

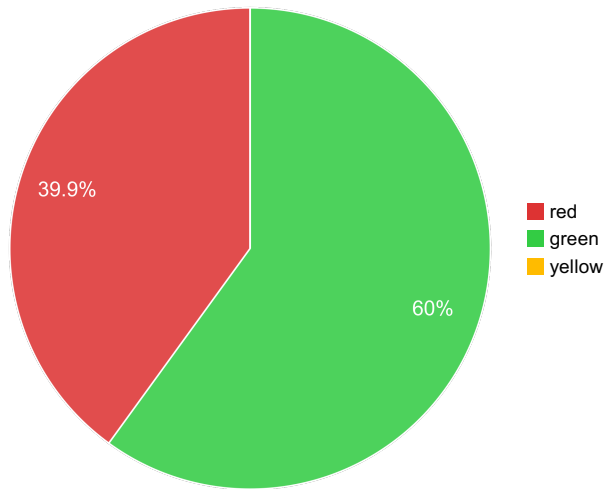
# Board of Chiropractic Examiners

Annual Performance Progress Report

Reporting Year 2024

Published: 9/24/2024 5:27:35 PM

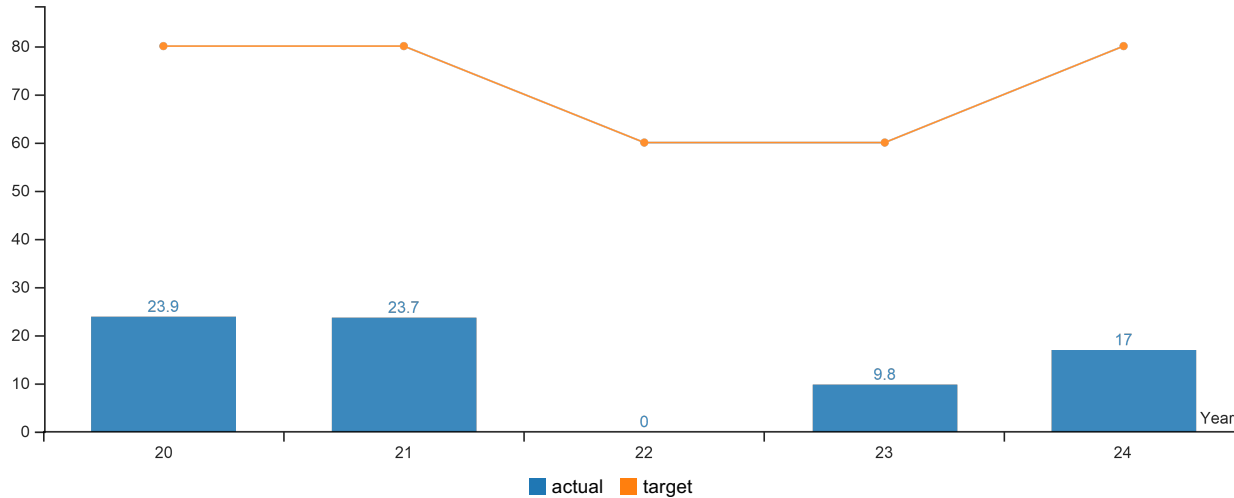
KPM #	Approved Key Performance Measures (KPMs)
1	Days between complaint receipt and investigation report finalized for Board (investigative process step one) - Percent of cases having investigative reports written within 120 days from when a complaint is received to when the investigation is prepared for Board review/action.
2	Days between investigation report finalized and presentation to the Board (investigative process step two) - Percent of cases, with a prepared investigation that is ready for Board review/action, that are presented to the Board within 60 days of completion.
3	Summary of investigative steps: Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within 120 days. -
4	Days between Board review/initial action and case closure (investigative process step three). - Percent of cases closed within 90 days of Board review/initial action.
5	Summary of investigative steps: Average number of days to resolve a complaint. -
6	Percent of sexual misconduct/boundary complaints resolved in 180 days -
7	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
8	Percentage of licenses issued within 5 days once all application components (that are the responsibility of the applicant) have been received. -
9	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.
10	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	60%	0%	40%

KPM #1	Days between complaint receipt and investigation report finalized for Board (investigative process step one) - Percent of cases having investigative reports written within 120 days from when a complaint is received to when the investigation is prepared for Board review/action.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Complaint receipt to investigation preparation to Board.</b>					
Actual	23.90%	23.70%	0%	9.80%	17%
Target	80%	80%	60%	60%	80%

#### How Are We Doing

In our last reporting period, 37 of the 41 complaints processed (90.2%) included investigators' reports that were submitted in excess of 120 days from complaint received. Only 9.8% of the complaints processed were submitted in 120 days or less. The average days from complaint receipt to investigators' report for the 37 cases was 445 days/case. For the other cases, the average days from complaint receipt to investigators' report was 94 days/case, well below the 120 day target.

