LFO Revised Budget Form # 107BF04c

Oregon Board of Chiropractic Examiners
Annual Performance Progress Report (APPR)
for Calendar Year 2007

Update Submitted*:* February 15, 2008

To obtain additional copies of this report, contact the Oregon Board of Chiropractic Examiners at 503-378-5816 ext. 23, 3218 Pringle Road SE #150, Salem, Oregon 97302, or visit http://www.oregon.gov/DAS/OPB/GOVresults.shtml#Annual_Performance_Reports.

Agency Mission

(revised Sept 2007)

The mission of the Oregon Board of Chiropractic Examiners is to serve the public, regulate the practice of chiropractic, promote quality, and ensure competent, ethical health care.

2007-09 KPM#	2007-09 Key Performance Measures (KPMs)	Page #
1	TIMELINESS OF OVERALL COMPLAINT RESOLUTIONS. Average number of days to resolve a complaint.	7,8
2	TIMELINESS OF COMPLAINT RESOLUTIONS Percent of sexual misconduct/boundary cases resolved within 180 days.	9,10
3	REHABILITATION - Percentage of final orders related to record keeping, treatment, or excessive treatment (clinical issues) resulting in Plans of Supervision, Mentoring Plans or similar emphasis on a rehabilitation approach	11,12
4	CONTINUING EDUCATION: Percentage of chiropractic physicians meeting the annual continuing education requirements.	13
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7	BOARD BEST PRACTICES SELF-ASSESSMENT-- Percent of total best practices met by the Board.	18

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1. SCOPE OF REPORT

The Oregon Board of Chiropractic Examiners was established in 1915 to ensure that only qualified individuals are licensed to practice chiropractic in Oregon. It is responsible for licensure and regulation of Doctors of Chiropractic (DC) and Certified Chiropractic Assistants (CCA). The Board's 4.5 FTE perform background checks on applicants for licensure, issue and renew licenses; investigate complaints against licensees; monitor disciplined licensees and work to rehabilitate them where feasible to ensure that they are able to practice safely.

The OBCE has a Strategic Plan broken down into five general areas.

- Public protection (complaints, investigations, due process, consistent disciplinary actions, probation monitoring)
- Professional Competency (licensure, timely examinations, chiropractic continuing education, continued competency, mentoring plans)
- Professional Standards and Administrative Rules (Clear and consistent laws, rules and standards of practice; evaluation of examinations, tests, substances, devices, or procedures [ETSDP] for determination of "standard", "investigational" or "unacceptable" for chiropractic physicians)
- Liaison/Communication (public and professional education, current information about chiropractic and chiropractic physicians, customer service, prevention)
- Diversity (promotion of cultural and racial diversity on the board and within the profession, Affirmative Action)

2. THE OREGON CONTEXT

The Oregon Board of Chiropractic Examiners has no Primary Links to the Oregon Benchmarks; however, Board activities support the following benchmarks as secondary links.

#29 Skills Training: Percentage of Oregonians in the labor force who received at least 20 hours of skills training in the past year. (Oregon chiropractic physicians must complete 20 hours of continuing education every year.)

#30 Volunteerism: Percentage of Oregonians who volunteer at least 50 hours of their time per year to civic, community or nonprofit activities. (The OBCE relies heavily upon chiropractic physicians and lay persons to provide their expertise on a voluntary basis sometimes at great personal expense.)

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#45 Preventable Death, years of life lost before age 70 (rate per 1,000) (For some Oregonians, their chiropractor is their "portal of entry" to the health care system, i.e. the only doctor they see. Chiropractic physicians are trained diagnosticians who provide immediate care or make the appropriate referral to other health care providers. Chiropractors have are focused on the whole person. Wellness and preventative care is a major focus and topic within chiropractic health care.)

#46 Perceived Health Status, Percent of adults whose self-perceived health status is very good or excellent. (Chiropractic physicians make a major contribution to health care, often times providing relief more successful than other health methods.)

#50 Child Abuse or Neglect: Number of children, per 1,000 persons under 18, who are: a. neglected/abused; b. at a substantial risk of being neglected/abused. (Chiropractic physicians are mandatory reporters and are aware of their responsibilities.)

#51 Elder Abuse: Substantiated elder abuse rate per 1,000 Oregonians age 65 or older. (Chiropractic physicians are mandatory reporters and are aware of their responsibilities.)

