

**CHIROPRACTIC EXAMINERS, BOARD of**  
**Annual Performance Progress Report (APPR) for Fiscal Year (2013-2014)**

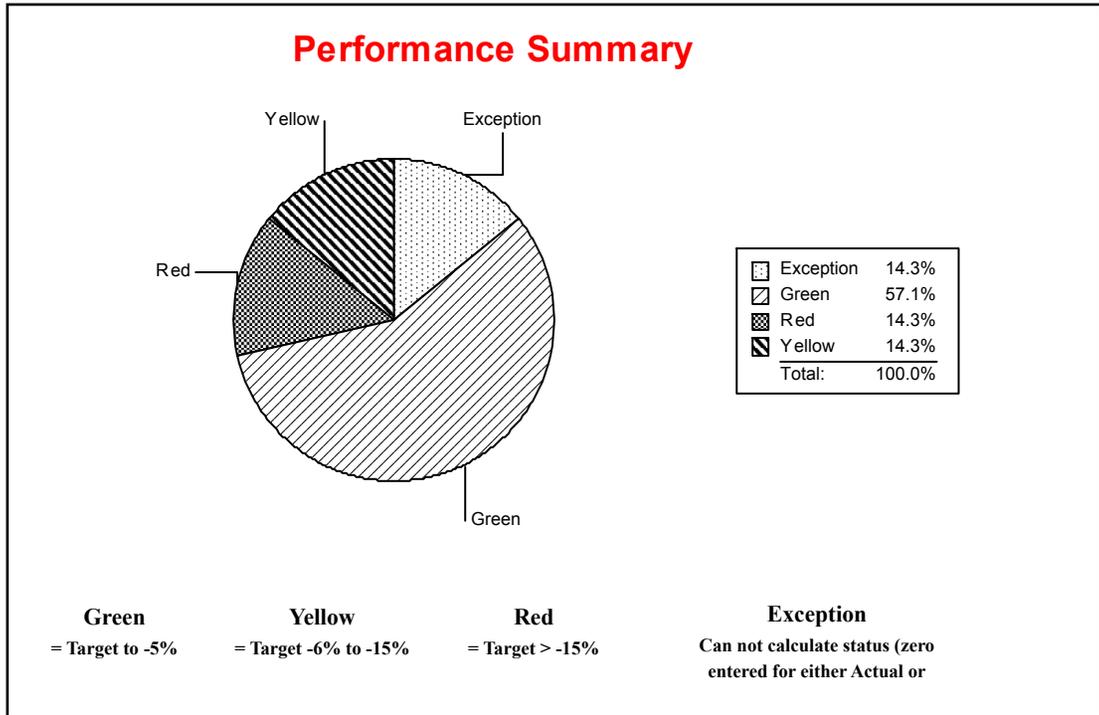
Original Submission Date: 2014

Finalize Date: 1/14/2015

2013-2014 KPM #	2013-2014 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.

<b>New Delete</b>	<b>Proposed Key Performance Measures (KPM's) for Biennium 2015-2017</b>
	<b>Title:</b>  <b>Rationale:</b>

<b>CHIROPRACTIC EXAMINERS, BOARD of</b>		<b>I. EXECUTIVE SUMMARY</b>	
<b>Agency Mission:</b> 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.			
<b>Contact:</b> Cassandra C. Skinner, J.D., Executive Director		<b>Contact Phone:</b> 503 373-1620	
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**1. SCOPE OF REPORT**

The Oregon Board of Chiropractic Examiners (OBCE) 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) 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 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: 1) Public Protection (complaints,

investigations, due process, consistent disciplinary actions, probation monitoring); 2) Professional Competency (licensure, timely examinations, chiropractic continuing education, continued competency, mentoring plans); 3) 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); 4) Liaison/Communication (public and professional education, current information about chiropractic and chiropractic physicians, customer service, prevention); 5) 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 (OBCE) 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 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.

