

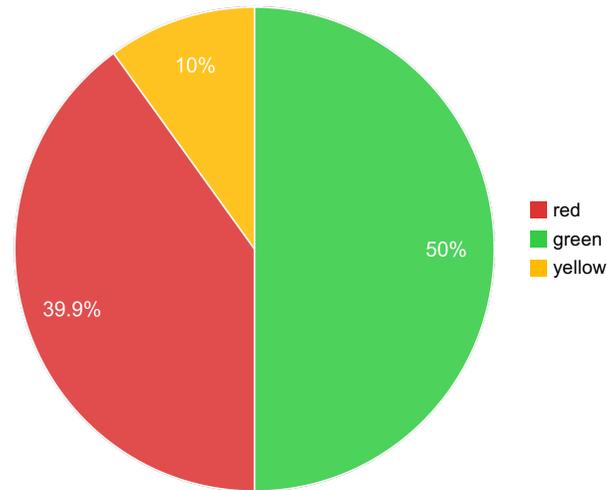
Board of Chiropractic Examiners

Annual Performance Progress Report

Reporting Year 2023

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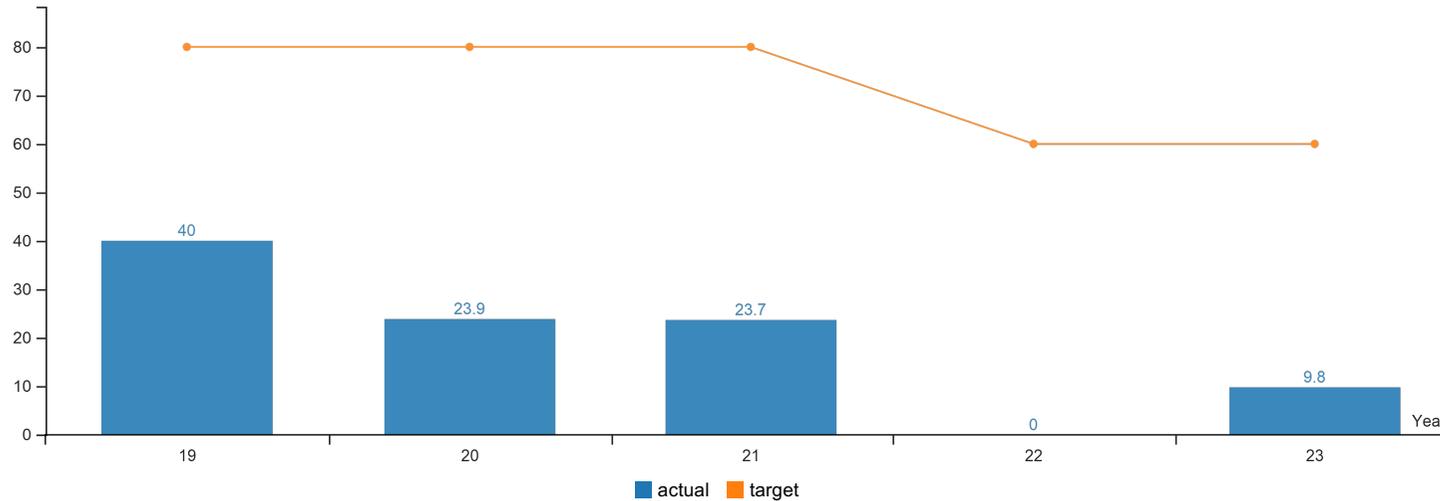
KPM #	Approved Key Performance Measures (KPMs)
1	Days between complaint receipt and investigation report finalized for Board (investigative process step one) - Percent of cases having investigative reports written within 120 days from when a complaint is received to when the investigation is prepared 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:	50%	10%	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	2019	2020	2021	2022	2023
Complaint receipt to investigation preparation to Board.					
Actual	40%	23.90%	23.70%	0%	9.80%
Target	80%	80%	80%	60%	60%

How Are We Doing

In our last reporting period, none of the total 15 cases that included an investigator's report for board review were submitted under the 120 days target timeline. The average days from receipt to investigator's report was 456 days. 2 of those cases resulted in license revocation and 2 other cases resulted in denial of license applications.

