



**Dental Board of California Meeting  
February 25, 2010  
San Diego, CA**

**Members Present:**

John Bettinger, DDS, President  
Bruce Whitcher, DDS, Vice President  
Luis Dominicis, DDS, Secretary  
Fran Burton, Public Member  
Stephen Casagrande, DDS  
Rebecca Downing, Public Member  
Judith Forsythe, RDA  
Huong Le, DDS  
Suzanne McCormick, DDS  
Thomas Olinger, DDS

**Members Absent:**

**Staff Present:**

Richard DeCuir, Executive Officer  
Denise Johnson, Assistant Executive Officer  
Nancy Butler, Acting Enforcement Chief  
Teri Lane, Supervising Investigator 1, Southern California  
Dawn Dill, Dental Assisting Unit Manager  
Donna Kantner, Licensing & Examination Unit Manager  
Jocelyn Campos, Enforcement Coordinator  
Karen Fischer, Licensing Analyst  
Kristy Schieldge, DCA Senior Staff Counsel  
Greg Salute, Deputy Attorney General

President Bettinger called the meeting to order at 8:10 a.m. Secretary Dominicis called the roll and established a quorum. Dr. Bettinger welcomed Board members and guests to the first Board meeting of 2010. He outlined the plan for the day which began with the strategic planning session. He acknowledged that Vice President Bruce Whitcher organized the strategic planning session.

**Agenda Item 1: Review and Discuss Possible Updates to the Dental Board's Strategic Plan Adopted May 14, 2004.**

Dr. Whitcher indicated that most of the initiative of the strategic planning is being done by the Consumer Affairs Department, Office of Strategic Planning, Leadership and Individual Development (SOLID). Bev Augustine, Deputy Director of SOLID and her staff, Sarah Wilson would facilitate the workshop and guide the Board and staff through the process. Dr. Whitcher indicated that the Board had been polled and asked to submit input by completing a S.W.O.T. Analysis (Strengths, Weaknesses, Opportunities, and/or Threats) prior to the Board meeting. This information was collected by SOLID staff for review.

Bev Augustine emphasized that she and her staff would be assisting the Board in developing it's own Strategic Plan. She turned the meeting over to Sarah Wilson. Sarah outlined that she would be discussing the importance of strategic planning; she would examine the S.W.O.T. Analysis

results that were received prior to the Board meeting and would compare those results with the 2007 S.W.O.T. Analysis; and finally, would be reviewing and discussing the Mission, Vision, and Values of the Board. She began by outlining the five basic elements of strategic planning: assessment, environmental scan, vision, plan, and evaluation. Each element is guided by a series of questions which she and the Board reviewed.

Ms. Wilson distributed the results of the recent S.W.O.T. Analysis along with the Analysis which was completed in 2007. The Board took time to review the information. Board members identified the “strengths” as resilience and staff. Dr. Bettinger echoed the sentiment that the current staff is functioning at a high level despite the furloughs and cutbacks. He went on to say that the Board is committed and is providing leadership; and that there are resources.

With regard to “weaknesses”, there was a consensus among the Board members that staff vacancies are a weakness. The “opportunities” were defined as: funding resources, placing key people in management positions, improve the IT system, working with stakeholders, legislative outreach, and continuing to be open by doing business in the public forum. Judy Forsythe, Board member added that there are many opportunities in the dental assisting arena that will be addressed. Dr. Le emphasized that it is important to maintain the relationships that have been established with the stakeholders and professional associations. Dr. Bettinger continued that the Board has opportunities to improve access to care and to examine ways that licenses and permits are issued. Dr. McCormick asked about the “face of the dental board”. She would like to see the Web page play an important role. Dr. Casagrande described an opportunity as “unrealized potential”. Board and staff are asked to do many things with limited time and resources. He feels the Board and staff are held back by factors beyond our control and that we are not as effective as we could be.

The Board discussed “threats”. Fran Burton, public member stated that media scrutiny sometimes results in legislation that could be a threat rather than a remedy. She emphasized that the Board must be strong in the legislative arena. Dr. Olinger’s comment was that the reputation of the Board could be strengthened by how it carries out the new enforcement regulations.

Ms. Wilson guided Board members through the process of comparing their mission statement to mission statements from other states. The Board’s former mission statement read: “The Dental Board of California protects and promotes the health and safety of Californians by pursuing the highest quality of dental care through education, communication, licensing, legislation, regulation, and enforcement.” After deliberating, Board members decided to condense the organization’s mission statement to make it more memorable. The Board’s revised mission statement reads: “To protect and promote the health and safety of consumers in the State of California.”

The Board’s former vision statement read: “The Dental Board of California will be the leader in the promotion of oral health as it relates to the improvement of the total health care of the people of California.” The Board discussed at length whether the vision statement should be innovative and idealistic or realistic and obtainable. After this discussion, the Board revised its mission statement to read: “The Dental Board of California will be the leader in consumer protection, promotion of oral health, and access to care.”