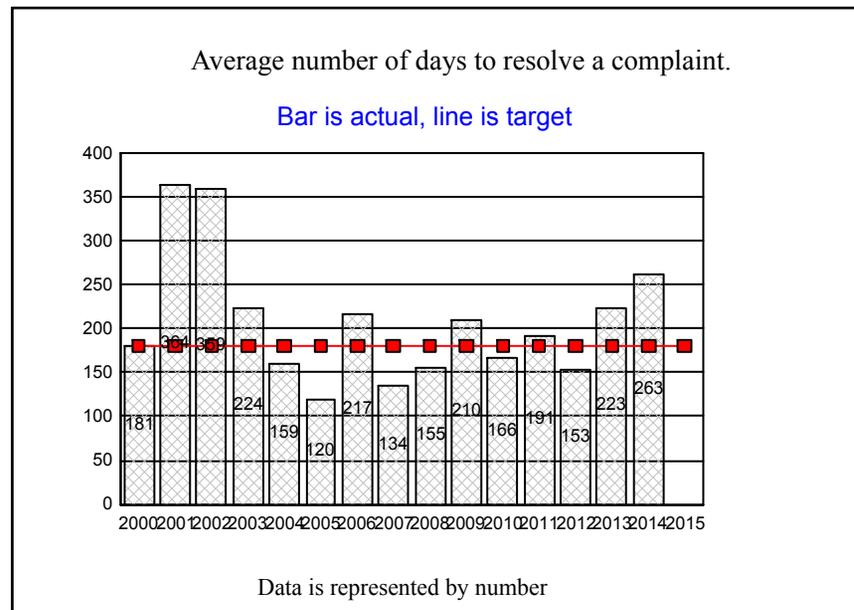
## **4. CHALLENGES**

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. Nonetheless, the KPM quantitative approach is a useful measure of overall progress. A more concrete challenge is that as of mid-October, 2014, the OBCE has been short-staffed two staff members and is in the hiring process for those two positions, one of whom is our permanent, full time, investigator/compliance specialist. As such, our processing times for our complaints has slowed.

## **5. RESOURCES AND EFFICIENCY**

The Oregon Board of Chiropractic Examiners (OBCE) has seen a steady increase in licensee numbers since 1991 but relatively the same amount of staff to process that caseload. The OBCE was approved to hire a limited duration, .38 FTE Health Care Investigator during the 2013-15 budget cycle and we are requesting that position to be made permanent and increased to .6 FTE in the 2015-17 budget cycle. As of mid-October, 2014, the OBCE has been short-staffed two staff members and is in the hiring process for those two positions. As such, our processing times for our complaints has slowed. Major efficiencies include emailing our newsletter, online information about licensees and disciplinary actions. The pending online license renewal system offers hope of future efficiencies.

<b>KPM #1</b>	Average number of days to resolve a complaint.	2000
<b>Goal</b>	To resolve most complaints received as quickly as possible.	
<b>Oregon Context</b>	Measures #1 through #3 are linked to our Agency Mission Statement of public protection to ensure competent ethical health care.	
<b>Data Source</b>	OBCE complaint database reports.	
<b>Owner</b>	Cassandra C. Skinner, Exec. 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**

Increasing complexity of cases - sexual boundary issues in addition to legal complexity and cases on appeal - effect this measure's outcome greatly.

**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**

Continued high numbers and increasing complexity of complaints, will affect the results for 2014. We have made steady progress in the last several years and achieved our goal. The years where we have not met this goal are usually the result of a constellation of difficult cases occurring at the same time. Our current staffing issues have affected and will affect our results for the next few months to one year.

