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### **Elisa Chohan**

Elisa Chohan joined the SOLID team in 2013. Since then, Elisa has partnered with the Board of Registered Nursing, the Bureau of Real Estate Appraisers, the Cemetery and Funeral Bureau, the Court Reporters Board and the Structural Pest Control Board to develop their organization's strategic plans. Elisa came directly from the Bureau of Automotive Repair (BAR) Technical Training Unit. At BAR, Elisa was responsible for the implementation of new processes as well as the creation of new curricula with a focus on adult learning theory and collaborative learning strategies. Prior to starting her career in state service, Elisa was a high school teacher in the Sacramento area, where she worked to develop accreditation plans and process improvement measures to increase institutional efficiency. She has extensive experience with classroom management and developed strategies for behavioral and learning challenges. Elisa graduated from University of California, Davis with a B.A. in History and earned her Masters of Education degree in 2012 from Sacramento State University.

### **Brianna Miller**

Brianna joined the SOLID team in 2015. Brianna has worked for the Department of Consumer Affairs (DCA) since 2010, serving at the Board of Optometry, the Bureau of Automotive Repair (BAR) and, most recently, as the DCA's Policy Coordinator in the Division of Programs & Policy Review. In her role as Policy Coordinator, Brianna facilitated policy discussions in monthly Policy Review Committee meetings. Additionally, Brianna has drafted procedural guides and handbooks, and has led presentations for DCA staff and stakeholders. Brianna graduated from University of California, Davis with a B.A. in Psychology and is expecting to complete a Master's of Science degree in Industrial/Organizational Psychology in Summer 2015. Brianna brings graduate-level Organizational Development and Organizational Psychology knowledge in psychometrics, data analysis, needs assessments, job analyses and employee behavior to SOLID's clients.

### **Elizabeth Coronel**

Elizabeth joined Consumer Affairs in 2014 as an Enforcement Analyst at the Veterinary Medical Board (VMB) and moved to SOLID in 2016. Elizabeth improved VMB's Expert Witness Program by developing and executing Expert Witness Training, creating the Expert Witness Manual, and developing the Expert Witness Program's mission, vision, and values. Elizabeth graduated from CSU, Sacramento (CSUS) with a B.S. in Business Administration with concentrations in Entrepreneurship, General Management, and Marketing. Elizabeth assisted organizations with the development of strategic, marketing, and public relations plans. She conducted Strength, Weaknesses, Opportunities, and Threats analysis for multiple organizations through research, analysis, and evaluation of organizations, stakeholders, markets, and environments. Elizabeth was the Student Commencement Speaker for the CSUS College of Business Administration. Her speech "Make a Difference" was inspired by her aspiration to make a difference in business and the community through her values, skills, experience, and education.



## Board of Chiropractic Examiners Strategic Plan Schedule

Updated 6/27/16		Due Date
Preliminary	SOLID will meet with the BCE leadership to gather information about the BCE and to discuss the strategic planning process.	<b>April 13, 2016 Completed</b>
Determine stakeholders	BCE to determine stakeholders and obtain stakeholder email addresses for email distribution of survey(s). Recipient count provided to SOLID	<b>April 22, 2016 Completed</b>
Contact list	BCE to provide SOLID with a contact list of <u>Board member</u> names, numbers and email addresses	<b>April 22, 2016 Completed</b>
Approve Stakeholder Survey	SOLID will develop an online stakeholder survey as well as a staff survey. We will provide the survey draft as well as the survey announcement for your review by <b>April 29, 2016</b>	<b>Approved by May 2, 2016 Completed</b>
Board Member Email Invitation	SOLID will send an email invitation to each Board member to schedule the individual phone interviews.	<b>Week of May 2, 2016 Completed</b>
Survey Stakeholders	BCE to distribute to stakeholder by email. <i>*SOLID will use an online survey at <a href="http://surveymonkey.com">surveymonkey.com</a> to obtain input from your stakeholders.</i>	<b>May 3 -18, 2016 Completed</b>
BCE Staff Focus Group	SOLID will facilitate <b>4 hour meetings</b> with your staff and separately with management to strengths and challenges of the Board	<b>May 4, 2016 Completed</b>
EO & AEO & Mgt Focus Group	EO/AEO & Management Focus Group	<b>May 10, 2016 Completed</b>
Board Member Phone Interviews	SOLID will schedule individual phone interviews with Board members. These interviews are 45 minutes to 1 hour in length and will cover the climate of the industry as well as their views on the Board's strategic focus for the upcoming plan.	<b>May 16 – 27, 2016 Completed</b>
Compiled Results to Executive Officer for Review	Upon completion of interviews and surveys, SOLID will compile and analyze the data and produce a trends document to use with our presentation materials. This material will be sent to you for review and approval. The final trends document will be discussed during the planning session.  <b><i>Deliverable: Environmental Scan, A-level Priority worksheets</i></b>	<b>Draft: June 23, 2016 Final: June 30, 2016 Completed</b>
Pre-Session Meeting with Executive Director	This meeting, usually held at least 1 week before the planning session, is designed for the facilitator and Executive Officer to discuss the game plan and materials for the planning session.	<b>Week of July 18, 2016</b>
Strategic Planning Session	SOLID will facilitate the strategic plan development session with the Board. The workshop will review trends identified from the surveys, interviews, focus groups and establish a Vision, Mission, Values, Goals and Objectives for the new plan.	<b>July 28, 2016</b>
Update Strategic Plan	SOLID will use the information gathered at the planning session to create the BCE strategic plan. A comprehensive draft will be sent to you for review by the target due date.	<b>August 11, 2016</b>
Board adopts Strategic Plan	Strategic plan is approved by the Board.	<b>October 14, 2016</b>
Action Planning Session	After the Board approves strategic plan, SOLID will facilitate a meeting with the Board staff to create an action plan to guide completion of strategic objectives by establishing dates, major tasks, and assigning responsibility.	<b>TBD</b>

# STRATEGIC PLAN DEVELOPMENT ROADMAP

Average Time to Complete Each Phase



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# Board of Chiropractic Examiners 2016 Environmental Scan

Prepared by Elisa Chohan  
SOLID Planning Solutions  
Department of Consumer Affairs  
June 2016



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## Introduction

One of the first steps in developing a strategic plan is to conduct a scan and analysis of the environment in which an organization operates. This analysis allows us to take a look at the factors that can impact an organization's success. These factors are evaluated quantitatively (via survey data) and qualitatively (via comments provided in surveys and interviews).

This document provides a summary assessment of the environmental scan recently conducted by SOLID for the Board of Chiropractic Examiners (BCE or Board) beginning in May 2016. The purpose of this environmental scan is to provide a better understanding of thoughts and beliefs held by stakeholders, BCE Board members, and BCE staff and management about BCE's performance within the following units/goal areas:

- ◆ Licensing and Professional Qualifications
- ◆ Enforcement
- ◆ Laws and Regulations
- ◆ Organizational Effectiveness
- ◆ Public Relations and Outreach

This document outlines areas where stakeholders, BCE Board members, and BCE staff and management are in agreement and disagreement while providing additional insight to assist BCE to develop goals and objectives in the upcoming strategic plan.

Please review this information carefully in preparation for the upcoming strategic planning session. At the planning session, we will discuss and evaluate this information as a group to help identify new strategic objectives that BCE will focus on during the next strategic plan period.

If you have any questions about this report, please contact Elisa Chohan with SOLID at (916) 574-7763 or [Elisa.Chohan@dca.ca.gov](mailto:Elisa.Chohan@dca.ca.gov).

## Acronym Legend

ACT – Analyst Certification Training  
AEO – Assistant Executive Officer  
AG – Attorney General  
BCE – Board of Chiropractic Examiners  
CAS – Consumer Affairs System  
CCA – California Chiropractic Association  
CCE – Council on Chiropractic Education  
CCEI – The Councils on Chiropractic Education International  
CMCC – Canadian Memorial Chiropractic College  
CME – Continuing Medical Education  
CMS – Centers for Medicare and Medicaid Services  
DAG –Deputy Attorney General  
DC – Doctor of Chiropractic  
DO – Doctor of Osteopathic Medicine  
EHR – Electronic Health Record  
EO – Executive Officer  
GAGE –  
HIPPA – Health Insurance Portability and Accountability Act  
MD – Doctor of Medicine  
NBCE – National Board of Chiropractic Examiners  
PR – Public Relations  
PT – Physical Therapist NWHSH – North Western Health Sciences University  
RN – Registered Nurse



# Licensing and Professional Qualifications

*Ensure the continuous competency of all Doctors of Chiropractic by promoting licensing standards, professional conduct and requirements for continuing education.*

<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>BCE Staff</u>
Very effective	27%	57%	25%
Effective	63%	43%	75%
Poor	7%	0%	0%
Very poor	3%	0%	0%
Total	100%	100%	100%

## Licensing and Professional Qualifications Strengths

### General

In general, this goal area is meeting or exceeding expectations. Processing of applications, renewals and continuing education are done timely. Staff and processes are efficient.

### Continuing Education

The 24 hour requirement is seen as being sufficient. Stakeholders like that some of the hours can be completed through distance learning.

## Licensing and Professional Qualifications Weaknesses

### Continuing Education

Courses and providers are not adequately vetted to ensure quality. Regulations on continuing education are not clear.

### Limitations of the Practice Act

There is fear that opening the Practice Act would cause significant controversy. A lot of outreach and education would have to be done before opening the Act, including working with the legislature and the professional associations. The current Act has limitations that are preventing the profession from moving forward (i.e. reciprocity, international applicants, etc.)

### School Curriculum

The content of the education an applicant receives at a school of chiropractic medicine does not necessarily pair with the realities of practice. The level of prerequisites is not adequate for being a primary care physician.

**General**

Stakeholders would like to conduct more services online (renewals), which might reduce renewal processing times.

**Internal**

Staff would like to update some outdated forms, move to online services, update the database, and adjust the renewal process.

**Licensing and Professional Qualifications Opportunities**

*Please see appendix B on page 40 for comments.*

**Licensing and Professional Qualifications Threats**

*Please see appendix B on page 40 for comments.*

## Enforcement

*Enforce laws and regulations to ensure consumer protection.*

<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>BCE Staff</u>
Very effective	23%	43%	19%
Effective	61%	57%	81%
Poor	11%	0%	0%
Very poor	5%	0%	0%
Total	100%	100%	100%

### Enforcement Strengths

The process of investigating complaints and implementing discipline is seen as mostly fair and consistent. The processing of complaints and cases seems to be done in a timely manner. The Board's relationship with stakeholders that enables a timely case closure is a strength along with the staff who are experienced and knowledgeable in enforcement.

### Enforcement Weaknesses

The severity of discipline for offenses is seen as both too lenient and too lax. There is a consensus regarding a lack of resources and staff to fully meet the demands of a robust enforcement program and that the process can take too long.

Amongst stakeholders, there appears to be a misunderstanding of the role of the Board in promoting the profession rather than protecting consumers.

### Enforcement Opportunities

*Please see appendix B on page 40 for comments.*

### Enforcement Threats

*Please see appendix B on page 40 for comments.*

# Laws and Regulations

Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.

<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>BCE Staff</u>
Very effective	20%	29%	0%
Effective	59%	42%	63%
Poor	16%	29%	31%
Very poor	5%	0%	6%
Total	100%	100%	100%

## Laws and Regulations Strengths

### Relationships

The current Board seems to understand the regulations and the benefits and limitations of the Practice Act. Board members are engaged and interested in making positive changes to strengthen the laws and regulations and have made it a priority to do so. Stakeholders are more involved in laws and regulations than in the past.

### Internal

There is a good process in place for Board members to thoroughly analyze relevant legislation that might impact the profession or consumer protection. Staff does excellent job on thoroughly researching the laws that will affect the Board.

## Laws and Regulations Weaknesses

### General

There is a strong consensus that the Practice Act of 1922 is outdated and proves to be very limiting in expanding the Doctor of Chiropractic (DC) scope of practice.

Many agree that DCs have an opportunity to be primary healthcare physicians but are held back by the limitations of the Practice Act and an apathetic profession.

### Internal

There is a lack of staff available to complete the process of updating outdated regulations. This is because of the large quantity of regulations and staff being occupied by legislative mandates that take precedent.

While there is a process for Board members to prioritize, organize and track legislation, there is no such process for regulations, nor are staff included in identifying regulation changes.

### **Laws and Regulations Opportunities**

*Please see appendix B on page 40 for comments.*

### **Laws and Regulations Threats**

*Please see appendix B on page 40 for comments.*

# Organizational Effectiveness

*Efficiently utilize resources to meet goals and objectives.*

<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>BCE Staff</u>
Very effective	21%	57%	6%
Effective	47%	43%	75%
Poor	22%	0%	19%
Very poor	9%	0%	0%
Total	100%	100%	100%

## Organizational Effectiveness Strengths

The Executive Officer (EO) is doing a great job at managing limited resources, providing training, and developing staff. Staff is knowledgeable, experienced, and communicate very well with Board members. Overall, procedures are in place and being followed; as such, the Board is meeting or exceeding their goals.

## Organizational Effectiveness Weaknesses

There is room for improvement in terms of customer service and offering more services online. There is skepticism from stakeholders about the role DCA plays with the Board.