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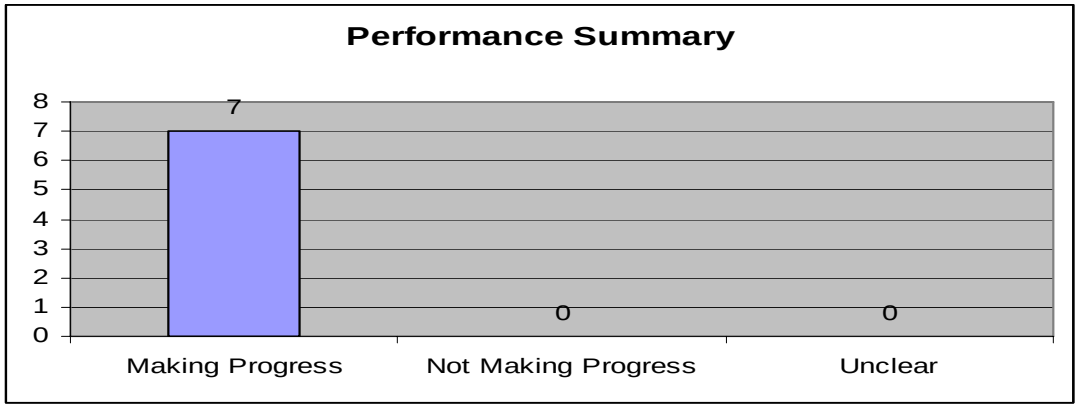
3. PERFORMANCE SUMMARY

KPM Progress Summary	Key Performance Measures (KPMs) with Page References	# of KPMs
KPMs MAKING PROGRESS at or trending toward target achievement	KPM # 1 Average number of days to resolve a complaint. KPM # 2 Percent of sexual misconduct/boundary cases resolved within 180 days. KPM # 3 Percentage of final orders related to record keeping, treatment, or excessive treatment (clinical issues) resulting in Plans of Supervision, Mentoring Plans or similar emphasis on a rehabilitation approach. KPM # 4 Percentage of chiropractic physicians meeting the annual continuing education requirements. KPM # 5 Percentage of Oregon chiropractic physicians who have consulted the Oregon Chiropractic Practice and Utilization Guidelines and/or the Educational Manual for Evidence-Based Chiropractic in the last year. KPM # 6 Customer Service KPM # 7 Board Best Practices -- Percent of total best practices met by the Board.	7
KPMs NOT MAKING PROGRESS not at or trending toward target achievement		0
KPMs – PROGRESS UNCLEAR		0



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4. CHALLENGES

The key question is whether we are successfully protecting the public? A subjective or qualitative measure may be as appropriate to answer this as the KPM quantitative approach. For example, after a two & half year investigation and contested case hearing, in 2006 the Board revoked a chiropractor's license following the Administrative Law Judge's determination there were serious sexual misconduct and boundary violations. This case is like hitting a home run with bases loaded (even though eight of the eleven complaints exceeded the target of the resolution within 180 days affecting KPM # 2 results).

Nonetheless, the KPM quantitative approach is a useful measure of overall progress. 2006 data for KPM # 1 show that our time to resolve complaints overall has increased after several years of demonstrating progress. Part of this is due to having limited investigative resources which were focused on the above mentioned case. However, 2007 showed improvement in both KPM # 1 and # 2. Additional investigative and legal resources were requested and approved for the 2007-2009 biennium.

5. RESOURCES USED AND EFFICIENCY

The Oregon Board of Chiropractic Examiners 2005 – 2007 Legislatively Adopted Budget was $ 1,019,002 and actual expenditures were $1,002,221. Recently, a $52 fee was instituted to pay for FBI criminal history background checks for chiropractic physician applicants. The transition to birth-month licensing for chiropractic physician relicensing was completed with efficiencies in work flow and a more even revenue flow. Increased use of the agency Web page now provides a speedy method for license verification, with improvements planned for the 2007-09 biennium.

