

**CHIROPRACTIC EXAMINERS, BOARD of**

**Annual Performance Progress Report (APPR) for Fiscal Year (2010-2011)**

**Proposed KPM's for Biennium (2011-2013)**

Original Submission Date: 2011

Finalize Date: 2/14/2010

2010-2011 KPM #	2010-2011 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.

No New Key Performance Measures  
No Deleted Key Performance Measures

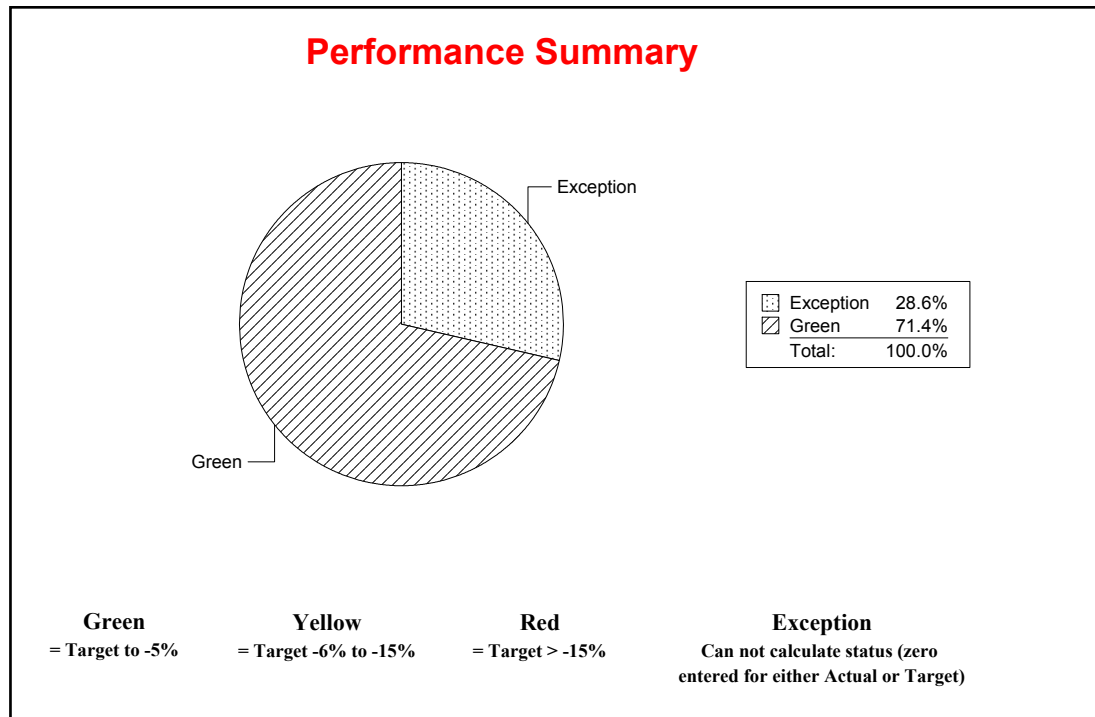
**Agency Mission:** The mission of the Oregon Board of Chiropractic Examiners is to serve the public, regulate the practice of chiropractic, promote quality, and ensure competent ethical health care.

**Contact:** Dave McTeague, Executive Director x23

**Contact Phone:** 503-378-5816

**Alternate:** Kelly Edmundson, Administrative Assistant x22

**Alternate Phone:** 503-378-5816



**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 five staff (4.5 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 good on all key performance measures. Of particular importance, the goals to resolve complaints generally and boundary complaints specifically are mostly being met. The Board's overall program of education and prevention may be having a positive effect.