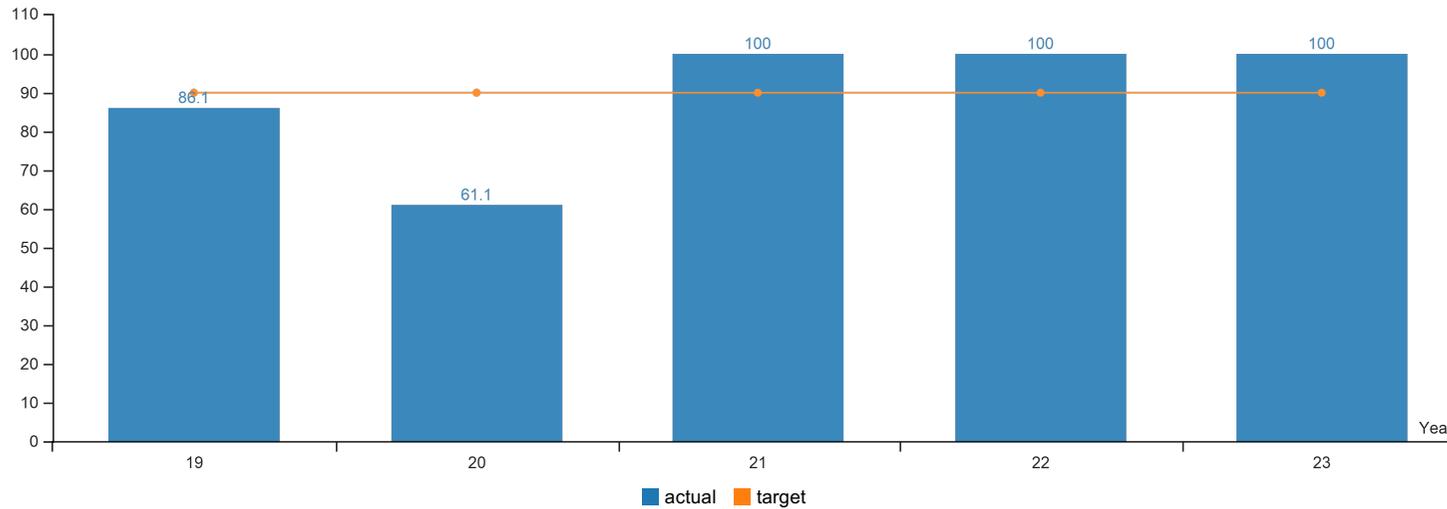
While the OBCE did not meet this target for this reporting period, we are improving in addressing and handling our case backlog. Of the 41 complaints received, 37 of them (90.2%) included investigator's reports that were submitted in excess of 120 days from complaint received. The average days from receipt to investigator's report for the 37 cases was 445 days/case. For the other cases (9.8%), the average days from receipt to investigator's report was 94 days/case, well below the 120 day target.

Factors Affecting Results

We anticipate improvement on all of our KPMs that are associated with our investigations and investigation team. We are now fully staffed and fully funded for 2.0 FTE after having no investigator on staff at all for over a year and the retirement of our Healthcare Investigator with no replacement being hired for approximately 9 months. With the agency specific learning curve to train a chiropractic physician who was not professionally trained in investigations and an investigator who was trained for a different agency and legal universe, the improvements and backlog are being slowly addressed. As of August 2023, we hired two other independently contracted investigators to assist with the case backlog and we anticipate their contributions to also improve these KPMs.

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	2019	2020	2021	2022	2023
Days between investigation preparation and presentation to the Board.					
Actual	86.10%	61.10%	100%	100%	100%
Target	90%	90%	90%	90%	90%

How Are We Doing

The 2021 Legislative session brought a change to 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.

