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Dentistry, Board of

http://www.dentalBoard.state.mn.us *and* http://www.hpsp.state.mn.us **Small Agency Profile**

The Minnesota Board of Dentistry is an independent State agency, and as one of the Health Regulatory Boards, has responsibility as the administering Board for the Health Professionals Services Program (HPSP). Both the Board of Dentistry and HPSP are profiled below. Additional detailed information about both the Board of Dentistry and HPSP may be found in the December 2011 report to the Sunset Advisory Commission http://www.commissions.leg.state.mn.us/sunset/reports/BoardofDentistry_2011.pdf.

Mission:

Board of Dentistry— ***To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals.***

HPSP— ***To enhance public safety in health care. The goals of HPSP are to promote early intervention, diagnosis and treatment for health professionals, and to provide monitoring services as an alternative to Board discipline.***

Statewide Outcome(s):

The Board of Dentistry supports the following statewide outcome(s). HPSP also supports the following outcome:

- People in Minnesota are safe.

Context:

BOARD OF DENTISTRY—

The Minnesota Board of Dentistry is the state agency responsible for protecting the public through enforcement of regulations regarding the practice of dentistry. The safety and protection of the people of Minnesota drives every aspect of Board operations.

HPSP—

Health professionals, like anyone else, are susceptible to substance, psychiatric and medical disorders. Left untreated, these illnesses can put patients at risk. HPSP promotes early intervention, diagnosis, treatment and monitoring of health professionals with potentially impairing illness by providing monitoring services as an alternative to Board discipline.

Strategies:

BOARD OF DENTISTRY—

The Board of Dentistry uses an inclusive, collaborative approach to governing, based heavily on an active Committee structure reliant upon Board members, public/professional input, and a staff committed to operationalizing agency goals. The Board ensures that dental professionals licensed in Minnesota are competent throughout their careers, thereby promoting a healthy and safe Minnesota. Through effective management and a committed staff, the services provided by this government agency are effective, efficient and accountable.

- The Board of Dentistry protects the public through regulation of dental professionals, primarily by (1) establishing educational and testing standards to qualify for licensure, (2) ensuring continual development and competence, and (3) addressing complaints involving dental professionals.
- The Board is actively involved in dental workforce issues, with responsibility for regulating nearly 17,000 Dentists, Dental Therapists, Dental Hygienists, and Dental Assistants. Beginning in 2013, the Board of Dentistry will also have the responsibility for registering dental laboratories.

The Board of Dentistry is committed to remaining relevant in establishing and enforcing regulations governing the practice of dentistry, and providing the legislature, licensees, and the public with an objective resource on dental care professions. The Board of Dentistry is fully funded by fees paid by the licensed dental professionals, and receives *no* General Fund monies.

The Board relies on the shared resources of the Administrative Services Unit, a collaborative, voluntary body established by the state's health regulatory Boards. The Board of Dentistry also partners with other State of Minnesota agencies, primarily including the Attorney General's Office and Minnesota Management and Budget

(MMB). External partners critical to the Board's success include the educational institutions and professional associations for the various dental professions regulated.

HPSP—
In order to enhance public safety in health care through the monitoring of health professionals with potentially impairing illnesses, HPSP has implemented the following strategies:

- Provide outreach and education services to health education schools, health care facilities, organizations and associations to promote self and third reporting;
- Provide competent, effective and efficient case management and monitoring services;
- Intervene immediately when health professionals are at risk of negatively impacting patient care;
- Implement practice restrictions that protect patients and provide greater recovery outcomes;
- Report non-compliance with monitoring contracts to licensing boards; and
- Work collaboratively with health care employers, employee health programs, treatment programs, licensing boards and others to intervene develop strategies to enhance public safety in health care.

HPSP is completely funded by the health regulatory Boards and the Minnesota Department of Health, based on a standard per agency annual fee as well as proportional fees based on agency utilization (General Fund monies comprise less than three percent of the HPSP budget).

