2021	2022	2023
Investigations Closed	805	743	880	820	830
Orders and Agreements Issued	41	79	85	77	63
Orders and Agreements Appealed	1	2	1	2	0
Orders and Agreements Upheld on appeal	0	0	0	2	1
Orders and Agreements Overturned on appeal	1	0	0	0	0
Orders and Agreements Withdrawn or Closed without Opinion/Judgement	0	0	0	1	1
Appeals Pending at Close of Fiscal Year	1	3	4	3	1

The Board has had only two successful appeals of its disciplinary actions since we began collecting this data in 2008. In fiscal year 2015, the Court of Appeals reversed a 2012 order due to what the court determined to be insufficient notice; the Court did not evaluate the merits of the case. In fiscal year 2019, the Court of Appeals reversed a 2014 order, also due to insufficient notice; however, the Court found that part of the Notice was sufficient and remanded the case to the Board for further consideration. Again, the Court did not evaluate the merits of the case. The Board has changed the structure of its Notices following these appellate decisions, but it should be noted that other Notices have been issued that could be deemed insufficient in future appellate review.

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

This measure is associated with our strategic plan goal of equitably reviewing complaints against licensees and applicants.

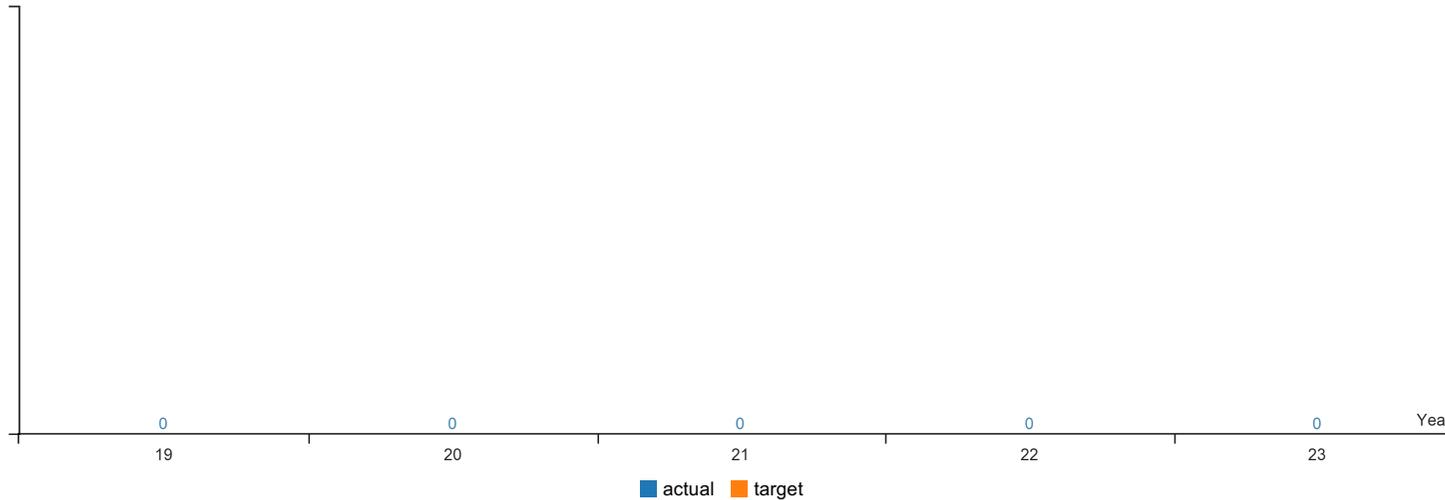
Factors Affecting Results

The Board provides extensive due process to all applicants and licensees to ensure appropriate outcomes. The target is set at zero based on past history and the expectation that there will continue to be no successful appeals of our disciplinary decisions. The lower the results, the better we are doing at meeting this performance measure.

For fiscal year 2023, this measure replaced a similar previous measure, changing the measure to report disciplinary actions overturned rather than those not overturned. Results and targets changed from percentages to numbers. This change provides a clearer portrayal of the outcome and underlying data. Data from prior years has been included to show agency performance over time.