Staff would like additional training and more directives about Board priorities. Board members seek more communication in between Board meetings to serve as an update on events.

## Organizational Effectiveness Opportunities

*Please see appendix B on page 40 for comments.*

## Organizational Effectiveness Threats

*Please see appendix B on page 40 for comments.*

## Public Relations and Outreach

*Communicate with consumers, licensees, governmental entities and stakeholders about the current and evolving practice of chiropractic and the regulation of the profession.*

<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>BCE Staff</u>
Very effective	5%	14%	6%
Effective	34%	57%	57%
Poor	39%	29%	31%
Very poor	22%	0%	6%
Total	100%	100%	100%

### Public Relations and Outreach Strengths

There is consensus that the Board's Web site, email communication, publications, and social media presence have greatly improved. There is also agreement that the Board has engaged stakeholders more by alternating the location of meetings and building better relationships with them.

### Public Relations and Outreach Weaknesses

The general consensus is that the Board could do more outreach; many stakeholders noted that they did not even know that there was outreach occurring and the public does not have knowledge of the Board and/or profession.

Staff agree that there is a lack of resources in terms of outreach and that they are limited in what they can do.

Board members are aware that communicative relationships between the Board and associations, schools, stakeholders, and the legislature could be improved.

## **Public Relations and Outreach Opportunities**

*Please see appendix B on page 40 for comments.*

## **Public Relations and Outreach Threats**

*Please see appendix B on page 40 for comments.*



## Appendix A – Stakeholder Comments

This appendix contains the qualitative data relating to BCE’s strengths and weaknesses collected during the stakeholder survey, the staff and managers’ focus groups and Board member interviews.

*The comments in this appendix are shown as provided by participants. Comments that appear similar or on a specific topic have been organized into categories. The comments have not been edited for grammar or punctuation in order to preserve the accuracy, feeling and/or meaning the participant intended when providing the comment. Numbers in parentheses following a comment indicate the total number of individuals who made the same comment.*

## **Stakeholder: Licensing and Professional Qualifications Strengths**

### **Continuing Education**

1. Regarding CE, the 12 hours of classroom and 12 hours of distance learning requirements were appropriate. (5)
2. A broad spectrum of qualified CE instructors, seminars, and locations is offered, many at affordable prices (2)
3. The Board's responsibility is to be sure that the doctor is reminded of certain requirements, techniques, education and this is done well
4. Willingness to work with the providers and improve the system.
5. Great at CE
6. I like that CMEs now include multi-disciplinary education. I work in a hospital and feel the medical education I have access to should count for CMEs and now it does.

### **Requirements**

1. Enforcement of standards of care and taking complaints from the public seriously.
2. I have observed a general progress in science of Chiropractic over the years.
3. Utilizing CCE driven standards allows institutions to not have to re-create rigorous standards of their own.
4. They readily grant hours to programs sponsored by the chiropractic colleges. I teach for NWHHSU
5. I am glad the licensing requirements went up to ensure competence of practitioners
6. Using NBCE for licensing examinations.
7. Adequate

### **Board Members**

1. The people who serve on the Board is its strength and we are well served (2)
2. They have a good composition of clinicians it appears. I know several of them personally

### **General**

1. All good (2)
2. Re-licensing is relatively straight forward.
3. My experience with the board lies mainly in this category. In the sixteen years I have had to deal with the board in regard to this category they have been effective.
4. There are many steps to get your license.
5. Staff is knowledgeable and somewhat helpful in processing continuing education applications.
6. They now follow the rules per regulation

## **Staff: Licensing and Professional Qualifications Strengths**

### **Staff - Experience**

1. Knowledge/experienced staff (6)

### **Staff - Customer Service**

1. Good customer service with emails/phone calls returned timely (2)

### **Staff – General**

1. Adequate staff
2. Staff are cross trained within Licensing as well as other disciplines
3. Staff is flexible to changes we have to make to processes and changes
4. The new licensing analyst does an excellent job of holding down her position of all new licenses by herself. She is very thorough with each caller
5. Work as a team

### **Organized**

1. Organized
2. Procedure manuals exists

### **Adequate Requirements**

1. Initial licensure has consistency
2. Laws and regulations are clear for applicants in terms of licensure, not necessarily for continuing education
3. Professional qualifications are as they be based on school curriculum – they match up from what applicants take in school and what we ask of them to become licensed

### **Continuing Education**

1. Continuing education applications are timely approved/denied
2. Continuing education audits for compliance
3. Increased number of continued education hours to parallel similar boards

### **Timely Processing**

1. Timely processing for applications, renewals, no back logs (4)

### **Other**

1. Annual renewal as opposed to every 2 years
2. Outreach on Web site about licensure, renewals – we do the best that we can with the resources we have
3. Effective communication with DCA

## **Board Members: Licensing and Professional Qualifications Strengths**

### **Continuing Education**

1. In the process of changing CE process to better monitor CE classes and providers (4)
2. Hours of CE increased to 24 for re-licensing
3. Plenty of CE courses to choose from
4. Our staff is really strong in this area. They have a great process of how the CE applications come in and are processed – they are not delayed.

### **Application Processing**

1. Applicants are able to get their licenses, prompt service, process is consistent. Magnitude of number of licenses that they can process even though there are so many moving parts like fingerprinting (4)

### **Requirements**

1. Qualifications are up to par, meet standard given the education applicants receive

### **Improvement**

1. I feel like they (Licensing Unit) are continuing to move forward (2)

### **General**

1. Board is proactive and doing well (3)
2. I feel the committee results have been impressive.
3. Processes are good
4. People know what to expect
5. Ensuring our new licenses are well informed

## **Stakeholder: Licensing and Professional Qualifications Weaknesses**

### **Continuing Education**

1. Not accepting GAGE x-ray classes for continuing education credits.
2. CE subjects too restricted and complicated compared to other states.
3. Mandatory CE should include documentation
4. Qualifying CE seminars outside of the USA for CA practitioners, at world class institutions (i.e. CMCC in Toronto), would be advisable also. To see, learn, experience chiropractic education & collegial interaction outside of California/USA can enhance professional excellence.
5. The license seminars I attend are just repeats of the last ones I've attended. The attendees are board, sit in the back of the room, surf the internet, read the newspaper or sleep. It's just a marathon to acquire hours, not information of much usefulness. Seminars need more board oversight and better
6. Vetting of presenters. You might look at the Arizona model.
7. Lack of experience dealing with providers and lack of knowledge of the system.
8. Excessive. Particularly after 30 years in practice. The requirements are a little silly. Two hours of ethics and law? What's that about anyway?
9. As CMS constantly complains about the quality of chiropractic documentation, I think it would behoove the BCE to require improvement in this area
10. Some of the courses approved for continuing education by the Board are neither appropriate nor relevant to insuring the standards of the profession.
11. The application process for continuing education course approval is frustrating and confusing. Many college CE departments complain about this.

### **Education/School Curriculum**

1. There is a need to increase educational prerequisites and expand the current curriculum to reflect contemporary basic sciences, applied practices and procedures at laboratory and clinical reflecting a reasonable expectation of such changes for consumer protection
2. The people who have lost their licenses in my opinion should have never gotten their licenses to begin with. This could be at the school level as they let people through they know will be an issue later. It is business for them. So I am not sure what the solution would be for this.
3. We are also not looked upon very highly from other professions. Again, not sure how to change that. It may be a political association issue. I am not sure if this is the job of the Board.
4. Some schools do not educate the students in the realities of practice and in the proper diagnostic protocol for some conditions. The students then take "board Review" classes to pass the board exams which in my opinion should be outlawed.
5. The profession itself hampers growth as does the current education system with overemphasis on tuition as a driving force for the colleges' funding.
6. Our licensing standards only bolster our impotent educational competency standards. Continuing to license mediocre practitioners puts the public at risk.

7. They focus on medical curriculum that is rarely used within a clinical setting.
8. Utilizing CCE driven standards creates an over emphasis on medical procedures and has weakened the profession through a lack of acknowledgement of few clinical standards for the actual Art of Chiropractic as it relates to correction of structural spinal misalignment identification and correction.
9. They do not evaluate those skills used every day in a chiropractic office setting. They spend far too much time evaluating skills and knowledge that is rarely applicable or never used in an actual chiropractic clinical setting

### **Renewals**

1. Timeliness of renewal notices and turnover
2. Late mailing of license renewal EVERY year. I have a license in the state of Iowa and they send you an email to renew and you do it online. Very easy and efficient.
3. The renewal process should have some sort of testing at the end of the training to ensure that the doctor actually paid attention and did not read the newspaper while training took place

### **Communication**

1. Contacting doctors via mail does not always work and should also reach out by calling.
2. Poor communication by Board and staff.

### **Lack of Online Services**

1. Need to be able to pay and renew license online!! It takes a lot of time renewing license and satellite offices by paper each year. Could be done much easier and more efficiently online.
2. I feel we are way past "snail mail" and we should be able to process our transactions online. I feel the board is very weak in this regard.

### **Other**

1. It appears that there has been a general drift towards the business of health care ranking more important than quality and value for consumers.
2. Listening to the insurance companies
3. Perhaps in the area of Reciprocity with other states.
4. The "system" takes time ... Not a weakness of the Board, just the way it is.
5. Poor scope protection; weak support for the consumers protection as the scope has been impacted by reforms the weak board will not stand up to; 24 visit cap and 6 years later we have a workers comp opiate problem. Go figure

## **Staff: Licensing and Professional Qualifications Weaknesses**

### **Continuing Education**

1. The CE provider classes need to be audited
2. CE regulations are not clear
3. CE regulations need restructure
4. Lack of cross training in the area of Continued Education (CE)

### **Database**

1. We need a better database to house license information
2. Outdated database
3. Scanning license documents is a labor intensive and slow. Backlogs result in inaccurate info or delays obtaining info

### **Forms**

1. Forms need to be changed (they are outdated)

### **Lack of Online Services**

1. Don't have ability to take credit cards or online payments.
2. Not enough staff to effectively assist Doctors in a timely manner. No up-to-date technology to assist the Doctors 100% or make the staff 100% effective
3. Cannot accept online payment
4. Cannot process apps online or accept credit card payments

### **Lack of Updated Manuals**

1. Desk procedures manual outdated for many tasks

### **Renewal Process**

1. Be able to make changes to the renewal process that works better for the DC's.

## **Board Members: Licensing and Professional Qualifications Weaknesses**

### **Continuing Education**

1. Minimal screening of Continuing Education providers and courses is done right now because lack of personnel and limitations of laws
2. We need to tighten up the CE providers, to ensure we have qualified providers, even though there are limitations (4)
3. We need to develop some mechanism to examine continuing education courses

### **Limitations of the Practice Act**

1. Act voted on in 1922 – would have to be opened up and voted upon again. There is fear that opening the Act would cause a lot of controversy. A lot of outreach and education would have to be done before opening the Act, including working with the legislature and the professional associations (3)

2. Reciprocity is not allowed because there is no limited use license
3. International applicants/internationally educated applicants – we don't have process to address this

### **Education Requirements**

1. Existing regulations around Chiropractic colleges in California are grossly outdated. They do not take into account for distance learning etc. When you can't update regulations we have to be able to create language that allows educational institutions to deliver content that fits proper criteria that is consistent with modern education practices.

### **Stakeholder: Enforcement Strengths**

#### **Fairness**

1. The people I have seen that have lost their license seems pretty reasonable.
2. Uses independent DC's to evaluate actions or complaints about other DC's
3. I was a professional mentor to someone whose license was suspended and he needed to have someone work with him during that period to review his charts and billing. I thought it was a good way to handle re-integration into the profession.
4. I believe that the blatant criminal intent is being more effectively managed.
5. Communicates with the DC's as to what is legal vs. illegal. The Board investigates, as it should
6. The board, by the number of published investigations on its Web site, has been busy. So, if we judge effectiveness by number of investigations and action taken, you have met your mandate.
7. They have a good clinical background upon which to make judgments

#### **Investigative Process**

1. The board's actions, as reflected by its minutes of activity, appear consistent with the powers assigned.
2. They see cases to completion
3. Aware of the Board's investigating complaints about "improper" treatment, etc.
4. Internal investigations and the investigative process appear to be very well handled.
5. The board follows up on complaints.
6. The Board takes appropriate measures using the peer review process when a complaint is made against a licensee.
7. It expedites the removal of unprofessional conduct and practices.

