

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
OCTOBER 5, 2012**

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APPROVAL OF MINUTES

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**OREGON BOARD OF DENTISTRY
MINUTES
August 3, 2012**

MEMBERS PRESENT: Patricia Parker, D.M.D., President
Jonna E. Hongo, D.M.D., Vice-President
Brandon Schwindt, D.M.D.
Alton Harvey, Sr.
Julie Ann Smith, D.D.S., M.D.
David Smyth, B.S., M.S.
Darren Huddleston, D.M.D.
Jill Mason, M.P.H., R.D.H.
Norman Magnuson, D.D.S.
Mary Davidson, M.P.H., R.D.H.

STAFF PRESENT: Patrick D. Braatz, Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Harvey Wayson, Investigator (portion of meeting)
Michelle Lawrence, D.M.D., Consultant (portion of meeting)
Rodney Nichols, D.D.S., Consultant (portion of meeting)
Stephen Prisby, Office Manager (portion of meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Beryl Fletcher, ODA; Heidi Jo Grubbs, R.D.H., ODHA; Tim Boehm, D.M.D., CDC; Deborah Loy; Lynn Ironside, R.D.H., ODHA; Vickie Woodward, R.D.H., ODHA; Lisa Rowley, R.D.H., Pacific University; Gail Aamodt, R.D.H., Pacific University; Gary Allen, D.M.D., Advantage Dental; Fred Bremner, D.M.D., Clackamas County Dental Society; E. David Granum, D.M.D., Multnomah County Dental Society, Willamette Dental Group; Jeffrey Stewart, D.D.S., ODA; Steve Duffin, D.D.S., Shoreview Dental; Kyle Johnstone, R.D.H., ODHA; Daniel E. Blickenstaff, D.D.S.; Robin Cox, R.D.H., ODHA; Rick Asai, D.M.D.; Dana Shipley, R.D.H., ODHA; Frances Sunseri, D.M.D., AGD; David Dowsett, D.M.D., ODA; Kristen Thomas, R.D.H., ODHA; Bonnie Marshall, ODAA

Call to Order: The meeting was called to order by the President at 7:30 a.m. at the Board office; 1600 SW 4th Ave., Suite 770, Portland, Oregon.

NEW BUSINESS

MINUTES

Dr. Magnuson moved and Dr. Hongo seconded that the minutes of the June 1, 2012 Board meeting be approved as amended. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

ASSOCIATION REPORTS

Oregon Dental Association

The ODA had nothing to report.

Oregon Dental Hygienists' Association

The ODHA had nothing to report.

Oregon Dental Assistants Association

The ODAA had nothing to report.

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report

Dr. Magnuson stated that WREB held their first official meeting with the new structure in place. He stated that he attended the Exam Review Committee as well as the Board of Directors meeting, both of which were good meetings. Dr. Magnuson stated that one of the primary things going on at WREB was the fact that they were planning on making some changes to their exam, utilizing psychometrics, to make it more stable. WREB recently added a new psychometrician to its staff and it was under their recommendation that these changes were being implemented. Dr. Magnuson stated everything else was business as usual with nothing additional to report.

Ms. Davidson stated she attended the Dental Hygiene Exam Board Meeting. She stated that there were a few changes, also tied to the use of psychometrics for the hygiene exam. She added that clarification of the remediation process for those who have failed the exam multiple times was provided. Ms. Davidson also wanted to notify everyone that there would be two restorative educational forums offered through WREB. One is scheduled for October 5th at Portland Community College in Portland and the other on October 6th at Eastern Washington University in Spokane.

Dr. Magnuson stated that there was also a presentation from the ADA regarding a portfolio style exam. It was made exceedingly clear that the ADA is going to propose a model portfolio exam and that the ADA would not be getting into the exam business.

Western Conference of Dental Examiners

Dr. Magnuson stated that he attended the Western Conference of Dental Examiners. He stated that he felt there was a push to have the organization dissolve itself as it has basically the same membership as WREB. It was noted that few members of other organizations and educators seem to show up at the meetings anymore. He added that another meeting was scheduled for January, but Dr. Magnuson stated that he no longer felt it was worth attending.

AADB Liaison Report

Ms. Mason stated that there was a meeting coming up in October.

Mr. Braatz stated that he and Ms. Lindley have been asked to do a presentation regarding Groupon and Living Social contract agreements and that Ms. Lindley is also scheduled to give a presentation on ethics.

ADEX Liaison Report

Dr. Parker stated that there was a meeting held June 8 - 9. Several new states have started accepting the ADEX exam, 43 in total. SERTA will also be administering the ADEX exam. Dr.

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Board Meeting

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Parker stated that a new committee was created to revise/review test calibrations and that they also appointed a committee to seek alternative methods for the periodontal exam with the hope that the exam would eventually be used as a model for a national exam. Dr. Parker stated that there was nothing else to report other than an upcoming meeting being held in November.

Dental Hygiene Committee Meeting Report

Ms. Mason stated that the Dental Hygiene Committee met July 20, 2012. Ms. Mason stated that the Dental Hygiene Committee would like the Public Health Continuing Education situation reviewed. Dr. Magnuson stated that he would take it to the Licensing, Standards and Competency Committee for review.

Dr. Magnuson moved and Dr. Hongo seconded to send the Dental Hygiene Committee recommendation regarding the use of Silver Nitrate and Fluoride Varnish to the Rules Oversight Committee for review. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

Rules Oversight Committee Meeting Report

Dr. Schwindt stated that the Rules Oversight Committee Meet July 25, 2012.

818-042-0090 – Addition Functions of EFDAs

Dr. Schwindt moved and Dr. Hongo seconded that the Board send 818-042-0090 forward to a public rule hearing as presented. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye. Dr. Magnuson was opposed.

818-035-0020 – Authorization to Practice

Dr. Schwindt moved and Dr. Hongo seconded that the Board send 818-035-0020 forward to a public rule hearing as presented. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

818-035-0072 – Restorative Functions of Dental Hygienists

Ms. Mason moved and Ms. Davidson seconded that the Board send 818-035-0072 forward to a public rule hearing as presented. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Ms. Mason, Dr. Smith and Mr. Smyth voting aye. Dr. Huddleston, Dr. Magnuson and Dr. Schwindt were opposed.

818-042-0095 – Restorative Functions of Dental Assistants

Ms. Mason moved and Ms. Davidson seconded that the Board send 818-042-0095 forward to a public rule hearing as presented. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Ms. Mason, Dr. Smith and Mr. Smyth voting aye. Dr. Huddleston, Dr. Magnuson and Dr. Schwindt were opposed.

Committee Meeting Dates

Mr. Braatz stated that no current committee dates were set but that committees would be meeting soon. He stated that all appropriate parties would be notified of dates and to keep your eye on the Board website as information would be posted there as soon as possible under the “Committee Meeting Information” link on the left hand side of the Board’s main page.

EXECUTIVE DIRECTOR'S REPORT

New OBD Staff Member

Mr. Braatz introduced the new Office Manager, Stephen Prisby, who was hired in July. Stephen is replacing Sharon Ingram who retired this past winter.

Budget Status Report

Mr. Braatz attached the latest budget report, from July 1, 2011 through June 30, 2012, for the Board to review. The report shows revenue of \$1,260,897.53 and expenditure of \$1,117,345.22. He added that this technically marks the end of the first fiscal year of the budget and it appears to be performing as expected.

Customer Service Survey Report

Mr. Braatz attached the latest Legislatively Mandated Customer Service Survey results for the Board to review. Mr. Braatz stated that the majority of comments returned with the surveys are positive and all comments are retained for the Board's review.

Board and Staff Speaking Engagements

Tuesday, July 17, 2012 - Dental Director/Chief Investigator Dr. Paul Kleinstub made a presentation to the Dental Hygiene Students at Carrington College in Portland Oregon.

Tuesday, July 10, 2012 – Mr. Braatz and Licensing Manager, Teresa Haynes, made a presentation to the graduating Dental Hygiene students at Pacific University in Hillsboro, Oregon.

Friday, July 20, 2012 - Mr. Braatz made a presentation to Advantage Dental Group in Redmond, Oregon.

Public Health Continuing Education Courses

Dr. Kleinstub stated that he reviewed a variety of curriculum in various residency programs and he stood by his previous decision of where the presented CE courses fell. He stated that he had not seen anything that would otherwise change that opinion at this point.

Mr. Braatz stated that Dr. Kleinstub has two titles with the Board of Dentistry, those being Dental Director and Chief Investigator. Mr. Braatz added that Board staff relies on Dr. Kleinstub's opinion but if the Board as a whole feels he is incorrect they could override his position but as it stands now that he's made that decision. The Board has the opportunity to act if it chooses to.

Ms. Mason stated that she would like to encourage Board staff to take a broader view of what is considered dental public health.

Tri-Met Contract

Mr. Braatz asked the Board to ratify his entry into a contract with Tri-Met for the Universal Pass Program for Board Staff that are eligible for the program.

Dr. Magnuson moved and Dr. Hongo seconded that the Board ratify the Tri-Met Contract for the Universal Pass Program. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

Best Practices Self-Assessment

Mr. Braatz reminded the Board that as part of the legislatively approved Performance Measures, the Board needs to complete the attached Best Practices Self-Assessment so that it can be included as a part of the 2011 Performance Measures Report. (Attachment #1)

Newsletter

Mr. Braatz stated that he was hoping to have a Newsletter mailed by the end of fall 2012.

UNFINISHED BUSINESS

CORRESPONDENCE

The Board received a letter from Steven Duffin, D.D.S.

Dr. Duffin sent a letter to the Board regarding the use of Silver Nitrate and Fluoride Varnish to arrest active caries in patients.

The Board received a letter from David Fuller, D.M.D.

Dr. Fuller sent a letter to the Board regarding the lack of test scores kept by the Oregon Board of Dentistry in previous years.

The Board received a letter from Floyd Kasch, D.M.D.

Dr. Kasch sent a letter in support of possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Frances A. Sunseri, D.M.D.

Dr. Sunseri sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Kaz Rafia, D.D.S.

Dr. Rafia sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Sheena Kansal, D.D.S.

Dr. Kansal sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Daniel Yaillen, D.M.D.

Dr. Yaillen sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Parisa Sepeheri, D.D.S.

Dr. Sepeheri sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Jill Price, D.M.D.

Dr. Price sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from David Skvorak, D.D.S.

Dr. Skvorak sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Fred A. Bremner, D.M.D.

Dr. Bremner sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Jeffery Stewart, D.D.S.

Dr. Stewart sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Tyler Bryan, D.M.D.

Dr. Bryan sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Steven Timm, D.M.D.

Dr. Timm sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from David Fuller, D.M.D.

Dr. Fuller sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Gary Boehne, D.M.D.

Dr. Boehne sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Bruce L. Stoutt, D.M.D.

Dr. Stoutt sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Rickland Asai, D.M.D.

Dr. Asai sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Nipoon Dave, D.D.S.

Dr. Dave sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

The Board received a letter from Dr. Ligia Morrison, D.D.S.

Dr. Morrison sent a letter in opposition to possible upcoming rule changes for restorative hygienists and assistants.

OTHER BUSINESS

Advantage Dental Expanded Practice Permit C.E. Provider Request

Dr. Schwindt moved and Dr. Hongo seconded that the Board approve the request. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

Heald College Sealant Instructor Application

Dr. Hongo moved and Dr. Huddleston seconded that the Board deny the application. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

Soft Reline Instructor Application – Stephanie Bobbit

Mr. Smyth moved and Ms. Mason seconded that the Board approve the application. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(f), (h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

PERSONAL APPEARANCES AND COMPLIANCE ISSUES

Licensee appeared pursuant to their Consent Order in case number **2008-0256**

LICENSING ISSUES

OPEN SESSION: The Board returned to Open Session.

CONSENT AGENDA

2012-0195, 2012-0217, 2012-0220, 2012-0205, 2012-0160, 2012-0211, 2012-0202, and 2012-0218 Dr. Hongo moved and Dr. Magnuson seconded that the above referenced cases be closed with No Further Action per the staff recommendations. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

COMPLETED CASES

2012-0002, 2011-0236, 2012-0197, 2011-0157, 2012-0230, 2012-0104, 2012-0199, 2012-0135, 2012-0142, 2012-0093, 2012-0125, and 2011-0178 Dr. Hongo moved and Mr. Smyth seconded that the above referenced cases be closed with a finding of No Violation of the Dental Practice Act or No Further Action per the Board recommendations. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

BARRY, ANNE G., D.M.D., & KECK-ERICKSON, NICOLE L., D.M.D. 2012-0158

Ms. Davidson moved and Mr. Harvey seconded that the Board, with regard to Respondent #1 issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a

reprimand; with regard to Respondent #2 issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand. The motion passed with Ms. Davidson, Mr. Harvey, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye. Dr. Hongo recused herself and Dr. Huddleston was opposed.

2012-0011

Mr. Smyth moved and Ms. Davidson seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that treatment notes accurately document the specific treatment that was provided. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

BELL, THOMAS M., D.D.S. & DODDS, JACQUE J., R.D.H. 2011-0117

Mr. Harvey moved and Ms. Mason seconded that the Board, with regard to Respondent #1, issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand, and a civil penalty in the amount of two thousand dollars (\$2,000.00); with regard to Respondent #2 issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand, and a civil penalty in the amount of three thousand five hundred dollars (\$3,500.00). The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

2011-0228

Dr. Huddleston moved and Mr. Harvey seconded that the Board, for Respondent #1, close the matter with a finding of No Violation of the Dental Practice Act; for Respondent #2, close the matter with a Letter of Concern addressing the issue of ensuring that when informed consent is obtained prior to providing treatment, PARQ or its equivalent is documented in the patient records; and for Respondent #3, close the matter with No Further Action. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

DOW, ROGER C., D.M.D. 2012-0018

Dr. Smith moved and Ms. Mason seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and to take at least three hours of Board approved continuing education in record keeping. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

ERICKSON, IAN M., D.M.D. & SCHWARZER, PETER D.M.D. 2012-0149

Ms. Mason moved and Dr. Hongo seconded that the Board, with regard to Respondent #1, issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand; with regard to Respondent #2 move the Board close the matter and take no further action at this time; with regard to Respondent #3 issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye. Dr. Huddleston recused himself.

HENDY, JOHN A., D.D.S. 2011-0226

Dr. Magnuson moved and Mr. Smyth seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to

make a restitution payment in the amount of \$6,804.00 to the patient within 90 days of the effective date of the Order. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye. Dr. Huddleston recused himself.

HULL, JUDY J., R.D.H., & HULL, STEPHEN E., D.M.D. 2012-0133

Ms. Davidson moved and Mr. Harvey seconded that the Board, with regard to Respondent #1, issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order that would reinstate the Licensee's dental hygiene license following completion of the application process, providing the Licensee agrees to be reprimanded and pay a civil penalty in the amount of \$2000.00; for Respondent #2, issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand and a civil penalty in the amount of \$2,000.00 per Board protocol. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye. Dr. Parker recused herself.

2012-0022

Mr. Smyth moved and Ms. Davidson seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that when dental radiographs are taken, the radiographs include coverage of all areas of concern and that treatment notes accurately document all contacts with the patient. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

2012-0101

Mr. Harvey moved and Ms. Mason seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that, when prescribing medications, a dental justification is documented in the patient record. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

RADTKE, EDWIN P., D.M.D. 2012-0138

Dr. Huddleston moved and Mr. Harvey seconded that the Board issued a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a \$6,000 civil penalty. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

RHODES, BRADFORD J., D.M.D. 2012-0171

Dr. Schwindt moved and Dr. Magnuson seconded that the Board issue a Notice of Proposed Disciplinary Action Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, pay an \$8,000.00 civil penalty, and make a restitution payment in the amount of \$1,262.00. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

SCHWAM, STEPHEN P., D.D.S. 2009-0253

Dr. Smith moved and Ms. Mason seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be

reprimanded, pay a civil penalty in the amount of \$2500.00 per Board protocols, make a restitution payment to patient JM in the amount of \$16,603.00 per Board protocols, and be restricted from providing orthodontic care except under the supervision of a Board approved orthodontist, per board protocol for close supervision. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

WADDELL, KEN W., D.M.D. 2011-0229

Ms. Mason moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay a \$5000.00 civil penalty. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Smith and Mr. Smyth voting aye. Dr. Schwindt recused himself.

ZEHTAB, HAMID R., D.M.D. 2012-0203

Dr. Magnuson moved and Mr. Smyth seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay a \$20,000.00 civil penalty. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

PREVIOUS CASES REQUIRING BOARD ACTION

BLODGETT, KELLY J., D.M.D. 2011-0213

Ms. Davidson moved and Mr. Harvey seconded that the Board issue a Final Default Order incorporating a reprimand, a \$1,000 civil penalty, six hours of continuing education in the area of orofacial radiology within six months, and a requirement that Licensee submit documentation verifying completion of 40 hours of continuing education for the licensure periods 4/1/11 to 3/31/13 and 4/1/13 to 3/31/15. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye. Dr. Huddleston recused himself.

DENNEHY, ANNE H., D.D.S. 2011-0068

Mr. Smyth moved and Ms. Davidson seconded that the Board deny Licensee's request to resolve this matter with a Letter of Concern and affirm the Board's action of 8/19/11. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

DENSLEY, DIX C., D.D.S. 2007-0000

Mr. Harvey moved and Dr. Hongo seconded that the Board accept Licensee's offer to resolve the matter with a Consent Order incorporating a reprimand and a \$500 civil penalty. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

FRYE, RAYMOND L., D.M.D. 2012-0064 & 2012-0117

Dr. Huddleston moved and Dr. Magnuson seconded that the Board deny Licensee's request and offer Licensee a Consent Order incorporating a reprimand, a \$20,000 civil penalty and three hours

of Board approved continuing education in record keeping to be completed within six months of the effective date of this Order. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

GAGNEJA, PRASHANT B.D.S. 2010-0216

Mr. Smyth moved and Dr. Magnuson seconded that the Board accept respondent's proposed Consent Order incorporating a reprimand and a requirement that, if and when the Board issues him a dental license, he complete 250 hours of pro bono surgical treatment in a hospital operating room within 36 months and provide monthly reports to the Board on the pro bono work. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Smith and Mr. Smyth voting aye. Dr. Schwindt and Dr. Parker recused themselves.

GREHN, CYNTHIA M., R.D.H. 2011-0147

Dr. Schwindt moved and Mr. Harvey seconded that the Board deny Licensee's request to re-word the Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$1,000 civil penalty, 20 hours of community service to be completed within three months, and require Licensee to submit, with Licensee's license renewals, documentation verifying completion of 24 hours of continuing education for the licensure periods 10/1/10 to 9/30/12 and 10/1/12 to 9/30/14. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

HAZEL, MICHAEL C., D.M.D. 2011-0186

Ms. Mason moved and Dr. Smith seconded that the Board deny Licensee's request to resolve the matter with a Letter of Concern and affirm the Board's action of 2/10/12. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

HERRERA, LILIA D.D.S. 2011-0219

Dr. Magnuson moved and Mr. Smyth seconded that the Board deny Licensee's request and affirm the Board's action of 6/1/12. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

HUSER, SHELLERY R., R.D.H. 2009-0105

Ms. Davidson moved and Mr. Smyth seconded that the Board issue an Amended Notice of Proposed License Revocation. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

KAMI, PAUL K., D.M.D. 2011-0087 and 2011-0156

Mr. Smyth moved and Dr. Magnuson seconded that the Board issue a Final Order of License Revocation. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

2008-0254

Mr. Harvey moved and Dr. Magnuson seconded that the Board grant Licensee's request providing Licensee agree to the terms of an Amended Voluntary Diversion Agreement wherein Licensee

may purchase the dental practice of Dr. B. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

LOXLEY, EMINE C., D.M.D. 2011-0078

Dr. Huddleston moved and Dr. Smith seconded that the Board reaffirm the Board's actions on 8/19/11 and 2/10/12 and refer the case to hearing. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

2011-0202

Dr. Schwindt moved and Dr. Smith seconded that the Board grant Licensee's request, issue an Order of Dismissal dismissing the Notice of Proposed Disciplinary Action, dated 2/17/12 and the Amended Notice of Proposed Disciplinary Action, dated 7/17/12, and close the matter with a STRONGLY worded Letter of Concern addressing the issue of ensuring that Licensee make every effort to diagnose and document pathology evident on radiographs. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

SHAMLOO, JAMSHEED J., D.M.D. 2012-0119

Mr. Smyth moved and Dr. Magnuson seconded that the Board issue a Final Default Order incorporating a reprimand and a \$5,000 civil penalty. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

STALEY, CHARLES R., D.M.D. 2011-0172

Ms. Mason moved and Ms. Davidson seconded that the Board deny Licensee's request and affirm the Board's action of 2/10/12. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

WALLE, NEIL M., D.D.S. 2010-0197

Dr. Magnuson moved and Ms. Davidson seconded that the Board accept Licensee's offer whereby he agrees to complete two fully banded orthodontic cases on patients referred by Advantage Smiles for Kids; License shall submit his diagnosis, treatment plans, and study models for a required Board review and pre-approval; Licensee shall fully identify the patients treated; and every six months Licensee shall submit to the Board his treatment notes as part of his Consent Order. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye

LICENSURE AND EXAMINATION

Ratification of Licenses Issued

Dr. Magnuson moved and Dr. Huddleston seconded that licenses issued be ratified as published. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

Reinstatement of License

Ms. Davidson moved and Ms. Mason seconded that the Board reinstated the license of C. Nicholson, III. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye

Investigative Summary Case No. 2011-174

Mr. Harvey moved and Dr. Magnuson seconded that the Board grant the request to release the investigative summary. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye

EXECUTIVE SESSION: The Board will meet in Executive Session pursuant to ORS 192.660(2)(i), to conduct the annual review and evaluation of the Executive Director. No final action will be taken in Executive Session.

OPEN SESSION: The Board returned to Open Session.

ADMINISTRATIVE REVIEW

REVIEW

Mr. Smyth moved and Dr. Magnuson seconded that the Board accept Mr. Braatz's performance rating as presented by the Administrative Workgroup. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

ADMINISTRATIVE GOALS

Mr. Harvey moved and Dr. Magnuson seconded that the Board approve the goals presented for the Executive Director for the 2012-2013 year. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye

EXCEPTIONAL PERFORMANCE LEAVE WITH PAY

Dr. Magnuson moved and Ms. Davidson seconded that the Board grant Mr. Braatz the 40 hours of exceptional performance leave with pay in the event that the state reinstates its availability for those who've been granted its use in the course of the next year. The motion passed with Ms. Davidson, Mr. Harvey, Dr. Hongo, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Schwindt, Dr. Smith and Mr. Smyth voting aye.

Announcement

No announcements

ADJOURNMENT

The meeting was adjourned at 2:10 p.m. Dr. Parker stated that the next Board meeting would take place on October 5, 2012.

Approved by the Board October 5, 2012.

Patricia A. Parker, D.M.D.
President

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.		
2. Executive Director receives annual performance feedback.		
3. The agency's mission and high-level goals are current and applicable.		
4. The Board reviews the Annual Performance Progress Report.		
5. The Board is appropriately involved in review of agency's key communications.		
6. The Board is appropriately involved in policy-making activities.		
7. The agency's policy option budget packages are aligned with their mission and goals.		
8. The Board reviews all proposed budgets.		
9. The Board periodically reviews key financial information and audit findings.		
10. The Board is appropriately accounting for resources.		
11. The agency adheres to accounting rules and other relevant financial controls.		
12. Board members act in accordance with their roles as public representatives.		
13. The Board coordinates with others where responsibilities and interest overlap.		
14. The Board members identify and attend appropriate training sessions.		
15. The Board reviews its management practices to ensure best practices are utilized.		
Total Number		
Percentage of total:		

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ASSOCIATION REPORTS

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COMMITTEE REPORTS

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WREB
Board of Directors
Minutes of the Meeting
July 19, 2012
Denver, CO

Members Present: Dr. Robert Giannini, presiding, Dr. Joe Zayas, Dr. Arne Pihl, Carol Price, RDH, Dr. James Sparks, Dr. Kevin Stock, Connie Sliwinski, RDH, Dr. Nathaniel Tippit, and Dr. Norman Magnuson.

Non-Voting Members Present: Dr. Charles Broadbent, Dr. Bruce Horn, Kelly Reich, RDH, and Beth Cole.

Guests Present: Peggi Moore, Linda Paul, Rad Masinelli, Dr. Sharon Osborn Popp, Robin Krych, and Denise Ramos.

Consent Agenda

Dr. Giannini asked for approval of the minutes of the April 21 meeting, as well as the CSW Report.

Motion/Second to approve the minutes of the April 21, 2012 meeting and the CSW Report as presented.

Motion Passed.

Investment Update

Peggi Moore presented an update on the market and the status of WREB's investments.

Financial Report

Beth Cole presented the mid-year financial report as of June 30. There is nothing of concern to note on either report.

PBIS has had a 20% increase in applications from last year. Their online application process is now fully implemented. 96% of their applications have been submitted online. A huge percentage of their applications were submitted at the beginning of the year, which caused some backlogs, particularly with a staff member's resignation, so the PBIS staffing model was reviewed. The conclusion was that they need a staff that is flexible in the amount of hours that they work. They hired two part time people who flex up and down as needed and this is working well. PBIS has some prospective new business from Indiana and Illinois who have received information. WREB's new member states, North Dakota and Missouri, will also be contacted. The automation process for PBIS was planned in three phases. Phase 1 is complete, but they want to get a full year of experience prior to moving on to Phase 2.

Audit Report

Beth Cole presented the audit report from 2011. Again, there is nothing of concern to note. Beth did note that the new Office Manager, Victoria DeLeon, is a CPA and therefore has the ability to prepare financial reports. This will eliminate the deficiency in internal control noted by the auditor in her annual reports.

Site Costs and Exam Fees for 2013

Beth Cole reviewed the site cost calculation for 2011. 2011 is used because that is the most recent completed year. The per-candidate exam fee exceeds costs for the majority of exams, so she did not recommend an increase in fees for 2013. However, an additional fee should be added for the anesthesia written exam. There will be a software change in how enrollments for that exam are processed, which necessitates an additional fee of \$50. This will be the second year that WREB does not increase fees and research indicates it is still the testing agency with the lowest fees.

Motion/Second to keep exam fees the same for 2013, with the added \$50 fee for the anesthesia written exam.

Motion Passed.

Hygiene Exam Review Board Report (HERB)

Carol Price, Chair of the Hygiene Exam Review Board, presented the HERB report. HERB met on Tuesday, July 17. 16 of the 17 member states were represented.

It was suggested that during the fall strategic planning, the Board of Directors discuss how information to HERB and DERB can be distributed in a more timely fashion to facilitate interaction among members and allow response time for questions to be answered prior to the meeting. Reports were presented from all five committees: Anesthesia, Dental Hygiene, Restorative, Local Anesthesia, and Process of Care.

The following recommendations were approved:

- Separate the written exam fees from the clinical exam fees for the anesthesia exam. The fee for the clinical will be \$250 and for the written will be \$50.
- Revise the scoring system for the restorative exam so that it is comparable to the operative scoring on the dental exam.
- Launch the Restorative Electronic Scoring System (RESS) and the Electronic Scoring System Anesthesia (ESSA) in 2013.

Motion/Second to approve the report and recommendations from the Hygiene Exam Review Board.

Motion Passed.

Dental Exam Review Board Report (DERB)

Dr. Norman Magnuson, Chair of the Dental Exam Review Board, presented the DERB report. DERB met on Wednesday, July 18.

The only recommendation from the committee reports was from the PATP committee: They recommended the scoring on key items be changed from a 1 to 5 scale to a 1,3,5 scale.

The DERB also discussed implementing a penalty for modification requests that are sent to the grading area by floor examiners, but the candidate ignores the instruction. The DERB recommends the candidate lose all points for the preparation on that procedure. This can be implemented in 2013.

Another item discussed by the DERB is the timing of the written exams. Beth Cole introduced the concept of allowing candidates to take the written exams earlier so that equating can be done earlier in the season and results for the first exams can be released sooner. The DERB approved staff taking a year to analyze the feasibility and costs association with this change. The change would apply to all written exams, including dental hygiene.

Dr. Greg Waite was elected as the third DERB member-at-large to the Board of Directors. Drs. Nathaniel Tippit and Arne Pihl were re-elected to the Board of Directors.

***Motion/Second to approve the report and recommendations from the Dental Exam Review Board.
Motion Passed.***

Pass Rates

Dr. Sharon Osborn Popp presented a brief overview of pass rates through the previous weekend. The overall pass rate is 81.8%. Pass rates are on track compared to last year at this time. Many candidates pass upon the second attempt, but pass rate decreases with each subsequent attempt. Tracking data over several years shows that about 4% never pass at all. Dr. Norm Magnuson requested pass rates by attempt in the future.

Sharon was asked to perform a review of the low restorative pass rate. It dropped significantly from 2008 to 2009 and has not recovered since. Sharon performed an impact study by category: examiners, scoring, and the candidate pool. She found no issues related to examiner type (RDH versus dentist) or composition of the examiner pool, and examiner agreement was high across all years. No changes occurred in scoring and all scoring procedures reflected the candidate guide. She also evaluated the candidates and found that there is an increased number of low performing candidates. The average performance went down by only 5% from 2008 to 2011, but the distribution has changed. The average performance and the cut score are now very close, so a higher proportion of candidates fail, since so many are performing close to the cut score.

Sharon also reported that examiner agreement is very high in both dental and dental hygiene.

2013 Exam Schedule

Denise Ramos presented the proposed 2013 dental exam schedule. There are 31 exams on the schedule. No new sites will be added in 2013. Nova Southeastern University has not responded, so they are not on the schedule.

Robin Krych presented the proposed 2013 dental hygiene exam schedule. There are 31 hygiene exams, 29 anesthesia, and 10 restorative exams on the schedule. New sites include Fortis College, West Coast University, and Cabrillo College.

***Motion/Second to approve both Dental and Dental Hygiene exam schedules.
Motion Passed.***

Beth Cole noted that Oklahoma cancelled exams after the schedule was approved this year. WREB was contracted for hotel rooms and as a result paid \$5000 in attrition. She asked the Board to consider whether contracts with schools are necessary for situations like these where the school would pay a cancellation fee. The general consensus was that since this has only happened once, it is not needed at this time.

Observer Funding

Beth Cole explained that it has been commented that new examiners find it very beneficial to observe prior to examining. WREB currently does not require or fund observations, and Idaho is the only state board that funds it for its members. WREB can afford to fund observation. Beth asked for feedback from the Board. The consensus was that new examiners have plenty of other opportunities for training, including the online materials, meeting with the Team Captain, and generally do fine after the first day. WREB will not fund observations.

Western Conference

Beth Cole explained that the Western Conference wants to attach itself to the WREB educator forum in January, which may present challenges for WREB's leadership due to the number of meetings held during that time. Beth suggested moving the Educator Forum earlier and maybe hold it at the Tempe Mission Palms where WREB can get a rate of \$165 per night and could hold a reception. One night could be funded for attendees. No air travel would be included. Two benefits would be gained by moving it earlier: Changes can be reported to schools earlier and if the Western Conference attaches itself, more WREB leadership can attend.

Motion/Second to approve moving educator forum to the fall and to fund one night in the hotel for attendees.

Motion Passed.

California Hygiene Response

Beth Cole has been in contact with California and the hygiene board is still considering whether or not to become a member of WREB. However, to do that, they must accept the exam as is, and they want to change the cut score to 80%, in addition to changing who can apply for the exam. WREB has gone to great lengths to accommodate them ever since they began accepting the results. Unfortunately, they in turn have taken the information and used it for their benefit only. Beth handed out a draft letter that she would like to send to the board stating that in absence of a decision on membership, WREB will no longer be assigning California examiners to exams.

Motion/Second to approve sending the letter presented by Beth Cole to the California Dental Hygiene Board informing them that WREB will no longer assign California Hygiene examiners.

Motion Passed.

Website Updates/Technology

Rad Masinelli, IT Manager, provided the Board an overview of the current state of technology used by WREB and what can be expected in the future, including challenges and potential solutions. To accomplish website updates to address the challenges, a two-phase project will take place, with a cost of \$90,000. In January, the Board approved a line item for staff to accomplish website improvements, upgrades, etc.; however, Beth felt the following were large enough line items that the Board should be aware of them individually. The first request is for \$90,000 for website updates.

Motion/Second to approve a capital expenditure of \$90,000 for website updates.

Motion Passed.

There are also two pending work orders for HESS and DESS improvement for 2013. HESS is stable software and staff does not expect big changes after this year. The work order for HESS is \$32,000.

Motion/Second to approve \$32,000 for HESS annual updates.

Motion Passed.

DESS is slightly behind HESS due to its later implementation. It may still have a large cost next year for improvements, and then should stabilize. The work order for DESS is \$41,000.

Motion/Second to approve \$41,000 for DESS annual updates.

Motion Passed.

There is no request at this time for a hardware expenditure, but there may be one in the future.

Online Calibration

Kelly Reich reported that hygiene calibration will be completed and scored online in 2013. There was much discussion on the advantages and disadvantages of implementing online calibration for dental.

Motion/Second to approve the concept of holding dental calibration online so that staff can research the feasibility.

Motion Passed.

Report from ICE Committee

Dr. Charles Broadbent presented the report from dental ICE committee. The committee has worked on three forms needed to make a viable exam. Two field tests have been completed and a third field test will be computerized. The committee is confident enough prosth has been field tested, but haven't been as confident about perio. An educator from Oklahoma with perio expertise will therefore be added to the committee to help develop this portion of the exam. The committee is also working on the concept of testing a case over time. The committee is requesting an additional \$10,000 to cover the additional expenditure related to field testing the exam at Pearson VUE.

Motion/Second to approve an additional \$10,000 for field testing at Pearson VUE.

Motion Passed.

Travel Concerns

Beth Cole explained that travel accommodation requests have become extensive and more complex. There seems to be a mindset that WREB exams are vacation opportunities. People are starting to ask for hypothetical expenses, such as what they would have paid for a cab when they use alternative transportation. The consensus is that the policy should be reiterated. Only expenses with receipts will be reimbursed. A letter signed by Dr. Giannini will be mailed to all examiners and staff.

Appeals Reports

Robin Krych presented the dental hygiene appeals report. There have been thirteen appeals over five years, and only one upheld. Denise Ramos presented the dental appeals report. There have been two appeals since January 2012 and one was upheld.

Educator to sit on the DERB

Beth Cole went over the names submitted by schools to occupy the educator seat on the DERB. After a discussion about each, the board agreed on Dr. Michael Mulvehill from USC.

Motion/Second to approve Dr. Michael Mulvehill to the Dental Exam Review Board.

Motion Passed.

Hygiene Clinical Exam Remediation Policy

Kelly Reich handed out the final version of the Dental Hygiene revised remediation policy. For dental hygiene, process of care, and local anesthesia, the policy requires 80 hours for first time remediation after three failures. For restorative, the policy requires 15 hours after two failures.

Motion/Second to approve the final revised dental hygiene remediation policy.

Motion Passed.

RESS/ESSA Update

Robin Krych gave an update on the status of the Restorative Electronic Scoring System and the Electronic Scoring System Anesthesia. Both systems have been beta tested and are working well. Internal beta testing will be ongoing. Both should be launched in 2013.

Examining Community Update

Beth Cole reported that we have had a request for a Kentucky hygiene exam, but they decided not to hold one in 2013. WREB also got a request from Indiana, but after responding to them, she has not received a response back. Alabama is no longer accepting WREB. Molly Nadler is retiring from the AADB. ADEX is discontinuing the periodontal section with patients on their exam the year after next.

Executive Session

The Board went into Executive Session.

There being no further business, the meeting was adjourned.

Respectfully Submitted,

Beth Cole
Secretary

**Dental Exam Review Board
July 18, 2012
Denver, CO**

MINUTES

Present:

Dr. Norman Magnuson, Chair, OR
Dr. Paul Bryan, WA
Dr. Dale Chamberlain, MT
Dr. Rodney Hill, WY
Dr. Brad Hoopes, OK
Dr. Tom Kovaleski, AK
Dr. Alexander Larsen, UT
Dr. Robert Lauf, ND
Dr. Dennis Manning, IL
Dr. Suzanne McCormick, CA
Dr. Rudy Ramos, TX
Dr. Roger Stevens, KS
Dr. Gregory Waite, AZ
Dr. Robert Giannini, President
Dr. Joe Zayas, President-elect
Beth Cole, Chief Executive Officer

Dr. Charles Broadbent, Dir. of Dental Exam
Development
Dr. Bruce Horn, Dir. of Dental Exam
Administration
Dr. Ron Lemmo, ADA
Dr. James Sparks
Deborah Polc, RDH, MO
Dr. Berit Lakey, Governance Consultant
Radley Masinelli, IT Manager
Dr. Sharon Osborn Popp, Testing Specialist
Kelly Reich, RDH, Dir. of Dental Hygiene Exam
Development and Administration
Linda Paul, Dir. of Exam Operations
Robin Krych, Dental Hygiene Manager
Denise Ramos, Dental Manager

Consent Agenda

Dr. Magnuson asked for approval of the minutes of the 2011 meeting.

Motion/Second to approve the minutes of the 2011 meeting with an amendment to Dr. Joe Zayas' title reflecting that he is President-elect.

Motion Passed.

Orientation to the Role of the DERB

Dr. Berit Lakey presented an orientation on the new WREB governance structure which became operational in 2012. The structure was implemented to help support WREB's growth, values, and long-term success. Following the presentation, members were divided into groups for discussion on their responsibilities to each other prior to and during meetings. The results of these discussions were shared with the whole group.

Psychometric Presentation

Dr. Sharon Osborn Popp conducted a brief presentation on psychometric approaches, pass rates, and examiner agreement.

Pass rates are on track compared to last year at this time. Many candidates pass upon the second attempt, but pass rate decreases with each subsequent attempt. Tracking data over several years shows that about 4% never pass at all. There are two exams left in the 2012 exam season, so the pass rates may change slightly.

Examiner agreement over all exams is very high.

Highlights from analyses conducted on Dental examination sections were also presented. Technical adequacy is high and most rating scales involved in scoring are functioning very well. The “Key Items” in PATP were briefly reviewed as an area where reducing the number of rating scale categories would enhance reliability (and has become a recommendation of the PATP Committee).

2013 Draft Exam Schedule

Denise Ramos briefly reviewed the draft exam schedule for 2013. There are 31 exams on the schedule. No new sites will be added in 2013. Nova Southeastern University has not responded, so that site is not on the schedule.

Committee Reports

Dr. Charles Broadbent presented a summary of each committee report.

Operative

At their last meeting, the committee decided to change the criteria to include wrong surface language. If the candidate has a wrong surface, it will not be possible to score higher than a 1 on outline and extension and internal form. The committee is in the process of considering whether additional penalties for modification requests not approved and patient rejections are necessary. Data regarding these two items has been requested from Dr. Osborn Popp and the committee will make its decision after considering that data. There are no recommendations from the operative committee at this time.

Motion/Second to approve the operative committee report.

Motion Passed.

Endo

The committee made a number of administrative changes to the exam materials. There are no recommendations from the endo committee at this time.

Motion/Second to approve the endo committee report.

Motion Passed.

Perio

There are no recommendations from the perio committee at this time.

Motion/Second to approve the perio committee report.

Motion Passed.

CSW Prosthodontics Report

There are no recommendations from the CSW prosthodontics committee at this time.

Motion/Second to approve the CSW prosthodontics committee report.

Motion Passed.

PATP Report

In order to complete equating and get results to candidates sooner, the PATP committee will reduce the number of cases from eight to six in 2013. There will be an addition to the answer keys which will include a note to examiners about the rationale for scores on some items. This should help examiners understand why the committee scored a certain way. Sharon’s statistical analysis raised some concerns about the key items and as a result, the committee is recommending moving to a 5, 3, 1 rating scale on the key items. This change would be implemented in 2014.

Motion/Second to approve the PATP committee report, including the recommendation to change the scoring on key items to a 5, 3, 1 scale for 2014.

Motion Passed.

Modification Request Form Ignored

Dr. Broadbent presented a proposal for the implementation of a new penalty related to modification requests. The penalty would apply when a candidate requests a modification and is instructed to send it to the grading area, but the candidate ignores the instructions and proceeds with the preparation without the modification. Five different options for a penalty were presented and discussion followed.

Motion to implement a penalty for loss of all points for the preparation when a candidate ignores the floor examiner's directive to submit a modification request to the grading area.

Discussion: The penalty will be implemented in 2013. There was additional discussion on whether the candidates actually intend to ignore the floor examiners or whether they simply misunderstand the instructions. The board considered which penalty would act as a deterrent without being too harsh.

Motion/Second to implement a penalty for loss of all points for the preparation when a candidate ignores the floor examiner's directive to submit a modification request to the grading area.

Motion Passed.

Timing of Written Exams

Beth Cole requested endorsement of the concept for moving the time frames during which the computerized exams can be taken by candidates. Currently, the candidates can take these exams as late as fifteen days prior to their clinical. For early exams, this presents a challenge for getting equating done early enough to prevent a delay in candidate results. To illustrate, candidates in the first exam of the year waited 38 days for their results, while candidates in later exams waited between two to four days. Moving the exams to the fall would allow data to be equated prior to the clinical exam.

Motion/Second to endorse the concept of moving the computerized exam time frames earlier.

Motion Passed.

ADA Report

Dr. Ron Lemmo presented an update on resolution 42H. The ADA has no intention of creating a portfolio exam; they only created a model. The model is available to any licensing or examining agency. The hope of the ADA is that bodies like WREB would have a vehicle to administer a portfolio exam should the market need it. The RFP report is expected August 2.

Dr. Lemmo also informed the DERB that he is involved in a national ADA election and if elected, this will be his last meeting as the ADA representative to the DERB.

Elections

Members voted on the candidates for the open seats on the Board of Directors. Dr. Gregory Waite was elected as the new at-large member. Dr. Arne Pihl, treasurer, and Dr. Nathaniel Tippit, at-large member, were elected to a second term on the Board of Directors. Dr. Joe Zayas will serve two years as president as the organization continues through the transition to the new structure.

WREB Orientation

Beth Cole and WREB staff presented an overview of the organizational structure and staff responsibilities.

There being no further business, the meeting was adjourned.

Respectfully Submitted,

Denise Ramos
Dental Manager

Western Regional Examining Board
Hygiene Exam Review Board Meeting
Denver, Colorado
July 17, 2012

HERB members in attendance:

Carol Price, RDH	Rebecca Howard, RDH
Dr. Robert Giannini	Karen Sehorn, RDH
Beth Cole	Mary Davidson, RDH
Kelly Reich, RDH	Alicia Grant, RDH
Cheryl Fellenberg, RDH	Karen Bateman, RDH
Sharie Mikolajczyk, RDH	Ruth Needham, RDH
Jan Simpson, RDH	Sally Berg, RDH
Denise Maus, RDH	Karmen Aplanalp, RDH
Kathy Heiar, RDH	Linda Paul
Deborah Polc, RDH	Robin Krych
Jennifer Porter, RDH	

The meeting was brought to order at 8:00 am by Kelly Reich, RDH. She introduced the HERB Chair, Carol Price, RDH. Carol welcomed all new members and asked members to introduce themselves and thanked them for their service to WREB.

Consent Agenda

Carol presented the consent agenda which consisted of the minutes of the July, 2011 DH-ERC meeting. The minutes of the 2011 meeting were changed to reflect a typographical error.

Motion/Second

Approve the consent agenda, as amended.

Motion Passed

WREB Organization Governance

Dr. Berit Lakey was introduced and walked the Board through WREB's new governance structure. The governance restructuring process has taken three years to complete and the result is a system that will maintain WREB's core values while allowing for growth.

WREB Update

Beth Cole updated the board as summarized below:

- The ongoing concern with travels costs due to airfare expense as well as the fact that hygiene examinations tend to be in rural areas therefore fewer flights are available.
- WREB candidates who are students from the state of California and who challenge the exam in the state of California prior to graduating are not permitted to administer local anesthetic to their patients per the DHCC.
- Presented the proposed 2013 dental hygiene examination schedule. The schedule includes thirty-nine (39) sites, which include 29 local anesthesia, 31 dental hygiene, and 10 restorative examinations.

Candidate Guides

Kelly updated the Board concerning the changes to patient criteria for local anesthesia and dental hygiene clinical examinations.

Committee Reports and Recommendations

Kelly Reich presented the recommendations from the submitted Local Anesthesia Committee report.

- WREB will offer the written examination separate from the clinical giving the candidates the option to enroll in just one or both at the same time. The candidate will not necessarily forfeit their entire exam fee (clinical) after failing the written. Cancellation fees still apply as detailed on the WREB website.
- Exam sites specifically review with candidates the school policy regarding proper disposal of biohazard and pharmaceutical waste.
- "Local Anesthesia for the Dental Hygienist", will not be listed as a referenced textbook.
- Purchase six (6) additional Malamed textbooks, Handbook of Local Anesthesia" sixth edition.

Motion/Second

Approve the Local Anesthesia Committee report, as submitted.

Motion Passed

Rebecca Howard presented the recommendations from the submitted Hygiene Committee report. She noted that there is no longer a need to purchase four additional typodonts and hence withdrew that request.

Motion/Second

Approve the Hygiene Committee report, as amended.

Motion Passed

Jennifer Porter presented recommendations from the submitted Process of Care Committee report.

- Purchase six (6) textbooks, "Clinical Practice of the Dental Hygienist" by Wilkins.
- Consider costs for updating cases in Exam Studio
- Consider costs for creating new cases in Exam Studio
- Consider costs for implementing new features, such as drag and drop.

Motion/Second

Approve the Process of Care Committee report, as submitted.

Motion Passed

Kelly Reich presented the recommendations from the submitted Restorative Committee report.

- Revise current examination scoring (similar to dental's Operative section. The re-scaling of points received would be applied after (rather than before) the criteria-based weighting and raw score calculation.
- Purchase ten (10) dentoforms
- Purchase ten (10) 1-12 UNC probes, Hu-Friedy 2R/2L
- Purchase ten (10) mouth mirrors

Motion/Second

Approve the Restorative Committee report, as submitted.

Motion Passed

Kelly Reich updated the members concerning the Examiner Performance Committee (EPC) stating that they recently met to review year to date examiner statistics as well as a summary of the submitted peer evaluations. She reiterated that the information is presented in an anonymous form and that based on established guidelines, an examiner may receive a letter from the committee informing them of specific deficiencies or concerns regarding performance and/or grading.

Remediation Policy

Kelly presented the Local Anesthesia, Dental Hygiene, Process of Care, and Restorative remediation policy changes. The changes include more specific requirements for each exam type as well as specific hours that candidates must complete. Local anesthesia and dental hygiene examinations require remediation after 3 failed attempts while restorative requires remediation after two failed attempts.

