

# OREGON BOARD OF DENTISTRY Annual Performance Progress Report (2006) for Fiscal Year 2006

2007-09 Budget Form 107BF04c

Due: September 30, 2006  
Submitted: August 1, 2006

To obtain additional copies of this report, contact Oregon Board of Dentistry at (971) 673-3200 and 1600 SW 4<sup>th</sup> Ave, Suite 770, Portland, OR 97201-5519, or visit [http://www.oregon.gov/DAS/OPB/GOVresults.shtml#Annual\\_Performance\\_Reports](http://www.oregon.gov/DAS/OPB/GOVresults.shtml#Annual_Performance_Reports).

## Agency Mission

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

## Table of Contents

	Page
ABOUT THIS REPORT	
TABLE OF MEASURES .....	1
PART I: EXECUTIVE SUMMARY .....	2
PART II: USING PERFORMANCE DATA.....	5
PART III: KEY MEASURE ANALYSIS .....	6

# ABOUT THIS REPORT

## Purpose of Report

The purpose of this report is to summarize the agency's performance for the reporting period, how performance data are used and to analyze agency performance for each key performance measure legislatively approved for the 2005-07 biennium. The intended audience includes agency managers, legislators, fiscal and budget analysts and interested citizens.

1. PART I: EXECUTIVE SUMMARY defines the scope of work addressed by this report and summarizes agency progress, challenges and resources used.
2. PART II: USING PERFORMANCE DATA identifies who was included in the agency's performance measure development process and how the agency is managing for results, training staff and communicating performance data.
3. PART III: KEY MEASURE ANALYSIS analyzes agency progress in achieving each performance measure target and any corrective action that will be taken. This section, the bulk of the report, shows performance data in table and chart form.

## KPM = Key Performance Measure

The acronym "KPM" is used throughout to indicate **Key Performance Measures. Key performance measures are those highest-level, most outcome-oriented performance measures that are used to report externally to the legislature and interested citizens. Key performance measures communicate in quantitative terms how well the agency is achieving its mission and goals. Agencies may have additional, more detailed measures for internal management.**

## Consistency of Measures and Methods

Unless noted otherwise, performance measures and their method of measurement are consistent for all time periods reported.

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

<b>2007-09 KPM#</b>	<b>2007-09 Key Performance Measures (KPMs)</b>	<b>Page #</b>
1	Continuing Education Compliance – Percent of Licensees in compliance with continuing education requirements	<b>6</b>
2	Time to Investigate Complaints – Average time from receipt of new complaint to completed investigation	<b>7</b>
3	Days to Complete License Paperwork – Average number of working days from the receipt of completed paperwork to issuance of license	<b>8</b>
4	Agency Overall Satisfaction – Percent of customers rating their overall satisfaction with the agency above average or excellent	<b>9</b>
5	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	<b>9</b>

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

Contact: Patrick D. Braatz, Executive Director	Phone: (971) 673-3200
Alternate:	Phone:

1. SCOPE OF REPORT

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, 2006, there were 3,497 dentists, and 3,346 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 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 nine 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 one public member.

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

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.

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

#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.

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 the 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 20 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 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.

# I. EXECUTIVE SUMMARY

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

### 3. PERFORMANCE SUMMARY

KPM Progress Summary	Key Performance Measures (KPMs) with Page References	# of KPMs
KPMs MAKING PROGRESS at or trending toward target achievement	Continuing Education Compliance (page 6), Time to Investigate Complaints (page 7), Days to complete license paperwork (page 8), Agency Overall Satisfaction (page 9), Customer Satisfaction (page 9)	5
KPMs NOT MAKING PROGRESS not at or trending toward target achievement	None	0
KPMs - PROGRESS UNCLEAR target not yet set	None	0
Total Number of Key Performance Measures (KPMs)		5

### 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 USED AND EFFICIENCY

The Oregon Board of Dentistry 2005 – 2007 Legislatively Adopted Revenue Budget is \$1,671,700.00 and the Expenditure Budget is \$1,710,028.00. As a result of efficient planning and operations, the Oregon Board of Dentistry has not proposed any fee increases since 2000 and it does not anticipate any fee increase in the 2007 – 2009 Biennial Budget Request. The Oregon Board of Dentistry has been able to carry out its primary mission to assure the citizens of Oregon receive the highest possible quality oral health care with the resources made available to the Board from the fees previously established.