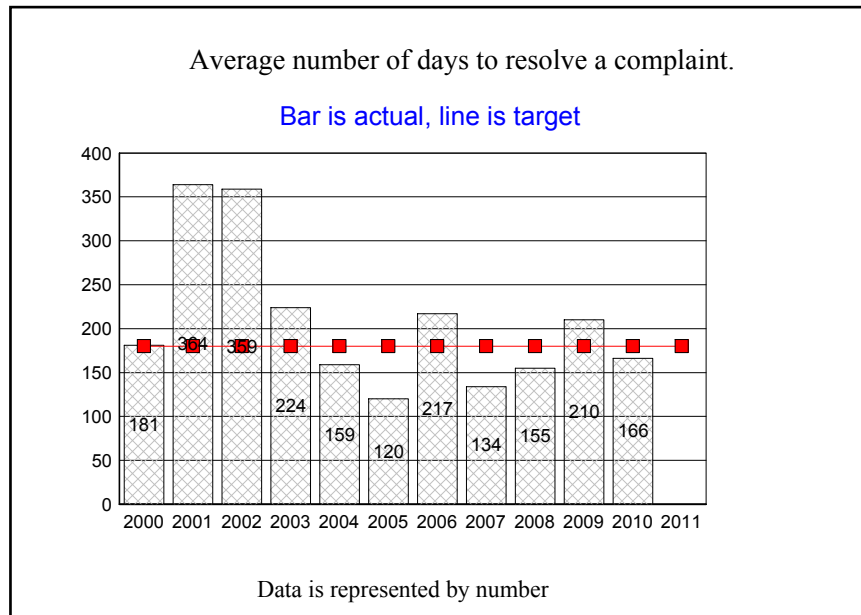
## **4. CHALLENGES**

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.

## **5. RESOURCES AND EFFICIENCY**

The Oregon Board of Chiropractic Examiners has seen a steady increase in licensee numbers since 1991, but has the same or slightly less FTE to process. Major efficiencies include emailing our newsletter, online information about licensees and disciplinary actions. We are working to move one or more state examinations to an online format.

<b>KPM #1</b>	Average number of days to resolve a complaint.	2000
<b>Goal</b>	To resolve a majority of all complaints received within 180 days.	
<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>	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. Sometimes we'll have small group of outlier cases which are open for an extended period of time for good reasons. Those can throw off this result significantly.

## 3. HOW WE ARE DOING

We have achieved our goal five out of the last seven years.

## 4. HOW WE COMPARE

Only one other health regulatory board, Clinical Social Workers, has a similar measure. Their 2008 data show complaints resolved within 180 days was 74%. They have about half the complaints of the OBCE.

## 5. FACTORS AFFECTING RESULTS

While we closed fewer complaints in 2010 than previously, the complexity of these complaints has increased. Also more respondent licensees are requesting contested case hearings. We had four go to hearing in year 1 of the 2011-13 biennium and others took months of negotiation to resolve short of contested case hearing. The 2006 results were affected by the successful resolution of 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 2006 average drops to 184 days, almost at target. One major case that involved 11 complaints affected 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 may be a better measure of our response overall.

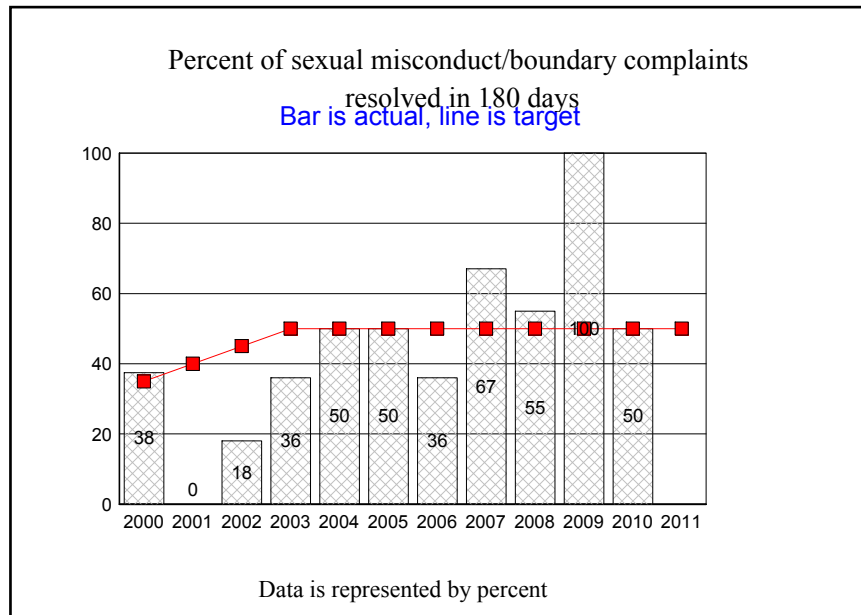
## 6. WHAT NEEDS TO BE DONE

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. Our data is based on the calendar year. This report's data is updated in January of each year.

<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>	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 2010, we met our goal on 3 out of six cases (50%). The three cases where which took longer than 180 days were high level complex cases, all of which resulted in significant disciplinary action which protects the public going forward. We exceeded our target in 2007 to 2009. 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.

