

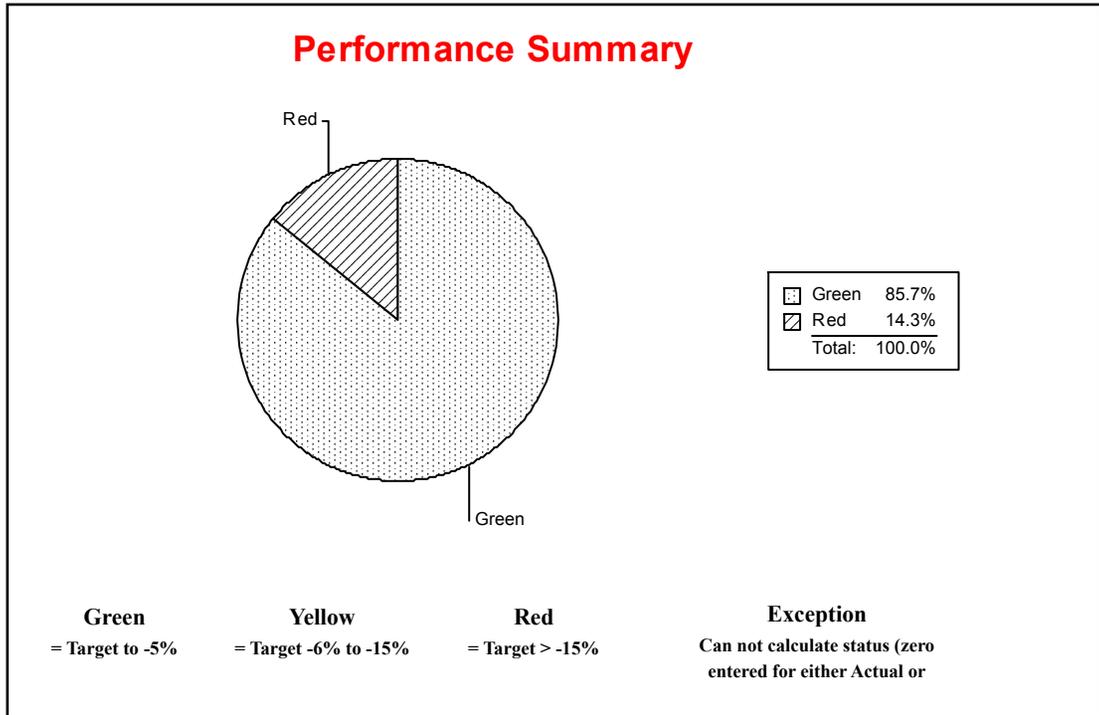
CHIROPRACTIC EXAMINERS, BOARD of
Annual Performance Progress Report (APPR) for Fiscal Year (2012-2013)

Original Submission Date: 2013

Finalize Date: 1/17/2013

2012-2013 KPM #	2012-2013 Approved Key Performance Measures (KPMs)
1	Average number of days to resolve a complaint.
2	Percent of sexual misconduct/boundary complaints resolved in 180 days
3	The Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within a target number of days.
4	Percentage of chiropractic physicians meeting the annual continuing education requirements.
5	The Percentage of licenses issued within a target number of days once all application components (that are the responsibility of the applicant) have been received.
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.
7	Board Best Practices - Percent of total best practices met by the Board.

CHIROPRACTIC EXAMINERS, BOARD of	I. EXECUTIVE SUMMARY
Agency Mission: 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.	
Contact: Dave McTeague, Executive Director	Contact Phone: 503 373-1620
Alternate: Kelly Beringer, Administrative Assistant	Alternate Phone: 503 373-1573



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 six staff (5 FTE) performs 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 Board meets bi-monthly to make determinations regarding complaints, licensing, practice and policy issues. 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.) #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.)

3. PERFORMANCE SUMMARY

Performance is generally very good on all key performance measures, except total open to close, which is explained in the narrative.