KPM #4	MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have a new Notice of Proposed Disciplinary Action within 5 years.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2019	2020	2021	2022	2023
MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS					
Actual					
Target					

How Are We Doing

For fiscal year 2023, this measure replaced a similar previous measure, changing the measurement period from three years to five years and changing the indicator from a mere complaint to a Notice of Proposed Disciplinary Action to better measure recidivism. A Notice of Proposed Disciplinary Action is a legal document issued by the Board after a complaint has been investigated when the Board believes that a violation of the Medical Practice Act has occurred. The need for this subsequent disciplinary action, even if unrelated to the prior disciplinary action, would be considered recidivism. Data is not available for fiscal year 2023. The agency is in the process of updating systems that calculate this data and will report beginning in fiscal year 2024.

This measure will reflect how we are doing to ensure that our licensees are safe to practice medicine. Some licensees, due to the existence of an Order or Agreement issued by the Board, require some degree of monitoring by the Board's Compliance Officer. Monitoring is done through phone calls, emails, letters, meetings, and interviews by the agency Compliance Officer and Board members.

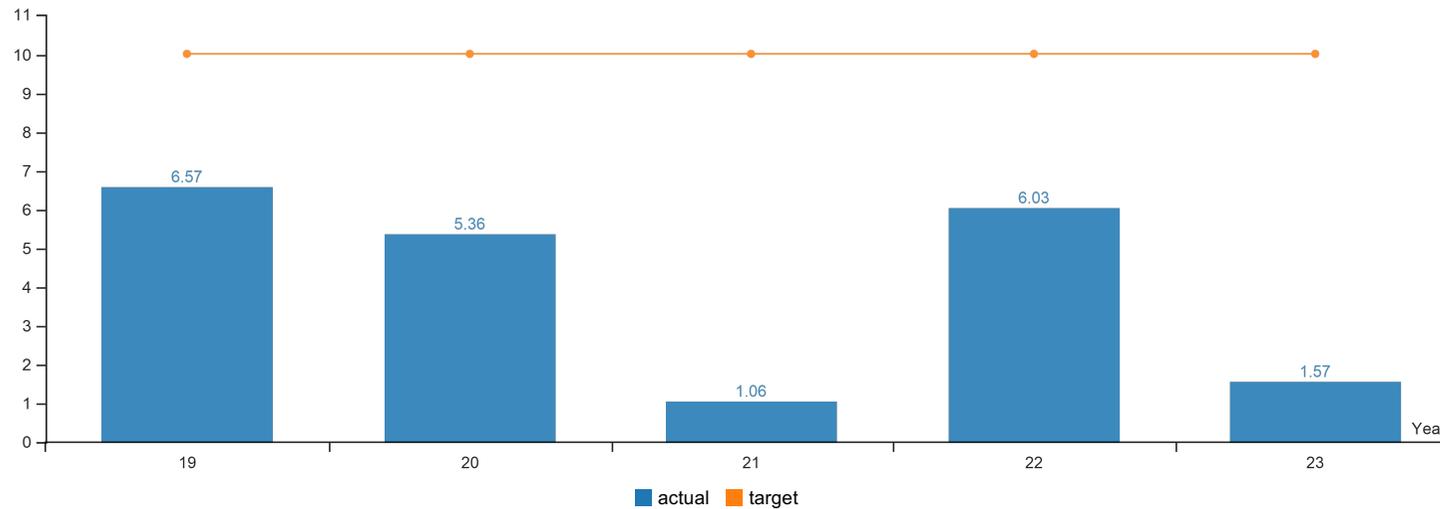
This measure is associated with our strategic plan goal of remediating licensees to safe and active practice.

Factors Affecting Results

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

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

* Upward Trend = negative result



Report Year	2019	2020	2021	2022	2023
Average number of calendar days to process and mail a license renewal					
Actual	6.57	5.36	1.06	6.03	1.57
Target	10	10	10	10	10

How Are We Doing

This measure demonstrates our efficiency in renewing health care professionals' licenses. We process renewal applications efficiently and consistently while also ensuring public safety by thoroughly evaluating each application.