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The following questions indicate how performance measures and data are used for management and accountability purposes.	
1 INCLUSIVITY Describe the involvement of the following groups in the development of the agency's performance measures.	• Staff: Review of current performance measures on an annual basis. • Elected Officials: Approving and making changes to legislatively approved performance measures. • Stakeholders: Reviewing letters, telephone calls and e-mails regarding the Board's performance measures. • Citizens: Reviewing letters, telephone calls and e-mails regarding the Board's performance measures.
2 MANAGING FOR RESULTS How are performance measures used for management of the agency? What changes have been made in the past year?	All data collected on performance measures is reviewed by the Board as part of ongoing Strategic Planning. An online customer service survey is ongoing to obtain data for several measures. Two performance measures were modified in the 2007 Legislature. A new Board Best Practices measure was added which will be highlighted in the next report.
3 STAFF TRAINING What training has staff had in the past year on the practical value and use of performance measures?	DAS Training occurred in previous biennia. The Ex. Dir. and board members have attended Citizen Advocacy Center conferences which address performance measurements from a public board member point of view.
4 COMMUNICATING RESULTS How does the agency communicate performance results to each of the following audiences and for what purpose?	• Staff: At staff meetings and through e-mails and memos on customer satisfaction. • Elected Officials: Use of Web-site, testimony before the Legislature and responding to direct inquiries. • Stakeholders: Use of Web-site, presentations and responding to direct inquiries. • Citizens: Use of Web-site, presentations and responding to direct inquiries.

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KPM #1	TIMELINESS OF OVERALL COMPLAINT RESOLUTIONS. – Average number of days to resolve a complaint.	Measure since: 2000
Goal	To resolve a majority of complaints within 180 days.	
Oregon Context	Measures #1 and #2 are linked to our Agency Mission Statement of public protection to ensure competent ethical health care.	
Data source	OBCE complaint database reports.	
Owner	Dave McTeague, Ex. Dir. 503-378-5816 ext. 23	

1. OUR STRATEGY

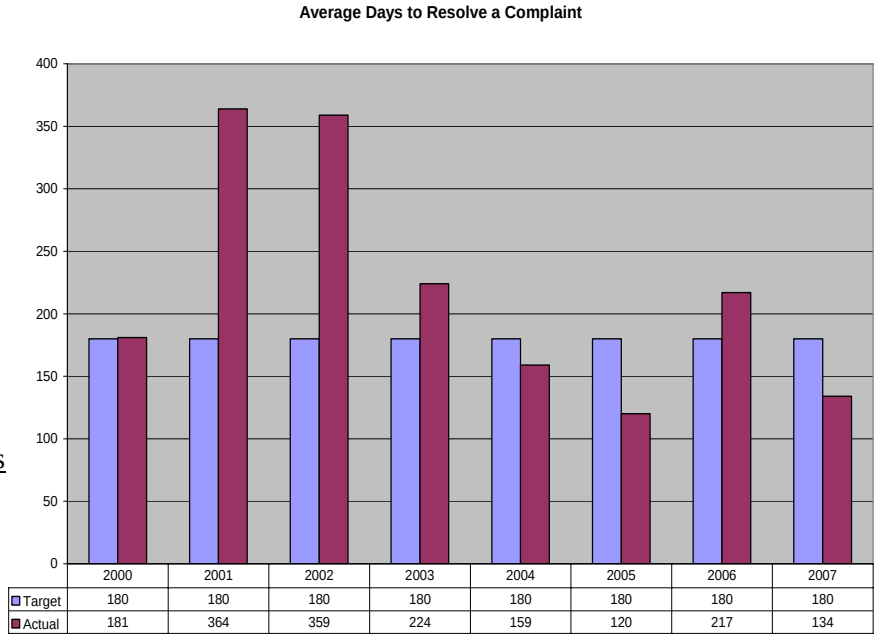
We address the most pressing public safety investigations first, even if it causes lower priority complaints to have longer resolution times.

2. ABOUT THE TARGETS

The goal is to keep the annual average number of days to resolve complaints overall below 180 days. Many factors affect this which is outside the agency's control, particularly in 2006. Overall this is a measure of how quickly we are resolving complaints, not necessarily our success otherwise.

3. HOW WE ARE DOING

We have made steady progress in the last several years and achieved our goal. The 2006 results were affected by the successful resolution of several long running cases which involved Peer Review and extended settlement negotiations with opposing legal counsel; and a major sexual misconduct case which involved 11 complainants resulting in revocation. Without those cases the average drops to 184 days, almost at target. The years where we have not met this goal are usually the result of a constellation of difficult cases occurring at the same time. 2007 year end data shows improvement to an average of 134 days.



4. HOW WE COMPARE

The Board of Accountancy has a similar measure and our complaints are open somewhat longer than theirs. The Board of Nursing KPM #9 measures the percent of cases investigated and referred to Board within 120 days of receipt of complaint.