2012 Exam Statistics

Sharon Osborn Popp presented year to date candidate statistics on each exam type as summarized below:

Local Anesthesia

- 909 candidates year to date have taken the exam – 82.6% successfully
- 91.7% passed the written portion
- 96.8% passed the clinical portion on the first attempt

Restorative

- 430 candidates year to date have taken the exam – 56.7% successfully

Dental Hygiene

- 1442 candidates year to date have taken the exam – 86.9% successfully
- 91.7% passed the written P.O.C. portion
- 92.2% passed the clinical portion on the first attempt

Process of Care

Kelly Reich and Linda Paul led the members through the Process of Care (POC) demonstration and exam flow. They reiterated that the POC examination is intended to enhance the current clinical examination by further testing a candidate's skills during assessment, treatment, and outcomes phases of dental hygiene care.

Electronic Scoring

Robin Krych presented the Electronic Scoring System Anesthesia (ESSA) and the Restorative Electronic Scoring System (RESS) to the Board. The members reviewed the exam process and system performance. Both ESSA and RESS are scheduled to launch in the 2013 exam season.

Educator Forums

Kelly announced that WREB will be hosting two restorative educator forums. October 5, 2012 at Portland Community College in Portland, OR as well as on October 6, 2012 at Eastern Washington University in Spokane, WA. In addition to the restorative forums WREB will also host two hygiene educator forums. One forum will be held on November 9, 2012 at the University of Pacific in Stockton, CA and November 10, 2012 at West Coast University in Anaheim, CA. All the forums will reflect the 2013 exam criteria. Faculty has found the forums to be a helpful tool for preparing “mock boards”, and to address questions from students regarding exam content.

Examiner Pool Update

Kelly discussed the current WREB examiner pool and addressed the need to allow new educator examiners into the pool, which would require some educators to rotate out of the pool. This would enable new examiners from new programs to participate in the exam process.

Post Exam Critiques

Beth informed the members of her wish to investigate further the capability of online post exam critiques.

WREB Staff Presentations

WREB staff presented a governance restructuring and orientation presentation to the board. Each department head gave a brief presentation regarding their department, its staff and how they contribute to and embrace WREB's mission.

Miscellaneous

The 2013 DH-ERB meeting will be held in Santa Fe, New Mexico.

Having no further business the meeting adjourned at 2:30 pm.

Respectfully submitted,

Robin Krych

OREGON BOARD OF DENTISTRY
LICENSING, STANDARDS AND COMPETENCY COMMITTEE
MINUTES
AUGUST 23, 2012

The Licensing, Standards and Competency Committee met at the OBD office on August 23, 2012.

Committee members present: Norman Magnuson, D.D.S., Chair; Julie Ann Smith, D.D.S., M.D.; Mary Davidson, M.P.H., R.D.H., E.P.P.; Daren L. Goin, D.M.D. - ODA Representative; Lisa J. Rowley, R.D.H. - ODHA Representative; Mary Harrison, CDA, EFDA, EFODA – ODAA Representative.

Staff present: Patrick D. Braatz, Executive Director; Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator; Lori Lindley, Senior Assistant Attorney General; and Teresa Haynes, Examination and Licensing Manager.

Visitors present were: Beryl Fletcher, ODA; Frances Sunseri, D.M.D., OAGD; Steven Little, D.M.D., OAGD; Kimberly Wright, D.M.D., OAGD; Lynn Ironside, R.D.H., ODHA; Michael Abbott, Practice Management Consultant; Alex Marrero, D.D.S., ODA; Fred Bremner, D.M.D., Clackamas County Dental Society; Bobby Ghaheri, The Oregon Clinic.

Board Members: Jonna Hongo, D.M.D.; Brandon Schwindt, D.M.D.; Patricia Parker, D.M.D.; Jill Mason, M.P.H., R.D.H., E.P.P.

Dr. Magnuson called the meeting to order at 7:00 p.m.

The Committee reviewed the minutes of May 17, 2012 and it was moved by Ms. Rowley and seconded by Ms. Harrison to approve the minutes. All voted in favor. The Motion passed.

The Committee reviewed and discussed training and education required for dentists to administer Botulinum Type A.

Dr. Goin moved, seconded by Ms. Rowley to recommend to the Board to recommend to the Rules Committee to develop a rule allowing general dentists who have appropriate training, with dental justification, to administer Botulinum Type A.

All voted in favor. The Motion passed.

The Committee reviewed and discussed amending OAR 818-021-0060 & 0070 Continuing Education (CE). It was the consensus of the Committee to leave the CE rules as is.

There being no further business, Dr. Magnuson adjourned the meeting at 8:20 p.m.

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**EXECUTIVE
DIRECTORS
REPORT**

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EXECUTIVE DIRECTOR'S REPORT

October 5, 2012

OBD Budget Status Report

Attached are the latest budget report for the 2011-2013 Biennium. This report, which is from July 1, 2011 through August 31, 2012, shows revenue of \$1,544,653.39 and expenditures of \$1,307,398.42. Revenues continue to be on target and the expenditures to date are actually below what was budgeted. I would say the Budget appears to be performing as expected.

If Board members have questions on this budget report format, please feel free to ask me.

Attachment #1

OBD 2013 - 2015 Agency Budget Request

Attached please find the 2013 – 2015 Agency Budget Request that we submitted to the Department of Administrative Services. **Attachment #2**

Customer Service Survey

Attached is a chart which shows the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2012 through August 31, 2012.

The results of the survey show that the OBD continues to receive positive comments from the majority of those that return the surveys. The booklet containing the written comments that are on the survey forms, which staff has reviewed, are available on the table for Board members to review. **Attachment #3**

Board and Staff Speaking Engagements

I attended and made a presentation to the Oregon House of Delegates on Friday, September 7, 2012 in Redmond, Oregon.

HPSP Annual Report

Please find the 2nd Annual HPSP Report. Mr. Wayson and I will be happy to answer questions that you might have on this report. **Attachment #4**

Agency Head Financial Transaction Report 7/1/2011 – 6/30/2012

Board Policy requires that at least annually the entire Board review agency head financial transactions and that acceptance of the report will be placed in the minutes. The Board reviews and approves this report which follows the close of the recent fiscal year. **Attachment #5**

Legislative Report of the Reimbursement of Expanded Practice Permit Dental Hygienists

Attached please find the legislatively mandated report that is required to be sent to the Interim Legislative Committees on Health by October 1st of each even numbered year regarding the Reimbursement of Expanded Practice Permit Dental Hygienists. **Attachment #6**

Newsletter

We would like to begin work on the next issue and have a targeted published date at the end of fall.



BOARD OF DENTISTRY
Fund 3400 BOARD OF DENTISTRY
For the Month of AUGUST 2012

REVENUES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
0205	OTHER BUSINESS LICENSES	174,332.00	1,438,942.26	2,327,200.00	888,257.74	102,781.59	88,825.77
0210	OTHER NONBUSINESS LICENSES AND FEES	1,200.00	9,500.00	40,000.00	30,500.00	678.57	3,050.00
0410	CHARGES FOR SERVICES	0.00	0.00	5,000.00	5,000.00	0.00	500.00
0505	FINES AND FORFEITS	10,000.00	77,758.14	50,000.00	-27,758.14	5,554.15	-2,775.81
0605	INTEREST AND INVESTMENTS	367.28	4,388.13	10,000.00	5,611.87	313.44	561.19
0975	OTHER REVENUE	1,370.00	14,064.86	25,000.00	10,935.14	1,004.63	1,093.51
		187,269.28	1,544,653.39	2,457,200.00	912,546.61	110,332.39	91,254.66

TRANSFER OUT

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
2100	TRANSFER OUT TO DEPT OF HUMAN	0.00	0.00	0.00	0.00	0.00	0.00
2443	TRANSFER OUT TO OREGON HEALTH	2,385.00	102,255.00	208,000.00	105,745.00	7,303.93	10,574.50
		2,385.00	102,255.00	208,000.00	105,745.00	7,303.93	10,574.50

PERSONAL SERVICES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
3110	CLASS/UNCLASS SALARY & PER DIEM	32,316.42	489,257.26	855,336.00	366,078.74	34,946.95	36,607.87
3160	TEMPORARY APPOINTMENTS	0.00	14,107.23	3,717.00	-10,390.23	1,007.66	-1,039.02
3170	OVERTIME PAYMENTS	229.25	9,725.21	3,575.00	-6,150.21	694.66	-615.02
3210	ERB ASSESSMENT	8.50	108.80	287.00	178.20	7.77	17.82
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	4,662.93	70,315.77	123,464.00	53,148.23	5,022.56	5,314.82
3221	PENSION BOND CONTRIBUTION	1,914.87	28,344.01	49,432.00	21,087.99	2,024.57	2,108.80
3230	SOCIAL SECURITY TAX	2,554.27	39,092.84	71,160.00	32,067.16	2,792.35	3,206.72
3250	WORKERS' COMPENSATION ASSESSMENT	14.05	226.46	413.00	186.54	16.18	18.65
3260	MASS TRANSIT	199.10	2,851.92	5,581.00	2,729.08	203.71	272.91
3270	FLEXIBLE BENEFITS	7,803.40	106,839.99	201,638.00	94,798.01	7,631.43	9,479.80
		49,702.79	760,869.49	1,314,603.00	553,733.51	54,347.82	55,373.35

SERVICES and SUPPLIES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
4100	INSTATE TRAVEL	3,681.08	27,912.38	46,655.00	18,742.62	1,993.74	1,874.26

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
4125	OUT-OF-STATE TRAVEL	-948.18	13,834.43	24,672.00	10,837.57	988.17	1,083.76
4150	EMPLOYEE TRAINING	0.00	6,255.00	6,617.00	362.00	446.79	36.20
4175	OFFICE EXPENSES	1,473.72	44,332.28	78,445.00	34,112.72	3,166.59	3,411.27
4200	TELECOMM/TECH SVC AND SUPPLIES	925.12	14,244.95	25,757.00	11,512.05	1,017.50	1,151.21
4225	STATE GOVERNMENT SERVICE CHARGES	24,387.05	64,321.90	78,170.00	13,848.10	4,594.42	1,384.81
4250	DATA PROCESSING	140.00	2,613.75	5,400.00	2,786.25	186.70	278.63
4275	PUBLICITY & PUBLICATIONS	5.96	10,250.05	13,084.00	2,833.95	732.15	283.40
4300	PROFESSIONAL SERVICES	3,587.50	54,345.75	79,219.00	24,873.25	3,881.84	2,487.33
4315	IT PROFESSIONAL SERVICES	0.00	10,400.00	50,000.00	39,600.00	742.86	3,960.00
4325	ATTORNEY GENERAL LEGAL FEES	1,709.20	95,782.18	188,592.00	92,809.82	6,841.58	9,280.98
4375	EMPLOYEE RECRUITMENT AND	0.00	0.00	621.00	621.00	0.00	62.10
4400	DUES AND SUBSCRIPTIONS	204.00	8,697.90	8,276.00	-421.90	621.28	-42.19
4425	FACILITIES RENT & TAXES	5,732.09	79,703.55	139,571.00	59,867.45	5,693.11	5,986.75
4475	FACILITIES MAINTENANCE	0.00	0.00	514.00	514.00	0.00	51.40
4575	AGENCY PROGRAM RELATED SVCS & SUPP	2,761.00	23,275.50	164,976.00	141,700.50	1,662.54	14,170.05
4650	OTHER SERVICES AND SUPPLIES	1,883.06	23,640.28	40,300.00	16,659.72	1,688.59	1,665.97
4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	5,140.00	5,140.00	0.00	514.00
4715	IT EXPENDABLE PROPERTY	190.49	253.03	5,140.00	4,886.97	18.07	488.70
		45,732.09	479,862.93	961,149.00	481,286.07	34,275.92	48,128.61

SPECIAL PAYMENTS

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
6100	DISTRIBUTION TO DEPT OF HUMAN	0.00	0.00	0.00	0.00	0.00	0.00
6443	DIST TO OREGON HEALTH AUTHORITY	0.00	66,666.00	226,292.00	159,626.00	4,761.86	15,962.60
		0.00	66,666.00	226,292.00	159,626.00	4,761.86	15,962.60

SUMMARY TOTALS

		<u>Month Activity</u>	<u>Biennium Activity</u>
		3400	
		BOARD OF DENTISTRY	
REVENUES	REVENUE	187,269.28	1,544,653.39
	Total	187,269.28	1,544,653.39
EXPENDITURES	PERSONAL SERVICES	49,702.79	760,869.49
	SERVICES AND SUPPLIES	45,732.09	479,862.93
	Total	95,434.88	1,240,732.42
TRANSFER OUT	TRANSFER OUT	2,385.00	102,255.00
	Total	2,385.00	102,255.00
SPECIAL PAYMENTS	SPECIAL PAYMENTS	0.00	66,666.00

3400
BOARD OF DENTISTRY

	<u>Month Activity</u>	<u>Biennium Activity</u>
Total	0.00	66,666.00

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OREGON BOARD OF DENTISTRY
2013 - 2015
AGENCY REQUEST
BUDGET

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CERTIFICATION

I hereby certify that the accompanying summary and detailed statements are true and correct to the best of my knowledge and belief and that the accuracy of all numerical information has been verified.

Attachment 2

Oregon Board of Dentistry

1600 SW 4th Ave, Suite 770, Portland, OR 97201

AGENCY NAME

AGENCY ADDRESS

Patricia A Parker, DMD

SIGNATURE

President

TITLE

Governor's Recommended

Legislatively Adopted

Budget Page _____

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LEGISLATIVE ACTION

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BUDGET NARRATIVE

76th OREGON LEGISLATIVE ASSEMBLY – 2011 Regular Session
BUDGET REPORT AND MEASURE SUMMARY
JOINT COMMITTEE ON WAYS AND MEANS

MEASURE: HB 5017
Carrier – House: Rep. Komp
Carrier – Senate: Sen. Girod

Attachment 2

Action: Do Pass

Vote: 19 – 4 – 2

House – Yeas: Beyer, Buckley, Cowan, Komp, Kotek, McLane, Nathanson, Nolan, Richardson, G. Smith, Whisnant

– Nays: Garrard, Thatcher

– Exc: Freeman

Senate – Yeas: Devlin, Edwards, Girod, Johnson, Monroe, Nelson, Verger, Winters

– Nays: Thomsen, Whitsett

– Exc: Bates

Prepared By: D.J. Vogt, Department of Administrative Services

Reviewed By: Matt Stayner, Legislative Fiscal Office

Meeting Date: May 6, 2011

Agency
Board of Dentistry

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H-11

LFO Analysis Page
192

Biennium
2011-13

Agency Request

Governor's Recommended

Legislatively Adopted

Budget Page 1

HB 5017

BUDGET NARRATIVE

Budget Summary*

	2009-11 Legislatively Approved Budget (1)	2011-13 Current Service Level	2011-13 Governor's Budget	2011-13 Committee Recommendation	Committee Change from 2009-11 Leg Approved Budget	\$ change	% change
Other Funds	\$ 2,295,770	\$ 2,391,834	\$ 2,509,517	\$ 2,509,517	\$ 213,747		9.3%

Position Summary

Authorized positions	7	7	7	7	-		
Full-time equivalent positions (FTE)	7.00	7.00	7.00	7.00	-		

(1) Includes adjustments through March 2011
 * Excludes Capital Construction expenditures

Summary of Revenue Changes

The Oregon Board of Dentistry is funded entirely by fees paid for professional licenses and applications by dentists and dental hygienists. The Subcommittee approved an increase to the license fees for dentists and dental hygienists for the 2011-13 biennium. The intent of the license fee increase is to cover the costs of participating in the Health Professionals Services Program (HPSP). Without the fee increase, the Board would not be able to participate in the HPSP. Both dentists' and dental hygienists' license fees will increase by \$35. This budget will leave a projected ending cash balance of approximately \$317,145 or two and a half months of operating expenses.

Summary of Education Subcommittee Action

The Board of Dentistry regulates dentists and dental hygienists. The Subcommittee approved a budget for the Board of Dentistry of \$2,509,517 Other Funds and 7.00 full-time equivalents. This is a 9.3 percent increase from the 2009-11 Legislatively Approved Budget.

The Subcommittee approved Package 086 and Package 087, which eliminate inflation and decrease projected personal services costs by 5.5 percent.

Agency Request Governor's Recommended Legislatively Adopted

BUDGET NARRATIVE

The Subcommittee approved Package 100, Health Professionals Services Program (HPSP), at a cost of \$226,292 Other Funds. The package funds the increased cost of participating in the HPSP. The Board will raise revenue to fund this package by increasing dental and dental hygiene license fees by \$35.

Attachment

Summary of Performance Measure Action

See attached Legislatively Adopted 2011-13 Key Performance Measures form.

Agency Request

Governor's Recommended

Legislatively Adopted

Budget Page 3

HB 5017

2013-15

P107 B102

BUDGET NARRATIVE

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

HB 5017

Board of Dentistry
D.J. Vogt -- (503) 378-3117

Attachment 2

DESCRIPTION	OTHER FUNDS				FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
	GENERAL FUND	LOTTERY FUNDS	LIMITED	NONLIMITED	LIMITED	NONLIMITED			
2009-11 Legislatively Approved Budget at March 2011 *	\$0	\$0	\$2,295,770	\$0	\$0	\$0	\$2,295,770	7	7.00
2011-13 ORBITS printed Current Service Level (CSL)*	\$0	\$0	\$2,391,834	\$0	\$0	\$0	\$2,391,834	7	7.00
2011-13 Governor's Recommended Budget *	\$0	\$0	\$2,509,517	\$0	\$0	\$0	\$2,509,517	7	7.00
<u>SUBCOMMITTEE ADJUSTMENTS (from GRB)</u>									
No changes									
<u>SUBCOMMITTEE RECOMMENDATION *</u>	<u>\$0</u>	<u>\$0</u>	<u>\$2,509,517</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$2,509,517</u>	<u>7</u>	<u>7.00</u>
% Change from 2009-11 Leg Approved Budget	0.0%	0.0%	9.3%	0.0%	0.0%	0.0%	9.3%	0.0%	0.0%
% Change from 2011-13 Current Service Level	0.0%	0.0%	4.9%	0.0%	0.0%	0.0%	4.9%	0.0%	0.0%
% Change from 2011-13 Governor's Recommended Budget	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

* Excludes Capital Construction Expenditures

Agency Request

Governor's Recommended

Legislatively Adopted

Budget Page 4

HB 5017

BUDGET ARRANGEMENT

Legislatively Adopted 2011-2013 Key Performance Measures

Agency: **DENTISTRY, BOARD of**

Mission: To assure that the citizens of Oregon receive the highest possible quality of oral health care.

Attachment 2

Legislatively Adopted KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2012	Target 2013
1 - Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.		Approved KPM	100.00	100.00	100.00
2 - Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.		Approved KPM	4.90	3.50	3.50
3 - Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license		Approved KPM	7.00	7.00	7.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Timeliness	Approved KPM	86.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved KPM	87.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Helpfulness	Approved KPM	83.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Expertise	Approved KPM	82.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Availability of Information	Approved KPM	84.00	85.00	85.00

Agency Request

Governor's Recommended

Legislatively Adopted

Budget Page 5

BUDGET NARRATIVE

Agency: **DENTISTRY, BOARD of**

Mission: To assure that the citizens of Oregon receive the highest possible quality of oral health care.

Legislatively Adopted KPMs

Customer Service Category	Agency Request	Most Current Result	Target 2012	Target 2013
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Approved KPM	88.00	85.00	85.00
5 - Board Best Practices - Percent of total best practices met by the Board.	Approved KPM	100.00	100.00	100.00

LFO Recommendation:

The LFO recommends the adoption of the key performance measures as presented.

Sub-Committee Action:

Agency Request
The Subcommittee on Education approved the key performance measures as recommended by the LFO

Governor's Recommended

Legislatively Adopted

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2013-15

107BF02

AGENCY SUMMARY

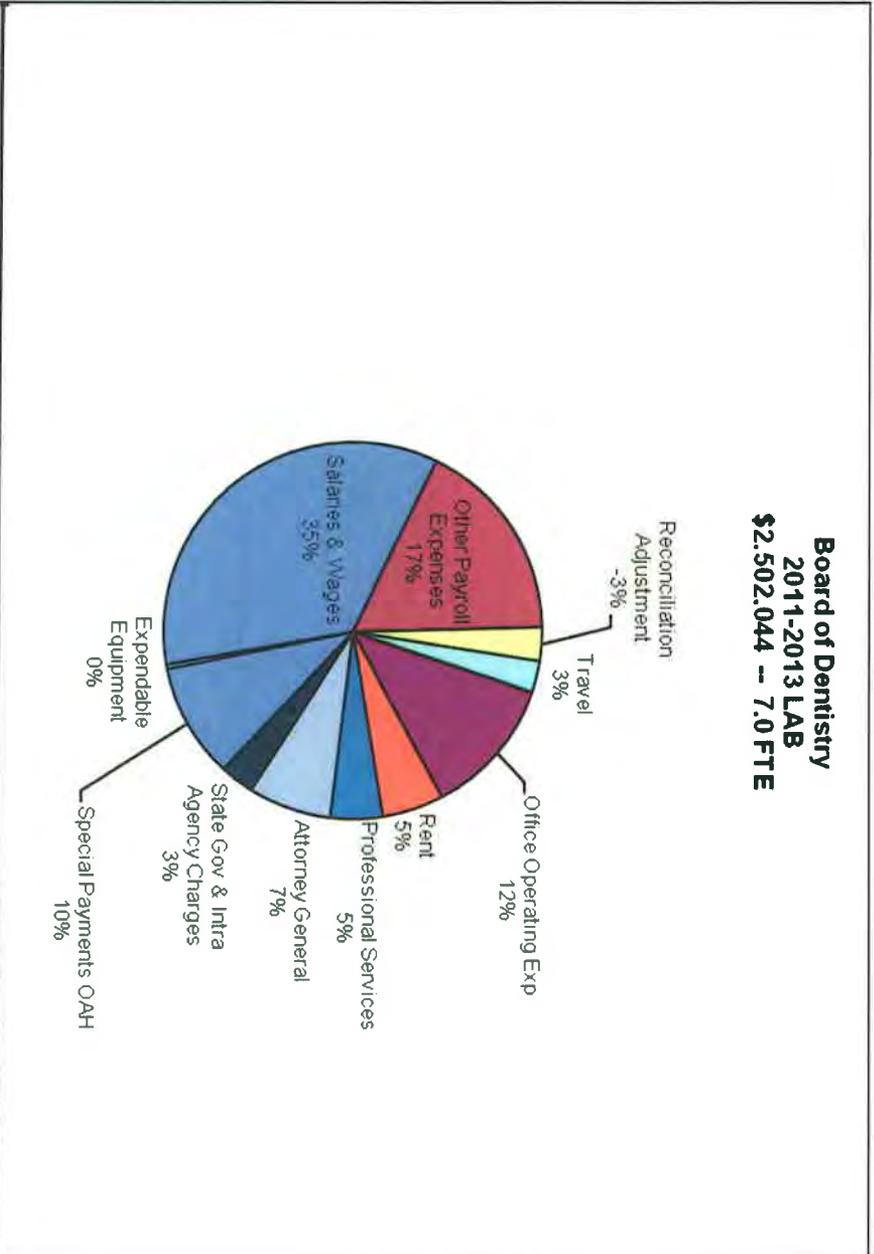
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BUDGET NARRATIVE

BUDGET SUMMARY GRAPHICS

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 nine percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties. The agency budget is allocated as one program unit.



Agency Request

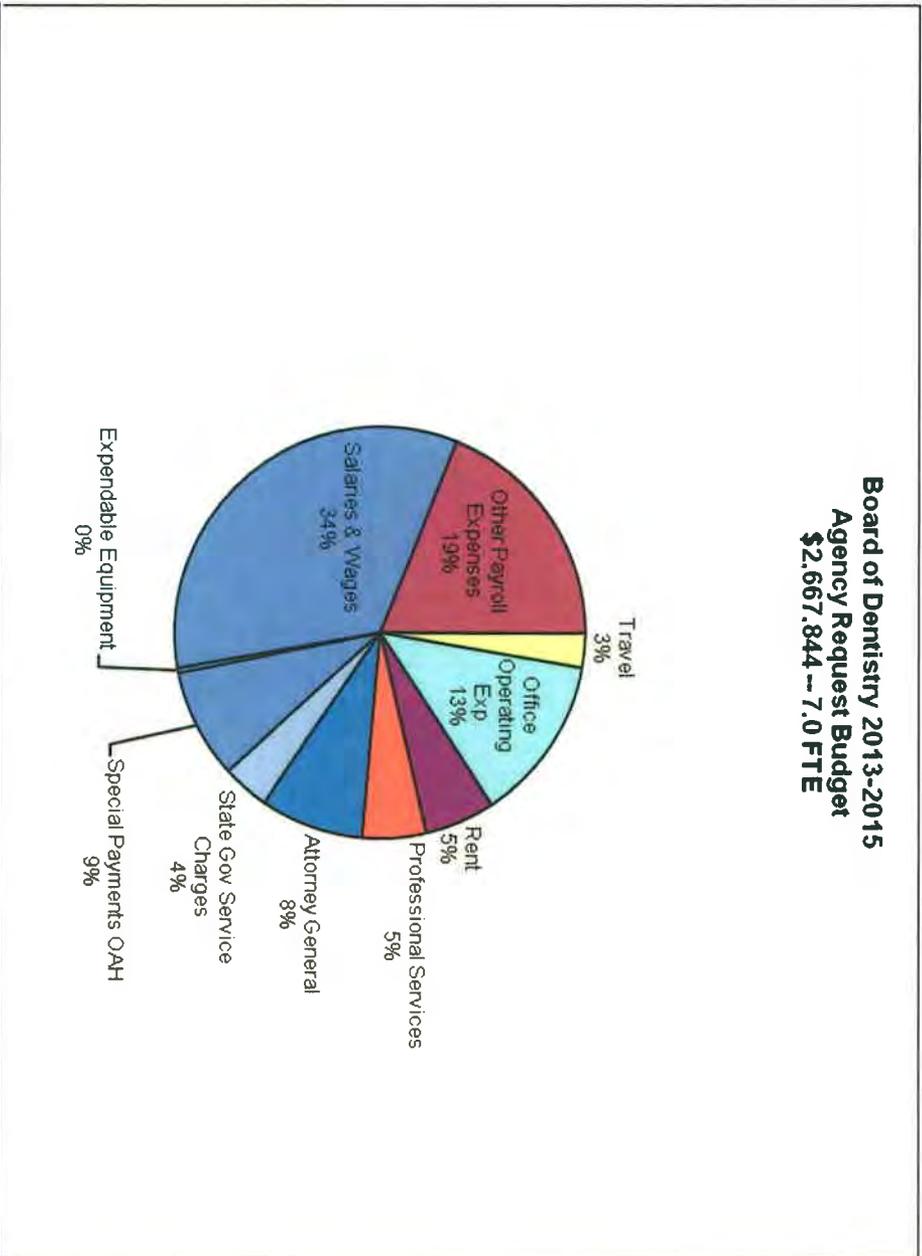
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BUDGET NARRATIVE

Board of Dentistry 2013-2015
Agency Request Budget
\$2,667,844 -- 7.0 FTE



Agency Request

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BUDGET NARRATIVE

MISSION STATEMENT AND STATUTORY AUTHORITY

The mission of the Oregon Board of Dentistry is to assure that the citizens of the state receive the highest possible quality of oral health care.

Attachment 2

The authority and responsibilities of the Board are contained in Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the Board of Dentistry with the responsibility to regulate the practice of dentistry and dental hygiene by enforcing the standards of practice established in statute and rule. The statutes define the practice of dentistry and dental hygiene and require that any person practicing either of those professions do so only while holding a license duly issued by the Board. The statutes require that the Board examine and license dentists, dental instructors and dental hygienists; establish and enforce regulations regarding sedation in dental offices; investigate complaints regarding the practice of dentistry and dental hygiene; discipline licensees found to have violated the provisions of the Dental Practice Act; regulate and monitor continuing education requirements for licensees; and establish training, examination and certification standards for dental auxiliaries.

OTHER STATUTORY MANDATES:

ORS 676.160 – Complaint investigations.

These statutes require that upon receipt of a complaint filed by any person against a licensee or applicant the Board shall (1) assign an investigator, (2) the investigator shall collect evidence and interview witnesses; (3) the investigator shall prepare a report that describes the evidence gathered, results of witness interviews and any other information considered in preparing the report and (4) the investigator shall make a report to the Board within 120 days of receipt of the complaint. This statute also declares that investigatory information gathered by the agency is exempt from public disclosure.

ORS 676.345 – Registration program for health care professionals claiming liability limitation

This statute requires several health licensing Boards, including the Board of Dentistry, to maintain a registration program for health practitioners who provide health care services without compensation and who wish to be subject to the liability limitation provided by ORS 676.340.

SB 786 (Oregon Law, Chapter 973, 2001) –Cultural diversity in regulated health professions

This law, effective January 1, 2002 requires that health-licensing boards establish programs to increase the representation of people of color and bilingual people on the boards and in the professions that they represent. Programs are required to promote the education, recruitment and professional practice of members of these targeted populations. The law also requires that each health professional regulatory board maintain records of the racial and ethnic makeup of applicants and professionals regulated by the board. This information is to be reported to the Legislative Assembly biennially.

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BUDGET NARRATIVE

AGENCY PLANS

The Agency Strategic Plan was adopted in 1999 and updated in 2007 to assess progress toward goals and to adjust goals to reflect current and projected needs. The Board of Dentistry's short and long-range plan is directed by its mandate to protect the health, safety and welfare of Oregonians and by its mission to assure that citizens receive the highest possible quality oral health care. The Board strives to ensure that its activities fulfill its mission within the resources allocated by the Legislature and effectively provides appropriate public protection.

Oregon Benchmarks

The Board of Dentistry has no Primary Links to the Oregon Benchmarks; however, Board activities support the following Benchmarks as secondary links:

#29 Skills Training: Percentage of Oregonians in the labor force who received at least 20 hours of skills training in the past year.

Licenseses of the Board are required to complete continuing education requirements biennially in order to renew their professional licenses (40 hours for dentists; 36 hours for dental hygienists holding Limited Access Permits; and 24 hours for all other dental hygienists). In addition to this mandatory requirement, most licenseses voluntarily participate in study clubs and take courses that enhance their professional skills. Many continuing education courses are available via the Internet and are an effective means of receiving training.

#30 Volunteerism: Percentage of Oregonians who volunteer at least 50 hours of their time per year to civic, community or nonprofit activities.

The Board supports volunteerism by encouraging uncompensated dental and dental hygiene care provided through various non-profit and community based clinics. In cases where unacceptable patient care is not an issue, the Board frequently requires uncompensated services as a part of settlement agreements in disciplinary cases. During 2007-2009 Oregonians received over 130 hours of dental or dental hygiene care through these Board actions. Feedback from practitioners has been positive and many continue their volunteer relationship with the dental clinic after the Board's requirements have been fulfilled.

In January of 2005 in cooperation with the Oregon Dental Association and Dentists Benefits Insurance Company the Board created a Volunteer Dentist/Dental Hygiene license designation program. As of August 1, 2008 18 dentists and one dental hygienist who currently have a volunteer dentist licensee designation

A dentist who maintains an Oregon license but is retired from active practice may obtain liability insurance through the Department of Administrative Services in order to provide uncompensated dental services through nonprofit corporations offering community services and dental services to low-income patients. (ORS 679.510).

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BUDGET NARRATIVE

The Board maintains a registry of dentists and dental hygienists who provide dental and dental hygiene services without compensation in accordance with ORS 676.340. By registering with the Board annually, licensees providing uncompensated health care are not liable for any injury, death or other loss arising out of the provision of the services unless the injury, death or other loss results from the gross negligence of the practitioner. Every member of the Board (six dentists, two dental hygienists and one public member) are volunteers and collectively donate hundreds of hours of time to Board work, through Board meetings, committee meetings, Legislative appearances, public appearances and speaking engagements, serving as examiners for regional clinical dental and dental hygiene examinations, and representing the State of Oregon at national meetings germane to the licensure, examination and regulation of the two professions under its jurisdiction.

#44 Adult Non-smokers: Percentage of Oregonians, 18 and older, who smoke cigarettes.

#52 Substance Use During Pregnancy: Percentage of pregnant women who abstain from using: a. alcohol; b. tobacco.

The Board recognizes that tobacco use prevention and cessation are an important part of oral health and directly related to the prevention of other health conditions. In 1988, the Board issued its position statement on the health hazards associated with tobacco and determined that the prescribing of drugs such as Nicorette, Nicoderm, and Zyban were within the scope of practice of dentistry. The Board supports and encourages dental professionals to educate their patients on the dangers of tobacco use. The Board of Dentistry maintains a smoke-free workplace and all meetings of the Board are smoke free in accordance with Oregon Public Meetings Law and agency policy.

#50 Child Abuse or Neglect: Number of children, per 1,000 persons under 18, who are: a. neglected/abused; b. at a substantial risk of being neglected/abused.

Under ORS 419B.005, dentists are required to report suspected incidents of child abuse or neglect. The Board regularly publishes in its newsletter information on the requirement to report, symptoms and physical indications of abuse, and contact numbers for reporting in various areas of the state.

2011-2017 SIX-YEAR PLAN

The Board of Dentistry's strategic plan was originally completed in 1999 and was reviewed in October of 2007 for progress towards meeting established goals, adjusting goals to reflect current or projected needs and to re-assess priorities. The Board of Dentistry's long- and short-range plan is directed by both its mission to assure that Oregonians receive high quality dental care and by its statutory mandate to protect the health, safety and welfare of the citizens of Oregon. The Board strives to ensure that its goals and objectives are realistic and within the resources allocated by the Legislature.

Goal 1: Assure that licensees are qualified and competent to practice safely.

Benchmark/High-Level Outcome
Agency mission.

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BUDGET NARRATIVE

Intermediate Outcomes:

- Licenses will only be granted to applicants possessing the appropriate requirements for education and examination.
- Examinations for licensure will be valid and reliable.
- National FBI Criminal Background checks will be conducted for all applicants by submitting fingerprints to the Oregon State Police and inquiries of the National Practitioners Data Bank and the Healthcare Integrity and Protection Data Bank.
- All licensees will complete required hours of verifiable continuing education related to clinical patient care.
- Licensees with performance or substance abuse issues will be remediated and monitored during their recovery and remediation process.
- Licensees under disciplinary sanction will be actively monitored to ensure compliance with terms of probation, and to restore them to active, useful service to Oregon's citizens whenever appropriate.
- Maintain a network of consultants and evaluation/treatment facilities capable of meeting the need and scope of expertise required to assist the Board in its mission to rehabilitate licensees in need of assistance.

Performance Measures:

1. Licenses will be issued or renewed within 7 business days of receipt of completed paperwork.
2. 100% of all applicants will have background checks.
3. Compliance with continuing education requirements will be audited for 15% of all licensees each year.
4. 100% of licensees who are under consent orders for substance abuse issues will appear before the Board at least annually.
5. 85% of licensees on monitoring status will complete the terms of disciplinary sanctions within original time frames established in their order.

Goal 2: Promote access to oral care.

Benchmark/High-Level Outcome

Benchmark #30: Agency mission.

Intermediate Outcomes:

- Promote volunteerism.
- Review scopes of practice of dental hygienists and dental assistants to provide broader scope where appropriate.
- Provide for reasonable access to education and testing in rural areas; i.e. Long distance learning.
- Support increased funding for education of dental, dental hygiene and dental assisting.
- Partner with communities of interest to provide incentives to enter dental health care careers.
- Participate in workforce studies to determine the extent of the workforce problems and identify possible solutions.
- Support community prevention activities; i.e. Early Childhood Caries Prevention Project, and statewide fluoridation effort

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BUDGET NARRATIVE

Performance Measures:

1. At least 90% of licenses disciplined for continuing education noncompliance or practicing without a license will be required to provide volunteer dental services.
2. Encourage Dentists and Dental Hygienists to join the Boards Volunteer License Designation Program.
3. Dental Hygiene and Dental Assisting rules will be reviewed each annually.

Attachment 2

Goal 3: Standards of practice, statutes and regulations will be realistic, understandable and applied appropriately

Benchmark/High-Level Outcome

Benchmark #29 and #30, Agency Mission, Legislative mandate

Intermediate Outcomes:

- Investigate allegations of unprofessional conduct, unacceptable patient care or other violations of the Dental Practice Act in a fair, prompt, objective and thorough manner.
- Take an active stance in preventing practice problems that endanger patients through educational outreach.
- Where unacceptable care is identified, Board emphasis will be on remediation through education and restitution to patients when appropriate.
- Participate in the Statewide HPSP diversion program for licensees with substance abuse disorders.
- Disciplinary issues will be mediated and resolved through mutual agreements to the greatest extent possible.
- Review all statutes and rules at least annually for consistency and cohesion.

Performance Measures:

1. Investigations will be completed within six months from date of receipt.
2. At least 95% of disciplinary actions will be settled through negotiated consent agreements rather than Contested Case Hearing.
3. The percent of licensees who are disciplined will decrease each biennium.

Goal 4: Communicate timely and useful information regarding the Board's mission, services, policies and standards of practice to the public and licensees.

Benchmark/High-Level Outcome

Agency Mission, Strategic Plan

Intermediate Outcomes

- Improve public awareness of the Board as a resource for, and provider of, information and services.
- Provide appropriate information regarding licensees to the extent allowed by law.
- Continue to make the Board's website a useful resource for citizens and licensees.
- Review of all potential partnerships during the planning of all board initiatives to maximize synergy and resources.

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BUDGET NARRATIVE

- Communicate regularly with licensees, educators, professional associations and interested community organizations regarding Board policies and expectations

Performance Measures

1. The number of pages viewed (“hits”) on the Board’s website.
2. Feed back provided from the Customer Services Survey posted on the website.
3. Produce and distribute two newsletters per year, mailed to all licensees, other state dental boards and professional associations, and post on the website.
4. Number of presentations made by staff and Board members to dental, dental hygiene and dental assisting students; licensees and professional organizations.

PARTNERSHIPS

- **Professional Organizations:** Oregon Dental Association, Oregon Dental Hygienists’ Association, Oregon Dental Assistants Association, Oregon Academy of General Dentistry, and various dental specialty organizations.
- **Education System:** Oregon Health and Science University, School of Dentistry; Community College Dental Hygiene and Dental Assisting programs; Oregon Department of Education, licensed trade schools and independent educators.
- **Health care regulatory agencies and public health organizations:** Board of Pharmacy, Board of Nursing, Board of Medical Examiners, Board of Denture Technology, dental licensing boards in other states, other health licensing boards, Department of Human Services, Health Services; Oregon Medical Assistance Programs, and local community health programs.
- **Law Enforcement Agencies:** U.S. Drug Enforcement Agency, Federal Bureau of Investigation, Oregon Department of Justice, Medicaid Fraud; local police agencies, etc.
- **Malpractice carriers;** i.e. Dental Benefits Insurance Company, etc.
- **National Dental Organizations:** American Dental Association (ADA) and American Association of Dental Boards (AADB). The ADA accredits dental schools and dental hygiene and dental assisting programs, and conducts regular evaluations of programs to assure compliance with national education standards. The ADA also conducts the written dental and dental hygiene examinations (National Board Examinations) that are recognized by all states for initial licensure. AADB is comprised of state dental boards, dental educators, board administrators and board attorneys. Its focus is on licensing standards for dentists and dental hygienists. The association appoints members to the American Dental Association Council on Dental Education, Commission on Dental Accreditation (CODA) which is responsible for the evaluation and accreditation of dental education programs; and to the Joint Commission on National Dental Examinations which conducts standardized written dental and dental hygiene examinations that are recognized by all fifty states for licensure. This organization maintains a clearinghouse of disciplinary actions issued by State dental boards and disseminates a monthly report to all member agencies.

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BUDGET NARRATIVE

- **Dental Testing Agencies:** Western Regional Examining Board, American Board of Dental Examiners, Central Regional Dental Testing Service, Northeast Regional Boards of Dental Examiners, Southern Regional Testing Boards, Council of Interstate Testing Agencies and the Dental Assisting National Board. These organizations conduct examinations for dentists, dental hygienists and dental assistants and are recognized by the Oregon Board for initial qualification for licensure (dentists and dental hygienists), or certification (dental assistants). The Board holds membership in the Western Regional Examining Board and American Board of Dental Examiners.
- **Federal Reporting Agencies:** National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB). The Board is required by Federal law to report disciplinary actions to these two data banks. These national databases facilitate background checks and help licensing boards evaluate the qualifications of practitioners to practice safely. Checks of records of applicants for licensure, or of current licensees applying for renewal, can reveal information that has not been self-reported and which warrants attention by the Board.
- **Treatment facilities and providers** (particularly those with experience in treating health professionals). Twelve-step and other self-help programs, diversion programs of other health licensing Boards. The Board works closely with professionals who specialize in the evaluation, treatment and recovery of people with substance abuse issues.

2013-15 TWO-YEAR PLAN

AGENCY PROGRAMS

The Board of Dentistry is charged with the regulation of the practice of dentistry and dental hygiene by setting standards for entry to practice, examination of applicants, issuance and renewal of licenses, and enforcing the standards of practice. The Board also is required by law to establish standards for the administration of anesthesia in dental offices. The Board determines dental procedures that may be delegated to dental assistants and establishes standards for training and certification of dental assistants.

As of August 1, 2012, there were 3,682 dentists, and 4,000 dental hygienists holding Oregon licenses. Dentists who wish to utilize other than local anesthesia may apply for one of four levels of anesthesia permit. The type of permit issued is based on the level of consciousness induced. Dental Hygienists may obtain a permit to administer nitrous oxide. 2,038 dentists hold anesthesia permits, and 2,675 dental hygienists hold a nitrous oxide anesthesia permit. Approximately 4,000 dental assistants are employed by dentists to assist in providing dental services. A high percentage of these dental assistants hold certificates issued by the Board to perform advanced procedures (Expanded Function Dental Assistant) or to take x-rays (Certificate of Radiologic Proficiency).

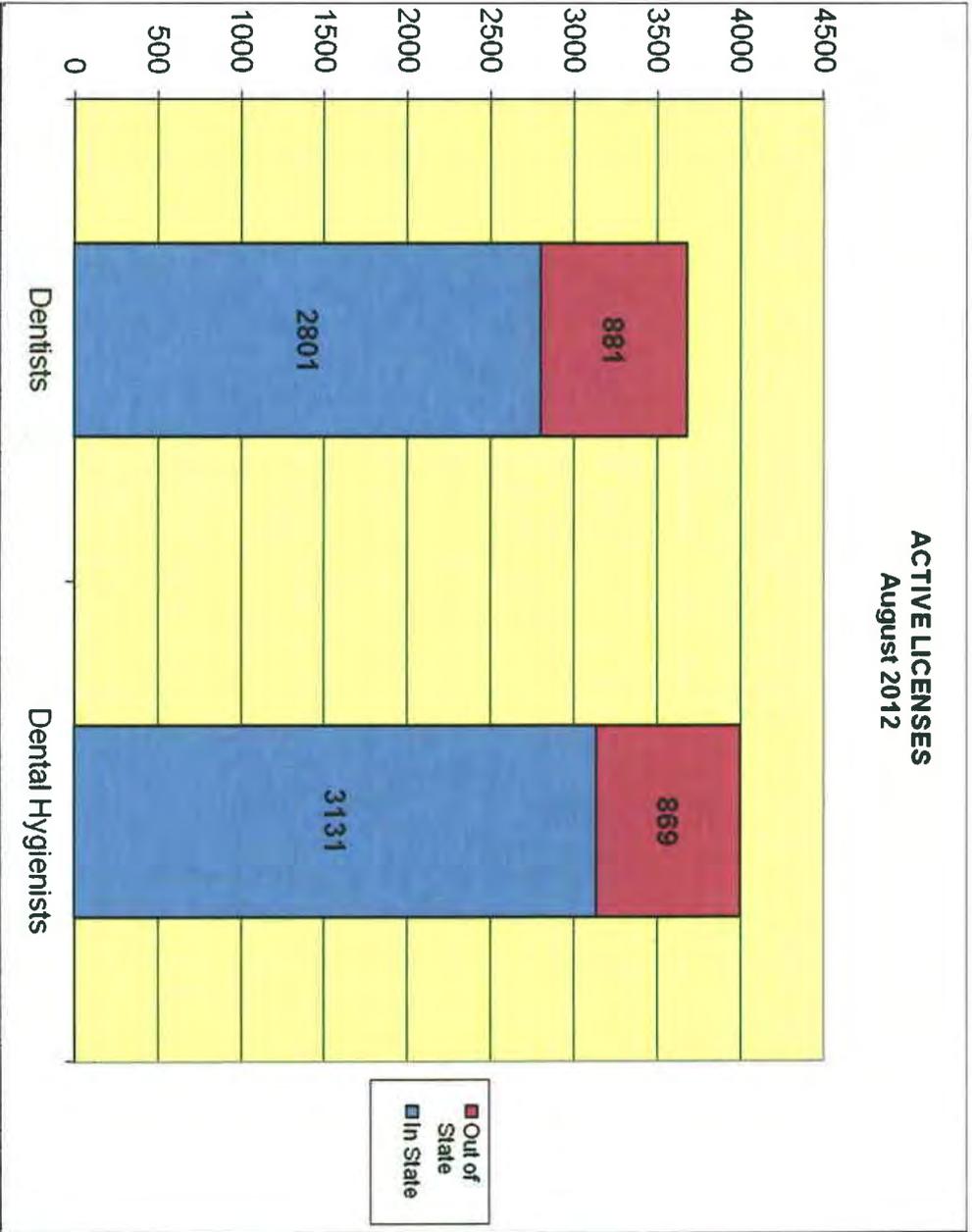
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BUDGET NARRATIVE



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BUDGET NARRATIVE

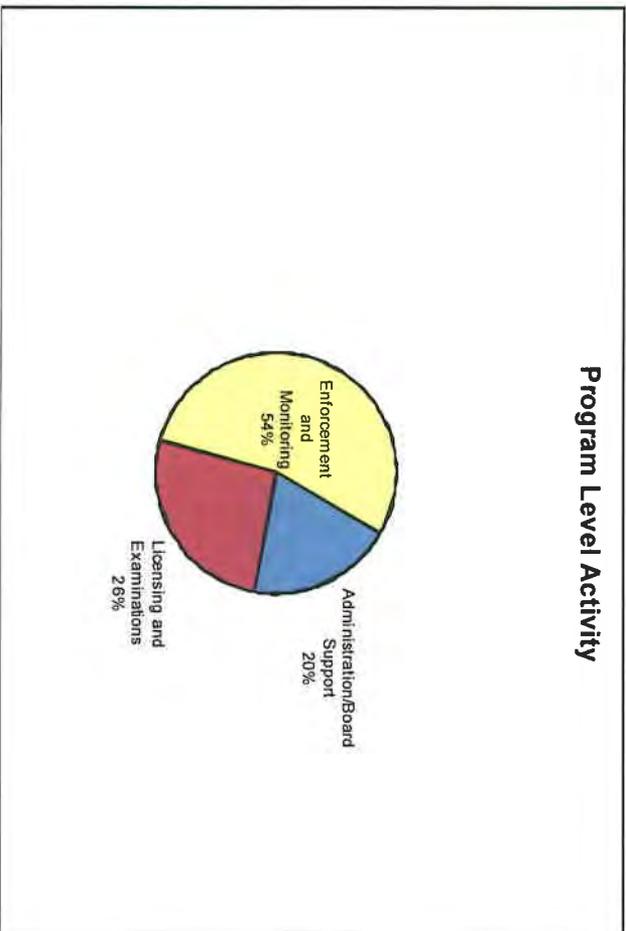
The Board operates in an atmosphere of constant change, rapidly developing technology, changing treatment modalities, demographic and geographic disparities in access to dental care, growing public demand for a greater diversity of provider groups, and constantly shifting societal norms and values.