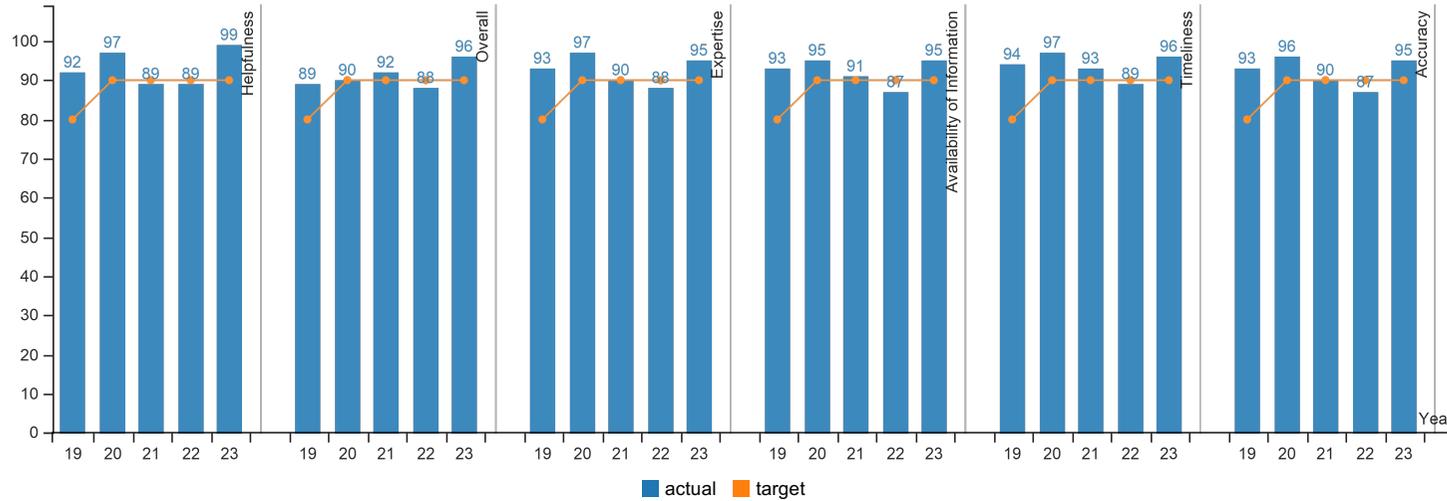
The data presented includes those renewals that are outliers, with problems or concerns that need to be reviewed by staff which can add significant time to the renewal process. The renewal of most physician, physician assistant, podiatrist, and acupuncture licenses (approximately 21,691 individuals in fiscal year 2022) generally occurs biennially during even numbered fiscal years. This results in a 3-month period of high activity for all agency staff. For fiscal year 2023 the Board renewed 1,044 licenses.

The Board has been able to exceed the target since 2008. This measure is associated with our strategic plan goal of efficiently managing licensure.

Factors Affecting Results

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

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



Report Year	2019	2020	2021	2022	2023
Helpfulness					
Actual	92%	97%	89%	89%	99%
Target	80%	90%	90%	90%	90%
Overall					
Actual	89%	90%	92%	88%	96%
Target	80%	90%	90%	90%	90%
Expertise					
Actual	93%	97%	90%	88%	95%
Target	80%	90%	90%	90%	90%
Availability of Information					
Actual	93%	95%	91%	87%	95%
Target	80%	90%	90%	90%	90%
Timeliness					
Actual	94%	97%	93%	89%	96%
Target	80%	90%	90%	90%	90%
Accuracy					
Actual	93%	96%	90%	87%	95%
Target	80%	90%	90%	90%	90%

How Are We Doing

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

The agency's Management Council monitors the survey results on a continuous basis, and we use the feedback from our customers to improve our systems and processes. Our success is demonstrated by the consistently positive feedback from our customers.