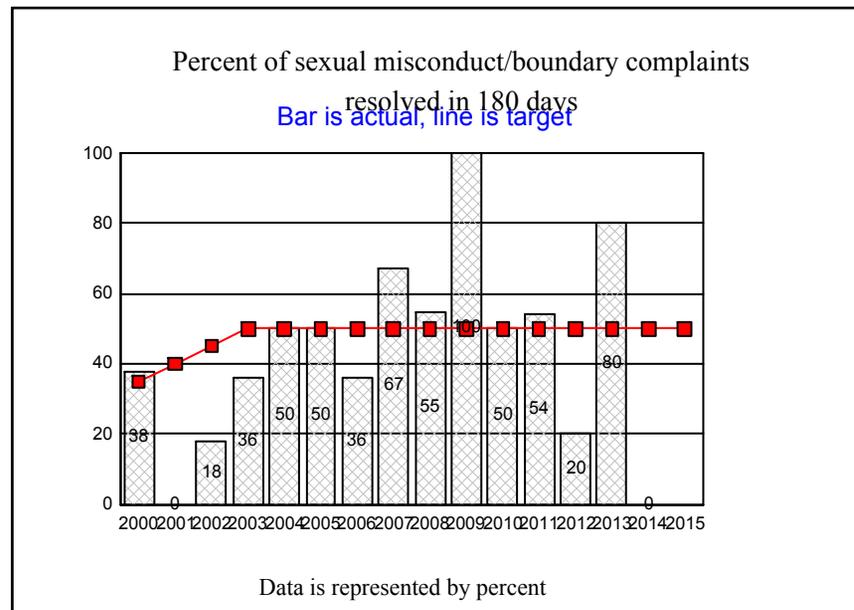
**6. WHAT NEEDS TO BE DONE**

A) We prioritize complaints and investigations most important to public protection. B) We utilize all our resources (Ex. Dir., investigator, health care investigator, 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.

<b>KPM #2</b>	Percent of sexual misconduct/boundary complaints resolved in 180 days	2000
<b>Goal</b>	To investigate and resolve a majority of these most serious complaints within 180 days.	
<b>Oregon Context</b>	Measures #1 through #3 are linked to our Agency Mission Statement of public protection.	
<b>Data Source</b>	OBCE complaint database reports.	
<b>Owner</b>	Cassandra C. Skinner, Exec. 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 2014, we did not meet this measure for the reporting time period. The 10 separate sexual boundary cases that were resolved involved only 2 distinct doctors and ranged in resolution times between 338 - 1063 days. This category is very challenging, due to often long and complicated investigations. Those cases with opposing counsel, and those that have appealed the board's or ALJ's final orders, take much longer to resolve and are much more costly in financial and human resources.

## 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 hands-on nature of manual medicine and chiropractic adjusting. This has been reflected in a past survey which showed chiropractors with a greater incidence of this type of complaint. Boundary and sexual misconduct violations can be extremely harmful to patients and other affected persons.

## 5. FACTORS AFFECTING RESULTS

A main factor affecting all reporting results is that there is no clear history as to when the data for previous years' reporting was pulled and reported as results, i.e. on a calendar year, fiscal year, or another time frame. Our current reporting time frame for our 2014 report, and for reports going forward, is from 9/1/2013 - 8/31/2014. 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 become comfortable with this process. Often witnesses are difficult to locate. 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) 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. In 2012, there were just five complaints closed. In 2013, there were just five complaints closed. For 2014, only ten complaints closed.

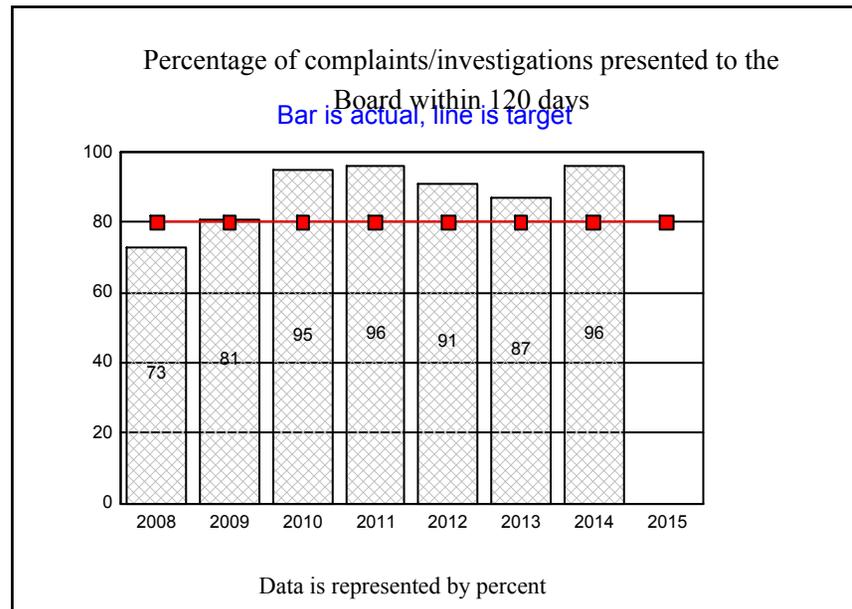
## 6. WHAT NEEDS TO BE DONE

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. We are currently in the process of hiring a temporary investigator to cover some of the workload of our former investigator and will be pursuing a permanent hire within the next year.