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5. FACTORS AFFECTING RESULTS

High level investigations can take a huge amount of our one (FTE) investigator's time. When this happens, as in 2000-2001, and more recently in 2006, the timeliness of investigation into other complaints is adversely affected. (In broadest terms these can be broken down to high level, medium and low level complaints). In those cases where a Notice of Proposed Disciplinary Action is issued and a hearing requested, the timeliness is affected by the amount of difficulty in negotiations and whether or not the respondent doctor (and his/her attorney) is cooperative in the negotiation process. Complaints come in cycles, with naturally occurring ups and downs, both in numbers and the level of complaints.

6. WHAT NEEDS TO BE DONE

A) We prioritize complaints and investigations most important to public protection. B) We will use existing resources to either hire a temporary investigator or contract for additional investigative assistance. C) We are implementing our approved 07-09 Budget Policy Package for contract investigators and chiropractic consultants to assist our one full-time investigator. D) Our Assistant Attorney General and paralegal are increasingly involved in aspects of ongoing investigations.

7. ABOUT THE DATA

We track the open and close date for each complaint in our agency database. We are also beginning to track the investigative "Report to Board" so that a modified or new KPM is possible in the future, similar to the Nursing Board KPM mentioned above. Our data is based on the calendar year. This report is initially presented in September, and then updated in January of each year.

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KPM #2	TIMELINESS OF COMPLAINT RESOLUTIONS – Percent of sexual misconduct/boundary cases resolved within 180 days.	Measure since: 2000
Goal	To investigate and resolve a majority of these most serious complaints within 180 days.	
Oregon Context	Measures #1 and #2 are linked to our Agency Mission Statement of public protection.	
Data source	OBCE complaint database reports.	
Owner	Dave McTeague, Ex. Dir. 503-378-5816 ext. 23	

1. OUR STRATEGY

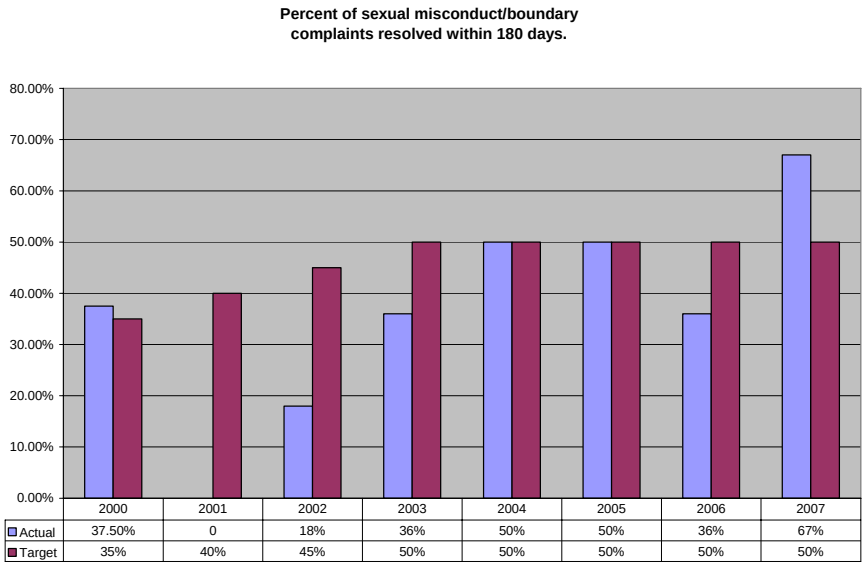
We address the most pressing public safety investigations first, even if it causes lower priority complaints to have longer resolution times. Because of the potential harm to patients these investigations are pursued vigorously.

2. ABOUT THE TARGETS

The goal is to complete these investigations sooner, but not at the expense of public safety. Many factors affect this which are outside the agency's control. Overall this is a measure of how quickly we are resolving complaints, not necessarily our success otherwise. It may be that our 180 day target is unrealistic for this category.

3. HOW WE ARE DOING

We were below our target in 2006 but exceeded it in 2007. However, our investigations are thorough and effective as is indicated by the Revocation Order issued on August 10, 2006 involving 11 separate complaints against one doctor, one of which was open for over two years. It's better to take longer and get the job done right than it is to rush an investigation and case to closure if that leaves the public unprotected. Currently, we have two 2005 open complaints/investigations in this category which will affect this measure in 2008.



	2000	2001	2002	2003	2004	2005	2006	2007
Actual	37.50%	0	18%	36%	50%	50%	36%	67%
Target	35%	40%	45%	50%	50%	50%	50%	50%

4. HOW WE COMPARE

We need additional information specific to sexual misconduct and boundary complaints by health care professionals from other licensing boards. However, Board of Medical Examiners, Dentistry, Nursing, and Naturopathic boards do not have a similar performance measure specific to sexual misconduct and boundaries.

