

#### Agenda Item 9

### Osteopathic Medical Board of California

**DATE REPORT ISSUED:** February 13, 2025

ATTENTION: Members, Osteopathic Medical Board of California

**SUBJECT:** Executive Report

**STAFF CONTACT:** Erika Calderon, Executive Director

#### **REQUESTED ACTION:**

This report is intended to provide the Members of the Osteopathic Medical Board of California (OMBC) with an update on personnel, and other administrative functions/projects occurring at the OMBC. Director Calderon will also be performing an annual review of OMBC's completed objectives from its 2024-2028 Strategic Plan as requested by the Members during the strategic planning session.

No action is needed.

Before reporting on OMBC's administrative functions, Director Calderon would like to formally address the Board's efforts in response to the governor's state of emergency involving the palisades fires and its survivors.

At this time, the OMBC has shared several social media posts on its social media accounts by the Governor's Office, Cal OES, Department of Health and Human Services, and Listos California both in English and Spanish to alert our consumers and licensees of resources available to them. In addition, the OMBC sent an email to all its licensees regarding an All-Plan Letter issued by the Department of Managed Health Care and waivers issued by the Board of Pharmacy. These relate to access to care, including medical drugs/devices, which also included a link to the Board of Pharmacy's webpage with their other wildfire waivers. Director Calderon also shared this information with the Executive Directors of Osteopathic Physician and Surgeons of California (OPSC) and American College of Osteopathic Family Physicians of California (ACOFCA).

The OMBC shared information with the Department of Consumer Affairs (DCA) communications office regarding the volunteer physician registry to share with appropriate state departments and sent emails to licensees encouraging them to sign up for the volunteer physician registry and to visit https://www.californiavolunteers.ca.gov/wildfire-recovery/encouraging and consider responding to volunteer opportunities.

OMBC staff are working on an individualized basis with impacted licensees on probation to help ensure they meet the terms of their disciplinary order (e.g., alternative locations for interviews with their probation monitor Ralph and sites for biological fluid sample testing). In addition, licensing renewal staff and our administrative services staff are also working on an individualized basis with impacted licensees pursuant to the Governors Executive Order that DCA received.

Lastly, the OMBC has allowed continuances for scheduled administrative hearings, as needed.

#### Personnel:

The OMBC continues to have 15.9 authorized positions and is happy to announce that there are no current vacancies.

#### Office Operations:

The OMBC continues to work diligently on office and program specific improvements as well as its organization.

<u>Diversion Program:</u> Due to the OMBC's recently lived circumstances of having its prior contractor for over 20+ years pull from its diversion contract, as a safety measure the OMBC recently executed a contract with Phamatech, Inc. Phamatech, Inc. is a global manufacturer of rapid diagnostic devices and a provider of laboratory testing for medication monitoring, illicit drugs, alcohol, and pharmacogenetic testing. They will provide scheduling, observation, collection, and analysis of urine, blood, and/or hair follicle testing, or similar drug screening approved by the OMBC for designated licensees.

Along those lines, Director Calderon and the OMBC's probation monitor Ralph Correa attended OMBC's first Diversion Committee Meeting (DEC) with the new diversion program contractor Premier Health. The OMBC typically meets at the Department of Consumer Affairs, Division of Investigation's San Dimas Field Office. The OMBC is happy to announce that its first meeting was a huge success. The OMBC is very pleased with the clinical case manager and compliance monitor it received.

<u>Fictitious Name Permits (FNPs):</u> As previously reported, the Administrative Services Program moved all licensure transactions online with the last one being the OMBC's initial FNP. Unfortunately, this application turned out to be an extremely complicated application for licensees and their staff to execute online due to the complexity in ownership and liabilities related to corporate practices. It has created several issues for the OMBC causing delays in processing times, so it has been decided to deactivate the application from the online portal temporarily until OMBC staff can work with our BreEze team to see if we can improve the buildup on the application. For now, the OMBC reverted to accepting paper applications for our FNPs.

