



**2022 - 2024**  
**OREGON MEDICAL BOARD**  
**STRATEGIC PLAN**

# TABLE OF CONTENTS

<b>Mission</b>	<b>2</b>
<b>Values</b>	<b>2</b>
<b>Introduction</b>	<b>2</b>
<b>Goals and Strategies</b>	<b>2</b>
 <b>Provide Optimal Staffing and Quality Resources</b>	<b>3</b>
 <b>Attract and Retain Highest Qualified Board Members and Consultants</b>	<b>6</b>
 <b>Efficiently Manage Licensure</b>	<b>8</b>
 <b>Thoroughly and Equitably Review Complaints Against Licensees and Applicants</b>	<b>10</b>
 <b>Support the Health and Wellbeing of OMB Providers, Remediating Licensees and Applicants to Safe and Active Practice when Necessary</b>	<b>12</b>
 <b>Increase Outreach and Education</b>	<b>14</b>

## MISSION

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

## VALUES

The Oregon Medical Board's values further the mission and shape the culture of the agency. In 2022, the Management Team restated that five core values guide the agency. These values are incorporated into the Strategic Plan:

1. **INTEGRITY** – a commitment to acting honestly, ethically, and fairly.
2. **ACCOUNTABILITY** – a willingness to accept responsibility for actions in a transparent manner.
3. **EXCELLENCE** – an expectation of the highest quality work and innovation.
4. **CUSTOMER SERVICE** – a dedication to provide equitable, caring service to all Oregonians with professionalism and respect.
5. **EQUITY** – a devotion to creating and fostering an environment where everyone has access and opportunity to thrive.

## INTRODUCTION

In October 1999, the Oregon Medical Board (in this document also called the “Board” or the “OMB”) embarked on a formal planning process to outline its path for the next two years. It began this important project to set direction more proactively and sees the plan as a living work in progress rather than a static document. It has been updated every biennium since 1999. The next formal update will occur in 2024, unless circumstances require an earlier evaluation.

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

The Strategic Plan directs the Oregon Medical Board in fulfilling its mission by establishing goals. Each goal is followed by a purpose statement, explaining why the goal is needed and how the goal relates to the agency's guiding values. The Strategic Plan then identifies high-level strategies for meeting each goal.

To ensure the Oregon Medical Board is moving towards its goals, action items are established. Each action item relates to one or more strategies to support one or more goals. The OMB Management Team reviews action items regularly to ensure the actions are completed, current, and relevant.

In order for the OMB's Strategic Plan to function properly, it must be framed with an awareness for certain key factors in the general society, with constituents, and within the organization itself that affect the environment in which the Board pursues its legislatively mandated position.

## GOALS AND STRATEGIES

The Oregon Medical Board's goals are the highest-priority purposes of the agency. Along with the Mission Statement, the OMB's goals describe the agency's desired strategic position. Following is a list of the Board's chief goals, along with a purpose statement and the strategies designed to achieve them. These strategies are expressed as directions, approaches, or policies.



## PROVIDE OPTIMAL STAFFING AND QUALITY RESOURCES

The OMB recognizes that outstanding staff and quality resources are critical to **customer service** and achieving the mission of patient safety. The agency ensures **integrity** and **equity** in the hiring process and retention efforts. The OMB promotes employee **excellence** by encouraging training, enrichment, innovation, and diversity. The agency's management team is **accountable** for regularly reviewing the tools and resources that allow staff to effectively accomplish their work while safeguarding the information we possess.