#### **General**

1. The board is very thorough.
2. Well organized.
3. I only had to deal with the board once in this regard. In that experience, it was dealt with quickly and efficiently.
4. Good investigators; competent staff (2)



## **Staff: Enforcement Strengths**

### **Staff – General and Experience and Knowledge**

1. Field investigation unit (because they have one with staff of 3 for all CA)
2. Staff are cross-trained within Enforcement
3. Customer service is good.
4. Experience and knowledge of the process is strong due to the staff's longevity with the Board (4)

### **Timely Processing**

1. Quick processing times – meeting or exceeding DCA suggested processing times (6)

### **Adequate Process**

1. Case assignment consistency for repeat offenders (routed to original investigator) for historical knowledge of case
2. There is at least a process in place to discipline Doctors if caught of any wrong doing
3. Compliance staff maintains consistency on enforcement regulations
4. Good working manuals

### **Communication (Internal and External)**

1. Effective communication with public (calls, outbound communication)
2. Communication throughout the complaint process (complainant filing)
3. Able to assist bilingual consumers
4. Communicate effectively with enforcement attorneys & other agencies (e.g. DOI)

### **Relationship with Attorney General's Office**

1. Expertise of DAGs – particularly BCE's assigned DAG. He is great
2. AG's office is a great collaborator. Staff there are very helpful

### **Other**

1. Our leadership, as provided by the EO, AEO and Board members.
2. Organized
3. Staff are conducting continuing education audits

## **Board Members: Enforcement Strengths**

### **General**

1. The Board is doing a good job in the area of Enforcement (9)
2. Internal communication between Board members and staff and EO and Enforcement committee
3. Forward thinking – initiate regulations
4. Discipline given is consistent, fair and appropriate

### **Processing**

1. Timeframes for case closures is good and there is no backlog (4)

### **Process**

1. Process is working really well

### **Staff**

1. Staff is doing a very good job in the evaluation of the complaints coming in, doing it promptly (5)
2. EO is doing a great job (2)

## **Stakeholder: Enforcement Weaknesses**

### **Enforcement Not Tough Enough**

1. Even the most evidence-informed doctors get away with significant ethical breaches. Advertising, billing, coding, philosophy and application irregularities abound. (3)
2. Everybody does some sort of manipulation without any fear of reprisal.
3. No accountability to a reporting party to explain the board's lack of action for an admitted infraction.
4. Part of the process of license renewal should include example of what constitutes unprofessional conduct by example of what has actually taken place.
5. People practicing openly in California with expired licenses.

### **Enforcement Is Too Strict**

1. Some judgment of what is classified as an infraction is broad. A crime not involving patients or anything to do with being a health professional is dragged into the Board's jurisdiction. And as if punishment from the Fed's is not enough, here comes the Board to make sure you stay down.
2. Some of the penalties to the Doctors seem excessive when compared to other professions.
3. Maybe should be easier on some Doctors for their discretions
4. To overreaching
5. Sometimes they go after DC's who are not guilty of anything. Some of the BCE experts are the typical insurance doctors and say anything the BCE staff or DAG wants to hear.

### **Not Enough Staff and Resources**

1. I just believe there is not enough money for the board to effectively do all it needs to do. Because there is not enough money there is not enough manpower.
2. The board unfortunately has to spend time and resources to validate every complaint issued, specifically nuisance complaints that have no merit; chiropractors are not able to file complaints about other chiropractors that may be acting unethically.
3. Perhaps sometimes they don't or can't get all the evidence

### **Fairness**

1. In the past they have relied on parties with conflicts of interest from the insurance industry to prosecute
2. Using the AG's office to go after DCs as they appear only to want to get a notch on their gun.
3. It should be justice first then the legalities.
4. Listening and acting on your "experts" and not the doctors practicing real chiropractic
5. Does not seek input from licensee
6. Arbitrary and unreasonable in dealing with licensees.

### **Long Process**

1. Perhaps periods of suspension of licensees may coincide with reasonable periods of investigation to assure effort on both the board's and licensee motivation to expedite the process.
2. Process is lengthy

### **Other**

1. Are there diversion programs? Other professions seem to go to great length to rehab and return their license holders to practice. It seems a shame not to try. Becoming a DC is long, arduous and expensive.
2. The Board does not attempt to PROTECT the profession itself (an obvious necessity) from infiltration by non-chiropractic procedures. Example - selling of untested and possibly fallacious products, services, and the claims that come with such.
3. I think the only weakness that you have is based on what the law will allow you to do. There are certain rules that have to be followed based on law.
4. I observe that there are still too many practitioners that place personal gain above best choices for the consumer. I would like to see more altruism in the field.
5. Piggyback with Fed's to clean up the profession

## **Staff: Enforcement Weaknesses**

### **Vague Scope of Practice**

1. Scope of practice is vague. Difficult to process violations if law is not clear (3)
2. Staff struggles with inquiries from licensees and consumers regarding clarification of the scope – unsure we can offer legal opinions

### **Staffing and Resources**

1. There is not enough staff in the enforcement division to respond in a timely manner to complaints or investigate Doctors. There are only 3 investigators for the entire state of California. I do not think that is enough to effectively investigate or discipline the Doctors (3)
2. Boards investigators are not sworn – limits their resource in some instances
3. Complaint driven process - not enough resources to proactively enforce laws and regulations

### **Lack of Procedures**

1. Need a consistent procedure for Petition for Reconsideration.

## **Board Members: Enforcement Weaknesses**

### **Understaffed**

1. Some personnel openings that need to be filled
2. A bit understaffed
3. Could use more investigators in the field to do more probation check ins

### **Regulation Needs**

1. Pastoral Medicine – doctors who have lost their license and are practicing under the pastoral medicine scope. They are under religious exception. Also, licensees are practicing out of their scope of practice
2. Chiropractic specialties in advertising. There is no oversight over the Chiropractic specialties to ensure a certain level of practice. BCE needs some sort of guidelines for specializations

### **Disciplinary Guidelines**

1. Our Disciplinary Guidelines need to be revised updated

### **Limitations of the Practice Act**

1. Limited by the Practice Act – can't promulgate more contemporary regulations

## **Stakeholder: Laws and Regulations Strengths**

### **General**

1. The board has made sure that the mandates meet the mission of the board.
2. We appear to be more homogeneous.
3. Laws and Regulations are the Boards prime responsibility and they are doing a good job of protecting the public and investigating complaints.
4. The Director and staff appear to ensure that we follow the laws and regulations, tough as that may be at times
5. Most of the laws are very good in protecting the public.
6. The current board seems to understand the regulation and the benefits and limitations of the Act.
7. The Board reviews and provides opinion and regulation of such.
8. Dealt with expeditiously.

### **Communication**

1. Communication from the Board regarding Regulations and Laws governing the profession.
2. It is all about communication. Let the DC's know periodically of the issues that seem to be looked at

## **Staff: Laws and Regulations Strengths**

### **Increased involvement From Staff and Board Members**

1. New ideas [feedback] are coming forward (board and staff) (2)
2. Board members and staff follow legislation closely and are engaged in legislative process
3. Engaged Board members who are interested in making positive changes to strengthen the laws and regulations
4. Government Affairs Committee is very engaged and establishing relationships with legislators and legislator staff
5. Legislative Bill Tracking Manual = guide for Board members and staff on processing, tracking and taking positions on bills

### **Consumer Protection**

1. Ensure licensees are in compliance with chiropractic law
2. Provide direction; guidance to consumers and chiropractors
3. Board members try to change laws and regulations
4. Once the regulations are completed, they are effective
5. The Board makes it a priority to strengthen laws and regulations

### **Board Seeking Involvement From Stakeholders**

1. Stakeholders are more involved in laws and regulations than in the past
2. Staff attend more meetings (staff attending more roundtable)
3. The Board is protecting the consumers (seeking comments from the public/focus groups)

### **Continuous Improvement**

1. Policies are reviewed often
2. Continuous efforts to update laws and regulations (2)

### **Staff Experience**

1. Staff experience (EO, AEO, licensing manager and legislative/regulations analyst) are a great team and collectively have a lot of experience/institutional knowledge (3)

## **Board Members: Laws and Regulations Strengths**

### **Regulation/Legislation Review Process**

1. Strong review process of legislation
2. Any kinds of laws or legislative mandates we review, analyze information. Sometimes we take a position on it, sometimes we testify etc.
3. Good process in place to thoroughly analyze any legislative business that might impact the profession or consumer protection
4. An enormous strength we have is the legislative tracking manual. Before that we did not have a method for reviewing and vetting bills. DCA now looks at this as a best practice, and has reached out to us to share it. We have clear defining descriptions; the board members know why we are taking what stance.

### **Board Meeting Mandates**

1. Dealing well with legislative mandates that we comply with
2. A lot of legislative mandates, which has been overwhelming with current workload

### **Staff**

1. Marcus (staff member) does a great job
2. Staff has done excellent job on researching the laws that will affect the Board, they do a thorough job

### **General**

1. Staying aggressive with what is going on in profession
2. Recent committee meeting about Chiropractors doing physicals for high schools. Dr. Azzolino did a great job addressing the committee.
3. The committee is very strong, stay on top of things
4. Everyone is doing well

## **Stakeholder: Laws and Regulations Weaknesses**

### **Regulations Need Updating**

1. I know this is hard to change but in California we are using regulations (not sure if that is the correct word) from 1922. Things have changed and we need to as well. I understand changing that is a long hard process but we need to start looking at that. It is almost 100 years old. The research has far out grown this. I think it is important for our laws and standards to update in order for our profession to grow and quite frankly stay alive. (4)
2. Some areas are vague, such as record keeping, but this is a problem of the profession as a whole and not limited to the Board.
3. Regulations are arbitrary, not uniform, and not standard compared with other states.
4. I could question the informed consent policy as an example. What does that really accomplish? At best, it accomplishes a medicom of discussion regarding the therapeutic contract.
5. I question the need for re-instating the CPR requirement. None of the other boards have done so. Why not make it optional and give CE credit for certification? (2)

### **Communication**

1. Communication could be better - perhaps an updated email list (or requiring email upon license renewal) for regulatory and current policy etc. updates, not just meeting notices
2. Communication
3. Perhaps the board time could be better spent reaching out to the license holders and not be seen as only an enforcer of rules and statutes.
4. All in all I think the board is following its mandate it's just making it a little more human and put a face to it.
5. Could communicate with doctors on a more regular basis

### **Scope of Practice**

1. We need to expand our scope of practice and it would be helpful if the board was leading the way (2)
2. The Board, to date, has not attempted to direct matters to other Boards for attention. i.e. practicing outside THEIR scope and into ours.
3. There have been continual attempts via regulatory provisions to undermine the scope of practice, as spelled out in the California Constitution.

### **Lack of Staff**

1. Appears they could use more help (staff)
2. Not sufficiently staffed to undertake everything that needs to be done.

### **Representation**

1. The only people the "board" is helping is the insurance companies and the medical profession



2. Most board members are too beholding to the governor in power
3. The "board" is only protecting themselves and their own interests

### **Staff: Laws and Regulations Weaknesses**

#### **Quantity of Regulations needing Updating**

1. There are too many regulation packages that have been prioritized by the Board members
2. Board members are very engaged in leg/reg process and continually add to rulemaking backlog
3. We have way too many new regulations that need to be processed. We need about 2 more staff in the leg unit. (3)
4. The regulations and ACT are too old.
5. The processing time is too long.
6. Legislative mandates take precedent over internal rulemaking creating a backlog

#### **The Practice Act Limitations**

1. The Board is resists updating the initiative Act to allow changes to Scope of Practice – too costly and time consuming (4)

#### **Vague Practice Act**

1. Regulations are too old; vague; unclear; need revision; should be more reader-user friendly (2)
2. Provisions are outdated and holding the board and profession back

#### **Time Consuming**

1. Regulation process is very cumbersome (2)

#### **Lack of Input from Staff Regarding Changes to Regulations**

1. Staff are not involved in the regulation change process to allow input. I.e. those staff who deal with application forms should be consulted with when deciding how the form should be modified

## **Board Members: Laws and Regulations Weaknesses**

### **Profession is Apathetic**

1. Apathy of chiropractors throughout the state. Only 20% belong to the professional organizations
2. Need to unite as a profession to make significant changes
3. Lack of energy in the profession

### **Lack of Process to Organize Regulation Needs**

1. Part of it to identify regulations that need to be changed –we do not have a robust process for this and we could /should consider developing something like this (Legislative tracking Manual) on the regulation side. The only challenge is that it is not as time sensitive.
2. We have several pieces of potential regulations that are stalled for various reasons. We went through a priority process last year. We have a process for working them
3. The Legislative and regulations priority list needs to be re-evaluated and then reviewed at each Board meeting

### **Inundated With Mandates**

1. Inundated with non-BCE related mandates which has tied up staff and preventing staff from promulgating other regulations
2. Legislative mandates are taking precedent over Board related regulations that are necessary
3. Legislative mandates have hindered the progress of the Board being able to promulgate relevant regulations

### **Role of DC in Healthcare**

1. Only way to change perception about chiropractors not being qualified to conduct physicals is through legislation
2. It is the Board's and chiropractor profession need to educate the public and the legislator about the role and qualifications of chiropractors

### **Limitations of the Practice Act**

1. Limited by the Practice Act – can't promulgate more contemporary regulations

### **Other**

1. Process is so long
2. Need more frequent updates to the Board members about progress of regulation packages

## **Stakeholder: Organizational Effectiveness Strengths**

### **General**

1. As far as I can tell the Board is organized effectively.
2. The Board answers the phone and is often very helpful
3. Acceptable accessibility for doctors.
4. Improving all the time.
5. Well detailed and transparent.
6. Genie is helpful and answers questions in a timely manner.