Along those lines of the OMBC's FNPs the staff recently concluded a compliance check of all permits. Staff contacted all licensees that had permits with delinquent statuses in attempt to get these permits renewed and or cancelled if the licensee was found to no longer be operating the business. The OMBC's goal is to help educate our physician on renewing such permits in timely fashion in December of each calendar year. At this time the OMBC doesn't plan on issuing any citations however each year staff will monitor the permits and may issue citations at a later time if we see continued issues with renewals.

## <u>Controlled Substance Utilization Review and Evaluation System (CURES) Update:</u>

Director Calderon represents the prescribing Boards as part of the CURES Executive Stakeholder Committee and continues to meet regularly with DCA's leadership staff and the Department of Justice (DOJ). Most recently the committee worked on updating its interagency agreement which sets forth the co-governance, funding, and invoicing process of CURES by DOJ and DCA.

As a reminder, effective April 1, 2025, CURES fees will be going from \$9 to \$15. DCA's office of Information Services (OIS) will be working on implementing the CURES fee increase into our BreEze database and will be reaching out and working with all the healing art Boards individually whose licensees must pay into CURES. Our applications will be updated to reflect the new fee increase and DCA will develop an outreach toolkit to share information with licensees and our stakeholders.

#### **Communication:**

Executive Director had calls and email exchanges with Madam Board President Ms. Denise Pines to discuss pending and ongoing projects and meeting agendas.

Executive Director continues to meet periodically with the Board's Attorney General Liaison Ms. Karolyn Westfall and also communicates frequently with Ms. Gloria Castro, Senior Assistant Attorney General.

Enforcement staff continue to meet monthly with the Department of Consumer Affairs Division of Investigations HQIU office to discuss progress of pending investigations.

Lastly for communications, staff participated in meetings with other local, state, and national organizations in discussing and deciding regulatory measures common to OMBC and others. These organizations include but are not limited to; Office of Attorney General (AGO), Department of Justice (DOJ), Department of Consumer Affairs (DCA), other healing art Boards, California Department of Public Health (CDPH), Department of Health Care Services (DHCS), the Federation of State Medical Board (FSMB), the National Board of Osteopathic Medical Examiners (NBOME), International Association of Medical Regulatory Authorities (IAMRA), Osteopathic Physicians and Surgeons of California (OPSC), American College of Osteopathic Family Physicians of California (ACOFPCA), and lastly Premier Health.

On January 28, 2025, the Executive Director attended OPSC Board Meeting and provided an OMBC update to their Board of directors.

#### **Outreach Update:**

The OMBC's third edition of its newsletter OsteoScope will be published soon and posted on OMBC's website and shared with all our stakeholders.

The OMBC continues to post Board content regularly on of social media platforms.

February 27-March 2, 2025, staff plans to attend the Osteopathic Physicians and Surgeons of California (OPCS) 65<sup>th</sup> Annual Convention, in Newport Beach. Staff will host a table throughout the conference and answer licensing and enforcement related questions as well as provide an OMBC update to all attendees. Board member Dr. Patel committed to attend.

April 24-26, 2025, staff plans to attend the Federation of State Medical Boards (FSMB) Annual Meeting which will be hosted in Seattle Washington this year and Madam Board president Pines and Dr. Patel will be present.

On May 3<sup>rd</sup>, staff plans to attend the 4<sup>th</sup> Annual Latina Maternal Health Fair which will be hosted at the California State University in Bakersfield California. The health fair plans to have many vendors from across Kern County including Nurse/Family Partnership, Perinatal Outreach Program, Clinica Sierra Vista, CSUB Nursing Program which will be providing services like blood pressure testing, other Kern County departments, CAPK WIC, Community Action Partnership of Kern Head Start Program, Bakersfield Pregnancy Center, Bakersfield Police Department Community Services, and there will be CPR training available.