## II. USING PERFORMANCE DATA

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

Contact: Patrick D. Braatz, Executive Director	Phone: (971) 673-3200
Alternate:	Phone:

The following questions indicate how performance measures and data are used for management and accountability purposes.	
<p><b>1 INCLUSIVITY</b> Describe the involvement of the following groups in the development of the agency's performance measures.</p>	<ul style="list-style-type: none"> <li>• Staff: Review of current performance measures on an annual basis.</li> <li>• Elected Officials: Approving and making changes to legislatively approved performance measures.</li> <li>• Stakeholders: Reviewing letters, telephone calls and e-mails regarding the Board's performance measures.</li> <li>• Citizens: Reviewing letters, telephone calls and e-mails regarding the Board's performance measures.</li> </ul>
<p><b>2 MANAGING FOR RESULTS</b> How are performance measures used for management of the agency? What changes have been made in the past year?</p>	<p>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.</p>
<p><b>3 STAFF TRAINING</b> What training has staff had in the past year on the practical value and use of performance measures?</p>	<p>Staff has been informed of all comments provided to the Executive Director regarding performance measures.</p>
<p><b>4 COMMUNICATING RESULTS</b> How does the agency communicate performance results to each of the following audiences and for what purpose?</p>	<ul style="list-style-type: none"> <li>• Staff: At staff meetings and through e-mails and memos on customer satisfaction.</li> <li>• Elected Officials: Use of Web-site, testimony before the Legislature and responding to direct inquiries.</li> <li>• Stakeholders: Use of Web-site, presentations and responding to direct inquiries.</li> <li>• Citizens: Use of Web-site, presentations and responding to direct inquiries.</li> </ul>

### III. KEY MEASURE ANALYSIS

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

KPM #1	CONTINUING EDUCATION COMPLIANCE Percent of Licensees in compliance with continuing education requirements	Measure since: 2001
<b>Goal</b>	Public Protection – Protect the public by assuring that all licensees are competent to practice safely and ethically.	
<b>Oregon Context</b>	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
<b>Data source</b>	Agency records from continuing education audit logs.	
<b>Owner</b>	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director (971) 673-3200	

**1. OUR STRATEGY**

The Board’s 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.

**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**

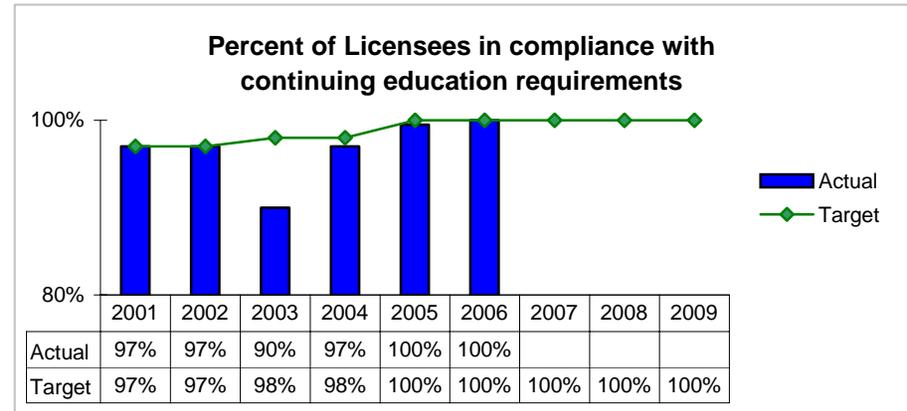
There are no specific factors affecting the results.

**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.



### III. KEY MEASURE ANALYSIS

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

KPM #2	AVERAGE TIME TO INVESTIGATE COMPLAINTS Average time from receipt of new complaint to completed investigation.	Measure since: 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	

1. **OUR STRATEGY**

The Board’s 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 Board’s workload.

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 show a gradual decline in the number of average months to complete an investigation since this Performance Measure was established.

3. **HOW WE ARE DOING**

The Board has seen a significant decrease in the average time it takes to investigate a complaint from date of receipt until the investigation has been completed, although the Board’s caseload has either increased or remained constant.

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 complaints.



### III. KEY MEASURE ANALYSIS

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

KPM #3	DAYS TO COMPLETE LICENSE PAPERWORK Average number of working days from the receipt of completed paperwork to issuance of license.	Measure since: 2003
<b>Goal</b>	Public Protection – Protect the public by assuring that all licensees are competent to practice safely and ethically.	
<b>Oregon Context</b>	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
<b>Data source</b>	Database- licensing informaton	
<b>Owner</b>	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director, (971) 673-3200	

**1. OUR STRATEGY**

The Board’s 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.

**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 Board’s rules and regulations.

Explain the rationale for the targets and clarify which direction is desired.