While the OBCE did not meet this target for the current reporting period, we are improving in addressing and handling our case backlog. Of the 70 complaints processed, 12 of them (17%) included investigators' reports that were submitted at or below the 120 day target. 58 cases (83%) included investigators' reports that were submitted in excess of the 120 day target.

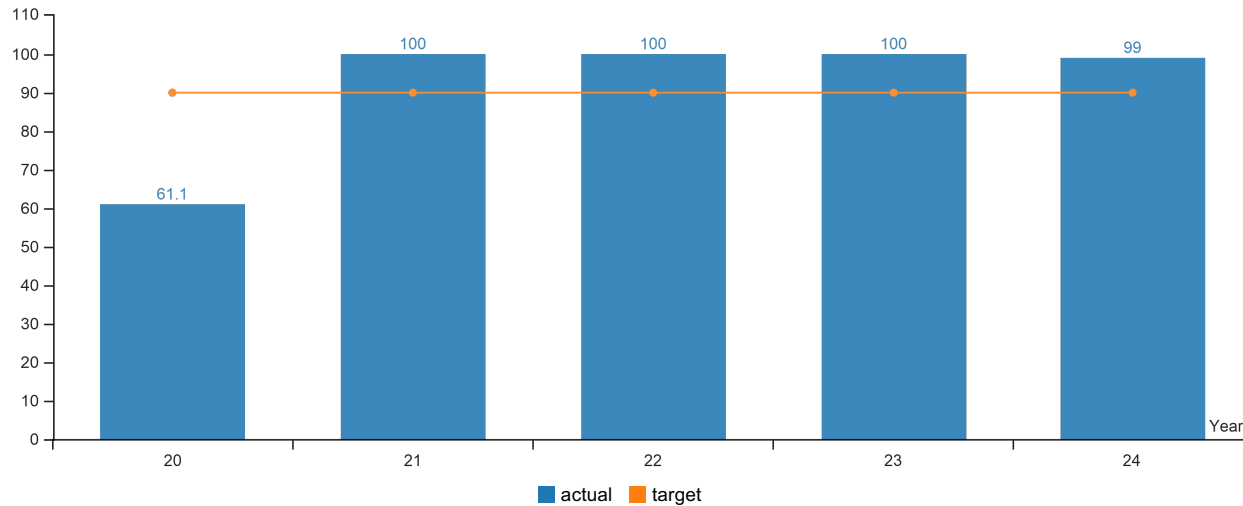
The average days from complaint receipt to investigators' report for the 58 cases was 538 days/case. For the other 12 cases, the average days from complaint receipt to investigators' report was 97 days/case, well below the 120 day target.

#### Factors Affecting Results

While we didn't meet our target, we processed almost twice as many complaints as previous years and almost doubled the amount of cases that met the target goal from last reporting cycle. Our investigators are working diligently to process the case backlog from when we were exceptionally understaffed during 2020-2022.

KPM #2	Days between investigation report finalized and presentation to the Board (investigative process step two) - Percent of cases, with a prepared investigation that is ready for Board review/action, that are presented to the Board within 60 days of completion.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Days between investigation preparation and presentation to the Board.</b>					
Actual	61.10%	100%	100%	100%	99%
Target	90%	90%	90%	90%	90%

**How Are We Doing**

The 2021 Legislative session changed this KPM, allowing 60 days instead of the original 30 days, for prepared investigations to be presented to the Board due to our agency board meetings occurring every other month. For planning and administrative efficiency purposes, it is better to have the investigation reports submitted as far ahead of the board meeting in which the case is being reviewed as possible.