**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.

<b>KPM #3</b>	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
<b>Goal</b>	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.	
<b>Oregon Context</b>	Measure # 3 is linked to our strategic plan goals for public protection.	
<b>Data Source</b>	OBCE complaint database report.	
<b>Owner</b>	Cassandra C. Skinner, Exec. Dir. 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 longer 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 2014 data, from reporting time frame of 9/1/2013 - 8/31/2014, shows us improving at 96%. The 2013 data shows us at 87%, 2012 data shows us at 91%, and 2011 data shows us at 96% as well.

## **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. Currently, we have only one, part time, investigator on staff (retired DC who is our health care investigator) and are working to fill a temporary hire with a licensed investigator. This lack in staffing will likely affect our results for 2014.

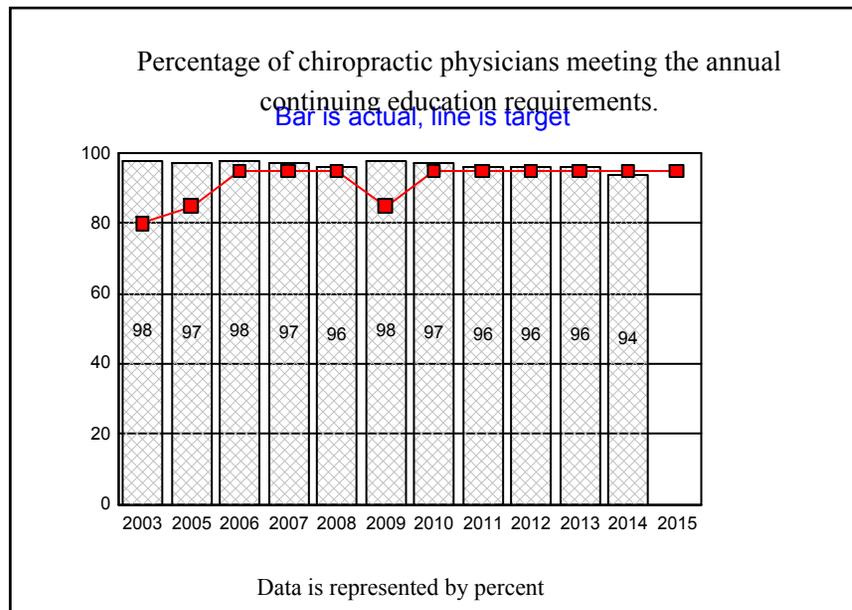
## **6. WHAT NEEDS TO BE DONE**

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 on file reviews we would have previously contracted out to other DCs and filling our current lack of a full time licensed investigator is our staffing focus at this point.

## **7. ABOUT THE DATA**

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

<b>KPM #4</b>	Percentage of chiropractic physicians meeting the annual continuing education requirements.	2003
<b>Goal</b>	To ensure chiropractors meet their continuing education requirement to maintain minimum standards of chiropractic practice.	
<b>Oregon Context</b>	Measure # 4 is linked to our Agency Mission Statement of public protection.	
<b>Data Source</b>	Periodic audits of Oregon chiropractors to determine compliance.	
<b>Owner</b>	Cassandra C. Skinner, Exec. Dir. 503 373-1620	



**1. OUR STRATEGY**

Promote compliance with continuing education requirements. Non-compliance: 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 (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. For 2014, there has been a 94% overall compliance rate. 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) and recorded a compliance rate of 97%. A smaller audit of doctors for all 20 hours showed 96% compliance that same year.

## **4. HOW WE COMPARE**

We do not 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 including online and in-person classes.