5. FACTORS AFFECTING RESULTS

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Sexual misconduct and boundary complaints are almost always high level investigations. They are usually complex and challenging. Often the complainants or victims need time to open up and come to terms with their role in this process. Often witnesses are difficult to locate or in one current case, they left the country for almost one year. In those cases where a Notice of Proposed Disciplinary Action is issued and a hearing requested, then the timeliness is affected by the amount of difficulty in negotiations and whether or not the respondent doctor (and his/her attorney) are cooperative in the negotiation process. A review of closed cases shows tremendous effort by the OBCE over the last decade. There is also an ongoing prevention effort designed to reduce the incidence of sexual misconduct and boundary violations.

6. WHAT NEEDS TO BE DONE

A) We are contracting for additional investigators in 2007-09 to free up our investigator to focus on this category. B) We continue to make these investigations our top priority. C) We recognize that this category often requires extended investigations usually followed by a longer period for negotiations and sometimes contested case hearing.

7. ABOUT THE DATA

We track the open and close date for each complaint in our disciplinary action database. We are also beginning to track the investigative "Report to Board" so that a modified or new KPM is possible in the future, similar to the Nursing Board KPM mentioned above. The data is based on the calendar year. This report is updated in January each year. 2007 data: 6 complaints closed, one case involved four complaints against the same doctor. There were 8 open cases of this type at year end, all of which are projected to close in 2008.

	2007 Data
Days Open	Sex Misc./Boundaries
650	
187	
125	
125	
125	
126	

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KPM #3	REHABILITATION – Percentage of final orders related to record keeping, treatment, or excessive treatment (clinical issues) resulting in Plans of Supervision, Mentoring Plans or similar emphasis on a rehabilitation approach	Measure since: 2000
Goal	To rehabilitate those chiropractors who have fallen below minimum standards of chiropractic practice.	
Oregon Context	Measure # 3 is linked to our Agency Mission Statement of public protection.	
Data source	OBCE complaint database reports and annual review of final board orders.	
Owner	Dave McTeague, Ex. Dir. 503-378-5816 ext. 23	

1. OUR STRATEGY

Promote rehabilitation as a public protection measure in appropriate cases.

2. ABOUT THE TARGETS

The OBCE mandates mentoring plans and other appropriate rehabilitative efforts for those chiropractic physicians who need to address record keeping, treatment, or excessive treatment (clinical issues).

3. HOW WE ARE DOING

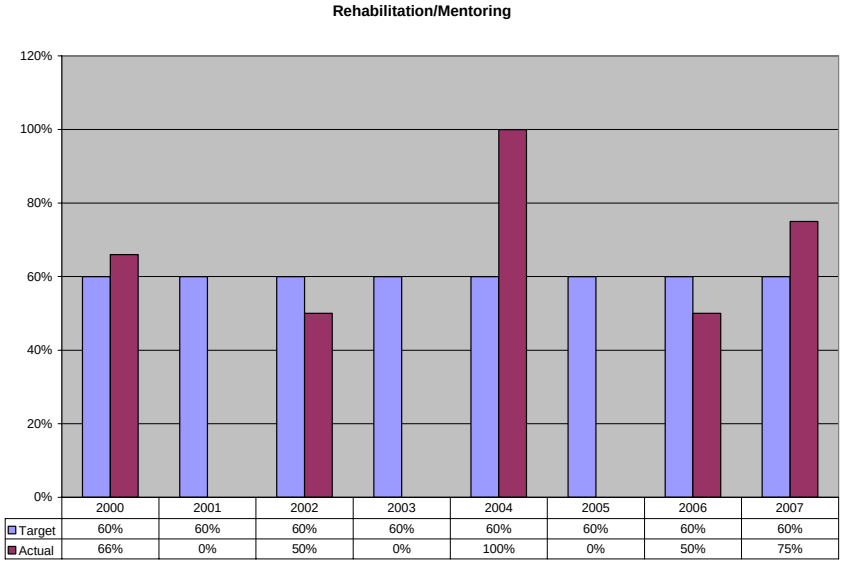
Progress has been made, however the number of doctors in this program varies. The doctors who have been mentored have improved their practice and only one has been the subject of further complaints.

4. HOW WE COMPARE

We don't have any basis for comparison with our licensing boards.

5. FACTORS AFFECTING RESULTS

It is possible our universe is too small for this measure to give more than a sense of our progress. However it does serve to remind the Board and licensees that rehabilitation and quality improvement is an important goal.