Agency operations are supported solely from license application, renewal, exam and permit fees plus revenues generated from fines imposed for late renewals, civil penalties assessed, and miscellaneous receipts from the sale of mailing lists and copies of public records.

The Board is composed of ten members appointed by the Governor and confirmed by the Senate for four-year terms. There are six dentists, one of whom must be a dental specialist, two dental hygienists and two public members.

There are 7.0 FTE staff who carry out the day-to-day functions of the agency. In addition, the Board contracts with numerous dental professionals to provide expertise in specific dental specialty areas.

Primary program activities are Licensing and Examination, Enforcement and Monitoring, and Administration. Estimated program level activity for the seven staff members is quantified in the chart below:



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BUDGET NARRATIVE

Licensing and Examination

This activity includes licensure of dentists, dental specialists, dental instructors and dental hygienists, administers sixteen to twenty specialty examinations per year, biennial renewal of licenses, and issuance and renewal of various permits and certificates (anesthesia permits, Limited Access Dental Hygiene Permits, and certification of dental assistants to take radiographs and to perform expanded functions). The Board receives and reviews license applications to assure that applicants have the required education, have passed the National Board written examinations and have passed a clinical examination recognized by the Board. A thorough background check is conducted on each applicant for a new license and, where a past history is revealed, an investigation is conducted and results are presented to the Board for determination. Staff also administers a Jurisprudence Examination for each new applicant and conducts random audits of 15% of license renewals annually for compliance with continuing education requirements.

Customers of this activity are dentists, dental hygienists, dental assistants, those who employ them and, ultimately, the public.

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

Licensing and Examination Workload	2001-03 Actual	2003-05 Actual	2005-07 Actual	2007-09 Actual	2009-11 Actual	2011-13 Est.
Licenses Issued:						
Dental	357	322	350	355	305	340
Dental Hygiene	322	294	335	375	434	450
Total New Licenses Issued:	679	616	685	731	739	790
Licenses Renewed:						
Dental	3121	3254	3300	3325	3389	3400
Dental Hygiene	2911	3180	3265	3386	3613	3700
Total Licenses Renewed:	6032	6434	6595	6712	7002	7100
Specialty Examinations Conducted	10	9	5	3	3	3
Candidates Examined	11	7	5	3	5	3
Anesthesia Permits Issued/Renewed	4012	3795	3969	3,750	4359	4400
Dental Assistants Certified	1751	2095	2260	2,449	2638	2650
Dental Assisting Instructor Permits Issued/Renewed	86	102	124	106	110	125
Expanded Practice Permit Dental Hygienist Issued/Renewed	30	59	67	84	171	300

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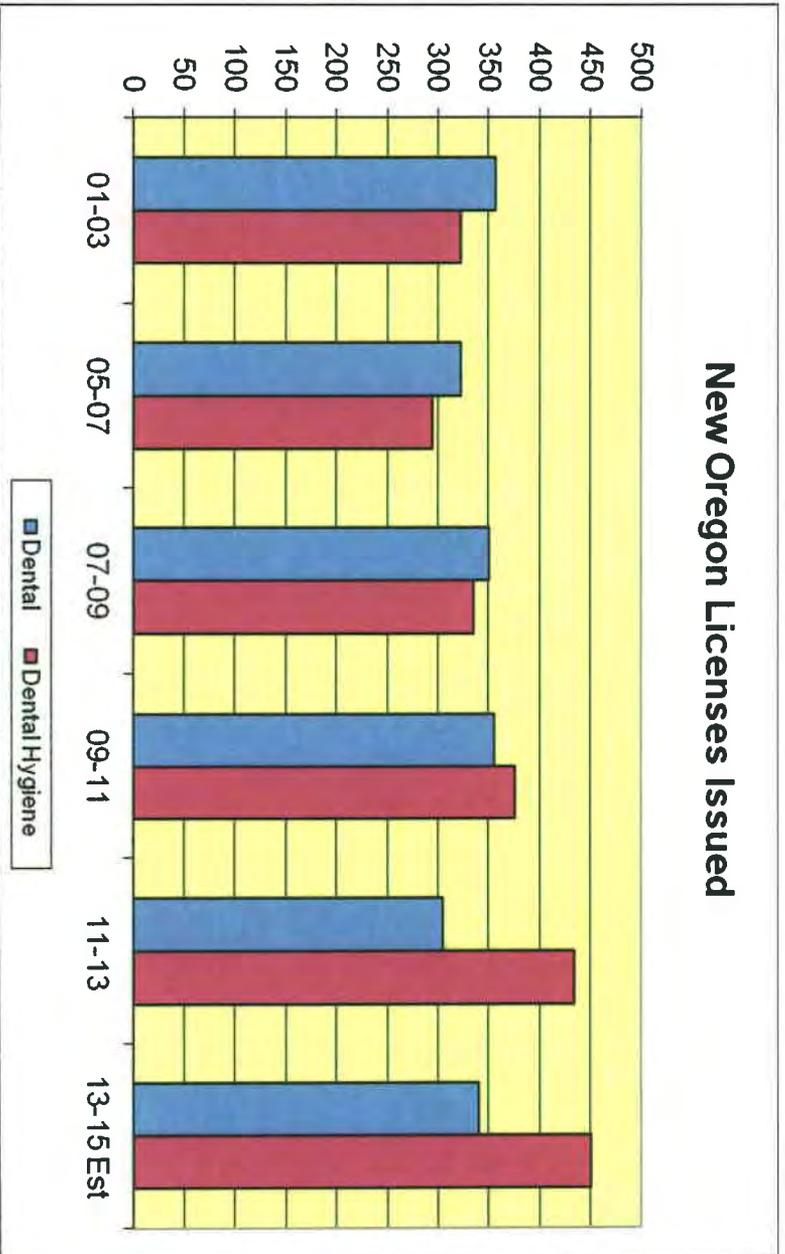
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The graphic below shows the historical growth in the number of dental and dental hygiene licenses issued. (The '13-15 estimated is based on actual FY '11 new licenses issued.)

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BUDGET NARRATIVE

The Board may impose disciplinary action ranging from a reprimand to suspension or revocation of a license. It may also place a licensee on probation, order a licensee to obtain substance abuse treatment, impose a civil penalty or any other discipline the Board deems appropriate. The Board's goal is remediation rather than punishment – and where appropriate, the Board requires additional education and skill building to improve clinical skills. As part of settlement agreements the Board frequently requires the dentist to make restitution to the patient and to complete unremunerated community service. Most disciplinary actions imposed by the Board are entered into by mutual agreement between the Board and the licensee through a negotiated Consent Order. Those that cannot be settled by consent agreement are referred to the Hearing Officer Panel for conduct of a Contested Case Hearing. Staff investigators and expert witnesses appear at these hearings to testify to the facts of the Board's case. The Board is represented by the Department of Justice in these cases.

Monitoring involves tracking licensees who are under disciplinary sanction for compliance with the terms of their Board order. This involves tracking disciplinary actions, requirements and timelines, routine communication with the licensee, working with treatment providers to assure compliance, scheduling appearances before the Board for those licensees required to make regular personal appearances. At any given time, the staff compliance officer is monitoring approximately 50 licensees. Many licensees placed in the monitoring caseload are typically monitored for a minimum of five years since these cases involve drug and alcohol abuse or sexual boundary issues.

Enforcement and Monitoring Workload						
	2001-03 Actual	2003-05 Actual	2005-07 Actual	2007-09 Actual	2009-2011 Actual	2011-2013 Estimated
Investigations Opened	550	471	564	571	499	525
Cases Completed and Closed	568	501	569	523	435	500
Cases Resulting in Disciplinary Action	108	58	63	73	50	75

* There may be more than one Respondent per case.

Customers of this activity are the public, insurance companies, law enforcement agencies, other health care licensing boards, and the dental community.

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BUDGET NARRATIVE

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BUDGET NARRATIVE

Administration

Administrative activities include support of Board and committee meetings, implementation of Board policy; assuring that agency operations are conducted in compliance with all State laws and regulations, program evaluation, coordination and supervision of agency operations, and personnel recruitment and supervision. It also includes coordination with the Department of Justice on various Board legal issues, development and implementation of administrative rules, policies and procedures; development of legislative concepts, tracking of legislation that impacts agency operations and preparation and presentation of testimony at legislative hearings. Administrative staff are responsible for budget planning, development, and monitoring; management of agency equipment, supplies and information systems. On behalf of the Board, the Executive Director provides public information, outreach and education (production of the Newsletter, maintenance of website, public appearances and presentations, etc.); responds to inquiries by the media, represents the Board on various statewide taskforces such as Department of Human Services Oral Health Advisory Board. The Executive Director acts a liaison for the Board and maintains effective relationships with all communities of interest whether local, statewide or national. Customers are the Board, the dental community, the Legislature, and the public.

ENVIRONMENTAL FACTORS INFLUENCING THE BOARD

Societal Factors

The public has a greater understanding and desire to be protected from potentially hazardous substances and are exposed to vast amounts of information about either the potential benefits or hazards of products utilized in dentistry and other aspects of everyday life. Information can be very convincing yet has no valid basis in scientific studies. The Board is faced with issues such as the safety of dental amalgams, the efficacy of fluoride to prevent caries, and questions regarding the appropriate frequency of having dental radiographs taken. As new technology and procedures are developed; i.e. tooth whitening/bleaching, or brush biopsy for screening for oral cancers, both potential clients and dental providers seek Board's position or response.

Greater awareness of the health effects of certain behaviors, such as use of tobacco, alcohol, the role of diet, and the need for good basic hygiene has contributed to a generally healthier population with increased life expectancy and improved oral health. As the population is aging, it is also becoming more racially and ethnically diverse. Demographic changes are expected to alter disease patterns as well as cultural attitudes and expectations. Today's dental workforce is not representative of the ethnic and racial makeup of the population. The dental workforce needs to be educationally and culturally prepared to deal with the diverse population it serves.

The public has a high expectation for excellent service and high-quality care without complication or pain, and treatment modalities that will last longer than dentistry can reasonably provide. Patients complain about crowns that fail after ten years, dentures that break or don't fit twenty years after they were first placed, unexpected post-treatment complications beyond the control of the doctor such as dry sockets, failure of root canal treatment, and development of periodontal disease without accepting responsibility for appropriate home dental hygiene. Many patients expect dental treatment to be pain free and do not anticipate that there may be pain in the course of post surgical recovery. The Board also receives

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BUDGET NARRATIVE

complaints because the treatment recommended by their dentist, and to which the patient agreed, was not fully covered by individual dental insurance coverage, and submit complaints regarding perceived "bad manners" on the part of front office staff. Patients need to be educated regarding all aspects of the proposed treatment, including potential complications and any alternatives to the treatment recommended by the practitioners. Patients also should be fully informed about their own insurance coverage and not rely on the dental office to only provide treatment that is covered. Dentists need to take time to carefully discuss with patients the proposed treatment plan, alternative treatments, risks involved in the treatment plan and answer all questions the patient may have.

Dental professionals, as well as the rest of the population, want to be able to move from state to state with their professional license and not have to re-take examinations designed for those just entering practice. In addition, more and more people either change professions or want to have the flexibility. The Board has several licensees who hold dual licenses or professional degrees. For instance, since the Board began gathering this information in mid 2001, it has found that approximately 23 dentists are also licensed physicians; seven dentists are pharmacists, five are Registered Nurses, one is a Physical Therapist, two are Massage Therapists and two have a J.D. degree. Five dental hygienists are also licensed denturists. With multiple licensees who hold dual licenses, it is necessary for regulatory Boards to be aware of disciplinary actions taken against all current or previous licenses and to have the jurisdiction to take appropriate action.

Regulatory Mandates

As new Federal and State laws are passed that impact either the dental profession or the Board, limited resources of the Board are stretched ever thinner. Implementation of the Healthcare Integrity and Protection Data Bank, essentially a duplicate reporting requirement of the National Practitioner's Data Bank, during 1999-2001 biennium; and in 2001-2003 implementation of the Health Insurance Portability and Accountability Act (HIPAA), require Board and staff time, analysis, and production of information to practitioners on the regulatory impact of these regulations.

Passage of SB 786 in 2001, requiring twenty Oregon Health Related Licensing Boards to gather and compile information regarding the ethnic and racial background of licensees and applicants resulted in the Board having to create a survey document, include it with application and renewal packets, modify its data base to record the information, to input this additional information and to generate reports.

HB 2469 passed by the 2001 Legislature requires that the Board accept Licensure by Credential for dentists and dental hygienists licensed in other states. Although the Board was moving in this direction to implement staged changes over time, the legislative action required broader implementation than the Board initially envisioned and virtually "opened the gates" for those who wanted to cross state borders, or retire to Oregon and continue their chosen profession after careers in the military, Public Health Service or in another state. While this statutory change is beneficial to Oregonians, and enhances mobility for practitioners, it created a not un-anticipated workload increase.

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BUDGET NARRATIVE

Demographics

Demographic Trends -- The demographics of the population is changing. People are living longer and retaining good oral health. The number of Oregonians aged 65 and older is over 438,000 and this population is expected to increase by 100% by the year 2025. In 1974 approximately 45% of adults between the ages of 65 and 74 were edentulous (had no teeth). In 1994, just 28% of Americans in this age group were edentulous. (American Dental Association, *Future of Dentistry—Executive Summary, 2002*). This aging of the population increases the numbers of people with disabilities, and special needs that may not be very mobile or may be residents of long-term care facilities. Dental professionals must be equipped to manage the oral health effects of co-morbidities and medications, and will be required to interact more often with other health care providers, social service agencies and institutionalized patients.

The general population of Oregon, and the U.S., is growing at a faster rate than the supply of dentists. According to the Dental Workforce Model, an entity-based projection model developed to simulate the demographic trends among all U.S. dentists through the year 2020, the number of active private practitioners is expected to increase 10.5% through the first 20 years of the 21st century, much slower than the last 20 years. During that same time, the U.S. Population is expected to increase 17.4%. (Source: *Journal of the American Dental Association, Vol. 130, December 1999, p. 1745*.)

The number of dental school graduates has declined steadily in the past 20 years -- from a high of 5,756 in 1982 to a low of 3,778 in 1993. Since 1993, dental graduates have increased steadily to 4,041 in 1999. (ADA, *Surveys of Predoctoral Dental Education*). Dentists who graduated in the mid-eighties will be looking to retire in the next ten years. There will not be enough dentists to replace those who are retiring. In 2002, 33% of Oregon licensed dentists are over the age of 55, and another 30% are between the ages of 35 and 45. On the other hand, the number of dental hygiene graduates has increased -- from 3,904 nationally in 1989 to 5,281 in 1999. Only 10% of Oregon licensed dental hygienists are over the age of 55. 36% are between the ages of 45 and 55, and 54% is under the age of 45. The ability of a dentist to expand his or her service capacity will lie in part on the ability to delegate tasks to dental hygienists and dental assistants. (ADA, *Future of Dentistry, 2002*)

Diversity in the Workforce -- As stated above, by the year 2020, the population of the United States is expected to increase by more than 10%. During this period it is anticipated that 55% of the growth in U.S. population will be due to immigrants and their descendants. Growth will be greatest among Hispanics and African Americans. Since 1990, however, there has been a 23% decline in dental school enrollment of Hispanics, African Americans and Native American students. Consequently, at the very time the U.S. is becoming more diverse, the future supply of dentists is becoming less representative of the population it serves. (ADA, *Future of Dentistry, 2002, page 37*) A rapidly changing race/ethnic profile will require a dental workforce that is confident and culturally competent to address both routine and uncommon oral problems.

Economic and Internal Issues

The Board enjoys excellent collaborative relationships with the professional associations and the School of Dentistry, and close interaction with other health licensing boards on issues of mutual concern. These partnerships allow the Board to leverage its limited resources in its mission to protect the

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BUDGET NARRATIVE

public and enhance communications with licensees and consumers. The Board relies heavily on volunteers from the dental professions to assist the board by serving on committees to review various issues and make recommendations to the Board. The Board also relies heavily on the dental profession to provide expert consultation services and conduct of its specialty examinations at rates of reimbursement that are far below standard rates for those services. The Board is expected to be immediately responsive to patient complaints about dental care received, provide access to information that is by law required to be held confidential, and to assure that over 7,700 licensees are ethical and competent to practice and maintain that competency during the course of their careers. At a time when thousands of Oregonians are without jobs and without insurance coverage, there is tremendous pressure on State government to be responsive to emergent needs. However, State agencies, regardless of funding source, are urged to cut back and to be conservative in seeking any increases in fees, or enhancements to programs. This is a dilemma for all branches of government that must be dealt with in collaborative ways that can affect the best result for the lowest cost.

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AGENCY INITIATIVES

Agency plans for accomplishment of its goals for 2013-2015 include:

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- 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 us OBD/OAGD Mentoring Program as one avenue to resolve disciplinary cases.
- Review Specialty Examination process to assure exams are valid and reliable.
- Utilize the website, newsletter and personal presentations to communicate Board policies and expectations.
- Refine On-line renewal process.
- Fully implement use of electronic forms of Payments.
- 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.

CRITERIA FOR 2013-2015 BUDGET DEVELOPMENT

In developing the 2013-2015 Agency Budget Request, the following criteria were used:

- Does requested budget allow the Board to meet its basic Legislative mandates of licensure and enforcement?
- Can the requested budget be achieved with existing staffing and funding levels?
- Does the requested budget help achieve the Board's goals and move the Board toward achievement of its long-term goals?
- What additional resources are needed to meet the Board's long-term goals?
- Would the dental community, which pays for the Board's activities, and the Legislature, support proposed, enhanced activities of the Board?

PERFORMANCE MEASUREMENT CRITERIA

In accordance with HB 3358 passed in the 2001 legislative session, agency Goals, Key Performance Measures and targets have been submitted to the Oregon Progress Board. The Board of Dentistry's "Links to Oregon Benchmarks" form is found on the following page. The agency's goals, objectives, outcomes and measures are more fully discussed under the 2013-2019 Six-Year Plan earlier in this document.

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TECHNOLOGY INITIATIVES

The Board has no major technology initiatives (defined as equal to or exceeding \$500,000), however, the agency makes every effort to manage its technology resources efficiently and effectively to serve its customers and expand public access.

Attachment 2

During the 1997-99 biennium the Board's licensing and investigative database was rewritten to take advantage of the more sophisticated software available and to be compatible with its desktop Windows operating system. The Board's dial-up Internet access, e-mail services and website hosting is provided through Oregon Video and Online Services (VOS), a part of the Department of Administrative Services. As of August 1, 2004 the Board is connected to the State Wide Area Network..

The Board's database is under continuous review and revision as program needs are identified and resources allow. During 2003-2005, the database has been modified to accommodate the requirements of collecting information regarding race and ethnicity from licensees and applicants, and to include information about other licenses held by licensees of the Board, i.e. medical, dentist, pharmacist, etc. Various statistical reports have been modified to provide better information for program assessment and planning purposes. Also under development is a database that will provide the public with internet access to all public disciplinary information. Within allotted resources, the Board will continue to develop and improve its database applications and add a proactive tracking and monitoring program that will effectively allow compliance monitoring of licensees on disciplinary status. The agency will also explore opportunities to enhance its website and to provide interactive services including electronic submission of license renewals, as these services become available through the Oregon Center for Electronic Commerce and Government.

The Board's business technology plan was developed in consultation with the Department of Administrative Services, IRM Division, and submitted as part of its 2009-2011 budget. No major changes have been made to this plan for the 2013-2015 budget period. The plan includes maintaining the Board's technology (both software and hardware) at a level that allows it to accomplish its business needs and mission in an efficient and effective manner by replacing outdated equipment and upgrading as needed. The Board has fully implement the Licensee Look-up Program that will allow the public to access any and all public information regarding licensees, specifically those that have had disciplinary action taken and allow them to have access to all official orders, including the ability to make copies of such orders on demand.

Chapter 803 (2007 Laws) which was 2007 Senate Bill 337 requires the Board to place as a part of the Licensee Look-up Program any malpractice claims that result in a judicial finding or admission of liability or a money judgment, award or settlement that involves a patient and was filed in a court of appropriate jurisdiction after July 17, 2007. It also requires the Board to make available if asked any notice of malpractice claim. The Board is currently updating the Licensee Look-up system to comply with this new law.

In January of 2008 the Board underwent the process to move from a paper agenda book to an electronic notebook. The conversion was completed on February 29, 2008. It is expected that this electronic notebook will save actual costs in materials, postage and staff time and provide Board Members with better enhanced quality of documents in the as a part of the investigative process.

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OTHER CONSIDERATIONS

Attachment 2

Impact of Ballot Measure 30 -- Unfunded Mandates

Article XI, Section 15, Oregon Constitution

The Board of Dentistry has neither introduced any legislation, nor has it passed any rules, requiring other state agencies or local governments to establish new program or increase services within existing programs that might constitute unfunded mandates.

Dispute Resolution

The Board has adopted by reference the Attorney General's Model Rules on the use of collaborative dispute resolution in rulemaking (OAR 137-001-0009) and the Attorney General's Model Rule on the use of collaborative dispute resolution in contested case hearings (OAR 137-003-0565). In compliance with ORS 36.242(4), the Board also has adopted the combined rules on Confidentiality and Inadmissibility of Mediation Communications developed by the Department of Justice and the Department of Administrative Services.

Inmate Work Opportunities

Ballot Measure 17 (1994)

Oregon Corrections Enterprises (OCE), an inmate work program within the Department of Corrections is the agency's vendor of choice for purchase of office furniture. OCE has been utilized since 1997 for distribution of mass mailings such as notices of rulemaking, license renewal notifications and Newsletters when DOC can meet the project and time requirements of the job.

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Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 7/1/2012

Agency: **DENTISTRY, BOARD of**

	Green = Target to -5%	Yellow = Target -6% to -15%	Red = Target > -15%	Pending	Exception Can not calculate status (zero entered for either Actual or Target)
Summary Stats:	80.00%	0.00%	20.00%	0.00%	0.00%

Detailed Report:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
1 - Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.	100	100	Green	2012	The OBD audits 15% of all license renewals each year to see that licensees are in compliance with the Continuing Education Rules, those audits have shown a high compliance rate.
2 - Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.	7.00	3.50	Red	2012	The OBD over the last three years has consistently been below the target set for the average number of days to complete an investigation and prepare a report for the Board, unfortunately this year the trend has changed.
3 - Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.	7	7	Green	2012	The OBD has strived to complete all renewal and application paperwork in 7 days or less.
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	87	85	Green	2012	The OBD continues to have a over 80% positive rating from the customers who complete the Customer Service Survey.

X Agency Request
Print Date: 8/23/2012

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BUDGET NARRATIVE

Agency Management Report

KPMs For Reporting Year 2012

Finalize Date: 7/1/2012

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
5 - Board Best Practices - Percent of total best practices met by the Board.	100	100	Green	2012	The OBD continues to complete the Board Best Practices Evaluation and had a 100% compliance.

This report provides high-level performance information which may not be sufficient to fully explain the complexities associated with some of the reported measurement results. Please reference the agency's most recent Annual Performance Progress Report to better understand a measure's intent, performance history, factors impacting performance and data gather and calculation methodology.

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BUDGET NARRATIVE

Legislatively Approved 2011-2013 Key Performance Measures

Agency: DENTISTRY, BOARD of

Mission: To assure that the citizens of Oregon receive the highest possible quality of oral health care.

Legislatively Proposed KP/PMs	Customer Service Category	Agency Request	Most Current Result	Target 2012	Target 2013
1 - Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.		Approved KPM	100.00	100.00	100.00
2 - Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.		Approved KPM	7.00	3.50	3.50
3 - Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.		Approved KPM	7.00	7.00	7.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.		Approved KPM	83.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved KPM	83.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Availability of Information	Approved KPM	83.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Expertise	Approved KPM	79.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Helpfulness	Approved KPM	82.00	85.00	85.00

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Agency: DENTISTRY, BOARD of

Mission: To assure that the citizens of Oregon receive the highest possible quality of oral health care.

Legislatively Proposed KPMs	Customer Service	Agency Request	Most Current	Target	Target
	Category		Result	2012	2013
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Overall	Approved KPM	87.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Timeliness	Approved KPM	81.00	85.00	85.00
5 - Board Best Practices - Percent of total best practices met by the Board.		Approved KPM	100.00	100.00	100.00

LFO Recommendation:

The LFO recommends the adoption of the key performance measures as presented.

Sub-Committee Action:

The Subcommittee on Education approved the key performance measures as recommended by the LFO

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Print Date: 8/23/2012

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BUDGET NARRATIVE

DENTISTRY, BOARD of

Annual Performance Progress Report (APPR) for Fiscal Year (2011-2012)

Original Submission Date: 2012

Finalize Date: 7/1/2012

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2011-2012 KPM #	2011-2012 Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information
5	Board Best Practices - Percent of total best practices met by the Board.

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New
Delete

Proposed Key Performance Measures (KPM's) for Biennium 2013-2015

Title:

Rationale:

Agency Request

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BUDGET NARRATIVE

DENTISTRY, BOARD of

I. EXECUTIVE SUMMARY

Agency Mission: To assure that the citizens of Oregon receive the highest possible quality of oral health care.

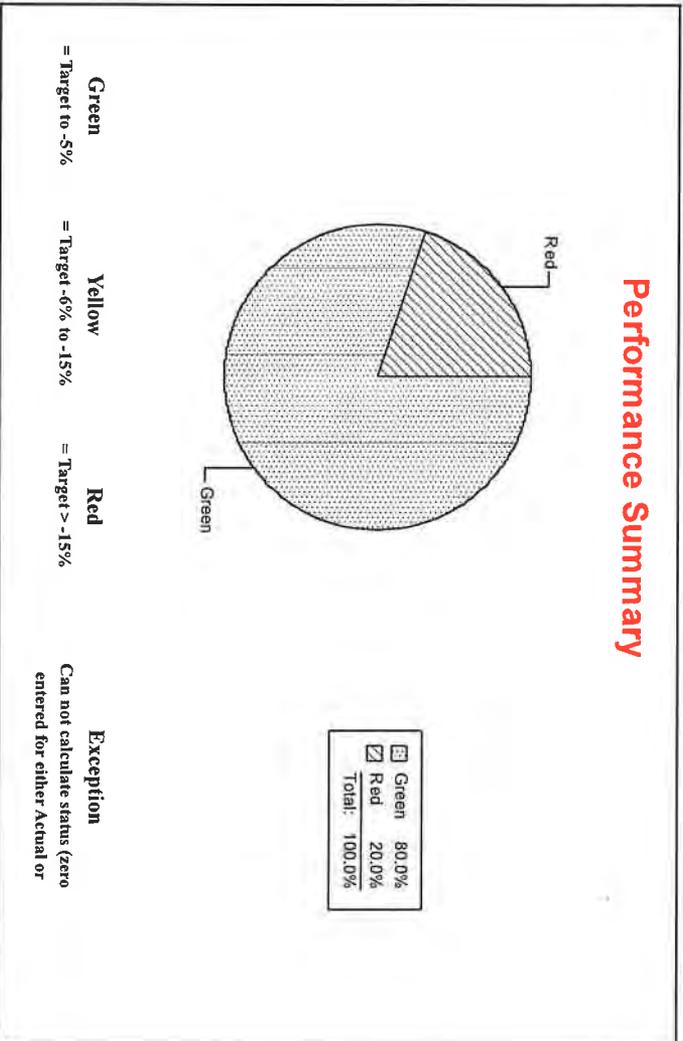
Contact: Patrick D Braatz, Executive Director

Contact Phone: 971-673-3200

Alternate:

Alternate Phone:

Performance Summary



1. SCOPE OF REPORT

The Board of Dentistry is charged with the regulation of the practice of dentistry and dental hygiene by setting standards for entry to practice, examination of applicants, issuance and renewal of licenses, and enforcing the standards of practice. The Board also is required by law to establish standards for the administration of anesthesia in dental offices. The Board determines dental procedures that may be delegated to dental assistants and establishes standards for training and certification of dental assistants. As of August 1, 2012, there were 3,682 dentists, and 4,000 dental hygienists holding Oregon licenses. The Board operates in an atmosphere of constant change, rapidly developing technology, changing treatment modalities, demographic and geographic disparities in access to dental care, growing public demand for a greater diversity of provider groups, and constantly shifting societal norms and values. Agency operations are

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supported solely from license application, renewal, exam and permit fees, plus revenues generated from fines imposed for late renewals, civil penalties assessed, and miscellaneous receipts from the sale of mailing lists and copies of public records. The Board is composed of ten members appointed by the Governor and confirmed by the Senate for four-year terms. There are six dentists, one of whom must be a dental specialist, two dental hygienists and two public members. 7.0 FTE staff that carry out the day-to-day functions of the agency. In addition, the Board contracts with numerous dental professionals to provide expertise in specific dental specialty areas. Primary program activities are Licensing and Examination, Enforcement and Monitoring, and Administration.

Attachment 2

2. THE OREGON CONTEXT

The Oregon Board of Dentistry has no Primary Links to the Oregon Benchmarks; however, Board activities support the following benchmarks as secondary links. #29 Skills Training: Percentage of Oregonians in the labor force who received at least 20 hours of skills training in the past year. #30 Volunteerism: Percentage of Oregonians who volunteer at least 50 hours of their time per year to civic, community or nonprofit activities. #44 Adult Non-smokers: Percentage of Oregonians, 18 and older who smoke cigarettes. #52 Substance Use During Pregnancy: Percentage of pregnant women who abstain from using: a. alcohol; b. tobacco. #50 Child Abuse or Neglect: Number of children, per 1,000 persons under 18, who are: a. neglected/abused; b. at a substantial risk of being neglected/abused.

3. PERFORMANCE SUMMARY

All but one current Performance Measures Targets are being met.

4. CHALLENGES

As with all state agencies, those that are funded by Other Funds continue to be challenged by adhering to all revenue and expenditure guidelines outlined by the Governor and the Legislature, although no direct taxpayer dollars fund the Oregon Board of Dentistry.

5. RESOURCES AND EFFICIENCY

The Oregon Board of Dentistry 2011-2013 Legislatively Adopted Revenue Budget is \$2,249,200 and the Expenditure Budget is \$2,264,053

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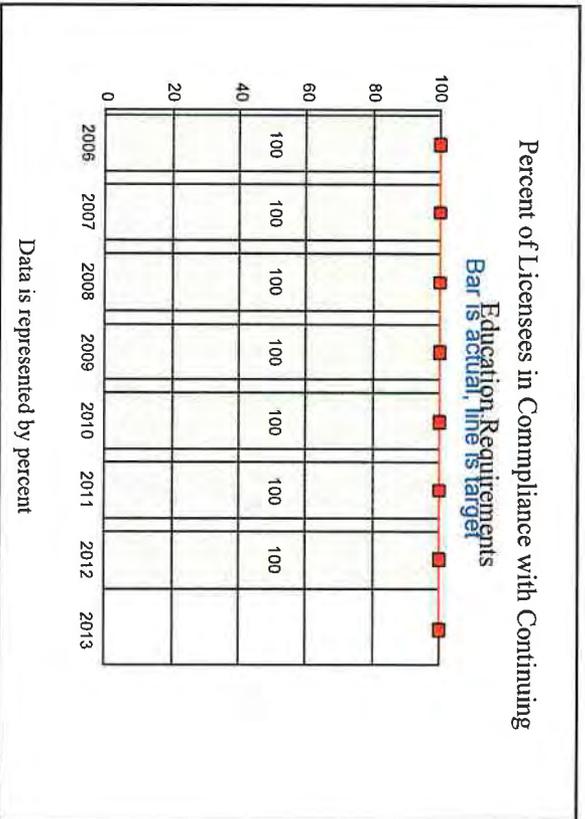
BUDGET NARRATIVE

DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.	2001
Goal	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
Oregon Context	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
Data Source	Agency records from continuing education audit logs.	
Owner	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director (971) 673-3200	

Attachment 2



1. OUR STRATEGY

The Boards strategy is that Licensees should keep current on practice issues. One way to do this is to take continuing education courses on a biennial basis. To determine if the licensees are in compliance is to audit approximately 15% of all licensees to establish a baseline.

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DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

2. ABOUT THE TARGETS

A target of 100% compliance seems to be an appropriate level for all licenses.

3. HOW WE ARE DOING

The profession is complying with the requirements to complete continuing education as a prerequisite to renewing their license.

4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

5. FACTORS AFFECTING RESULTS

There are no specific factors affecting the results

6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

7. ABOUT THE DATA

The reporting cycle is the Oregon fiscal year. The Board audits 15% of all licensees that are eligible for renewal, based on those that are audited and renew. We compare the Continuing Education Log that they are required to submit to see if they have met the requirements of the Law and Administrative Rules; if they are not in compliance, they are turned over for investigation of a possible violation of the Oregon Dental Practice Act.

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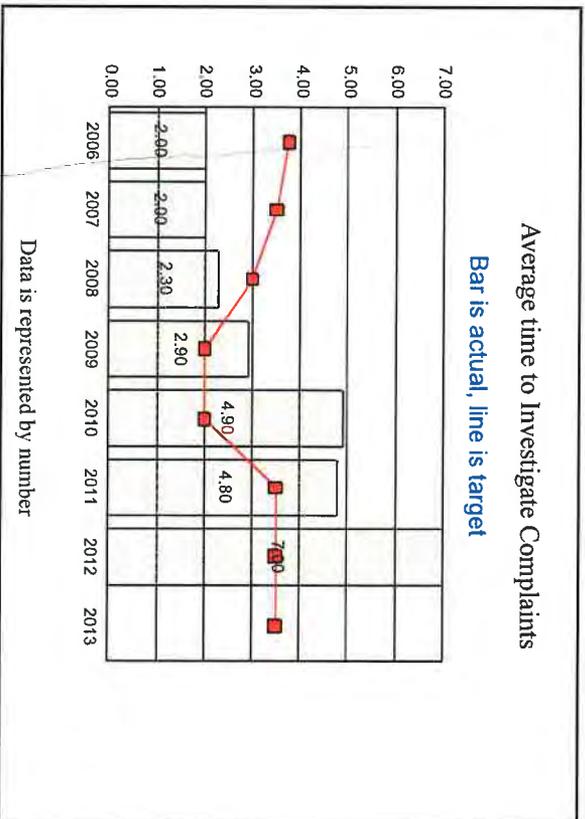
BUDGET NARRATIVE

DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

KPM#2	Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.	2000
Goal	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
Oregon Context	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
Data Source	Database - investigative files.	
Owner	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director, (971) 673-3200	

Attachment 2



1. OUR STRATEGY

The Boards strategy is that the investigation of complaints should take place in a timely fashion. By establishing the average time from the receipt of a new complaint until the investigation is completed is a way of measuring the timeliness of the Boards workload.

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DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

2. ABOUT THE TARGETS

The targets provide for a realistic time frame to complete investigations based on the complexity of the issues and the staff available to conduct the investigation. The targets appear to be reasonable and in the past have shown how a gradual decline in the number of average months to complete an investigation since this Performance Measure was established, until 2010.

3. HOW WE ARE DOING

The Board has seen a significant increase in the kind of complaints and the complexity of the complaints during the current economic downturn, these complaints are requiring a full investigation and the end result is that they are monetary in nature and thus not truly within the jurisdiction of the Board..

4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

5. FACTORS AFFECTING RESULTS

The current economic downturn and the loss of a consultant investigator for over 6 months have cause the time to complete investigations to rise.

6. WHAT NEEDS TO BE DONE

The enforcement staff is working at an increased pace to try to eliminate the time it takes to investigate compalints.

7. ABOUT THE DATA

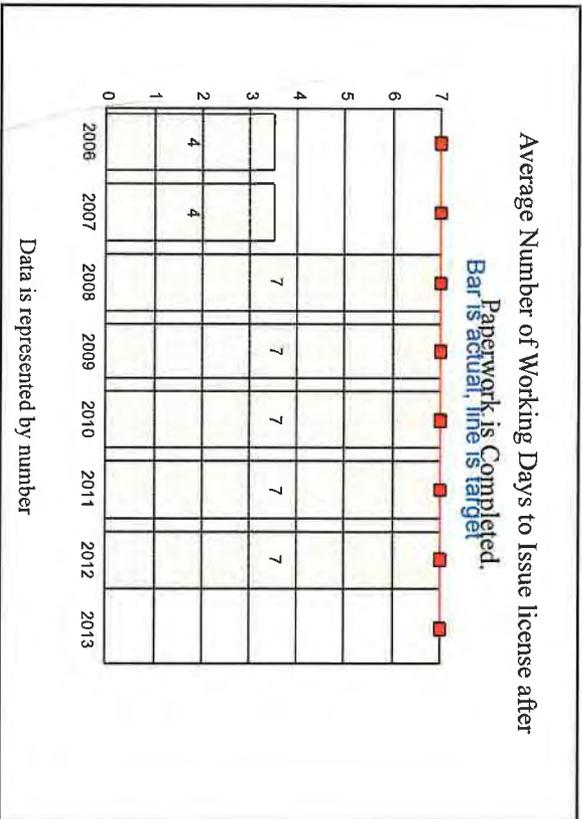
The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all complaints.

BUDGET NARRATIVE

DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.	2003
Goal	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
Oregon Context	The Oregon Board of Dentistry has no primary links of the Oregon Benchmarks	
Data Source	Database- licensing information	
Owner	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director, (971) 673-3200	



1. OUR STRATEGY

The Boards strategy is that the processing of completed paperwork for the issuance of a license, either new or a renewal, should take place in a reasonable period of time to assure public protection and to assure that those desiring to work in Oregon can do so in a timely fashion.

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DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

Attachment 2

2. ABOUT THE TARGETS

The targets provide for a realistic time frame to issue a license or to renew a license when all paperwork has been completed in accordance with all of the Boards rules and regulations.

3. HOW WE ARE DOING

The targets as established have been met or been exceeded.

4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

5. FACTORS AFFECTING RESULTS

There are no specific factors affecting the results.

6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

7. ABOUT THE DATA

The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all application and renewal files.

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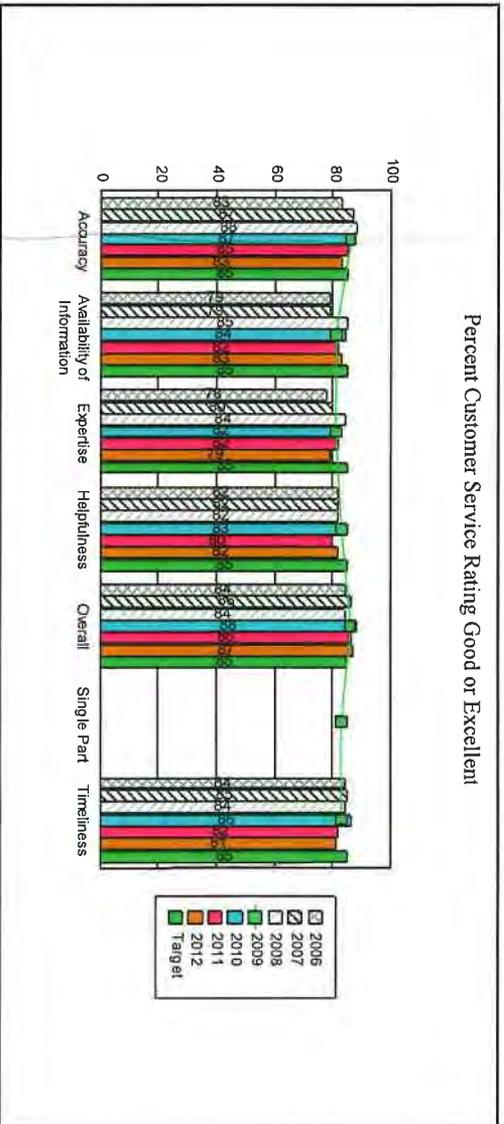
BUDGET NARRATIVE

DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

KPM #4	CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	2006
Goal	Agency Overall Satisfaction Percent of customers rating their overall satisfaction with the agency above average or excellent and Customer Satisfaction Percent of customers rating satisfaction with agency services above average or excellent for: A: Timeliness; B: Accuracy; C; Helpfulness; D: Expertise; E: Information Availability	
Oregon Context	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
Data Source	Customer Service Surveys completed and returned July 1, 2011 through June 30, 2012.	
Owner	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director, (971) 673-3200	

Attachment 2



1. OUR STRATEGY

In compliance with the Oregon Legislatures directive, the Board conducted a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the Mission of the Board

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DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

2. ABOUT THE TARGETS

The Targets provide a realistic and attainable goal for overall positive ratings for customer service.

3. HOW WE ARE DOING

Those completing the survey rated the Board as having an 87% overall satisfaction level and approximately 10% gave an unsatisfactory response.

4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

5. FACTORS AFFECTING RESULTS

There are no specific factors affecting the results.

6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

7. ABOUT THE DATA

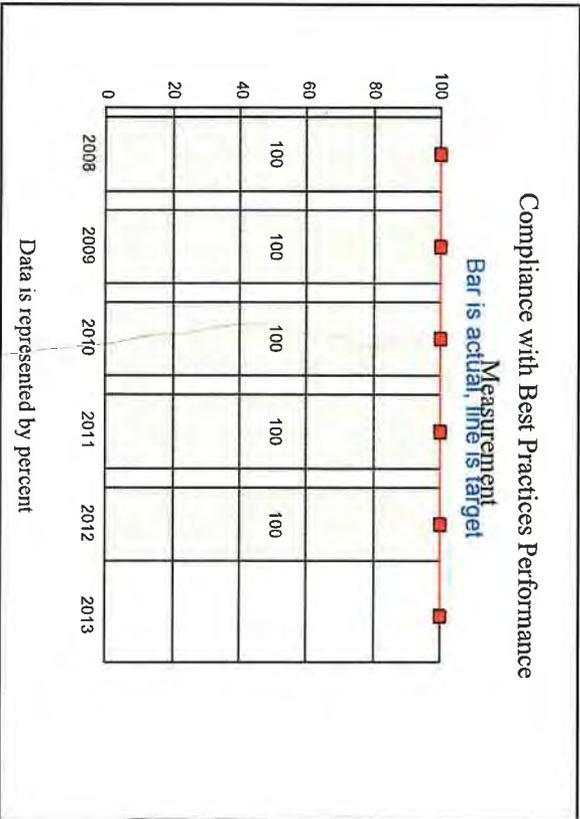
The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all application and renewal files.

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DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

KPM #5	Board Best Practices - Percent of total best practices met by the Board.	2007
Goal	To have 100% compliance with the Best Practice Performance Measures for Governing Boards and Commissions	
Oregon Context	The Oregon Board of Dentistry has no primary links to Oregon Benchmarks.	
Data Source	Evaluation completed by the Oregon Board of Dentistry Members at July 30, 2010 Board Meeting.	
Owner	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director (971) 673-3200	



1. OUR STRATEGY

The Board's strategy is to be in 100% compliance with Best Practices Performance Measurements for Governing Boards and Commissions.

BUDGET NARRATIVE

DENTISTRY, BOARD of

II. KEY MEASURE ANALYSIS

2. ABOUT THE TARGETS

A target of 100% compliance seems to be an appropriate level for the Board.

3. HOW WE ARE DOING

The Board is in compliance with the Best Practices Performance Measurement for Governing Boards and Commissions.

4. HOW WE COMPARE

The Agency continues to perform at a 100% rating.

5. FACTORS AFFECTING RESULTS

There are no specific factors affecting the results.

6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

7. ABOUT THE DATA

The Board Members completed the Self Assessment Best Practices list during the July 30, 2010 Board Meeting.

BUDGET NARRATIVE

DENTISTRY, BOARD of

III. USING PERFORMANCE DATA

Agency Mission: To assure that the citizens of Oregon receive the highest possible quality of oral health care.

Contact: Patrick D Bratz, Executive Director

Contact Phone: 971-673-3200

Alternate:

Alternate Phone:

The following questions indicate how performance measures and data are used for management and accountability purposes.	
1. INCLUSIVITY	<ul style="list-style-type: none"> * Staff : Review of current performance measures on an annual basis. * Elected Officials: Approving an making changes to legislatively approved performance measures. * Stakeholders: Reviewing letters, telephone calls and e-mails regarding the Board's performance measures. * Citizens: Reviewing letters, telephone calls and e-mails regarding the Board's performance measures.
2 MANAGING FOR RESULTS	All data collected on performance measures is reviewed and presented to the Board and Staff. All appropriate changes are made regarding continued compliance with performance measures.
3 STAFF TRAINING	Staff has been informed of all comments provided to the Executive Director regarding performance measures.
4 COMMUNICATING RESULTS	<ul style="list-style-type: none"> * Staff : At staff meetings and through e-mails and memos on customer satisfaction. * Elected Officials: Use of Web-site, testimony before Legislature and responding to direct inquiries. * Stakeholders: Use of Web-site, presentations and responding to direct inquiries. * Citizens: Use of Web-site, presentations and responding to direct inquiries.