## 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.

## 6. WHAT NEEDS TO BE DONE

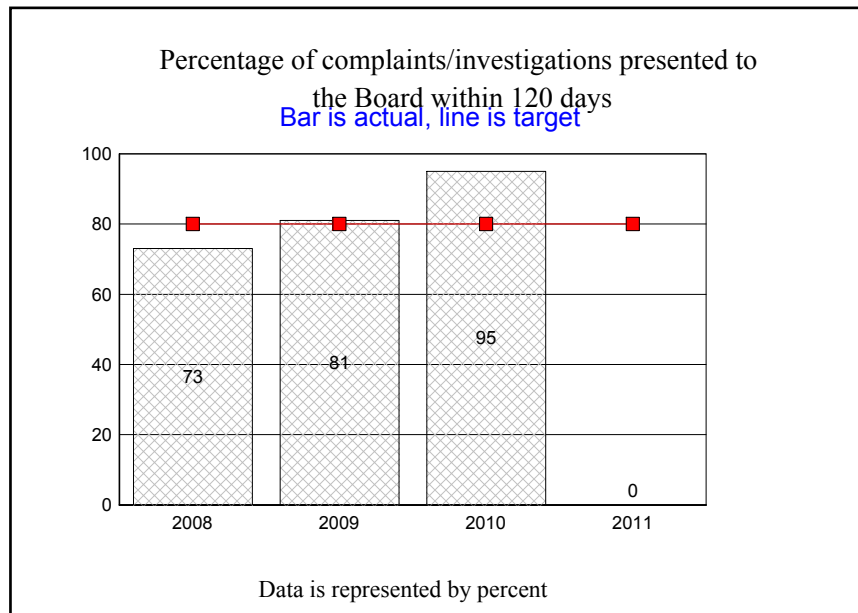
We continue to make these investigations our highest priority. We recognize that this category often requires extended investigations usually

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.

<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	
<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>	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 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 2010 data show us meeting this goal with 95%, a significant improvement over 2009. The 2009 data show us meeting this goal with 81%, a modest improvement over 2008.

## **4. HOW WE COMPARE**

We have not analyzed this yet.

## **5. FACTORS AFFECTING RESULTS**

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.

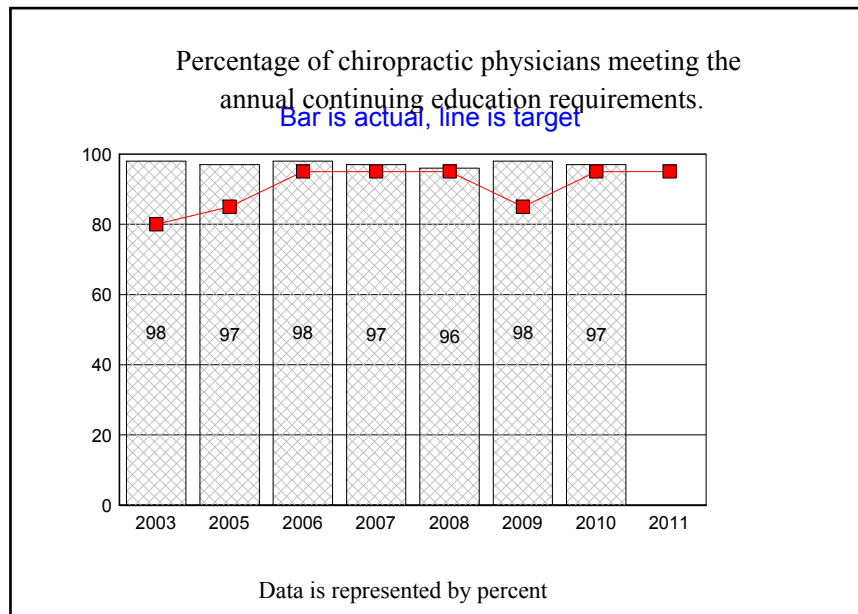
## **6. WHAT NEEDS TO BE DONE**

The agency is more focused on getting the initial investigation report to Board. More investigation may be needed after that. This keeps the Board informed and investigations moving forward.

## **7. ABOUT THE DATA**

We collect and report data on a calendar year basis. We update our complaint data on a regular basis. We have been anticipating this performance measure for the last several years.

<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>	Annual audit of Oregon chiropractors to determine compliance.	
<b>Owner</b>	Dave McTeague, Ex. Dir. 503 373-1620	



**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 currently very good. In 2008 there was a concern that compliance was decreasing and the Board established a formula for assessing civil penalties for non-compliance. This appears to have had a salutary effect and compliance is back up to a very high level.