	2000	2001	2002	2003	2004	2005	2006	2007
Target	60%	60%	60%	60%	60%	60%	60%	60%
Actual	66%	0%	50%	0%	100%	0%	50%	75%

6. WHAT NEEDS TO BE DONE

The Board needs to keep looking for cases where rehabilitation is appropriate. This is ongoing and several mentoring plans are currently underway. A special account has been established to handle payment of mentors.

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7. ABOUT THE DATA

We review the final orders for each year, determine how many fall into the category of record keeping, treatment, or excessive treatment or clinical issues, and identify the percentage of that universe in which mentoring plans or other rehabilitation was mandated. In 2007 four cases were identified, of those one was the subject of a formal mentoring plan and in two others additional continuing education was required.

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KPM #4	**Professional Competency –** Percentage of chiropractic physicians meeting the annual continuing education requirements.	Measure since: 2003
Goal	To ensure chiropractors meet their continuing education requirement to maintain minimum standards of chiropractic practice.	
Oregon Context	Measure # 4 is linked to our Agency Mission Statement of public protection.	
Data source	Annual audit of 10% of all Oregon chiropractors to determine compliance.	
Owner	Dave McTeague, Ex. Dir. 503-378-5816 ext. 23	

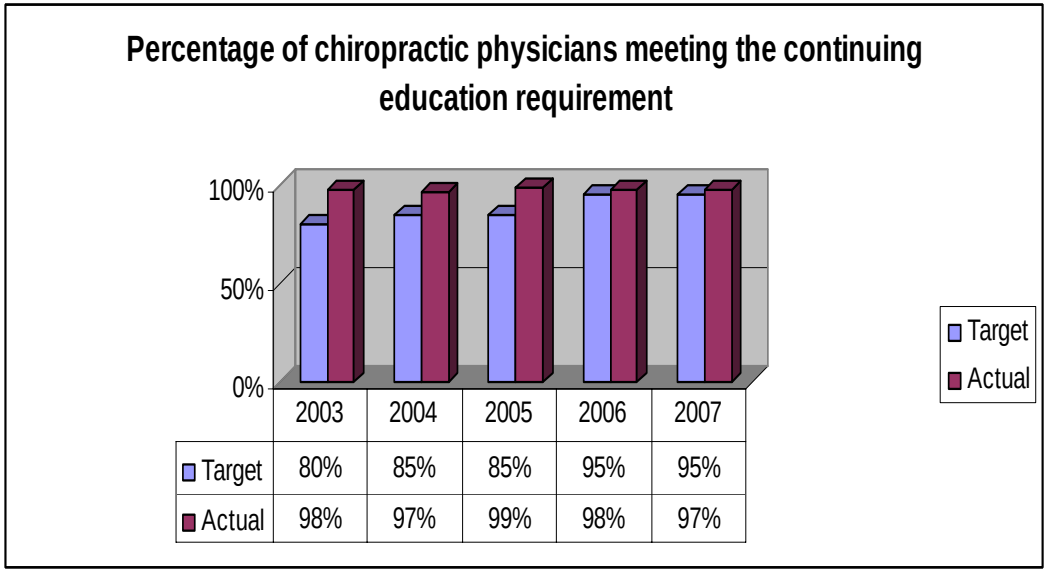
1. OUR STRATEGY Promote compliance with continuing education requirements.

2. ABOUT THE TARGETS
The OBCE initially expected greater issues with compliance than have occurred. Our current target is 95% compliance.

3. HOW WE ARE DOING
Compliance with CE requirements is very good.

4. HOW WE COMPARE
We don't have any basis for comparison with other licensing boards.

5. FACTORS AFFECTING RESULTS
The main factor is doctors' understanding of their requirements to complete 20 hours of CE every year. The Board accepts a variety of methods to obtain CE.



	2003	2004	2005	2006	2007
Target	80%	85%	85%	95%	95%
Actual	98%	97%	99%	98%	97%

6. WHAT NEEDS TO BE DONE
The Board will continue to educate licensees about CE requirements and especially two current CE mandated course topics through the BackTalk newsletter, web site and license renewal mailings. However, the larger issue is whether licensed professions will move towards a continued competency model?

7. ABOUT THE DATA The OBCE conducts an annual random audit of 10% of all licensees for proof of CE compliance. The 2007 survey was conducted in December 2007.