BUDGET NARRATIVE

HOUSE BILL 3182 REDUCTIONS

ACTIVITY OR PROGRAM	DESCRIBE REDUCTION	AMOUNT AND FUND TYPE	RANK AND JUSTIFICATION
(WHICH PROGRAM OR ACTIVITY WILL NOT BE UNDERTAKEN)	(DESCRIBE THE EFFECTS OF THIS REDUCTION. INCLUDE POSITIONS AND FTE IN 2013-15 AND 2053-17)	(GF, LF, OF, FF. IDENTIFY REVENUE SOURCE FOR OF, FF)	(RANK THE ACTIVITIES OR PROGRAMS NOT UNDERTAKEN IN ORDER OF LOWEST COST FOR BENEFIT OBTAINED)
Eliminate funding for temporary clerical services.	TEMPORARY CLERICAL SERVICES ARE USED TO ASSIST THE AGENCY WITH MAJOR PROJECTS SUCH AS PURGING AND ARCHIVING RECORDS, ASSISTING WITH HEAVY WORKLOAD PERIODS DURING LICENSE RENEWALS, AND AS FILL IN FOR STAFF ON MEDICAL/FAMILY LEAVE. ELIMINATION OF THIS ITEM WOULD DELAY PROJECTS, INCREASE THE AMOUNT OF TIME TO RENEW LICENSES AND INCREASE STRESS ON EXISTING STAFF. <i>No positions would be reduced.</i>	\$3,500 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #1
Reduce expenses for production and distribution of Newsletters.	NEWSLETTERS ARE MAILED TWICE EACH YEAR TO ALL ACTIVE LICENSEES AND THOSE WHO HAVE RETIRED BUT CAN REACTIVATE FOR A PERIOD OF FOUR YEARS. NEWSLETTERS PROVIDE LICENSEES WITH INFORMATION ABOUT BOARD POLICIES, RULE AND STATUTORY CHANGES THAT ALL LICENSEES SHOULD BE AWARE OF. EXPENSES COULD BE REDUCED BY LIMITING THE NUMBER OF COPIES MAILED, BY REDUCING THE QUALITY OF THE PAPER USED, ELIMINATING COLOR AND MAILING AT A LOWER POSTAGE RATE. <i>No positions would be reduced.</i>	\$15,000 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #2
Reduce expenses for dental specialty examinations.	THESE EXAMINATIONS ARE SELF-FUNDED. EXPENSES ARE INCURRED FOR RENTAL OF CLINIC SPACE AT THE SCHOOL OF DENTISTRY AND TO PAY FOR CONTRACTED SERVICES OF LICENSED SPECIALISTS TO CONDUCT THE EXAMINATIONS. EXPENSES MAY BE ABLE TO BE REDUCED BY SEEKING THESE SERVICES AT NO COST. THIS OPTION IS CONSIDERED BECAUSE ELIMINATION OF SPECIALTY EXAMINATIONS WOULD REDUCE THE NUMBER OF DENTISTS WITH SPECIALIZED SKILLS WHO WISH TO COME TO OREGON TO PRACTICE BUT DO NOT QUALIFY FOR LICENSURE BY CREDENTIAL. (IN 2011-2013) THIS IS ESTIMATED TO BE ABOUT 10 DENTISTS). <i>No positions would be reduced.</i>	\$10,000 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #3
Eliminate contract dental consultants	THE BOARD'S INVESTIGATIVE WORKLOAD HAS INCREASED ALMOST 25% FROM WHAT IT WAS SIX YEARS AGO. OVER 75% OF BOARD CASES INVOLVE CLINICAL DENTISTRY AND REQUIRE THE EXPERTISE OF A TRAINED DENTIST TO ANALYZE THE COMPLEX ISSUES INVOLVED. THERE IS ONLY ONE DENTIST ON STAFF. ADDITIONAL DENTAL EXPERTISE IS CONTRACTED. THE BOARD'S GOAL IS TO INVESTIGATE CASES IN A FAIR, OBJECTIVE, THOROUGH AND TIMELY MANNER. IT CURRENTLY TAKES ABOUT 2.5 MONTHS TO COMPLETE AN INVESTIGATION. ELIMINATION OF CONTRACTED DENTAL CONSULTANTS WOULD HAMPER THE BOARD'S ABILITY TO CONTINUE AT THE CURRENT LEVEL AND IS CONTRARY TO THE BOARD'S GOAL OF IMPROVING THE TIME IT TAKES TO RESOLVE CASES AND BE RESPONSIVE TO THE PUBLIC'S CONCERNS. <i>No positions would be reduced.</i>	\$105,000 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #4
Reduce Office Supplies	REDUCE THE PURCHASE OF ALL OFFICE SUPPLIES BY 20%. <i>No positions would be reduced.</i>	\$18,000 OF LICENSE APPLICATION	RANK #5

BUDGET NARRATIVE

HOUSE BILL 3182 REDUCTIONS

		AND RENEWAL FEES	RANK #6
<p>Reduce Attorney General Support</p>	<p>THIS REDUCTION WOULD INCREASE THE BOARD'S RISK OF NOT BEING RESPONSIVE TO LEGAL ISSUES, NOT SEEKING APPROPRIATE INTERPRETATION OF STATUTES AND RULES, AND WOULD AFFECT PROSECUTION OF CONTESTED CASES HEARINGS. REDUCED ATTORNEY TIME FOR THE AGENCY WOULD LIMIT THE BOARD'S ABILITY TO SEEK PREVENTIVE LEGAL ADVICE THUS RAISING THE RISK OF INCREASED LEGAL ISSUES AT A LATER TIME. NO POSITIONS WOULD BE REDUCED.</p>	<p>\$50,000 OF LICENSE APPLICATION AND RENEWAL FEES</p>	
<p>Reduce travel expenses by 33%.</p>	<p>BOARD MEMBERS INCUR TRAVEL EXPENSES TO ATTEND BOARD MEETINGS AND COMMITTEE MEETINGS, RULEMAKING HEARINGS, AND LEGISLATIVE SESSIONS THROUGHOUT THE BIENNIUM. FOUR MEMBERS LIVE OVER 300 MILES AWAY FROM THE BOARD OFFICE AND THREE LIVE 80-100 MILES AWAY. STAFF INCUR TRAVEL EXPENSES IN THE INVESTIGATION OF CASES, CONDUCTING OFFICE INSPECTIONS, GIVING PRESENTATIONS TO DENTAL STUDENTS AND PROFESSIONAL ORGANIZATIONS, AND ATTENDING INTER-AGENCY MEETINGS AND TRAINING SESSIONS. BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ATTEND MEETINGS OF NATIONAL AND REGIONAL IMPORTANCE THAT AFFECT THE PRACTICE OF DENTISTRY, DENTAL AND DENTAL HYGIENE EDUCATION, LICENSURE AND ENFORCEMENT, AND ISSUES SUCH AS CONTINUING COMPETENCY AND BEST PRACTICES FOR DEALING WITH THE ADDICTED PROFESSIONAL. REDUCING TRAVEL WOULD LIMIT THE ABILITY OF BOARD AND STAFF TO MAINTAIN OPEN AND CLEAR COMMUNICATIONS WITH THE PROFESSION, EDUCATION PROGRAMS, OTHER STATE AGENCIES, AND TO PARTICIPATE IN THE POLICY SETTING ON A NATIONAL LEVEL. NO POSITIONS WOULD BE REDUCED.</p>	<p>\$23,000 OF LICENSE APPLICATION AND RENEWAL FEES</p>	<p>RANK #7</p>

BUDGET NARRATIVE
OREGON BOARD OF DENTISTRY
 2011-2013

BOARD OF DENTISTRY
 10 Members

EXECUTIVE DIRECTOR
 Principal Executive/Manager E
 Patrick D. Braatz
 Z7008 Pos 521 1.0 FTE

INVESTIGATION AND COMPLIANCE MONITORING

LICENSING

ADMINISTRATIVE SUPPORT

Dental Director/Chief Investigator
 Princ Exec/Mgr E
 Paul Kleinstub, D.D.S., M.S.
 Z7008 Pos. 522 1.0 FTE

Licensing & Examination Manager
 Admin Spec 2
 Teresa Haynes
 C0180 Pos. 525 1.0 FTE

Executive Assistant
 Office Manager 2
 Stephen Prishby
 X0806 Pos. 524 1.0 FTE

Investigator 2
 Darryll Ross
 C5232 Pos. 528 1.0 FTE

Office Specialist 2
 Lisa Warwick
 C0104 Pos. 529 1.0 FTE

Investigator 2
 Harvey Wayson
 C5232 Pos. 530 1.0 FTE

Investigator/Consultant
 Michelle Lawrence, D.M.D.
 _____ Governor's Recommended

X Agency Request

_____ Legislatively Adopted

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BUDGET NARRATIVE
OREGON BOARD OF DENTISTRY
 2013-2015

BOARD OF DENTISTRY

10 Members

EXECUTIVE DIRECTOR
 Principal Executive/Manager E
 Patrick D. Braatz
 Z7008 Pos 521 1.0 FTE

INVESTIGATION AND COMPLIANCE MONITORING

Dental Director/Chief Investigator
 Princ Exec/Mgr E
 Paul Kleinstub, D.D.S., M.S.
 Z7008 Pos. 522 1.0 FTE

LICENSING

Licensing & Examination Manager
 Admin Spec 2
 Teresa Haynes
 C0180 Pos. 525 1.0 FTE

ADMINISTRATIVE SUPPORT

Executive Assistant
 Office Manager 2
 Stephen Prisky
 X0806 Pos. 524 1.0 FTE

Investigator 2
 Daryll Ross
 C5232 Pos. 528 1.0 FTE

Office Specialist 2
 Lisa Warwick
 C0104 Pos. 529 1.0 FTE

Investigator 2
 Harvey Wayson
 C5232 Pos. 530 1.0 FTE

Investigator/Consultant
 Michelle Lawrence, D.M.D.

Agency Request

Governor's Recommended

Legislatively Adopted

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BUDGET NARRATIVE

Summary of 2013-15 Biennium Budget

Oregon Board of Dentistry
Oregon Board of Dentistry
2013-15 Biennium

Agency Request Budget
Cross Reference Number: 83400-000-00-00000

Attachment 2

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	
2011-13 Leg Adopted Budget	7	7.00	2,502,044	-	-	2,502,044	-	-	-	
2011-13 Emergency Boards	-	-	-	-	-	-	-	-	-	
2011-13 Leg Approved Budget	7	7.00	2,502,044	-	-	2,502,044	-	-	-	
2013-15 Base Budget Adjustments										
Net Cost of Position Actions										
Administrative Biennialized E-Board, Phase-Out	-	-	88,824	-	-	88,824	-	-	-	
Estimated Cost of Merit Increase	-	-	-	-	-	-	-	-	-	
Base Debt Service Adjustment	-	-	-	-	-	-	-	-	-	
Base Nonlimited Adjustment	-	-	-	-	-	-	-	-	-	
Capital Construction	-	-	-	-	-	-	-	-	-	
Subtotal 2013-15 Base Budget	7	7.00	2,590,868	-	-	2,590,868	-	-	-	
Essential Packages										
010 - Non-PICS Pers Svc/Vacancy Factor										
Non-PICS Personal Service Increase/(Decrease)	-	-	6,135	-	-	6,135	-	-	-	
Subtotal	-	-	6,135	-	-	6,135	-	-	-	
020 - Phase In / Out Pgm & One-time Cost										
021 - Phase-in	-	-	-	-	-	-	-	-	-	
022 - Phase-out Pgm & One-time Costs	-	-	-	-	-	-	-	-	-	
Subtotal	-	-	-	-	-	-	-	-	-	
030 - Inflation & Price List Adjustments										
Cost of Goods & Services Increase/(Decrease)	-	-	50,374	-	-	50,374	-	-	-	
State Gov't & Services Charges Increase/(Decrease)	-	-	20,467	-	-	20,467	-	-	-	
Subtotal	-	-	70,841	-	-	70,841	-	-	-	

Agency Request Governor's Recommended Legislatively Adopted Budget Page 54

BUDGET NARRATIVE

Summary of 2013-15 Biennium Budget

Oregon Board of Dentistry
 Oregon Board of Dentistry
 2013-15 Biennium

Agency Request Budget
 Cross Reference Number: 83400-000-00-00000

Attachment 2

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2013-15 Current Service Level	7	7.00	2,667,844	-	-	2,667,844	-	-	-

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Agency Request

Governor's Recommended

Legislatively Adopted

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BUDGET NARRATIVE

Summary of 2013-15 Biennium Budget

Oregon Board of Dentistry
Oregon Board of Dentistry
2013-15 Biennium

Agency Request Budget
Cross Reference Number: 83400-000-00-000000

Attachment 2

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2013-15 Current Service Level									
	7	7.00	2,667,844	-	-	-	-	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls									
	-	-	-	-	-	-	-	-	-
Modified 2013-15 Current Service Level									
	7	7.00	2,667,844	-	-	-	-	-	-
080 - E-Boards									
081 - May 2012 E-Board									
	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages									
	-	-	-	-	-	-	-	-	-
Total 2013-15 Agency Request Budget									
	7	7.00	2,667,844	-	-	-	-	-	-
Percentage Change From 2011-13 Leg Approved Budget									
	-	-	6.60%	-	-	-	-	-	-
Percentage Change From 2013-15 Current Service Level									
	-	-	-	-	-	-	-	-	-

Agency Request
 Governor's Recommended
 Legislatively Adopted
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BUDGET NARRATIVE

Summary of 2013-15 Biennium Budget

**Oregon Board of Dentistry
Board of Dentistry
2013-15 Biennium**

Agency Request Budget
Cross Reference Number: 83400-001-00-00-00000

Attachment 2

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	
2011-13 Leg Adopted Budget	7	7.00	2,502,044	-	-	2,502,044	-	-	-	
2011-13 Emergency Boards	-	-	-	-	-	-	-	-	-	
2011-13 Leg Approved Budget	7	7.00	2,502,044	-	-	2,502,044	-	-	-	
2013-15 Base Budget Adjustments										
Net Cost of Position Actions										
Administrative Biennialized E-Board, Phase-Out	-	-	88,824	-	-	-	88,824	-	-	
Estimated Cost of Merit Increase	-	-	-	-	-	-	-	-	-	
Base Debt Service Adjustment	-	-	-	-	-	-	-	-	-	
Base Nonlimited Adjustment	-	-	-	-	-	-	-	-	-	
Capital Construction	-	-	-	-	-	-	-	-	-	
Subtotal 2013-15 Base Budget	7	7.00	2,590,868	-	-	2,590,868	-	-	-	
Essential Packages										
010 - Non-PICS Pers Svc/Vacancy Factor										
Non-PICS Personal Service Increase/(Decrease)	-	-	6,135	-	-	-	6,135	-	-	
Subtotal	-	-	6,135	-	-	-	6,135	-	-	
020 - Phase In / Out Pgm & One-time Cost										
021 - Phase-in	-	-	-	-	-	-	-	-	-	
022 - Phase-out Pgm & One-time Costs	-	-	-	-	-	-	-	-	-	
Subtotal	-	-	-	-	-	-	-	-	-	
030 - Inflation & Price List Adjustments										
Cost of Goods & Services Increase/(Decrease)	-	-	50,374	-	-	-	50,374	-	-	
State Gov't & Services Charges Increase/(Decrease)	-	-	20,467	-	-	-	20,467	-	-	
Subtotal	-	-	70,841	-	-	-	70,841	-	-	

Agency Request Governor's Recommended Legislatively Adopted Budget Page 57

BUDGET NARRATIVE

Summary of 2013-15 Biennium Budget

Oregon Board of Dentistry

Board of Dentistry

2013-15 Biennium

Agency Request Budget

Cross Reference Number: 83400-001-00-00-00000

Attachment 2

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2013-15 Current Service Level	7	7.00	2,667,844	-	-	-	-	2,667,844	-

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Governor's Recommended

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BUDGET NARRATIVE

Summary of 2013-15 Biennium Budget

Oregon Board of Dentistry
 Board of Dentistry
 2013-15 Biennium

Agency Request Budget
 Cross Reference Number: 83400-001-00-00-00000

Attachment 2

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
Subtotal: 2013-15 Current Service Level	7	7.00	2,667,844	-	-	2,667,844	-	-	-
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2013-15 Current Service Level	7	7.00	2,667,844	-	-	2,667,844	-	-	-
080 - E-Boards									
081 - May 2012 E-Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	-	-	-	-	-	-	-	-	-
Total 2013-15 Agency Request Budget	7	7.00	2,667,844	-	-	2,667,844	-	-	-
Percentage Change From 2011-13 Leg Approved Budget	-	-	6.60%	-	-	-	-	-	-
Percentage Change From 2013-15 Current Service Level	-	-	-	-	-	-	-	-	-

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BDV104 - Biennial Budget Summary
 BDV104

Agency Request

Governor's Recommended

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2013-15

107BF02

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agencywide Appropriated Fund Group
2011-13 Biennium

Version: Z - 01 - Leg. Adopted Budget

Attachment 2

Description	2007-09 Actuals	2009-11 Leg Adopted Budget	2009-11 Leg Approved Budget	2011-13 Agency Request Budget	2011-13 Governor's Rec. Budget	2011-13 Leg Adopted Budget
LIMITED BUDGET (Excluding Packages)						
Other Funds	1,943,392	2,182,624	2,182,624	2,352,188	2,352,188	2,352,188
AUTHORIZED POSITIONS	7	7	7	7	7	7
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00
LIMITED BUDGET (Essential Packages)						
010-NON-PICS PSNL SVC / VACANCY FACTOR						
Other Funds	-	-	-	3,024	3,024	3,024
031-STANDARD INFLATION						
Other Funds	-	-	-	34,487	34,487	34,487
032-ABOVE STANDARD INFLATION						
Other Funds	-	-	-	2,135	2,135	2,135
TOTAL LIMITED BUDGET (Essential Packages)						
Other Funds	-	-	-	39,646	39,646	39,646
LIMITED BUDGET (Current Service Level)						
Other Funds	1,943,392	2,182,624	2,182,624	2,391,834	2,391,834	2,391,834
AUTHORIZED POSITIONS	7	7	7	7	7	7
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00
LIMITED BUDGET (Policy Packages)						
086-ELIMINATE INFLATION- RANK 0 - 001-00-00-000000						
Other Funds	-	-	-	-	(32,087)	(32,087)
087-PERSONAL SERVICE ADJUSTMENTS- RANK 0 - 001-00-00-000000						
Other Funds	-	-	-	-	(76,522)	(76,522)
805-BUDGET RECONCILIATION ADJUSTMENTS (SB 5508)- RANK 0 - 001-00-00-000000						
Other Funds	-	-	-	-	-	(7,473)

Agency Request 2011-13 Biennium Governor's Recommended Page _____ Legislatively Adopted Agencywide Appropriated Fund Group - BPR001

Agency Request Governor's Recommended Legislatively Adopted Budget Page 60

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agencywide Appropriated Fund Group
2011-13 Biennium

Version: Z - 01 - Leg. Adopted Budget

Attachment 2

Description	2007-09 Actuals	2009-11 Leg Adopted Budget	2009-11 Leg Approved Budget	2011-13 Agency Request Budget	2011-13 Governor's Rec. Budget	2011-13 Leg Adopted Budget
100-HEALTH PROFESSIONAL SERVICE PROGRAM- RANK 1 - 001-00-00-00000						
Other Funds	-	-	-	226,292	226,292	226,292
TOTAL LIMITED BUDGET (Policy Packages)						
Other Funds	-	-	-	226,292	117,683	110,210
TOTAL LIMITED BUDGET (Including Packages)						
Other Funds	1,943,392	2,182,624	2,182,624	2,618,126	2,509,517	2,502,044
AUTHORIZED POSITIONS	7	7	7	7	7	7
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00
OPERATING BUDGET (Excluding Packages)						
Other Funds	1,943,392	2,182,624	2,182,624	2,352,188	2,352,188	2,352,188
AUTHORIZED POSITIONS	7	7	7	7	7	7
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00
OPERATING BUDGET (Essential Packages)						
010-NON-PICS PSNL SVC / VACANCY FACTOR						
Other Funds	-	-	-	3,024	3,024	3,024
031-STANDARD INFLATION						
Other Funds	-	-	-	34,487	34,487	34,487
032-ABOVE STANDARD INFLATION						
Other Funds	-	-	-	2,135	2,135	2,135
TOTAL OPERATING BUDGET (Essential Packages)						
Other Funds	-	-	-	39,646	39,646	39,646
OPERATING BUDGET (Current Service Level)						
Other Funds	1,943,392	2,182,624	2,182,624	2,391,834	2,391,834	2,391,834
AUTHORIZED POSITIONS	7	7	7	7	7	7

Agency Request 2011-13 Biennium Governor's Recommended Page _____ Legislatively Adopted Agencywide Appropriated Fund Group - BPR001 Legislatively Adopted Budget Page 61

Agency Request

Governor's Recommended

Legislatively Adopted

Budget Page 61

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agencywide Appropriated Fund Group
2011-13 Biennium

Version: Z - 01 - Leg. Adopted Budget

Attachment 2

Description	2007-09 Actuals	2009-11 Leg Adopted Budget	2009-11 Leg Approved Budget	2011-13 Agency Request Budget	2011-13 Governor's Rec. Budget	2011-13 Leg Adopted Budget
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00
OPERATING BUDGET (Policy Packages)						
086-ELIMINATE INFLATION- RANK 0 - 001-00-00-00000						
Other Funds	-	-	-	-	(32,087)	(32,087)
087-PERSONAL SERVICE ADJUSTMENTS- RANK 0 - 001-00-00-00000						
Other Funds	-	-	-	-	(76,522)	(76,522)
805-BUDGET RECONCILIATION ADJUSTMENTS (SB 5508)- RANK 0 - 001-00-00-00000						
Other Funds	-	-	-	-	-	(7,473)
100-HEALTH PROFESSIONAL SERVICE PROGRAM- RANK 1 - 001-00-00-00000						
Other Funds	-	-	-	226,292	226,292	226,292
TOTAL OPERATING BUDGET (Policy Packages)						
Other Funds	-	-	-	226,292	117,683	110,210
TOTAL OPERATING BUDGET (Including Packages)						
Other Funds	1,943,392	2,182,624	2,182,624	2,618,126	2,509,517	2,502,044
AUTHORIZED POSITIONS	7	7	7	7	7	7
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00
TOTAL BUDGET (Excluding Packages)						
Other Funds	1,943,392	2,182,624	2,182,624	2,352,188	2,352,188	2,352,188
AUTHORIZED POSITIONS	7	7	7	7	7	7
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00
TOTAL BUDGET (Essential Packages)						
010-NON-PICS PSNL SVC / VACANCY FACTOR						
Other Funds	-	-	-	3,024	3,024	3,024
031-STANDARD INFLATION						
Other Funds	-	-	-	-	-	-

Agency Request: _____ Governor's Recommended: _____ Legislatively Adopted: _____
 2011-13 Biennium Page _____ Agencywide Appropriated Fund Group - BPR001

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agencywide Appropriated Fund Group
2011-13 Biennium

Version: Z - 01 - Leg. Adopted Budget

Attachment 2

Description	2007-09 Actuals	2009-11 Leg Adopted Budget	2009-11 Leg Approved Budget	2011-13 Agency Request Budget	2011-13 Governor's Rec. Budget	2011-13 Leg Adopted Budget
Other Funds	-	-	-	34,487	34,487	34,487
032-ABOVE STANDARD INFLATION						
Other Funds				2,135	2,135	2,135
TOTAL BUDGET (Essential Packages)				39,646	39,646	39,646
TOTAL BUDGET (Current Service Level)						
Other Funds	1,943,392	2,182,624	2,182,624	2,391,834	2,391,834	2,391,834
AUTHORIZED POSITIONS	7	7	7	7	7	7
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00
TOTAL BUDGET (Policy Packages)						
086-ELIMINATE INFLATION- RANK 0 - 001-00-00-00000					(32,087)	(32,087)
Other Funds						
087-PERSONAL SERVICE ADJUSTMENTS- RANK 0 - 001-00-00-00000					(76,522)	(76,522)
Other Funds						
805-BUDGET RECONCILIATION ADJUSTMENTS (SB 5508)- RANK 0 - 001-00-00-00000						
Other Funds						
100-HEALTH PROFESSIONAL SERVICE PROGRAM- RANK 1 - 001-00-00-00000				226,292	226,292	226,292
Other Funds						
TOTAL BUDGET (Policy Packages)				226,292	117,683	110,210
TOTAL BUDGET (Including Packages)						
Other Funds	1,943,392	2,182,624	2,182,624	2,618,126	2,509,517	2,502,044
AUTHORIZED POSITIONS	7	7	7	7	7	7
AUTHORIZED FTE	7.00	7.00	7.00	7.00	7.00	7.00

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Legislatively Adopted
Agencywide Appropriated Fund Group - BPR001

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agencywide Program Unit Summary
2013-15 Biennium

Version: V - 01 - Agency Request Budget

Attachment 2

Summary Cross Reference Number	Cross Reference Description	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Leg Approved Budget	2013-15 Agency Request Budget	2013-15 Governor's Rec. Budget	2013-15 Leg Adopted Budget
001-00-00-00000	Board of Dentistry						
	Other Funds	2,159,597	2,502,044	2,502,044	2,667,844	-	-
	Other Funds	2,159,597	2,502,044	2,502,044	2,667,844	-	-
TOTAL AGENCY							

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Legislatively Adopted
Agencywide Program Unit Summary - BPR010

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REVENUES

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BUDGET NARRATIVE

REVENUES

Source of Funds

The Board of Dentistry is funded solely by Other Funds received from license and application fees, renewal fees, permit fees, civil penalties and from the sale of labels, lists and public documents as allowed by law and interest on investments. All fees received are deposited in the State Treasury and are dedicated to the administration costs of the Board and the enforcement of ORS Chapter 679 and ORS Chapter 680.010 to 680.205. License and permit fees comprise 95% of all revenue collected by the Board.

Fee Policy

Fees charged by the Board are set in a manner that is fair and reasonable to sufficiently fund agency operations. Fees are designed so that revenues collected will not exceed the cost of administering the Board's programs and are established only after consultation with licensees, their professional associations and are subject to prior approval of the Department of Administrative Services and subsequently authorized by the Legislative Assembly. Fees were raised in 2011 to cover the cost of participating in the Health Professionals' Services Program (HPSP) as the Legislature no longer allows Health Professional Regulatory Boards from having independent programs.

Basis for 2013-2015 Estimates

Revenue projections are based on the estimated number of application fees, license renewals, and anesthesia permits. Data used includes historical information on new licenses issued, the number of current active licenses and the average number of retirements and resignations per year.

Fees are primarily paid by dentists and dental hygienists already licensed or applying for a new license.

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BUDGET NARRATIVE

2013-2015 Estimated Revenue is based on the following numbers and rates:

Application Fees:	Rate	Number	Total	Total*
Dental – by examination or faculty license	\$345.00	300	\$103,500.00	No Change
Dental – by credential	\$790.00	75	\$59,250.00	No Change
Dental Hygiene – by examination	\$180.00	315	\$56,700.00	No Change
Dental Hygiene – by credential	\$790.00	70	\$55,300.00	No Change
License Fees (biennial/new and renewal):				
Dental	\$315.00	3,700	\$1,165,500.00	No Change
Dental Hygiene	\$155.00	3,800	\$589,000.00	No Change
Anesthesia Permits:				
Nitrous Oxide	\$ 40.00	3,846	\$153,840.00	No Change
Minimal Sedation	\$ 75.00	115	\$8,625.00	No Change
Moderate Sedation	\$ 75.00	176	\$13,200.00	No Change
Deep Sedation	\$ 75.00	86	\$6,450.00	No Change
General Anesthesia	\$140.00	92	\$ 12,880.00	No Change
			\$2,457,200.00	No Change

The revenue sources in the table above represent 95% of estimated revenue for 20131-2015. The remaining 5% is derived from delinquent fees, charges for services such as public records requests, data processing information, verification of licensure, dental assistant certification and civil penalties and interest on investments. Sources and percent of total revenue are depicted in the chart on the next page.

Agency Request

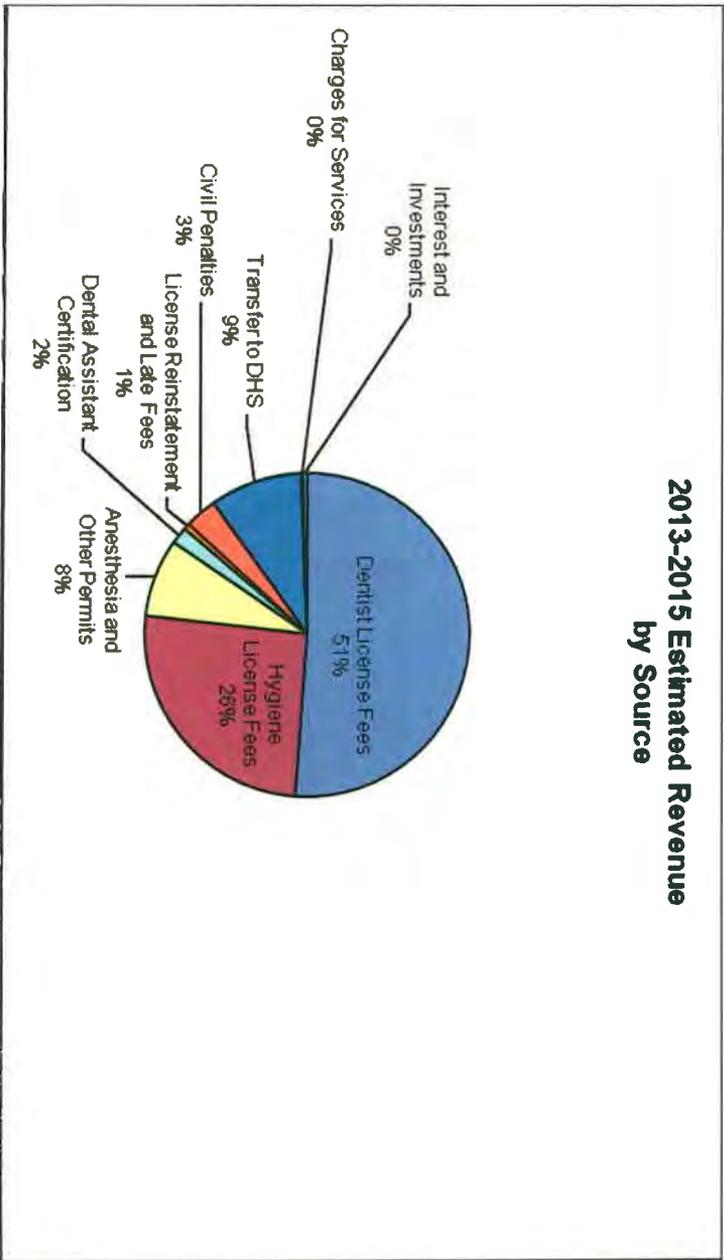
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BUDGET NARRATIVE

**2013-2015 Estimated Revenue
by Source**



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BUDGET NARRATIVE

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Board of Dentistry

2013-15 Biennium

Agency Number: 83400
Cross Reference Number: 83400-000-00-00-00000

Source	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Leg Approved Budget	2013-15 Agency Request Budget	2013-15 Governor's Rec. Budget	2013-15 Leg Adopted Budget
Other Funds						
Business Lic and Fees	2,027,688	2,327,200	2,327,200	2,405,500	-	-
Non-business Lic. and Fees	16,850	40,000	40,000	40,000	-	-
Charges for Services	-	5,000	5,000	5,000	-	-
Fines and Forfeitures	38,500	50,000	50,000	75,000	-	-
Interest Income	9,985	10,000	10,000	10,000	-	-
Other Revenues	25,301	25,000	25,000	25,305	-	-
Tsfr To Oregon Health Authority	(173,139)	(208,000)	(208,000)	(215,500)	-	-
Total Other Funds	\$1,945,185	\$2,249,200	\$2,249,200	\$2,345,305	-	-

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Agency Request Governor's Recommended Legislatively Adopted
 2013-15 Biennium Request Governor's Recommended Legislatively Adopted
 Detail of LF, OF, and FF Revenues - BPR012 Budget Page 68

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agencywide Revenues and Disbursements Summary 2013-15 Biennium

Version: V-01-Agency Request Budget

Attachment 2

Description	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Leg Approved Budget	2013-15 Agency Request Budget	2013-15 Governor's Rec. Budget	2013-15 Leg Adopted Budget
BEGINNING BALANCE						
0025 Beginning Balance						
Other Funds	803,486	577,462	577,462	324,618	-	-
0030 Beginning Balance Adjustment						
Other Funds	-	-	-	11,612	-	-
TOTAL BEGINNING BALANCE	803,486	577,462	577,462	336,230	-	-
REVENUE CATEGORIES						
LICENSES AND FEES						
0205 Business Lic and Fees						
Other Funds	2,027,688	2,327,200	2,327,200	2,405,500	-	-
0210 Non-business Lic. and Fees						
Other Funds	16,850	40,000	40,000	40,000	-	-
TOTAL LICENSES AND FEES	2,044,538	2,367,200	2,367,200	2,445,500	-	-
CHARGES FOR SERVICES						
0410 Charges for Services						
Other Funds	-	5,000	5,000	5,000	-	-
FINES, RENTS AND ROYALTIES						
0505 Fines and Forfeitures						
Other Funds	38,500	50,000	50,000	75,000	-	-

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Agencywide Revenues and Disbursements Summary - BPR011

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agencywide Revenues and Disbursements Summary 2013-15 Biennium

Version: V-01-Agency Request Budget

Attachment 2

Description	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Leg Approved Budget	2013-15 Agency Request Budget	2013-15 Governor's Rec. Budget	2013-15 Leg Adopted Budget
INTEREST EARNINGS						
0605 Interest Income						
Other Funds	9,985	10,000	10,000	10,000	10,000	-
OTHER						
0975 Other Revenues						
Other Funds	25,301	25,000	25,000	25,305	-	-
TOTAL REVENUES	2,118,324	2,457,200	2,457,200	2,560,805	-	-
TRANSFERS OUT						
2443 Tsfr To Oregon Health Authority						
Other Funds	(173,139)	(208,000)	(208,000)	(215,500)	-	-
AVAILABLE REVENUES	2,748,671	2,826,662	2,826,662	2,681,535	-	-
EXPENDITURES						
Other Funds	2,159,597	2,502,044	2,502,044	2,667,844	-	-
ENDING BALANCE	589,074	324,618	324,618	13,691	-	-

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Agencywide Revenues and Disbursements Summary - BPR011

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PROGRAM UNITS

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BUDGET NARRATIVE

PROGRAM UNITS

For budget purposes, the Board of Dentistry is one operational unit and all major issues have been presented in the Agency Plans portion of the Budget Request. Attachment 2

The Agency Budget Request is based on revenue from existing fees and available cash balance. The Current Service Level budget was developed in accordance with Department of Administrative Services guidelines. Personal Services costs are automatically generated by State's computerized budget system (ORBITS) based on the salary level of incumbents. Services and Supplies line items have been calculated based on the standard inflation factor of 2.4% provided by DAS, or approved by DAS as an exception to the standard inflation rate (Attorney General, rent, State Government Service Charges).

ESSENTIAL PACKAGES

Essential Packages make budget adjustments.

Package 010: Non-PICS Personal Services

Package 010 calculates limitation needs for salary and per diem and pension bond related expenses that are not calculated by PICS (inflation factor on temporary appointments, mass transit tax and social security and new payments toward pension bonds). The total amount of this package is \$6,135.00.

Package 020: One-time and Phased in Costs

None

Package 022: Phase-out Program & One-time costs

None

Package 031: Standard Inflation and Price Line Adjustments

Services and Supplies line items are projected at the standard inflation rate of 2.4% with some exceptions. Facilities Rental and Taxes increase has been calculated at the 4.3% allowed based on the current rental lease. Attorney General expenses have been increased by 11%. All exceptions have been reviewed and approved by the Department of Administrative Services prior to inclusion in the Board's Current Service Level Budget. These exceptions are discussed below. Total amount of this package is \$70,841.00

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- State-Government Service Charges**
 This item is increased by \$73,274 primarily due the changes in the Department of Administrative Services. The table below shows the Board's expenses for the items included in this category.

	2009-2011	2011-2013	2013 - 2015
State Gov. Svc. Charges			
Central Government	5,004	5,522	\$6,271
DAS - Chief Operating Office			\$1,849
DAS - Chief Financial Office			\$5,000
DAS -Chief Human Resources Office			\$1,765
DAS - Chief Information Office			\$1,430
DAS - E-Government			\$142
DAS - Procurement			\$924
DAS - Shared Service			\$50,574
Risk Mgmt/Property/Liability/Workers Comp	3,687	3,625	\$3,686
DAS Service Charges	35,780	19,344	-0-
DAS User Fees (est.)	4,219	2,323	-0-
DAS State Data Center Charges		22,560	\$740
DAS - Telecom Network			\$12,662
DAS - Telecom Voice			\$12,629
DAS -EHRS - PPDB			\$11,172
DAS - EHRS - Ilearn			\$3,345
DAS - EGS Service Charges			\$3,166
Secretary of State Administrative Rules	2,823	3,289	\$1,960
Secretary of State Audits			\$2,229
Secretary of State/Archives	1,501	1,806	\$2,091
State Library/Law	496	533	\$442
State Library	961	1,030	\$630
Minorities, Women & ESB	250	232	\$383
OAH Administrative Hearing Charges		9,418	19,700
	54,836	69,791	\$143,065

Package 032: Above Standard Inflation
None

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BUDGET NARRATIVE

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
 Pkg: 010 - Non-PICS Psnl Svc / Vacancy Factor

Cross Reference Name: Board of Dentistry
 Cross Reference Number: 83400-001-00-00-000000

Attachment 2

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Personal Services							
Temporary Appointments	-	-	89	-	-	-	89
Overtime Payments	-	-	86	-	-	-	86
Public Employees' Retire Cont	-	-	17	-	-	-	17
Pension Obligation Bond	-	-	6,094	-	-	-	6,094
Social Security Taxes	-	-	14	-	-	-	14
Mass Transit Tax	-	-	(165)	-	-	-	(165)
Total Personal Services	-	-	\$6,135	-	-	-	\$6,135
Total Expenditures	-	-	6,135	-	-	-	6,135
Total Expenditures	-	-	\$6,135	-	-	-	\$6,135
Ending Balance	-	-	(6,135)	-	-	-	(6,135)
Ending Balance	-	-	(6,135)	-	-	-	(6,135)
Total Ending Balance	-	-	(\$6,135)	-	-	-	(\$6,135)

Agency Request
 2013-15 Biennium

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Legislatively Adopted
 Essential and Policy Package Fiscal Impact Summary - BPR013

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BUDGET NARRATIVE

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
Pkg: 031 - Standard Inflation

Cross Reference Name: Board of Dentistry
Cross Reference Number: 83400-001-00-00-000000

Attachment 2

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Instate Travel	-	-	1,120	-	-	-	1,120
Out of State Travel	-	-	592	-	-	-	592
Employee Training	-	-	159	-	-	-	159
Office Expenses	-	-	1,653	-	-	-	1,653
Telecommunications	-	-	618	-	-	-	618
State Gov. Service Charges	-	-	20,467	-	-	-	20,467
Publicity and Publications	-	-	314	-	-	-	314
Professional Services	-	-	3,310	-	-	-	3,310
IT Professional Services	-	-	784	-	-	-	784
Attorney General	-	-	28,100	-	-	-	28,100
Employee Recruitment and Develop	-	-	15	-	-	-	15
Dues and Subscriptions	-	-	151	-	-	-	151
Facilities Rental and Taxes	-	-	8,374	-	-	-	8,374
Facilities Maintenance	-	-	12	-	-	-	12
Agency Program Related S and S	-	-	3,959	-	-	-	3,959
Other Services and Supplies	-	-	967	-	-	-	967
Expendable Prop 250 - 5000	-	-	123	-	-	-	123
IT Expendable Property	-	-	123	-	-	-	123
Total Services & Supplies	-	-	\$70,841	-	-	-	\$70,841
Total Expenditures							
Total Expenditures	-	-	70,841	-	-	-	70,841
Total Expenditures	-	-	\$70,841	-	-	-	\$70,841

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 Agency Request _____ Governor's Recommended _____ Legislatively Adopted _____
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BUDGET NARRATIVE

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
 Pkg: 031 - Standard Inflation

Cross Reference Name: Board of Dentistry
 Cross Reference Number: 83400-001-00-00-000000

Attachment 2

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Ending Balance	-	-	(70,841)	-	-	-	(70,841)
Total Ending Balance	-	-	(\$70,841)	-	-	-	(\$70,841)

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Essential and Policy Package Fiscal Impact Summary - BPR013

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BUDGET NARRATIVE

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
 Pkg: 060 - Technical Adjustments

Cross Reference Name: Board of Dentistry
 Cross Reference Number: 83400-001-00-00-000000

Attachment 2

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Office Expenses	-	-	11,585	-	-	-	11,585
Data Processing	-	-	5,400	-	-	-	5,400
Professional Services	-	-	(39,000)	-	-	-	(39,000)
IT Professional Services	-	-	22,015	-	-	-	22,015
Agency Program Related S and S	-	-	(3,924)	-	-	-	(3,924)
Total Services & Supplies	-	-	(\$3,924)	-	-	-	(\$3,924)

Special Payments							
Spc Pmt to Oregon Health Authority	-	-	3,924	-	-	-	3,924
Total Special Payments	-	-	\$3,924	-	-	-	\$3,924

Total Expenditures	-	-	-	-	-	-	-
Total Expenditures	-	-	-	-	-	-	-

Ending Balance	-	-	-	-	-	-	-
Ending Balance	-	-	-	-	-	-	-
Total Ending Balance	-	-	-	-	-	-	-

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BUDGET NARRATIVE

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Board of Dentistry
2013-15 Biennium

Agency Number: 83408
Cross Reference Number: 83400-001-00-00-00009

Source	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Leg Approved Budget	2013-15 Agency Request Budget	2013-15 Governor's Rec. Budget	2013-15 Leg Adopted Budget
Other Funds						
Business Lic and Fees	2,027,688	2,327,200	2,327,200	2,405,500	-	-
Non-business Lic. and Fees	16,850	40,000	40,000	40,000	-	-
Charges for Services	-	5,000	5,000	5,000	-	-
Fines and Forfeitures	38,500	50,000	50,000	75,000	-	-
Interest Income	9,985	10,000	10,000	10,000	-	-
Other Revenues	25,301	25,000	25,000	25,305	-	-
Tsfr To Oregon Health Authority	(173,139)	(208,000)	(208,000)	(215,500)	-	-
Total Other Funds	\$1,945,185	\$2,249,200	\$2,249,200	\$2,345,305	-	-

Agency Request Governor's Recommended Legislatively Adopted
 2013-15 Biennium Page _____ Detail of LF, OF, and FF Revenues - BPR012
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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Program Unit Appropriated Fund Group and Category Summary

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-001-00-00-00000

Board of Dentistry

Attachment 2

Description	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Leg Approved Budget	2013-15 Agency Request Budget	2013-15 Governor's Rec. Budget	2013-15 Leg Adopted Budget
LIMITED BUDGET (Excluding Packages)						
PERSONAL SERVICES						
Other Funds	1,206,681	1,314,603	1,314,603	1,403,427	-	-
SERVICES & SUPPLIES						
Other Funds	839,770	961,149	961,149	961,149	-	-
SPECIAL PAYMENTS						
Other Funds	113,146	226,292	226,292	226,292	-	-
TOTAL LIMITED BUDGET (Excluding Packages)	2,159,597	2,502,044	2,502,044	2,590,868	-	-
AUTHORIZED POSITIONS						
Other Funds	7	7	7	7	-	-
AUTHORIZED FTE						
Other Funds	7.00	7.00	7.00	7.00	-	-
LIMITED BUDGET (Essential Packages)						
010 NON-PICS PSNL SVC / VACANCY FACTOR						
PERSONAL SERVICES						
Other Funds	-	-	-	6,135	-	-
031 STANDARD INFLATION						
SERVICES & SUPPLIES						
Other Funds	-	-	-	70,841	-	-
060 TECHNICAL ADJUSTMENTS						
SERVICES & SUPPLIES						
Other Funds	-	-	-	(3,924)	-	-

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Oregon Board of Dentistry

Agency Number: 83400

Program Unit Appropriated Fund Group and Category Summary

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Board of Dentistry

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Description	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Leg Approved Budget	2013-15 Agency Request Budget	2013-15 Governor's Rec. Budget	2013-15 Leg Adopted Budget
SPECIAL PAYMENTS						
Other Funds	-	-	-	3,924	-	-
TOTAL LIMITED BUDGET (Essential Packages)						
Other Funds	-	-	-	76,976	-	-
LIMITED BUDGET (Current Service Level)						
Other Funds	2,159,597	2,502,044	2,502,044	2,667,844	-	-
AUTHORIZED POSITIONS	7	7	7	7	-	-
AUTHORIZED FTE	7.00	7.00	7.00	7.00	-	-
TOTAL LIMITED BUDGET (Including Packages)						
Other Funds	2,159,597	2,502,044	2,502,044	2,667,844	-	-
AUTHORIZED POSITIONS	7	7	7	7	-	-
AUTHORIZED FTE	7.00	7.00	7.00	7.00	-	-
OPERATING BUDGET						
Other Funds	2,159,597	2,502,044	2,502,044	2,667,844	-	-
AUTHORIZED POSITIONS	7	7	7	7	-	-
AUTHORIZED FTE	7.00	7.00	7.00	7.00	-	-
TOTAL BUDGET						
Other Funds	2,159,597	2,502,044	2,502,044	2,667,844	-	-
AUTHORIZED POSITIONS	7	7	7	7	-	-
AUTHORIZED FTE	7.00	7.00	7.00	7.00	-	-
AUTHORIZED FTE	7.00	7.00	7.00	7.00	-	-

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Program Unit Appropriated Fund and Category Summary- BPR007A

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SPECIAL REPORTS

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BUDGET NARRATIVE

Major Information Technology System Projects
None

Facility Proposal Impact on Work Space Requirements
None

Attachment 2

Audit Response Report

A Secretary of State Audit was conducted for the period July 1, 2005, through December 31, 2007. The Final report was issued September 10, 2008.

Affirmative Action Report

Agency Affirmative Action Policy: The Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled.

The Board of Dentistry will not tolerate discrimination or harassment on the basis of race, color, sex, marital status, religion, national origin, age, mental or physical disability, or any reason prohibited by state or federal statute.

The Board and its management further adopts and affirms the Governor's beliefs that the State has a commitment to the right of all persons to work and advance on the basis of merit, ability and potential.

The Board of Dentistry has seven positions budgeted at 7.0 FTE.

Status of 7.0 staff positions at August 1, 2012:

Official/Administrator	1.0 White/Male/over 40
Professional/Technical	3.0 White/Male/over 40
Administrative/Support	1.0 White/Male/over 40
	1.0 White/Female/over 40
	1.0 White/female/under 40

The ten members of the Board are appointed by the Governor and confirmed by the Senate to four-year terms. By statute, six members are licensed dentists, two are licensed hygienists and two are public members.

Agency Request

Governor's Recommended

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BUDGET NARRATIVE

SB 786 – Diversity Report

Senate Bill 786 (ORS Chapter 973), passed by the 2001 Legislature, requires that the health professional regulatory boards listed in ORS 676.160 collect and maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the 2003 Legislature. Provision of the information by licensees is voluntary.

