

**OREGON BOARD OF DENTISTRY**  
**Strategic Planning Session**  
**MINUTES**  
**April 23, 2016**

MEMBERS PRESENT: Julie Ann Smith, D.D.S., M.D., M.C.R., President  
Todd Beck, D.M.D., Vice-President  
Alton Harvey, Sr.  
Amy B. Fine, D.M.D.  
Jonna E. Hongo, D.M.D.  
Yadira Martinez, R.D.H.  
James Morris  
Alicia Riedman, R.D.H.  
Brandon Schwindt, D.M.D.  
Gary Underhill, D.M.D.

STAFF PRESENT: Stephen Prisby, Executive Director  
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator (portion of meeting)  
Daryll Ross, Investigator (portion of meeting)  
Harvey Wayson, Investigator (portion of meeting)  
Teresa Haynes, Exam and Licensing Manager (portion of meeting)  
Ingrid Nye, Office Specialist (portion of meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General  
Sue Dicile, strategic planning facilitator

VISITORS PRESENT: none

**The session was held at:**  
Marriott Hotel- Downtown Portland  
Pearl Conference Room  
1401 SW Naito Pkwy  
Portland, Or 97201  
Pearl Conference Room

**Session Opening Remarks and Welcome**

Stephen Prisby thanked everyone for their attendance reviewed the overall plan for the day. He introduced OBD President, Dr. Julie Ann Smith. Dr. Smith also thanked everyone for their attendance and stated that the last time the OBD conducted a strategic planning session was in 2007. She said that this was a momentous occasion and an opportunity for the Board and staff to focus their efforts on carrying out the OBD's mission and revamping the strategic plan. Sue Dicile then spoke and reviewed the agenda and next steps for the meeting.

## **Agenda Review and Session Working Agreements**

Sue Dicile explained the day's plan and housekeeping rules for everyone. She reviewed the feedback from the conversations and survey of all participants. A strengths, weaknesses opportunities and threats (SWOT) analysis was reviewed and a discussion among participants. The information was distilled and shared with participants.

Some of the comments made regarding the OBD's strengths, weaknesses opportunities and threats:

To continue to build trust with stakeholders through transparency, predictability, effective and updated means of communication, due process, and treating all with respect

To implement process improvement including conversion from paper to electronic media prior to the upcoming retirements of experienced staff members

To train new staff before attrition limits the opportunity for knowledge transfer; and to institute continuous learning for Board Members beginning at on-boarding and continuing throughout their OBD service

To retain OBD autonomy and organizational alignment

To ensure ongoing Board education and development

The paradigm shift toward corporate dentistry and managed care creates challenges for regulation of oral health care providers in Oregon

Negative perception among a small but vocal number of licensees

Insufficient flexibility and access to facilitative technologies with the potential to streamline processes and procedures, saving time and cost and offering enhanced decision support

Small regulatory boards in Oregon risk losing autonomy to larger state bureaucracies

Potential limits to or redefinition of the OBD's mission through legislative action

A diverse, open, ethical, committed Board whose members "put the patient first"

Staff expertise, work ethic and experience.

To achieve faster case disposition assuring a fair and thorough investigative process that results in well-vetted reports, recommendations and decisions

Lack of control over funding

Timeliness limited by staffing level

Upcoming staff attrition not yet addressed with a plan

Length of time required to bring new board and staff members up-to-speed

Café style questions and information sharing. Staff and board members addressed questions and discussed in small groups the following topics: Complexity and Caseload: Attrition and Succession: Adapting the OBD Mission for the Future.

**Open Discussion** Other factors to carry forward into strategic planning

## **Paradigm Shifts In The Practice & Business Model Of Dentistry**

The growth of national corporate entities providing dentistry services in Oregon has complicated the regulatory landscape and is emerging as a challenge to the standards of patient care upheld in Oregon. Linking complaints to a specific office location or practitioner within a large corporate dentistry provider can be difficult, and response to investigative requests for information is slow and complicated.

Regardless of organizational structure, the practice of dentistry is increasingly following trends in the market. In the rush to capture emerging demand some practitioners are offering services for which they do not have the requisite training and expertise. The volume of complaints

April 23, 2016

Strategic Planning Session

Page 2 of 4

submitted to the OBD continues to follow historical patterns: communication break-down, lack of documentation and now implant failures are adding to the complaints. This trend can be anticipated to grow as the practice of dentistry becomes increasingly competitive and market-driven.

### **Caseload & Case Complexity**

The number of complaints received by the OBD has grown to about 240 per year, collateral with an increase in case complexity due to shifts in the practice of and market for oral health care services. Key contributors to increases in complaints and complexity include growing demand for surgical procedures such as implants, practitioners performing procedures outside of their skill set, and a trend toward case litigation.

### **Stakeholder Perception of the OBD**

The OBD sees its mission as elevating the standard of oral health care in Oregon, not solely through regulation but through information, outreach and education. A review of surveys conducted in 2014 indicated an 85% approval rating for the OBD among licensees; however there is a segment of licensees and other stakeholders who express dissatisfaction with the OBD or question the OBD's motivations. The OBD has positioned equity as a key value and has explicitly incorporated that value into its mission. But more remains to be done to insure that oral healthcare practitioners in Oregon are informed and educated about required standards of care.

### **Succession Planning**

A significant percentage of OBD staff is becoming eligible for retirement. This will result in an exodus of expertise and institutional knowledge. Impacts of unfilled positions or lengthy ramp-up time could include stress on remaining staff, added cost, and lost time. The OBD is endeavoring in this planning cycle to anticipate attrition in key positions and plan for timely and effective succession.

### **Emerging Technology to Support Process Improvement**

Technology, such as scanner-reading software, has the potential to enhance and accelerate the investigation process. The transition from paper-based processes to electronic can improve decision calibration, timeliness and consistency of case outcomes.

### **Mission Adaptation & Alignment**

The OBD mission exhorts the agency to ensure high standards and quality of oral health care. However economic forces and a widening income-to-cost-of-living gap in Oregon are forcing many to seek lowest-cost dentistry options. Defining "high quality oral health care" that is accessible at all income levels while providing clear guidelines for practitioners and for OBD's investigative staff is a mission-critical challenge.

A core concern for the OBD and its mission is the trend toward consolidation of regulatory entities into the auspices of large state bureaucracies. The OBD considers its autonomy to be a key factor in the high confidence placed in it by state policymakers and licensees, its capacity to act both nimbly and equitably, and its ability to attract practitioners with the requisite levels of experience and qualifications to serve as board members.