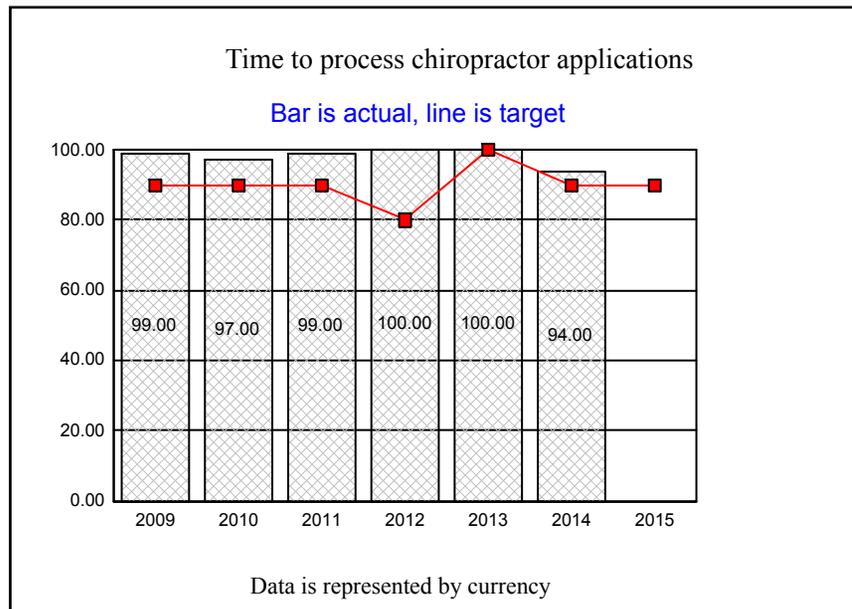
## **6. WHAT NEEDS TO BE DONE**

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

<b>KPM #5</b>	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
<b>Goal</b>	The goal is timely and efficient licensing following completion of the application process.	
<b>Oregon Context</b>	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.	
<b>Data Source</b>	When a license application is complete, OBCE staff 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.	
<b>Owner</b>	Cassandra C. Skinner, Exec. Dir. 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**

OBCE licensing results for the 9/1/13 - 8/31/14 time period: 77 licenses processed, 73 licenses issued within 5 working days (94%), 63 licenses issued within 2 working days (82%). 2013 results: 100% issued within 5 working days of completion.

**4. HOW WE COMPARE**

We have not 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. Factors that affect these results include vacation days taken by staff or lacking staff to process the applications once received.

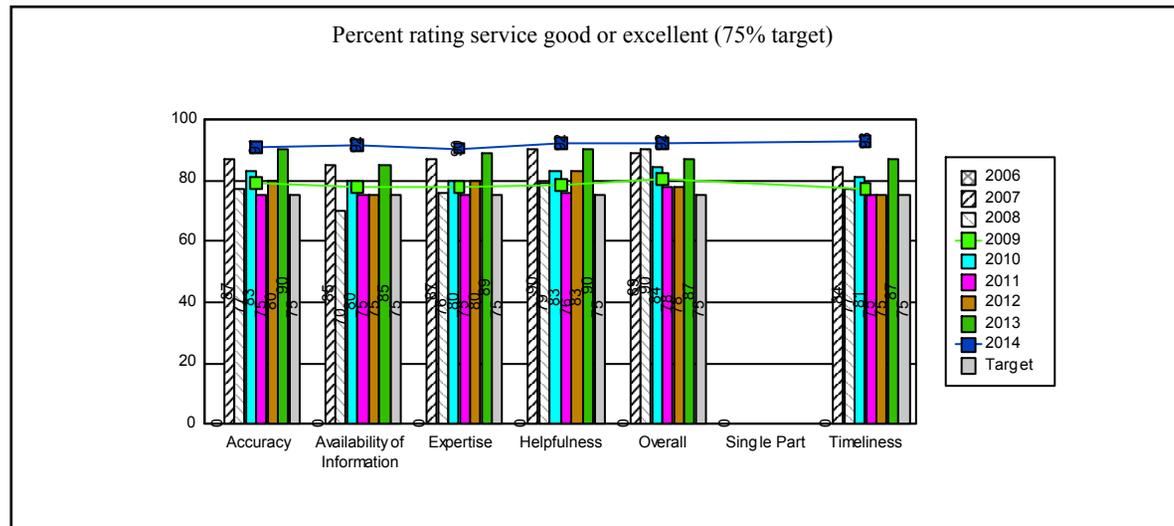
**6. WHAT NEEDS TO BE DONE**

The data suggests that there is very little room for improvement for this KPM.

**7. ABOUT THE DATA**

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

<b>KPM #6</b>	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
<b>Goal</b>	Providing top quality customer service.	
<b>Oregon Context</b>	Measure #6 is a shared performance measure across state agencies.	
<b>Data Source</b>	Annual customer service survey of all licensees, applicants, and other public persons. 167 respondents submitted responses to our survey in 2014.	
<b>Owner</b>	Cassandra C. Skinner, Exec. 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 "Excellent" and "Good" responses as opposed to "Fair" and "Poor". For 2014, we expanded response possibilities from "Excellent", "Good", "Fair", and "Poor" to "Excellent", "Above Average", "Average", and "Below Average". The reported outcomes are based on a combination of "Excellent", "Above Average", and "Average" responses rather than the previous combination of "Excellent" and "Good". Even if we only reported combinations of "Excellent" and "Above Average", we still meet or surpass our 75% target outcomes.