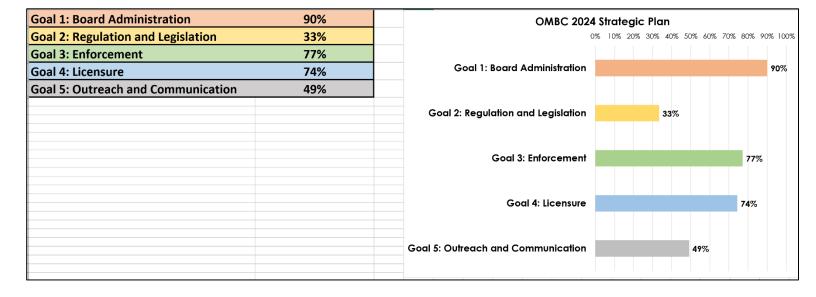
Lastly from July 23-27, 2025, staff plans to attend the American College of Osteopathic Family Physicians of California (ACOFPCA)'49 annual conference in Anaheim California.

## Annual Review: 2024-2028 Strategic Plan

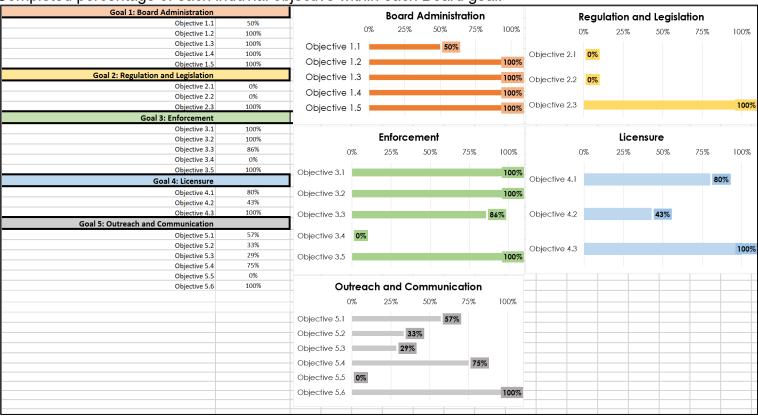
The OMBC adopted its 2024-2028 strategic plan on September 23, 2023. As we know a strategic plan is a written document that outlines an organization's long-term goals, the strategies it will use to achieve them, and the actions needed to implement those strategies, essentially in our case serving as a roadmap for the OMBC's future direction over a defined period of 4 years; it includes elements like our vision, mission, core values, objectives, and specific action plans to measure our success. DCA's Solid Team has provided this OMBC with an action plan tracker that allows the OMBC to track its progress through and excel spreadsheet allowing us to have a visual of the completed objectives.

The chart listed below shows that OMBC staff have already completed 90% of its overall Administrative Objectives, 33% of its Regulations and Legislative Objectives, 77% of its Enforcement Objectives, 74% of its Licensure Objectives, and 49% of its Outreach and Communication Objects in each goal item within the first year of the strategic plan.

#### Goal (completed percentage):



Completed percentage of each induvial objective within each Board goal:



#### Goal 1: Board Administrative

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	2024 - 2028 Action Plan	Responsibility	Due Date	Current Status	CY 2024 Q1 Jan-Mar	CY 2024 Q2 Apr-Jun	CY 2024 Q3 Jul-Sep	Q4 Oct-Dec	Q1	Q2	Q3	CY 2025 Q4 Oct-Dec	Q1 Jan-Mar	CY 2026 Q2 Apr-Jun	CY 2026 Q3 Jul-Sep	CY 2026 Q4 Oct-Dec	CY 2027 Q1 Jan-Mar	Q2	CY 2027 Q3 Jul-Sep	CY 2027 Q4 Oct-Dec	CY 2028 Q1 Jan-Mar	CY 2028 Q2 Apr-Jun	Q3	Q4
Goal 1:	Board Administration																							
1.1	Establish a process for conducting an annual evaluation of the Board's strategic plan and achieved objectives to maintain accountability and effectiveness.							Start	End															
Success Measure	Completion of each annual review and ongoing.		Q1 2025	50%																				
1.1.1	Agendize the evaluation at a board meeting. (recap and plan ahead)	Executive Director	Q4 2024 - ongoing	Completed	-			End																
1.1.2	Prepare the report.	All Managers, Executive Director	Q4 2024 - ongoing	Completed					End															
1.1.3	Maintain action plan tracking tool.	All Managers, Executive Director	Q4 2024 - ongoing	In Progress					End															
	Present first report at January 2025 board meeting. (Meeting had to be rescheduled) Establish licensing, education, and outreach advisory committees to support the	Executive Director	Q1 2025 - ongoing	In Progress	-				End															
1.2	advancement of the Board's efforts.																							
Success Measure	Committees are established.		Q3 2024	100%																				
1.2.1	Select staff member liaison for each committee (manager or analyst).	All Managers, Executive Director	Q2 2024	Completed		Start		End																
1.2.2	Email sent to board members for volunteers.	Executive Director	Q2 2024	Completed		Start		End																
1.2.3	Evaluate email responses from volunteers.	Executive Director	Q2 2024	Completed	<b>—</b>	Start		End	-	-														
1.2.4	Pre-discussion with Board President (selection, number of members, staff considerations, member assignments, Pre-Evaluation of membership timelines).	Executive Director, Board President	Q3 2024	Completed		Start		End																
1.2.5	Agendize topic for Aug 2024 meeting.	Executive Director	Q3 2024	Completed		Start		End																
1.3	Conduct licensee salary, fee, and growth analyses to inform a regulatory proposal to increase application fees, address licensee population growth, and staffing needs.																							
Success Measure	Fee study conducted.		Q1 2024	100%																				
1.3.1	Conduct fee study for applications, showed growth in two applications.	Executive Director, Retired Annuitant	Q1 2024	Completed	Start		End																	
1.3.2	Examine economic impacts.	Executive Director, Retired Annuitant	Q1 2024	Completed	Start		End																	
1.3.3	Evaluate staff needs.	Executive Director, Retired Annuitant	Q1 2024	Completed	Start		End																	
1.4	Explore methods to utilize automated emails and maximize BreEZe functionality to increase consistency, timeliness, and accessibility of communication.																							
Success Measure	BreEZe live with automated email collection.		Q2 2024	100%																				
1.4.1	Meet with OIS BreEZe team and analyze all applications for email requirement.	All Managers, Executive Director	Q3 2023	Completed	Start/End																			
1.4.2	Confirm authority that collection of email addresses can be required.	Administration Manager	Q4 2023	Completed	Start/End																			
1.4.3	Implement automated email collection functionality in BreEZe.	All Managers, Executive Director	Q2 2024	Completed	Start/End																			
1.5	Register staff for customer service training to improve interactions between staff and licensees.																							
Success Measure			Q4 2024	100%																				
	Assign staff to courses from CalHR.	All Managers	Q3 2023	Completed	Start		End																	
1.5.2	Consult with SOLID Training Manager and plan customized training from SOLID.  Research existing SOLID training course offerings.	Executive Director Licensing Manager	Q2 2024 Q2 2024	Completed Completed	Start Start		End End																	
	Schedule staff workshop with SOLID training.	SOLID, All Managers	Q2 2024 Q4 2024	Completed	Start		End			-														
1.3.4	pariedule stail workshop with sould training.	JULID, MIT Mallagers	Q4 Z0Z4	Completed	otalit		cilu																	