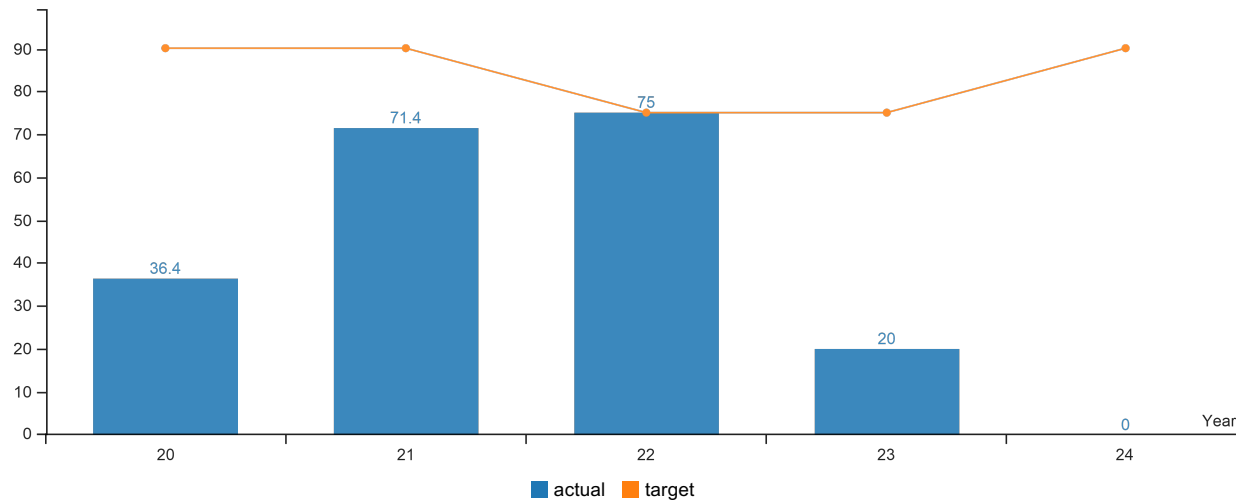
We have exceeded our target with 99% of our cases (72/73) being presented within 60 days. The one outlier case was submitted 63 days before the board meeting in which it was to be reviewed, not an actual negative outcome.

**Factors Affecting Results**

This reporting period handled 73 cases, whereas, our last reporting period handled 40 cases, and the reporting period before that handled 15. We have met and surpassed this KPM's target in each of the last 4 reporting years.

KPM #3	Summary of investigative steps: Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within 120 days. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Percentage of complaints/investigations presented to the Board within 120 days</b>					
Actual	36.40%	71.40%	75%	20%	0%
Target	90%	90%	75%	75%	90%

#### How Are We Doing

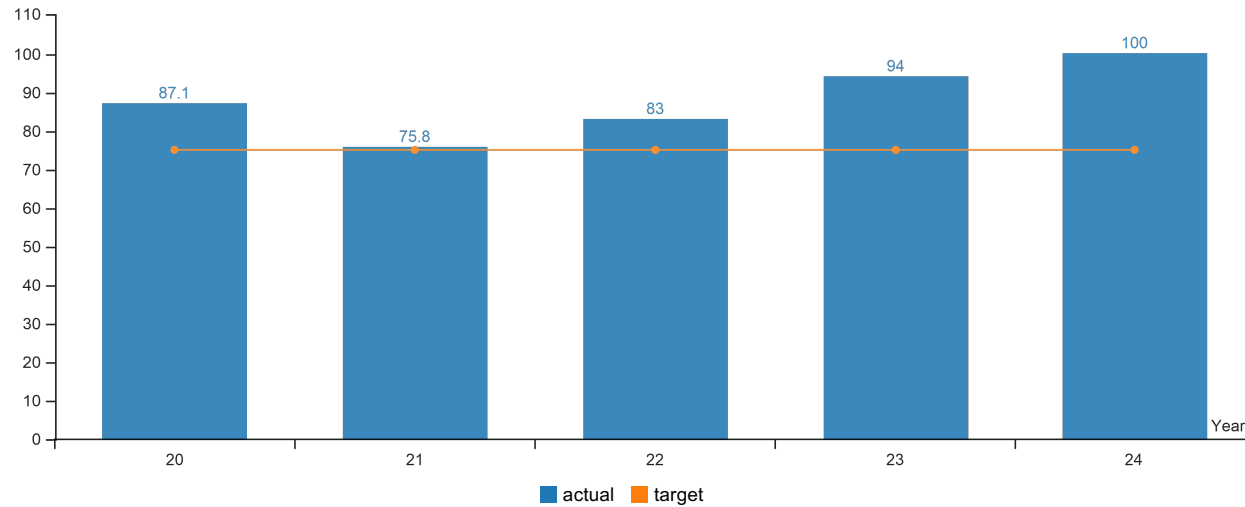
We have not met this KPM this reporting period with none of the 2 cases that were opened and closed within the reporting period being presented to the Board in less than 120 days. The first case was presented at 132 days and the second at 133 days.