This law was the result of a study performed by the Governor’s Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities, is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

In 2002, the Board participated in the Oregon Health Workforce Project conducted by OHSU, Area Health Education Centers Program, to determine the workforce and demographic makeup of several health care professions. Results of that survey are shown in the following tables:

Race	Dentists	Hygienists
American Indian/Alaska Native	.6%	.2%
Asian	8%	2%
Black or African American	.6%	0%
Native Hawaiian or other Pacific Islander	.2%	.4%
Multi-ethnic	1%	.5%
White (not Hispanic)	89%	96%
Other	1%	1%
Gender		
Female	14%	98%
Male	86%	2%

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BUDGET NARRATIVE

Languages Spoken	Dentists	Hygienists
Spanish	15%	7%
Chinese	2%	.2%
Vietnamese	2%	1%
Russian	1%	1%
Korean	.4%	.1%
Cambodian	.1%	0%
Laotian	0%	0%
English	74%	89%

To comply with the requirements of SB 786, a survey instrument was developed in collaboration with other health licensing boards in late 2001. The Board of Dentistry decided that the most economical way to gather this information would be to include the survey with renewal applications. Approximately one-half of all licensees renew their licenses each year. (Dentists renew their licenses every two years by March 30 based on even or odd-numbered year of issue and Dental Hygiene licenses are renewed by September 30 in the same manner.) For the purposes of compliance with the requirements of SB 786, it will take two years to complete the survey of all licensees.

In January 2002, the survey was included in the renewal mailings for all licensees during the 2 year renewal cycle which ended September 30, 2003, a total of 3,478 licensees responded. Effective January 2002, the survey form was included in application packets for new licenses. The following is an update table of all responses through July 1, 2006.

Results of OBD surveys returned as of July 1, 2012:

Race	Total	% of those Responding	Speak a language other than English
American Indian/Alaska Native	33	.004%	8
Asian/Pacific Islander	311	3.5%	198
Black (not Hispanic)	15	.002%	2
Hispanic	90	.009%	59
Other (Multi-ethnic)	31	.004%	12
White (not Hispanic)	3315	44%	416
Not specific	3946	50%	13
Total	7741		708

Agency Request

Governor's Recommended

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BUDGET NARRATIVE

In addition to implementation of the survey, the Board has met with the Oregon Dental Association and the Dean of the OHSU School of Dentistry to discuss ways in which these three organizations can partner to advance the purposes of SB 786 in attracting people of ethnic and racial background to the professions of dentistry and dental hygiene. Several meetings have also been held with representatives of the affected licensing boards, the Office of Multicultural Health, Department of Administrative Services Diversity Outreach and Executive Recruitment section. Representatives from the Commission on Black Affairs, Commission on Asian Affairs and Commission on Indian Services were also invited to attend. Discussions were conducted to develop strategies for collaborative outreach efforts to recruit Board members from ethnic and racially diverse populations and to educate these populations about opportunities in health professional careers.

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BUDGET NARRATIVE

Oregon Board of Dentistry

Summary Cross Reference Listing and Packages
 2013-15 Biennium

Agency Number: 83400
 BAW Analyst: Vogt, DJ
 Budget Coordinator: Bowers, Angelique - (503)373-0735 X 0

Attachment 2

Cross Reference Number	Cross Reference Description	Package Number	Priority	Package Description	Package Group
001-00-00-00000	Board of Dentistry	010	0	Non-PICS Psnl Svc / Vacancy Factor	Essential Packages
001-00-00-00000	Board of Dentistry	021	0	Phase-in	Essential Packages
001-00-00-00000	Board of Dentistry	022	0	Phase-out Pgm & One-time Costs	Essential Packages
001-00-00-00000	Board of Dentistry	031	0	Standard Inflation	Essential Packages
001-00-00-00000	Board of Dentistry	032	0	Above Standard Inflation	Essential Packages
001-00-00-00000	Board of Dentistry	033	0	Exceptional Inflation	Essential Packages
001-00-00-00000	Board of Dentistry	050	0	Fundshifts	Essential Packages
001-00-00-00000	Board of Dentistry	060	0	Technical Adjustments	Essential Packages
001-00-00-00000	Board of Dentistry	070	0	Revenue Shortfalls	Policy Packages

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BUDGET NARRATIVE

Oregon Board of Dentistry

Policy Package List by Priority
2013-15 Biennium

Agency Number: 834005
BAM Analyst: Vogt, DJ
Budget Coordinator: Bowers, Angelique - (503)373-0735 X 0

Priority	Policy Pkg Number	Policy Pkg Description	Summary Cross Reference Number	Cross Reference Description
0	070	Revenue Shortfalls	001-00-00-00000	Board of Dentistry

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Policy Package List by Priority

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BSU-004A

2013-15

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-000-00-000000

Oregon Board of Dentistry

Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
BEGINNING BALANCE						
0025 Beginning Balance						
3400 Other Funds Ltd	803,486	577,462	-	577,462	324,618	324,618
0030 Beginning Balance Adjustment						
3400 Other Funds Ltd	-	-	-	-	11,612	11,612
TOTAL BEGINNING BALANCE	803,486	577,462	-	577,462	336,230	336,230
REVENUE CATEGORIES						
LICENSES AND FEES						
0205 Business Lic and Fees						
3400 Other Funds Ltd	2,027,688	2,327,200	-	2,327,200	2,405,500	2,405,500
0210 Non-business Lic. and Fees						
3400 Other Funds Ltd	16,850	40,000	-	40,000	40,000	40,000
TOTAL LICENSES AND FEES	2,044,538	2,367,200	-	2,367,200	2,445,500	2,445,500
TOTAL LICENSES AND FEES	\$2,044,538	\$2,367,200	-	\$2,367,200	\$2,445,500	\$2,445,500

CHARGES FOR SERVICES	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
0410 Charges for Services						
3400 Other Funds Ltd	-	5,000	-	5,000	5,000	5,000

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
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 Oregon Board of Dentistry

Version: V - 01 - Agency Request Budget
 Cross Reference Number: 83400-000-00-00-00000

Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
FINES, RENTS AND ROYALTIES						
0505 Fines and Forfeitures						
3400 Other Funds Ltd	38,500	50,000	-	50,000	75,000	75,000
INTEREST EARNINGS						
0605 Interest Income						
3400 Other Funds Ltd	9,985	10,000	-	10,000	10,000	10,000
OTHER						
0975 Other Revenues						
3400 Other Funds Ltd	25,301	25,000	-	25,000	25,305	25,305
REVENUES						
3400 Other Funds Ltd	2,118,324	2,457,200	-	2,457,200	2,560,805	2,560,805
TRANSFERS OUT						
2443 Tsfr To Oregon Health Authority						
3400 Other Funds Ltd	(173,139)	(208,000)	-	(208,000)	(215,500)	(215,500)
AVAILABLE REVENUES						
3400 Other Funds Ltd	2,748,671	2,826,662	-	2,826,662	2,681,535	2,681,535
EXPENDITURES						
PERSONAL SERVICES						
SALARIES & WAGES						
3110 Class/Unclass Sal. and Per Diem						

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
 2013-15 Biennium
 Oregon Board of Dentistry

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Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	837,251	922,824	-	922,824	895,320	895,320
3160 Temporary Appointments						
3400 Other Funds Ltd	-	3,717	-	3,717	3,717	3,806
3170 Overtime Payments						
3400 Other Funds Ltd	4,579	3,575	-	3,575	3,575	3,661
TOTAL SALARIES & WAGES	841,830	930,116	-	930,116	902,612	902,787
TOTAL SALARIES & WAGES	\$841,830	\$930,116	-	\$930,116	\$902,612	\$902,787
OTHER PAYROLL EXPENSES						
3210 Empl. Rel. Bd. Assessments						
3400 Other Funds Ltd	210	287	-	287	280	280
3220 Public Employees' Retire Cont						
3400 Other Funds Ltd	67,055	123,464	-	123,464	162,914	162,931
3221 Pension Obligation Bond						
3400 Other Funds Ltd	47,319	49,432	-	49,432	49,432	55,526
3230 Social Security Taxes						
3400 Other Funds Ltd	63,871	71,160	-	71,160	68,499	68,513
3250 Worker's Comp. Assess. (MCD)						
3400 Other Funds Ltd	374	413	-	413	413	413
3260 Mass Transit Tax						

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
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 Oregon Board of Dentistry

Version: V - 01 - Agency Request Budget
 Cross Reference Number: 83400-000-00-00-000000

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	4,771	5,581	-	5,581	5,581	5,416
3270 Flexible Benefits						
3400 Other Funds Ltd	181,251	210,672	-	210,672	213,696	213,696
TOTAL OTHER PAYROLL EXPENSES						
3400 Other Funds Ltd	364,851	461,009	-	461,009	500,815	506,775
TOTAL OTHER PAYROLL EXPENSES	\$364,851	\$461,009	-	\$461,009	\$500,815	\$506,775
P.S. BUDGET ADJUSTMENTS						
3465 Reconciliation Adjustment						
3400 Other Funds Ltd	-	(76,522)	-	(76,522)	-	-
TOTAL PERSONAL SERVICES						
3400 Other Funds Ltd	1,206,681	1,314,603	-	1,314,603	1,403,427	1,409,562
TOTAL PERSONAL SERVICES	\$1,206,681	\$1,314,603	-	\$1,314,603	\$1,403,427	\$1,409,562
SERVICES & SUPPLIES						
4100 Instate Travel						
3400 Other Funds Ltd	44,444	46,655	-	46,655	46,655	47,775
4125 Out of State Travel						
3400 Other Funds Ltd	29,229	24,672	-	24,672	24,672	25,264
4150 Employee Training						
3400 Other Funds Ltd	7,584	6,617	-	6,617	6,617	6,776
4175 Office Expenses						

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
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 Oregon Board of Dentistry

Version: V - 01 - Agency Request Budget
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Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	88,756	90,445	-	90,445	68,860	82,098
4200 Telecommunications						
3400 Other Funds Ltd	24,235	8,557	-	8,557	25,757	26,375
4225 State Gov. Service Charges						
3400 Other Funds Ltd	79,232	78,170	-	78,170	78,170	98,637
4250 Data Processing						
3400 Other Funds Ltd	-	-	-	-	-	5,400
4275 Publicity and Publications						
3400 Other Funds Ltd	10,922	3,084	-	3,084	13,084	13,398
4300 Professional Services						
3400 Other Funds Ltd	123,332	118,219	-	118,219	118,219	82,529
4315 IT Professional Services						
3400 Other Funds Ltd	26,100	27,985	-	27,985	27,985	50,784
4325 Attorney General						
3400 Other Funds Ltd	143,640	188,592	-	188,592	188,592	216,692
4375 Employee Recruitment and Develop						
3400 Other Funds Ltd	-	621	-	621	621	636
4400 Dues and Subscriptions						
3400 Other Funds Ltd	8,041	6,276	-	6,276	6,276	6,427
4425 Facilities Rental and Taxes						

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BUDGET NARRATIVE

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DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	134,691	139,571	-	139,571	139,571	147,945
4475 Facilities Maintenance						
3400 Other Funds Ltd	795	514	-	514	514	526
4575 Agency Program Related S and S						
3400 Other Funds Ltd	61,184	204,207	-	204,207	164,976	165,011
4650 Other Services and Supplies						
3400 Other Funds Ltd	40,701	6,684	-	6,684	40,300	41,267
4700 Expendable Prop 250 - 5000						
3400 Other Funds Ltd	1,373	5,140	-	5,140	5,140	5,263
4715 IT Expendable Property						
3400 Other Funds Ltd	15,511	5,140	-	5,140	5,140	5,263
TOTAL SERVICES & SUPPLIES						
3400 Other Funds Ltd	839,770	961,149	-	961,149	961,149	1,028,066
TOTAL SERVICES & SUPPLIES	\$839,770	\$961,149	-	\$961,149	\$961,149	\$1,028,066
SPECIAL PAYMENTS						
6443 Spc Pmt to Oregon Health Authority						
3400 Other Funds Ltd	113,146	226,292	-	226,292	226,292	230,216
EXPENDITURES						
3400 Other Funds Ltd	2,159,597	2,502,044	-	2,502,044	2,590,868	2,667,844
ENDING BALANCE						

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Oregon Board of Dentistry

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Agency Worksheet - Revenues & Expenditures
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 Oregon Board of Dentistry

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Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	589,074	324,618	-	324,618	90,667	13,691
TOTAL ENDING BALANCE	\$589,074	\$324,618	-	\$324,618	\$90,667	\$13,691

AUTHORIZED POSITIONS

8150 Class/Unclass Positions	7	7	-	7	7	7
AUTHORIZED FTE POSITIONS						
8250 Class/Unclass FTE Positions	7.00	7.00	-	7.00	7.00	7.00

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BUDGET NARRATIVE

Oregon Board of Dentistry

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Agency Worksheet - Revenues & Expenditures
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 Board of Dentistry

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 Cross Reference Number: 83400-001-00-00-00000

Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
BEGINNING BALANCE						
0025 Beginning Balance						
3400 Other Funds Ltd	803,486	577,462	-	577,462	324,618	324,618
0030 Beginning Balance Adjustment						
3400 Other Funds Ltd	-	-	-	-	11,612	11,612
TOTAL BEGINNING BALANCE	\$803,486	\$577,462	-	\$577,462	\$336,230	\$336,230
REVENUE CATEGORIES						
LICENSES AND FEES						
0205 Business Lic and Fees						
3400 Other Funds Ltd	2,027,688	2,327,200	-	2,327,200	2,405,500	2,405,500
0210 Non-business Lic. and Fees						
3400 Other Funds Ltd	16,850	40,000	-	40,000	40,000	40,000
TOTAL LICENSES AND FEES	2,044,538	2,367,200	-	2,367,200	2,445,500	2,445,500
TOTAL LICENSES AND FEES	\$2,044,538	\$2,367,200	-	\$2,367,200	\$2,445,500	\$2,445,500

CHARGES FOR SERVICES	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
0410 Charges for Services						
3400 Other Funds Ltd	-	5,000	-	5,000	5,000	5,000

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
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Version: V - 01 - Agency Request Budget
Cross Reference Number: 83400-001-00-00-00000

Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
FINES, RENTS AND ROYALTIES						
0505 Fines and Forfeitures						
3400 Other Funds Ltd	38,500	50,000	-	50,000	75,000	75,000
INTEREST EARNINGS						
0605 Interest Income						
3400 Other Funds Ltd	9,985	10,000	-	10,000	10,000	10,000
OTHER						
0975 Other Revenues						
3400 Other Funds Ltd	25,301	25,000	-	25,000	25,305	25,305
REVENUES						
3400 Other Funds Ltd	2,118,324	2,457,200	-	2,457,200	2,560,805	2,560,805
TRANSFERS OUT						
2443 Tsfr To Oregon Health Authority						
3400 Other Funds Ltd	(173,139)	(208,000)	-	(208,000)	(215,500)	(215,500)
AVAILABLE REVENUES						
3400 Other Funds Ltd	2,748,671	2,826,662	-	2,826,662	2,681,535	2,681,535
EXPENDITURES						
PERSONAL SERVICES						
SALARIES & WAGES						
3110 Class/Unclass Sal. and Per Diem						

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
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Version: V - 01 - Agency Request Budget
Cross Reference Number: 83400-001-00-00-00000

Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	837,251	922,824	-	922,824	895,320	895,320
3160 Temporary Appointments						
3400 Other Funds Ltd	-	3,717	-	3,717	3,717	3,806
3170 Overtime Payments						
3400 Other Funds Ltd	4,579	3,575	-	3,575	3,575	3,661
TOTAL SALARIES & WAGES	841,830	930,116	-	930,116	902,612	902,787
TOTAL SALARIES & WAGES	\$841,830	\$930,116	-	\$930,116	\$902,612	\$902,787
OTHER PAYROLL EXPENSES						
3210 Empl. Rel. Bd. Assessments						
3400 Other Funds Ltd	210	287	-	287	280	280
3220 Public Employees' Retire Cont						
3400 Other Funds Ltd	67,055	123,464	-	123,464	162,914	162,931
3221 Pension Obligation Bond						
3400 Other Funds Ltd	47,319	49,432	-	49,432	49,432	55,526
3230 Social Security Taxes						
3400 Other Funds Ltd	63,871	71,160	-	71,160	68,499	68,513
3250 Worker's Comp. Assess. (WCD)						
3400 Other Funds Ltd	374	413	-	413	413	413
3260 Mass Transit Tax						

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
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Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	4,771	5,581	-	5,581	5,581	5,416
3270 Flexible Benefits						
3400 Other Funds Ltd	181,251	210,672	-	210,672	213,696	213,696
TOTAL OTHER PAYROLL EXPENSES						
3400 Other Funds Ltd	364,851	461,009	-	461,009	500,815	506,775
TOTAL OTHER PAYROLL EXPENSES	\$364,851	\$461,009	-	\$461,009	\$500,815	\$506,775
P.S. BUDGET ADJUSTMENTS						
3465 Reconciliation Adjustment						
3400 Other Funds Ltd	-	(76,522)	-	(76,522)	-	-
TOTAL PERSONAL SERVICES						
3400 Other Funds Ltd	1,206,681	1,314,603	-	1,314,603	1,403,427	1,409,562
TOTAL PERSONAL SERVICES	\$1,206,681	\$1,314,603	-	\$1,314,603	\$1,403,427	\$1,409,562
SERVICES & SUPPLIES						
4100 Instate Travel						
3400 Other Funds Ltd	44,444	46,655	-	46,655	46,655	47,775
4125 Out of State Travel						
3400 Other Funds Ltd	29,229	24,672	-	24,672	24,672	25,264
4150 Employee Training						
3400 Other Funds Ltd	7,584	6,617	-	6,617	6,617	6,776
4175 Office Expenses						

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

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Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	88,756	90,445	-	90,445	68,860	82,098
4200 Telecommunications						
3400 Other Funds Ltd	24,235	8,557	-	8,557	25,757	26,375
4225 State Gov. Service Charges						
3400 Other Funds Ltd	79,232	78,170	-	78,170	78,170	98,637
4250 Data Processing						
3400 Other Funds Ltd	-	-	-	-	-	5,400
4275 Publicity and Publications						
3400 Other Funds Ltd	10,922	3,084	-	3,084	13,084	13,398
4300 Professional Services						
3400 Other Funds Ltd	123,332	118,219	-	118,219	118,219	82,529
4315 IT Professional Services						
3400 Other Funds Ltd	26,100	27,985	-	27,985	27,985	50,784
4325 Attorney General						
3400 Other Funds Ltd	143,640	188,592	-	188,592	188,592	216,692
4375 Employee Recruitment and Develop						
3400 Other Funds Ltd	-	621	-	621	621	636
4400 Dues and Subscriptions						
3400 Other Funds Ltd	8,041	6,276	-	6,276	6,276	6,427
4425 Facilities Rental and Taxes						

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
2013-15 Biennium
Board of Dentistry

Version: V - 01 - Agency Request Budget
Cross Reference Number: 83400-001-00-00-00000

Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	134,691	139,571	-	139,571	139,571	147,945
4475 Facilities Maintenance						
3400 Other Funds Ltd	795	514	-	514	514	526
4575 Agency Program Related S and S						
3400 Other Funds Ltd	61,184	204,207	-	204,207	164,976	165,011
4650 Other Services and Supplies						
3400 Other Funds Ltd	40,701	6,684	-	6,684	40,300	41,267
4700 Expendable Prop 250 - 5000						
3400 Other Funds Ltd	1,373	5,140	-	5,140	5,140	5,263
4715 IT Expendable Property						
3400 Other Funds Ltd	15,511	5,140	-	5,140	5,140	5,263
TOTAL SERVICES & SUPPLIES						
3400 Other Funds Ltd	839,770	961,149	-	961,149	961,149	1,028,066
TOTAL SERVICES & SUPPLIES	\$839,770	\$961,149	-	\$961,149	\$961,149	\$1,028,066
SPECIAL PAYMENTS						
6443 Spc Pmt to Oregon Health Authority						
3400 Other Funds Ltd	113,146	226,292	-	226,292	226,292	230,216
EXPENDITURES						
3400 Other Funds Ltd	2,159,597	2,502,044	-	2,502,044	2,590,868	2,667,844
ENDING BALANCE						

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 Governor's Recommended
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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Agency Worksheet - Revenues & Expenditures
 2013-15 Biennium
 Board of Dentistry

Version: V - 01 - Agency Request Budget
 Cross Reference Number: 83400-001-00-00-00000

Attachment 2

DESCRIPTION	2009-11 Actuals	2011-13 Leg Adopted Budget	2011-13 Emergency Boards	2011-13 Leg Approved Budget	2013-15 Base Budget	2013-15 Current Service Level
3400 Other Funds Ltd	589,074	324,618	-	324,618	90,667	13,691
TOTAL ENDING BALANCE	\$589,074	\$324,618	-	\$324,618	\$90,667	\$13,691

AUTHORIZED POSITIONS

8150 Class/Unclass Positions

7

7

-

7

7

7

AUTHORIZED FTE POSITIONS

8250 Class/Unclass FTE Positions

7.00

7.00

-

7.00

7.00

7.00

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BDV001A - Agency Worksheet - Revenues & Expenditures
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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-000-00-00000

Oregon Board of Dentistry

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
-------------	---------------------	--------------------	-------------------------------	-----------------	-------------------------------

BEGINNING BALANCE

0025 Beginning Balance

3400 Other Funds Ltd

324,618

-

324,618

-

324,618

0030 Beginning Balance Adjustment

3400 Other Funds Ltd

11,612

-

11,612

-

11,612

TOTAL BEGINNING BALANCE

3400 Other Funds Ltd

336,230

-

336,230

-

336,230

REVENUE CATEGORIES

LICENSES AND FEES

0205 Business Lic and Fees

3400 Other Funds Ltd

2,405,500

-

2,405,500

-

2,405,500

0210 Non-business Lic. and Fees

3400 Other Funds Ltd

40,000

-

40,000

-

40,000

TOTAL LICENSES AND FEES

3400 Other Funds Ltd

2,445,500

-

2,445,500

-

2,445,500

CHARGES FOR SERVICES

0410 Charges for Services

3400 Other Funds Ltd

5,000

-

5,000

-

5,000

FINES, RENTS AND ROYALTIES

0505 Fines and Forfeitures

3400 Other Funds Ltd

75,000

-

75,000

-

75,000

INTEREST EARNINGS

0605 Interest Income

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BDV002A - Detail Revenues & Expenditures - Requested Budget

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-000-00-00-000000

Oregon Board of Dentistry

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
3400 Other Funds Ltd	10,000	-	10,000	-	10,000
OTHER					
0975 Other Revenues					
3400 Other Funds Ltd	25,305	-	25,305	-	25,305
TOTAL REVENUES					
3400 Other Funds Ltd	2,560,805	-	2,560,805	-	2,560,805
TRANSFERS OUT					
2443 Tstr To Oregon Health Authority					
3400 Other Funds Ltd	(215,500)	-	(215,500)	-	(215,500)
AVAILABLE REVENUES					
3400 Other Funds Ltd	2,681,535	-	2,681,535	-	2,681,535
EXPENDITURES					
PERSONAL SERVICES					
SALARIES & WAGES					
3110 Class/Unclass Sal. and Per Diem					
3400 Other Funds Ltd	895,320	-	895,320	-	895,320
3160 Temporary Appointments					
3400 Other Funds Ltd	3,717	89	3,806	-	3,806
3170 Overtime Payments					
3400 Other Funds Ltd	3,575	86	3,661	-	3,661
TOTAL SALARIES & WAGES					
3400 Other Funds Ltd	902,612	175	902,787	-	902,787
OTHER PAYROLL EXPENSES					

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BDV002A - Detail Revenues & Expenditures - Requested Budget

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

Version: V - 01 - Agency Request Budget

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Cross Reference Number: 83400-000-00-00-00000

Oregon Board of Dentistry

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
-------------	---------------------	--------------------	-------------------------------	-----------------	-------------------------------

3210 Empl. Rel. Bd. Assessments					
3400 Other Funds Ltd	280	-	280	-	280
3220 Public Employees' Retire Cont					
3400 Other Funds Ltd	162,914	17	162,931	-	162,931
3221 Pension Obligation Bond					
3400 Other Funds Ltd	49,432	6,094	55,526	-	55,526
3230 Social Security Taxes					
3400 Other Funds Ltd	68,499	14	68,513	-	68,513
3250 Worker's Comp. Assess. (WCD)					
3400 Other Funds Ltd	413	-	413	-	413
3260 Mass Transit Tax					
3400 Other Funds Ltd	5,581	(165)	5,416	-	5,416
3270 Flexible Benefits					
3400 Other Funds Ltd	213,696	-	213,696	-	213,696
TOTAL OTHER PAYROLL EXPENSES					
3400 Other Funds Ltd	500,815	5,960	506,775	-	506,775
TOTAL PERSONAL SERVICES					
3400 Other Funds Ltd	1,403,427	6,135	1,409,562	-	1,409,562
SERVICES & SUPPLIES					
4100 Instate Travel					
3400 Other Funds Ltd	46,655	1,120	47,775	-	47,775
4125 Out of State Travel					
3400 Other Funds Ltd	24,672	592	25,264	-	25,264

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

Version: V - 01 - Agency Request Budget

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Cross Reference Number: 83400-000-00-000000

Oregon Board of Dentistry

Attachment 2

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
4150 Employee Training					
3400 Other Funds Ltd	6,617	159	6,776	-	6,776
4175 Office Expenses					
3400 Other Funds Ltd	68,860	13,238	82,098	-	82,098
4200 Telecommunications					
3400 Other Funds Ltd	25,757	618	26,375	-	26,375
4225 State Gov. Service Charges					
3400 Other Funds Ltd	78,170	20,467	98,637	-	98,637
4250 Data Processing					
3400 Other Funds Ltd	-	5,400	5,400	-	5,400
4275 Publicity and Publications					
3400 Other Funds Ltd	13,084	314	13,398	-	13,398
4300 Professional Services					
3400 Other Funds Ltd	118,219	(35,690)	82,529	-	82,529
4315 IT Professional Services					
3400 Other Funds Ltd	27,985	22,799	50,784	-	50,784
4325 Attorney General					
3400 Other Funds Ltd	188,592	28,100	216,692	-	216,692
4375 Employee Recruitment and Develop					
3400 Other Funds Ltd	621	15	636	-	636
4400 Dues and Subscriptions					
3400 Other Funds Ltd	6,276	151	6,427	-	6,427
4425 Facilities Rental and Taxes					

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-000-00-000000

Oregon Board of Dentistry

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
3400 Other Funds Ltd	139,571	8,374	147,945	-	147,945
4475 Facilities Maintenance					
3400 Other Funds Ltd	514	12	526	-	526
4575 Agency Program Related S and S					
3400 Other Funds Ltd	164,976	35	165,011	-	165,011
4650 Other Services and Supplies					
3400 Other Funds Ltd	40,300	967	41,267	-	41,267
4700 Expendable Prop 250 - 5000					
3400 Other Funds Ltd	5,140	123	5,263	-	5,263
4715 IT Expendable Property					
3400 Other Funds Ltd	5,140	123	5,263	-	5,263
TOTAL SERVICES & SUPPLIES					
3400 Other Funds Ltd	961,149	66,917	1,028,066	-	1,028,066
SPECIAL PAYMENTS					
6443 Spc Pmt to Oregon Health Authority					
3400 Other Funds Ltd	226,292	3,924	230,216	-	230,216
TOTAL EXPENDITURES					
3400 Other Funds Ltd	2,590,868	76,976	2,667,844	-	2,667,844
ENDING BALANCE					
3400 Other Funds Ltd	90,667	(76,976)	13,691	-	13,691
AUTHORIZED POSITIONS					
8150 Class/Unclass Positions	7	-	7	-	7
AUTHORIZED FTE					

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-000-00-00-00000

Oregon Board of Dentistry

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
8250 Class/Unclass FTE Positions	7.00	-	7.00	-	7.00

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget
 2013-15 Biennium
 Board of Dentistry

Version: V - 01 - Agency Request Budget
 Cross Reference Number: 83400-001-00-00-00000

Attachment 2

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
BEGINNING BALANCE					
0025 Beginning Balance					
3400 Other Funds Ltd	324,618	-	324,618	-	324,618
0030 Beginning Balance Adjustment					
3400 Other Funds Ltd	11,612	-	11,612	-	11,612
TOTAL BEGINNING BALANCE					
3400 Other Funds Ltd	336,230	-	336,230	-	336,230
REVENUE CATEGORIES					
LICENSES AND FEES					
0205 Business Lic and Fees					
3400 Other Funds Ltd	2,405,500	-	2,405,500	-	2,405,500
0210 Non-business Lic. and Fees					
3400 Other Funds Ltd	40,000	-	40,000	-	40,000
TOTAL LICENSES AND FEES					
3400 Other Funds Ltd	2,445,500	-	2,445,500	-	2,445,500
CHARGES FOR SERVICES					
0410 Charges for Services					
3400 Other Funds Ltd	5,000	-	5,000	-	5,000
FINES, RENTS AND ROYALTIES					
0505 Fines and Forfeitures					
3400 Other Funds Ltd	75,000	-	75,000	-	75,000
INTEREST EARNINGS					
0605 Interest Income					
3400 Other Funds Ltd	75,000	-	75,000	-	75,000

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget
 2013-15 Biennium
 Board of Dentistry

Version: V - 01 - Agency Request Budget
 Cross Reference Number: 83400-001-00-00-00000

Attachment 2

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
3400 Other Funds Ltd	10,000	-	10,000	-	10,000
OTHER					
0975 Other Revenues					
3400 Other Funds Ltd	25,305	-	25,305	-	25,305
TOTAL REVENUES					
3400 Other Funds Ltd	2,560,805	-	2,560,805	-	2,560,805
TRANSFERS OUT					
2443 Tsfr To Oregon Health Authority					
3400 Other Funds Ltd	(215,500)	-	(215,500)	-	(215,500)
AVAILABLE REVENUES					
3400 Other Funds Ltd	2,681,535	-	2,681,535	-	2,681,535
EXPENDITURES					
PERSONAL SERVICES					
SALARIES & WAGES					
3110 Class/Unclass Sal. and Per Diem					
3400 Other Funds Ltd	895,320	-	895,320	-	895,320
3160 Temporary Appointments					
3400 Other Funds Ltd	3,717	89	3,806	-	3,806
3170 Overtime Payments					
3400 Other Funds Ltd	3,575	86	3,661	-	3,661
TOTAL SALARIES & WAGES					
3400 Other Funds Ltd	902,612	175	902,787	-	902,787
OTHER PAYROLL EXPENSES					

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

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2013-15 Biennium

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Board of Dentistry

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
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3210 Empl. Rel. Bd. Assessments					
3400 Other Funds Ltd	280	-	280	-	280
3220 Public Employees' Retire Cont					
3400 Other Funds Ltd	162,914	17	162,931	-	162,931
3221 Pension Obligation Bond					
3400 Other Funds Ltd	49,432	6,094	55,526	-	55,526
3230 Social Security Taxes					
3400 Other Funds Ltd	68,499	14	68,513	-	68,513
3250 Worker's Comp. Assess. (WCD)					
3400 Other Funds Ltd	413	-	413	-	413
3260 Mass Transit Tax					
3400 Other Funds Ltd	5,581	(165)	5,416	-	5,416
3270 Flexible Benefits					
3400 Other Funds Ltd	213,696	-	213,696	-	213,696
TOTAL OTHER PAYROLL EXPENSES					
3400 Other Funds Ltd	500,815	5,960	506,775	-	506,775
TOTAL PERSONAL SERVICES					
3400 Other Funds Ltd	1,403,427	6,135	1,409,562	-	1,409,562
SERVICES & SUPPLIES					
4100 Instate Travel					
3400 Other Funds Ltd	46,655	1,120	47,775	-	47,775
4125 Out of State Travel					
3400 Other Funds Ltd	24,672	592	25,264	-	25,264

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

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Board of Dentistry

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
4150 Employee Training					
3400 Other Funds Ltd	6,617	159	6,776	-	6,776
4175 Office Expenses					
3400 Other Funds Ltd	68,860	13,238	82,098	-	82,098
4200 Telecommunications					
3400 Other Funds Ltd	25,757	618	26,375	-	26,375
4225 State Gov. Service Charges					
3400 Other Funds Ltd	78,170	20,467	98,637	-	98,637
4250 Data Processing					
3400 Other Funds Ltd	-	5,400	5,400	-	5,400
4275 Publicity and Publications					
3400 Other Funds Ltd	13,084	314	13,398	-	13,398
4300 Professional Services					
3400 Other Funds Ltd	118,219	(35,690)	82,529	-	82,529
4315 IT Professional Services					
3400 Other Funds Ltd	27,985	22,799	50,784	-	50,784
4325 Attorney General					
3400 Other Funds Ltd	188,592	28,100	216,692	-	216,692
4375 Employee Recruitment and Develop					
3400 Other Funds Ltd	621	15	636	-	636
4400 Dues and Subscriptions					
3400 Other Funds Ltd	6,276	151	6,427	-	6,427
4425 Facilities Rental and Taxes					

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

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Cross Reference Number: 83400-001-00-00-00000

Board of Dentistry

Attachment 2

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
3400 Other Funds Ltd	139,571	8,374	147,945	-	147,945
4475 Facilities Maintenance					
3400 Other Funds Ltd	514	12	526	-	526
4575 Agency Program Related S and S					
3400 Other Funds Ltd	164,976	35	165,011	-	165,011
4650 Other Services and Supplies					
3400 Other Funds Ltd	40,300	967	41,267	-	41,267
4700 Expendable Prop 250 - 5000					
3400 Other Funds Ltd	5,140	123	5,263	-	5,263
4715 IT Expendable Property					
3400 Other Funds Ltd	5,140	123	5,263	-	5,263
TOTAL SERVICES & SUPPLIES					
3400 Other Funds Ltd	961,149	66,917	1,028,066	-	1,028,066
SPECIAL PAYMENTS					
6443 Spc Pmt to Oregon Health Authority					
3400 Other Funds Ltd	226,292	3,924	230,216	-	230,216
TOTAL EXPENDITURES					
3400 Other Funds Ltd	2,590,868	76,976	2,667,844	-	2,667,844
ENDING BALANCE					
3400 Other Funds Ltd	90,667	(76,976)	13,691	-	13,691
AUTHORIZED POSITIONS					
8150 Class/Unclass Positions	7	-	7	-	7
AUTHORIZED FTE					

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number: 83400

Detail Revenues & Expenditures - Requested Budget

Version: V - 01 - Agency Request Budget

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Board of Dentistry

Description	2013-15 Base Budget	Essential Packages	2013-15 Current Service Level	Policy Packages	2013-15 Agency Request Budget
8250 Class/Unclass FTE Positions	7.00	-	7.00	-	7.00

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number 83400

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Version: V - 01 - Agency Request Budget

2013-15 Biennium

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Oregon Board of Dentistry

Attachment 2

Description	Total Essential Packages	Pkg: 010 Non-PICS Psnl Svc / Vacancy Factor Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 060 Technical Adjustments Priority: 00		
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EXPENDITURES

PERSONAL SERVICES

SALARIES & WAGES

3160 Temporary Appointments

3400 Other Funds Ltd

89

89

3170 Overtime Payments

3400 Other Funds Ltd

86

86

SALARIES & WAGES

3400 Other Funds Ltd

175

175

TOTAL SALARIES & WAGES

\$175

\$175

OTHER PAYROLL EXPENSES

3220 Public Employees Retire Cont

3400 Other Funds Ltd

17

17

3221 Pension Obligation Bond

3400 Other Funds Ltd

6,094

6,094

3230 Social Security Taxes

3400 Other Funds Ltd

14

14

3260 Mass Transit Tax

3400 Other Funds Ltd

(165)

(165)

OTHER PAYROLL EXPENSES

3400 Other Funds Ltd

5,960

5,960

TOTAL OTHER PAYROLL EXPENSES

\$5,960

\$5,960

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Detail Revenues & Expenditures - Essential Packages

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number 83400

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Version: V - 01 - Agency Request Budget

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Cross Reference Number: 83400-000-00-00-00000

Oregon Board of Dentistry

Attachment 2

Description	Total Essential Packages	Pkg: 010 Non-PICS Psnl Svc / Vacancy Factor Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 060 Technical Adjustments Priority: 00		
-------------	--------------------------	---	--	--	--	--

PERSONAL SERVICES

3400 Other Funds Ltd 6,135 6,135 - - -

TOTAL PERSONAL SERVICES

\$6,135 \$6,135 - - -

SERVICES & SUPPLIES

4100 Instate Travel

3400 Other Funds Ltd 1,120 - 1,120 - -

4125 Out of State Travel

3400 Other Funds Ltd 592 - 592 - -

4150 Employee Training

3400 Other Funds Ltd 159 - 159 - -

4175 Office Expenses

3400 Other Funds Ltd 13,238 - 1,653 11,585 -

4200 Telecommunications

3400 Other Funds Ltd 618 - 618 - -

4225 State Gov. Service Charges

3400 Other Funds Ltd 20,467 - 20,467 - -

4250 Data Processing

3400 Other Funds Ltd 5,400 - 5,400 - -

4275 Publicity and Publications

3400 Other Funds Ltd 314 - 314 - -

4300 Professional Services

3400 Other Funds Ltd (35,690) - 3,310 (39,000)

4315 IT Professional Services

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Detail Revenues & Expenditures - Essential Packages

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number 83400

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2013-15 Biennium

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Oregon Board of Dentistry

Attachment 2

Description	Total Essential Packages	Pkg: 010 Non-PICS Psnl Svc / Vacancy Factor Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 060 Technical Adjustments Priority: 00		
3400 Other Funds Ltd	22,799	-	784	22,015		
4325 Attorney General						
3400 Other Funds Ltd	28,100	-	28,100	-		
4375 Employee Recruitment and Develop						
3400 Other Funds Ltd	15	-	15	-		
4400 Dues and Subscriptions						
3400 Other Funds Ltd	151	-	151	-		
4425 Facilities Rental and Taxes						
3400 Other Funds Ltd	8,374	-	8,374	-		
4475 Facilities Maintenance						
3400 Other Funds Ltd	12	-	12	-		
4575 Agency Program Related S and S						
3400 Other Funds Ltd	35	-	3,959	(3,924)		
4650 Other Services and Supplies						
3400 Other Funds Ltd	967	-	967	-		
4700 Expendable Prop 250 - 5000						
3400 Other Funds Ltd	123	-	123	-		
4715 IT Expendable Property						
3400 Other Funds Ltd	123	-	123	-		
SERVICES & SUPPLIES						
3400 Other Funds Ltd	66,917	-	70,841	(3,924)		
TOTAL SERVICES & SUPPLIES	\$66,917	-	\$70,841	(\$3,924)		

SPECIAL PAYMENTS

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Detail Revenues & Expenditures - Essential Packages

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107BF02

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number 83400

BDV004B

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-000-00-000000

Oregon Board of Dentistry

Attachment 2

Description	Total Essential Packages	Pkg: 010 Non-PICS Psntl Svc / Vacancy Factor Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 060 Technical Adjustments Priority: 00		
-------------	--------------------------	--	--	--	--	--

6443 Spc Pmt to Oregon Health Authority

3400 Other Funds Ltd

3,924

-

-

3,924

EXPENDITURES

3400 Other Funds Ltd

76,976

6,135

70,841

-

TOTAL EXPENDITURES

\$76,976

\$6,135

\$70,841

-

ENDING BALANCE

3400 Other Funds Ltd

(76,976)

(6,135)

(70,841)

-

TOTAL ENDING BALANCE

(\$76,976)

(\$6,135)

(\$70,841)

-

07/31/12

Page 4 of 8

Detail Revenues & Expenditures - Essential Packages

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2013-15

107BF02

BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number 83400

BDV004B

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-001-00-00-00000

Board of Dentistry

Attachment 2

Description	Total Essential Packages	Pkg: 010 Non-PICS Psnl Svc / Vacancy Factor Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 060 Technical Adjustments Priority: 00		
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EXPENDITURES

PERSONAL SERVICES

SALARIES & WAGES

3160 Temporary Appointments

3400 Other Funds Ltd

89

89

3170 Overtime Payments

3400 Other Funds Ltd

86

86

SALARIES & WAGES

3400 Other Funds Ltd

175

175

TOTAL SALARIES & WAGES

\$175

\$175

OTHER PAYROLL EXPENSES

3220 Public Employees Retire Cont

3400 Other Funds Ltd

17

17

3221 Pension Obligation Bond

3400 Other Funds Ltd

6,094

6,094

3230 Social Security Taxes

3400 Other Funds Ltd

14

14

3260 Mass Transit Tax

3400 Other Funds Ltd

(165)

(165)

OTHER PAYROLL EXPENSES

3400 Other Funds Ltd

5,960

5,960

TOTAL OTHER PAYROLL EXPENSES

\$5,960

\$5,960

07/31/12

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Detail Revenues & Expenditures - Essential Packages

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BUDGET NARRATIVE

Oregon Board of Dentistry

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Attachment 2

Description	Total Essential Packages	Pkg: 010 Non-PICS Psnl Svc / Vacancy Factor Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 060 Technical Adjustments Priority: 00		
-------------	--------------------------	---	--	--	--	--

PERSONAL SERVICES

3400 Other Funds Ltd

6,135

6,135

TOTAL PERSONAL SERVICES

\$6,135

\$6,135

SERVICES & SUPPLIES

4100 Instate Travel

3400 Other Funds Ltd

1,120

1,120

4125 Out of State Travel

3400 Other Funds Ltd

592

592

4150 Employee Training

3400 Other Funds Ltd

159

159

4175 Office Expenses

3400 Other Funds Ltd

13,238

1,653

11,585

4200 Telecommunications

3400 Other Funds Ltd

618

618

4225 State Gov. Service Charges

3400 Other Funds Ltd

20,467

20,467

4250 Data Processing

3400 Other Funds Ltd

5,400

5,400

4275 Publicity and Publications

3400 Other Funds Ltd

314

314

4300 Professional Services

3400 Other Funds Ltd

(35,690)

3,310

(39,000)

4315 IT Professional Services

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Detail Revenues & Expenditures - Essential Packages

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number 83400

BDV004B

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-001-00-00-00000

Board of Dentistry

Attachment 2

Description	Total Essential Packages	Pkg: 010 Non-PICS Psnl Svc / Vacancy Factor Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 060 Technical Adjustments Priority: 00		
3400 Other Funds Ltd	22,799	-	784	22,015		
4325 Attorney General						
3400 Other Funds Ltd	28,100	-	28,100	-		
4375 Employee Recruitment and Develop						
3400 Other Funds Ltd	15	-	15	-		
4400 Dues and Subscriptions						
3400 Other Funds Ltd	151	-	151	-		
4425 Facilities Rental and Taxes						
3400 Other Funds Ltd	8,374	-	8,374	-		
4475 Facilities Maintenance						
3400 Other Funds Ltd	12	-	12	-		
4575 Agency Program Related S and S						
3400 Other Funds Ltd	35	-	3,959	(3,924)		
4650 Other Services and Supplies						
3400 Other Funds Ltd	967	-	967	-		
4700 Expendable Prop 250 - 5000						
3400 Other Funds Ltd	123	-	123	-		
4715 IT Expendable Property						
3400 Other Funds Ltd	123	-	123	-		
SERVICES & SUPPLIES						
3400 Other Funds Ltd	66,917	-	70,841	(3,924)		
TOTAL SERVICES & SUPPLIES	\$66,917	-	\$70,841	(\$3,924)		
SPECIAL PAYMENTS						

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BUDGET NARRATIVE

Oregon Board of Dentistry

Agency Number 83400

BDV004B

Version: V - 01 - Agency Request Budget

2013-15 Biennium

Cross Reference Number: 83400-001-00-00-00000

Board of Dentistry

Attachment 2

Description	Total Essential Packages	Pkg: 010 Non-PICS Psnl Svc / Vacancy Factor Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 060 Technical Adjustments Priority: 00		
-------------	--------------------------	---	--	--	--	--

6443 Spc Pmt to Oregon Health Authority

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EXPENDITURES

3400 Other Funds Ltd

76,976

6,135

70,841

TOTAL EXPENDITURES

\$76,976

\$6,135

\$70,841

ENDING BALANCE

3400 Other Funds Ltd

(76,976)

(6,135)

(70,841)

TOTAL ENDING BALANCE

(\$76,976)

(\$6,135)

(\$70,841)

-

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Detail Revenues & Expenditures - Essential Packages

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107BF02

BUDGET NARRATIVE

07/31/12 REPORT NO.: PDDPLBUDCL
 REPORT: SUMMARY LIST BY PKG BY SUMMARY XREP
 AGENCY: 83400 OREGON BOARD OF DENTISTRY
 SUMMARY XREP: 001-00-00 000 Board of Dentistry

DEPT. OF ADMIN. SVCS. -- PPDB PICS SYSTEM

PAGE
 PROD FILE
 2013-15
 BUDGET PREPARATION
 PICS SYSTEM: 2

PKG	CLASS	COMP	DESCRIPTION	POS	CNT	FTE	MOS	AVERAGE RATE	GF SAL	OF SAL	FF SAL	LF SAL	AF SAL
000	B	Y7500	AE BOARD AND COMMISSION MEMBER			.00	.00	0.00		69,600			69,600
000	MEAHZ7008	HA	PRINCIPAL EXECUTIVE/MANAGER E		1	1.00	24.00	8,325.00		199,800			199,800
000	MESNZ7008	AA	PRINCIPAL EXECUTIVE/MANAGER E		1	1.00	24.00	7,811.00		187,464			187,464
000	MMS	X0806	AA OFFICE MANAGER 2		1	1.00	24.00	3,112.00		74,688			74,688
000	CA	C0104	AA OFFICE SPECIALIST 2		1	1.00	24.00	2,899.00		69,576			69,576
000	CA	C0108	AA ADMINISTRATIVE SPECIALIST 2		1	1.00	24.00	3,838.00		92,112			92,112
000	CA	CS232	AA INVESTIGATOR 2		2	2.00	48.00	4,210.00		202,080			202,080
000					7	7.00	168.00	2,023.82		895,320			895,320
					7	7.00	168.00	2,023.82		895,320			895,320

Attachment 2

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BUDGET NARRATIVE

07/31/12 REPORT NO.: PDDPLBUDDL
 REPORT: SUMMARY LIST BY PKG BY SUMMARY XREF
 AGENCY: 83400 OREGON BOARD OF DENTISTRY
 SUMMARY XREF: 001-00-00 000 Board of Dentistry

DEPT. OF ADMIN. SVCS. -- PPDB PICS SYSTEM

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 PROD FILE

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 PICS SYSTEM: BUDGET PREPARATION

PKG CLASS COMP	DESCRIPTION	POS CNT	FTE	MOS	AVERAGE RATE	GF SAL	OF SAL	FF SAL	LF SAL	AF SAL
		7	7.00	168.00	2,023.82		895,320			895,320

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BUDGET NARRATIVE

07/31/12 REPORT NO.: PPDPLAGYCL
 REPORT: SUMMARY LIST BY PKG BY AGENCY
 AGENCY: 83400 OREGON BOARD OF DENTISTRY

DEPT. OF ADMIN. SVCS. -- PPDB PICS SYSTEM

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BUDGET PREPARATION

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PKG	CLASS COMP	DESCRIPTION	POS CNT	FTE	MOS	AVERAGE RATE	GF SAL	OF SAL	PF SAL	LF SAL	AF SAL
000 B	Y7500	AE BOARD AND COMMISSION MEMBER		.00	.00	0.00		69,600			69,600
000	MEAHZ7008	HA PRINCIPAL EXECUTIVE/MANAGER E	1	1.00	24.00	8,325.00		199,800			199,800
000	MESNZ7008	AA PRINCIPAL EXECUTIVE/MANAGER E	1	1.00	24.00	7,811.00		187,464			187,464
000	MMS X0806	AA OFFICE MANAGER 2	1	1.00	24.00	3,112.00		74,688			74,688
000	OA C0104	AA OFFICE SPECIALIST 2	1	1.00	24.00	2,899.00		69,576			69,576
000	OA C0108	AA ADMINISTRATIVE SPECIALIST 2	1	1.00	24.00	3,838.00		92,112			92,112
000	OA C5232	AA INVESTIGATOR 2	2	2.00	48.00	4,210.00		202,080			202,080
			7	7.00	168.00	2,023.82		895,320			895,320

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BUDGET NARRATIVE

07/31/12 REPORT NO.: PPDP1AGYCL
 REPORT: SUMMARY LIST BY PKG BY AGENCY
 AGENCY: 83400 OREGON BOARD OF DENTISTRY

DEPT. OF ADMIN. SVCS. -- PPDB PICS SYSTEM

PAGE 2
 PROD FILE
 2013-15

PICS SYSTEM: BUDGET PREPARATION

PKG	CLASS	COMP	DESCRIPTION	POS CNT	FTE	MOS	AVERAGE RATE	GF SAL	OF SAL	PF SAL	LF SAL	AF SAL
				7	7.00	168.00	2,023.82		895,320			895,320

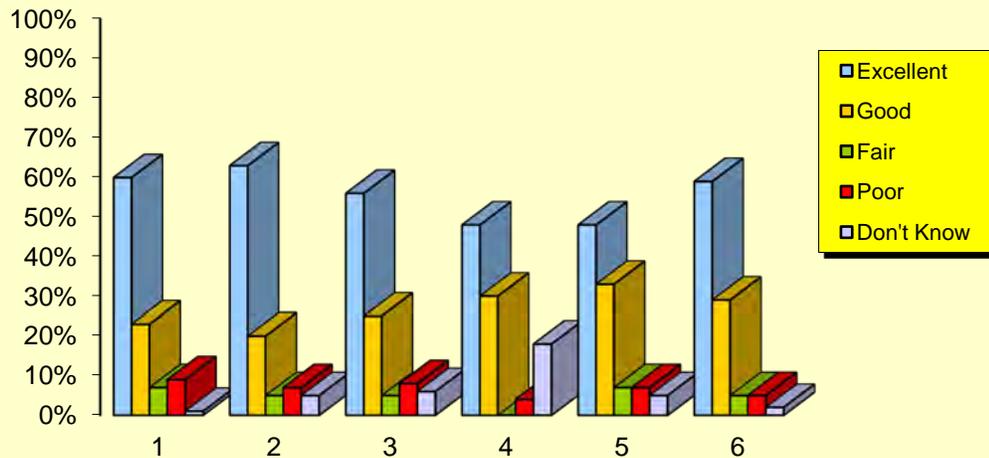
Agency Request

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Legislatively Adopted

Budget Page 124

Oregon Board of Dentistry Customer Service Survey July 1, 2012 - August 31, 2012



- 1 How do you rate the timeliness of the services provided by the OBD?
E= 60% G= 23% F= 7% P= 9% DK= 1%
- 2 How do you rate the ability of the OBD to provide services correctly the first time?
E= 63% G= 20% F= 5% P= 7% DK= 5%
- 3 How do you rate the helpfulness of the OBD?
E= 56% G= 25% F= 5% P= 8% DK= 6%
- 4 How do you rate the knowledge and expertise of the OBD?
E= 48% G= 30% F= 0% P= 4% DK= 18%
- 5 How do you rate the availability of information at the OBD?
E= 48% G= 33% F= 7% P= 7% DK= 5%
- 6 How do you rate the overall quality of services provided by the OBD?
E= 59% G= 29% F= 5% P= 5% DK= 2%

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**Summary Annual Report
Health Professionals' Services Program
Highlights of Year Two 7/1/11-6/30/12**

The purpose of this report is to provide the Oregon Health Authority and the representatives of the participating health licensing boards with a summary of the highlights of year two of the Health Professionals' Services Program (HPSP). HPSP began provision of monitoring services to the Oregon Board of Dentistry, Oregon Board of Nursing, Oregon Medical Board, and the Oregon Board of Pharmacy on July 1, 2010. The following data tables were developed to give an overview of the HPSP program during the period from July 1, 2011 through June 30, 2012.