For fiscal year 2023 we had a population (surveys sent) of 4,817. We received 86 total responses for a 2% response rate and a 4% margin of error at 95% confidence level.

Factors Affecting Results

We provide a survey to each new licensee, each licensee who renewed their license, each licensee who reactivated their license, and all complainants whose complaints resulted in an investigation (surveys are sent at the close of the case). Results for each individual group are retained by the agency and used at a management and team level.

As described above, there were 4,817 surveys distributed during fiscal year 2023, whereas there were 25,949 surveys distributed in fiscal year 2022. The decrease in surveys sent for fiscal year 2023 is due to the biennial license renewal cycle.

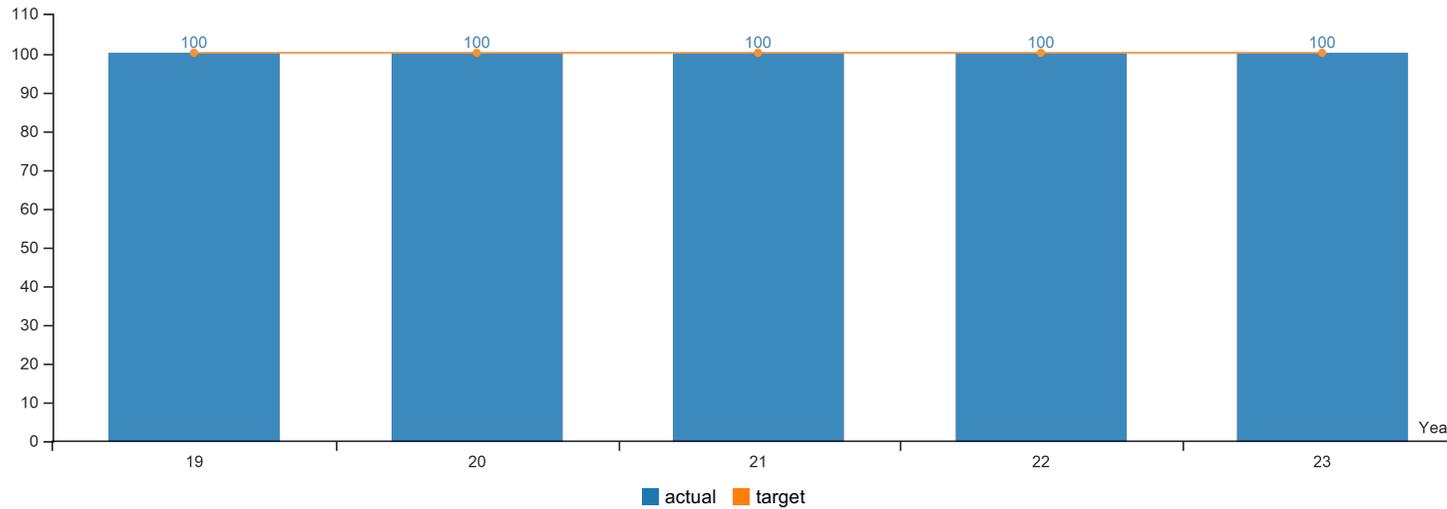
The Board's Investigations Department reviews all complaints to determine whether state law (the Medical Practice Act) may have been violated. Each complaint is considered on its own merits with its specific set of circumstances to determine whether one of the Medical Practice Act's 27 separate grounds for discipline exist. The Board investigates complaints and disciplines appropriately and in accordance with state statutes, as evidenced by our KPM number 2. Although the Board has thoroughly investigated and determined the appropriate outcome in accordance with state statutes, complainants are often unhappy when the Board determines that the complaint is outside of its jurisdiction or does not constitute a violation of the Medical Practice Act and no disciplinary actions are taken. This is not an indication that the agency is not operating correctly or effectively, only that the customer was dissatisfied with the outcome. In reviewing response rates, we found that these customers were disproportionately impacting the agency wide results. With fiscal year 2023, the responses from complainants whose complaints resulted in an investigation were removed from the overall agency-wide survey results. The feedback from these surveys will continue to be reviewed and appropriately acted upon. All other survey results are combined to reach an agency wide result for reporting purposes. Equal weighting was given to each response.