## **Staff: Organizational Effectiveness Strengths**

### **Management**

1. We have regular staff meetings
2. The EO does an excellent job with his effectiveness of administration.
3. We have engaged board members
4. Knowledgeable managers
5. Engaged and cohesive management team

### **IT Resources**

1. CAS (Consumer Affairs System for licensing and enforcement)
2. Outlook
3. Internet (access to information on Web site)

### **Staff**

1. A knowledgeable staff
2. Institutional knowledge
3. Staff experience (particularly the managers and policy analyst)
4. With added encouragement, staff can be effective

### **Training and Development**

1. There are opportunities for training
2. Most of the staff has been cross-trained
3. Staff is encouraged to participate in upward mobility (e.g. ACT program through DCA's SOLID Training unit is recommended)

### **Meeting Goals**

1. Meeting deadlines despite understaffing (short 2 staff in Enforcement)
2. Continually finding ways to make sure goals and objectives are met
3. We are operating within our budgetary means

### **Procedures**

1. Updated manuals and guidelines (2)

## **Board Members: Organizational Effectiveness Strengths**

### **Staff**

1. We have a seasoned EO who is capable and competent and seasoned and is a great manager. Knows how to communicate with internal staff as well as Board members (7)
2. Staff is great

### **Board member onboarding**

1. We started a bunch of new things when new Board members come on Board – like a mentoring program – increased communication, get acquainted with the Board

### **Communication (staff to Board members)**

1. Responsive to Board members (BMs) needs and questions
2. Work well together
3. Board staff does a great job in working with Board members, they work well together
4. Admin does an excellent job researching legislation and disseminating information

### **Environment**

1. Healthy working environment
2. Leadership opportunities are provided
3. People are promoted
4. Succession planning is considered and steps are being taken

### **General**

1. Doing a great job
2. No problems
3. We are doing well

### **Relationships with other Boards**

1. Outreach to other Boards to make sure we are represented at other Board meetings
2. Being a frontrunner at other meetings – set us above

### **Resources**

1. Staff resourced appropriately
2. Staff does an excellent job managing resources.
3. Addition of AEO position – enhance the effectiveness of managing Board staff and Board's mission

## Stakeholder: Organizational Effectiveness Weaknesses

### Customer Service

1. The board is a control agency: it does not provide customer service.
2. I can never get ahold of a live person when I call. I always have to leave a message. I may or may not get a call back.
3. Late mailing of license renewals.
4. Advertisement, or getting the information to the appropriate people
5. Customer service is inadequate. Correspondence is not answered. Outrageous errors on Board Web site.
6. The Board rarely responds promptly to information requests. Furthermore, certain administrators at the Board are actively hostile to the profession.

### Role of the Department of Consumer Affairs

1. Under the DCA it is one size fits all.
2. The DCA is influenced too much by the medical board.
3. I believe that the Board is hampered by the distances that members must travel to get to the meetings, the politics of the current Government Assembly and Senate, the illegal secure of our Board and placing it under the umbrella of "The Board of Consumer Affairs". The prejudice of the Assembly and Senate, the staff appointed by the Governor and the Boards inability to effectively go to the people for remedy.
4. This is hard to answer because the board does not publicize what it does or when it does. It's by board subscription. Its' activities should go to all license holders, this is what nursing, dental and MBC. Does. Also I'm not sure how well its working to be back under DCA. In the past it didn't work so well; we are supposed to be separate and distinct.

### Online Services

1. The few times I've needed to call by phone for professional guidance/assistance, I was told by the female(s) answering the phone to check the website to obtain the necessary information - as though I was taking up their valuable time. I am an older/old-school professional and if I wanted to check the Web site - would have done so in the first place. However, I prefer to speak with people directly and obtain clarification as needed, but the negative/dismissive attitude I've received on multiple occasions when calling the Board makes me wonder why we are paying people to answer the phone when they just direct me to the Web site. Terrible customer service and I hope not to need to call again for a long time to come!
2. Don't require everything to be mailed, allow for email of documents. If I want to change my address for my license, why should I have to mail in a hard copy when I can instantly send an email?

## **Staff: Organizational Effectiveness Weaknesses**

### **Workload Issues**

1. Need to have duty statements reviewed/revised. (We need all tasks captured that have not been listed)
2. Staff training for staff movement takes time, takes away from processing (cross training)
3. DCA/Agency directives also contribute to workload and confusion
4. Lack of time to focus on internal weaknesses due to competing outside priorities
5. Public records requests lack procedures and are time consuming

### **Need for Training**

1. Need more cross training between staff in licensing & enforcement units.
2. Staff customer service
3. Staff writing skills

### **Communication (between management and staff and between staff)**

1. Lack of communication with Executive Officer, managers and staff (not enough email communication or upcoming information shared regularly) e.g. regulations coming out.
2. There are many changes that need to be made to run the staff better i.e. communication within. There are many changes that need to be made within customer service to serve the external customers better like taking credit cards, update the voicemail system and update the renewal forms.
3. I believe complainants should be contacted bi-monthly to advise on the progress of their complaint.

### **Other**

1. Need to move to bigger space (parking is terrible, problems with this building).
2. No ability to accept license renewal payments, etc. online. No ability to provide public records online for consumers.
3. There is a potential loss of knowledge when staff retire in the next few years

## **Board Members: Organizational Effectiveness Weaknesses**

### **Communication (Board member to Board member and Board members and EO)**

1. Communication between leadership, committee chairs, chair of Board – we can't discuss business in open setting (Open meeting Act limitations). Sometimes we don't know what the Chair is doing – we didn't know until we meet at Board meeting, once a quarter. So months could have passed. Need an update that notes significant events in between Board meetings (5)
2. EO doesn't always communicate what meetings he is taking and testifying on etc.

### **Culture/Training**

1. I would like to see them have some leadership training, how do they engage people, how do they motivate others. Help people develop leadership styles
2. One of the things I would love for them to consider is culture (team) building – like a retreat.

### **Board Member Onboarding**

1. Could onboard Board members more successfully – living list of regulations and the progress it has, historical list of what regulations have been talked about and more importantly what new regulations have passed, regulations that have amended and why and then new BMs could access list and they would be brought up to speed on what is happening

### **Lack of Online Services**

1. Not being able to take credit cards for payment

### **Understaffed**

1. There are a few staff openings that need to be filled

## **Stakeholder: Public Relations and Outreach Strengths**

### **Web Site**

1. The Web site has been insurmountable. All of my questions to date have been answered through the Web site. (4)

### **Email**

1. Email communication has improved greatly in the last 2-3 years. This communication to field doctors is very helpful. (3)

### **Improvements**

1. The board has improved greatly in communicating with the profession under this current board (2)

### **General**

1. This is a small profession; the outreach can only be so much.
2. Improved communication with the legislators and the Governor's office.
3. Keeps government informed pretty well.

## **Staff: Public Relations and Outreach Strengths**

### **Web Site and Social Media**

1. BCE Web site is updated (5)
2. Enhanced web site and enhanced email blasts (meeting notices, announcements)
3. Implemented social media (Facebook (215 followers) and Twitter (75 follower)) – blasts at least once a week (4)
4. The email [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov) is a great way of communicating with licensees and the public. Responses are prompt.
5. The Board's committees do a great job.

### **Publications**

1. Newsletters (5) e.g. Licensing/Enforcement information and Board member updates or new regulations upcoming.
2. New publications (pamphlets and brochures)
3. Consumer publications – pamphlets are offered in other languages

### **Increased Engagement with Stakeholders**

1. Increased engagement with outside stakeholders
2. Increased transparency for public (webcasting; mailing lists; BCE newsletters)
3. Email blasts



### **Continuous Improvement**

1. Provide direction and guidance to consumers and chiropractors
2. Sent a board member to the national association meeting this last year
3. Staff and Board members continue to brainstorm ways to engage consumers and licensees

### **Relationships**

1. Staff have built relationships with the legislature, their staff and with DCA
2. Manage a good rapport with professional associations

### **Meetings**

1. Hold public meetings (Board & Committee meetings) to allow public to voice their opinion.
2. Committee meetings

### **Chiropractic Information Email Address**

1. Chiropractic Information (email address for asking questions that can be addressed via our Web site e.g. contact us it is available)
2. Chiropractic Information (email inbox) responses are within 8 hours (within the day received)

## **Board Members: Public Relations and Outreach Strengths**

### **Improvement**

1. Social media has been improved
2. Public relations is much better than 4 years ago (5)
3. We are reaching out more, need to continue to reach out, especially to profession organizations. It is partly our responsibility to wake associations up a bit

### **Meeting Locations**

1. The board has a good job of scheduling our meeting throughout the state. We have held meetings at the college campuses and if we get the word out we can get more attendance (2)

### **Outreach to Stakeholders**

1. Tried to connect with local and state organizations – need to be more present
2. We have great outreach with legislators, we started a yearly (November) briefing of chiropractic profession with legislators and their committees
3. Trying to communicate with other boards and state associations
4. EO is attending the EO Roundtable put on by DCA/SOLID

### **Social Media**

1. Social media platform – created it and just need to build on it (2)

## **Pamphlets**

1. Re-did the brochure for public and licensees

## **Stakeholder: Public Relations and Outreach Weaknesses**

### **Relationship with the Legislature**

1. Better communication with the Governor's office and legislators is needed (2)
2. I believe that our Board cannot have responsible PR and Outreach because of Politics by the Governor, the Legislature and their assigned minions (Lawyers, Secretary, and others) who hamper our Board. We also have hampered by our Professional Associations, and their diverse professional ideology.

### **Lack of Outreach**

1. I am not aware of any outreach by the Board to the public that enhances the public's confidence in the profession. (10)

### **Current Efforts are not Enough**

1. Information through the internet is not enough!
2. I receive emails about scheduled meetings-but do not have information of the discussions that occurred during the meeting.
3. The reason I have given a poor rating is that when compared to other boards we seldom or ever see any news releases from the board about how they are protecting the public and the advances that chiropractic had made in health care. The other boards, i.e. nursing and medicine and dental seem to come up with ways to plug their professions and how they serve the public.
4. The emails I receive from the Board provide NO information other than date and time. I am redirected to some entry on the internet. A total waste of my time.
5. I think the board has done some outreach with its Web site and email subscriptions to licensure members who subscribe. It should go to all license DCs especially if you want more involvement form the license holders you also serve.

### **Lack of Public Knowledge about Profession**

1. There is little to no education to the public of our abilities and competencies. We should be seen as equal to MDs minus medications and surgery, but we are still not viewed positively by most of the public. The board should take more pro-active actions to alleviate this problem.
2. The public still does not understand what we do; we have lost ground in every battle I can remember - workers comp, vaccination, insurance participation, HMO control and domination over insurance and restrictive chiropractic coverage, etc.
3. We need to expand our scope and let the public know we are primary care physicians.
4. The public still does not have a majority favorable view of chiropractors.

## **Miscellaneous**

1. Prior issues and problem still carry a cloud over the Board
2. The "Board" feels they need to protect the consumer and not the chiropractor or our profession
3. We as a profession seem to be constantly losing standing with other organizations and insurance privileges, Medicare, medical etc.

## **Suggestions**

1. How can the board if it chooses to, become more actively involved with the profession? How about board members showing up at CE classes and giving a short report on board activities and getting feedback from the license holders. Let's make this work for the betterment of all concerned.
2. This may be a problem at the school level to make sure doctors know they can go to meetings. Maybe in our renewals having more information about signing up through email to keep up to date. I don't think it is the board's problem if people are inherently lazy.
3. Part of the re-licensure process could be the allowance of CE hours for attendance of a board meeting either in person or on simulcast online.

## **Staff: Public Relations and Outreach Weaknesses**

### **Lack of Resources**

1. We lack the expertise on how to engage stakeholders/consumers
2. Not enough resources
3. Focus on PR/outreach distracts from the core responsibilities
4. DCA does not assist on coordinating outreach efforts

### **Lack of In-person Outreach**

1. We need some Board staff to attend some public events sharing information about our Board (2)

### **Public Knowledge of Profession and Web site**

1. Many do not know the various ways chiropractic care can be used in preventative healthcare.
2. Lack of confidence in chiropractic care. There is a perception that chiropractors are "only good for back cracking."
3. Not enough external customers know we have a Web site or are encouraged to do a lot of research on the Web site before calling in.