### STRATEGIES:

- 1.1 Attract, train, and retain the highest quality staff who provide diverse and important perspective by supporting employee wellbeing, growth, and development;
- 1.2 Emphasize diversity, inclusion, equity (including pay equity), and the value of the total compensation package, including the non-monetary benefits, in the recruitment process;
- 1.3 Engage with staff through consistent and regular one-on-one meetings;
- 1.4 Develop interactive and focused Performance Accountability Feedback check-ins that provide clear expectations, reinforce the agency's mission and values, and focus on employee work product regardless of the assigned workplace;
- 1.5 Conduct periodic employee satisfaction surveys to encourage employee engagement and ideas for process improvements;
- 1.6 Foster a safe, healthy, and professional working environment through suitable facilities and a safety-oriented culture;
- 1.7 Modernize and optimize technology tools to meet evolving business needs and simplify and streamline agency functions;
- 1.8 Ensure efficient use of agency resources in compliance with Oregon Revised Statutes, Oregon Administrative Rules, the Oregon Accounting Manual, state and agency policies, and labor contracts;
- 1.9 Partner with other entities to enhance operational efficiency and process improvement;
- 1.10 Cultivate a culture of disaster preparedness and resiliency to aid the agency in response and recovery from all manner of business interruptions through our Continuity of Operations Plan (COOP);
- 1.11 Review and evaluate policies and procedures to ensure they are meeting staff and business needs, are in compliance with state policies, rules, and laws, and are maintaining the true goal of patient-safety;
- 1.12 Deliver high quality business and operational data in order to (a) provide easy-to-use reports for greater visibility to management, staff, and external partners, (b) increase transparency, and (c) improve business processes;
- 1.13 Protect sensitive agency information consistent with State and industry best practices and standards while operating in a transparent manner;
- 1.14 Deliver agency-wide training that includes: diversity, equity, ethics, safety, wellness, policies, rules, statutes, public records, public meetings, equity, procedures, trauma-informed interactions, confidentiality, information technology, security, PERS benefits, Americans with Disabilities Act accommodations, and other training to meet evolving needs; and
- 1.15 Purchase goods and services from diverse businesses.

**ACTIONS:**

	Action	Responsible	Strategy
1	Appoint Investigations Manager to triage reports of safety concerns (e.g. suspicious persons, threats, etc.); notify staff of this resource; encourage staff to call on one another for support (e.g. walking in/out of the office together). Section: Investigations, Communications Due Date: 9/30/22	Investigations Manager, Public Affairs Specialist	1.6
2	Return to the OMB office with new, defined hybrid work schedules. Section: Management Team Due Date: 09/30/22	All Staff	1.7
3	Advertise position recruitments in at least three new venues to expand the pool of potential applicants. Section: Human Resources Due Date: 12/31/22	HR Manger	1.1 1.2
4	Review job announcements and recruitment templates for possible revisions to highlight the OMB's small, adaptive, flexible, supportive work environment. Section: Management Team Due Date: 12/31/22	Management Team Members	1.1 1.2
5	Review agency policies and procedures to ensure they apply to post-pandemic workplace and update where needed. Section: Management Team Due Date: 12/31/22	Management Team Members	1.11
6	Review and document compliance with relevant Center for Internet Security (CIS) controls and Statewide Security Standards. Section: IT Due Date: 12/31/22	IT Staff	1.13
7	Discuss agency security with an increased eye towards workplace safety and make recommendations on possible security enhancements. Section: Human Resources, Safety Committee Due Date: 6/30/23	HR Manager, Safety Committee Members	1.6
8	Implement monthly safety tips in Wellness Wednesday email and/or other standing internal communication. Section: Communications Due Date: 6/30/23	Public Affairs Specialist	1.6
9	Hold Management Team retreat focused on communication and employee engagement strategies. Section: Management Team Due Date: 06/30/23	Management Team Members	1.3 1.4 1.5
10	Review and document compliance with relevant National Institute of Standards and Technology (NIST) controls. Section: IT Due Date: 12/31/23	IT Staff	1.13
11	Replace CORE business suite software: select vendor, transfer data, and implement new database. Section: All Departments Due Date: 06/30/24	IT Staff, Business Manager, Department Representatives	1.7 1.8
12	Offer staff training on personal safety. Section: Human Resources Due Date: 6/30/24	HR Manager	1.6 1.14

