

OREGON BOARD OF DENTISTRY
2017 - 2019 BUDGET PRESENTATION

Joint Ways and Means Subcommittee on Education

February 9, 2017

Presented by:
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AGENCY OVERVIEW

The Board of Dentistry was established by the Legislature 130 years ago in 1887 to regulate the practice of Dentistry. In 1946, Dental Hygiene was established as a licensed profession in Oregon and added to the purview of the Board.

There are ten members appointed to this policymaking Board and eight permanent full-time staff. The ten Board members include six dentists, one of whom must be a specialist, two dental hygienists and two public members. Members of the Board are appointed by the Governor and confirmed by the Senate.

The Board's Mission is to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals. The Board's identified goals are to protect the public from unsafe, incompetent or fraudulent practitioners; encourage licensees to practice safely and competently in the best interests of their patients; and educate the public on acceptable and appropriate dental practices. The Board's highest priorities are the enforcement, monitoring, licensing and examination of Dentists and Dental Hygienists in Oregon.

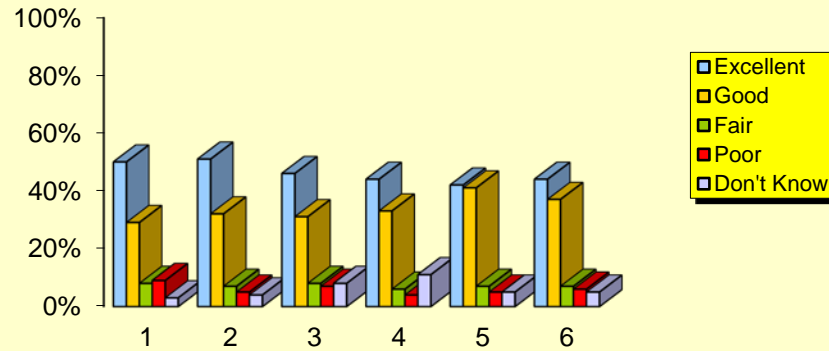
The Board is supported solely from application and license renewal fees, permit fees, miscellaneous receipts, penalty fees for late renewals and civil penalties, 95% of this revenue is from licensee and permit fees. The Board last raised fees in 2015, specifically to fund a new dental investigator position.

AGENCY PERFORMANCE OVERVIEW

**OREGON BOARD OF DENTISTRY
ANNUAL PERFORMANCE PROGRESS REPORT 2015**

Performance Measure Definition	2015 Goal	2015 Performance
#1 Percent of licensees in compliance with continuing education requirements	100%	100%
#2 Average time from receipt of a new complaint to completed investigation (ready to be submitted to the Board)	3.5 months	Investigations completed during the period 7/1/2014 through 6/30/2015. 12.0 months
#3 Average Number of working days for the receipt of completed paperwork to issuance of license (new or renewal)	7 Days	7 Days
#4 Agency Overall Satisfaction – Percent of customers rating their overall satisfaction with the agency above average or excellent.	85% Positive Response	88% Positive Response
#5 Board Best Practices – Percent of total of best practices met by Board.	100%	93%

Oregon Board of Dentistry Customer Service Survey July 1, 2015 - June 30, 2016



1 How do you rate the timeliness of the services provided by the OBD?

E=50% G=29% F=8% P=9% DK=3%

2 How do you rate the ability of the OBD to provide services correctly the first time?

E=51% G=32% F=7% P=5% DK=4%

3 How do you rate the helpfulness of the OBD?

E=46% G=31% F=8% P=7% DK=8%

4 How do you rate the knowledge and expertise of the OBD?

E=44% G=33% F=6% P=4% DK=11%

5 How do you rate the availability of information at the OBD?

E=42% G=41% F=7% P=5% DK=5%

6 How do you rate the overall quality of services provided by the OBD?

E=44% G=37% F=7% P=6% DK=5%

PROGRAM PRIORITIES

The Board's three major areas of service are:

- **Licensing and Examination**

The Board licenses dentists and dental hygienists, conducts examination for eight different specialties, establishes standards for the use of anesthesia in dental offices, issues four levels of anesthesia permits, and certifies dental assistants. Background checks are conducted on all new applicants. As described previously, applicants must pass a written national examination; a clinical examination conducted by a dental testing agency recognized by the Board, and passes the Board's Jurisprudence examination. 15% of all licensees renewing their licenses each year are audited for compliance with the Board's Continuing Education requirements.