### **Other**

1. Apathetic profession
2. Board members set outreach as a high priority

## **Board Members: Public Relations and Outreach Weaknesses**

### **Profession is Apathetic**

1. Apathy within the chiropractic community from participating to revising professional exams for instance
2. If you are an informed chiropractor and unwilling to contribute then there is something wrong with the process - there is a disconnect

### **Relationships (Board and associations)**

1. There are more opportunities to work with associations to reach their members regarding Board specific information. (to be clear, I am not saying that the Board should collaborate with the association but we would like to get Board specific information to their members) They could Invite board members to speak at the meetings, or Add alerts on the Board activities on their Web sites
2. Engaging profession associations more – it is difficult to do and don't know how to motivate them
3. More licensees are more involved with the organization rather than the Board – need to collaborate with the associations
4. Proactive with reaching out to the associations
5. While our mandate is not outreach and dealing with informing legislature – we cannot wait for associations to do that work for us

### **Relationships (Board and legislature)**

1. Need to communicate with legislators on what the Chiropractic profession does – need plan on how to accomplish this
2. Relationship with the legislature is not great – they do not have respect for qualifications of profession
3. Legislature does not respect the Board's authority because the Board does not interact with the Legislature at all historically, the associations have not lobbied for the profession

### **Relationships (Board and schools)**

1. Disconnect between the Board and the schools
2. Need more oversight with the schools, not sure what we can do
3. Need metrics to measure schools (Robert would say that is not BCE's job, but the Councils job)

### **Public Awareness of Board and Profession**

1. Need to be better communicating at what we need to do on opiate abuse – educate people on how chiropractic medicine can help with pain management without meds
2. More needs to be done about awareness of the Board and what the profession does
3. Need to do a better job educating consumers and legislator about what chiropractors do

4. Need to put more positive information out to the public – need positive PR to let public know what we do and how qualified we are

#### **Communication (Board with stakeholders)**

1. Could reach out to newly graduated to make them aware of the Board – new grads package
2. Improve communication with stakeholders

#### **Social Media**

1. SOLID needs to develop a very robust training program on Social media and use of social media to reach stakeholders. Most board members do not understand how to use social media to reach consumers. I teach social media advocacy - entailed how to bridge the gap. It's a huge missing link for boards, and DCA and SOLID. How to direct boards and staff to do outreach across social media.
2. We have not met goal on social media goals – we lack training on it

#### **Other**

1. The challenge we have are travel limitations
2. Staff have multiple hats and responsibilities so it makes it tough to do as much as we want to do in terms of outreach
3. The board tries to connect and send pleas though social media – the board is not required to capture email addresses - (this is an opportunity for us is to change regulations that would allow us to get / require us get email address)

## Appendix B – Opportunities and Threats

There are many factors that may impact the future direction of the chiropractic profession. These opportunities and/or threats may be areas which BCE would like to capitalize on (opportunities) or mitigate (threats).

External stakeholders, Board members and staff were asked to list potential opportunities and threats external to BCE that they felt could impact the profession and BCE's regulatory role.

This appendix contains the qualitative data relating to BCE's opportunities and threats collected during the stakeholder survey, the staff and managers focus groups and Board member interviews.

*The comments in this appendix are shown as provided by participants. Comments that appear similar or on a specific topic have been organized into categories. The comments have not been edited for grammar or punctuation in order to preserve the accuracy, feeling and/or meaning the participant intended when providing the comment.*

# Education Requirements

## Stakeholders:

### Continuing Education Requirements

1. Eliminating the CE approvals unless it is through Chiropractic schools or Association, specially CCA
2. The 24 hour license renewal per year is excessive. 12-14 hours with at least half being allowed online would be a better number. As it is now, most 12 hour seminars are just junk filler that wastes time and money. Make it shorter and it will be more effective.
3. I believe we need to have more opportunities to get credits along with allies such as PTs, OTs, etc. as we need to be literate in others disciplines and we need to work more in a collaborative model. We are pretty "inbred" as far as continuing education goes.
4. The CE courses I've attended are just a repeat of the ones I've previously attended. The attendees sit in the back of the room, surf the web, read the newspaper, or sleep. The presentations are usually not up to par. The presenters need to be better vetted by the board and also better oversight with board visits to seminars. We've increased to 24 hours let's make these count and not just a marathon to "get the time in." You might take a look at Arizona's vetting procedures also requirement for 2 hours of documentation on the even numbered years. This is an area where we really fall down in practice.
5. Good but too much reliance on virtual classes
6. Allow for more online/webinar hours for docs.
7. I would like to see even greater selections (CE) in the realms of soft-tissue work and emotional release.
8. For many of my colleagues who don't live in a large, metropolitan area, both the travel costs and housing costs are onerous to complete 24 hours of CE.
9. Would like to see implementation of a reduced CE requirement and license fee reduction for senior doctors who are 60 years or older and have been in practice 30 years or more. Oregon has such a program and it eases the financial and educational burden on elder practitioners.
10. We need more regulation over what types of CE are approved.
11. While I appreciate that we can now get some CCE hours online since our requirements doubled, other professions can also get hours by reading an article or watching video. Why are we held to a different standard?

### Four-Year Degree Requirement

1. I'm concerned that we are diminishing our place professionally by not requiring a 4 year degree for licensure. Leaving it to the colleges to decide is akin to letting the fox watch the henhouse. A 4 year degree would protect the public by reducing applicants that attain a license for business purposes versus the ideal Samaritan everyone hopes for when visiting a doctor. (7)

2. I believe that the educational requirements for entry into Chiropractic College should be enhanced. With the trend toward more college in general, the 2 to 3 years of pre-chiropractic education placing the entering student behind the norm of other professions, not just healthcare. The issue is more than just an understanding of biology, chemistry, and science in general. It relates to the ability to write and comprehend at a level beyond the 8th grade, which is the estimate for most college graduates. This is one of the problems that leads to poor documentation and questions of clinical credibility.
3. Chiropractic education is a joke. Clinical competency is equivalent to mediocrity. Until the BCE works with the CCE and regional accrediting bodies to raise our standards, demand that the colleges require robust scholarship of their faculty and support a revival of traditional chiropractic philosophy in concert with modern clinical understanding, we will continue to litter the healthcare economy with "doctors" with no critical thinking acumen.
4. Help bring chiropractic into the 21 century follow New Mexico. Or the DO platform but emphasizes manipulation. Just like demographics if you're not expanding you're dying.
5. Pre-requisites are appropriate. However, GPA needs to be raised to 3.00.

### **Scope of Practice**

1. Over trained for our scope of practice.
2. Why does the board continue to push outdated medical practices in an effort to legitimize itself within the medical community? Currently, an RN is deemed to be a more appropriate primary care provider than a chiropractor by the medical community, and yet as a profession, our only answer is to increase the amount of educational requirements, increase the cost and time of attending education institutions in an effort to achieve what? More respect within a medical community that views us below nurses? The board is a perfect example a dog chasing its tail in circles while the rest of the medical community runs the other way with the bone.
3. More integration with traditional medical care.
4. Add pharmaceutical education leading to ability to fully prescribe and perform injections.
5. The 1922 Act does not (cannot) take into account current state of the art and best practices in education. The policies need to better align with accreditation standards.
6. Should look at advanced practice a bit closer about adjusting our scope.
7. There needs to be more exposure and education regarding the 'standards of practice' and how to triage patient's in acute care situations.

### **Curriculum Requirements and Exam**

1. The areas that are tested are necessary, but it is quite possible for a licensee to be proficient in medicine but incompetent in chiropractic. It is my opinion that this is due in large part to the fact that many of their instructors are career educators and have insufficient practice experience to effectively teach chiropractic. I believe the board should establish guidelines that require full time practice experience for several years (at least 5) before it is possible to become a chiropractic educator.



2. Stress Philosophy that should be taught with all subject matter as was done in the past. Have DC's as educators, instead of educators that have a degree in a field but do not know the philosophy or knowledge of Chiropractic. Education should also include Structure, Emotions, and Clinical Nutrition
3. When placing requirements for x-ray re-licensure there should be some requirement to include MRI, diagnostic ultrasound and/or CT as these are more and more in use in other health disciplines.
4. Should be stricter to better the profession. Perhaps even taking an exam every few years or so to demonstrate continued competency.

#### **Staff:**

1. DCs are not allowed to do perform school physical exams for sports.
2. More people have more access to health care/coverage.
3. Apathy within the profession
4. The profession is not advancing the profession to fill in the void that is available. The profession is being squeezed out by other healing arts (physical therapy, Medical doctors)

#### **Board Members:**

1. Profession needs to earn respect of qualification of doctor status by upholding standard of care and then the public will respect and understand the profession
2. Have a Chiropractic College Entrance exam. Some colleges already use an entrance exam called C-CAT, similar to LSAT or MCAT.
3. Monitor progress of CCEI – Council of Chiropractic Education and International Board of Chiropractic Examiners and to know when is appropriate to take action on our end

## **Professional Practices**

#### **Stakeholders:**

##### **Training and Education**

1. I believe that chiropractors should not have to get a special radiology license. I have held licenses in other states, and none of them required one because radiology was an integral part of our education.
2. Chiropractic is woefully behind in real neuroscience. Clinging to outdated science/philosophy is not helping. We need to prosper, however patients want more education and empowerment and avoid us often because we are viewed as promoting perpetual care.
3. Practitioners who advertise for diabetes, thyroid and whatever under the guise of a religious exemption. I'm not opposed to dc's treating these conditions but somehow these types of practices seem to flaunt the board's authority and may put the public at risk.
4. We have an ethics problem and ethics class (2 hours) is not effective.

### **Varied Standard of Care**

1. Eliminate the fringe practices that are lowering the profession to technician status. (the Joint) They are lowering the standard of care.
2. The chiropractors' approach to treatment is as varied as there are chiropractors. What one proclaims is professional may be obscene to another.
3. The public doesn't know what to expect when going into a chiropractor's office. There are too many different ways that Chiropractors practice and many of them are a little shady.
4. Standards of care in both principled and non-principled are poorly understood at best, again due to a professional-wide ambivalence for trade association-, board- and college-affiliation.

### **Scope of Practice**

1. Broad scope of practice can be and should be entered into sooner not later. If this does not happen the DC degree in California won't be worth spit. (5)
2. Let's look at a few things chiropractors do: chiropractic neurologist: could have been a good thing, but behold just another way to increase the # of patient visits, increase dr. income, and rip off the populace.
3. Help the schools become efficient; stop wasted classes; teach exactly what is needed; follow the medical model (slant toward chiropractic)
4. Should look at other states scope of practice etc.

### **Outreach**

1. More than 1 or 2 newsletters a year. 6 would be better.
2. Examples of what not to do and what to do - case studies
3. Not enough involvement to protect the individual chiropractor
4. The board should work to educate other professions MDs on how to refer to chiropractors for appropriate conditions. The medical providers still seem to have some impediment to making official referrals to DCs except perhaps within the workers comp system if they are almost forced to do so by the patient. Otherwise they seem to be constrained by their profession in making outright referrals all the while accepting the multitude of referrals that chiropractors make to them. They often refer patients to PTs inappropriately for such conditions as low back pain etc.

### **General**

1. Access to treatment of injured workers has been severely limited despite the facts showing that Chiropractic costs less and returns injured workers back to work force quicker than MD's. With onset of opiate abuse among injured workers greater access should be afforded to conservative care first over drugs or surgery.

## **Staff:**

### **Continuing Education**

1. CE providers should have a better understanding of compliance to understand the categories and how to submit their packet together.
2. CE providers should be required to be licensed DC's.
3. Threat – during audits a licensee can turn in a CE certificate that they have already used. BCE does not keep (scan/copy) previous certificates. It is a honor system

### **Insurance Companies**

1. Worker's compensation is progressively covering less and less in chiropractic services
2. Chiropractors don't have good reputation with insurance companies, with over billing etc.

### **Public Perception**

1. Public perception is that DC's are not as qualified as other healing arts professions
2. Threat: prerequisite for Chiropractic College is only 2 years – it is relatively easy to get into chiropractic school. The credibility of the profession is decreasing; the value is decreasing as well. They are doctors, yet cannot be educationally compared to medical doctors (3)

### **Requirements**

1. Need to evaluate the college curriculum to reflect new standards

# Technology

## Stakeholders:

### Online Services

1. Allow the entire re-licensing process to be done online, including submitting CE courses. (3)
2. All board meetings should be broadcast in real time and also made available online for later viewing.
3. Provide educational video for the public that can be shown by DC's in the field.
4. The use of software systems that produce boiler plate daily clinical notes leave a doctor open to scrutiny as these tell you little about the actual state of care for the patient.
5. I really enjoy the access to on-line training for the required hours.
6. Allow non-recorded live Webinar and Teleconference CEU courses count as "Live attendance"- as this is currently being interpreted by BCE CEU staff as being "online courses" even though the attendee and the conference interact live and in real-time and attendance is monitored. Other states allow this to count as live (e.g. Texas BCE).

### Pitfalls of Technology

1. The profession as a whole seems to seek out untested technology with the mindset that if it is technical, it must be good, often when there is little, if any, clinical support for the device or procedure. Too often it becomes circular reasoning, technology is the way of the future, and therefore this device which uses technology must be better because it uses technology, choice should be made on substantiated clinical conclusions, and not because it was designed by a chiropractor it must be good.
2. Medicine has moved way too far towards technology. We need to also keep our examination and communication skills evolving as well as our ability to think in and out of boxes.
3. Technology is constantly advancing and there needs to be provisions in the rules and regulations to allow for all new technologies to be approved by the board in an amendment format especially the technologies that are being taught in board approved chiropractic colleges.
4. Post graduate continuing education should be allowed to use all new technologies whether regarding treatment, record keeping, etc. as long as those technologies are used within the scope of practice of the laws of CA. An amendment needs to be made to the chiropractic regulations to reflect this.

### Embrace Technology

1. Should look to embrace new technology if it is safe and effective.
2. Embrace technology but we need to be paid for technology that is researched and proven effective.
3. There are new technologies which have a new approach that we as Chiropractors can use-light therapy, nutrition, software for the evaluation of different aspects of our health. We need to be made aware of them

4. Need policies that allow for advancing technology, the Act was written in 1922 and does not account for technological advancement and growth.
5. There are new technologies currently in coming in the future. We need to be introduced to them so that we can evaluate them

### **Electronic Health Records (EHR)**

1. The push for EHR is upon us. However, insurance companies are becoming egregious in their documentation requirements for office visits. They repeatedly ask for additional documentation when info is provided causing delay in processing claim. While delaying claim they tell patient it is the doctor that is the problem in payment causing adversarial relationship between doctor and patient.
2. The implementation of EHR for the small solo practice is cost prohibitive. There has to be a way to exempt these practices from EHR compliance or they will fail.