**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.

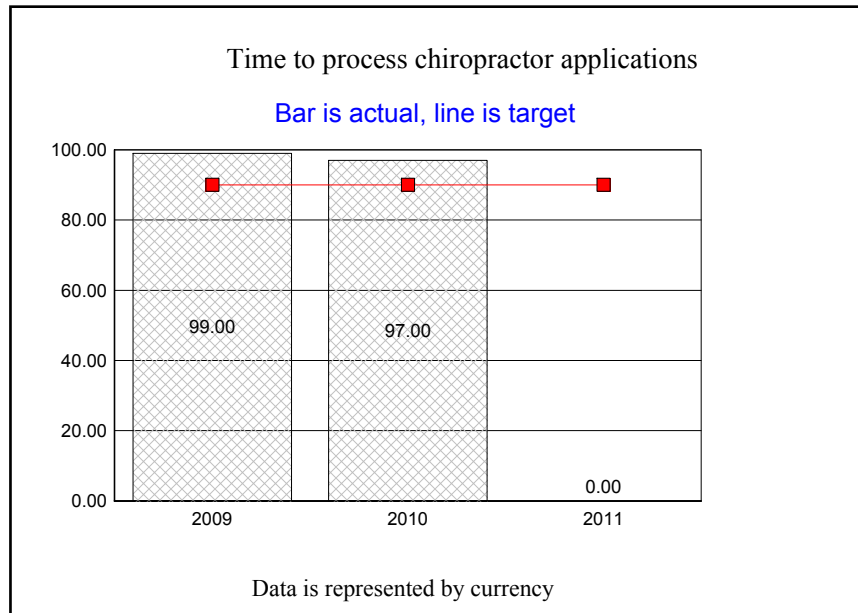
**6. WHAT NEEDS TO BE DONE**

We are publishing articles in our newsletter to educate licensees about CE requirements. We 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 conducted an annual random audit of 10% or more of all licensees for proof of CE compliance at the end of each calendar 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.	
<b>Goal</b>	The goal is timely and efficient licensing following completion of the application process.	
<b>Oregon Context</b>	This new 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.	
<b>Data Source</b>	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 application is issued and sent to the licensee.	
<b>Owner</b>	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 a 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**

For 2010, out of 72 DC licenses issued, two or (2.7%) took longer than five working days to issue. Typically, licenses are issued within one or two days of the completion date of the application. That means the applicant has fulfilled all his/her obligation regarding documents requested and examinations completed.

**4. HOW WE COMPARE**

This is a work in progress as we haven't had the opportunity to compare yet.

**5. FACTORS AFFECTING RESULTS**

We have very competent and efficient staff.

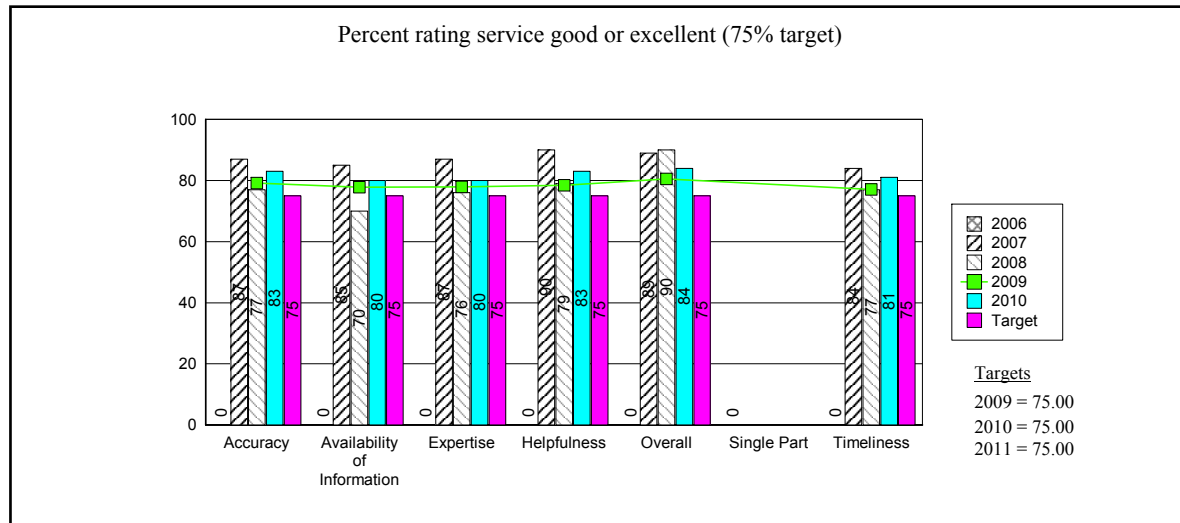
**6. WHAT NEEDS TO BE DONE**

We are working towards online license renewal which will help us keep our renewal process very fast and efficient.