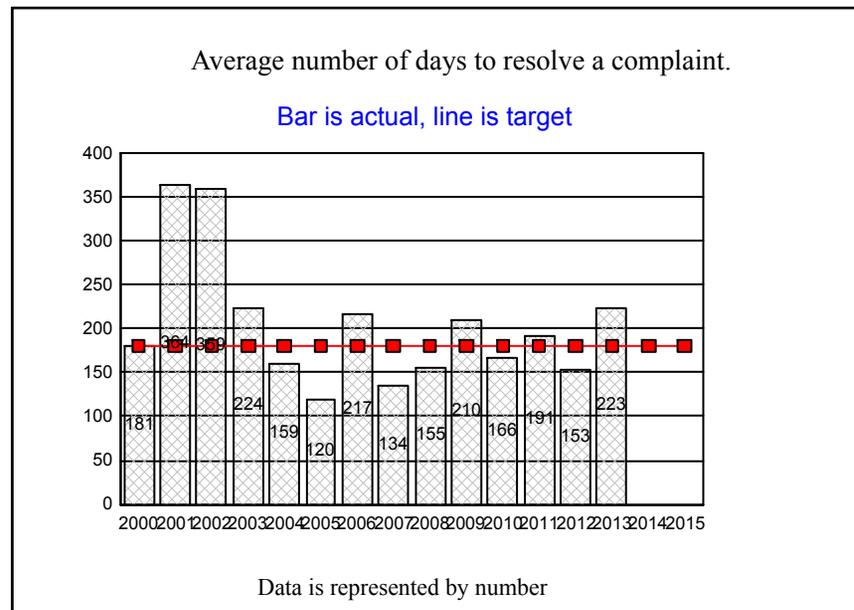
4. CHALLENGES

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 and a 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.

5. RESOURCES AND EFFICIENCY

The Oregon Board of Chiropractic Examiners has seen a steady increase in licensee numbers since 1991, but has the same FTE to process all the work. Major efficiencies include emailing our newsletter, online information about licensees and disciplinary actions. The pending online license renewal system offers hope of future efficiencies.

KPM #1	Average number of days to resolve a complaint.	2000
Goal	To resolve most complaints received as quickly as possible.	
Oregon Context	Measures #1 through #3 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. 503-373-1620	



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 are outside the agency's control. Overall this is a measure of how quickly we are resolving complaints, not necessarily our success otherwise.

3. HOW WE ARE DOING

Resolution of one long running case (Jameson), continued high numbers and increasing complexity of complaints, affected the 2013 results (223 days average) Without the 14 Jameson cases, we would have met our target of at 160 days average.

4. HOW WE COMPARE

Only one other health regulatory board we're aware of, Clinical Social Workers, has a similar measure.

5. FACTORS AFFECTING RESULTS

Resolution of one long running case (Jameson), continued high numbers and increasing complexity of complaints, affected the 2013 results (223 days average) Without the 14 Jameson cases, we would have met our target of under 180 days average We have made steady progress in the last several years and achieved our goal. One major case that involved 11 complaints affected the 2009 results; without which the average is 95 days. The years where we have not met this goal are usually the result of a constellation of difficult cases occurring at the same time. The results of those two years illustrate the flaw in this measure, which is why new KPM #3 is a much better measure of our agency's response overall. Beginning September 2013, we have a new doctor of chiropractic health care investigator part-time position. This will help us to address our complaint backlog.