**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**

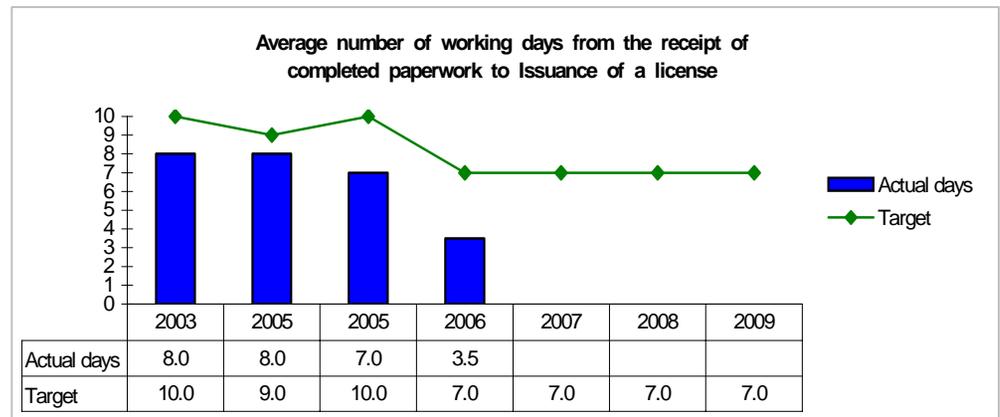
There are no specific factors affecting the results.

**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.



### III. KEY MEASURE ANALYSIS

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

KPMs #4 and # 5	CUSTOMER SERVICE : Percent of customers rating their satisfaction with the agency’s customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information	Measure since: 2006
<b>Goal</b>	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	
<b>Oregon Context</b>	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks	
<b>Data source</b>	Customer Service Surveys completed and returned July 1, 2005 through June 30, 2006.	
<b>Owner</b>	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director, (971) 673-3200	

1. **OUR STRATEGY**

In compliance with the Oregon Legislature’s 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.

2. **ABOUT THE TARGETS**

The Legislature did not set any targets for the Board.

3. **HOW WE ARE DOING**

Those completing the survey rated the Board as having an 84% overall satisfaction level and approximately 11% gave an unsatisfactory response. 2007-09 targets have been suggested using 2006 data as a baseline.

4. **HOW WE COMPARE**

There are no outside comparisons of similar jurisdictions to use.

5. **FACTORS AFFECTING RESULTS**

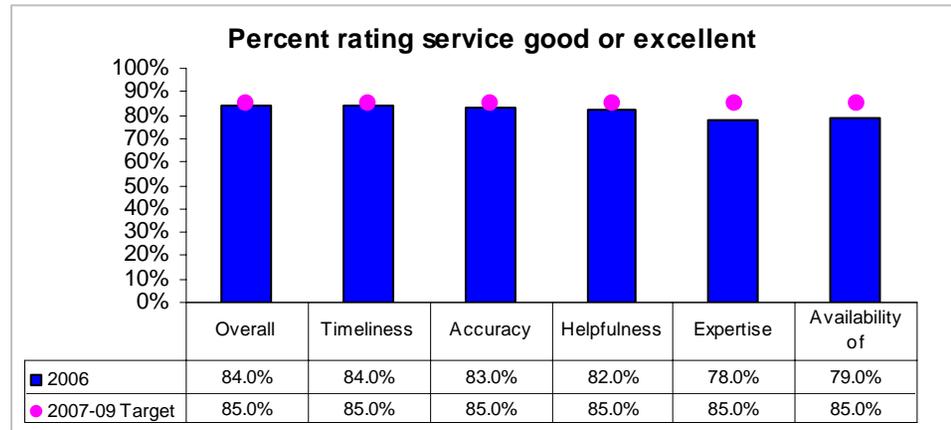
There are no specific factors affecting the results.

6. **WHAT NEEDS TO BE DONE**

Targets need to be recommended to the Legislature and approved.

7. **ABOUT OUR CUSTOMER SERVICE SURVEY**

Please provide the following specific information: a) survey name - Oregon Board of Dentistry Customer Service Survey; b) surveyor – Oregon Board of Dentistry; c) date conducted – July 1, 2005 through June 30, 2006; d) population - 1364 Surveys Mailed; e) sampling frame - July 1, 2005 through June 30, 2006; f) sampling procedure – All 579 surveys received; g) sample characteristics - none; h) weighting –Actual data was used. The reporting cycle is the Oregon fiscal year, and is generated from the actual Customer Service Survey responses that were returned and tabulated.



**OREGON BOARD OF DENTISTRY**

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

**III. KEY MEASURE ANALYSIS**