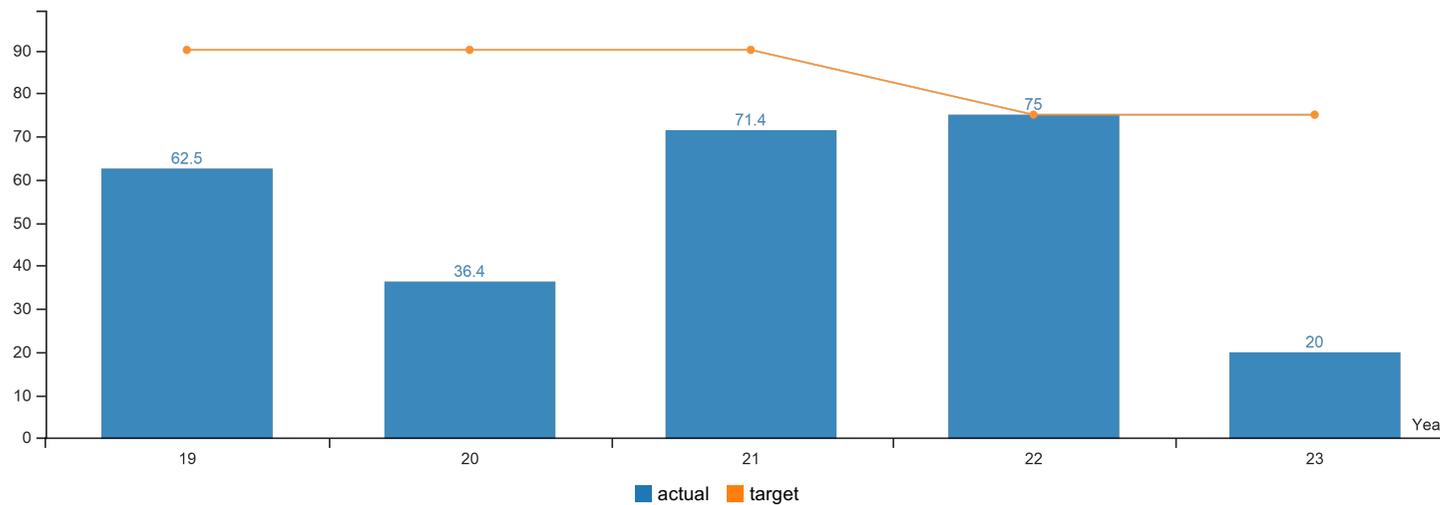
We have exceeded our target with 100% of our cases (40/40) being presented within 60 days.

Factors Affecting Results

Of note for this KPM is that our last reporting period handled 15 cases, meeting our target at 100%, and this year's reporting period includes 40 cases, a greater than doubling of the total cases addressed, and we have still met our target.

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	2019	2020	2021	2022	2023
Percentage of complaints/investigations presented to the Board within 120 days					
Actual	62.50%	36.40%	71.40%	75%	20%
Target	90%	90%	90%	75%	75%

How Are We Doing

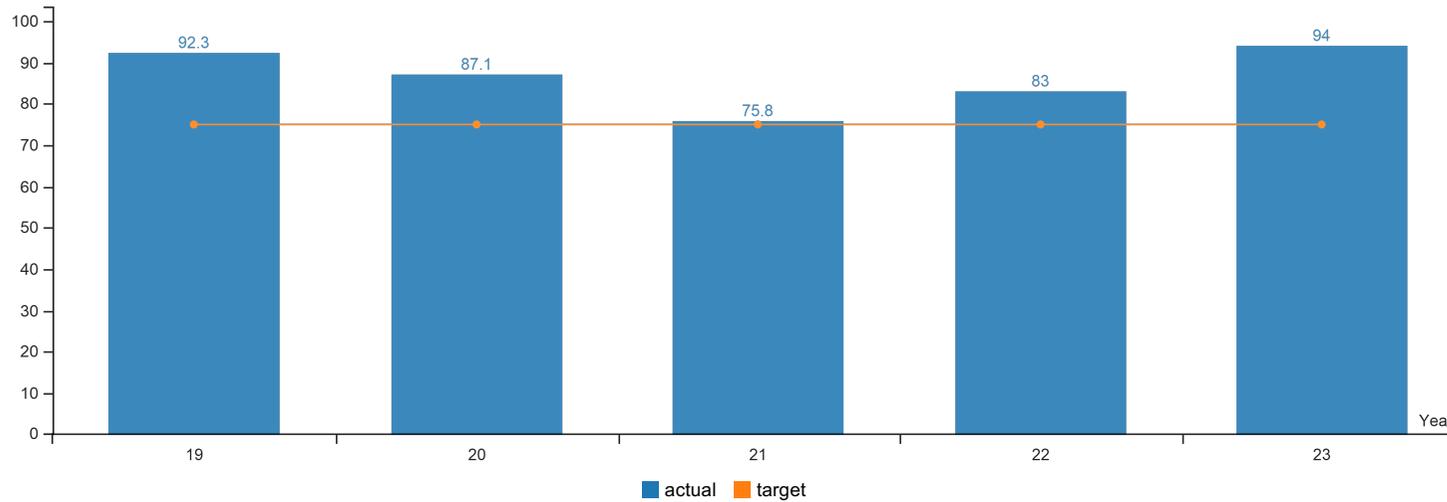
We have not met this KPM this reporting period with 2 of the 10 (20%) total cases reporting to the Board at less than 120 days. 8 of the 10 (80%) exceeded the 120 day target.