6. WHAT NEEDS TO BE DONE

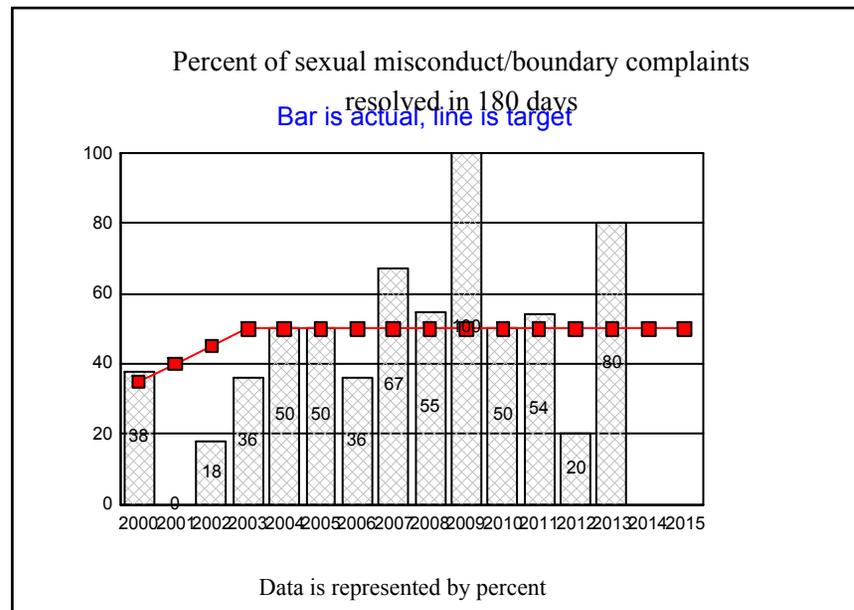
A) We prioritize complaints and investigations most important to public protection. B) We utilize all our resources (investigator, Ex. Dir., legal counsel, Peer Review Committee, contract investigators).

7. ABOUT THE DATA

We track the open and close date for each complaint in our agency database. This report's data is updated in January of each year. Data is collected and

reported on a calendar year basis.

KPM #2	Percent of sexual misconduct/boundary complaints resolved in 180 days	2000
Goal	To investigate and resolve a majority of these most serious complaints within 180 days.	
Oregon Context	Measures #1 through #3 are linked to our Agency Mission Statement of public protection.	
Data Source	OBCE complaint database reports.	
Owner	Dave McTeague, Ex. Dir. 503-373-1620	



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.

3. HOW WE ARE DOING

In 2013, we met our goal. In 2012, we did not meet our goal, but we did succeed in revoking the license of Todd Hansen DC, who had serious boundary violations. In 2011, we met our goal, but just barely. This category is very challenging, has long and complicated investigations. Then the contested case process with attorneys can take even longer.

4. HOW WE COMPARE

We are the only health board that has a target for this specific category of complaints. This is due in part to the very up close and hands on nature of manual medicine and chiropractic adjusting, and this has been reflected in a past survey which showed the chiropractors with a greater incidence of this type of complaints. Boundary and sexual misconduct violations can be extremely harmful to patients and other affected persons.

5. FACTORS AFFECTING RESULTS

One factor is the relatively small universe of complaints closed typically from zero to a high of 18 in one year. 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. Update: In 2012, there were just five complaints closed. There are a number of others still open to be addressed in 2013. Update: In 2013, there were just five complaints closed. There are a number of others still open to be addressed in 2014.

6. WHAT NEEDS TO BE DONE

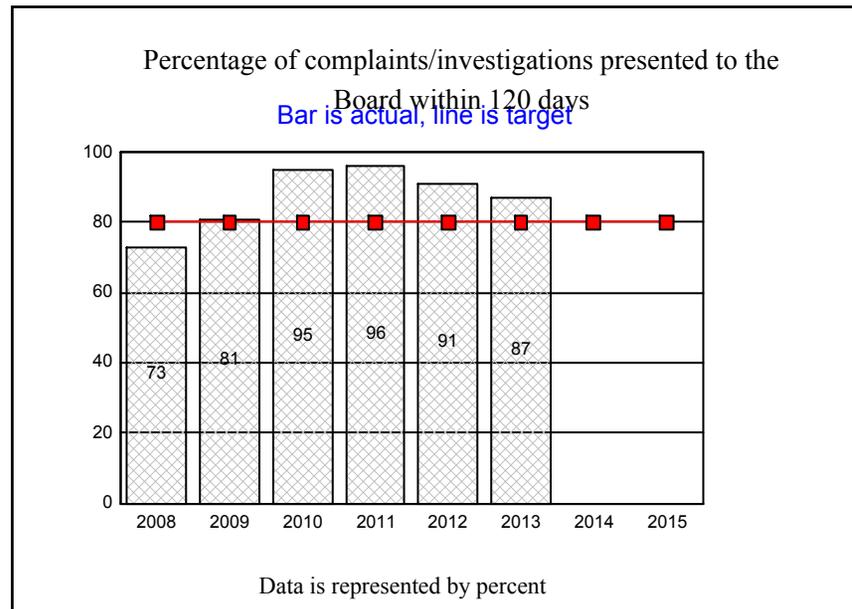
We continue to make these investigations our highest priority. We recognize that this category often requires extended investigations usually followed by a