#### Factors Affecting Results

Our case backlog from 2020-2022 due to our lack of investigation staff has affected all KPMs related to investigations. While we had very few cases that were opened and subsequently closed during this reporting period, we are addressing our backlog and have processed almost twice the number of cases during this reporting period as we did last year.

KPM #4	Days between Board review/initial action and case closure (investigative process step three). - Percent of cases closed within 90 days of Board review/initial action.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Days between Board review/initial action and case closure.</b>					
Actual	87.10%	75.80%	83%	94%	100%
Target	75%	75%	75%	75%	75%

#### How Are We Doing

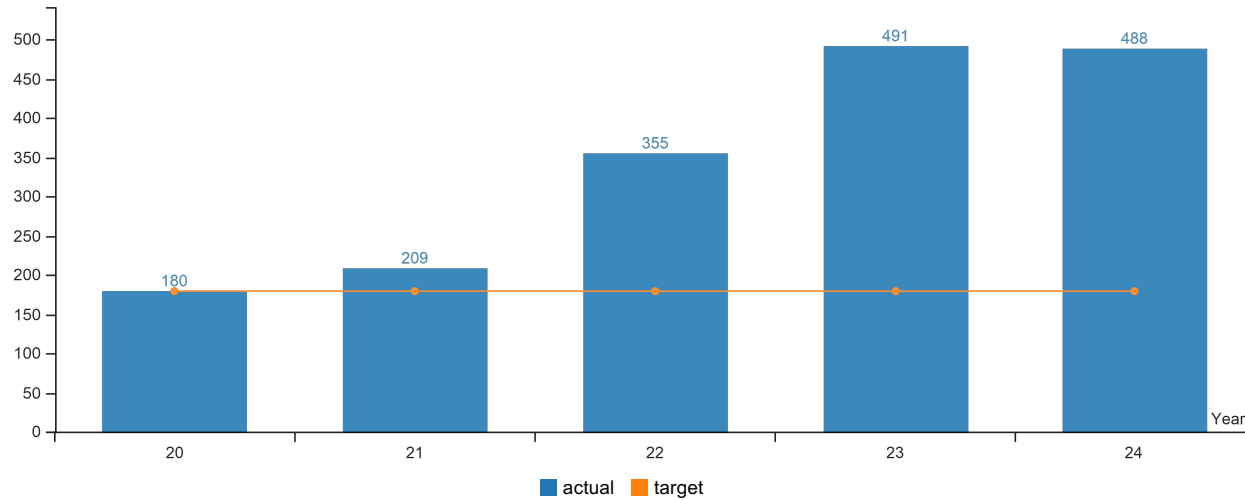
We have met and exceeded the target of this KPM at 100% for this reporting period. 39 cases that were initially reviewed by the Board in this reporting period closed within 90 days after that initial board review.

#### Factors Affecting Results

This will be at least the 6th year in a row of meeting or exceeding the 75% target on this KPM and I anticipate similar results in the future. Once staff receives the Board's determinations on cases, we work diligently to execute those outcomes as efficiently and effectively as possible.

KPM #5	Summary of investigative steps: Average number of days to resolve a complaint. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = negative result



Report Year	2020	2021	2022	2023	2024
<b>Average number of days to resolve a complaint.</b>					
Actual	180	209	355	491	488
Target	180	180	180	180	180

### How Are We Doing

The average number of days to resolve a complaint for our last reporting period (2023) was 491. 36 cases were closed during this reporting period with 33 cases closing over the 180 day target. Of these 36 cases, 28 Oregon licensed DCs were involved (1.5% of the total 1881 licensed DCs as of 9/1/2023). The 33 cases were open for an average of 523 days. 4 DCs (0.2% of the DC licensee base) were responsible for 6 cases (18%), which were open an average of 677 days and which resulted in license suspensions, license revocations, and large civil penalties.