The Board’s values currently read as follows:

- **Integrity** – Conduct the business of the board in an impartial and independent manner
- **Service** – To promote access to care and to give assistance to all California consumers, internal and external stakeholders

- **Professionalism** - To assure qualified, proficient and skilled staff provide services for the Dental Board of California
- **Fairness** – To assist and to provide information to all stakeholders in an unbiased and impartial manner
- **Respect** – To value all constituents of the Dental Board with high esteem
- **Diversity** – To acknowledge and recognize the diversity of California consumers

After facilitated discussion, Board members opted to retain existing values, but alter some value descriptions. The Board's revised values now read:

- **Integrity** – To conduct the business of the board in a transparent, impartial and independent manner
- **Service** – To provide high quality assistance to all California consumers, professionals, internal and external stakeholders
- **Professionalism** - To assure qualified, proficient and skilled staff provide services for the Dental Board of California
- **Fairness** – To assist and to provide information to all stakeholders in an unbiased and impartial manner
- **Respect** – To value all constituents of the Dental Board of California
- **Diversity** – To acknowledge and recognize the diversity of California consumers and professionals.

Before concluding for the day, Board members briefly brainstormed on Board focus categories. Board members examined existing focus categories, extracted the main idea from each, and then identified the five Board focus categories moving forward: Dental Practice Act, Licensure, Communication, Consumer Protection through Enforcement, Education. This section of the strategic planning process will be further discussed, along with the “objectives” at the next Board meeting being held in San Francisco, May 5-6, 2010.

#### **Public Comment:**

Dr. Bettinger limited public comment to seven minutes for each person and asked Kristy Schiedge, Legal Counsel, to set the ground rules for comments. Ms. Schiedge explained that these public comments are not directed at a specific agenda item for this meeting and therefore that Board was not able to discuss or respond to any comments made by the public at this time. If it chooses, the Board may put any item on a future agenda in order to respond to the comment.

**Ken Phillips**, member of the public, read his prepared remarks accusing the Board of improperly monitoring non-compliant probationer dentists, re-instating the revoked/revocation stayed incompetent dentists, and having complete disregard for public safety. He insists that because the Dental Board failed to require notification to the public by probationer dentists, that a friend of his was coerced into expensive treatment and three failed surgeries which left her mutilated and in constant pain. He feels the Board's actions are reckless and negligent. He asked that the Board impose a requirement that probationer dentists secure liability insurance. Legal Counsel had to remind Mr. Phillips that his time limit was up and she asked that he summarize his comments. He stated that his comments would be given to the media at the end of the meeting and continued to read his prepared remarks. In conclusion, he believes misconduct continues behind closed doors at the Dental Board and asked that the Board accept Tina's Bill.

**Alison Neeley**, concerned consumer and mother of two children is being pro-active to protect friends and family from becoming victims of repeated gross negligence by an uninsured probationer dentist who was disciplined by the Dental Board without successful reform and still

allowed to practice. She relayed a personal story of a friend who has been severely damaged by such a dentist. Ms. Neeley asked the Board to consider introducing legislation (Tina's Bill) that would strengthen public protection by requiring probationer dentists to give notice to patients at the place of treatment indicating the reason for his/her probation; and to post proof of insurance.

**John Geis, DDS**, President San Diego County Dental Society is currently employed by a community clinic. He also has been in private practice for over forty years. He is appearing today to voice concern that quality of care is not being given to patients in community clinics. Clinics are paid by the visit by the federal funding agencies and Dr Geis feels this process of payment encourages dentists to churn patients through too quickly. He stated that these clinic dentists are generally allowed ten to fifteen minutes for an office visit for children with serious tooth decay. He feels this is not enough time to complete treatment and therefore the child patient must return a number of times to complete the work. Children being treated at these community clinics grow up hating dentists due to repeated visits which require a number of injections. Dr. Geis will be working with the legislature, California Dental Association, and American Dental Association to get legislation that will require proper treatment for people using community clinics. He is asking the Board for support of such legislation and any other suggestions the Board might consider to address this problem.

**Kelly Martinez**, representing the California Correctional Supervisors Organization (CCSO). CCSO opposes the California Department of Corrections and Rehabilitation's (CDCR's) proposed changes to exempt correctional health facilities from Business & Professions Code, Section 1684.5 relating to patient of record requirements. CDCR is lobbying to exempt dental assistants from Business and Professions Code to allow non licensed dentists to supervise them while taking x-rays. CCSO dentists contend that this is practicing without a license. They feel that it is imperative that the person supervising the taking of x-rays should be properly trained, educated, and licensed. CCSO is in litigation with CDCR over dental care of inmates at all correctional facilities. CCSO claims that CDCR provides inadequate care to inmates. Through a stipulation, the State has agreed to increase staffing levels at correctional institutions to provide more access to care for inmates. However, CDCR has opted to eliminate the position of chief dentist at each correctional institution. CCSO believes that elimination of chief dentists will further degrade the quality of care to inmates. CCSO urges the Dental Board to oppose these proposed changes to the Business & Professions Code and requests the issue be put on the agenda for the next Board meeting.

### **Recess - Lunch Break**

Upon conclusion of public comment, the Board recessed at 11:57a.m. for lunch.

### **Committee Meetings**

Dr. Bettinger, President reconvened the Board at 1:07 p.m and went into Committee meetings. Refer to individual Committee Meeting minutes.

### **Closed Session**

The Examination Appeals Committee convened in closed session at 5:00 p.m. Roll was called and a quorum established. The Committee reviewed and discussed five examination appeals and denied them all unanimously. The Committee adjourned at 5:20 p.m. The full Board reconvened and went directly into closed session to review disciplinary matters and litigation, advice from counsel on litigation, and to evaluate the performance of the Board's Executive Officer.

### **Recess**

The meeting recessed at 6:47 p.m.