longer period for negotiations and sometimes contested case hearing. We will continue to address this issue frequently in our newsletter and in our New Doctor meetings.

7. ABOUT THE DATA

Data is collected and reported on a calendar year basis. We track the open and close date for each complaint in our disciplinary action database.

KPM #3	The Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within a target number of days.	2009
Goal	Public Protection: The public will benefit from quality chiropractic care and will be protected from all undue harm by chiropractic physicians. (OBCE Strategic Plan) The goal is to respond to complaints and complete investigations within the shortest time possible; and provide a report to the Board within 120 days of receiving the complaint.	
Oregon Context	Measure # 3 is linked to our strategic plan goals for public protection.	
Data Source	OBCE complaint database report.	
Owner	Dave McTeague, Ex. Dir. Oregon Board of Chiropractic Examiners 503-373-1620	



1. OUR STRATEGY

We focus our agency investigative resources to ensure prompt investigation of complaints.

2. ABOUT THE TARGETS

The target is to complete at least 80% of investigations and report to the Board within 120 days. It is not possible to have a 100% target since some investigations take a while to complete. It is better to be thorough and complete even if it takes more time. The purpose of this KPM is to keep the agency focused on moving forward on all complaints; and preventing a complaint/investigation backlog from developing.

3. HOW WE ARE DOING

The 2013 data show us doing very well in this measure with an investigative report to the Board within 120 days on 87% of all complaints. 2012 data shows that of closed complaints, 91% were reported to the Board within 120 days. The 2011 data show us doing very well in this measure with an investigative report to the Board within 120 days on 96% of all complaints.

4. HOW WE COMPARE

We have not analyzed this yet.

5. FACTORS AFFECTING RESULTS

Our investigative staff is focused on getting the investigation report to Board in a timely manner, even though more investigation may be needed after that. There are different types and complexities of complaints and investigations. Some require little processing other than to obtain the licensee's response, while other require extensive investigation.

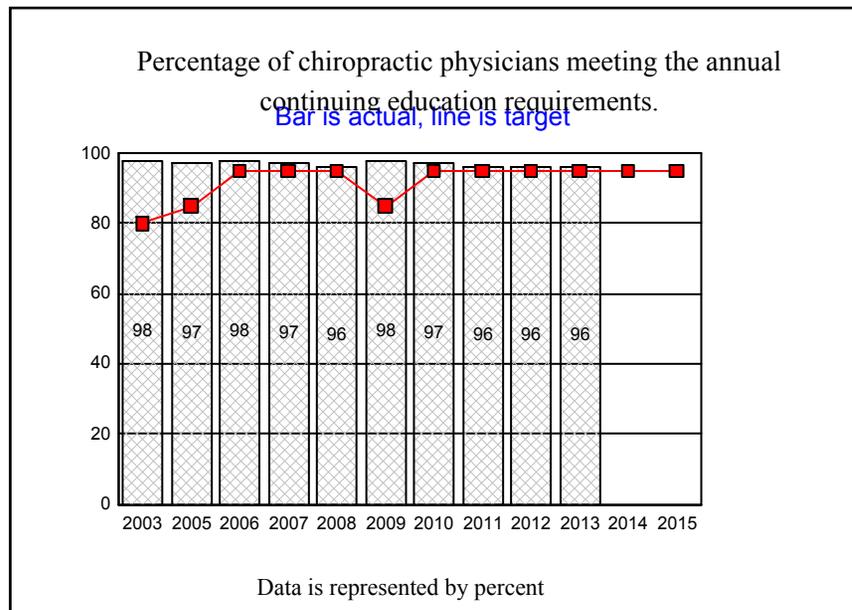
6. WHAT NEEDS TO BE DONE

The OBCE still needs additional resources for chiropractic consultants and contract investigators and Peer Review. The recent addition of a part-time Health Care Investigator is helping greatly.