**3. HOW WE ARE DOING**

2014 survey results were very positive.

**4. HOW WE COMPARE**

We need to review the other board's results.

**5. FACTORS AFFECTING RESULTS**

Due to steadily increasing license numbers and currently being short-staffed, we have a challenge to keep up.

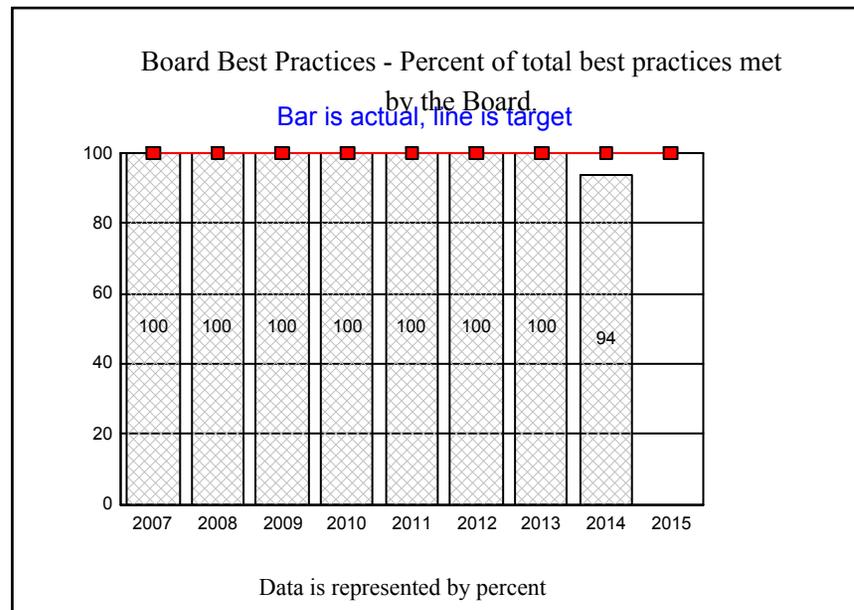
**6. WHAT NEEDS TO BE DONE**

Our approved online license renewal programs for chiropractic physicians and chiropractic assistants will be fully operational by late summer, 2015.

**7. ABOUT THE DATA**

In 2014 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.

<b>KPM #7</b>	Board Best Practices - Percent of total best practices met by the Board.	2007
<b>Goal</b>	To address key management duties and responsibilities for members of the Board of Chiropractic Examiners.	
<b>Oregon Context</b>	Measure #7 is a shared performance measure affecting many state boards and commissions.	
<b>Data Source</b>	Annual board review of 15 criteria. This is completed each November by the OBCE.	
<b>Owner</b>	Cassandra C. Skinner, Exec. 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 this goal. As a result of this review, the Board sees financial information more frequently and is conducting Executive Director 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. A planning retreat will review these measures in January 2015.

**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.

<b>CHIROPRACTIC EXAMINERS, BOARD of</b>	<b>III. USING PERFORMANCE DATA</b>
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**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.**

<b>1. INCLUSIVITY</b>	<ul style="list-style-type: none"> <li>* <b>Staff:</b> Staff: Review of current performance measures on an annual basis.</li> <li>* <b>Elected Officials:</b> Elected Officials: Approving and making changes to legislatively approved performance measures.</li> <li>* <b>Stakeholders:</b> Stakeholders: Reviewing letters, telephone calls and e-mails regarding the Board performance measures.</li> <li>* <b>Citizens:</b> Citizens: Our current Annual Performance Review Report is available on the OBCE's web site.</li> </ul>
<b>2 MANAGING FOR RESULTS</b>	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.
<b>3 STAFF TRAINING</b>	DAS Training occurred in previous biennia. With the potential new hires replacing staff members, we will need to undergo DAS training within the next year or so.
<b>4 COMMUNICATING RESULTS</b>	<ul style="list-style-type: none"> <li>* <b>Staff:</b> At staff meetings and through e-mails and memos on customer satisfaction.</li> <li>* <b>Elected Officials:</b> These are presented to the Legislature as part of the budget process.</li> <li>* <b>Stakeholders:</b> Use of website, presentations, and responding to direct inquiries.</li> <li>* <b>Citizens:</b> Use of website, presentations, and responding to direct inquiries.</li> </ul>