Table 1: Enrollment Overview: Year 2

Enrollment Overview: Year 2 (7/1/11 - 6/30/12)	Board of Nursing	Board of Pharmacy	Board of Dentistry	Medical Board	TOTAL
Total Enrolled End of Year 1 (6/30/11)	236	17	15	92	360
Enrolled: Board Referrals	36	7	5	20	68
Enrolled: Self Referrals	4	0	0	10	14
Successfully Completed	51	1	0	19	71
Terminations	43	3	1	5	52
Total Enrollees End of Year 2 (6/30/12)	182	20	19	98	319
Referred but Not Enrolled/Inquiry Only	6	0	1	16	23

Table 1 gives a summary of year two, including the number of licensees enrolled at the end of year one, the number of licensees referred by board to the program during year two, the number of self-referrals to the program during year two, the number of licensees who successfully completed the program during year two, the number of licensees who were terminated from the program by the licensing boards during year two, the total enrollees at the end of year two and the number of licensees who were referred but never enrolled or called about the program but did not enroll. As should be anticipated, the Oregon Board of Nursing had the largest number of licensees referred to the program, as well as the largest number of successful completions and terminations. A total of fourteen licensees made self-referrals to the HPSP program this year, an increase from the six last year. At the end of year two, the program had 319 participants with some growth in each Board, except for the Board of Nursing.

Table 2 Program Termination Reasons*

Termination Reasons: Year 2	Board of Nursing	Board of Pharmacy	Board of Dentistry	Medical Board	TOTAL
Deceased	3	0	0	2	5
License Inactivated	2	0	0	1	3
License Retired	0	0	0	0	0
License Revoked	7	1	0	0	8
License Surrendered	25	2	1	2	30
Probation	6	0	0	0	6
Total	43	3	1	5	52

* "Failure to Enroll" and "Inappropriate Referral" cases are included under "Referred but Not Enrolled/Inquiry Only" on the Enrollment Overview Table (Table 1).

Table 2 reviews the reasons for terminations from the HPSP program this year. Please note that a licensee has to be enrolled in order to be terminated from the program. The primary reason for program termination was the licensee surrendered his/ her license; this is consistent with last year. This represented more than half of the termination reasons for the Board of Nursing, the Board of Pharmacy and the only reason for the Board of Dentistry.

Table 3 Non-Compliance Reports by Licensee

Non-Compliance Reports by Licensee: Year 2	Board of Nursing	Board of Pharmacy	Board of Dentistry	Medical Board	TOTAL
Total Non-Compliance Reports	442	14	37	34	527
Total Non-Compliance Reports as a Percentage of Average # of Licensees Enrolled in Year 2	211%	76%	218%	36%	155%
# of Licensees with NC Reports	140	6	7	23	176
# of Licensees with >1 NC report	88	4	6	7	105
# of Licensees with >3 NC report	32	1	4	1	38
# of SR Licensees now BR due to NC	1	0	0	8	9

Table 3 gives the total number of non-compliance reports by Board and then a specific break-down giving the number of licensees who received more than one non-compliance report throughout the year. The table also shows the total number of non-compliance reports submitted as a percentage of the average number of licensees enrolled during year two. The Board of Dentistry had the highest percentage at 218%, followed by the Board of Nursing at 211%. This is compared to 76% for the Board of Pharmacy and 36% for the Medical Board. The Board of Nursing had the most repeat offenders at 88 (42% of the average number of licensees enrolled), followed by the Medical Board at 7 (7%) and the Board of Dentistry at 6 (35%) and the Board of Pharmacy at 4 (22%). Typically the licensees with multiple non-compliant reports (more than 3) had either stopped participating in the HPSP program and/or the Boards were in the process of investigation and determination of a final decision regarding licensee’s status. This Table also shows the number of Self Referred licensees who were reported non-compliant and are thus now known to the board. The Medical Board had eight self-referrals who are now board known and the Board of Nursing had one.

Table 4 Non-Compliance Reasons

Non-Compliance Reasons: Year 2*	Board of Nursing	Board of Pharmacy	Board of Dentistry	Medical Board	TOTAL
Failure to Enroll	4	0	0	0	4
Failure to Participate: Missed IVR Call	173	4	26	11	214
Failure to Participate: Missed Test (includes failure to provide specimen)	182	8	8	14	212
Failure to Participate: Non-Payment	14	0	0	0	14
Failure to Participate: Other	54	3	2	2	61
Hospitalization	4	1	0	0	5
Violated Restriction on Practice	0	0	0	0	0
Positive Toxicology Test	67	2	3	5	77
Impaired in a Health Care Setting in the Course of Employment (including admitted substance use & diversion of medications)	0	0	0	1	1
Impaired Outside of Employment (including admitted substance use & diversion of medications)	3	0	1	1	5
Public Endangerment	0	0	0	0	0
Criminal Behavior (including DUI)	1	0	0	1	2
TOTAL	502	18	40	35	595

** May have more than 1 reason per report*

Table 4 shows the reasons why a non-compliance report was submitted to Acumentra, the entity which submitted the report directly to the appropriate board. The most common reasons for non-compliance were licensee failing to call the daily interactive voice response (IVR) four times or more within the year. This was changed by the Advisory Committee in 10/11 and is no longer a non-compliance reason. Licensees are tested following each missed call after the fourth missed call, followed by licensee failed to test as scheduled, and the third most frequent reason for a non-compliance report was a positive or non-negative test result.

Table 5: Non-Negative Tests

Non-Negative Tests: Year 2	Board of Nursing	Board of Pharmacy	Board of Dentistry	Medical Board	TOTAL
Positive Tests (non-negative results)	65	2	2	8	77
Positive Tests as a Percentage of Average # of Licensees Enrolled in Year 2	31%	11%	12%	8%	23%
Invalid Tests	12	3	1	5	21
TOTAL	71	5	2	11	89

Table 5 shows the number of non-negative tests and invalid test results per board. The number of non-negative results is also reflected as a percentage of the average number of licensees enrolled in the program during year two. This was the highest for the Board of Nursing at 31%. The total number of positive (non-negative) tests can be compared to the number of Non-Compliance reports submitted due to a positive toxicology test result. These numbers match with the following exceptions:

1. The Board of Nursing had two additional non-compliance reports submitted with the reason “positive toxicology test:” One was due to a test taken at the licensee’s treatment center; the second was for a test taken at the end of year 1, on June 30th.
2. The Board of Dentistry had an additional non-compliance reports submitted with the reason “positive toxicology test;” this was because the licensee did not originally fax in her prescription, but after the non-compliance report was submitted the licensee did fax in the prescription and the non-negative result was overturned.
3. The Medical Board had three less non-compliance reports submitted with the reason “positive toxicology test:” Two of these were because the licensees had two positive tests in close proximity and only one non-compliance report was submitted for both test results; the third was for a positive ETG test with a negative ETS, so there was no report submitted pending the outcome of the third-party evaluation.

Table 6: Positive Tests - Drugs Found

Positive Tests - Drugs Found: Year 2	Board of Nursing	Board of Pharmacy	Board of Dentistry	Medical Board	TOTAL
amphetamines / methamphetamines	1	0	1	0	2
anti-depressants	1	0	0	0	0
barbiturates	1	0	0	0	1
benzodiazepines	0	0	0	2	2
ethyl glucuronide (ETG)	43	1	1	4	49
marijuana metabolite (THC)	3	0	0	1	4
methadone	0	0	0	0	0
muscle relaxants	1	0	0	0	1
opiates (narcotics/opiates)	7	2	0	0	9
oxycodone	11	0	0	0	11
propoxyphene	2	0	0	0	2
tramadol	6	1	0	1	8
Total	76	4	2	8	89

*May have more than one drug per test

Table 6 shows the various drugs that resulted in a positive test result. The largest number of positive tests was for alcohol. This means that the licensee had an ETG test of 500mg/dl or higher as the result and there was also an ETS result.

Table 7: Missed Test Details

Missed Test Details: Year 2	Board of Nursing	Board of Pharmacy	Board of Dentistry	Medical Board	TOTAL
No Call/No Show	146	18	4	12	180
No Show	86	1	5	7	99
Refused	6	0	0	1	7
Total	238	19	9	20	286

Table 7 gives greater detail on licensees who failed to take a scheduled toxicology test. No call/no show refers to licensees who failed to call the IVR and did not test as scheduled. No Show refers to situations when the licensee did not go to the collection site to give a specimen but did call the IVR that day. Refused refers to licensees who went to the collection site but did not provide a specimen. This is considered a refusal to test which is treated like a positive test unless the licensee can provide a medical explanation from a physician, verifying that the licensee has a medical condition which prevents the licensee from providing a sample. The interesting data that this table shows is that for the Oregon Board of Nursing a significant number of licensees called the interactive voice response system and knew they were scheduled to test but failed to go to the collection site. This was also noted last year.

Table 8: Workplace Safe Practice Reports

Workplace Safe Practice Reports from Workplace Monitors: Year 2	Board of Nursing	Board of Pharmacy	Board of Dentistry	Medical Board	TOTAL
Number of Reports Received / Reviewed	1316	127	56	569	2070
Number of Licensees who had Reports Submitted	180	13	6	87	288

Table 8 shows the number of workplace safety reports received from workplace monitors and reviewed. Mid-way through year two of the program, RBH added the ability to track if any concerns were noted on the reports. This data will be available for reporting in year three of the program. Table 8 also shows the number of licensees who had at least 1 workplace safety report submitted during the year.

The goal for year three is the same as year 2. I believe we can still do better in encouraging self-referrals. In addition, for year 3 we will be able to report how many workplace safe practice reports noted any concerns in regard to licensee’s practice.

Dale Kaplan, MSW, LCSW-C (Maryland), MSWAC
 HPSP Program Manager
 7/31/12



**Reliant Behavioral Health, LLC
Health Professionals' Services Program (HPSP)
Satisfaction Report**

Year 2: July 1, 2011 – June 30, 2012

RBH Health Professionals' Services Program
1220 SW Morrison Street, Suite 600
Portland, Oregon 97205
1.888.802.2843
Fax: 503.961.7142

Executive Summary

Health Professionals' Services Program Satisfaction Survey: Year Two

Overview: This Health Professionals' Services Program report reviews the survey results from the second year of the program, covering July 1, 2011 through June 30, 2012. Surveys were sent to the following groups of stakeholders both in July and at other times throughout the year: Licensees, Employers (Workplace Monitors), Treatment Providers, Health Associations, the Boards, and Acumentra. Each of these groups of stakeholders will be surveyed again in January 2013, with the exception of Acumentra as they are no longer involved in the program. Licensees also will be surveyed in October 2012.

An overview of the number of surveys sent, number of responses received, and the response rate for each group of stakeholders is displayed below:

Table 1: Response Rate - year end survey	Licensees	Employers (Workplace Monitors)	Treatment Programs	Health Associations	Acumentra	Boards
# Sent	318	187	31	5	2	8
# of Responses	96	17	1	0	0	5
Response Rate	30.2%	9.1%	3.2%	0.0%	0.0%	62.5%

Highlights: The results of the year end survey indicate significant improvement in all the responding stakeholders' perception of the HPSP program. The return rate for the licensees and the participating boards was high at 30.2% and 62.5% respectively. For the licensees, the year 2 response rate at 27.6% shows an improvement from the total of 23% return rate for year 1. There is still a lack of response from the treatment centers and the associations, even though contact with the Oregon Medical Association and the treatment centers had increased. There needs to be contact with the associations aligned with the other participating boards. Acumentra did not respond this past quarter but had responded to past surveys.

The responses from the licensees in their fourth quarter survey showed an improvement in all areas. Over 75% of licensees felt that they received timely responses to their questions and that their questions were clearly answered. The Agreement Monitors were seen as being important in the recovery process followed by the toxicology testing and the newsletter. Even the website was seen as helpful this quarter while in past surveys the website was viewed as unhelpful. There were still negative responses in the comments section of the survey, although this the lowest rate of negative comments than provided by licensees in prior quarters. These comments are reviewed in the Reliant quality assurance committee and an action plan will be developed. Overall 42% of the licensees rated the overall quality of the program above average or excellent, for year one only 26% gave the favorable rating.

There was a strong response rate from the participating boards and very helpful comments. The rate of response from employers was 13.7% as compared to a 7% response rate in year 1. The responses were positive for all question categories and showed an increase in positive responses from last quarter. There is also significant improvement in overall satisfaction from 67% rated

above average or excellent in year 2 from 51% in year 1. The safe practice form was seen as an easy form to complete and submit.

This was a strong satisfaction report for year 2. We hope to continue to show improvement in licensee satisfaction and will strive to increase the response rate for the treatment centers and associations.

Reliant Behavioral Health Health Professionals' Services Program (HPSP) Satisfaction of LICENSEES

Purpose

The purpose of assessing participants (Licensees) of the Health Professionals' Services Program (HPSP) is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of the HPSP Program. In order to provide continuous quality services, RBH evaluates Licensees' satisfaction with the HPSP Program on a quarterly basis.

Feedback is obtained from Licensees via a satisfaction survey that is mailed or emailed to each Licensee. When mailed, Licensees are given the option of completing the enclosed survey and mailing it back to the RBH offices in the postage-paid envelope, or going through the link to the survey and completing it online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about RBH customer service, Agreement Monitors, service components, and overall services.

The effectiveness of the HPSP Program is measured by using valid methods. The RBH Quality Management Committee (QMC) sets performance goals for each measure. In reviewing the survey results, the QMC will identify opportunities for improvement and develop interventions if necessary. The QMC continues to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Quarter	Year 2
# Sent	318	1330
# of Responses	96	367
Response Rate	30.2%	27.6%

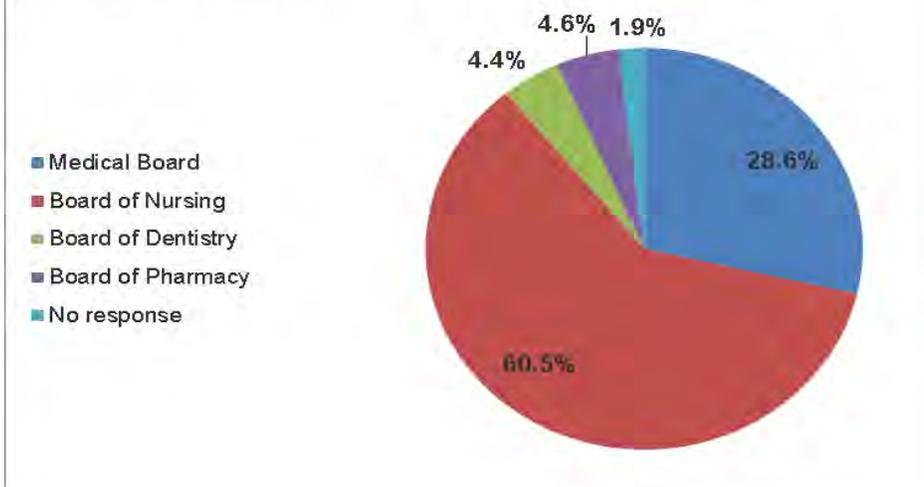
The HPSP Licensee Satisfaction Survey was issued to 100% of the Licensees enrolled in the HPSP Program at the end of June 2012. The survey was emailed to 254 licensees and mailed to 64. A total of 96 responses were received, representing a response rate of 30.2%. For Year 2, which includes surveys sent each quarter, the average response rate is 27.6%. This is an increase from the 23% average response rate during the first year of the program.

Respondents

51% of respondents this quarter were representatives of the Board of Nursing, bringing the average for the year to 60.5%. The Medical Board follows with 32.3% for the quarter, and 28.6% for the year. The Board of Dentistry was represented by 9.4% of the respondents this quarter, and 4.4% for the year. The Board of Pharmacy had 6.3% for the quarter and 4.6% for the year. (See Table 2 and Figure 1)

Table 2: Respondents by Board	This Quarter (n=96)		Year 2 (n=367)	
	#	%	#	%
Medical Board	31	32.3%	105	28.6%
Board of Nursing	49	51.0%	222	60.5%
Board of Dentistry	9	9.4%	16	4.4%
Board of Pharmacy	6	6.3%	17	4.6%
No Response	1	1.0%	7	1.9%

Figure 1: Respondents by Board (Year 2)



The 4th Quarter breakdown is comparable to the percent of enrollees, with only a slight skew towards those licensed by the Medical Board and Board of Dentistry and away from the Board of Nursing. (See Table 3)

Table 3: Comparison of Enrollees to Respondents	Percent of Enrollees (6/30/12)	Percent of Respondents (Quarter 4)
Medical Board	30.8%	32.3%
Board of Nursing	56.9%	51.0%
Board of Dentistry	6.0%	9.4%
Board of Pharmacy	6.3%	6.3%

Customer Service

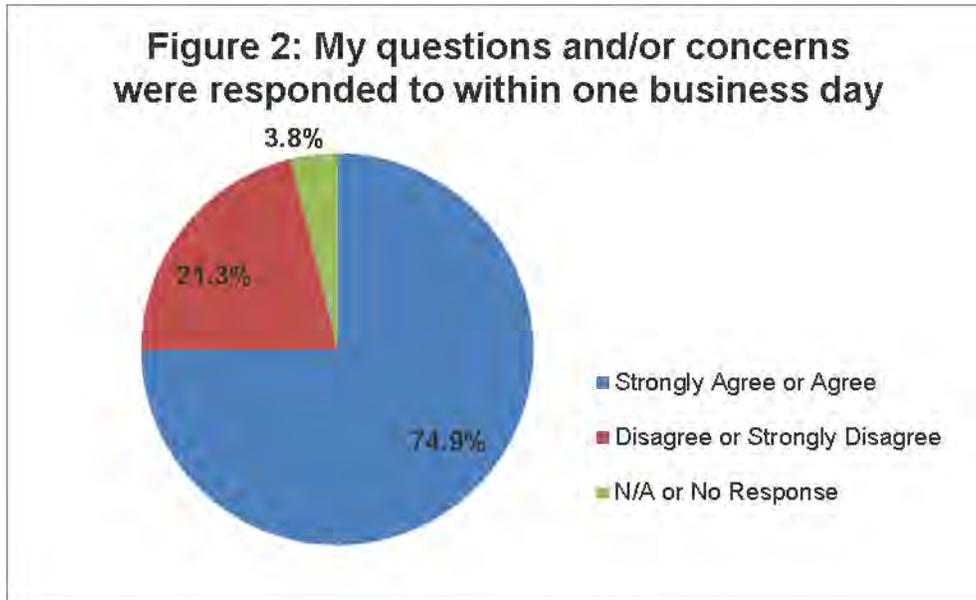
This question asks respondents to “Think about [their] most recent call to RBH.....” and evaluate 2 statements. The mode (most frequent) responses are highlighted in red:

Table 4a: This Quarter (n=96)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Questions and/or Concerns Were Responded to within one business day	29	30.2%	46	47.9%	6	6.3%	12	12.5%	3	3.1%	0	0.0%
Information was Communicated Clearly and Professionally	27	28.1%	45	46.9%	6	6.3%	13	13.5%	2	2.1%	3	3.1%

The largest group of respondents both this quarter and for the year indicated that they “agree” that their questions/concerns were responded to promptly and that information was communicated clearly and professionally.

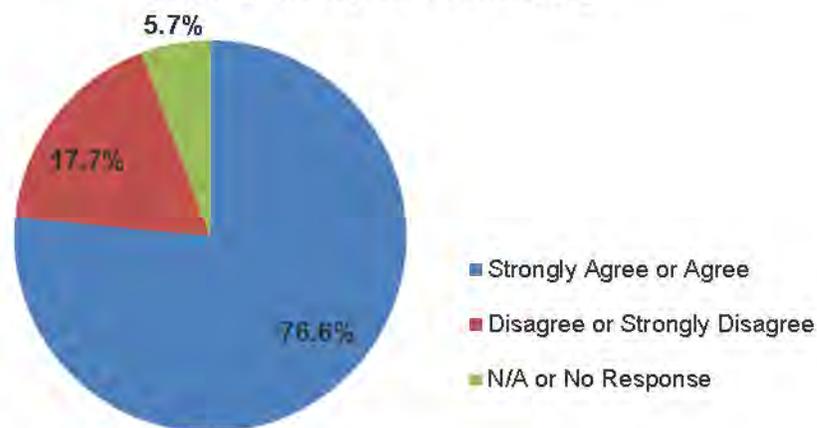
Table 4b: Year 2 (n=367)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Questions and/or Concerns Were Responded to within one business day	119	32.4%	156	42.5%	39	10.6%	39	10.6%	12	3.3%	2	0.5%
Information was Communicated Clearly and Professionally	116	31.6%	165	45.0%	30	8.2%	35	9.5%	12	3.3%	9	2.5%

For Year 2, 74.9% of respondents indicate that they agree or strongly agree that their questions/concerns were responded to promptly (see Figure 2).



Similarly, for Year 2, 76.6% indicate that they agree or strongly agree that information was communicated clearly and professionally (see Figure 3 – next page).

Figure 3: Information was communicated clearly and professionally



Agreement Monitors

The next item asked respondents to react to the following: “Regarding our Agreement Monitors, to what extent do you agree that...” Again, the mode (most frequent) response is in red:

Table 5a: This Quarter (n=96)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My Agreement Monitor is knowledgeable about my case	29	30.2%	44	45.8%	11	11.5%	9	9.4%	1	1.0%	2	2.1%
My needs and concerns are understood	30	31.3%	39	40.6%	12	12.5%	10	10.4%	1	1.0%	4	4.2%

Both for the quarter and all of Year 2, the largest group of respondents “Agree” that their Agreement Monitor is knowledgeable about their case and that their needs and concerns are understood.

Table 5b: Year 2 (n=367)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My Agreement Monitor is knowledgeable about my case	123	33.5%	165	45.0%	40	10.9%	26	7.1%	9	2.5%	4	1.1%
My needs and concerns are understood	127	34.6%	143	39.0%	42	11.4%	38	10.4%	6	1.6%	11	3.0%

For the year, 78.5% of respondents agree or strongly agree that (his/her) Agreement Monitor is knowledgeable about (his/her) case. (See Figure 4 – next page.) Similarly, 73.6% of respondents agree or strongly agree that (his/her) needs and concerns are understood. (See Figure 5 – next page.)

Figure 4: My Agreement Monitor is knowledgeable about my case

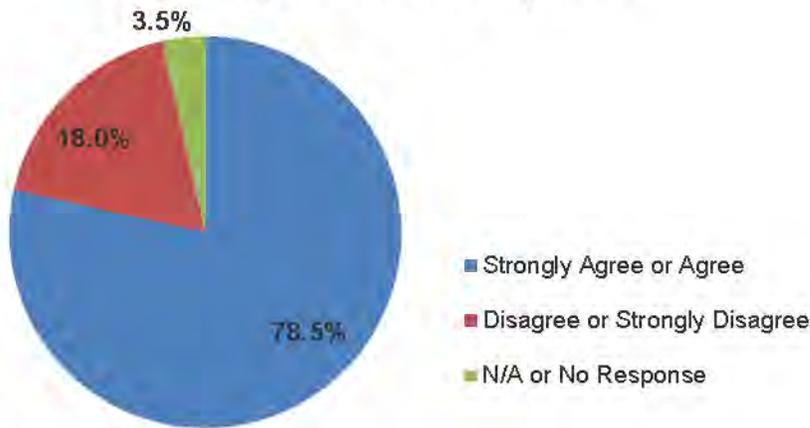
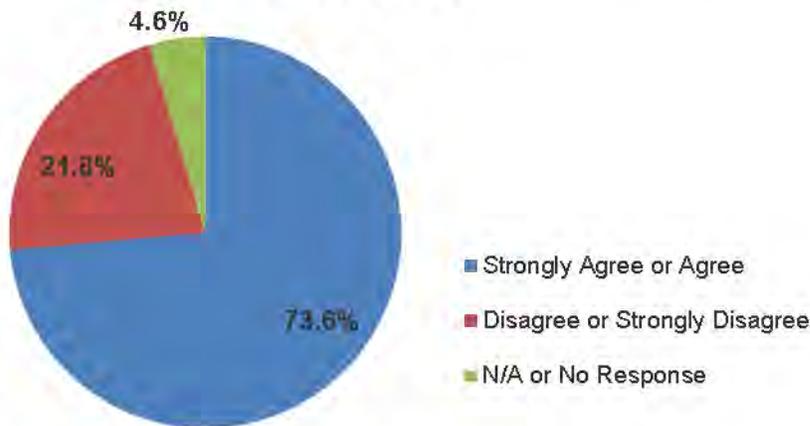


Figure 5: My needs and concerns are understood



Service Components

This item asked respondents to “Please rate the following services as they contribute to your successful completion of the program.” Again the mode (most frequent) response is in red and is “Helpful” for all items both this quarter and the year.

Table 6a: This Quarter (n=96)	Extremely Helpful		Helpful		Unhelpful		Extremely Unhelpful		No Response	
	#	%	#	%	#	%	#	%	#	%
Agreement Monitor contacts	20	20.8%	45	46.9%	24	25.0%	5	5.2%	2	2.1%
Newsletter	2	2.1%	55	57.3%	28	29.2%	8	8.3%	3	3.1%
Toxicology testing	13	13.5%	52	54.2%	17	17.7%	12	12.5%	2	2.1%
Website	2	2.1%	43	44.8%	33	34.4%	12	12.5%	6	6.3%

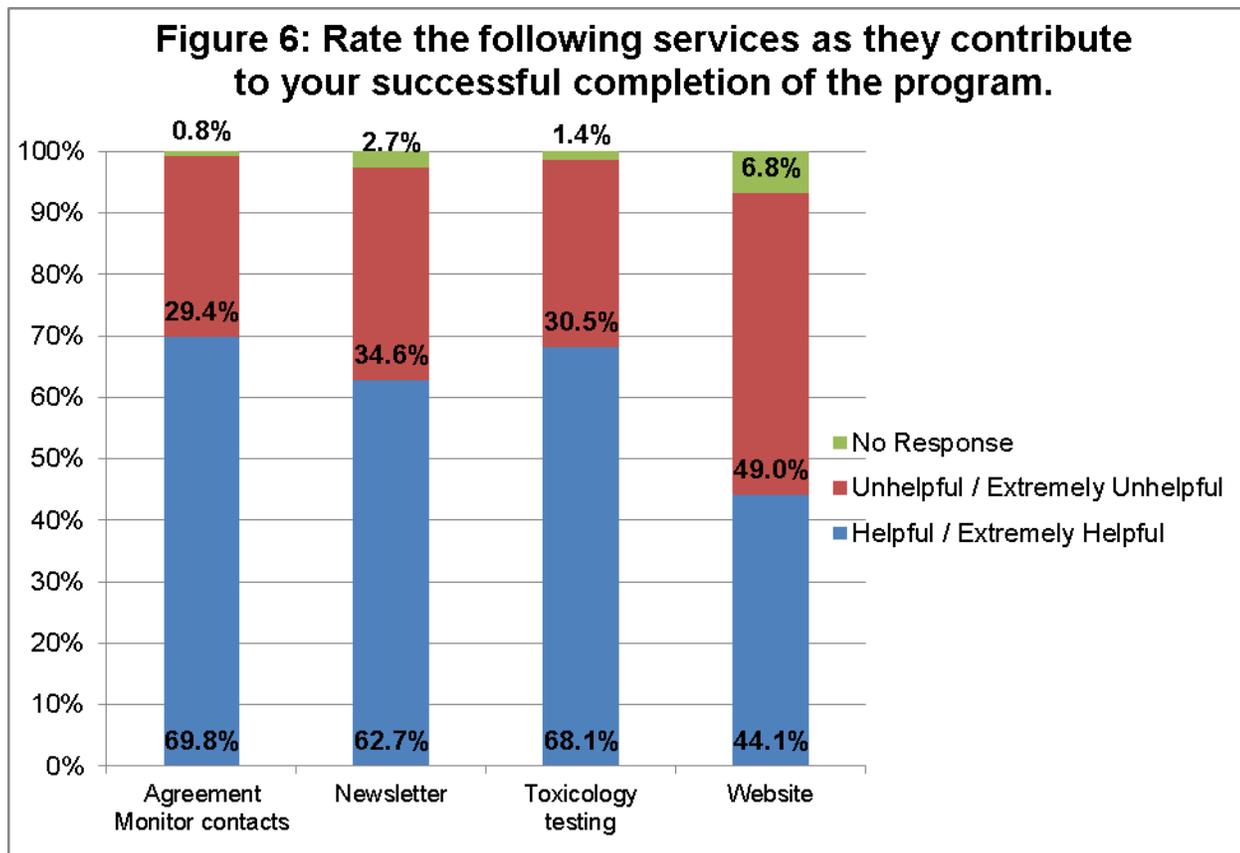
Table 6b: Year 2 (n=367)	Extremely Helpful		Helpful		Unhelpful		Extremely Unhelpful		No Response	
	#	%	#	%	#	%	#	%	#	%
Agreement Monitor contacts	78	21.3%	178	48.5%	78	21.3%	30	8.2%	3	0.8%
Newsletter	26	7.1%	204	55.6%	101	27.5%	26	7.1%	10	2.7%
Toxicology testing	58	15.8%	192	52.3%	61	16.6%	51	13.9%	5	1.4%
Website	9	2.5%	153	41.7%	141	38.4%	39	10.6%	25	6.8%

During the 3rd quarter, the website received an equal number of “Helpful” and “Unhelpful” responses; previously, it received more “Unhelpful” ratings than “Helpful.” This quarter, there were more “Helpful” responses than any “Unhelpful.” In fact, the difference was enough to bring the year-to-date average up such that there are more “Helpful” responses for that period of time as well. This shows that the licensees are gradually viewing the website more positively.

For the year in descending order:

- 69.8% of respondents find that “Agreement Monitor contacts” are “Helpful” / “Extremely Helpful.”
- 68.1% of respondents find “Toxicology Testing” “Helpful” / “Extremely Helpful.”
- 62.7% of respondents find the “Newsletters” “Helpful” / “Extremely Helpful.”
- 44.1% of respondents find the “Website” “Helpful” / “Extremely Helpful.”

All percentages increased from the last report. Year 2’s data is displayed in Figure 6.

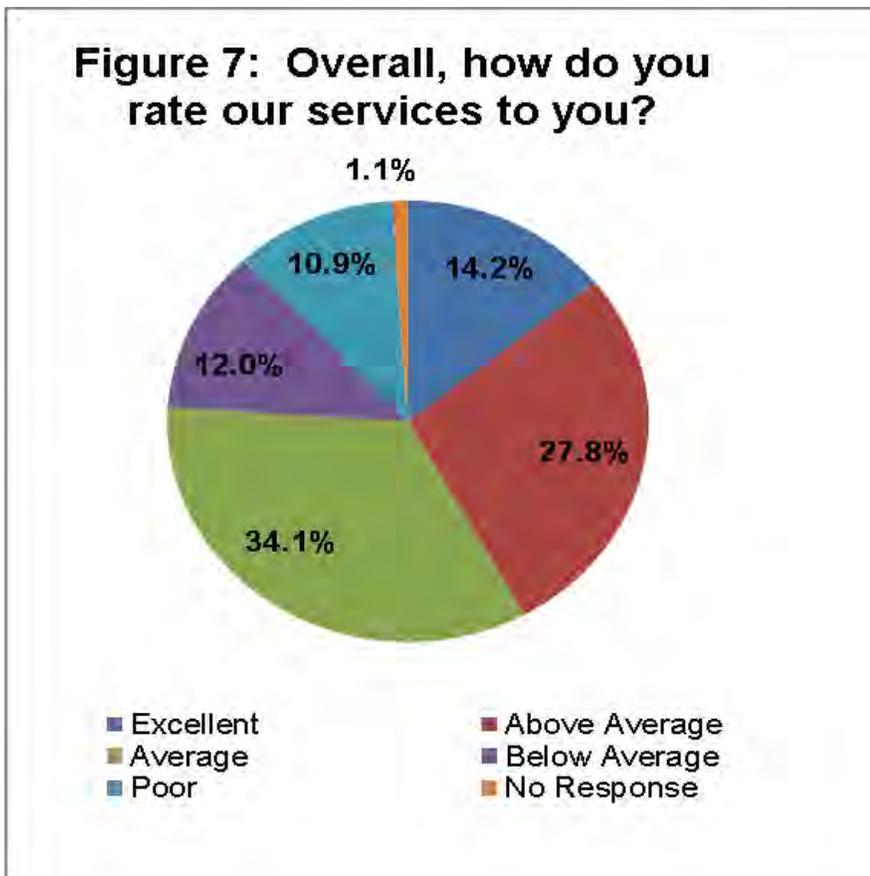


Overall Rating of Services

Respondents were asked to rate the overall services. This quarter, 45.8% rated the services as “Excellent” or “Above Average” as compared to 32.1% last quarter. For all of year 2, 42.0% provided these ratings. This is a strong improvement from the 26.0% in year 1 of the program.

Table 7: Overall Rating	This Quarter (n=96)		Year 2 (n=367)	
	#	%	#	%
Excellent	17	17.7%	52	14.2%
Above Average	27	28.1%	102	27.8%
Average	29	30.2%	125	34.1%
Below Average	8	8.3%	44	12.0%
Poor	14	14.6%	40	10.9%
No Response	1	1.1%	4	1.1%

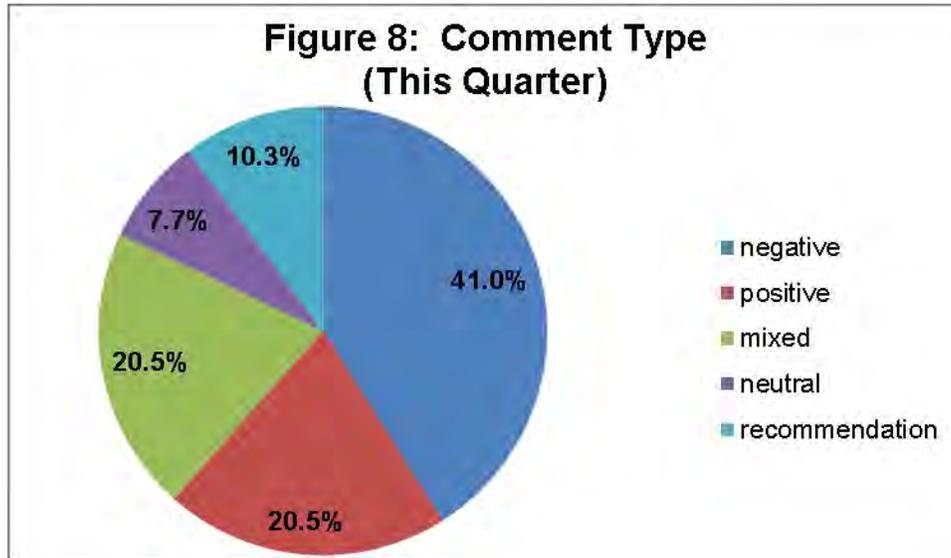
Figure 7 displays the Year 2 ratings.



Additional Comments

At the conclusion of the survey, respondents are asked for any additional comments. Thirty-nine (39) comments were received, reviewed, and categorized this quarter. 40.6% of respondents provided a comment, which is an improvement from last quarter's rate of 32.6%, but still down from the prior two quarters (45.2% and 56.5%).

Comments were first categorized with an overall type: positive, negative, neutral, recommendation or mixed (containing both positive and negative). (See Figure 8)



This quarter:

- 16 (41.0%) of comments were negative which is a significant decrease from the 3rd quarter's 71% and 2nd quarter's 60%;
- 8 (20.5%) were positive which is an increase from 3rd quarter's 5%, but still down from 2nd quarter's 26%;
- 8 (20.8%) were mixed which is an increase from 3rd quarter's 13%;
- 3 (7.7%) were neutral which is an increase from 3% last quarter; and
- 4 (10.3%) were recommendations only, which is comparable to last quarter (8%).

Comments were then categorized by area (see Data Table 8, next page). Each issue within a comment was categorized to maximize the ability to capture all feedback. Comment categories for each quarter are shown as well as the totals for Year 2 for comparison purposes. Negative comments about the Program Structure continue to be the most frequent with 14.5% this quarter, and 20.9% for the year. This quarter, however, positive comments regarding Agreement Monitors were a close second at 12.7%.

Table 8: Categories of Comments Received	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Year-to-Date	
	#	%	#	%	#	%	#	%	#	%
Negative: Communication	7	9.2%	4	7.3%	3	6.0%	1	1.8%	15	6.4%
Negative: Confidentiality	1	1.3%							1	0.4%
Negative: Employment	N/A	N/A	N/A	N/A	4	8.0%			4	1.7%
Negative: Financial Component	3	3.9%	6	10.9%	4	8.0%	4	7.3%	17	7.2%
Negative: General	4	5.3%	7	12.7%	3	6.0%	6	10.9%	20	8.5%
Negative: IVR	2	2.6%							2	0.9%
Negative: Mental Health Component			1	1.8%					1	0.4%
Negative: Program Structure	18	23.7%	10	18.2%	13	26.0%	8	14.5%	49	20.9%
Negative: Staff (General)	3	3.9%	2	3.6%	4	8.0%	6	10.9%	15	6.4%
Negative: Staff Availability & Responsiveness	8	10.5%	6	10.9%	3	6.0%			17	7.2%
Negative: Toxicology / Lab Locations	1	1.3%	4	7.3%	5	10.0%	3	5.5%	13	5.5%
Negative: Website	1	1.3%			1	2.0%			2	0.9%
Positive: Agreement Monitor	8	10.5%	3	5.5%	4	8.0%	7	12.7%	22	9.4%
Positive: General	8	10.5%	2	3.6%	4	8.0%	5	9.1%	19	8.1%
Positive: Program Structure	2	2.6%	1	1.8%			1	1.8%	4	1.7%
Positive: Staff Availability & Responsiveness	2	2.6%	1	1.8%	1	2.0%	5	9.1%	9	3.8%
Recommendation: Communication	1	1.3%	1	1.8%			2	3.6%	4	1.7%
Recommendation: Program Structure	4	5.3%	6	10.9%	1	2.0%	4	7.3%	15	6.4%
Recommendation: Website	3	3.9%							3	1.3%

Actual Comments Received – July 2012

1. I have been very pleasantly surprised with the politeness of the staff. My monitor [Name] has been extremely warm and compassionate.
2. this is ran so poorly. Its really a shame that the OSBN decided on this company to provide this service.
3. Have had a history of lost consents I have signed to aquire info from my medical providers. It has improved. The billing/statement process is still in need of improvement. It is hard to follow the debit/credit entries.
4. [Name of Agreement Monitor] does a great job! She's very professional and supportive!
5. Billing is an issue, I just paid 260.00 in one month to stay in compliance. That's more than a new car payment. Paying that amount has been terribly hard on my family.
6. My monitor is often unclear about workplace monitoring and is an alarmist. While she is a nice person, I see NO value in my weekly contacts. I would request a different one if I trusted the relationship more but I do not want to attract any more attention in my direction. I cannot wait until this relationship is over.
7. i feel that my agreement monitor is knowledgable about my case but that weekly check-ins are a waste of time.
8. I think the program is a joke. Weekly calls after your in the program is ridiculous. I'm also tired of hearing when I have complaints there is nothing they can do its the legislatures fault. Your our advocates but you don't advocate. Also your medical director has no touch with the patients but make decisions that greatly affect us and our monitors are placed in the middle. She needs to talk to the patients as well. Also I keep getting a note you emails are rejected and turn off my spam filters. I have turned off these but still get the note
9. My agreement monitor is absolutely the BEST!
RBH is very disorganized and loses my paperwork frequently causing me to repeatedly fill new forms out and then those get lost also. I'm not at all impressed in that regard, but [Name of Agreement Monitor] is the BEST in the WEST!

10. I am only at the intake/sign up stage. [Name of Staff Member] was willing to stay late the evening before a National Holiday to make sure I could work through the computer morass in order to get in my enrollment papers. The enrollment documents are definitely NOT user friendly. If you call up for help or advice, eventually you get timed out, you don't learn so until you finish, and then you have to start over again. This is why [Name] stayed late to make sure I didn't run into any more trouble.
11. Over a year ago, after being in the program for 4years, I was called about one of my UA's. It was devastating. It took months to figure out what the recommendations were for me in regards to a treatment plan. I had to stop working until I went to treatment. It took months just to figure out what type of treatment I needed. Work couldn't wait, so I was put on leave. Once I went to treatment, I was told that I would be able to go back to floor nursing, passing controlled substances 6 months after completing treatment. I completed treatment. Leaving treatment, it was suggested that I attend 3 meetings/week. I have now been doing that for over a year (without fail), I have been doing 3-4 UA's a month for over a year (\$200-300/month). I have been doing everything I have been told to do. So I called my Monitor and informed her that around October, my boss would like me to work 1 day/week as a floor Nurse (Currently I am in Nursing Clinical Informatics and work at a desk). When I brought this up, I was told that I have to now get a 3rd party evaluation to determine if I am able to go back to Floor Nursing. I guess I am frustrated by being told that 6months upon completion of treatment, I would be cleared. Now I am told that I have to pay more \$\$\$ to get an evaluation and everything is dependent on that evaluation. I guess I am not sure why I was told one thing and now a year after the fact, everything is dependent on someone who hasn't been involved in my recovery since I left them almost 1 year ago. So I guess my frustration is with being told one thing 1 year ago and now things have changed. And I know UA testing is important, but why have I had to do 3-4 test a month for a year when I signed a contract stating 1 random test per month. I have spent thousands of dollars for UA's in than 1 year. So I want to know why you have us sign contracts that I as a Licensee have to follow, but you do not? Frustrating. Other then that, my Monitor [Name] IS AMAZING! She has been so very encouraging and helpful. Also [Name of Staff member] in billing has been Extremely helpful, kind and understanding! Thanks [Name of Agreement Monitor] and [Name of Staff member]
12. still too many arbitrary rules and continuing scetchy communication problems.
13. I am brand new to this process
14. Total lack of understanding, caring and willingness to work with participants
15. The services are great. The premise in which one is categorized as needing the extent of the services offered is faulty. That reason alone significantly colors the relationship and moves the rating from excellent to just average. I believe that the program should have a better way to tailor the requirments for monitoring to each individual.
16. thanx !!
17. polite, courteous and helpful staff
18. much better having to phone monitor contact monthly. the "phone tag' was annoying. allowing us to text in weekly for 3 of the 4 weeks in a month eases the tension of trying to get a hold of the monitor person if they are out of the office or ill. or busy.
It is unfortunate that there are not sites available all over the state; also, some sites are not available on weekends.
19. this is a frustrating program that feels very punitive and appears to treat all variations and levels of diagnoses the same
20. I have not tested yet or seen a newsletter so I don't have an answer for that.
21. Your Performance is fine. The rigidity of some of the protocols is disturbingly different from prior system. Eg I believe the Board recommended 30-32 tox tests yearly, and your doctor simply raised it to 36-40. Arbitrary and expensive and perhaps a conflict of interest?
22. Slow response from agreement monitor and poor follow up. toxicology persons unprofessional and cold. Limited medtox sites. Unable to attend conferences, take vacations because of limitations in availability of sites.
23. I have had 5 different agreement monitors over the past 2 years. It is frustrating when you start to develop a relationship with them and then you are changed to someone else.
24. I am disappointed with the apparent disconnect between the board's procedures (for reinstatement, increases in privileges, etc) and RBH. I would like to have RBH be more of an advocate for me to get back into the type of practice that I used to do. There is really no direction or suggestions or actions that RBH can help me take to interact with the board. Most of the questions I have for my monitor have to do with "board" issues and she can't help me with these. My monitor is helpful and encouraging and keeps good track of my progress but I feel like I'm spinning my wheels trying to get back in to advanced practice.
25. This program lacks any customer service whatsoever. Just call in, go pee in a cup whenever we tell you, no matter what, and call in everytime we tell you to. Where is the individual in this? All of us are treated the same, except Doctors, i'm sure.
26. thanx !!