There are approximately 3875 licensed dentists and 4303 licensed dental hygienists. We anticipate issuing about 1000 new licenses in the 2015-2017 biennium almost equally divided between dentists and dental hygienists. During the 2017 – 2019 biennium, we anticipate issuing approximately 1050 new licenses. The Board offers licensure through examination; by credential: and for dental specialists, the ability to be examined by the Board in the particular specialty and then the license is limited to that special area of expertise; i.e., Oral and Maxillofacial Surgery, or Pediatric Dentistry. Applicants for a general dental license or a dental hygiene license must pass a written examination, called the "National Boards," which is conducted by the American Dental Association, Commission on Dental Education. Applicants must also pass a clinical examination conducted by any state or regional testing agency.

The table shows the historical and projected workload for the agency in this activity.

Licensing and Examination Workload	2003-05 Actual	2005-07 Actual	2007-09 Actual	2009-11 Actual	2011-13 Actual	2013-15 Actual	2015-17 Est.	2017-19 Projections
Licenses Issued:								
Dental	311	350	355	305	340	397	450	475
Dental Hygiene	294	335	375	434	450	518	550	575
Total New Licenses Issued:	616	685	731	739	790	915	1000	1050
Licenses Renewed:								
Dental	3254	3300	3325	3389	3400	3431	3576	3600
Dental Hygiene	3180	3265	3386	3613	3700	3715	3778	3850
Total Licenses Renewed:	6434	6595	6712	7002	7100	7146	7354	7450
Specialty Examinations Conducted	9	5	3	3	3	4	3	0
Candidates Examined	7	5	3	5	3	4	3	0
Anesthesia Permits Issued/Renewed	3795	3969	3750	4359	4400	4783	4920	5220
Dental Assistants Certified	1751	2260	2449	2638	2650	2263	2400	2500
Dental Assisting Instructor Permits Issued/Renewed	102	124	106	110	125	131	140	145
Limited Access/Expanded Practice Dental Hygiene Permits Issued/Renewed	59	67	84	171	300	534	534	800

- Enforcement and Monitoring

The Board conducts investigations of complaints filed with the Board alleging unacceptable patient care or other issues ranging from unprofessional conduct, improper prescribing practices, substance abuse, unauthorized use of auxiliaries, advertising or disciplinary action in another state. The majority of cases involve allegations of unacceptable patient care. Investigations are also conducted based on reports of malpractice claims that are submitted by insurance companies. Disciplinary actions are reported to the National Practitioners Data Bank and to the Healthcare Integrity and Protection Data Bank. Licensees under disciplinary sanction are actively monitored to assure their compliance with the terms of their Order including licensees with substance abuse issues who have long-term treatment and recovery needs.

There are usually 50 licensees being monitored on a regular basis. During calendar year 2015, the Board received 221 complaints and closed 220 case investigations. Disposition of those cases are shown in the table below:

Dismissed	125
Letter of Concern	58
Disciplinary Actions	37

Disciplinary actions in 2015 included:

- Revocation – 1
- Voluntary resignation – 1
- Suspension – 4
- Restrictions on practice – 8
- Reprimand – 50
- Civil Penalty/Restitution – 31
- Education/Training – 25
- Evaluation/Treatment Monitoring – 3

(There is typically more than one type of discipline incorporated in a disciplinary action; i.e. reprimand, civil penalty and community service is the standard discipline for working without a current license or allowing a person to perform duties for which they do not hold the appropriate license or permit.)

- Administration

Administrative activities include implementation of Board policy, communication and collaboration with the professional associations, the School of Dentistry and other educational programs, related health licensing agencies such as the Medical Board, Pharmacy Board and the Board of Denture Technology in addition to State Boards of Dentistry in other states. Administration also includes legislative activities, budget development and monitoring, and staffing. A major component of Administration is carrying out the Board’s primary goal of communicating with licensees and the public. This includes maintenance of our web site, production of newsletters each year, and scheduling and presenting information to students, licensees and the public about the Board and its activities.

Agency accomplishments during 2015- 2017 include:

- Welcomed and on-boarded 2 new Board Members.
- Welcomed 3 new staffers. Agency has 8 FTEs.
- Executive Director hired in June 2015, replaced ED who previously led the OBD over 11 years.
- Continued to cultivate and strengthen positive working relationships with ODA, ODHA, ODAA, OHA and OHSU School of Dentistry and all dental hygiene and dental assisting programs with a continuation of the outreach programs to those who request programs regarding updates on the Oregon Board of Dentistry (OBD).
- Strategic Planning Session held in April 2016, plan finalized in Aug 2016. Last Strategic Planning occurred in 2007.
- Utilized the Board Website, OBD Newsletter, ODA, ODHA, email blasts and other appropriate communication tools to continue to inform Licensees of relevant OBD news, rules and updates from the Board.
- Oversaw successful implementation of new initiatives with Dental Assisting National Board for certification of Oregon Dental Assistants.
- Investigative Case backlog reduced.
- Financial Projections for 2015 -2017:
The anticipated ending balance for the OBD for 2015- 2017 is projected to be higher than what was originally forecast by approximately \$200,000. Ending balance for 2015- 17 is projected to be \$925,877 versus LAB \$718,289. The variance can be attributed to some key factors:
 - The merchant card convenience fee is projected to total over \$23,000 and was not included in the LAB.
 - Higher revenue collected for Fines and Forfeits is projected to be over \$160,000 versus the LAB of \$75,000.
 - New license and renewal fee revenues are also tracking a little higher than LAB by about \$100,000.
 - Personal Services are projected to be under LAB projections by about \$198,000, with the new Investigator position not filled until January 2016. Staff turnover during the biennium also contributed to savings along with new Executive Director, not being compensated at same level as previous ED.
 - Attorney Fees and Professional Services expense are trending higher than LAB, these expenses are projected to be about \$78,000 higher than budgeted, at the time of this report. However, attorney fees could be significantly higher with pending case load.

Agency goals for 2017-2019 include:

- Implement 2017-2020 Strategic Plan Initiatives.
- Continue to promote and encourage participation in the Statewide HPSP diversion program for licensees with substance abuse addictions.
- Continue to promote and encourage participation in the volunteer Dentist/Dental Hygienist program to increase access to quality dental care.
- Continue to use OBD/OAGD Mentoring Program as one avenue to resolve disciplinary cases.
- Continue to educate consumers on their options regarding the complaint process, and alternative means of resolving their issues.
- Continue to promote the Oregon Prescription Drug Monitoring Program to all licensees.
- Utilize the website, newsletter and personal presentations to communicate Board policies and expectations.
- Refine On-line renewal process and update to reflect updated reporting requirements.
- Continue to collect data on the ethnic and racial makeup of licensees and work with policy makers, educators, and students to encourage a representative diversity in the dental workforce.
- Refine participation in the Health Care Workforce Initiative project to address the issues of health care workforce shortages and access to care.
- Continue the implementation of more electronic media for communication and Board functions.
- Support Legislative & Governor's initiatives on protecting the health and welfare of all Oregonians.

ESSENTIAL PACKAGES

Essential Packages make budget adjustments that are part of our Current Service Level Budget and are automatically built into the 2017 – 19 Budget.

Package 060: Technical adjustments

\$191,978

- This technical adjustment is a result of a Legislative policy change (HB 4016- 2016) Passage of HB 4016 (2016) caused a shift from the OHA to the Boards for the Health Professionals' Services Program (HPSP). Occurring in the 2017-19 Biennium, permits health profession licensing boards to establish or contract together to establish

impaired health professional program for licensees of boards. Permits boards to consult with each other to adopt rules related to impaired health professional program. Establishes Impaired Health Professional Program Work Group to facilitate establishment and continuation of impaired health professional program.

POLICY OPTION PACKAGES:

Package 101 Security

\$8,000

- The purpose of this package is to provide funding for security at Board meetings. Board members and staff have expressed concerns about their safety when attending our public meetings. Recent and continued violent events in schools, workplaces and other public places have created stress and concerns for those that attend our public meetings. Providing security measures seems prudent and to mitigate the risks associated with not addressing the concerns.

How Achieved: The OBD would review security services and follow appropriate DAS Procurement Protocols to solicit bidders interested in providing security. Typically, the Board holds 6 regularly scheduled Board meetings a year. Also, the Board's Committees convene about 8 times a year. In addition, there are sometimes two public rulemaking hearings every year. These 32 meetings, over two years, would require a security guard being present.

Staffing Impact: No impact.

Services and Supplies: \$8,000

Revenue Source: The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties.

Package 102 Paperless Project

\$20,000

- The purpose of this package is to provide funding to replace existing Board Books, which are saved on a thumb drive and mailed, with a tablet-based packet delivery process. This package and proposal includes the acquisition of tablets, data plans, configuration, and the process and procedure development required to implement an electronic board packet process. Board activity is very data intensive. Board packets for any one meeting can be up to 1600 pages. In addition, board members receive and must manage additional documents such as supplemental materials emailed out after a Board Book is completed, copies of rules, statutes, surveys, protocols, training and other reference materials. It is difficult to manage version control and make sure all members are referencing the most recent version of all materials given that members manage packet materials remotely. The sheer volume of the Board books and associated management costs, while not extensive, does reduce efficiency and undermines strategic objective for reduced waste and improved sustainability. Board activity, can be susceptible to information loss at several points—in the mail, and in the possession of the individual member at their home or other location. The board is self-insured for the costs associated with any data breach. Depending on the information lost, the cost of an incident could be in the tens of thousands of dollars, or more. While the project scope is limited to the equipment and processes associated with board packets, the equipment is multi-use and will provide a base for implementing additional initiatives with minimal incremental cost for the development of processes and configuration.