Based on legislative direction, the target was changed to 90% beginning in fiscal year 2020.

The higher the percentage, the higher our customer's satisfaction with our services.

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

* Upward Trend = positive result



Report Year	2019	2020	2021	2022	2023
Percent of total best practices met by the Board					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

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

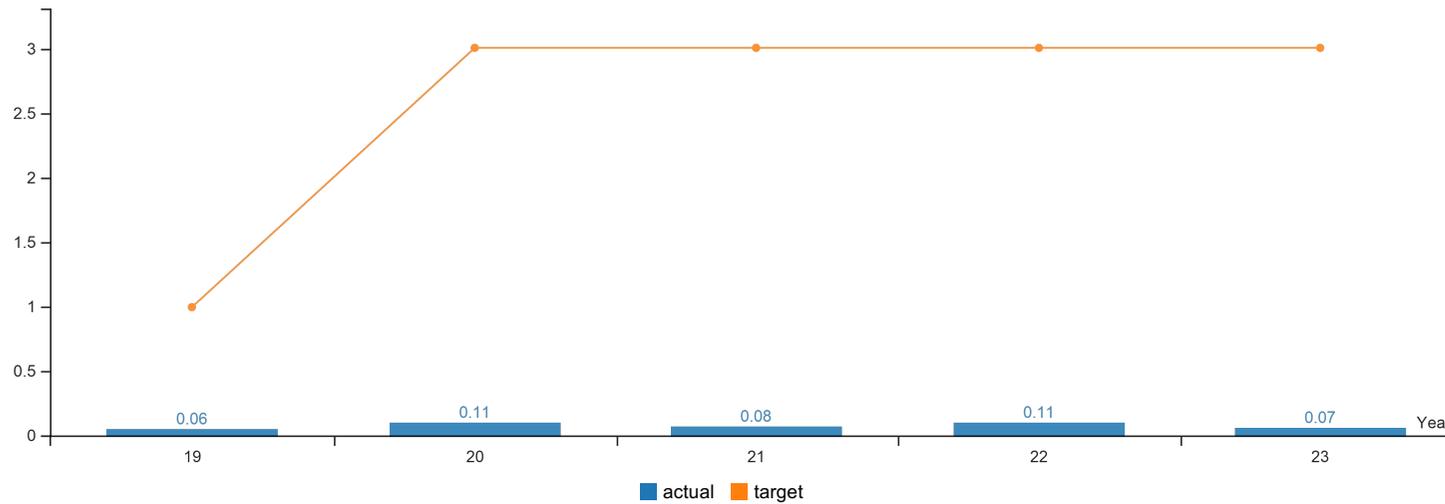
The Board has been able to meet the target since the measure was implemented in 2007.

Factors Affecting Results

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

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

* Upward Trend = negative result



Report Year	2019	2020	2021	2022	2023
Average number of days to process an application for medical licensure					
Actual	0.06	0.11	0.08	0.11	0.07
Target	1	3	3	3	3

How Are We Doing

This measure demonstrates our efficiency in licensing health care professionals and the customer service we provide to the citizens of Oregon. We process applications efficiently and consistently with public safety. We perform careful background checks on all applicants for licensure. The measure reflects the time to licensure within direct control of the agency - the number of days to license after the applicant has submitted all necessary documents. For fiscal year 2023 there were 2,372 licenses granted.

The Board has been able to exceed the target since the measure was implemented in 2009. This measure is associated with our strategic plan goal of efficiently managing licensure and renewal of licensure.

Factors Affecting Results

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

The target of five days was established in 2009 based on the agency weekly license approval schedule. The agency currently approves licenses more frequently. The target changed to one day beginning with fiscal year 2018. Based on legislative direction, the target was changed to 3 days beginning in fiscal year 2020.