27. My monitor knows my case in a general, vague way but clearly does not really know much a me or why I am in the program. I believe it is lack of time and too much to do rather than not caring.
28. Qoute "we've never served a person like you before so we don't really know what should happen... we'll have to do what we do w everyone else (with out your diagnosis or lack of problems w the board, patient care, or lack of substance abuse." Gee, thanks. Just keep taking my money and causing me undo distress.
29. I am brand new this week.
30. i wouldnt be making it through all this without [Name of Agreement Monitor.] she is a rock
31. I continue to have issues with this program. There is NO individual plans for participants, just a overall blanket approach of "babysitting" the participants. Monitor knows absolutely nothing regarding my individual case. I can get no information regarding early release. This is a punitive program, no matter what your program/medical director thinks. Doctors are absolutely treated more preferably than other clients. This entire program is a joke compared to what was in place before the punitive measures were begun.
32. Very polite people-pleasant to deal with
33. I think that RBH is doing what the state legislature is requiring them to do. I think the state legislature has set up a punitive program rather than one aimed at getting as many professionals as possible safely returned to useful lives. I would ask the legislature to comply with what is asked of us during their next legislative session and see how it works for them. I also think they should set up a similar program for lawyers with substance abuse issues.
34. Urine screens are too expensive. No test should cost more than 60-65 dollars
35. The cost of the toxicology testing as well as the time and distance it takes to travel to my testing site has put a serious financial burden on my family. It is over 80 miles round trip to my testing site from my home and takes nearly three hours per day when I have to test. The least expensive test is \$67.00 and the most expensioive is \$104.75. It is costing me nearly as much in toxicology testing and gas for travel a month, as it costs to feed my family per month. Some months nearly \$500.00. This has become s serious financial burden!!! HELP
36. I haven't gotten a news letter yet!
37. I think it would be helpful i fthere was a mechanism by which bi annual review. It could be determined how long ha participant really needs to stay in the program, rather than this being determined at the onset. There is currently no mechanism to achiee this.
38. Would be helpful to have a contact person to ask questions or concerns over the weekend. Thank you.
39. you nneed to individualize the program for someone who does not need toxicilogy testing the program does not apply.

Summary Analysis

The licensee survey response rate was 30.2% for the quarter and 27.6% across all of year 2, representing an increase from year one's average response rate of 23%. The breakdown of respondents by board is representative of the percentage of licensees enrolled in the program, with only a slight skew.

For the year, when thinking about their most recent call to RBH, 74.9% of respondents indicate that they "Agree" or "Strongly Agree" that their questions/concerns were responded to promptly. Similarly, 76.6% indicate that they "Agree" or "Strongly Agree" that information was communicated clearly and professionally.

Agreement Monitors received strong ratings for the year: 75.8% of respondents "Agree" or "Strongly Agree" that (his/her) Agreement Monitor is knowledgeable about (his/her) case. Similarly, 73.6% of respondents "Agree" or "Strongly Agree" that (his/her) needs and concerns are understood. This is further underlined by the positive comments regarding Agreement Monitors.

When rating how various components contribute towards the successful completion of the program, Agreement Monitor contacts, Newsletters, Toxicology testing and the Website were all most frequently rated as "Helpful" both for the quarter and the year. This is the first quarter in which the Website received more "Helpful" then "Unhelpful" ratings.

Overall, 42.0% of respondents rated the services as "Excellent" or "Above Average" for the year. This is up from a 26.0% average across the four quarters of year 1.

This quarter, the percentage of negative comments received was down to 41% from 71% last quarter. The percentage of positive comments was 20.5%. Negative comments about the Program Structure continue to be the most frequent with 14.5% this quarter, and 20.9% for the year. This quarter, however, positive comments regarding Agreement Monitors were a close second at 12.7%.

Reliant Behavioral Health Health Professionals' Services Program (HPSP) Satisfaction of ACUMENTRA

Purpose

The purpose of assessing representatives from Acumentra is to obtain feedback on RBH's administration of the HPSP Program. The feedback is used to improve the program, our services, and the overall quality and efficiency of both. RBH evaluates Acumentra's satisfaction with the HPSP Program on a twice yearly basis.

Feedback is obtained from Acumentra representatives via a satisfaction survey that is emailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about the timeliness of response, knowledge level of staff, timeliness of reports, accuracy of reports and the overall rating of experience partnering with RBH. In addition, the survey asks for suggestions on what we should improve and for any additional comments.

The effectiveness of the HPSP Program is measured by using valid methods. The RBH Quality Management Committee (QMC) sets performance goals for each measure. In reviewing the survey results, the QMC will identify opportunities for improvement and develop interventions if necessary. The QMC continues to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 2
# Sent	2	4
# Responses	0	2
Response Rate	0.0%	50.0%

The HPSP Satisfaction survey was emailed to two Acumentra representatives on July 2, 2012. There were 0 responses. The formal relationship with Acumentra ended as of June 30, 2012. The HPSP Satisfaction Survey was emailed to two Acumentra representatives in January 2012. There were 2 responses in January, for a 100.0% response rate. This brings the overall response rate for Year 2, to 50.0%.

The results from January's survey are displayed on the following pages for reference.

Services

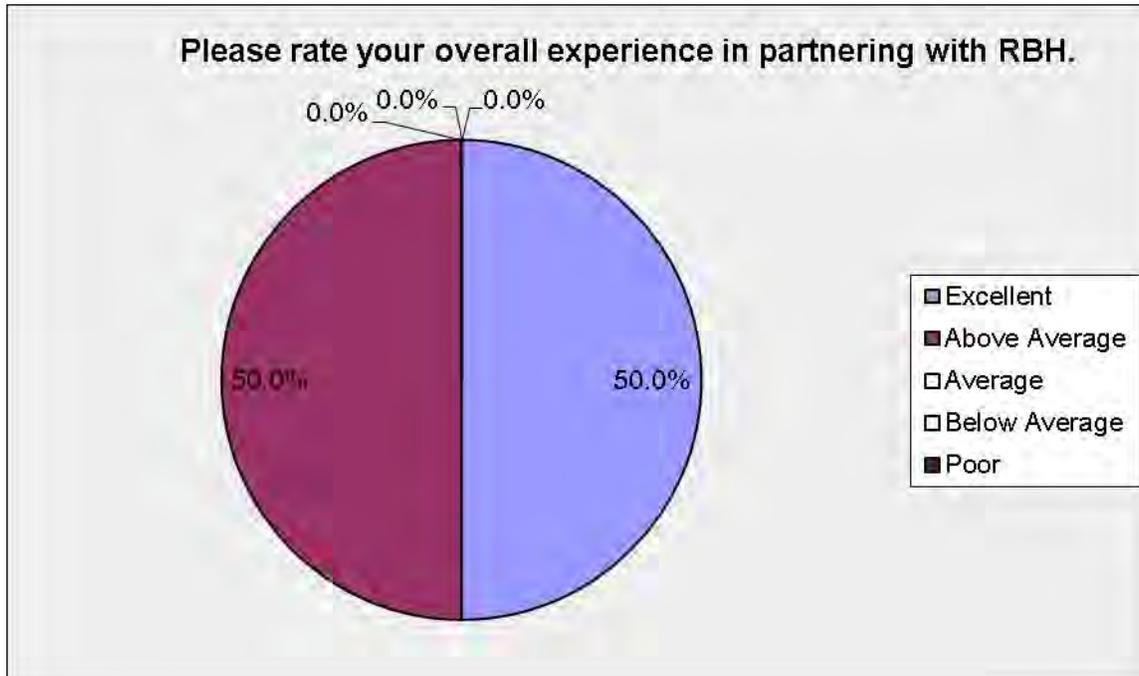
Respondents were asked to rate six different service components based on their experiences. Two items (“Timeliness of our response to your inquiries” and “Timeliness of reports”) both received an overall rating of “Excellent.” The remaining items received a split rating evenly between “Excellent” and “Above Average.”

Table 2 – January’s Responses	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Timeliness of our response to your inquiries	2	100.0%										
Knowledge level of our staff	1	50.0%	1	50.0%								
Timeliness of reports	2	100.0%										
Clarity of reports	1	50.0%	1	50.0%								
Accuracy of reports	1	50.0%	1	50.0%								
Overall rating of services	1	50.0%	1	50.0%								

Partnership

The next item asks respondents to rate their overall experience in partnering with RBH. One respondent provided a rating of “Excellent” and the other a rating of “Above Average.”

Chart 1 – January’s Responses:



Improvements

What Should RBH Improve?

1. No recommendations.
2. [No response.]

Additional Comments

Additional Comments: No Comments

Summary Analysis

The overall response rate for Year 2 was 50%. Both responses were received in January. Those responses were positive and showed an improvement from Year 1. The overall experience in partnering with RBH was rated 50% "Excellent" and 50% "Above Average." The various service components received a rating of "Excellent" or "Above Average" as well, with the two items related to timeliness receiving ratings of 100% "Excellent."

Reliant Behavioral Health

Health Professionals' Services Program (HPSP)

Satisfaction of EMPLOYERS / WORKPLACE MONITORS

Purpose

The purpose of assessing Employers / Workplace Monitors is to obtain constructive feedback that can be used to improve the services provided by the HPSP Program. RBH strives to maintain the quality, effectiveness, and efficiency of the program, and thus evaluates Employers' / Workplace Monitors' satisfaction with the HPSP Program on a twice yearly basis.

Feedback is obtained from Employers / Workplace Monitors via a satisfaction survey that is emailed or mailed to Employers / Workplace Monitors who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about timeliness of response, knowledge level of staff, the monthly safe practice form, and their overall rating of RBH's support of their supervision of licensees. Also, the survey asks for any additional comments.

The effectiveness of the HPSP Program is measured by using valid methods. The RBH Quality Management Committee (QMC) sets performance goals for each measure. In reviewing the survey results, the QMC will identify opportunities for improvement and develop interventions if necessary. The QMC continues to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 2
# Sent	187	387
# Responses	17	53
Response Rate	9.7%	13.7%

The HPSP Employers Satisfaction Survey was distributed to Workplace Monitors through email and mail in both January and July. Out of the total 387 surveys distributed, 53 responses were received for a response rate of 13.7%. This is a significant improvement over Program Year 1's rate of 7%. The second period response rate was 9.7%, representing 17 responses out of 187 surveys sent.

Type of Service Provided by Employer

Respondents are first asked the type of services provided by their organization. (See Table 2) For year 2, medical services (45.3%) and Nursing services (35.8%) were the 2 most frequent responses. It is notable that Medical is the highest percentage of respondents since the largest portion of the licensee population enrolled in the program are nurses. It is possible that Nursing Supervisors are responding to this question with “medical” if they are in fact in a medical setting. Also note that there were not any “Pharmacy” responses this year; there were not any in year 1 either.

Table 2: Type of Services Provided	This Period (n=17)		Year 2 (n=53)	
	#	%	#	%
Medical	9	52.9%	24	45.3%
Nursing	6	35.3%	19	35.8%
Dental	1	5.9%	2	3.8%
Pharmacy	0	0.0%	0	0.0%
Other	1	5.9%	7	13.2%
No Response	0	0.0%	1	1.9%

Services

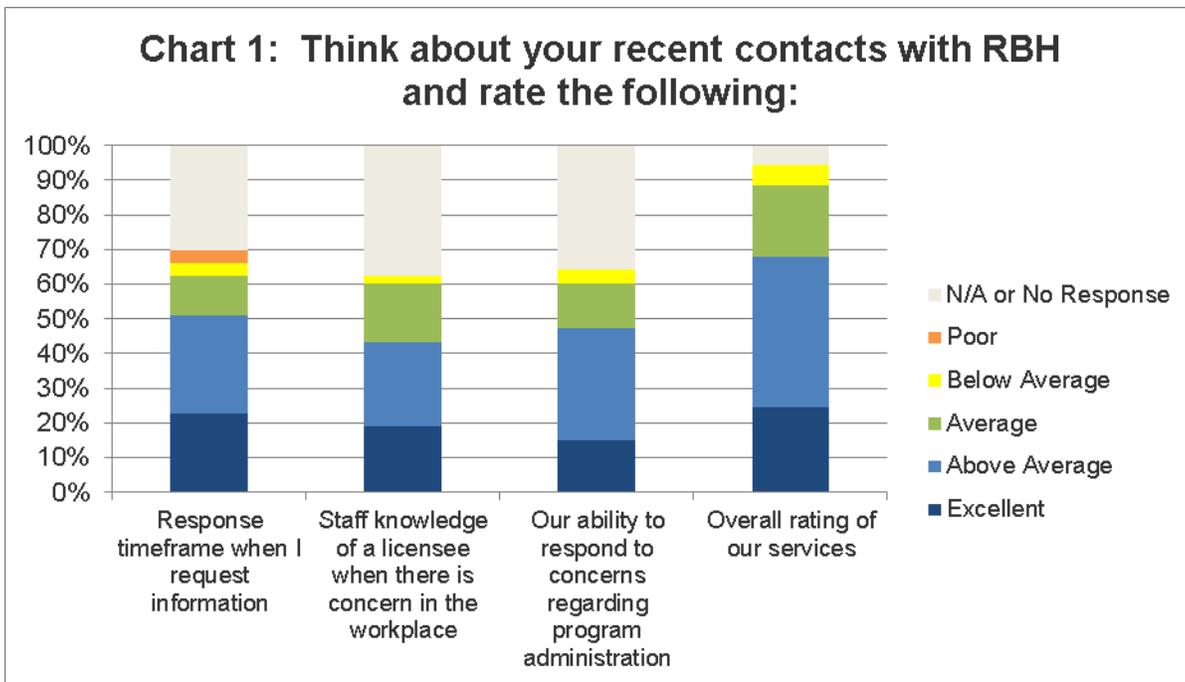
Respondents are then asked to rate HPSP’s services, including timeliness, knowledge of licensee, and ability to respond to concerns regarding program administration. Responses are displayed in Tables 3a and 3b. The mode (most frequent) response is in red (not all items have a mode):

Table 3a This Period (n=17)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	4	23.5%	7	41.2%	1	5.9%					5	29.4%
Staff knowledge of a licensee when there is concern in the workplace	4	23.5%	5	29.4%	2	11.8%					6	35.3%
Our ability to respond to concerns regarding program administration	3	17.6%	8	47.1%	1	5.9%					5	29.4%
Overall rating of our services	5	29.4%	8	47.1%	3	17.6%					1	5.9%

For this period, the mode response to all items was “Above Average.” Notably there were not any “Below Average” or “Poor” responses. Last period, responses in these 2 categories combined to account for 3% - 11% of the total.

Table 3b Year 2 (n=53)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	12	22.6%	15	28.3%	6	11.3%	2	3.8%	2	3.8%	16	30.2%
Staff knowledge of a licensee when there is concern in the workplace	10	18.9%	13	24.5%	9	17.0%	1	1.9%			20	37.7%
Our ability to respond to concerns regarding program administration	8	15.1%	17	32.1%	7	13.2%	2	3.8%			19	35.8%
Overall rating of our services	13	24.5%	23	43.4%	11	20.8%	3	5.7%			3	5.7%

For the entire year we also find that the mode response for all items is “Above Average.” Year 2 data is also graphed below in Chart 1.



Monthly Safe Practice Form

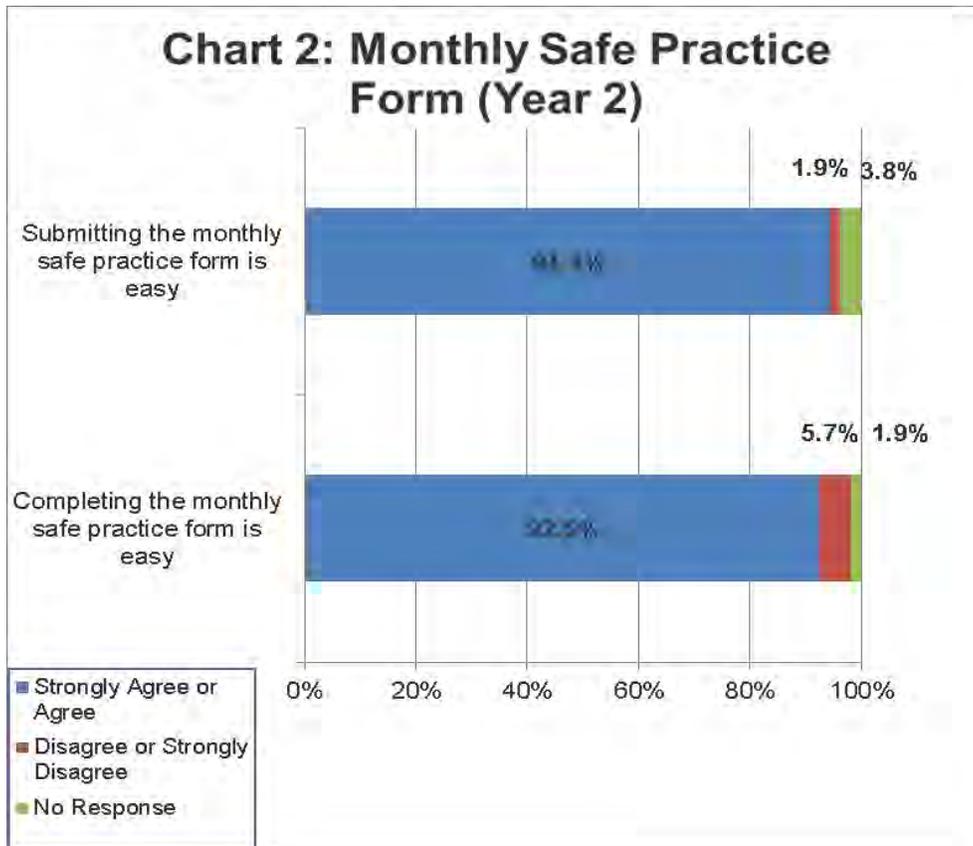
Respondents are asked to rate two (2) statements regarding the monthly Safe Practice Form. Mode responses are in red:

Table 4a: This Period (n=17)	Strongly Agree		Agree		Disagree		Strongly Disagree		No Response	
	#	%	#	%	#	%	#	%	#	%
Completing the monthly safe practice form is easy	11	64.7%	6	35.3%						
Submitting the monthly safe practice form is easy	11	64.7%	5	29.4%					1	5.9%

Table 4b: Year 2 (n=53)	Strongly Agree		Agree		Disagree		Strongly Disagree		No Response	
	#	%	#	%	#	%	#	%	#	%
Completing the monthly safe practice form is easy	29	54.7%	20	37.7%	3	5.7%			1	1.9%
Submitting the monthly safe practice form is easy	30	56.6%	20	37.7%	1	1.9%			2	3.8%

More than 50% of respondents both for this period and all of Year 2 indicated that they “Strongly Agree” with both statements, that “Completing the monthly safe practice form is easy” and that “Submitting the monthly safe practice form is easy.”

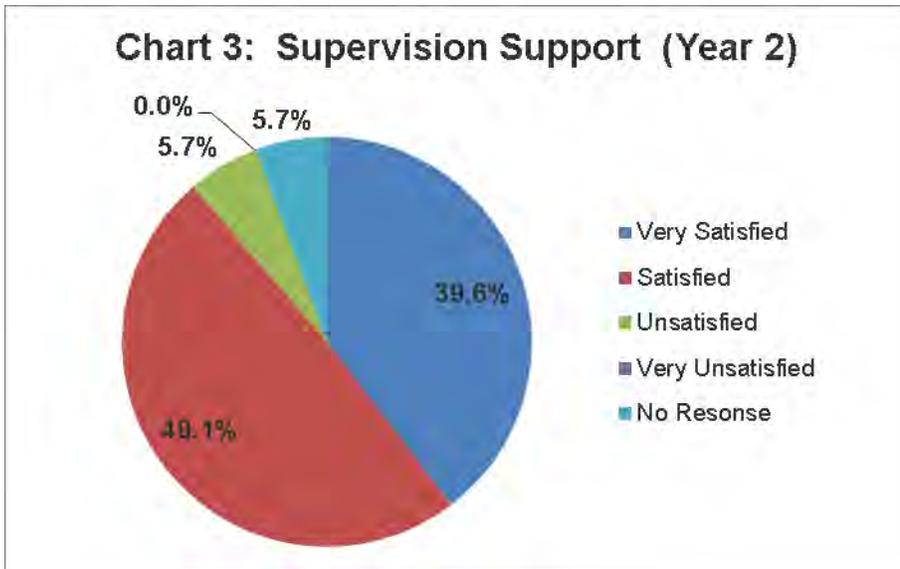
For This Period all respondents (except the 1 “no response”) provided a “positive” response to both statements, either agreeing or strongly agreeing. For the year, if we again combine the “positive” responses (“Strongly Agree” and “Agree”) we find that 92.5% rated the form easy to complete and 94.3% rated it easy to submit. (See Chart 2 below.)



Supervision Support

The next item reads: “RBH supports your supervision of licensees. How satisfied are you with our support?” This period, 52.9% indicated they were “Satisfied” and 41.2% indicated that they were “Very Satisfied.” This leaves 1 respondent, 5.9%, “Unsatisfied.” For all of Year 2, 49.1% of respondents indicated they were “Satisfied,” followed by 39.6% who indicated they were “Very Satisfied.” Only 5.7% indicated they were “Unsatisfied” and again no one indicated they were “Very Unsatisfied.”

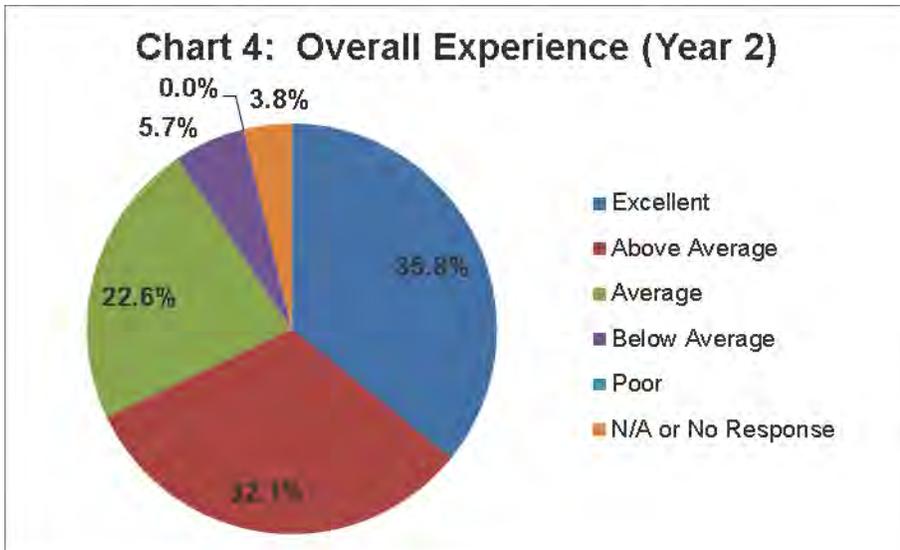
Table 5: Supervision Support	This Period (n=17)		Year 2 (n=53)	
	#	%	#	%
Very Satisfied	7	41.2%	21	39.6%
Satisfied	9	52.9%	26	49.1%
Unsatisfied	1	5.9%	3	5.7%
Very Unsatisfied				
No Response			3	5.7%



Overall Experience

Respondents are then asked to rate their overall experience working with RBH. The mode response was “Excellent” at 41.2% for the period and 35.8% for the year. This was followed by those who rated the overall experience “Above Average” with 35.3% for this period and 32.1% for Year 2. No one provided a rating of “poor” at any point during Year 2. In year 1, 51% of respondents rated the program either “Excellent” or “Above Average;” this has improved to 67.9% for all of Year 2. (It improved to 76.5% for this period).

Table 6: Overall Experience	This Period (n=17)		Year 2 (n=53)	
	#	%	#	%
Excellent	7	41.2%	19	35.8%
Above Average	6	35.3%	17	32.1%
Average	3	17.6%	12	22.6%
Below Average			3	5.7%
Poor				
N/A or No Response	1	5.9%	2	3.8%



Additional Comments

Actual Comments (This Period)

1. I checked "medical" for services we provide as I am monitoring a medical provider.
2. I still have not heard from the outside agency that is to provide the "supervisor" training.
3. Have not required much help, but have been helpful when needed. Thank you!

Summary Analysis

The HPSP Employers Satisfaction Survey had a response rate of 13.7% for Year 2. Respondents indicated that their organizations primarily provide Medical services (45.3%) or Nursing services (35.8%) which is consistent with the licensee population, although skewed more heavily towards the Medical Board.

HPSP's customer service, particularly in this case, timeliness of responses, knowledge of licensees, and ability to respond to concerns were rated as "Above Average" by the largest group of respondents.

94.3% indicated that they "Strongly Agree" or "Agree" that the monthly Safe Practice form is easy to submit. 92.4% indicated that they "Strongly Agree" or "Agree" that it is easy to complete.

Overall, 88.7% of respondents are "Satisfied" or "Very Satisfied" with the support they receive when supervising licensees. Further, 67.9% rate their overall experience working with RBH HPSP as "Excellent" or "Above Average."

Reliant Behavioral Health Health Professionals' Services Program (HPSP) Satisfaction of PROFESSIONAL ASSOCIATIONS

Purpose

The purpose of assessing representatives from the Oregon Medical Association, Oregon Nursing Association, Oregon Pharmacy Association, and the Oregon Dental Association is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of the HPSP Program. In order to provide continuous quality services, RBH evaluates this stakeholder group's satisfaction with the HPSP Program on a twice yearly basis.

Feedback is obtained from Association representatives via a satisfaction survey that is emailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about the timeliness of response, knowledge level of staff, ability to enroll licensees, and an overall rating of RBH services. Also, the survey asks about the value of the HPSP Program to their membership, and asks for any additional comments.

The effectiveness of the HPSP Program is measured by using valid methods. The RBH Quality Management Committee (QMC) sets performance goals for each measure. In reviewing the survey results, the QMC will identify opportunities for improvement and develop interventions if necessary. The QMC continues to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

The HPSP Satisfaction survey was distributed to 1 representative of each Professional Association, plus a second representative from the Oregon Nursing Association. A total of 5 surveys were emailed both in January and July. Unfortunately, no responses were received to either survey. During year 1, this survey had an average response rate of 12% although the response rate ranged from 0% to 20% throughout the year.

Summary Analysis

There were not any responses to this survey. It is recommended that the RBH Quality Management Committee explore ways to increase the response rate and to provide outreach to the Professional Associations.

Reliant Behavioral Health

Health Professionals' Services Program (HPSP)

Satisfaction of TREATMENT PROGRAMS

Purpose

The purpose of assessing representatives from Treatment Programs is to solicit feedback that can be used to improve the services provided through the HPSP Program. RBH strives to maintain the quality, effectiveness, and efficiency of the program, and evaluates the Treatment Programs' satisfaction with the HPSP Program on a twice yearly basis.

Feedback is obtained from Treatment Program representatives via a satisfaction survey that is emailed or mailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about RBH's communication, responsiveness of staff, overall rating of experience, and any additional comments.

The effectiveness of the HPSP Program is measured by using valid methods. The RBH Quality Management Committee (QMC) sets performance goals for each measure. In reviewing the survey results, the QMC will identify opportunities for improvement and develop interventions if necessary. The QMC continues to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 2
# Sent	31	62
# Responses	1	5
Response Rate	3.2%	8.1%

The HPSP Treatment Program Satisfaction Survey was distributed to representatives at various treatment programs that provide services to Licensees enrolled in HPSP. Thirty-one (31) surveys were sent, all by mail both in January and in July. One response was received in July and 4 in January, for a total of 5 in Year 2. This represents a 3.2% response rate in July, a 12.9% response rate in January, and an average of an 8.1% response rate for the year. Year 1's response rate was 4% as a point of comparison. This does not provide a representative sample of the population surveyed. The results are below for informational purposes only since the sample size is not representative. Data from the two surveys is combined in order to display the most meaningful information possible.

Customer Service and Communication

Survey respondents are asked to rate three different statements relating to customer service, particularly communication between HPSP and the provider. The mode (most frequent) response is highlighted in red:

Table 2: Year 2 (n=5)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly			4	80%					1	20%		
Information was communicated clearly and professionally			5	100%								
I had all the information I needed when I saw the licensee			4	80%	1	20%						

The most frequent response to all 3 statements was “Agree.” There was only 1 “Disagree” response and this was to the statement “I had all the information I needed when I saw the licensee.” Responses were more consistently positive than in Year 1.

Overall Experience

Respondents are next asked “Overall, how would you rate your experience working with RBH staff of the HPSP program?”

Table 3: Overall Rating	Year-to-Date (n=4)	
	#	%
Excellent		
Above Average	2	40%
Average	3	60%
Below Average		
Poor		
No Response		

40% (2) of respondents rated their overall experience as “Above Average” and 60% (3) rated it “Average.” This is a more positive response than during year 1 of the program when responses ranged from “Above Average” to “Poor.”

Additional Comments

No responses received in July.

Summary Analysis

The response rate to the HPSP Treatment Program Satisfaction Survey for Year 2 was 8.1% which represents an improvement from Year 1’s response rate of 4%. However, this does not provide a representative sample of the population surveyed. Due to the low response rate, results should not be considered valid for the total population.

The mode response for the 3 statements evaluating HPSP’s customer service, specifically communication, was “Agree.” The mode response for overall rating was “Average.”

It is recommended that the RBH Quality Management Committee continue to work on improving the response rate of Treatment Programs.

Reliant Behavioral Health

Health Professionals' Services Program (HPSP)

Satisfaction of BOARDS

Purpose

The purpose of assessing representatives from the Medical Board, Board of Nursing, Board of Dentistry, and the Board of Pharmacy, is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of the HPSP Program. In order to provide continuous quality services, RBH evaluates satisfaction with the HPSP Program on a quarterly basis.

Feedback is obtained from Board representatives via a satisfaction survey that is emailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about the overall program and staff, timeliness of our responses to inquiries, knowledge level of our staff, our ability to enroll referred licensees, and our ability to administer the program.

The effectiveness of the HPSP Program is measured by using valid methods. The RBH Quality Management Committee (QMC) sets performance goals for each measure. In reviewing the survey results, the QMC will identify opportunities for improvement and develop interventions if necessary. The QMC continues to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 2
# Sent	8	16
# Returned	5	8
Response Rate	62.5%	50.0%

The HPSP Boards Satisfaction Survey was emailed to representatives at 100% of the participating Boards both in October and July. The response rate for July was 62.5%, representing 5 responses to 8 surveys sent. For the year, a total of 8 responses were received out of 16 possible, resulting in a 50.0% response rate.

Respondents

Respondents represented each Board this period, although the Medical Board received the most responses both for the period and all of year 2.

Table 2: Respondents by Board	This Period (n=5)		Year 2 (n=8)	
	#	%	#	%
Medical Board	2	40%	3	37.5%
Board of Nursing	1	20%	2	25%
Board of Dentistry	1	20%	1	12.5%
Board of Pharmacy	1	20%	2	25%

Services

Respondents were asked to rate four different service components based on their experience. Both for this period and Year 2, the following statements can be made: “Staff knowledge...” received a mode response of “Excellent” while “Response timeframe...” received a mode response of “Above Average.” The other 2 items, “Our ability to respond...” and “Overall...,” did not have a clear mode, with an equal number of both “Excellent” and “Above Average” responses.

Data Table 2a and b: The mode (most frequent) response is highlighted in red:

Table 2a – This Period (n=5)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Staff knowledge of the case when I need to discuss a board referred licensee	4	80.0%	1	20.0%								
Response timeframe when I request information	1	20.0%	3	60.0%	1	20.0%						
Our ability to respond to Board concerns regarding program administration	2	40.0%	2	40.0%	1	20.0%						
Overall, how do you rate our services	2	40.0%	2	40.0%	1	20.0%						

Table 2b – Year 2 (n=8)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Staff knowledge of the case when I need to discuss a board referred licensee	5	62.5%	2	25.0%	1	12.5%						
Response timeframe when I request information	2	25.0%	4	50.0%	2	25.0%						
Our ability to respond to Board concerns regarding program administration	3	37.5%	3	37.5%	2	25.0%						
Overall, how do you rate our services	3	37.5%	3	37.5%	2	25.0%						

What Should We Improve?

Actual Comments – July:

1. A suggested area of improvement would be responsiveness to Board concerns and efforts to communicate routine information.
2. I don't know how it goes right now, but if a participant really had a problem or issue that would best be addressed by either Dr. Gregg or Dale, it would be nice for them to be able to contact them directly, because sometimes things can get slightly bent or twisted or misunderstood when there are intermediaries conveying messages.

Additional Comments

Actual Comments – July:

1. Thank you for the commitment to improve your services provided to the Health Professionals Service Program.
2. Things are smoothing out nicely, it will be good to see how things go this first month or two with Acumentra gone. It is nice to have most of the really sticky problems behind us and be settling in for the long haul, finally!

Summary Analysis

All of the Boards were represented in this year's responses. The overall response rate for Year 2 is 50%, representing 8 responses out of a possible 16. When asked to rate various service components, "Staff knowledge..." received a mode response of "Excellent" while "Response timeframe..." received a mode response of "Above Average." "Our ability to respond..." did not have a clear mode, with an equal number of "Excellent" and "Above Average" responses. Overall, services received 3 Excellent, 3 Above Average and 2 Average ratings for the year. Two recommendations for improvement were made and two positive comments were received.

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AGENCY HEAD FINANCIAL TRANSACTIONS
Annual Leave Report - Fiscal Year 2012

Paid Leave Report	Sick Leave*	Vacation	Disc.	Pers. Bus.	Furlough	Total
Beginning Balance	403.37	97.81	0.00	24.00	48.00	573.18
July-11	28.00	16.00	0.00	0.00	0.00	44.00
August-11	0.00	9.00	0.00	0.00	0.00	9.00
September-11	2.00	10.00	0.00	0.00	0.00	12.00
October-11	0.00	0.00	0.00	0.00	8.00	8.00
November-11	11.50	4.00	0.00	24.00	8.00	47.50
December-11	8.50	16.00	0.00	0.00	8.00	32.50
January-12	0.00	0.00	0.00	0.00	8.00	8.00
February-12	0.00	32.00	0.00	0.00	0.00	32.00
March-12	1.50	8.00	0.00	0.00	0.00	9.50
April-12	0.00	0.00	0.00	0.00	8.00	8.00
May-12	0.00	4.00	0.00	0.00	8.00	12.00
June-12	12.25	51.00	0.00	0.00	0.00	63.25
Total paid leave taken (hours)	63.75	150.00	0.00	24.00	48.00	285.75
Leave Accumulation **	96.00	134.68	0.00	0.00	0.00	230.68
Ending Balance	435.62	82.49	0.00	0.00	0.00	518.11

**** Leave Accumulations:**

Personal Business - Full time employees receive 24 hrs. leave to be used for "personal business" each Fiscal Year. This leave must be used during the fiscal year and does not carry over or accumulate.

Sick Leave - Full time employees receive 8 hours per month to be used for sick leave. This accumulates indefinitely.

Vacation Leave - The executive director receives 11.34 hours per month based on employment level. This leave accumulates up to 350 hours. Up to 250 hours can be cashed out at termination from service. Up to 40 hours may be paid out (called a "vacation payout") if agency workload does not allow the employee to take time off.

**AGENCY HEAD FINANCIAL TRANSACTIONS
SPOTS Card and Travel Reimbursement
Fiscal Year 2012 by Quarter**

SPOTS Card Purchases:	<u>sub-total</u>	<u>Total</u>
(Agency credit card-paid directly by State)		
<u>July - September</u>		452.39
DOJ-Publications	80.00	
Kremeworks-Donuts July Board Meeting	14.99	
Paradise Bakery-Coffee July Board Meeting	53.40	
Paradise Bakery-Lunch July Board Meeting	211.50	
OHROC-Registration	80.00	
FEDEX	12.50	
<u>October - December</u>		1425.75
Kremeworks-Donuts October Board Meeting	16.99	
Paradise Bakery - Coffee RDH/DA Meeting	60.65	
Paradise Bakery-Coffee October Board Meeting	57.4	
Paradise Bakery-Lunch October Board Meeting	189.00	
Envelope Products- - Fingerprint Envelopes	296.95	
HIPDB - Searches	266.50	
HIPDB - Searches	266.50	
Kremeworks-Donuts December Board Meeting	14.99	
Paradise Bakery-Coffee December Board Meeting	57.40	
Paradise Bakery-Lunch December Board Meeting	199.37	
<u>January - March</u>		454.64
OR Legislative Counsel Office-ORS Chapters	15	
Kremeworks-Donuts February Board Meeting	14.99	
Paradise Bakery-Coffee February Board Meeting	59.4	
Paradise Bakery-Lunch February Board Meeting	227.75	
OCHOP - Registration	50	
FEDEX	22.5	
DOJ-Publications	65	
<u>April - June</u>		411.73
Kremeworks-Donuts April Board Meeting	14.99	
Paradise Bakery-Coffee April Board Meeting	58.4	
Amazon	74.95	
Kremeworks-Donuts June Board Meeting	14.99	
Paradise Bakery-Coffee June Board Meeting	57.4	
Paradise Bakery-Lunch June Board Meeting	191	
<i>Total SPOTS Card Purchases:</i>		<u><u>2744.51</u></u>

Travel Reimbursements:	sub-total	Total
<u>July - September</u>		
Instate Travel		1,013.24
Out of State Travel		0.00
Parking - OBD Office		94.50
<u>October - December</u>		
Instate Travel		468.10
Out of State Travel		1,759.19
AADB/AADA Annual Meetings Las Vegas, NV	1,759.19	
Parking - OBD Office		149.00
<u>January - March</u>		
Instate Travel		1,484.71
Out of State Travel		659.16
NERB Annual Meeting, Orlando, FL*	389.90	
AADB/AADA Mid-Year Meeting Chicago**	269.26	
*Expenses reimbursed by NERB		
**Travel, one day of Lodging and Expenses Reimbursed by ADA		
Parking - OBD Office		133.00
<u>April - June</u>		
Instate Travel		760.95
Out of State Travel		1,130.35
AADE, AADA, & ADA* Examiners Meeting-Chicago	1,130.35	
*Travel, one day of Lodging and Expenses Reimbursed by ADA		
Parking - OBD Office		60
<i>Total Reimbursable Travel Expenses:</i>		
<i>Instate Travel</i>		3,727.00
<i>Out of State Travel</i>		3,548.70
<i>Total</i>		<u>7,275.70</u>
<i>Parking - OBD Office</i>		\$436.50
<u>Total Reimbursable Travel Expenses & Parking Expenses</u>		<u>7,712.20</u>

AGENCY HEAD FINANCIAL TRANSACTIONS
Blackberry/AT&T Service
Fiscal Year 2012 by month

Jul-10	\$50.44
Aug-10	\$50.24
Sep-10	\$49.90
Oct-10	\$49.90
Nov-10	\$49.90
Dec-10	\$49.90
Jan-11	\$49.90
Feb-11	\$49.90
Mar-11	\$49.90
Apr-11	\$49.90
May-11	\$49.90
Jun-11	<u>\$50.10</u>
TOTAL	\$599.88

**SUMMARY of Agency Head Financial Transactions
July 1, 2011 to June 30, 2012**

<u>SPOTS Card Purchases</u>		<u>Total</u>
Registrations	\$130.00	
Office Equipment	\$296.99	
FEDEX	\$35.00	
HIPDB	\$533.00	
Publications/Subscriptions	\$234.95	
Board Meeting Food	<u>\$1,541.61</u>	
		<u>\$2,771.55</u>

Blackberry Service Fee AT&T **\$599.88**

Parking - OBD Office **\$436.50**

Paid to vendors by the State: **\$3,807.93**

<u>Travel Expenses</u>		
Instate Travel	3,727.00	
Out of State Travel	<u>3,548.70</u>	
Reimbursed to employee:		<u>\$7,275.70</u>

Total **\$11,083.63**

<u>Leave Taken</u>	<u>Hours</u>	
Vacation	150.00	
Sick leave	63.75	
Personal Business	24.00	
Discretionary Leave	0.00	
Furlough Leave	<u>48.00</u>	
		<u>285.75</u>

Vacation Payouts **none**

Exceptional Performance Leave **40 hours** Awarded but not allowed to receive

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Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry

1600 SW 4th Avenue

Suite 770

Portland, OR 97201-5519

(971) 673-3200

Fax: (971) 673-3202

www.oregon.gov/dentistry

September 26, 2012

The Honorable Laurie Monnes Anderson, Chair
Senate Interim Committee on Health Care, Human Services and Rural Health
Policy
Oregon State Capitol
Salem, OR, 97301

Dear Senator Monnes Anderson:

Pursuant to ORS 680.210 (3) I am enclosing to you and your Committee the information collected by the Department of Consumer and Business Services relating to dental health reimbursement of services provided by Expanded Practice Dental Hygienists in the State of Oregon.

If you have any questions, please feel free to contact me.

Sincerely yours,

Patrick D. Braatz
Executive Director

Enclosure





Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry

1600 SW 4th Avenue

Suite 770

Portland, OR 97201-5519

(971) 673-3200

Fax: (971) 673-3202

www.oregon.gov/dentistry

September 26, 2012

The Honorable Mitch Greenlick, Co-Chair
The Honorable Jim Thompson, Co-Chair
House Interim Committee on Health Care
Oregon State Capitol
Salem, OR, 97301

Dear Representatives Greenlick and Thompson:

Pursuant to ORS 680.210 (3) I am enclosing to you and your Committee the information collected by the Department of Consumer and Business Services relating to dental health reimbursement of services provided by Expanded Practice Dental Hygienists in the State of Oregon.

If you have any questions, please feel free to contact me.

Sincerely yours,

Patrick D. Braatz
Executive Director

Enclosure





**REPORT
REGARDING
REIMBURSEMENT OF SERVICES
BY
EXPANDED PRACTICE
DENTAL HYGIENISTS**

**OREGON
BOARD OF DENTISTRY**

October 1, 2012



Oregon
John A. Kitzhaber, MD, Governor

Department of Consumer and Business Services

Insurance Division

350 Winter St. NE

P.O. Box 14480

Salem, OR 97309-0405

503-947-7980

Fax: 503-378-4351

www.insurance.oregon.gov

September 26, 2012

Patrick Braatz
Executive Director
Oregon Board of Dentistry
1600 SW 4th Ave.
Portland OR 97201

Delivered by E-mail to: Patrick.Braatz@state.or.us

Dear Mr. Braatz:

I am writing in reference to the initial report to the Oregon Board of Dentistry on services provided by Expanded Practice Dental Hygienists.

This report was mandated by the 2011 Oregon legislature as a result of Senate Bill 738. The bill authorized the creation of a new classification of provider, that of “expanded practice dental hygienist”. This classification was created to help provide dental care to underserved populations, such as those in nursing homes, prisons, day care centers, mental health facilities, to name just a few. The permit for this position is obtained through the Board of Dentistry.

SB 738 required that the Division adopt rules requiring health insurers to report to the department on the reimbursement of services provided by expanded practice dental hygienists, and provide information collected to the Board of Dentistry. The Division then adopted rules requiring reporting on reimbursement of these services by health insurers, health care service contractors, multiple employer welfare arrangements, coordinated care organizations, third party administrators, and federally qualified health centers governed by the U.S. Department of Health and Human Services. This information has been collected and aggregated, and is being forwarded electronically with this letter.

Reports were all received from all major insurers providing dental coverage in Oregon. All told, only six entities reported paying for services provided by expanded practice dental hygienists between January 1st, 2012 and June 30, 2012. For all these entities, a total of 10,927 services were provided during this time frame. The vast majority, 10,804, were reimbursed by Advantage Dental Services, LLC, a vendor operating on behalf of the Oregon Health Plan. The services reimbursed by Advantage Dental Services were reportedly provided in Lane County. The total billed for these services was over \$260,000, with \$33,110.73 actually being paid, in this case by the Oregon Health Plan.

Four other entities reimbursed 123 services performed by expanded practice dental hygienists, for a total of \$10,526.06. These included Oregon Dental Service, which reimbursed for services on their own behalf of as an insurer and also on behalf of the Oregon Health Plan.

The expanded practice dental hygienist certification is still in its infancy, so it is likely that few providers have been performing services under this certification. This reporting requirement is still not well known by the insurance industry, in spite of efforts by the Insurance Division to increase awareness through sending electronic notifications to industry, posting information on the Division's website and in some cases, direct contact with industry representatives.

In addition, some entities noted that there is nothing in the required categories of data to be reported that would specify that the services are being performed by expanded practice dental hygienists. As a result, the only way an insurer usually can determine that an expanded practice dental hygienist is performing the service is if they have an actual provider contract with them and thus are aware in advance of their provider number and can use that to identify such services.

The next reporting period for reimbursement of services provided by expanded practice dental hygienists will extend from July 1, 2012 through June 30, 2014. After receipt, data will again be aggregated and forwarded to the Board of Dentistry at that time.

The data for this reporting period has been forwarded electronically to you along with this letter. If you have any questions concerning this information, please feel free to contact me.