13	Review Oregon Administrative Rules, policies, and procedures for potential bias in gender, race, ethnicity, etc. Section: Management Team Due Date: 12/31/24	Management Team Members	1.11
14	Increase diversity among staff as demonstrated in next Affirmative Action report. Section: Management Team Due Date: 12/31/24	Management Team Members	1.1 1.2
15	Institute an annual in-service day for each department or the entire agency, which is focused on team building, professional development, and completion of state-required training modules. These may include off-site events such as volunteering (e.g. Food Bank), skills course, or conference. Section: Management Team Due Date: 12/31/24	Management Team Members	1.1 1.3 1.5
16	Send at least 6 non-management staff members to a professional development course or conference. Section: Management Team Due Date: 12/31/24	Management Team Members	1.1 1.14



## ATTRACT AND RETAIN HIGHEST QUALIFIED BOARD MEMBERS AND CONSULTANTS

Board members provide a critical public service for patients and the medical profession. Achieving **excellence** in executing the mission depends upon the **integrity** of the 14 Board members who serve as final decision makers for the agency. Consistent, fair, and **equitable** decisions are made through transparent and accessible processes to ensure **accountability**. Board members provide **customer service** by advocating for patient safety for all Oregonians.

### STRATEGIES

- 2.1 Attract, train, and retain the highest quality Board members and consultants who provide diverse and important perspective;
- 2.2 Communicate ideal qualifications needed in Board members, as well as expectations and responsibilities for Board membership;
- 2.3 Support Board Chair and Committee Chairs in leading, mentoring, recruiting, and managing workload;
- 2.4 Partner with professional associations and the Governor’s office to efficiently identify candidates for Board membership;
- 2.5 Prepare Board members and help them understand the complex work and role of the Board as quickly as possible;
- 2.6 Manage the workload of Board members to reduce burnout and engage members for two full terms;
- 2.7 Develop a pool of high-quality expert consultants in a variety of medical specialties to provide case review, licensee evaluations, written reports, expert testimony, and investigative interviews in support of Board members;
- 2.8 Ensure adequate attendance at Board and Committee meetings; and
- 2.9 Deliver Board member training that includes: diversity, equity, ethics, safety, wellness, policies, changes to rules, statutes, public records, public meetings, equity, procedures, trauma-informed interactions, confidentiality, information technology, security, PERS benefits, Americans with Disabilities Act accommodations, and other training to meet evolving needs.

### ACTIONS:

	Action	Responsible	Strategy
1	Complete thorough review of the Board’s size and composition by examining state and national best practices in the following areas: number of board members; membership qualifications; term length; and agency staffing. Section: Executive Due Date: 07/01/22	Executive Director, Policy Analyst, Executive Assistant	2.1 2.2
2	Increase messaging to Board members to open e-book upon receipt and review for recusals. Section: Executive, Investigations Due Date: 9/30/22	Executive Assistant, Investigations Coordinator	2.3 2.5 2.6
3	Create detailed consultant training materials, specifically documenting timeliness, definitiveness of reviews, and interview style. Section: Executive Due Date: 12/31/22	Medical Director, Executive Assistant	2.7
4	Complete exit interviews for 2023 outgoing Board members. Section: Human Resources, Executive Due Date: 3/31/23	HR Manager, Executive Director	2.1 2.2

5	Revise Investigative Committee Orientation Manual. Section: Executive, Investigations Due Date: 6/30/23	Executive Assistant, Investigations Coordinator	2.5 2.6
6	Conduct trauma-informed training for Board, Executive Staff, and Assistant Attorney General. Section: Executive, Investigations Due Date: 06/30/23	Executive Director, Investigations Manager	2.9
7	Publish Board service newsletter article from the perspective of outgoing Board members. Section: Communications Due Date: 12/31/23	Public Affairs Specialist	2.1 2.2
8	Reorganize Board member orientation to include Board Chair; close discussion with Executive Director, Medical Director, and Assistant Attorney General; and Management Team member introductions. Section: Executive Due Date: 12/31/23	Executive Director, Executive Assistant	2.5 2.6
9	Institute annual meetings with Committee Chairs and newly assigned committee members to review expectations for membership and tips from the Chair. Section: Executive Due Date: 12/31/23	Executive Director, Executive Assistant	2.3 2.5 2.6
10	Streamline medical consultant contracting process and transition contracts from 2-year to a 4-year contract period. Section: Administrative Services, Executive Due Date: 06/30/24	Contracts Coordinator, Business Manager, Executive Director	2.7
11	Recruit Board member with Oregon's confederated tribes experience or background. Section: Executive Due Date: 12/31/24	Executive Director, Medical Director	2.1
12	Access meeting materials online, directly from the CORE system to eliminate large PDF file that isn't dynamic. Section: IT, Executive Due Date: 12/31/25	IT Staff, Executive Director, Executive Assistant	2.6