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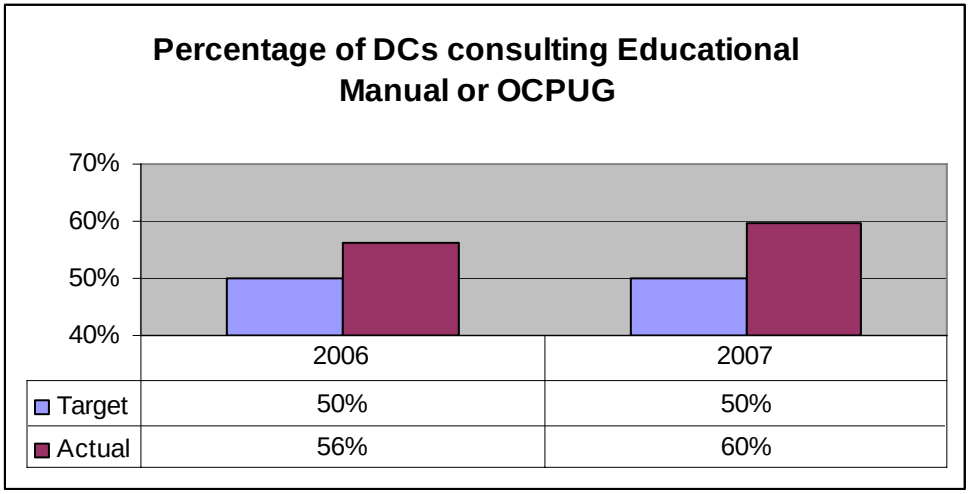
KPM #5	**Promoting Quality –** 2007-09: Percentage of Oregon chiropractic physicians who have consulted the Oregon Chiropractic Practice and Utilization Guidelines and/or the Educational Manual for Evidence-Based Chiropractic in the last year. (Changed from 2003-07: Percent of Oregon Chiropractic Physicians who felt the Oregon Chiropractic Practice and Utilization Guidelines, or the Educational Manual for Evidence-Based Chiropractic was helpful in enhancing decision making in at least three of their cases.)	**Measure since: 2003**
Goal	Promoting quality in the chiropractic profession and proactive public protection.	
Oregon Context	Measure # 5 is linked to our Agency Mission Statement of public protection and promoting quality in the chiropractic profession.	
Data source	Annual survey (part of the customer service survey)	
Owner	Dave McTeague, Ex. Dir. 503-378-5816 ext. 23	

1. OUR STRATEGY

Promote consensus in the profession around key practice issues and areas. The OBCE has supported development of the Educational Manual for Evidence-Based Chiropractic, which also serves to update the Oregon Chiropractic Practice and Utilization Guidelines (OCGUP) adopted in 1991.



2. ABOUT THE TARGETS

As of September 2007, the OBCE has refocused it efforts away from producing more chapters of the Educational Manual and towards other proactive and public protection effort. This KPM was amended to have broader language to measure the use of these documents. The target for this measure is still 50%.

3. HOW WE ARE DOING

Progress has been slow but steady. The Forward and three chapters of the Educational Manual for Evidence Based Chiropractic (Patient-Doctor Relationship, Diagnostic Imaging, and Record Keeping) have been distributed to all chiropractors in Oregon along with the 1991 OCPUG. They are also on the OBCE's Web page. The 2006 online Customer Satisfaction survey received a modest 33 responses. The response to the KPM # 5 (above) question was 56.2% positive. The 2007 survey results from 356 chiropractic physician respondents were 59.8% yes, 36.1% no and 4.4% don't know.

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4. HOW WE COMPARE

We believe the OBCE is more focused on "promoting quality" as a proactive public protection measure than most other traditional licensing boards. However for the time being, the OBCE has decided that production of these documents is more appropriately the domain of the chiropractic colleges and professional associations.

5. FACTORS AFFECTING RESULTS

The slow pace of developing the Educational Manual has made it harder to measure the results of this effort. A major survey effort in March 2005 produced information concerning the profession's differing perceptions of this project.

6. WHAT NEEDS TO BE DONE

The OBCE's September 2007 strategic planning effort has caused the Board to reassess their approach to quality promotion. Future strategies are likely to involve increased communication via other means with chiropractors and stakeholders, an exploration of promoting proficiency vs. minimum competency, and a renewed focus on rehabilitation where it is needed.

7. ABOUT THE DATA

Data was collected as part of the annual online customer service survey in 2006 and previously in surveys in 1999 and 2005. Data on the modified measure for 2007 was collected in the OBCE Customer Satisfaction Survey between December 2007 and February 2008.