Factors Affecting Results

Our case backlog from 2020-2022 due to our lack of investigation staff is now being addressed by our 2 new full time employees and by 2 independently contracted investigators and our KPMs will reflect such change and growth. We have also seen an increase in complaints being received. Only 4 new cases were reported in last reporting period, whereas 10 cases were reported during this period.

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	2019	2020	2021	2022	2023
Days between Board review/initial action and case closure.					
Actual	92.30%	87.10%	75.80%	83%	94%
Target	75%	75%	75%	75%	75%

How Are We Doing

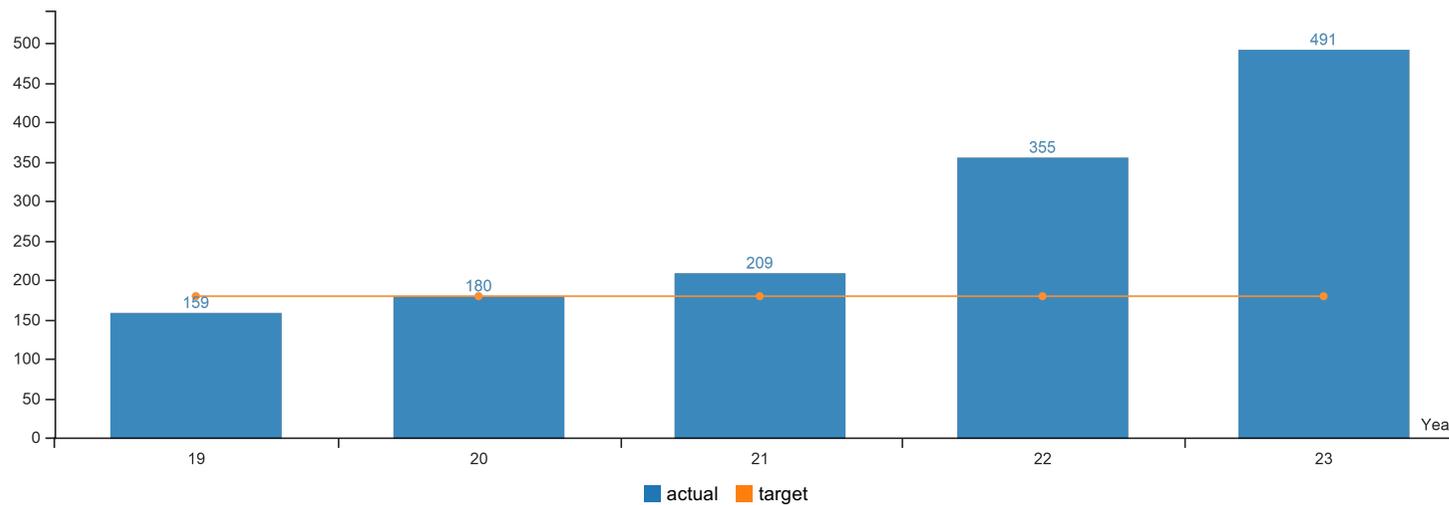
We have met the target of this KPM at 94% for this reporting period. Of the 34 cases closed (as compared to the 12 cases closed during last reporting period), 32 of them closed within 90 days after initial board review. 3 cases (5.8%) exceeded the 90 day target, one of which resulted in license suspension.

Factors Affecting Results

While we have met this KPM, we had been previously understaffed for most, if not all, of the previous three reporting periods. We are now fully staffed and funded at full time for those investigative staff members, in addition to hiring on 2 independently contracted investigators, and anticipate an even greater increase in investigations being completed and closed within this KPM's 90 day target.