7. ABOUT THE DATA

We collect and report data on a calendar year basis. We update our complaint data on a regular basis.

KPM #4	Percentage of chiropractic physicians meeting the annual continuing education requirements.	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	Periodic audits of Oregon chiropractors to determine compliance.	
Owner	Dave McTeague, Ex. Dir. 503 373-1620	



1. OUR STRATEGY

Promote compliance with continuing education requirements. Non compliance equals: 1. Required number of hours not completed - in part, or total (whether 6 or 20) (usually docs are losing track), 2. Not completed within their license year (some have taken hours every other year, losing track of the space in time) 3.

CE content/activity falls outside the rule guidelines 4. Doctors sign Affidavit but CE incomplete (related to #1) 5. Licensee simply does not respond (In the end, virtually all come into compliance or face disciplinary action.)

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 currently very good. In 2013 we tracked compliance for completion of 6 hours on clinical record keeping for all the Actively Licensed doctors of chiropractic (excluding initial licensees). The compliance was very high at 97%. A smaller audit of doctors for all 20 hours showed 96% compliance.

4. HOW WE COMPARE

We dont 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.

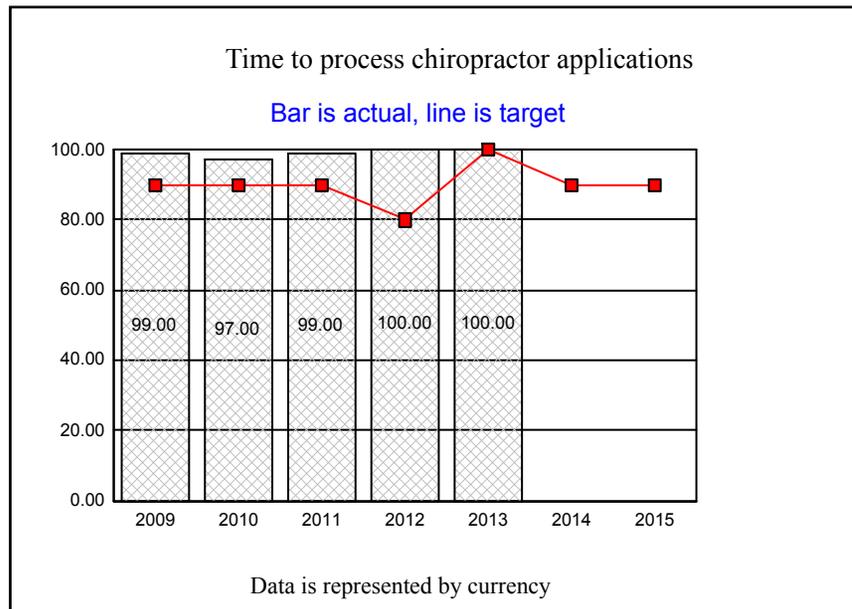
6. WHAT NEEDS TO BE DONE

We are publishing articles in our newsletter to educate licensees about CE requirements. We have updated the CE administrative rule so that more than 10% can be audited and those audits will occur in conjunction with the birth month licensing cycle instead of just once annually.

7. ABOUT THE DATA

The OBCE conducts an random audits of a percentage of licensees for proof of CE compliance at various times during the year.

KPM #5	The Percentage of licenses issued within a target number of days once all application components (that are the responsibility of the applicant) have been received.	2009
Goal	The goal is timely and efficient licensing following completion of the application process.	
Oregon Context	This measure adopts language suggested by Mr. Bruce Stoffmacher in his report to LFO. This measure will align with a similar measure for several other health regulatory boards, allowing comparison of these different programs. The OBCE is part of a small group of health licensing boards that are using this or similar measures.	
Data Source	When a license application is complete, OBCE staff will enter that date into the chiropractic physicians applications database which then can be compared with the date that the license is issued and sent to the licensee.	
Owner	Dave McTeague, Ex. Dir. Oregon Board of Chiropractic Examiners 3218 Pringle Road SE # 150 Salem, Oregon 97302 503-373-1620	



1. OUR STRATEGY

This measure documents and communicates our success in expeditious licensing.