### **Staff:**

#### **Lack of Online Functions**

1. The Board needs to be able to take credit card payments and allow forms to be submitted electronically through the Web site. It is a constant comment that external customers make that the board is way behind the times because those items are not offered currently (4)
2. Without upgrades to the operational technologies, the BCE will continue to provide subpar service

#### **Scope of Practice**

1. Threat: the language regarding the scope of practice in relation to technology is vague. The profession does not want to respond to the scope of practice issues yet the practitioners want to explore the technology possibilities (lasers)

### **Board Members:**

1. New tools/devices are being used to determine where to adjust, without doing a proper exam

## Political

### Stakeholders:

#### Promotion

1. Pursuing chiropractors' inclusion and equal pay in Medicare.
2. Promote chiropractors (those that want to expand their scope) as primary care physicians (2)
3. Greater outreach to the public about what we do, and the level of education that we have.
4. Keep our Chiropractic profession independence that was given by the voters. Please keep it from legislative influences. The voters gave us our profession in the State of California.

#### In action

1. Our Governor and the Legislature currently are in the control of people who mandate control to their way of thinking. Our Board is not as effective as I would like in standing up and asserting our beliefs.
2. I haven't seen ANYTHING (that I can remember) in the Last 20 years that has change the status of chiropractic in the realm of Insurance reimbursement, acceptance and increase use within the general public, and overall growth and evolution of the chiropractic profession.

#### Division

1. The board obviously hasn't accomplished anything except for dividing itself and alienating chiropractors from the medical community.
2. The fact that our profession is still divided continues to hurt us. We need to unite the profession in agreement that we are a separate and distinct health care system that should not be reliant on medically owned codes and procedures as the only way insurance companies will accept for reimbursement. We need to be on a par with MDs and DOs as any willing provider for insurance reimbursement to provide services covered under our license.

#### Associations

1. In CA, the alarming trend toward institutionalization of healthcare autonomy is frightening for me as a practitioner and as a parent. The board must work in cooperation with the CCA to fight clear, medical trust violations and, to date has been ineffectual. We must send a united message to state governments that a medical monopoly is unethical and potential harmful to healthcare consumers (3)

### Staff:

1. Changes to laws and regulations by the national government would affect the Board

# Laws and Regulations

## Stakeholders:

### Scope of Practice

1. Broad interpretation of laws/regulations to favor us; example: mammograms; really a simple process a dactar could read them. Every time you define/limit you make our profession smaller and less useful = dying profession.
2. The board should advocate expanding the practice rights of DC's into all facets of healthcare, including hospital admission privileges, OTC medication, full exam rights in athletes, etc.
3. Change laws to expand our scope of practice to be on the same level of medical doctors, osteopaths, nurse practitioners and physician assistants and research other states to see how they do it (4)
4. Most of the laws that are killing private practice are mandated on a national level. I know many chiropractors who, in an effort to remain compliant with the law, are no longer able to see the number of patients they once saw. In fact, the reductions have been so great that many of them are now struggling to make their overhead. The balance needs to swing in the opposite direction to allow doctors to spend more time with their patients and to allow them to use their intelligence and training.
5. On one hand the Board should not become a "nanny" to the profession, outlining specifically how each item should be accomplished and recorded. On the other, chiropractic as a profession does not have the same level of inter-professional interaction as other healthcare providers. The MD's records must make sense and be legible to the point the nursing staff can carry out the treatment plan. Too often the chiropractor drafts a chart note, not on what might be important in patient management, but defensively expecting the insurance carrier to deny or delay payment or to guard against some other perceived threat.
6. Some jurisdictions have instituted a "dead doctor rule," where records should be complete and legible to the point that another chiropractor could assume treatment upon review of the notes. The teaching point is that the doctor may be incapacitated (injury, death) to the point of not being able to see patients. Providers need to be thinking from the standpoint that their chart notes should help the doctor assuming care avoids adding to the patient's stress of a different provider.
7. The board should work toward restoring doctors of chiropractic to their previous position as primary treatment doctors in the workers compensation system (if that system even exists anymore). This would certainly reduce the epidemic of opioid drug addiction beyond the improved care that the injured workers would receive. The board should always represent doctors of chiropractic as primary care doctors with equal status as primary care doctors of medicine. Doctors of medicine should be held accountable for failing to refer appropriate cases to DCs just as DCs should be held accountable for failing to refer appropriately to MDs.
8. Allow doctors of chiropractic the same privileges as all other primary health care providers. i.e. all sports physicals in state of CA because it is within our scope of practice.

9. There is a law in the scope of practice that does not allow the licensed chiropractor to penetrate human tissue. This word penetrate was written in the context of puncture, sever, and cutting including the severing of the umbilical cord. However, the word penetrate is not defined and is used by many chiropractors to describe almost any modality that they utilize and they use it not in the context of cutting, severing, or puncturing, but in the context of absorption, i.e. all laser literature describes cold lasers "low level laser therapy" as penetrating zero to five millimeters deep into the cellular level. But the chiropractor cannot use the word penetrate in regards to cold laser light because it is in violation of the chiropractic laws and regulations. That needs to be corrected.
10. The Act protects chiropractic, but limits the capacity to adapt with time, technology, information, and education. The policies need to be carefully drafted to allow for change, but within the limits of the act.

### **Over Regulation**

1. We now are in an atmosphere of complete over-regulation. Let well enough alone and stop piling on onerous and useless requirements (4)

### **Lack of Knowledge**

1. As a practicing DC, my understanding of and appreciation for laws and regulations come simply from the jurisprudence exam and my affiliation with trade associations. With a majority of doctors not affiliated with any trade associations, colleges, academies or boards, understanding and implementation of regulatory procedures is poor (4)

### **General**

1. License reciprocity between states should be more expedient.
2. Think more about our consumers and less about being an industry.

### **Continuing Education**

1. Require documentation for CE

### **Staff:**

1. Currently the ACA has created an environment that has been open to scope of practice increases – this allows alternative health care practitioners to increase access to care in disadvantaged areas and people. Chiropractic Act is not included in ACA and therefore are not allowed to increase access – therefore the profession will be left behind
2. Chiropractors are not following the laws and regulations regarding corporations for naming. I.e. practicing as “DBA”

### **Board Members:**

1. The only bill the Board should take a strong position with is SB 1033 (requirement any health care provider who is on probation to notify patients) the Board is in support for consumer professions.



2. Regulations about social media such as licensees getting in trouble for social media violations to HIPPA (should it be considered as advertising?) and/or inappropriate relationships with patients
3. Animal chiropractic is a grey area and that we don't know what to with – guidelines may be necessary?
4. Possibly a new level of oversight from DCA from the North Carolina Anti-Trust law

## Other

### Staff:

1. Lack of space – don't have enough space for the added staff and record keeping
2. Lack of big picture vision! Without big changes, the profession will become obsolete. Example – Physical therapists have expanded their scope of practice to include manipulation. If PTs are doing manipulation then what will Chiropractors do?
3. Enforcement issues for licensees on probation potentially that are required to drug test – what happens if they test positive for marijuana. Who can test positive and who can't? Staff will need guidance on this issue because there is so much information out there right now.
4. DCA has a tremendous opportunity to pool resources for outreach for all the Boards and Bureaus collectively, rather than each program spending a few thousand dollars to reach a few people
5. Trend in healthcare – we have a lot of non-licensed people practicing things like nutrition, pastoral medical degree, life coach, therapists – no licensure, degree – need to regulate these groups

### Board Members:

1. We can't sit back and let the Medical Board handle these unlicensed activities – the BCE should be leading the way to regulate these things because a lot of it is in BCE's scope of practice
2. We have a board administrative manual that we update every year – we put it in place that the Board expects that members vote on 90% of the votes – very high-functioning Board
3. Work with Council of Chiropractic Education (CCE) to work on entrance exam and having pre-requisite to have BA degree
4. I would just say that this Board really is a very high-functioning board
5. In best interest of the public for access to care increases
6. Like to see the BCE be more aggressive in going after unlicensed activity- fear of the anti-trust laws
7. Look at chiropractic assistant certification. Relating to whether insurance companies will require that chiropractic assistants be certified in order to pay for services
8. Look at more specialized training for D.Cs and providing some sort of regulations or oversight in sub-specializations
9. Look to other states for example, for expanding scope of practice

10. Make testing more rigorous, elevate standard of care
11. Need to help promote chiropractors joining the professional organizations
12. Need to more flexible with regulations or possibly open up the Act to change
13. New Board members should step into more leadership roles – part of the succession planning.
14. Not optimistic about the profession in the future
15. Standardize the care – ensure that a physical exam is given before treatment
16. The fact that technology is not exploited with the board to reach consumers
17. There are still a lot of DCs that aspire to be highly trained and want specializations and Board certifications
18. Other healing art professions gaining more scope of practice, and Chiropractors losing (i.e. Physical therapists gaining more scope of practice, specifically manipulation)
19. Board members want to move the profession forward, yet that is not necessarily the role of the Board. The Board is responsible to regulate the profession. But there is no entity working on the professional advancement
20. Lack of national/state professional associations
21. Total number of licensees is decreasing. More are exiting profession than are coming in (lack of coverage, too much competition)

## Appendix C – Data Collection Method

Information for this survey was gathered by surveying external stakeholders, Board members and Board staff using the following methods:

- ◆ Interviews conducted with seven Board members completed during the months of May and June 2016.
- ◆ One focus group with BCE staff, on May 4, 2016 to identify the strengths and weaknesses of BCE from an internal perspective. There were 13 participants.
- ◆ One focus group with BCE managers on May 10, 2016 to identify the strengths and weaknesses of BCE from an internal perspective. Four managers participated.
- ◆ Online surveys (qualitative and quantitative) sent to BCE stakeholders (via BCE’s internal Interested Parties list) in May 2016 to identify the strengths and weaknesses of BCE from an external perspective. One hundred and fifty-nine stakeholders completed the surveys. The below table shows how stakeholders identified themselves in the online survey.

<b>Stakeholders Breakdown</b>	<b>Number</b>	<b>% of Total</b>
I hold a professional license issued by the Board.	143	90%
I am a retired licensee.	2	<1%
I am a consumer/member of the public.	0	0%
I represent a professional association in the chiropractic profession.	6	4%
I represent a school or college.	4	3%
I am Continuing Education provider.	4	3%
<b>TOTAL:</b>	<b>159</b>	<b>100%</b>

## Appendix D - Survey Data Reliability

Based on 159 people who responded to the online survey, we can be 95% confident their opinions represent all California licensees plus or minus 8 percent. For example, 90% of stakeholders rated the Board's overall Licensing and Professional Qualifications effectiveness as Effective or Very Effective. Based on our response rate, we can be 95% confident between 82% and 98% of stakeholders would rate the Board's effectiveness the same way.<sup>1</sup>

To help improve data integrity, the online survey did not provide a neutral option when asking about overall effectiveness. Instead, stakeholders completing the survey chose between a positive choice (excellent or good) and a negative choice (poor or very poor). This allows the Board to better understand whether stakeholders have a positive or negative view of the Board in various areas.

### Notes

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<sup>1</sup> Source: <http://www.surveysystem.com/sscalc.htm>



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# Board of Chiropractic Examiners: A-Level Objectives by Goal Area

Instructions:

1. Determine Potential Objectives for the 2017 Strategic plan based on:
  - a. Experience and previously identified needs
  - b. Items outlined in Sunset Review (if applicable)
  - c. Review of the 2016 Environmental Scan
2. Determine Priority
  - a. A-Level Objectives are Critical Needs of the Board
  - b. B-Level Objectives are important, but do not hinder the Board from providing consumer protection
  - c. C-Level Objectives are “nice-to have” concerns
3. List A-Level Objectives (and B-Level if room allows) in the following tables.
4. Bring this worksheet to the planning session

<b>Sample</b>				
<b>Action Verb</b>	+	<b>Issue or Goal</b>	+	<b>Benefit or Why</b>
Create	+	an onboarding program	+	to ensure their successful transition to the Board.
Recruit and train	+	3 additional Subject Matter Experts	+	to reduce investigative cycle times.