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	2019	2020	2021	2022	2023
Average number of days to resolve a complaint.					
Actual	159	180	209	355	491
Target	180	180	180	180	180

How Are We Doing

The average number of days to resolve a complaint for our last reporting period (2022) was 355. 28 cases were closed during that reporting period with 23 cases closing over the 180 day target. Of these 23 cases, 18 Oregon licensed DCs were involved (0.9% of the total 1981 licensed DCs as of 9/1/2022). The 23 cases were open for an average of 413 days. 2 DCs (0.1% of the licensee base) were responsible for 5 cases (17.8%), which were open an average of 409 days and which resulted in license revocation and civil penalties.

For our current reporting period, we have not met our target, with the average number of days to resolve a complaint being 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.

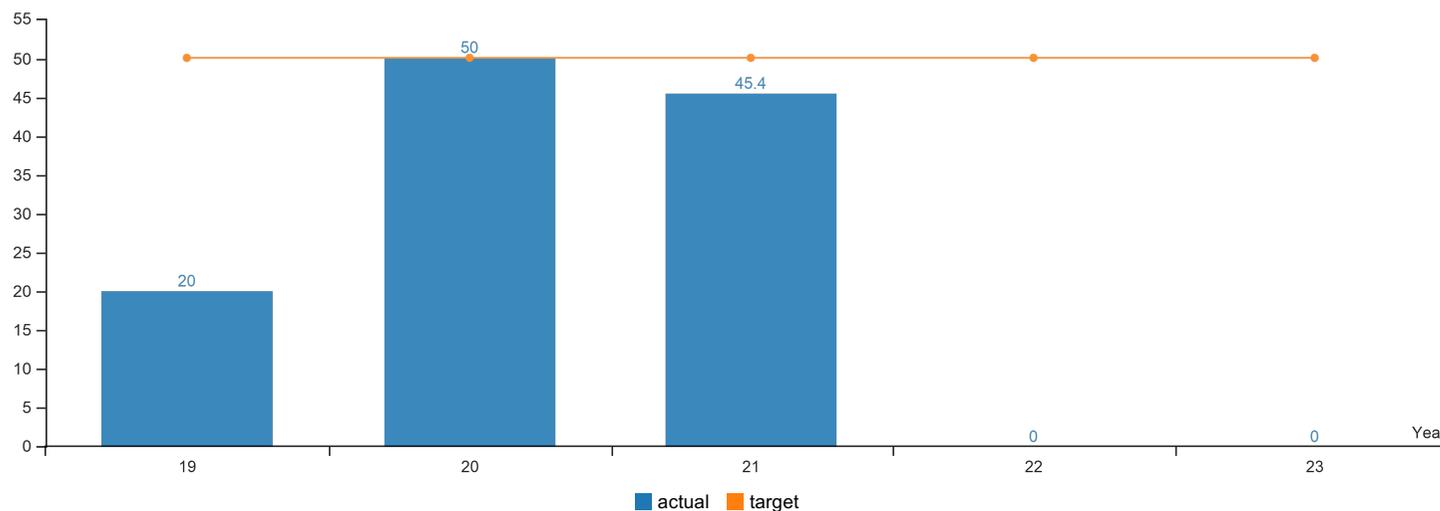
4 DCs (0.2% of the DC licensee base) were responsible for 6 cases (18%), which were open an average of 677 days and which resulted in license suspensions, license revocations, and large civil penalties.

Factors Affecting Results

In addition to recovering from the impacts that COVID had on our staffing (our sole investigator at the time and two long term employees all retired within 3 months of each other), we are finally fully staffed with our Healthcare Investigator and Investigator being appropriately trained and addressing our case backlog. In light of the backlog and rather sharp learning curve, we hired 2 independently contracted investigators to assist. We will continue to see improvements on number of cases addressed and completed in a timely manner.

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	2019	2020	2021	2022	2023
Percent of sexual misconduct/boundary complaints resolved in 180 days					
Actual	20%	50%	45.40%	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 7 sexual misconduct/boundary cases closed during this time, 4 of which included multiple victims and resulted in either license revocation, suspension, surrender with fines. These 4 cases were open an average of 675 days. 3 of the total cases were either closed for lack of evidence or closed for ultimate lack of jurisdiction.