# Goal 2: Regulation and Legislation

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					CY 2024		CY 2024	CY 2024	CY 2025	CY 2025		CY 2025							CY 2027	CY 2027	CY 2028	CY 2028	CY 2028	
	2024 - 2028 Action Plan	Responsibility	Due Date	Current Status	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
					Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Goal 2	Regulation and Legislation																							
	Create a dedicated legislation and regulation staff position to effectively track				ı																			
2.1	legislation that affects the Board, ensure the Board has a voice in the legislation				ı																			
	process, and align regulations with statutory requirements necessary for the Board to				ı																			
	carry out its mission.																							
Succes			Q3 2024	0%	ı																			
Measur					_																	_		
2.1.1	Create RPA packet to include MOJ, duty statement, recruitment packet, org. chart,	Executive Director	Q1 2024	Delayed	ı																			
2.1.2	Work with OHR to determine feasibility of establishing a position.	Executive Director	Q3 2024	Delayed	_																			
2.1.2	work with OHK to determine leasibility of establishing a position.	EXECUTIVE DIFECTOR	Q5 2024	Delayeu																				
2.2	Establish a legislative day for board staff to meet with legislators and inform				ı																			
2.2	legislators and the public of OMBC's role and to protect scope of practice.				ı																			
Succes						-																$\overline{}$		
Measur			Q3 2024	0%	ı																			
		Administration Manager,	I																					
2.2.1	Explore collaboration with professional associations.	Executive Director	Q2 2024	In Progress	ı																			
		Administration Manager,																						
2.2.2	Create an introductory packet of OMBC and the profession.	Executive Director	Q2 2024	In Progress	ı																			
	Establish list of legislators to visit, that include board members', representatives, and																							
2.2.3	key committee chairs (Ex. Assembly and Senate BPC committees, Health	Administration Manager,	Q2 2024	In Progress	ı																			
1	committees).	Executive Director			ı																			
2.2.4	Arrange board members' visits with legislators (possibly virtual) and establish the	Administration Manager,	Q3 2024	In Progress																				
2.2.4	legislative events.	Executive Director	Q5 2024	iii Piogress																				
	Conduct a comprehensive review of the Board's regulations and ensure they are up to				1																			
2.3	date, communicated, and establish a process for the regular review of regulations in				ı																			
	the future.				_																			
Succes			Q1 2026	100%	ı																			
Measur	e: '	4844 6 6																						
2.3.1	Collaborate with regulations unit to present those gaps and maintain the tracking	All Managers, Executive Director, Regulations Unit	Q1 2024-ongoing	Completed	Start/Enc	i																		
-	sheet of regulations.	All Managers, Executive																				-		
2.3.2	Review status of current regulations.	Director	Q4 2025 - ongoing	Completed	Start/Enc	i																		
$\vdash$		All Managers, Executive																						
2.3.3	Identify gaps and needs for revisions.	Director	Q4 2025 - ongoing	Completed	Start/End	i																		
		Legislation/Regulation																						
2.3.4	Establish a yearly process for review.	Specialist	Q1 2026 - ongoing	Completed	Start/Enc	i																		
2.3.4	Establish a yearly process for review.		Q1 2026 - ongoing	Completed	Start/Enc	i																		