## EFFICIENTLY MANAGE LICENSURE

Oregon licensure requirements for Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Doctor of Podiatric Medicine (DPM), Physician Assistant (PA), and Acupuncturist (LAc) must be set with **integrity** and **equity** to ensure fairness toward applicants and licensees. Processing applications and renewals efficiently is vital to **customer service** but must be balanced with the need to maintain **accountability** with thorough background checks. Continually striving to improve the license and renewal processes ensures **excellence** in services provided to licensees.

### STRATEGIES

- 3.1 Continuously streamline and expedite licensure and renewal processes and access to information;
- 3.2 Collaborate with other Oregon, national, and international licensing boards to stay abreast of national medical and licensure trends and participate in pilot projects where feasible;
- 3.3 Identify and implement efficiencies in licensure, renewal, and re-entry processes through internal reviews and external partner feedback;
- 3.4 Regularly and systematically audit applications and renewals;
- 3.5 Maintain internal procedures to implement updates and ensure consistent processing of files;
- 3.6 Monitor development of Interstate Medical Licensure Compact; and
- 3.7 Monitor the accuracy and consistency of the civil penalty process.

### ACTIONS:

	Action	Responsible	Strategy
1	Update Medical Practice Act exams for new applicants to reflect recent changes in legislation and medical practice. Section: Licensing, Executive Due Date: 09/30/22	Licensing Manager, Policy Analyst, Medical Director	3.3
2	Publish white paper on the Interstate Medical Licensure Compact from the OMB perspective. Section: Executive, Licensing Due Date: 12/31/22	Executive Director, Policy Analyst, Licensing Manager	3.6
3	Audit the accuracy and consistency of the civil penalty process. Section: Executive, Licensing, Administrative Services Due Date: 06/30/23	Policy Analyst, Legal Extern, Licensing Manager, Business Manager	3.7
4	Update application and renewal forms with submission instructions if the document may be submitted through the Upload Portal and/or by email. Section: Executive, Licensing Due Date: 06/30/23	Executive Assistant, Licensing Manager	3.1
5	Review the confidentiality of licensing materials and whether forms need to be updated. Section: Licensing, Executive Due Date: 06/30/23	Licensing Manager, Policy Analyst	3.3
6	Evaluate equity in administrative case reviews and final outcomes. Section: Executive, Licensing, Investigations Due Date: 12/31/23	Policy Analyst, Legal Extern, Executive Assistant	3.5 3.7

<b>7</b>	Update telemedicine statutes, rules, and policies in recognition of the varying practice arrangements of licensees and the mobility of patients. Section: Executive, Licensing Due Date: 12/31/23	Policy Analyst, Licensing Manager	3.2 3.5
<b>8</b>	Innovate audit process for internal audits of application and renewal files. Section: Licensing, IT Due Date: 06/30/24	Licensing Manager, IT Staff	3.4
<b>9</b>	Conduct an updated review of the utility of employment verifications in the licensure application process. Section: Licensing Due Date: 12/31/24	Licensing Manager	3.3
<b>10</b>	Eliminate paper verification forms. Section: Licensing, IT Due Date: 12/31/25	Licensing Manager, IT Staff	3.1 3.3
<b>11</b>	Begin accepting source documents electronically. Section: Licensing, IT Due Date: 12/31/25	Licensing Manager, IT Staff	3.1 3.3



## THOROUGHLY AND EQUITABLY REVIEW COMPLAINTS AGAINST LICENSEES AND APPLICANTS

Patient safety relies on **integrity**, **equity**, and **accountability** in the investigation of complaints against licensees and applicants. Investigations staff provide timely, accurate, and complete information for Board members' evaluation, resulting in **excellence** demonstrated in the consistency of disciplinary outcomes. Completing the investigation process in a **customer service** oriented manner requires the Board to be responsive to the needs of the public and fair to licensees.