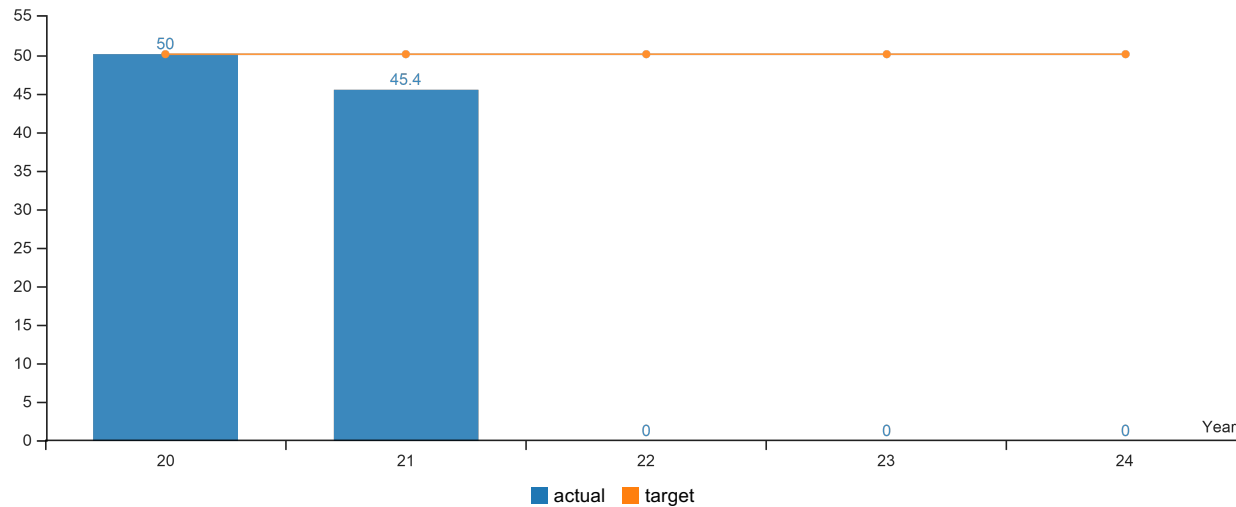
For our current reporting period, we have not yet met our target, with the average number of days to resolve a complaint being 488. 44 cases were closed during this reporting period with 36 closing over the 180 day target. Of these 36 cases, 33 Oregon licensed DCs were involved (1.7% of the total 1900 licensed DCs as of 9/1/2024). The 36 cases were open for an average of 571 days.

### Factors Affecting Results

Our severe understaffing in 2020-2022 has greatly affected our KPMs related to investigations. While we have not met this KPM target as of yet, we continue to address the case backlog this understaffing created and are slowly improving, and will continue to improve, our outcomes.

KPM #6	Percent of sexual misconduct/boundary complaints resolved in 180 days -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Percent of sexual misconduct/boundary complaints resolved in 180 days</b>					
Actual	50%	45.40%	0%	0%	0%
Target	50%	50%	50%	50%	50%

### How Are We Doing

We have not met the target for this reporting period. There was a total of 5 sexual misconduct/boundary cases that were closed during this time, 3 of which included multiple victims, law enforcement agencies, or witnesses who eluded interviewing and resulted in either license revocation, suspension, or license surrender with fines. These 3 cases were open an average of 642 days. 2 of the cases were either closed for lack of evidence or closed for ultimate lack of jurisdiction.

### Factors Affecting Results

Generally, these types of cases are much more complex and time consuming than non-sexual misconduct cases (e.g. recordkeeping, over treatment, etc.) often due to multiple and/or very traumatized victims (adults and minors) and witnesses, involvement of multiple licensing and law enforcement agencies, cross jurisdictional (state and country) issues, and engagement of expert review for psycho-or psychosexual evaluation of the perpetrating physician. During the cases that involve multiple law enforcement or state agencies (sheriff departments, local police, DHS, DOJ, county District Attorneys, school districts, etc.), our cases and investigations are often opened when we receive a complaint or notice an arrest and then often put on hold until the closure of the criminal proceedings, greatly increasing our resolution time period.