Sincerely,

Cliff Nolen, AIE, AIRC
Chief Market Analyst
(503) 947-7221
cliff.nolen@state.or.us

Company	Address	City	State	Zip Code	Phone number	Contact	Total	Amount billed by the EPDH insurer for service	Amount allowed for service number ins plan	Amount of benefit paid by the insurer	Amount excluded charges owed by the insured	charges/provider agreement	Provider Resp.
Advantage Dental	442 SW Umatilla Ave Suite 200	Redmond	OR	97756	541-504-3935	Jeanne Dysert	Total	\$260,551.74	\$33,110.73	\$33,110.73	\$201,324.17	\$0.00	\$26,116.84
Regence Bluecross Blueshield of OR	PO Box 1071	Portland	OR	97207	503-525-6523	Jennifer Shmikler	Total	\$8,291.00	\$6,444.00	\$5,056.00	\$3,100.00	\$1,836.00	0
Oregon Dental Service	601 SW 2nd	Portland	OR	97204	503-228-6554	Dawn Huff	Total	\$5,523.81	\$1,765.80	\$1,703.44	\$62.36	\$3,688.60	\$69.41
Oregon Dental Service	601 SW 2nd	Portland	OR	97204	503-228-6554	Dawn Huff	Total	\$4,850.71	\$2,259.62	\$2,259.62	\$0.00	0	\$2,591.09
Aetna Life Ins Co	151 Farmingt	Hartford	CT	6156	714-985-4769	Lucinda Casillas	Total	\$1,489.00	\$1,489.00	\$1,479.00	\$10.00	\$0.00	0
Lifewise Health Plan of Oregon	2020 SW 4th	Portland	OR	97201	503-279-5234	Nancy Nevins	Total	\$28.00	\$28.00	\$28.00	0	0	0
Securian Life Ins Co	400 N. Rober	St. Paul	MN	55101	651-994-5219	Keith N. Jackson	Total	0	\$62.00	0	0	0	0
Totals								\$280,734.26	\$45,159.15	\$43,636.79	\$204,496.53	\$5,524.60	\$28,777.34

UNFINISHED
BUSINESS
&
RULES

Nothing to report under this tab

CORRESPONDENCE

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From: [Patrick Braatz](#)
To: [Lisa Warwick](#)
Subject: FW: dental implants
Date: Tuesday, August 28, 2012 9:01:09 AM

-----Original Message-----

From: Dr Krump, Clackamas Jaw Surgery PC [<mailto:drkrump@drkrump.com>]
Sent: Monday, August 27, 2012 1:09 PM
To: Patrick Braatz
Subject: RE: dental implants

Mr Braatz:

I am sending you this e-mail about a rule change I think ought to be instituted by the Oregon Board of Dentistry with regard to a certain group of our patients. Let me explain.

Recently I inherited a patient with 2 dental implants. This patient is a 31 years old white female. She was congenitally missing her upper lateral incisor teeth numbers 7 and 10. She had orthodontics to align her teeth and then at age 16 had 2 dental implants placed. Both of these implants are now in need of attention due to significant bone loss especially around number 10.

Both of the dentists who treated her—the oral surgeon who placed the implants and the dentist who restored them, are now retired. Their practices were sold to subsequent dentists. Amazingly, the records of the surgery as well as their restorations are no longer available.

I recognize the Oregon Board of Dentistry mandates that we keep all records for 7 years. However, this was a 16-year-old who had dental implants placed. There must be some mechanism of finding out the manufacturer of the implants and how they were restored at a later date. Can anyone possibly imagine that dental implants placed in a 16-year-old will actually need no further care for the lifetime of this individual which could be another 70 years or so? Clearly this issue must be addressed.

I suggest the Oregon Board of Dentistry look into making a rule change mandating that all dental implant patients have some sort of tracking record indefinitely or until the patient dies. This system is certainly in place for all other implantable devices used in medicine; why not dentistry?

I have been placing dental implants since 1984. I have all the records of all the patients I placed implants since that time unless they have died. When I eventually sell my practice I can assure you those records will stay with this practice. And I have had queries from subsequent practitioners about my former implant patients from the 1980s. Fortunately, I'm able to give them the information they need for subsequent dental care.

Please let me know your thinking in this regard. I do believe this is an important issue to address.

John L Krump DDS PC
9775 SE Sunnyside Road
Clackamas, Oregon 97015
Phone: 503 652-8080
Fax: 503 652-8992
jawsurgery@drkrump.com

From: [Patrick Braatz](#)
To: [Lisa Warwick](#)
Subject: FW: American Academy of Facial Esthetics
Date: Tuesday, September 11, 2012 8:56:01 AM
Attachments: [image003.png](#)
[image004.png](#)
[image008.png](#)
[AGD Impact Botox-filler dental uses Feb 12.pdf](#)
[Creating that perfect smile AGD impact august 12.pdf](#)
[Total Facial Esthetics Case Report Dentistry Today June 2010.pdf](#)

From: Kate Peake [<mailto:kate@facialesthetics.org>]
Sent: Tuesday, September 11, 2012 8:36 AM
To: Patrick Braatz; Darren S. Huddleston
Subject: American Academy of Facial Esthetics

Gentlemen:

Please distribute this letter and accompanying documents to your members. I have sent them to the rest of the Board through regular mail as well. Thank you for your time and attention to this matter.

Regards,



Kate Peake
Executive Assistant to the President, Dr. Louis Malcmacher
American Academy of Facial Esthetics
www.FacialEsthetics.org
(800) 952-0521 Ext. 706
(216) 395-0110 Fax
Kate@FacialEsthetics.org



**AMERICAN ACADEMY OF FACIAL
ESTHETICS**



September 11, 2012

Mr. Patrick D. Braatz, Executive Director
Oregon Board of Dentistry
1600 SW 4th Ave., Ste. 770
Portland, OR 97201

Dear Mr. Braatz:

I hope this letter finds you well.

By way of brief introduction, I am President of The American Academy of Facial Esthetics (AAFE). The American Academy of Facial Esthetics is an educational organization, which focuses on teaching non-surgical, minimally invasive dental and facial procedures for both dental esthetic and dental therapeutic purposes in the oral and maxillofacial region. The AAFE presents over 70 courses a year in North America on the use of facial injectables such as Botox and dermal fillers for dental treatment as well as hands-on courses on dental implants, porcelain veneers, and other dental procedures. The American Academy of Facial Esthetics is also the fastest growing membership organization in dentistry with over 3500 members and we do have a number of members from Oregon.

It has come to our attention that recently, a committee of the Oregon Board of Dentistry discussed the issue of dermal fillers in dentistry with some comments that dermal fillers should be out of the scope of dentistry. Nothing could be further from the truth and in fact, the use of Botox and dermal fillers by general dentists is now a normative dental procedure, which is integrated into many dental treatment plans for both dental esthetic and dental therapeutic uses. The American Academy of Facial Esthetics presents its live patient hands-on training at a number of large dental meetings around the United States including the Academy of General Dentistry Annual Session and the Chicago Dental Society Midwinter Meeting and is presenting at the Greater New York Dental Meeting. These are three of the largest dental meetings in the United States. Additionally, please see the enclosed document where you can see a list of over 50 dental universities and dental society continuing education programs that have included Botox

and dermal fillers lectures and training in the last three years. The AAFE has already trained nearly 7,000 dental professionals from 48 states and 29 countries.

Please find a number of recent articles in dental journals that show the use of Botox and dermal fillers in dentistry. With proper training, general dentists can very safely provide these services to their patients and have been doing so for the past few years in the majority of states. The enclosed articles will demonstrate the range of dental uses for Botox and dermal fillers. You can see more articles at www.commonensedentistry.com/Monthly-Article/Facial-Esthetics-Article-Archive/.

After working with so many state dental boards for a number of years, we all know that the primary purpose of the state dental board is to protect the public. This is important to us as well, which is why the American Academy of Facial Esthetics was created. It was important that we created an institution that was able to set standards for education in dental and facial esthetics and standardized protocols for the best therapeutic treatment outcomes -both these standards and protocols were previously lacking in dentistry. The American Academy of Facial Esthetics develops and advances interest in oral and facial esthetics and therapeutics through education, practice and research and adheres to the Requirements for Recognition of Dental Specialties guidelines of the American Dental Association.

Another issue that is very important to consider is that Botox and dermal fillers are pharmaceutical agents used in dental treatment, they are not treatment procedures. Botox and dermal fillers are equivalent to local anesthetics and antibiotics in their use in dentistry; they are not dental procedures but are used to accomplish dental treatment. There are now many uses for Botox and dermal fillers in dentistry as referenced in the enclosed articles. State board opinions, position statements, and administrative rules disallowing the specific use of Botox and dermal fillers by general dentists may directly conflict with the present state dental practice act being that Botox and dermal fillers are simply drugs that are used for the broad range of dental procedures allowed by the definition of dentistry of the Oregon state dental practice act.

To help state dental boards address this issue and learn more about facial injectable treatment for dentistry, we welcome two members of the Oregon Board of Dentistry to attend one of our Botox and dermal fillers live patient, hands-on training sessions. We offer this so that you will have state dental board members who will be well versed in these procedures as you deliberate these issues and also look at any specific cases involving dentists, which may come before the state dental board.

Please contact me directly with the names of the state dental board members who would like to attend. It will be our pleasure to have them come as our guests.

Please let us know how else we may help you and the Oregon Board of Dentistry.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Louis Malcmacher". The signature is fluid and cursive, with a long horizontal stroke at the end.

Louis Malcmacher DDS MAGD

The Hottest Topic in Dentistry

Botox and Dermal Fillers Offer Creative Treatment Options

It's interesting that when I give my most popular continuing education course, "The Hottest Topics in Dentistry," I talk about the full range of general dentistry—from what is new in restorative dentistry, crown and bridge, periodontics, endodontics, prosthodontics, implants, and the next generation no-prep veneers, to advanced practice management techniques. I also discuss Botox® and dermal fillers in dentistry, which is one of the hottest topics today. However, I always have to save that topic for later in the presentation, because if I talk about Botox first, many times that is all the dental audience wants to discuss. One of the reasons for this is because Botox and dermal fillers are new and exciting to dentistry. Additionally, once a dentist understands what Botox and dermal fillers actually do, their dental creativity immediately kicks in, and they have a whole new set of treatment options for their daily practice of dentistry.

There is no question that Botox and dermal

fillers are well-known for the esthetic results they deliver in smoothing skin and replacing lost volume in the face, especially in the oral and peri-oral areas. Botulinum toxin (Botox and Dysport®) is essentially a muscle relaxer that will smooth wrinkled skin by dynamic movement of the underlying muscles. Dermal fillers, such as Juvéderm® and Restylane®, are volumizers—or plumpers—that fill out lips and static folds in the face caused by loss of collagen and fat. Once you have been trained in these procedures and thoroughly understand the anatomy, physiology, pharmacology, and related adverse reactions, you will find many, many therapeutic uses for both functional and dental esthetic purposes. Now that most states allow dentists to use botulinum toxin and dermal fillers for both dento-facial esthetic and therapeutic purposes, we are finding more and more treatment uses for Botox and dermal fillers in dentistry.



Figure 1. Preoperative smile; patient reports her front tooth is loose.



Figure 2. Tooth No. 9 has a horizontal fracture.



Figure 3. Successful implant integration replacing the left central incisor.



Figure 4. Insufficient interdental papilla creating black triangles.



Figure 5. Diode laser (Picasso® Lite) used to create space within the interdental papilla.



Figure 6. Dermal filler (Juvéderm® Ultra Plus XC) used to add volume and create proper contours of the interdental papilla.

Successful treatment outcomes

Here are but a few examples of dental esthetic and dental therapeutic uses for botulinum toxin and dermal fillers:

- TMD cases
- Bruxism and clenching cases
- Facial pain cases, including treating trigger points
- Treatment of angular cheilitis
- Gummy smile cases
- Orthodontic relapse and depressed orthodontic appearance
- Reducing muscle hyperactivity for retention of removable prosthodontics
- Oral and maxillofacial esthetics to smooth skin
- Establishing esthetic dental lip lines and smile lines in esthetic dentistry cases as an alternative to gingivectomy, crown lengthening, and veneers
- Re-establishing lip volume for proper phonetics (in addition or as opposed to teeth lengthening with fixed or removable prosthodontics)
- Adding lip and perioral volume around the mouth for retention of removable prosthodontics
- Oral and maxillofacial esthetics, including lip augmentations and replacing volume in the intra-orally and extra-orally

TMJ and facial pain have haunted dental practitioners for years and are among the most frustrating of cases. Studies show that as many as 85 percent of TMJ and facial pain cases are mostly muscle-related. Dentists have previously concentrated their treatment on the occlusion and teeth first, and the muscles later. It is time to completely rethink this treatment progression. Now, using botulinum toxin therapeutically for facial pain and TMJ, it is possible to eliminate the pain coming from the muscle pathology first. Once we are able to see how much of a factor this pain is, we may go ahead and treat the occlusion or the actual joint much more easily and accurately than ever before.

Dealing with the 'black triangle'

Here is a perfect example of a new treatment option with a protocol developed by the faculty of the American Academy of Facial Esthetics (www.facialesthetics.org). The dreaded "black triangle" usually tops the list of dentists' frustration after the preparation of crowns, bridges, and especially after implant and periodontal surgery. After treatment, the patient finally has a nice new tooth surrounded by one or two big black holes on either side of it, which the patient spits through or catches food in. While the patient should be thrilled that they don't have to wear a flipper or temporary anymore, they are disappointed at the esthetic results because of the lost tissue. What are our options? We can bond to adjacent teeth, we can redo the crown, remove the implant and try again with a new implant, or try a variety of other frustrating treatment options that are very aggressive and which may or may not work. The placement of dermal fillers in these areas to literally plump up papilla is a minimally invasive way to

create proper and more pleasing gingival contours.

Let's take a look at the case above. Figure 1 shows the pre-op photo of a patient who has two all-ceramic crowns on teeth No. 8 and 9 and some veneers. The crown on tooth No. 9 is loose and the radiograph in figure 2 shows why—the tooth has fractured at the gumline. Figure 3 shows the new implant in place. The dreaded "black triangles" in figure 4 is one of the most challenging esthetic problems we deal with, for which there are very limited successful treatment options. Compare that to her original pre-op picture again in figure 1 and you can see why it bothers her. In addition to that, now food collects in these areas, and when she speaks, she finds herself, "spitting while I talk," something she has never done before. The patient loves and hates her new implant all at the same time. In figure 5, we treated her with a diode laser (Picasso® Lite, AMD Lasers) to loosen the gingival attachment and create space within the remaining papilla. Then we placed .15 mL of dermal filler (Juvéderm Ultra Plus XC, Allergan Corporation) into the papilla to rebuild it. Figure 6 shows the rebuilt gingival papilla, which fills up the black triangles and takes care of the patients' esthetic and functional concerns. The treatment appointment was approximately five minutes, and this outcome can be expected to last for eight months or longer—at which point the treatment will need to be repeated. This is a very minimally invasive approach to a very difficult dental situation, and it completely satisfies the needs of the patient and gives the dental operator a very successful treatment outcome.

Essential training

It is our legal and ethical duty to give patients all of the options available for their dental treatment. In this day and age, to do that, we need to get trained in the use of Botox and dermal fillers, as these are well-established viable dental treatment options. The treatments described in this article clearly fall under the definition of dentistry in nearly all of the state dental practice acts. Once dentists understand the use of botulinum toxin and dermal fillers in dentistry for dental therapeutic and dental esthetic cases and become proficient in their use through proper training, they will be able to offer these treatments in conjunction with, or in addition to, their current treatment options to patients. The American Academy of Facial Esthetics continues to develop successful proven techniques and trains dentists to integrate these procedures into dental esthetic and dental therapeutic treatment plans. Get trained today! ♦



Louis Malcmacher, DDS, MAGD, is a practicing general dentist and an internationally known lecturer and author known for his comprehensive and entertaining style. An evaluator emeritus for *Clinicians Report*, Dr. Malcmacher has served as a spokesman for the AGD and is the president of the American Academy of Facial Esthetics (www.FacialEsthetics.org). You can contact him at drloUIS@FacialEsthetics.org.

Creating That Perfect Smile

Total Facial Esthetics and Patient Satisfaction

For many years, I (along with just about every other dental esthetic lecturer) have taught the concept that, the more of a patient's teeth that receive esthetic treatment, the bigger and more esthetic the patient's smile.

But, how do you communicate that to a patient? Consider saying something like this: "You know, Mrs. Jones, if we put porcelain veneers on four teeth, you will have great-looking *teeth*. But, if we put porcelain veneers on your top 10 teeth, then you will have a great-looking *smile*."

So many patients want a big grin—think of Julia Roberts' ear-to-ear, toothy smile. Because we as dentists have been "teeth-centric" for so long, we kept telling patients that the more teeth we cover with porcelain veneers, the bigger the smile they are going to have.

Now that the concept of total facial esthetics—which encompasses both facial soft tissue and the teeth—has fully settled in dentistry, we know that just putting more veneers on teeth will not give patients the large, perfect smile they desire. It doesn't matter if you put porcelain veneers on every single tooth in the patient's mouth; you are still only giving him or her great-looking *teeth*—not a great-looking *smile*.

In the past, the term "soft tissue esthetics" was only used in regard to the intraoral soft tissues. Yes, in the past, we as dentists have given lip service (pun intended) to how smile lines, proper lip lines, and teeth dimensions relate to their surrounding soft tissue. However, we really

have not taken these ideas seriously enough or have not completely understood them until recently. According to a survey by Common Sense Dentistry, approximately 20 percent of dentists have been trained in BOTOX® and dermal fillers, and extraoral soft tissue esthetics. As increasing numbers of dentists begin offering these treatments, we can see that integrating soft tissue esthetics into dental practices is often easier than one might imagine.

Much more than just the teeth

Consider these esthetic challenges:

- You have provided beautiful esthetic dentistry treatment for a patient, but he or she is walking out of your office with wrinkled lip lines radiating from the vermilion lip border.
- You have just performed a beautiful composite bonding treatment—but the corners of the patient's mouth turn down and hide the upper teeth due to a loss of volume in that area.
- The upper anterior crowns that you have placed on a patient show all of the margins because he or she has a high lip line, despite your best efforts at either a gingivectomy or a crown-lengthening procedure.
- You have just placed an incredible implant case in a patient's mouth, which replaced the upper anterior teeth. However, because the patient's nasal labial folds are so deep, the patient can't even raise his or her lips to show off the wonderful treatment you administered.



This young patient exhibits excessive gingival display, commonly known as a "gummy smile." BOTOX treatment will be used as an alternative to invasive surgical intervention.



The American Academy of Facial Esthetics measuring protocol is used to determine the dosage of BOTOX needed to establish the proper smile and lip lines.



This is the post-operative result of using minimally invasive BOTOX treatment to achieve a great-looking smile.

In the challenges described above, dentists provided patients with beautiful dental work, but the treatments were lacking in the facial esthetics area. So, the patients may have great-looking teeth, but they still do not have great-looking smiles. In each case, the dentist could have provided minimally invasive, nonsurgical placement of BOTOX and dermal fillers for dental esthetic and dental therapeutic reasons. Then the patients would also have had great-looking smiles.

Conversely, patients go to other health care providers for facial esthetic enhancements like BOTOX and dermal filler treatments, but they don't get the complementary dental treatment. They walk away with great facial esthetics, including nice lip augmentations, youthful nasolabial folds, and wrinkle-free skin. But then they smile, revealing yellow, scraggly teeth. They need the complementary dental work to fully create the overall great-looking smile they are seeking.

Think about the opportunity that we now have in dentistry to truly provide patients with total facial esthetics. Just fixing patients' teeth will not create a perfect smile. Creating a beautiful perioral area won't give patients great-looking smiles. Rather, it is the *combination* of the hard and soft tissue in the mouth, along with the soft tissue outside of the mouth, which really helps achieve those great-looking smiles. A great-looking smile is composed of teeth, gingiva, lips, nasolabial areas, lower face, cheeks, and, ultimately, the entire face. Dentists now can provide treatment for dental esthetic and dental therapeutic reasons in the oral and maxillofacial areas—in addition to the dental treatments we already provide. So we can truly offer *total* facial esthetics and the great-looking smiles that patients desire.

Proper smile lines

From my experience, some medical health care providers who administer BOTOX and dermal fillers do not understand the concept of proper lip lines and smile lines. For example, when a patient smiles fully, the bottom border of the upper lip should straddle the height of the gingival margins of the central incisors. That can be achieved in a number of ways.

"A great-looking smile is composed of teeth, gingiva, lips, nasolabial areas, lower face, cheeks, and, ultimately, the entire face."

First, if a patient has a slight to medium gingival display, you can do either a gingivectomy or an osseous crown-lengthening procedure in order to establish the proper lip and smile lines. An alternative would be to place some BOTOX into an area of the face that would relax the muscles that raise the upper lip. Then, when the patient smiles fully, the muscle action stops right at that proper lip line. Once you

know the proper anatomical structures that raise the lip, this can be done nonsurgically, quickly, and easily. The patient then will maintain full lip competence in terms of talking

and chewing, and he or she also will have a very natural smile.

We have to remember that it is our legal, moral, and ethical duty to offer patients all of the available options for their dental treatment, and we must educate them on the benefits of esthetic treatment. BOTOX and dermal fillers are, at this point in time, viable and realistic options that must be presented to patients as complementary ways to achieve their dental therapeutic and esthetic goals. Integrating BOTOX and dermal fillers with current dental technology and procedures can help many patients achieve the best treatment outcomes possible.

To fully understand total facial esthetics, we must recognize what is now available in terms of materials and technology, and how we can use those to deliver true total dental and facial esthetics. Training is the key to begin integrating facial injectables like BOTOX and dermal fillers into your practice. From there, you can begin to give your patients those perfect smiles they so greatly desire. ♦



Louis Malcmacher, DDS, MAGD, is a practicing general dentist and an internationally known lecturer and author known for his comprehensive and entertaining style. An evaluator emeritus for *Clinicians Report*, Dr. Malcmacher is the president of the American Academy of Facial Esthetics (AAFE). You can contact him at drlouis@facialesthetics.org.

Total Facial Aesthetics for the General Practitioner



Louis Malcmacher, DDS



Kristine Krever, MD, DABFM



Anthony Feck, DMD, DDOCS

Cosmetic dentistry has been one of the backbones in every dental practice for the last several decades. Any dental practice that is placing tooth-colored composite resin restorations is certainly practicing under the cosmetic dentistry umbrella with most dentists performing whitening procedures, aesthetic crowns and bridges, and veneers. All of these topics have become part and parcel of daily dental practice worldwide. Dentistry has made huge advancements in the cosmetic realm and now that cosmetic dentistry has evolved to being a staple in every dental practice, you really have to ask yourself what is coming up next in the cosmetic dental field.

I have taught aesthetic dental courses for dental professional for years. We have said for years that if a dentist puts veneers on 4 to 6 teeth, typically cuspid to cuspid, you are giving patients great looking teeth. If you place 8 to 10 veneers and fill up the buccal corridors by veneering the bicuspids, then you are giving patients a great looking smile.

In truth, no matter how many veneers you place in a patient's mouth, you are still only giving that patient great looking teeth. A great looking smile encompasses the teeth as well as all of the soft tissues around the mouth. Why in the world should a patient leave your office with these beautiful white teeth with deficient lips, wrinkles around the mouth, and deep nasolabial folds? Extend that further to the oral and maxillofacial areas and, if you can perform extraoral soft-tissue as well as intraoral soft and hard-tissue aesthetics, then we enter the realm of a new category called total facial aesthetics.

Botulinum toxin (BOTOX) and dermal fillers have made a huge impact in the elective aesthetic field. By far, these are the 2 fastest growing cosmetic treatments, especially over the last 7 to 8 years. The dollar amount spent on BOTOX and dermal fillers far exceeds the combined dollars spent for breast implants and liposuction. No other healthcare provider in the facial aesthetic field cares about or is more proficient with proper aesthetic smile lines, lip-lines, vertical dimension, and phonetics than the dental practitioner. Since these procedures are all delivered through a series of injections, I would submit dentists are the most skilled injectors



Before Image. Preoperative intraoral condition before any treatment with porcelain veneers.



After Image. Lifestyle total facial aesthetic photograph of a very pleased patient.

based on our training and daily practice.

THE QUICK BOTOX PRIMER

BOTOX is a trade name for botulinum toxin, which comes in the form of a purified protein. The mechanism of action for BOTOX is really quite simple. BOTOX is injected into the facial muscles but really doesn't affect the muscle at all. Botulinum toxin affects and blocks the transmitters between the motor nerves that innervate the muscle. There is no loss of sensory feeling in the muscles. Once the motor nerve endings are interrupted, the muscle cannot contract. When that muscle does not contract, the dynamic motion that causes wrinkles in the skin will stop. The skin then starts to smooth out, and in

approximately 3 to 10 days after treatment, the skin above those muscles becomes nice and smooth. The effects of BOTOX last for approximately 3 to 4 months, at which time the patient needs retreatment.

The areas that BOTOX is commonly used for are smoothing of facial wrinkles in the oral and maxillofacial areas. BOTOX has important clinical uses as an adjunct therapy in temporomandibular joint (TMJ) and bruxism cases, and for patients with chronic TMJ and facial pain. BOTOX is also used to complement aesthetic dentistry cases, as a minimally invasive alternative to surgically treating high lip-line cases, for denture patients who have trouble adjusting to new dentures, periodontal cases, gummy smiles, lip augmentation, and also for orthodontic cases where retraining of the facial muscles is necessary. No other healthcare provider has the capability to help patients in so many areas as do dentists.

THE QUICK DERMAL FILLER PRIMER

Dermal fillers will volumize creases and folds in the face in areas that have lost fat and collagen as we age. After age 30, we all lose approximately 1% of hyaluronic acid from our bodies. Hyaluronic acid is the natural filler substance in your body. The face starts to lack volume and appears aged with deeper nasolabial folds, unaesthetic marionette lines, a deeper mentalis fold, thinning of the lips, and turning down the corners of the lips. Hyaluronic acid fillers such as Restylane and Juvederm Ultra are then injected extraorally right underneath these folds to replace the volume lost, which creates a younger look in the face. Dermal fillers can be used for high lip-line cases, asymmetrical lips around the mouth, lip augmentation, and completing cosmetic dentistry cases by creating a beautiful, young-looking frame around the teeth. The effect of dermal fillers typically last anywhere from 6 to 12 months, at which point the procedure needs to be repeated. Both BOTOX and dermal fillers are procedures that take anywhere from 5 to 15 minutes.

There is one huge advantage dentists have in delivering dermal fillers over any other healthcare professional. Most physicians and nurses use topical anesthetics and

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Total Facial Aesthetics...

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ice on the skin to numb the patient. Some actually learn how to give dental anesthesia, but very few are proficient at it. As you may imagine, this will be a painful procedure when done this way. Indeed, this is the reason that many patients prefer dentists to deliver dermal fillers.

CASE REPORT

The patient is a 42-year-old female who approximately 2 years ago wanted a smile makeover. We did not see her initially; the first picture of her (showing her preoperative smile) came from another dentist (Before Image). The patient had presented with a Class I occlusion and a midline discrepancy. Periodontally, she was healthy. She desired a more even appearance to her teeth and a whiter color. The midline discrepancy was of no aesthetics consequence to her. She also requested a minimally/noninvasive approach to veneers. All-ceramic crowns had been placed on teeth Nos. 8 and 9 and they did not quite match the shade of her natural teeth. Although the shade discrepancy was minor, this concerned her. She had read about a popular minimally invasive veneer technique and was referred through a cosmetic referral service for veneers.

The photo in Figure 1 shows the same patient after her minimally invasive veneer treatment. This was taken when she first presented to our office. She expressed disappointment with the veneers done by her previous dentist for a few reasons. She felt that the teeth had no character, were “dead looking,” and not lifelike at all. She especially felt that her cuspids were too bulky, both in their appearance and in the feel of them on the inside of her cheeks. This picture is representative of the biggest challenges and complaints that many dentists have about no prep/minimally prep veneers—that they can often appear too opaque and too bulky. At this point, the patient was not yet interested in further treatment to correct her smile, even though she was unhappy with the results.

Importance of Occlusion

This case clearly demonstrates the important role of occlusion in a restorative/aesthetic case. Figure 2 shows this same patient a few months later. She was still unhappy with the appearance of the veneers, but a much greater concern were the fractures



Figure 1. Patient feels her first set of veneers are too bulky and too opaque, but is not yet ready to have her work redone.

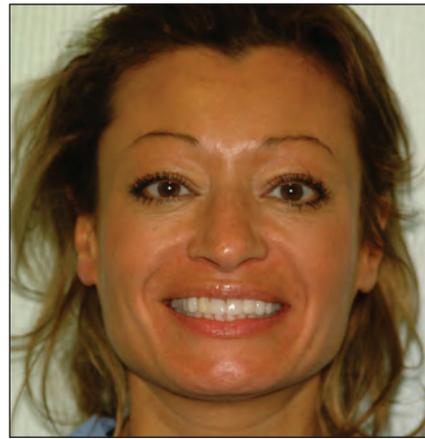


Figure 2. Patient presents 6 months later, wanting a total facial aesthetic consultation and exhibiting substantial problems with her initial veneers.

that had occurred. Figure 3 shows a retracted close-up view of her case. The incisal one-third of the veneer had broken on tooth No. 5; the veneer on tooth No. 7 had completely come off and a temporary veneer had been hastily placed; and the all-ceramic crown on tooth No. 8 had fractured at the gingival third. This is a combination of material and bonding failures as well as poor management of the case from both a clinical and laboratory perspective.

Upon occlusal examination, her occlusion had not been equilibrated within normal limits. This patient also reported having facial pain on both sides of her face and in her temple areas. (Notice how square the

angles of her jaws appear.) This was not due to her skeletal structure but to the excessive function of her masseter muscles. That, combined with the contraction intensity of her masseter and temporalis muscles, significantly contributed to her facial pain. The patient also requested a total facial aesthetic evaluation and complained about her marionette lines, which ran from the corners of her mouth down to her chin. She also expressed an interest in smoothing the facial wrinkles around her lips,



Figure 3. Retracted view of broken veneers due to problems with her occlusion, material choices, and bonding failures.



Figure 4. Retracted view after removal of initial porcelain restorations.



Figure 5. Right retracted preparation view.



Figure 6. Left retracted preparation view.



Figure 7. Seated case—notice the lifelike appearance of the veneers and crowns demonstrated by the texture and translucency.



Figure 8. Close-up view demonstrating excellent gingival response.

the crow's feet wrinkles at the corner of her eyes when she smiled caused by the zygomaticus muscles, as well as the wrinkles in her forehead. You can now see the advantage that the dental professional has in all of these procedures. We are in a unique professional position and we can learn the skills to fully treat the patient.

Retreatment

Figure 4 shows the removal of all the veneer and composite materials, as well as the 2 all-ceramic crowns on teeth Nos. 8 and 9. Here is where this case really presents a challenge, and why working with a talented aesthetic dental ceramist really pays off. You can imagine that the all-ceramic crowns will be at least 3 to 4 mm thick circumferentially while some of the other restorations (Cristal Veneers [The Aurum Group]) may range anywhere from 0.3 mm to 1.0 mm on different teeth, and even on the same tooth. When working with a minimally invasive approach, the ceramist has to have an excellent understanding of the porcelain being used in order to provide the clinician with a finished case where the shades of all the different restorations will match. This is especially true when doing no-prep/minimal-prep veneers.

Figures 5 and 6 show the right and left retracted views in which all of the preparations, except the central incisors, are minimally prepared in enamel. When the appropriate materials are used to fabricate the restorations, keeping the preparations in enamel will certainly increase the final strength of this veneer case.

Facial Rejuvenation Therapy

The preparation appointment also included the following facial injectable treatment—BOTOX was delivered to the following sites: 12 units to the forehead area for the forehead wrinkles and facial pain, 8 units in each lateral obicularis oculi for the crow's feet wrinkles, 12 units in each masseter muscle for the treatment of facial pain and to reduce the intensity of the muscle contraction, and 7 units in the obicularis oris muscle to smooth the lip-lines. Approximately 0.8 ml of a dermal filler material (Juvederm Ultra) was placed in the patient's marionette lines bilaterally as well as in her upper and lower lips to add subtle volume.

Completed Case

Figure 7 shows the completed case

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Total Facial Aesthetics...*continued from page 00*

after insertion and after occlusal equilibration. The resulting veneers and crowns are excellent in terms of size and shape and have completely eliminated the bulkiness and lack of texture that the patient previously complained about. You can see the excellent adaptation, texture, and color match that was achieved with a close-up of teeth Nos. 7 through 10 in Figure 8. The dental laboratory ceramist did an incredible job in achieving this match, which makes my job seating these veneers incredibly easy. We were able to use the exact same shade of cement on every restoration in this case. This saves a tremendous amount of time by removing the guesswork normally involved in choosing different resin cement shades for different teeth because of the porcelain thickness differences of the restorations.

The full-face photograph of the patient is shown in the After Image. The patient reported that her facial pain was gone because of the equilibrations and the BOTOX therapy. Dermal filler therapy had smoothed out the lower face folds. Comparing this to the previous postoperative picture of the veneers she had previous to our retreatment; the new veneers appeared very lifelike, not at all bulky, have definition and with the combined treatment of facial injectables and veneers, we were able to go beyond the teeth and give this patient a great looking, natural smile.

CLOSING COMMENTS

This case demonstrates another interesting point when blending these procedures together—any dentist who has already been trained in both veneers and facial injectable therapy will tell you that in these kinds of cases, the BOTOX and dermal filler procedures are much quicker and easier to accomplish than the operative dentistry procedures. By comparison, the total treatment time for the veneers was approximately 2 hours in this case, while the treatment time for both BOTOX and dermal fillers was only 18 minutes.

Training is the key to developing the skills needed to handle total facial aesthetic procedures. There is a typically a short learning curve with facial injectables because dentists are already well-trained and comfortable with injections. One must become competent and have an understanding about: the mechanisms of these materials; the muscles of facial ex-

pression; and the indications, risks, and benefits of these treatments. It is important to participate in hands-on training in placing these materials and in preventing/managing complications. With proper training, you can be well on your way to performing total facial aesthetics. ♦

Acknowledgment

Heartfelt gratitude is extended to the talented ceramists and the entire dental technician team at Aurum Group Ceramic Dental Laboratories for the technical work presented in this case.

Dr. Malcmacher is a practicing general dentist and an internationally known lecturer, author, and dental consultant known for his comprehensive and entertaining style. An evaluator for *Clinicians Reports*, he is the president of the American Academy of Facial Esthetics. He is on the faculty of the American Academy of Facial Esthetics, which provides training in BOTOX and dermal filler procedures. He can be reached at (440) 892-1810, e-mail dryowza@mail.com, or visit his Web site, commonsensedentistry.com.

Disclosure: Dr. Malcmacher is a paid consultant for Aurum Ceramics.

Dr. Krever is a board certified family physician specializing in aesthetic medicine and is a member of the International Association for Physicians in Aesthetic Medicine, the American Society of Laser Medicine and Surgery, the BOTOX Cosmetic Physician's Network, and is a Diplomate of the American Board of Family Medicine. Dr. Krever is a leader in the field of nonsurgical aesthetic treatment. Dr. Krever is an outstanding educator known for her dynamic teaching style. She is on the faculty of the American Academy of Facial Esthetics, which provides training in BOTOX and dermal filler procedures. She can be reached at kkreve@gmail.com.

Disclosure: Dr. Krever reports no conflicts of interest.

Dr. Feck has an extensive background in cosmetic dentistry and facial aesthetics. He is a sought after speaker, educator, author, and practitioner of dental-facial cosmetics. Dr. Feck has a special interest in clinical pharmacology as it relates to medical and dental practice. Dr. Feck practices in a multi-doctor practice in Lexington, Ky, that concentrates on dental-facial aesthetics. He is on the faculty of the American Academy of Facial Esthetics, which provides training in BOTOX and dermal filler procedures. He can be reached at tony@tonyfeck.com.

Disclosure: Dr. Feck is a paid lecturer for Aurum Ceramics.

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American Academy of Sleep Medicine

September 6, 2012

Patricia Parker, DMD
President
State of Oregon Board of Dentistry
1600 SW 4th Ave.
Suite 770
Portland, OR 97201

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Executive Director

Dear Dr. Parker:

By way of introduction, my name is Sam Fleishman, MD, and I am the President of the American Academy of Sleep Medicine (AASM). The purpose of my letter is to solicit your professional opinion on a scope of practice issue regarding dentists licensed in the state of Oregon.

As context, following is background information on sleep medicine, specifically the diagnosis and treatment of obstructive sleep apnea (OSA), which you may find useful in considering my inquiry. Sleep medicine is recognized as a medical subspecialty by the American Board of Medical Specialists (ABMS). To this end, there is a board certification examination offered in sleep medicine by the ABMS and fellowship training programs for resident physicians accredited by the Accreditation Council for Graduate Medical Education. As such, sleep medicine physicians are educated, trained and credentialed to treat the full breadth of sleep disorders, including OSA.

OSA is a prevalent medical disease identified in more than 4 percent of men and 2 percent of women. It is often accompanied by one or more co-morbid conditions that impact the patient's overall health. OSA is characterized by repetitive episodes of complete (apnea) or partial (hypopnea) upper airway obstruction during sleep. These events often result in reductions in blood oxygen saturation and are usually terminated by brief arousals from sleep. Most events are 10 to 30 seconds in duration but occasionally persist for one minute or longer. An apnea-hypopnea index (AHI) is the number of apneas plus the number of hypopneas per hour of sleep. OSA is defined as an AHI of greater than five with a complaint of excessive daytime sleepiness.

Sleep apnea is diagnosed by a licensed physician who has interpreted a sleep study that is conducted either by an overnight in-laboratory test known as polysomnography, which monitors 16 independent parameters, or an out-of-center test often referred to as a home sleep test, which monitors 3-4 independent parameters. A physician, using home sleep testing devices, has considerably less information from which to make their diagnosis which increases the need for specific training and patient evaluation. In most cases, the first-line treatment for OSA is Continuous Positive Airway Pressure (CPAP), which has been validated extensively through peer-reviewed evidence. Select patients who are intolerant of CPAP or have a mild case of OSA may utilize oral appliance therapy (OAT) for management of OSA. In instances where a patient uses OAT, the sleep medicine physician will conduct the sleep test and interpret its results; diagnose the patient with OSA; and write a prescription for OAT. At this point the physician and dentist work together managing the treatment.

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Phone: (630) 737-9700, Fax: (630) 737-9790
www.aasmnet.org

The oral appliance is configured and fitted by a dentist. An oral appliance is considered Durable Medical Equipment (DME) and is reimbursed similar to other types of DME equipment.

We understand that language in Oregon's dental practice act states:

(6) "Dentistry" means the healing art which is concerned with the examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region and conditions of adjacent or related tissues and structures. The practice of dentistry includes but is not limited to the cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the Oregon Board of Dentistry and included in the curricula of dental schools accredited by the Commission on Dental Accreditation of the American Dental Association, post-graduate training programs or continuing education courses.

Recently, some dentists who provide patients with OAT, per the written order of a board certified sleep medicine physician, have made claims via advertisements and public forums that dentists are within their scope of practice to diagnose sleep apnea by utilizing home sleep tests. This opinion has in large part been fostered by various marketing companies that sell testing equipment and oral appliances.

It is the position of the AASM that a home sleep test is a diagnostic test conducted for the sole purpose of determining a medical disease and can only be ordered and interpreted by a licensed physician. Further we are of the opinion that a licensed dentist is practicing outside the limits of their license to prescribe, conduct and interpret a medical test. We feel very strongly that this particular practice by dentists is false, misleading and deceptive and frankly dangerous to the public. Further it plays on the vanity and possible fear of the public and promotes a substandard practice model for sleep medicine.

The AASM is also of the opinion that a licensed sleep medicine physician is not within their scope of practice to fit an oral appliance. This is the venue of a licensed dentist.

I am asking that the State of Oregon Board of Dentistry render an opinion on this issue according to language in the practice act referenced above. It is not our intent to pursue any adverse licensing action against any dentists. Rather, it is our intent to use the opinion of the licensing board for educational awareness purposes among our Board of Directors.

We certainly appreciate your consideration of this request. If there is any additional information you need please feel free to contact me directly or the AASM Executive Director, Mr. Jerry Barrett, at (630) 737-9700 or jbarrett@aasmnet.org.

I look forward to your response.

Sincerely,



Samuel A. Fleishman, MD
President

cc: Jerome A. Barrett, Executive Director

OTHER ISSUES

Nothing to report under this tab

NEWSLETTERS
&
ARTICLES OF
INTEREST

Nothing to report under this tab

LICENSE RATIFICATION

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16. RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

Dental Hygiene

H6262	SARAH ANN GEARK, R.D.H.	7/24/2012
H6263	NICOLE LEIGH OLTS, R.D.H.	7/24/2012
H6264	KAYLA R SOTO, R.D.H.	7/24/2012
H6265	KELLY J JORDAN, R.D.H.	7/24/2012
H6266	TANIA COSTEA, R.D.H.	7/24/2012
H6267	MEREDITH LYNN ROBINSON, R.D.H.	7/24/2012
H6268	ASHLY T BARBER, R.D.H.	7/24/2012
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H6270	KRISTIN L SHOEMAKER, R.D.H.	7/31/2012
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H6277	MEGAN L JOHNSON, R.D.H.	7/31/2012
H6278	AMBER DAWN NICHOL, R.D.H.	7/31/2012
H6279	ASH L EDWARDS, R.D.H.	7/31/2012
H6280	ANGELA G KREMER, R.D.H.	7/31/2012
H6281	NICOLE LYNN CHAKARUN, R.D.H.	8/3/2012
H6282	MIJUNG UNVERSAGT, R.D.H.	8/3/2012
H6283	STACEY WILTERMOOD, R.D.H.	8/3/2012
H6284	NATASHA X BOYCE, R.D.H.	8/3/2012
H6285	MARIE WOURMS, R.D.H.	8/3/2012
H6286	KAWINTHRA P LUCK, R.D.H.	8/3/2012
H6287	SHELLYANN M GIBSON, R.D.H.	8/3/2012
H6288	NICOLE HURD, R.D.H.	8/3/2012
H6289	JESSICA A THOMAS, R.D.H.	8/3/2012
H6290	DESIREE A DUBISAR, R.D.H.	8/3/2012
H6291	ANNIE M HOUSTON, R.D.H.	8/3/2012
H6292	HEATHER A BESSE, R.D.H.	8/3/2012
H6293	KRISTINE SUE JENNINGS, R.D.H.	8/2/2012
H6294	RACHAEL E CURTIS, R.D.H.	8/6/2012
H6295	ALLISON M RAPHAEL, R.D.H.	8/10/2012
H6296	LAUREN A LAWLESS, R.D.H.	8/10/2012
H6297	KYLE A DENMARK, R.D.H.	8/10/2012
H6298	RENEE MORTIMORE, R.D.H.	8/10/2012
H6299	ALLISON M ALEKSIC, R.D.H.	8/10/2012
H6300	KAILI M RUTKOWSKI, R.D.H.	8/10/2012
H6301	ASHLEY M MCCLURE, R.D.H.	8/10/2012
H6302	KATHERINE ANN LIERMANN, R.D.H.	8/10/2012
H6303	CHRISTINE M BRENNAN, R.D.H.	8/16/2012
H6304	MICHELLE A VAUGHN, R.D.H.	8/16/2012
H6305	KATARZYNA TEEGARDEN, R.D.H.	8/16/2012
H6306	LE TRAN, R.D.H.	8/16/2012
H6307	INNA ANATOLYEVNA LEONCHIK, R.D.H.	8/16/2012

H6308	JOANNE ALIDA TUSTISON, R.D.H.	8/16/2012
H6309	JENNIFER A LONG, R.D.H.	8/16/2012
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H6328	HA T BUI, R.D.H.	8/23/2012
H6329	AMBER SELKOW, R.D.H.	8/23/2012
H6330	TAMMY GREVE-EGAN, R.D.H.	8/23/2012
H6331	SHEENA LYNN BATEMAN, R.D.H.	8/24/2012
H6332	JOHN E GARNACHE, R.D.H.	8/28/2012
H6333	AIMEE R ELROD, R.D.H.	8/28/2012
H6334	FAREN G CALDWELL, R.D.H.	8/28/2012
H6335	CHELSEY A VANDEWALL, R.D.H.	8/28/2012
H6336	AMANDA E BOLLIGER, R.D.H.	8/28/2012
H6337	HOLLY A ARNOLD, R.D.H.	8/28/2012
H6338	FOZIA A MOHAMED, R.D.H.	8/28/2012
H6339	KIM SUZANN VIAN, R.D.H.	8/28/2012
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H6344	CHANTELLE S MOLLERS, R.D.H.	9/13/2012
H6345	KELSEY M FENSTEMACHER, R.D.H.	9/13/2012
H6346	ANNA M KOROTEYEV, R.D.H.	9/13/2012
H6347	AMANDA L LANGENHUYSEN, R.D.H.	9/13/2012
H6348	ELIZA M BROEHL, R.D.H.	9/13/2012
H6349	MEAGAN A LIPTAK, R.D.H.	9/13/2012
H6350	JONNIE L MC BRIDE, R.D.H.	9/13/2012
H6351	THUY TRAN-CHU, R.D.H.	9/13/2012
H6352	ALBINA P BURUNOVA, R.D.H.	9/13/2012
H6353	NICHOLE DAVIDSON, R.D.H.	9/13/2012
H6354	KAREN A WATERS, R.D.H.	9/13/2012
H6355	AMANDA K BLACK, R.D.H.	9/20/2012
H6356	KIMBERLY M HIDAY, R.D.H.	9/20/2012
H6357	LACEY M ULMER, R.D.H.	9/20/2012
H6358	IZUMI K HANSEN, R.D.H.	9/20/2012
H6359	ROBIN W ROSS, R.D.H.	9/20/2012
H6360	TANIA CAROLINA ROJERO SANCHEZ, R.D.H.	9/20/2012
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H6362	MELISSA SMITH, R.D.H.	9/20/2012
H6363	MORGAN A WELLER, R.D.H.	9/20/2012
H6364	EMILY E COOKE, R.D.H.	9/20/2012
H6365	JESSICA J BARTON, R.D.H.	9/20/2012
H6366	ANNA M SHERIDAN, R.D.H.	9/21/2012

Dentists

D9754	ANNE ADAMS-BELUSKO, D.M.D.	7/20/2012
D9755	JORDAN R TAKAKI, D.M.D.	7/20/2012
D9756	THERESA M COLLINS, D.M.D.	7/20/2012
D9757	KATHRYN ANNE ZOUMBOUKOS, D.M.D.	7/20/2012
D9758	MICHAEL JOHN SPARROW, D.M.D.	7/20/2012
D9759	BRANDON S REHRER, D.D.S.	7/20/2012
D9760	NATASHA M BRAMLEY, D.M.D.	7/24/2012
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D9762	EVON T HEASER, D.D.S.	7/31/2012
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