**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. This survey is on our web site year round and is also emailed frequently to licensees, applicants and other public persons.	
<b>Owner</b>	Dave McTeague, Ex. Dir. 503 373-1620	



**1. OUR STRATEGY**

We compile the results our 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 and Dont Know.

### **3. HOW WE ARE DOING**

The OBCE has consistently received high marks for customer service across the board.

### **4. HOW WE COMPARE**

We need to review the other board's results.

### **5. FACTORS AFFECTING RESULTS**

The OBCE has been able to keep up with growing demand for our services through various innovations. For example we have placed more information on our Web page and instituted the LLicensee Lookup which has Board Action information. Our staffing has not increased in eighteen years.

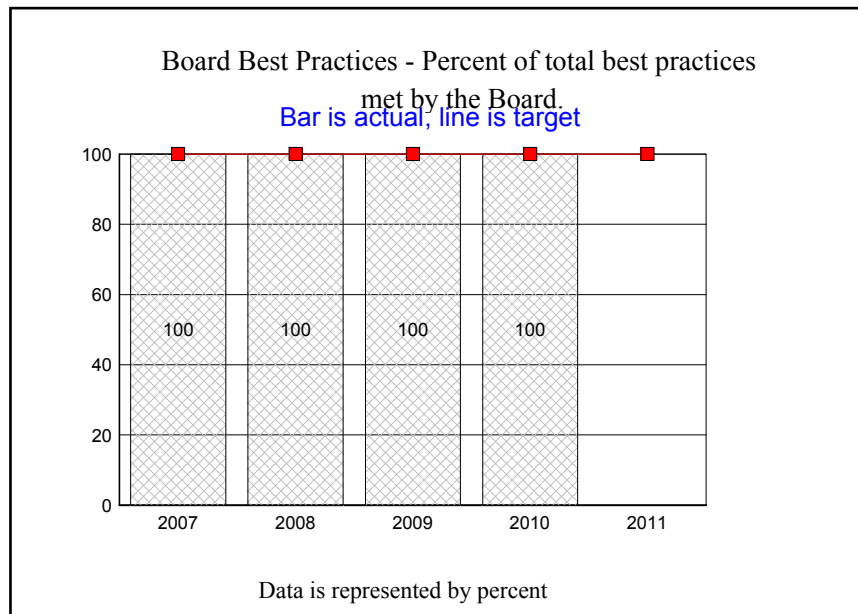
### **6. WHAT NEEDS TO BE DONE**

We continue to look for ways to improve our customer service. In particular we are working towards online license renewal. We also plan to put our chiropractic assistant licensing examination online as well. We are exploring more E-government approaches to communication and licensing.

### **7. ABOUT THE DATA**

Data is collected and reported on a calendar year basis using a Survey Monkey online survey..

<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>	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 Strategic Plan review was conducted at the Board's July 2010 meeting.

**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>	<p>* <b>Staff:</b> • Staff: Review of current performance measures on an annual basis.</p> <p>* <b>Elected Officials:</b> • Elected Officials: Approving and making changes to legislatively approved performance measures.</p> <p>* <b>Stakeholders:</b> • Stakeholders: Reviewing letters, telephone calls and e-mails regarding the Board’s performance measures.</p> <p>* <b>Citizens:</b> • Citizens: Our current Annual Performance Review Report is available on the OBCE's web site.</p>
<b>2 MANAGING FOR RESULTS</b>	<p>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.</p>
<b>3 STAFF TRAINING</b>	<p>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. The DAS website and staff have been helpful in the update process.</p>
<b>4 COMMUNICATING RESULTS</b>	<p>* <b>Staff:</b> At staff meetings and through e-mails and memos on customer satisfaction.</p> <p>* <b>Elected Officials:</b> These are presented to the Legislature as part of the budget process.</p> <p>* <b>Stakeholders:</b> Use of Web-site, presentations and responding to direct inquiries.</p> <p>* <b>Citizens:</b> Use of Web-site, presentations and responding to direct inquiries.</p>