## Goal 3: Enforcement

U	ai 3. Emorcement					
	2024 - 2028 Action Plan	Responsibility	Due Date	Current Status	CY 2024 Q1 Jan-Mar	CY 2024 CY 2024 CY 2024 CY 2025 CY 2025 CY 2025 CY 2025 CY 2025 CY 2025 CY 2026 CY 2026 CY 2026 CY 2026 CY 2026 CY 2027 CY 2027 CY 2027 CY 2027 CY 2028 CY 2028 CY 2028 CY 2026 CY 2027 CY 2027 CY 2027 CY 2027 CY 2028 CY 202
oal 3	Enforcement					
3.1	Publish disciplinary actions in the newsletter to keep the public informed of enforcement actions.					
Success	Actions presented in newsletter.		Q4 2023	100%		
Measure 3.1.1	Assemble list of all disciplinary actions.	Executive Director	04 2023	Completed	Start/End	
3.1.2	Publish in newsletter.	All Managers	Q4 2023	Completed	Start/End	
3.2	Create brochures, as well as complaint status letters and newsletter articles, to increase transparency and understanding of the complaint process.					
Success Aeasure			Q1 2024	100%		
3.2.1	Plan and create brochures (5 total).	Executive Director	Q3 2023	Completed	Start/End	
3.2.2		Executive Director	Q4 2023	Completed	Start/End	
3.2.3	Work with BreEZe team to create and implement consumer complaint status letters (6 total).	Executive Director	Q1 2024	Completed	Start/End	
3.3	Fully implement Senate Bill 815, including obtaining additional resources.					
Success	SB 815 fully implemented.		Q3 2025	86%	I	
Measure 3.3.1	Identify what the requirements are for SB 815.	Administration Manager, Executive Director	Q1 2024	Completed	Start/End	
3.3.2	Work with Budgets and OHR for BCP proposals.	Administration Manager, Executive Director	Q1 2024	Completed	Start/End	
3.3.3	Draft and implement status letter to allow submission of impact statement from complainant.	Executive Director	Q1 2024	Completed	Start/End	
3.3.4	Conduct outreach efforts for enforcement.	Enforcement Manager, Executive Director	Q4 2024	Completed	Start/End	
3.3.5	Establish interview process with complainant of all quality-of-care complaints that allege negligence or incompetent charges that have been suggested for closure without field investigation.	Enforcement Manager, Executive Director	Q4 2024	Completed	Start/End	
3.3.6	Establish a complaint liaison process.	Enforcement Manager, Executive Director	Q4 2024	Completed	Start/End	
3.3.7	Establish petition fees for early termination of probation and reinstatement (regulations package).	Enforcement Manager, Executive Director	Q3 2025	In Progress		End
3.4	Recruit additional investigator to improve communication, and allow for more effective enforcement.	Executive Director			1	<del></del>
Success	Investigator recruited.		Q3 2026	0%		
Aeasure 3.4.1	Plan and create concept paper and BCP.	Enforcement Manager,	Q1 2025	Delayed		
3.4.2	Work with Budgets for position authorization.	Administration Manager Enforcement Manager,	Q1 2025	Delayed	l	
		Administration Manager Enforcement Manager,	Q12025		l	
3.4.3	Work with OHR to submit RPA packet.	Administration Manager	Q3 2026	Delayed	I	
244	Oit investigates	Executive Director,	02 2026	Dolavad	I	
3.4.4	Recruit investigator.	Enforcement Manager, Administration Manager	Q3 2026	Delayed	I	
3.5	Acquire specialty subject matter experts for the expert review program to improve efficiency and create a robust team of expert reviewers.				l	
Success	Robust, trained experts list including specialty areas.		Q2 2025	100%	I	
Measure 3.5.1	Publicize and promote needs at conference, on social media, and on website.	Enforcement Manager, Executive Director	Q4 2022 - ongoing	Completed	Start/End	
3.5.2	Revise application to include consultant and expert.	Enforcement Manager, Executive Director	Q3 2023	Completed	Start/End	
3.5.3	Analyze current pool and gaps.	Enforcement Manager,	Q3 2023	Completed	Start/End	
3.5.4	Work with MBC on sharing list of potential SMEs.	Executive Director Enforcement Manager,	Q3 2023 - ongoing	Completed	Start/End	
3.5.5	Create expert reviewer information, brochures.	Executive Director Enforcement Manager,	Q1 2024	Completed	Start/End	
3.5.6	Onboard new consultants, provide resources (Onboarded 30 consultants).	Executive Director Enforcement Manager,	Q1 2024	Completed	Start/End	
		Executive Director Enforcement Manager,			StartyEnd	na .
3.5.7	Promote ongoing needs in newsletter.	Executive Director Enforcement Manager,	Q2 2024	Completed		End
3.5.8	Work with AG's office to provide expert training.	Enforcement Manager, Executive Director	Q2 2025	Completed	Start/End	