Also, because these cases involve the possibility of strong discipline - suspension or revocation of a DC's license - DCs more often than not hire defense counsel to represent them, which is fully within their due process rights. The fact that defense counsel is involved, however, significantly increases the time in which these cases are resolved. Counsel often utilize all tools available to them to allow their clients to continue to work during the pendency of the disciplinary proceedings. In essence, prolonging the process before their clients are fully held accountable. This may include scheduling conflicts, filing an abundance of pleadings, cross-filing cases in multiple jurisdictions/courts regarding the same matter or parties, filing multiple motions, requesting a hearing, prolonged settlement negotiations, preparing for hearing just to settle at the last minute, or going to hearing and filing for judicial review on appeal once the Final Order is issued, post-hearing. More often than

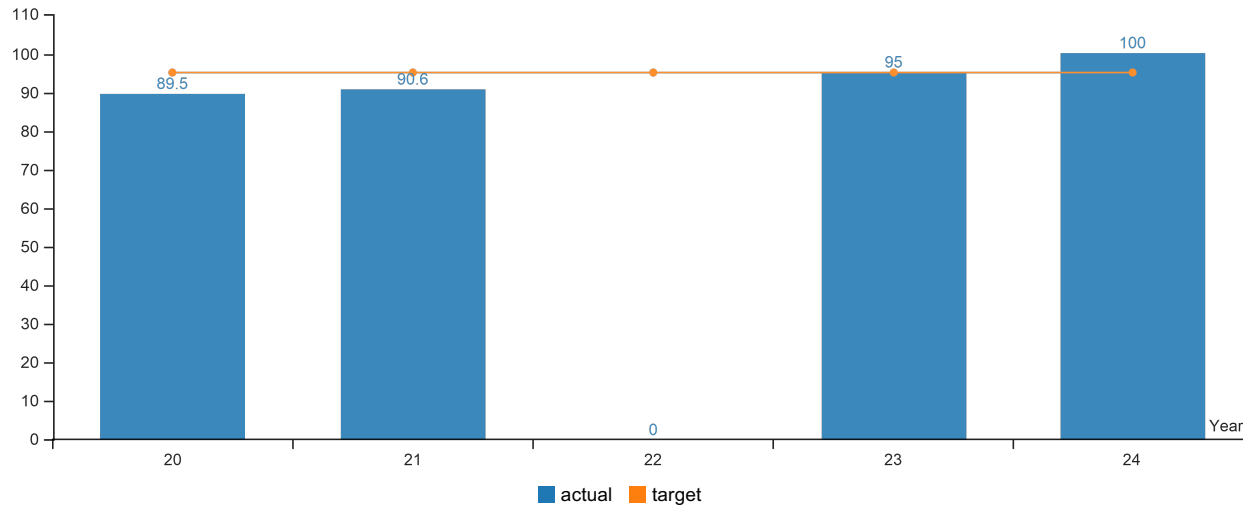


not, the majority of these cases settle immediately before hearing, after prolonged pre-hearing engagement with the agency.

Our goal, and mission, is to protect the public and, by thoroughly investigating all aspects of these cases, respecting our complainants and witnesses, fully respecting our licensees' due process rights, and successfully representing our agency and the public in negotiations, at hearing, and during appeal, we accomplish that end. Resolving these cases sooner is what we strive for, but not at the expense of public safety.

KPM #7	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Percentage of chiropractic physicians meeting the annual continuing education requirements.</b>					
Actual	89.50%	90.60%	0%	95%	100%
Target	95%	95%	95%	95%	95%

### How Are We Doing

For this reporting period, we rolled out our new software as a service database management system (InLumon) to replace our legacy licensing and compliance Microsoft Access database. In so doing, a lot of our automated functions, such as audits, were put on hold during the initial roll out and troubleshooting stages.