**#1 Licensing and Professional Qualifications**

<b>Action</b>	<b>Issue or Goal</b>	<b>Benefit or Why</b>

**#2 Enforcement**

<b>Action</b>	<b>Issue or Goal</b>	<b>Benefit or Why</b>

<b>#3 Laws and Regulations</b>		
<b>Action</b>	<b>Issue or Goal</b>	<b>Benefit or Why</b>

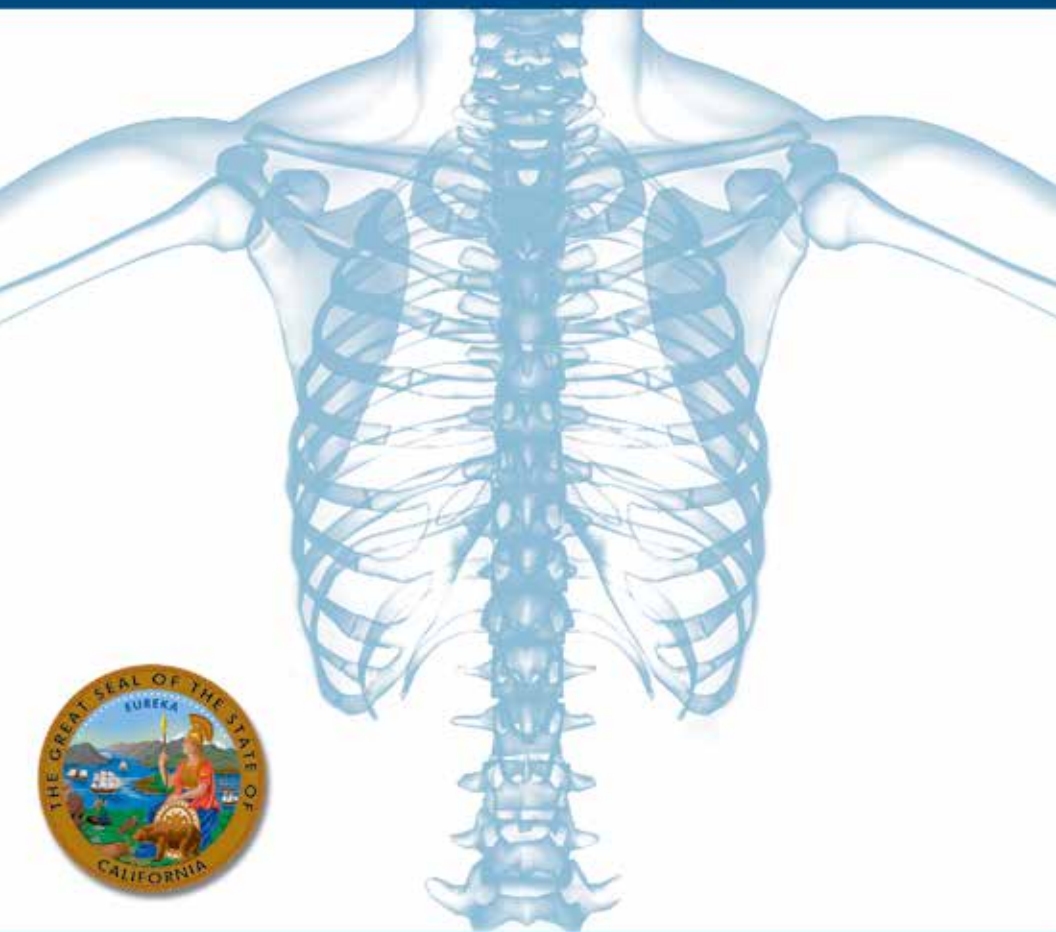
<b>#4 Organizational Effectiveness</b>		
<b>Action</b>	<b>Issue or Goal</b>	<b>Benefit or Why</b>



**#5 Public Relations and Outreach**

<b>Action</b>	<b>Issue or Goal</b>	<b>Benefit or Why</b>

# 2014–2017 Strategic Plan



## *Board of* Chiropractic Examiners

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State of California

## Members of the Board of Chiropractic Examiners

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**Heather Dehn, D.C., Vice-Chair**

**Julie Elginer, Dr., PH, Secretary, Public Member**

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**Dionne McClain, D.C., Member**

**John Roza, Jr., D.C., Member**

**Frank Ruffino, Public Member**

**Robert Puleo, Executive Officer**

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**Edmund G. Brown, Jr., Governor**

**Anna M. Caballero, Secretary, Business, Consumer Services and Housing Agency**

**Awet Kidane, Director, Department of Consumer Affairs**



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## About the Board of Chiropractic Examiners

The Board of Chiropractic Examiners (the Board) is the largest chiropractic regulatory board in the nation and is considered a leader by other chiropractic boards throughout the country. Recognized in 2010 by the Federation of Chiropractic Licensing Boards for excellence in chiropractic regulation, the Board has worked diligently to improve the standards of care in the chiropractic profession in California.

The Board's primary mandate is to enforce the Chiropractic Initiative Act (the ACT). The Act became effective on December 21, 1922, through an initiative measure approved by the electors of California on November 7, 1922. The Act created the Board to establish standards for chiropractic education and services. The Board protects and serves the consumers of California through enforcement of the chiropractic profession and oversight of approximately 14,000 California licensed chiropractors and 19 chiropractic schools and colleges.

The Board consists of seven members appointed by the Governor, comprised of five licensed doctors of chiropractic and two members who represent the public. There are three standing Board committees and each committee is comprised of at least two Board members and a staff resource that provides technical and administrative support. Each committee has a chairperson who coordinates the committee's work, ensures progress toward the Board's priorities, and provides a report at each Board meeting.



The three Board committees include:

Committee	Responsibilities
Licensing, Continuing Education, & Public Relations	Proposes policies and standards regarding chiropractic colleges, doctors of chiropractic, satellite offices, corporation registration, and continuing education providers and courses. The Committee also develops strategies to communicate with the public through various forms of media.
Enforcement & Scope of Practice	Proposes regulations, policies, and standards to ensure compliance with chiropractic law and regulations. The Committee continuously seeks ways to improve the Board's enforcement activities.
Government Affairs & Strategic Planning	<p>Proposes and reviews policies, procedures to address audit and sunset review deficiencies.</p> <hr/> <p>Works directly with the Executive Officer and staff to monitor budget expenditures, trends, and the Contingent Fund levels.</p> <hr/> <p>Reviews and recommends positions on legislative bills that affect the Board.</p> <hr/> <p>Oversees all administrative issues regarding Board operations.</p> <hr/> <p>Develops draft strategic plans and monitors the Board's progress in achieving goals and objectives, reporting on progress of plan completion annually.</p>

The Board appoints an Executive Officer to oversee a staff of 19 permanent positions that support three functional units:

- The Administrative/Licensing Unit is responsible for the Board of Chiropractic Examiners licensee application and renewals, continuing education, administrative, and policy functions.
- The Compliance Unit (CU) and the Field Investigations Unit (FIU), which are responsible for enforcement functions, handling complaint intake, investigations, disciplinary action, and probation monitoring.

All of these functions support the protection of Californians from licensed and unlicensed individuals who engage in fraudulent, negligent, or incompetent chiropractic practice.

The Board must ensure that only those applicants with the necessary education, examination, and experience receive a California license to practice chiropractic. Requirements for licensing include passing the California Law and Professional Practice Exam (CLPPE), completing 60 pre-chiropractic units of approved education courses, and graduation from a Council on Chiropractic Education (CCE) approved college or school. Licensees are required to complete 24 hours of continuing education credit each year for license renewal.

The Board continually strives to fulfill its state mandate and mission in the most efficient manner, by exploring new policies and revising existing policies, programs, and processes. The Board is continually committed to increasing the quality and availability of services it offers to stakeholders.

## Overview of Strategic Planning

SOLID begins strategic planning by conducting a preliminary meeting with the Executive Officer and Board staff management to learn about the background of the Board of Chiropractic Examiners, identify key areas of focus, define roles and responsibilities, and establish a customized strategic planning schedule.

To understand the environment in which the Board operates and identify factors that could impact the Board's success, SOLID conducted a scan and analysis of the internal and external environments by collecting information through the following methods:

- An online survey sent to twenty-four Board stakeholders, comprised of chiropractic professional associations, Board approved schools or colleges, and others who expressed interest in the strategic direction of the Board. Sixteen stakeholders responded to the survey.
- Telephone interviews with six Board members conducted during the month of May 2013.
- Focus group discussion on June 13, 2013, with Board staff, managers, and the Executive Officer.

The most significant themes and trends identified from the environmental scan were discussed by the Board during a strategic planning session facilitated by SOLID. This information guided the Board in development of its Vision, Mission, and Values, and directed the strategic goals and objectives outlined in this strategic plan for the Board to accomplish over the next four years 2014–2017.

## Significant Accomplishments

As a part of strategic planning, the Board evaluated its previous strategic plan goals and identified which objectives were accomplished. The following are the significant Board accomplishments since the 2008 strategic plan was adopted:

- Established a Board culture that fosters and promotes consumer protection, effective Board governance, and accountability.
- Developed and maintain a Board Member Administrative Manual, which is used as a model for other Boards, and assists Board members in carrying out their responsibilities of developing policy, adjudicating disciplinary matters and protecting the public's interest.
- Analyzed core business processes and implemented improvements that resulting in decreased processing times and the elimination of backlogs for Licensing, Enforcement, and Continuing Education.
- Developed and implemented an internal control system for monitoring timeliness of case reviews, complaint processing, and created compliance and investigation procedure manuals.
- Established and filled field investigator positions to investigate consumer complaints, monitor probationers, and onsite inspections of chiropractic offices.
- Maintained proactive consumer protection and enforcement by staying current and recognizing when changes to laws are needed. Promulgated and adopted regulations for consumer protection to raise requirements, and institute a citation and fine program, which improved enforcement operations.



- Adopted regulations to increase the required annual continuing education from 12 hours to 24 hours, and allowed for online courses and courses approved by other health care Boards.
- Restructured the Board's eight committees into three committees.
- Began live webcasting Board meetings in May 2009 and posting these recorded meetings on the Board's website.
- Reduced enforcement case closure rates to within nine months.
- Began teleconferencing committee meetings to save costs and allow for increased public access.
- Completed a successful Sunset Review.



## Our Vision

*To promote excellence in chiropractic care.*

## Our Mission

*To protect the health, welfare, and safety of the public through licensure, education, and enforcement in chiropractic care.*

## Our Values

### CONSUMER PROTECTION

We make effective and informed decisions in the best interest and for the safety of the consumer.

### SERVICE

We are professional and responsive to the needs of our stakeholders.

### INNOVATION

We value new ideas and concepts, which are fundamental to our successful delivery of services to consumers and the efficient regulation of the Chiropractic marketplace.

### QUALITY

We will deliver service, information, and products that reflect excellence.

### TRANSPARENCY

We hold ourselves accountable to the people of California.

### EFFICIENCY

We diligently identify the best ways to deliver high-quality services with the most efficient use of our resources.

### INTEGRITY

We are honest, fair, respectful, and ethical.

## Strategic Goals and Objectives

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# Goal 1: Licensing

Promote licensing standards to protect consumers and allow reasonable access to the profession.

The objectives and action items to meet this goal are listed below in order of priority:

**1.1** Evaluate internal procedures to identify areas for improvement to maintain prompt and efficient processing of applications and renewals.

Objective Measurement
Adherence to timeframes and completed review of existing policies/procedures.
Action Item
<b>1.1.1</b> Conduct evaluation of workload and processing timeframes (e.g., monthly reports, quarterly statistics, process goals), and determine discrepancies.
<b>1.1.2</b> Compare internal processes to similar health profession boards to identify best practice processing timeframes.
<b>1.1.3</b> Review statistics and existing policies/procedures to identify areas for improvement.
<b>1.1.4</b> Adjust workload policies and procedures and/or goals for greater efficiency.

**1.2** Collaborate with the Department of Consumer Affairs (DCA) to implement a new licensing and enforcement system (BreEZe) for online processing of initial and license renewals, including acceptance of credit card payments.

Objective Measurement
Successful implementation of BreEZe.
Action Item
<b>1.2.1</b> Correspond regularly with DCA's BreEZe team until phase 3 rollout is completed.
<b>1.2.2</b> Actively work with Breeze development team to define business needs, test system, and clean up data in preparation for Breeze implementation.
<b>1.2.3</b> Train all BCE staff on Breeze.

**1.3** Determine the feasibility of recognizing equivalent educational standards with other countries.

Objective Measurement	
Presentation of findings to the Licensing, Continuing Education, & Public Relations Committee.	
Action Item	
<b>1.3.1</b>	Evaluate the curriculum of foreign schools to ensure it meets BCE requirements.
<b>1.3.2</b>	Determine standards of the Chiropractic Council of Education (CCE) and the Councils on Chiropractic Education International (CCEI) to meet minimum standards of equivalence.
<b>1.3.3</b>	Identify needed changes to existing regulations.
<b>1.3.4</b>	Present findings to the Licensing, Continuing Education, & Public Relations Committee.

## Goal 2: Regulation and Enforcement

Enforce laws and regulations to ensure consumer protection.

The objectives and action items to meet this goal are listed below in order of priority:

**2.1** Establish standardized training and evaluation of Expert Consultants to improve effectiveness and consistency.

Objective Measurement	
Successful creation of standards, training, and an Expert Consultant evaluation.	
Action Item	
<b>2.1.1</b>	Consult with DCA's Legal Affairs about the ability to test and evaluate expert consultants to ensure consistency in reporting.
<b>2.1.2</b>	Develop qualifications and proficiency standards for expert consultants with the Enforcement & Scope of Practice Committee to define criteria and standards for expert consultant selection.
<b>2.1.3</b>	Review regulations to more clearly define standards of care to establish consistency among expert consultants.
<b>2.1.4</b>	Conduct a needs assessment to identify existing materials, gaps, and determine what is needed for training expert consultants.
<b>2.1.5</b>	Consult with SOLID to create a training course for expert consultants to provide more in-depth training.

**2.2** Protect the Board’s authority to interpret and clarify the Chiropractic Initiative Act to ensure public protection.