# Goal 4: Licensure

					CY 2024												CY 2027		CY 2027	CY 2027				28 CY 2028
	2024 - 2028 Action Plan	Responsibility	Due Date	Current Status	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep (	Q4 Oct-Dec J	Q1 lan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	<b>Q1</b> Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Q1 Jan-Ma	Q2 r Apr-Ju	Q3 1 Jul-Se	Q4 p Oct-Dec
Goal 4:	Licensure																							
4.1	Communicate online application options to applicants and students to reduce processing times.																							
Success Measure:	First meeting with 3rd year students is scheduled.		Q2 2025	80%																				
4.1.1	Advertise at board meetings and conferences.	Licensing Manager	Q2 2023	Completed	Start/End																			
4.1.2	Communicate with GME programs (Graduate Medical Education).	Licensing Manager	Q2 2023 - ongoing	Completed	Start/End																			
4.1.3	Post on social media (Facebook, X, etc.) about application options.	Licensing Manager	Q3 2023	Completed	Start/End																			
4.1.4	Send out message through listserv about application options.	Licensing Manager	Q3 2023	Completed	Start/End																			
4.1.5	Request posting of OMBC banner on association websites.	Licensing Manager	Q3 2023	Completed	Start/End																			
4.1.6	Update applications on BreEZe.	Licensing Manager	Q1 2024	Completed	Start/End																			
4.1.7	Update application page and resource links on board website.	Licensing Manager	Q1 2024	Completed	Start/End																			
4.1.8	Publicize in newsletter.	Licensing Manager	Q2 2024	Completed	Start/End																			
4.1.9	Create interactive video how to navigate process.	Licensing Manager, Communications and Publications	Q4 2024	In Progress																				
4.1.10	Establish a process to meet with 3rd year students at all colleges to prepare them for licensure.	Licensing Manager, Outreach Coordinator	Q2 2025	In Progress																				
Success	Seek regulatory changes to establish a continuing education self-certification and follow- up audit to decrease license renewal processing times.  New self-certification renewal process and establishment of CME audit program.		Q4 2026	43%																				
Measure:							_	_																
4.2.1	Track and report processing time frames of renewals.	Administration Manager	Q1 2023 - ongoing	Completed	l		_	End																
4.2.2	Research other DCA entities' audit programs.	Administration Manager	Q1 2024	Completed	l		_	End																
4.2.3	Ongoing efforts with regulations unit and budgets unit to execute regulations packet, review workload efficiencies and economic impact and revenue projections.	Executive Director, Administration Manager	Q3 2025	Completed				End																
4.2.4	Establish citation process which includes serving citation, informal conferences, and administrative hearings (create templates).	Administration Manager	Q3 2025	In Progress			_				End													
4.2.5	Establish random audit process (create 3-4 template letters).	Administration Manager	Q4 2025	In Progress							End													
4.2.6	Change current renewal process to self-certify and establish CME audit program (including BreEZe changes).	Administration Manager	Q4 2025	In Progress							End													
4.2.7	Re-evaluate the audit pool yearly (failure vs. success).	Administration Manager	Q4 2026-ongoing	Delayed																				
4.3	Conduct an annual assessment of staff workload and performance metrics to ensure proper staffing and workload management.																							
Success	Assessment completed and reported to Board.		Q4 2024	100%																				
Measure:			4.202.		ı																			
4.3.1	Monitor performance measures and present statistical report at each board meeting.	All Managers, Executive Director	Q1 2023 - ongoing	Completed		End																		
4.3.2	Identify KPIs (key performance indicators) and tracking system.	All Managers, Executive Director	Q4 2024	Completed		End																		
4.3.3	Create annual review of performance measures that aren't being met and identify solutions (re-allocating positions, resources, seeking additional resources).	All Managers, Executive Director	Q4 2024	Completed		End																		
4.3.4	Create annual review of BCP needs.	All Managers, Executive Director	Q4 2024	Completed		End																		