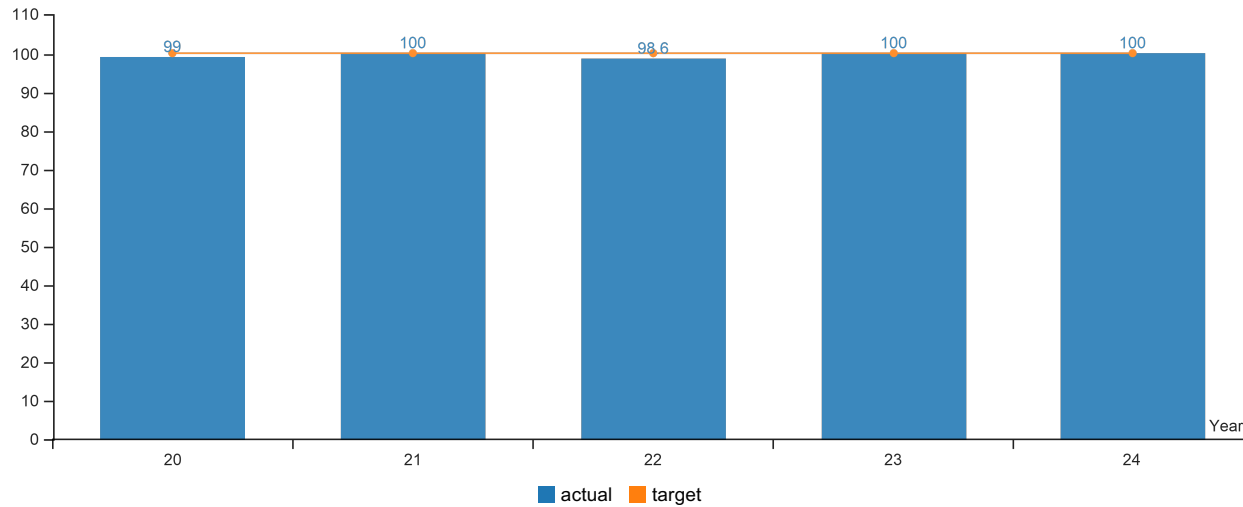
That said, we were able to complete one audit of the DC licensee base which resulted in a total compliance rate of 100% of those who complied with the audit within 30 days, meeting or exceeding our target.

### Factors Affecting Results

Regularly scheduled audits will commence when InLumon is fully operational but we anticipate similar results as the new system allows applicants and licensees to upload proof of their continuing education directly into their license file. When licensees are audited, all the material should already be within their electronic file with no lag time in tracking proof of completion down and sending/uploading it to staff members.

KPM #8	Percentage of licenses issued within 5 days once all application components (that are the responsibility of the applicant) have been received. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Time to process chiropractor applications</b>					
Actual	99%	100%	98.60%	100%	100%
Target	100%	100%	100%	100%	100%

**How Are We Doing**

We met this target for this reporting period. 57 applicants were processed with 100% licenses being issued within the 5 day target.

The following percentages were completed in the following time frames:

Same day: 82% (47/57)

Within 1 day: 93% (53/57)

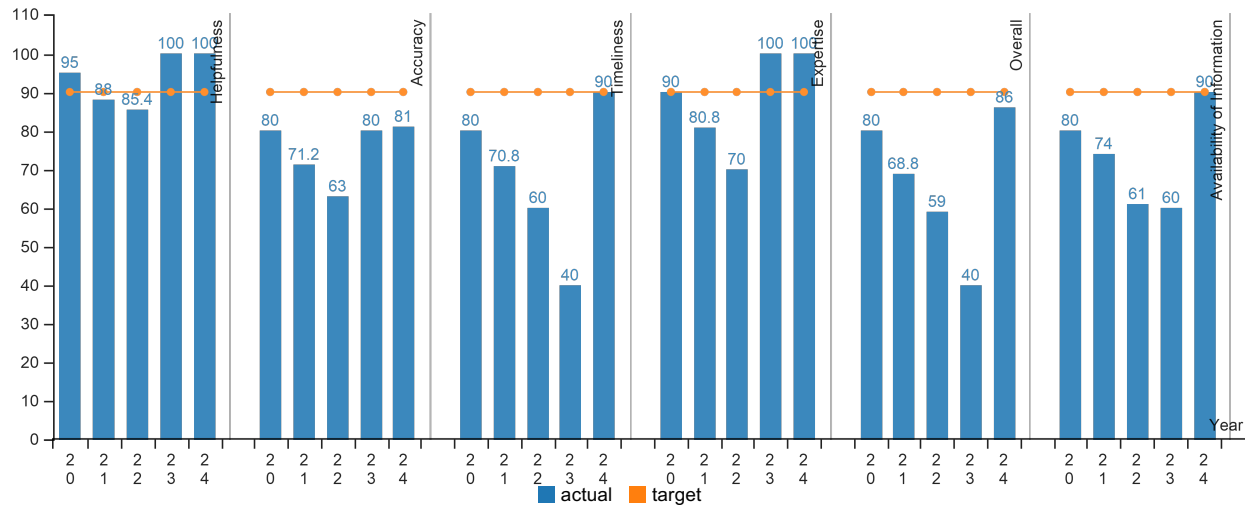
Within 2 days: 95% (54/57)

Within 3 days: 100% (57/57)

**Factors Affecting Results**

With our utilization of our new InLumon database management system, it is anticipated that this KPM may become moot as licensees have online access to the real time status of their applications and what is needed for completion. Once their application file is complete and reviewed by staff, licenses will be issued within minutes, that same day.