### STRATEGIES

- 4.1 Inform licensees and applicants under investigation about the process;
- 4.2 Ensure the investigative process is “user-friendly,” communicating throughout the investigative process and outcome to both licensee and complainant and monitoring customer service survey feedback;
- 4.3 Ensure due process requirements are followed for licensees and applicants under investigation;
- 4.4 Review Board and Committee processes to identify efficiencies in the movement of investigative cases while monitoring timeliness and thoroughness;
- 4.5 Maintain investigative timeline for communications to licensees and complainants;
- 4.6 Prioritize investigations into allegations of sexual misconduct or crimes of a sexual nature;
- 4.7 Implement, document, and revise procedures for investigative steps and case documentation;
- 4.8 Develop a pool of high-quality expert consultants in a variety of medical specialties to provide case review, licensee evaluations, written reports, expert testimony, and investigative interviews in support of Board members; and
- 4.9 Utilize consultants in earlier phases of the investigation process when directed by the Investigations Manager and/or the Medical Director to expedite actions.

### ACTIONS:

	Action	Responsible	Strategy
1	Direct consultants to upload reports to eliminate receiving duplicates. Section: Executive Due Date: 06/30/22	Medical Director	4.8
2	Fill Assistant Manager position. Section: Investigations, Human Resources Due Date: 12/31/22	Investigations Manager, HR Manager	-
3	Update “Anatomy of a Complaint” to increase transparency of investigative process. Section: Executive, Investigations, Communications Due Date: 12/31/22	Policy Analyst, Executive Support Specialist, Public Affairs Specialist	4.1 4.2
4	Update subpoena information to say Board will only accept medical records in electronic format. Section: Investigations Due Date: 12/31/22	Investigations Manager, Executive Support Specialist	4.1
5	Review closures and denials of allegations template letters and revise to increase information provided to complainants without disclosing confidential information; include additional resources; and ensure empathetic response. Section: Investigations, Medical Director Due Date: 12/31/22	Investigations Manager, Medical Director, Executive Support Specialist	4.1 4.2 4.3

6	Research possibility of accepting complaints via online webform. Section: Executive, Investigations Due Date: 06/30/23	Executive Assistant, Investigations Manager	4.2
7	Conduct trauma-informed training for Investigations Section. Section: Executive, Investigations Manager Due Date: 06/30/23	Executive Director, Investigations Manager	4.6
8	Create OMB-branded document summarizing a licensee's responsibilities, under OAR 847-012-0000, which patients may provide to medical practices when they have difficulty obtaining medical records. Section: Executive, Investigations, Communications Due Date: 06/30/23	Policy Analyst, Complaint Intake Officer, Public Affairs Specialist	4.1 4.2
9	Evaluate equity in investigative case reviews and final outcomes. Section: Executive, Investigations Due Date: 12/31/23	Policy Analyst, Legal Extern, Executive Director, Medical Director, Investigations Manager	4.3 4.7
10	Review Investigative Case Reports to improve readability and understanding; implement procedural changes and provide training to investigators. Section: Investigations Due Date: 12/31/23	Investigations Manger	4.3 4.4
11	Review policy and procedure regarding disclosure of investigative information to improve transparency of the investigative process for licensees and attorneys. Section: Investigations, Policy Analyst Due Date: 12/31/23	Investigations Manger, Executive Support Specialist, Policy Analyst	4.1 4.7
12	Research potential solutions to medical records management issues (e.g. access, organization, readability, and more). Section: Executive, Investigations Due Date: 12/31/23	Medical Director, Investigations Manger	4.7
13	Send letter from Executive Director to all CMOs and Administrative Medicine license holders reminding them of the responsibility to fulfill medical records requests and, similarly, to respond to OMB subpoenas. Section: Executive, Investigations Due Date: 12/31/23	Policy Analyst, Executive Assistant	4.1
14	Explore streamlining option of implementing administrative fines for ORS 677.415(4) violations. Section: Executive, Investigations Due Date: 06/30/24	Policy Analyst, Investigations Manager	4.4