2. ABOUT THE TARGETS

We will review targets after consultation with other health regulatory boards. The target is issuance of 90 % of chiropractic physician license renewals within 5 business days of the completed application (that are the responsibility of the applicant).

3. HOW WE ARE DOING

In 2011, 82 applications were processed. Only 1 took more than five days, and most were issued within one or two days of becoming complete. 2012 results: 100% issued within 5 working days of completion. 2013 results: 100% issued within 5 working days of completion.

4. HOW WE COMPARE

We haven't had the opportunity to compare yet.

5. FACTORS AFFECTING RESULTS

Once the applicant provides all the required information and passes all the required examinations; we license most within a day or two.

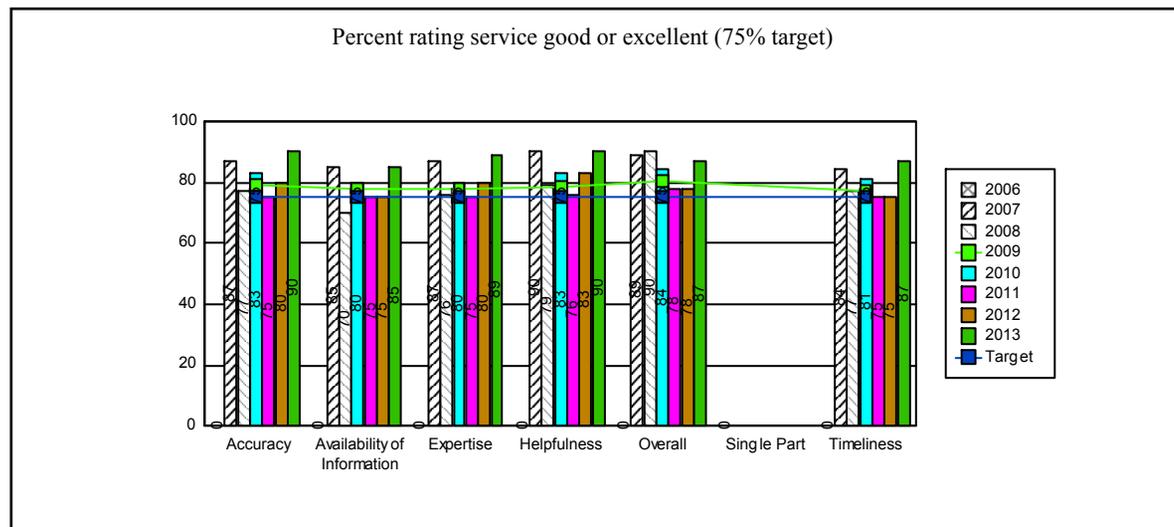
6. WHAT NEEDS TO BE DONE

We're doing fine.

7. ABOUT THE DATA

We collect and report our data on a calendar year basis.

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.	2007
Goal	Providing top quality customer service.	
Oregon Context	Measure # 6 is a shared performance measure across state agencies.	
Data Source	Annual customer service survey of all licensees, applicants and other public persons. Around 460 respondents answered each of these questions in our 2013 survey.	
Owner	Dave McTeague, Ex. Dir. 503 373-1620	



1. OUR STRATEGY

We compile the results of our ongoing online survey once a year. We expand the universe of participation making an email request to our license base and other identified customers and stakeholders.

2. ABOUT THE TARGETS

The 75% target is a combination of Good and Excellent responses as opposed to Fair and Poor.

3. HOW WE ARE DOING

2013 survey results were very positive.

4. HOW WE COMPARE

We need to review the other board's results.