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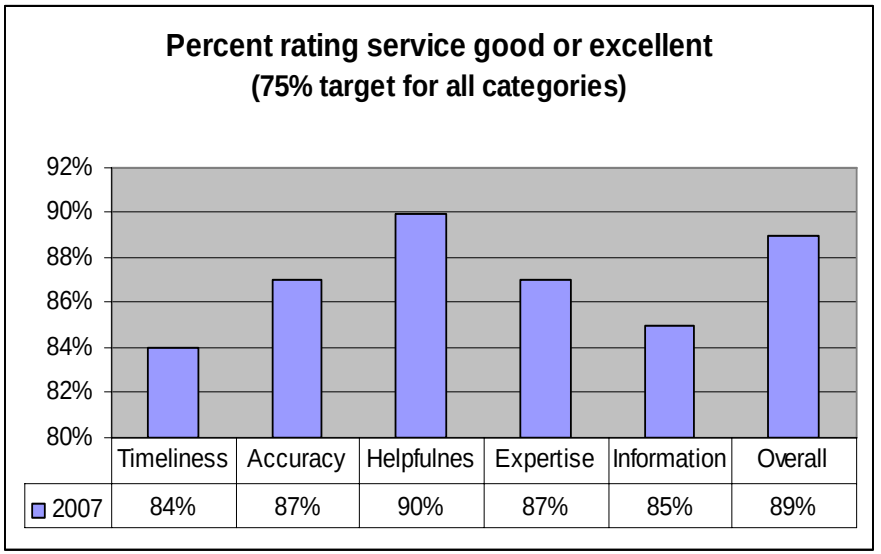
KPM #6	CUSTOMER SERVICE – Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	Measure since: 2003
Goal	Providing top quality customer service.	
Oregon Context	Measure # 6 is a shared performance measure across state agencies.	
Data source	Annual customer service survey.	
Owner	Dave McTeague, Ex. Dir. 503-378-5816 ext. 23	

1. OUR STRATEGY
Survey and measure customer satisfaction each year.

2. ABOUT THE TARGETS
The 75% target is a combination of "Good" and "Excellent" responses as opposed to "Fair" and "Poor" and "Don't Know."

3. HOW WE ARE DOING
This is still new performance measure and 2007 is the first year with a significant sample size of over 450 respondents. . These results are generally similar to those obtained in 1999 and 2005 OBCE surveys.

4. HOW WE COMPARE.
We are doing better than the Board of Medical Examiners and about the same as the Board of Dentistry.



5. FACTORS AFFECTING RESULTS
The OBCE has sufficient staffing to respond quickly to requests for information and license applications/ renewals etc.

6. WHAT NEEDS TO BE DONE
We continue to look for ways to improve our customer service. One example is our new web page Licensee Lookup feature which provides a more effective way to address license verification requests. Building on that we are working to make all disciplinary orders also available via web page to save requesters and the agency time and money in the process.

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7. ABOUT THE DATA

Data was collected as part of the 2006 annual customer service via online survey the agency Web page. The 2007 survey, as both a Web and mail out survey, was conducted from December 2007 through Feb. 2008 and received over 450 responses.

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KPM #7	CUSTOMER SERVICE – Board Best Practices Self-Assessment	Measure since: 2003
Goal	Providing top quality customer service.	
Oregon Context	Measure # 7 is a shared performance measure affecting many state boards and commissions.	
Data source	Annual board review of 15 criteria.	
Owner	Dave McTeague, Ex. Dir. 503-378-5816 ext. 23	

1. OUR STRATEGY
Complete and meet all Best Practices for state boards and commissions. The Board reviews these Best Practices on an ongoing basis. The Board Vice-President is assigned to monitor compliance.

2. ABOUT THE TARGETS
The target is 100%.

3. HOW WE ARE DOING
The Board reviewed this at their January 2008 meeting and determined for 2007 that the OBCE had met 100% of the listed 15 criteria. As a result of this review the Board sees financial information more frequently and is conducting Ex. Dir. performance evaluations on a regular annual basis.

4. HOW WE COMPARE.
No other boards have reported on this new KPM yet as far as we know.

5. FACTORS AFFECTING RESULTS
The OBCE has engaged in an ongoing strategic planning process that addresses many of these criteria, plus a major planning meeting was held in September 2007.

6. WHAT NEEDS TO BE DONE
A more clear definition of expectations for some of these very broad best practices would be helpful.

7. ABOUT THE DATA
The Board reviewed this at their January 2008 meeting.