## SUPPORT THE HEALTH AND WELLBEING OF OMB PROVIDERS, REMEDIATING LICENSEES AND APPLICANTS TO SAFE AND ACTIVE PRACTICE WHEN NECESSARY

Patient and population health is dependent on healthy, well, and fully-functioning Oregon health care providers. Facilitating licensees' **equitable** access to confidential, private, voluntary, and free counseling services prevents impairment, unprofessional conduct, or poor practice habits. The Board's financial and philosophical support of the innovative, statewide wellness program and various educational resources demonstrates the agency's commitment to **excellence** and **customer service**. Monitoring licensees' progress in remediating identified issues maintains the **integrity** of the agency's enforcement functions, and evaluating their ultimate success or failure ensures **accountability** in these efforts.

### STRATEGIES

- 5.1 Encourage licensees to seek counseling before they become impaired and to engage in treatment when a diagnosis or potential impairment is identified;
- 5.2 Fund counseling, educational services, and research to support licensee wellness;
- 5.3 Promote wellbeing of applicants and licensees through outreach, education, and partnership;
- 5.4 Ensure equitable access to wellness resources, including rural and frontier areas;
- 5.5 Support safety interventions such as the Health Professionals' Services Program (HPSP);
- 5.6 Ensure the HPSP is fiscally responsible and the contractor is accountable to the Board;
- 5.7 Facilitate enrollment for licensees and applicants in the HPSP, when necessary;
- 5.8 Monitor licensees under disciplinary action to intervene or provide guidance to comply with terms of discipline;
- 5.9 Facilitate completion of educational requirements for licensees who have entered into remediation agreements with the Board;
- 5.10 Utilize a network of preventive and rehabilitative services;
- 5.11 Collaborate with physician evaluation programs, healthcare provider organizations, the Wellness Coalition, local or regional organizations engaged in patient safety initiatives or healthcare provider education, and other resources; and
- 5.12 Maintain a list of evaluators and treatment providers who have been approved for utilization by licensees for substance use disorders or mental health issues.

### ACTIONS:

	Action	Responsible	Strategy
1	Promote wellbeing resources to rural area licensees through outreach and education, such as targeted communications. Section: Executive, Communications Due Date: 12/31/22	Executive Director, Executive Assistant, Public Affairs Specialist	5.2 5.4
2	Evaluate new and existing programs to address problems relating to competency, re-entry to practice, and wellness. Section: Executive, Investigations Due Date: 06/30/23	Medical Director, Investigations Manager	5.5 5.9 5.10 5.11 5.12
3	List criteria or develop a template with the components expected in a substance use disorder or psychiatric evaluation. Section: Executive, Investigations Due Date: 06/30/23	Medical Director, Investigations Manager	5.11

4	<p>Monitor changes in the HPSP contractor and anticipate changes that may impact the program's future services to OMB licensees.</p> <p>Section: Investigations Due Date: 06/30/23</p>	<p>Investigations Manager, HPSP Coordinator</p>	<p>5.5 5.6 5.7</p>
5	<p>Update HPSP rules to align with current practices and increase the Board's ability to hold licensees accountable.</p> <p>Section: Investigations, Executive Due Date: 06/30/23</p>	<p>Policy Analyst, Investigations Manger</p>	<p>5.6</p>
6	<p>Update opioid prescribing guidance documents.</p> <p>Section: Executive, Communications Due Date: 12/31/24</p>	<p>Medical Director, Public Affairs Specialist</p>	<p>5.1 5.2 5.3</p>
7	<p>Check in biannually regarding the expansion of the Oregon Wellness Program to include Board of Dentistry and Board of Nursing licensees to ensure the resources available to OMB licensees are not compromised.</p> <p>Section: Executive, Investigations Due Date: 12/31/24</p>	<p>Executive Director, Investigations Manager</p>	<p>5.1 5.2 5.3</p>