5. FACTORS AFFECTING RESULTS

The OBCE now has six staff (two are .75 FTE and one is .5 FTE) to respond to requests for information and license applications/ renewals etc. Due to steadily increasing license numbers we have having a challenge to keep up.

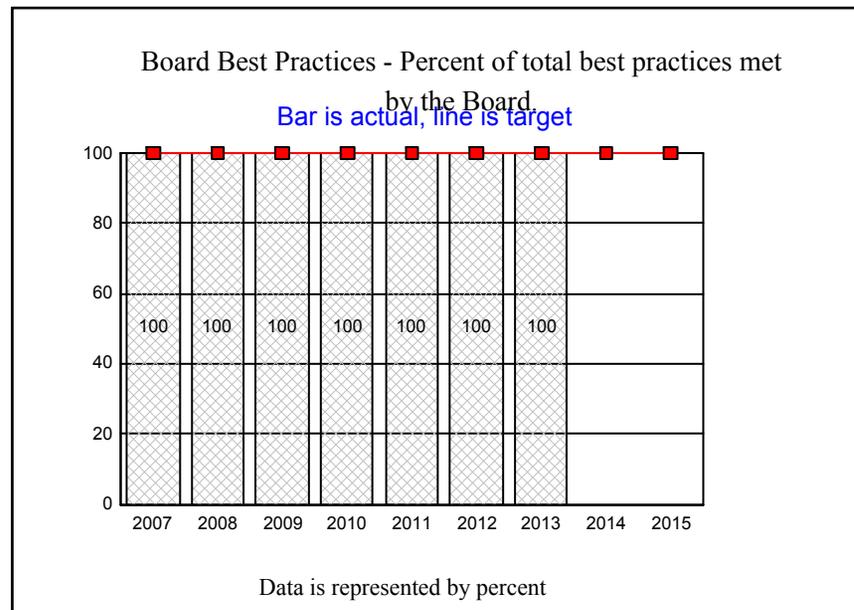
6. WHAT NEEDS TO BE DONE

We have submitted a formal proposal to institute online license renewal for chiropractic physicians and chiropractic assistants.

7. ABOUT THE DATA

In 2013, we collected responses to our online survey from our web page and emailed links. We have statewide database of licensee emails, which has helped to improve our survey response data.

KPM #7	Board Best Practices - Percent of total best practices met by the Board.	2007
Goal	To address key management duties and responsibilities for members of the Board of Chiropractic Examiners.	
Oregon Context	Measure # 7 is a shared performance measure affecting many state boards and commissions.	
Data Source	Annual board review of 15 criteria. This is completed each November by the OBCE.	
Owner	Dave McTeague, Ex. Dir. 503 373-1620.	



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 is meeting the goal. 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

We understand our performance is comparable to other health licensing boards.

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. A planning retreat will review these measures in March 2012.

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 reviews the list of requirements on a calendar year basis.

CHIROPRACTIC EXAMINERS, BOARD of	III. USING PERFORMANCE DATA
Agency Mission: 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.	

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The following questions indicate how performance measures and data are used for management and accountability purposes.

1. INCLUSIVITY	<p>* Staff: Staff: Review of current performance measures on an annual basis.</p> <p>* Elected Officials: Elected Officials: Approving and making changes to legislatively approved performance measures.</p> <p>* Stakeholders: Stakeholders: Reviewing letters, telephone calls and e-mails regarding the Board performance measures.</p> <p>* Citizens: Citizens: Our current Annual Performance Review Report is available on the OBCE's web site.</p>
2 MANAGING FOR RESULTS	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. Two outdated measures were replaced in 2009 with measures common to other health regulatory boards.
3 STAFF TRAINING	DAS Training occurred in previous biennia.
4 COMMUNICATING RESULTS	<p>* Staff: At staff meetings and through e-mails and memos on customer satisfaction.</p> <p>* Elected Officials: These are presented to the Legislature as part of the budget process.</p> <p>* Stakeholders: Use of Web-site, presentations and responding to direct inquiries.</p> <p>* Citizens: Use of Web-site, presentations and responding to direct inquiries.</p>