Factors Affecting Results

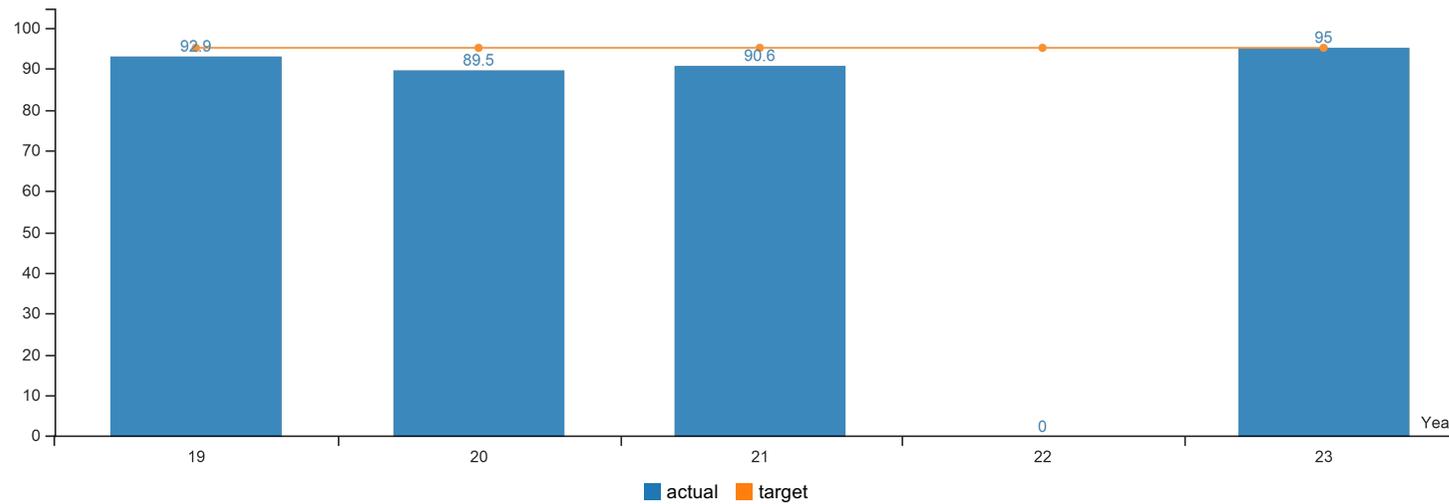
Generally, these types of cases are much more complex and time consuming than non-sexual misconduct cases (e.g. recordkeeping, over treatment, etc.) often due to multiple and/or very traumatized victims (adults and minors) and witnesses, involvement of multiple licensing and law enforcement agencies, 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 most often 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 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 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 is to protect our 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	2019	2020	2021	2022	2023
Percentage of chiropractic physicians meeting the annual continuing education requirements.					
Actual	92.90%	89.50%	90.60%	0%	95%
Target	95%	95%	95%	95%	95%