Objective Measurement	
Communication updates of trends and areas of concern provided at Board meetings.	
Action Item	
<b>2.2.1</b>	Monitor legislation that impacts the Board and its authority during the legislative cycle (Jan – Sept).
<b>2.2.2</b>	Communicate with legislative staff throughout the legislative process: Analyze legislation, send position letters and testify at hearings.
<b>2.2.3</b>	Monitor the legislative activities of special interest groups and determine the impact to the Chiropractic Act.
<b>2.2.4</b>	Work with the Government Affairs & Strategic Planning Committee to keep lines of communication open with the legislative staff and the Legislature.
<b>2.2.5</b>	Update Board members on trends and special interest group areas of concern at Board meetings.

**2.3** Review and revise the Board’s disciplinary guidelines.

Objective Measurement	
Completion of regulatory process.	
Action Item	
<b>2.3.1</b>	Conduct review of new laws and current disciplinary guidelines. Work with the Enforcement & Scope of Practice Committee to identify changes.
<b>2.3.2</b>	Identify areas of improvement and prepare a draft with proposed changes.
<b>2.3.3</b>	Prepare proposed regulatory language in document and display changes.
<b>2.3.4</b>	Submit document to Board for review and approval.
<b>2.3.5</b>	Complete the regulatory process.

**2.4** Utilize BreEZe and online resources to coordinate receipt of disciplinary documents more efficiently.

Objective Measurement	
Successful implementation of BreEZe.	
Action Item	
<b>2.4.1</b>	Correspond regularly with DCA's BreEZe team until phase 3 rollout is completed.
<b>2.4.2</b>	Actively work with Breeze development team to define business needs, test system, and clean up data in preparation for Breeze implementation.
<b>2.4.3</b>	Train all BCE staff on Breeze.

## Goal 3: Professional Qualifications and Continuing Education

Ensure the initial and continuous competency of all Doctors of Chiropractic.

The objectives and action items to meet this goal are listed below in order of priority:

**3.1** Establish provider review standards for continuing education providers.

Objective Measurement	
Completion of regulatory process.	
Action Item	
<b>3.1.1</b>	Define proficiency standards for Continuing Education (CE) providers with the Licensing, Continuing Education, & Public Relations (LIC/CE/PR) Committee.
<b>3.1.2</b>	Prepare proposed regulatory language in document and display changes.
<b>3.1.3</b>	Submit document to the Board for review and approval.
<b>3.1.4</b>	Complete the regulatory process.

**3.2** Develop a continuing education course auditing system to ensure providers are delivering quality instruction to licensees and take action against those providers who fail to meet these standards.

Objective Measurement
Developed auditing mechanism to maintain quality of CE courses and integrity of the CE process.
Action Item
<b>3.2.1</b> Review regulations to determine criteria for course content.
<b>3.2.2</b> Develop an auditing form/checklist for CE courses.
<b>3.2.3</b> Provide a quarterly list of new CE providers and dates for upcoming courses to the Licensing, Continuing Education, & Public Relations Committee.
<b>3.2.4</b> The Licensing, Continuing Education, & Public Relations (LIC/CE/PR) Committee assigns auditors to attend CE courses and audit providers.
<b>3.2.5</b> Submit audit forms to the CE Manager and take action as appropriate.

**3.3** Evaluate effectiveness of compliance with continuing education regulations to ensure competency.

Objective Measurement
Presentation of findings to the Licensing, Continuing Education, & Public Relations (LIC/CE/PR) Committee.
Action Item
<b>3.3.1</b> Collect and evaluate complaints and compile statistics regarding enforcement trends and new laws related to CE course work.
<b>3.3.2</b> Develop a process to conduct random audits of licensees' compliance with CE regulations and course completion.
<b>3.3.3</b> Identify the top 10 licensee violations and disseminate to CE providers as topics for CE courses.
<b>3.3.4</b> Present findings to the LIC/CE/PR Committee to determine the next action items.



**3.4** Establish and document protocols for ongoing communication with chiropractic oversight organizations to ensure consistent standards.

Objective Measurement	
Chair appoints a Board member liaison who provides bi-annual reports to the Board.	
Action Item	
<b>3.4.1</b>	Assign a professional Board member to serve as a liaison to professional organizations and BCE.
<b>3.4.2</b>	Update Board member manual to reflect new duties and responsibilities of the Board liaison role.
<b>3.4.3</b>	Board member liaison regularly communicates with other chiropractic oversight organizations.
<b>3.4.4</b>	Report findings to the Board.

## Goal 4: Organizational Effectiveness

Efficiently utilize resources to meet goals and objectives.

The objectives and action items to meet this goal are listed below in order of priority:

**4.1** Improve onboarding of new Board members by creating a Board specific orientation program.

Objective Measurement	
Updated onboarding program and materials for Board members.	
Action Item	
<b>4.1.1</b>	Establish a process to invite new Board members to visit the BCE office to gain understanding of office functions.
<b>4.1.2</b>	Develop a Board member mentor program.
<b>4.1.3</b>	Survey Board members to assess needs and determine the types of materials to include in the new Board member manual.
<b>4.1.4</b>	Based on the needs assessment results, develop a new employee/welcome binder for new Board members with BCE overview, BCE budget, administrative processes, and historical information.
<b>4.1.5</b>	Work with the Government Affairs & Strategic Planning Committee to update the Board Administration Manual.
<b>4.1.6</b>	Present the onboarding manuals for Board approval.

**4.2** Increase Board awareness of staff functions, responsibilities, and timeframes for completing tasks.

<b>Objective Measurement</b>
Board member satisfaction of materials and awareness of BCE staff functions.
<b>Action Item</b>
<b>4.2.1</b> Schedule BCE office visits for Board members.
<b>4.2.2</b> Implement email blasts of Board related events to notify Board members of BCE, DCA BMOT, and association meetings.
<b>4.2.3</b> Survey Board members to determine the types of materials requested.
<b>4.2.4</b> Based on feedback, develop materials that provide overview of BCE staff functions.
<b>4.2.5</b> Provide Board program overview information to Board members.

**4.3** Explore alternative ways to engage public participation in Board and committee meetings that leverage new technologies.

<b>Objective Measurement</b>
Increased public attendance and participation at Board Meetings.
<b>Action Item</b>
<b>4.3.1</b> Establish a process that would encourage licensees to attend Board meetings (e.g., credit earned toward professional development).
<b>4.3.2</b> Invite school representatives as guest speakers at Board meetings.
<b>4.3.3</b> Send Board meeting calendar to schools, colleges, and associations to disseminate.
<b>4.3.4</b> Ask professional associations to publicize Board meeting dates.
<b>4.3.5</b> Work with DCA's Office of Public Affairs to regularly update Twitter, Facebook, and other social media channels to increase awareness of Board meeting dates.
<b>4.3.6</b> Identify and implement methods to increase accessibility to Board meetings.

## Goal 5: Public Relations and Outreach

Communicate with consumers, licensees and stakeholders about the current and evolving practice of chiropractic and regulation of the profession.

The objectives and action items to meet this goal are listed below in order of priority:

**5.1** Partner with DCA to establish internal and external communication protocols.

Objective Measurement	
Developed communication plan is approved by the Licensing, Continuing Education & Public Relations (LIC/CE/PR) Committee.	
Action Item	
<b>5.1.1</b>	Forward the DCA Board/Bureau/Program meeting schedule email to Board members.
<b>5.1.2</b>	Contact the DCA Office of Public Affairs for information on development of a BCE Communication Plan.
<b>5.1.3</b>	Identify DCA resources and examples for the communication plan.
<b>5.1.4</b>	Executive Officer shares the gathered information with the LIC/CE/PR Committee.
<b>5.1.5</b>	Establish Board communication protocols and best practices for the communication plan.
<b>5.1.6</b>	Develop the BCE Communication Plan.

**5.2** Through the DCA Office of Publications, Design, and Editing, develop consumer education materials in different languages to assist consumers in making informed decisions.

Objective Measurement	
Consumer education material is created, approved by the Board, and distributed to stakeholders and target audiences.	
Action Item	
<b>5.2.1A</b>	Contact the DCA Office of Publications, Design, and Editing about creating publications to educate consumers, licensees, and students.
<b>5.2.2A</b>	Present samples from the DCA Office of Publications, Design, and Editing to the LIC/CE/PR Committee.
<b>5.2.3A</b>	LIC/CE/PR Committee Chair will form a task force to develop publication content.
<b>5.2.4A</b>	Convene the task force to develop a prototype for the LIC/CE/PR Committee's review.
<b>5.2.5A</b>	Present the prototype to the Board for approval.
<b>5.2.6A</b>	Prepare approved materials for electronic distribution to stakeholders and target audiences.

Objective Measurement	
Quarterly newsletter is created and distributed to stakeholders and target audiences.	
Action Item	
<b>5.2.1B</b>	Research areas of interest for quarterly newsletter articles and identify targeted consumers and licensees.
<b>5.2.2B</b>	Draft newsletter articles for the LIC/CE/PR Committee's review.
<b>5.2.3B</b>	DCA Office of Publications, Design, and Editing formats the newsletter.
<b>5.2.4B</b>	DCA Legal Affairs reviews the newsletter and BCE staff submit the newsletter for Board approval.
<b>5.2.5B</b>	Approved newsletter is prepared for electronic distribution to consumers and licensees.

### 5.3 Collaborate with DCA to optimize the Board’s website.

Objective Measurement
Identified website enhancements are approved by the Board and updated on the BCE website.
Action Item
<b>5.3.1</b> Conduct a needs assessment of the BCE website with Board members to identify gaps and areas of improvement.
<b>5.3.2</b> Review the needs assessment findings and identify ideas for website enhancements.
<b>5.3.3</b> Present recommendations to the Board for approval.
<b>5.3.4</b> Consult with the Office of Publications, Design, and Editing web team to enhance the BCE website with the Board’s approved enhancements.

## Goal 6: Professional Advancement

The Board of Chiropractic Examiners embraces innovation and supports the advancement of the practice of chiropractic.

The objectives and action items to meet this goal are listed below in order of priority:

### 6.1 Embrace the non-surgical, non-pharmaceutical role of the Chiropractor to increase consumer access to healthcare.

Objective Measurement
Board Liaison is appointed by the Chair and reports bi-annual updates to the Board.
Action Item
<b>6.1.1</b> Appoint a professional Board member to serve as a liaison to monitor national trends related to scope of practice and report information to the Board.
<b>6.1.2</b> Update the Board member manual to reflect new duties and responsibilities of the Board Liaison.
<b>6.1.3</b> Board Liaison regularly communicates with other health care organizations.
<b>6.1.4</b> Report updates to the Board.

**6.2** Evaluate trends in chiropractic care in other states to determine potential impact to regulations in California.

<b>Objective Measurement</b>
Bi-annual report of chiropractic care trends provided to the Board.
<b>Action Item</b>
<b>6.2.1</b> Review chiropractic trends and identify what chiropractors can do within existing regulations.
<b>6.2.2</b> Explore the possibility of amending the Chiropractic Act and Section 302 of regulations to clarify or expand the scope of practice and provide recommendations to the Board.
<b>6.2.3</b> Monitor trends in chiropractic care and communicate with organizations to stay current.
<b>6.2.4</b> Report to the Board on chiropractic care trends.

**6.3** Embrace the role of the chiropractic specialties.

<b>Objective Measurement</b>
The Enforcement/SOP Committee provides recommendations to the Board.
<b>Action Item</b>
<b>6.3.1</b> Explore the possibility of amending the Chiropractic Act or regulation to recognize chiropractic specialties.
<b>6.3.2</b> Develop recommendations for the Board's decision of the next action items.

## Goal 7: Government Affairs

Establish and maintain collaborative partnerships in government to ensure the Board of Chiropractic Examiners is well informed regarding priorities and initiatives.

The objectives and action items to meet this goal are listed below in order of priority:

**7.1** Establish open lines of communication with government stakeholders to ensure the Board is well informed about information relevant to the chiropractic profession.

Objective Measurement
Subscription and identification of regulatory notices impacting BCE.
Action Item
<b>7.1.1</b> Subscribe to other DCA health care boards email subscriptions to receive email blasts of information updates.
<b>7.1.2</b> Review email updates and identify important information to communicate to Board members.
<b>7.1.3</b> Participate in the Executive Officer Roundtable Meeting and forward information to Board members.
<b>7.1.4</b> Monitor the Office of Administrative Law regulatory notices of current and pending regulation packages, and disapprovals from other DCA health care programs and boards.
<b>7.1.5</b> Report to the Board on regulatory notices impacting the BCE.

**7.2** Partner with state and local government to participate in consumer related events to increase awareness of the Board’s mission and consumer protection services.

<b>Objective Measurement</b>
Identified outreach events and implemented Board approved recommendations.
<b>Action Item</b>
<b>7.2.1</b> Work with the Government Affairs & Strategic Planning Committee to identify target groups for outreach.
<b>7.2.2</b> Research and work with the DCA Outreach Unit to identify events for outreach.
<b>7.2.3</b> Provide recommendations to the Government Affairs & Strategic Planning Committee.
<b>7.2.4</b> Provide recommendations to the Board.
<b>7.2.5</b> Implement the Board approved recommendations to increase awareness.





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