# Goal 5: Outreach and Communication

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	2024 - 2028 Action Plan	Responsibility	Due Date	Current Status	CY CY 2024 202 01 02	4 2024			CY 2025 D2	CY 2025 D3	CY 2025 D4	CY 2026 D1	CY 2026 D2	CY 2026 03	CY 2026 D4	CY 2027 D1	CY 2027 D2	CY 2027 D3	CY 2027 D4	CY 2028 G1		
Goal 5:	Outreach and Communication																					
5.1	Regularly manage the Board's social media accounts to keep the public informed of board activities and increase public awareness																					
Succes	Increased platform "insights" score.		Q1 2025	57%																		
5.1.1	Work with BCA Communications team to identify and create content.	All Managers, Executive	Q4 2023	Completed																		
5.1.2	Create a monthly agenda of posted items (Facebook, X/Twitter, LinkedIn,	All Managers, Executive	Q4 2023	Completed																		
5.13	Increase posts about licensing and enforcement.	All Managers, Executive	Q4 2023 - ongoing	Completed																		
5.14	Increase awareness of social media accounts.	All Managers, Executive	Q4 2023 - ongoing	Completed																		
5.15	Research platforms' insights scores (collaborate with PTBC analyst).	All Managers, Executive	Q2 2024	In Progress																		
5.16	Establish a monthly review of social media responses to promote engagement (ensure access for key staff to replu)	Legislation/Regulation Specialist All Managers	Q3 2024	In Progress																		
5.1.7	Report insights scores to Board.	All Managers, Executive	Q12025 - ongoing	In Progress																		
5.2	Attend more school events and promote best practices to increase outreach to students and aid in the accurate completion of applications.	Lirector																				
Succes	First meeting with 3rd year students is scheduled.		Q4 2024	33%																		
5.2.1	Create online form for outreach solicitations/request presentations.	All Managers, Executive	Q12023	Completed																		
5.2.2	Establish ongoing presentations for 3rd year students to prepare them for	All Managers, Executive	Q4 2024	In Progress																		
5.2.3	linensure Establish ongoing presentations on Professional Identity and best practices as a	All Managers, Executive	Q4 2024	Completed																		
5.2.4	licensee Explore potential for virtual presentations.	All Managers, Executive	Q4 2024	In Progress																		
5.2.5	Pinpoint timeframes for various campuses.	All Managers, Executive	Q2 2025	In Progress																		
5.2.6	Create a schedule for visits.	All Managers, Executive	Q2 2025	In Progress																		
5.3	Create an awareness campaign and partner with other healing arts boards to increase consumer knowledge of osteopathic doctors.	1 (0.91.31))																				
Succes	Videos are posted on social media and website.		Q4 2026	29%																		
5.3.1	Collaborate with DCA's campaign to promote profession and increase collaboration with other heards/bureaus	All Managers, DCA	Q2 2024	Completed			End															
5.3.2	Reach out to school districts to schedule education efforts on the profession  [Collaborate with HCAPs program]	All Managers, DCA	Q2 2024	In Progress				•														
5.3.3	Work with education committee on awareness efforts.	Education Committee	G3 2024 - ongoing	In Progress																		
5.3.4	Research underserved populations (Collaborate with HCAPs program)	All Managers, Executive Director	Q4 2026	In Progress																		
5.3.5	Create video explaining the osteopathic profession.	All Managers, Executive Director, Communications and Public Affairs Unit	Q4 2026	In Progress																		
5.3.6	Partner with MBC on outreach efforts.	Executive Director	Q4 2026	Completed																		
5.3.7	Interview D.O.'s and feature on social media platforms about why they chose the profession. (YouTube video)	All Managers, Executive	Q4 2026	In Progress																		
5.4	Partner with other healing arts boards within DCA on common issues facing the healing art professions to encourage collaboration and promote visibility.																					
Succes	Relationships established.		Q3 2024	75%																		
5.4.1	Attend DCA Directors' Quarterly meeting discussions.	Executive Director, DCA	Q12024 - ongoing	Completed																		
5.4.2	Start quarterly meetings with PAB and MBC.	Executive Director	O12024	In Progress																		
	Participate in CURES committee collaboration.	Executive Director, DOJ	Q2 2024	Completed																		
5.4.4	Explore quarterly meetings with other healing arts boards and bureaus	Executive Director, DCA	Q3 2024	Completed																		
5.5	Create a dedicated outreach position to improve outreach to the public.				I																	