KPM #9	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.
	Data Collection Period: Sep 01 - Aug 31



Report Year	2020	2021	2022	2023	2024
<b>Helpfulness</b>					
Actual	95%	88%	85.40%	100%	100%
Target	90%	90%	90%	90%	90%
<b>Accuracy</b>					
Actual	80%	71.20%	63%	80%	81%
Target	90%	90%	90%	90%	90%
<b>Timeliness</b>					
Actual	80%	70.80%	60%	40%	90%
Target	90%	90%	90%	90%	90%
<b>Expertise</b>					
Actual	90%	80.80%	70%	100%	100%
Target	90%	90%	90%	90%	90%
<b>Overall</b>					
Actual	80%	68.80%	59%	40%	86%
Target	90%	90%	90%	90%	90%
<b>Availability of Information</b>					
Actual	80%	74%	61%	60%	90%
Target	90%	90%	90%	90%	90%

How Are We Doing

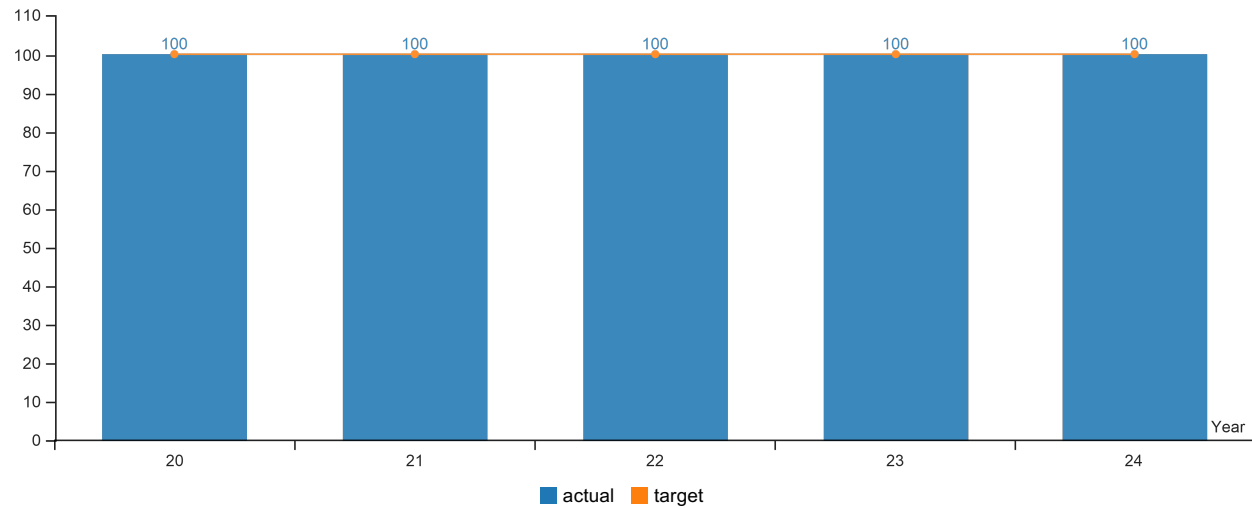
We met or exceeded our targets in 4 of the 6 measures within this customer satisfaction survey: Helpfulness, Timeliness, Expertise, and Availability of Information. We have dramatically improved our efforts and outcomes in customer service since last reporting period.

**Factors Affecting Results**

Because our staff are now more experienced and have made concerted, mindful efforts in responding timely and accurately to customers, those results are reflected within this survey. While the rollout of our new licensing database management system caused (and continues to cause) some operational hiccups, we communicated well with and prepared our licensee base for the transition and are grateful for their patience.

KPM #10	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2020	2021	2022	2023	2024
<b>Board Best Practices - Percent of total best practices met by the Board.</b>					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

#### How Are We Doing

All 7 board members provided a response to the Board Best Practices KPM and assessed a 100% aggregate score, meeting our target for this reporting period.

#### Factors Affecting Results