Board Activities:

BOARD OF DENTISTRY—
Because the Board works to protect the public from harm, measuring harm that did *not* occur is not possible. The measures that are available to the Board focus on process, which is useful for internal operations and planning, but not for comparisons across Boards either within the state or across jurisdictions.

Note: Various process measures are featured in the Board's Biennial Report http://www.asu.state.mn.us/Portals/0/Biennial%20Report%202008-2010.pdf, and the report to the Sunset Advisory Commission http://www.commissions.leg.state.mn.us/sunset/reports/BoardofDentistry_2011.pdf. These process measures included such things as the number of licensees regulated, the number of complaints received per year, the timeframe for processing applications and resolving complaints, use of online services, and detailed budget data. As indicated, there are no empirical data available to inform about the most important outcome, which is the extent to which harm did not occur as a result of the work of the agency. It can be assumed or derived, but simply cannot be measured.

HPSP—
The most impactful results of HPSP's work involve the prevention of harm to health care consumers in Minnesota. This simply cannot be measured. As a marker for harm averted, HPSP uses the identification of health care professionals who are assessed and monitored or placed on work restrictions so that their illnesses do not affect patient care or are reported to their licensing boards for potential disciplinary action. At a minimum, HPSP's strategies are working because national studies have shown that sustained recovery rates improve for health professionals who have engaged in monitoring.

Note: Each state regulates health professionals differently and therefore, monitoring services are also provided differently. Minnesota is a national model in that as a shared program it monitors *all* regulated health professionals, whereas some states have different monitoring programs for different professions. Minnesota's model promotes the reporting of health care practitioners to one program, which makes reporting easy. This has led to greater awareness of HPSP services among employee health programs, treatment programs, and large health care organizations. This organizational structure also promotes efficiency and effectiveness in the delivery of services, as there is no redundancy in services among Boards.

Performance Measures	Previous	Current	Trend
BOARD OF DENTISTRY			
License Renewals (online) *calendar year*	5.1%	80.1%	Improving
Number of Licensees per Staff Member *calendar year*	1,432.6/staff	1,670.7/staff	Improving
HPSP			
HPSP: Monitor health professionals with potentially impairing illnesses	n/a	332	

For online license renewals, previous data is calendar year 2004, and current data is calendar year 2011. Though the overall number of online renewals are increasing, the percentage of Dental Assistants renewing online remains significantly lower than for Dentists and Dental Hygienists.

For number of licensees per staff member, previous data is calendar year 2004, and current data is calendar year 2012.

The measure of health professionals monitored is a new measure. Current data is for 2011.

Dentistry, Board of
Current, Base and Governor's Recommended Expenditures
(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)		$3,696		$3,696
Current Law Expenditures (FY 2014-15)		$3,698		$3,698
Governor's Recommended Expenditures (FY2014-15)		$3,698		$3,698
$ Change from FY 2014-15 Current Law to Governor's Rec		$0		$0
% Change from FY 2014-15 Current Law to Governor's Rec		0%		0%

Dentistry, Board of
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
APPROPRIATION		$3,698		$3,698
SOURCES OF FUNDS		**$3,698**		**$3,698**
EXPENDITURES		$3,698		$3,698
PAYROLL EXPENSE		$2,938		$2,938
OPERATING EXPENSES		$760		$760
USES OF FUNDS		**$3,698**		**$3,698**

Dentistry, Board of
All Funds FTE by Program

Program	Current FY 2013	Forecast Base FY 2015	Governor's Recommendation FY 2015
Program: Dentistry, Board Of	17.6	18.6	18.6
Dentistry, Board of	17.6	18.6	18.6

Dentistry, Board of
Revenue Summary
(Dollars in Thousands)

		Biennium FY14-15			
		General Fund	Other State Funds	Federal Funds	All Funds
Non Dedicated	DEPARTMENTAL EARNINGS		3,403		3,403
	ALL OTHER		0		0
	Subtotal		3,403		3,403
Dedicated	ALL OTHER		0		0
	Subtotal		0		0
	Total		**3,403**		**3,403**