How Are We Doing

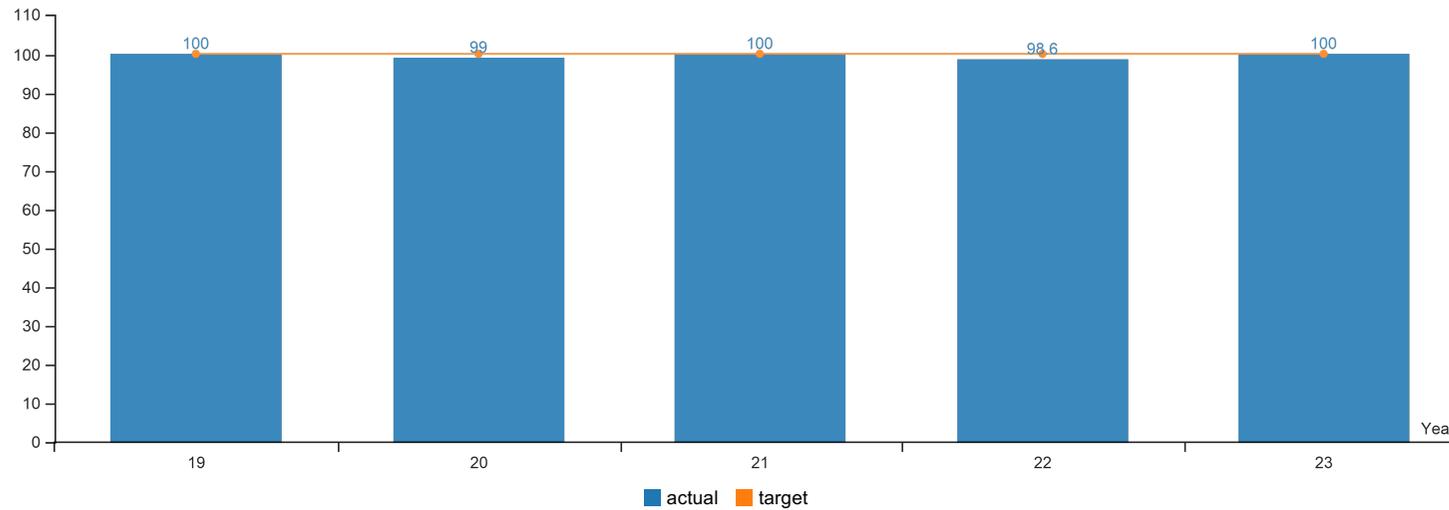
For this reporting period, 3 audits were taken of the DC licensee base with a total compliance rate of 95% who complied within 30 days of the audit date.

Factors Affecting Results

We are pleased to be able to include data on this KPM this reporting period as our being fully staffed has allowed audits to be recommended. However, we anticipate a hold on audits being done in the near future due to our new licensing database software being implemented.

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	2019	2020	2021	2022	2023
Time to process chiropractor applications					
Actual	100%	99%	100%	98.60%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

We hit this target for this reporting period. 83 applications were processed with 100% licenses being issued within the 5 day target.

The followingn percentages completed in the following time frames:

Same day: 83% (69/83)

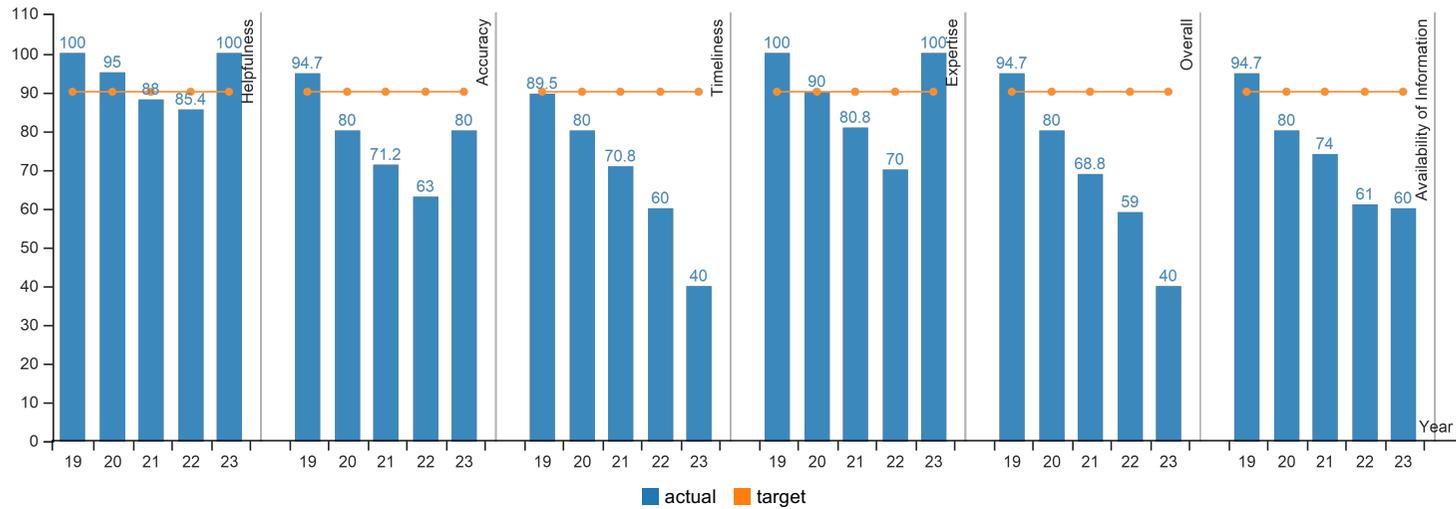
Within 1 day: 97.6% (81/83)