How Achieved: The OBD would review IT services and support needed to accomplish this project. Appropriate DAS Procurement Protocols would be followed and utilized. The cost estimate is based on other agencies implementing a similar project successfully.

Staffing Impact: Limited- Training Board members on use of devices.

Services and Supplies: \$20,000 We anticipate that once this project is implemented and Board and staff are trained, it will streamline our information sharing processes. Ultimately it will save administrative staff time. It takes about 2 full days of work among 2.5 staffers to assemble and disseminate the Board Books now, with this new process we believe it will take 2 staffers, one day.

Revenue Source: The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties.

Package 103 Patient Safety Initiatives

\$8,535

- The purpose of this package is to fund patient safety initiatives that the Board identified in the April 2016 Strategic Planning Session.

The Board has identified two main patient safety initiatives:

- Anesthesia & Sedation
- Dental Implants

The Board has concerns with the safety of consumers who undergo anesthesia related dental treatments. To address this, the board will further discuss and consider the best ways to assure that those licensees providing sedation are following board rules and protocols. The Board has also expressed an interest in convening a task force on dental implants to involve all interested licensees and stakeholders. Dental implant failures and the resulting complaints, are leading to an increase in complaints filed with the Board. The Board is interested in gathering more information on the implants and involving the dental community on the best way to address the issue with information, education and to protect the consumer and try to mitigate the increase in complaints. A typical Board meeting costs approximately \$4,050 (Board member per diem \$3,220 and Board Meeting travel reimbursements \$830). Throughout the biennium it is reasonable that the Board could hold two additional meetings to address these patient safety initiatives, as well as utilize regularly scheduled meetings to focus on these initiatives too. Past meetings have proven that teleconferencing in is not ideal nor a productive way to connect for these meetings.

How Achieved: Implement patient safety priorities identified in 2017-2020 strategic plan.

Staffing Impact: Limited with extra meetings throughout biennium.

Services and Supplies: \$8,535

Revenue Source: The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties.

Package 104 Board Member Compensation

\$16,680

- The purpose of this package is to fund OBD Board members' compensation. Board members are compensated per OAR 818-001-0090.

How Achieved: The OBD budgets 54 hours of service/ per board member during a biennium, with 10 board members, paying \$140/day of service that equals \$75,600. Board member per diem increased 8.5% from 2015 to 2016. When the rate increased in 2016, it increased 8.5% from the previous rate. If it increases 8.5% again, then the per diem rate would be about \$152 per day for Board service. 540 hours (10 board members each serving 54 hours) X \$152 = \$82,080. Board members have attended the American Association of Dental Boards Meeting, the Commission on Dental Assessments, Western Regional Examining Board and American Board of Dental Examiners Inc., meetings in the past, and plan to do so in the future. Additionally, this package it to cover the Board Members' attendance and participation in meetings regarding patient safety initiatives, identified in the new strategic plan.

The per diem rate is determined annually (every October it can change). The past rates have been:

2016 - \$140/day of Board service

2015 - \$129/day of Board service

2014 - \$123/day of Board service

OAR 818-001-0090

Board Member Compensation

Board members of the Oregon Board of Dentistry, who are authorized by law to receive compensation for time spent in performance of their official duties, shall receive compensation based on the amount fixed for the standard per diem allowance for the Continental United States which has been authorized by the United States Internal Revenue Service for each day or portion of each day during which the Board member is actually engaged in the performance of official duties. This compensation amount shall be in addition to the reimbursement of travel expenses per Oregon Statewide Travel Policy OAM 40.10.00 PO.

No Board member shall be required to accept compensation or reimbursement of travel expenses while performing their official duties as a Board member. Stat. Auth.: ORS 679.230

Stats. Implemented: HB 2058, OL Ch. 535 (2009 Laws)

Hist.: OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09

Staffing Impact: No impact.

Services and Supplies: \$16,680

Revenue Source: The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties.

AGENCY CHALLENGES FOR 2017 – 2019 and Beyond:

- 2017 - 2020 Strategic Plan initiatives and objectives
- Onboarding of new Board members & staff
- Retention of Institutional Knowledge with retirement of staffers
- Implementing IT projects as directed by Executive Order 16-13- Unifying Cybersecurity in Oregon