## INCREASE OUTREACH AND EDUCATION

Educating patients, licensees, and the general public is an important **customer service**. Board publications and resources (e.g. The *OMB Report*, the *Cultural Competency Guide*, and [www.oregon.gov/OMB](http://www.oregon.gov/OMB)) have been recognized nationally for **excellence**. The Board demonstrates **integrity** and **equity** with regular presentations by staff and Board members to promote transparency, awareness of rules, positions of the Board, and other emerging issues. Outreach and partnership efforts also keep the Board **accountable** to the public and licensees by inviting direct feedback and continuing to provide accurate and timely access to public records.

### STRATEGIES

- 6.1 Deliver robust online resources;
- 6.2 Encourage feedback through attendance at public meetings and rule hearings;
- 6.3 Provide opportunities for budget review by partner groups;
- 6.4 Improve outreach to diverse groups;
- 6.5 Educate licensees about the Medical Practice Act, Board processes, Statements of Philosophy, etc.;
- 6.6 Explore collaborations with other entities for education, efficiencies, and outreach;
- 6.7 Establish OMB as the most accurate and complete source of MD, DO, DPM, PA, and LAc information;
- 6.8 Accurately and promptly respond to public records and data requests;
- 6.9 Seek opportunities to showcase the Board’s commitment to transparency by utilizing Board communications and Executive and Medical Director presentations;
- 6.10 Identify community-based organizations and leaders to establish lines of communication and engage with new community groups; and
- 6.11 Strengthen relationship with Oregon’s confederated tribes.

### ACTIONS:

	Action	Responsible	Strategy
1	Send letter from Executive Director to all hospital and medical school administrators reminding them of their responsibility to report. Section: Executive Due Date: 07/01/22	Executive Director , Policy Analyst, Executive Assistant	6.7 6.9
2	Update cultural competency guide and new licensee handbook. Section: Executive, Communications Due Date: 12/31/22	Executive Director, Medical Director, Public Affairs Specialist	6.1 6.7
3	Publish PA resource guide, building on current legislative changes FAQ. Section: Executive, Communications Due Date: 12/31/22	Policy Analyst, Public Affairs Specialist	6.1 6.5 6.7
4	Update public records process and documentation. Section: Executive Due Date: 12/31/22	Policy Analyst	6.8
5	Create educational materials on sexual misconduct, chaperones, and what to expect in a physical or sensitive exam. Section: Executive, Communications Due Date: 12/31/22	Policy Analyst, Public Affairs Specialist	6.1 6.5 6.7

<b>6</b>	Promote OMB services and resources to Oregon's confederated tribes through outreach and education, such as targeted communications. Section: Executive, Communications Due Date: 06/30/23	Executive Director, Executive Assistant, Public Affairs Specialist	6.4 6.6
<b>7</b>	Attend Oregon's confederated tribes' symposia. Section: Management Team Due Date: 06/30/23	Management Team Members	6.4 6.6
<b>8</b>	Create a hormone replacement therapy Statement of philosophy. Section: Executive Due Date: 06/30/23	Medical Director	6.1 6.5 6.7
<b>9</b>	Create educational materials on wellness. Section: Executive, Communications Due Date: 06/30/23	Executive Director, Policy Analyst, Public Affairs Specialist	6.1 6.5 6.7
<b>10</b>	Create videos for key Applicant and/or Licensee services, such as initial application, renewal, laws, developing issues in the professions, Board processes, positions of the Board, etc. Section: All Departments Due Date: 06/30/2024	Management Team Members, Public Affairs Specialist, IT Staff	6.1 6.7
<b>11</b>	Create educational materials on telemedicine to explain licensure requirements and how to practice via telemedicine successfully. Section: Executive, Communications Due Date: 06/30/24	Policy Analyst, Executive Assistant, Public Affairs Specialist	6.1 6.5 6.7
<b>12</b>	Research patient focused webinars. Section: Executive, Communications Due Date: 06/30/24	Public Affairs Specialist, Executive Assistant	6.1 6.4 6.7