Within 2 days: 98.9% (82/83)

Within 3 days: 100% (83/83)

Factors Affecting Results

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	2019	2020	2021	2022	2023
Helpfulness					
Actual	100%	95%	88%	85.40%	100%
Target	90%	90%	90%	90%	90%
Accuracy					
Actual	94.70%	80%	71.20%	63%	80%
Target	90%	90%	90%	90%	90%
Timeliness					
Actual	89.50%	80%	70.80%	60%	40%
Target	90%	90%	90%	90%	90%
Expertise					
Actual	100%	90%	80.80%	70%	100%
Target	90%	90%	90%	90%	90%
Overall					
Actual	94.70%	80%	68.80%	59%	40%
Target	90%	90%	90%	90%	90%
Availability of Information					
Actual	94.70%	80%	74%	61%	60%
Target	90%	90%	90%	90%	90%

How Are We Doing

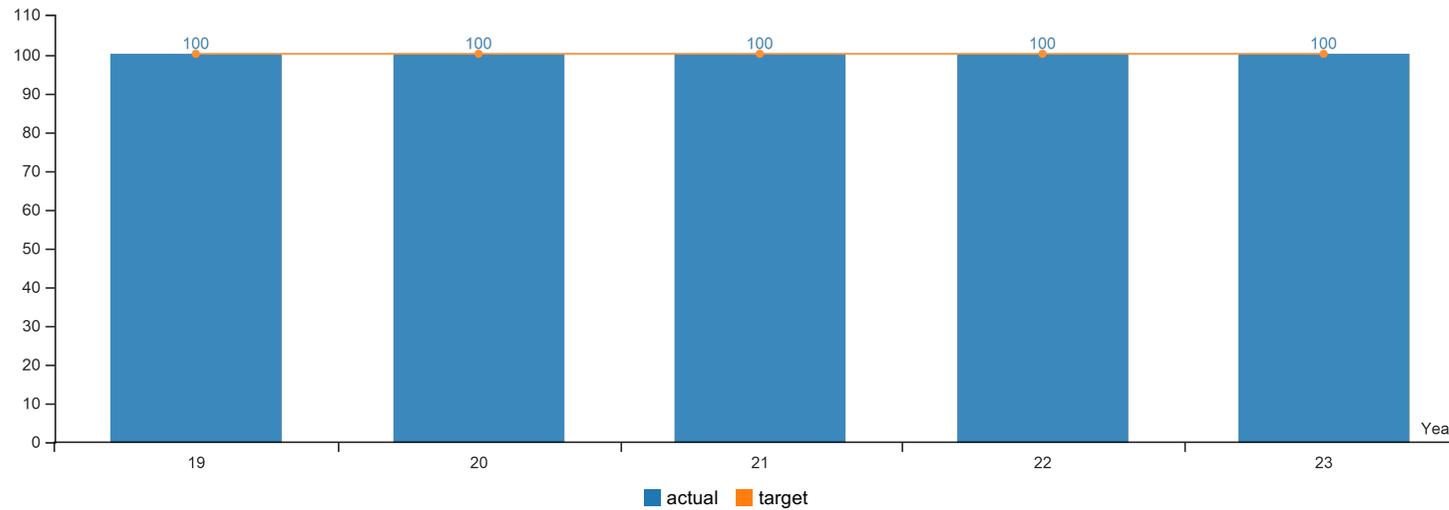
We met two of our targets within this survey: Helpfulness and Expertise, both at 100%, which greatly increased since our last reporting period due to increased training and experience of our newer staff.

Factors Affecting Results

With a sample of 5 respondents, it is hard to tell how accurately these results depict actual customer service satisfaction. If the parameters were enlarged to include "fair" in addition to those reporting "excellent" and "good," then we would have met all targets within this KPM.

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	2019	2020	2021	2022	2023
Board Best Practices - Percent of total best practices met by the Board.					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

We are currently short 2 board members but of the 5 members currently serving, all 5 responded, with an aggregate 100% assessment score, meeting our target.

Factors Affecting Results