

Report Highlights

Progress Report: Regulation of the Dental Profession *Louisiana State Board of Dentistry*

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Why We Conducted This Audit

We evaluated the Louisiana State Board of Dentistry's (LSBD) progress towards addressing issues identified in our October 2016 audit on its regulation of the dental profession. In this audit, we evaluated whether LSBD implemented the eight recommendations we made in 2016 to improve LSBD's regulatory processes. In addition, we evaluated whether LSBD utilizes data in the National Practitioner Data Bank (NPDB) and the Prescription Monitoring Program (PMP) as appropriate in its licensing, monitoring, and enforcement activities because of risks we identified during audits of other healthcare regulatory and licensing boards.

What We Found

Overall, we found that while LSBD fully or partially implemented seven of eight recommendations made in our October 2016 audit report, additional improvement is needed in its monitoring and enforcement processes. In addition, we identified some risks associated with LSBD's underutilization of the NPDB and the PMP in its licensing, monitoring, and enforcement activities.

- During fiscal years 2016 through 2018, LSBD inspected 1,441 (94.4%) of 1,527 active dental offices at least once, as required by policy. This is an improvement from our October 2016 audit, which found that LSBD only inspected 1,032 (64.5%) of 1,600 dental offices during fiscal years 2012 through 2014. However, LSBD did not always ensure that dentists submitted proof that violations were corrected within 30 days following inspection for 213 (48.1%) of 443 inspections with violations, as required by LSBD policy.
- While LSBD developed criteria to identify high-risk dental offices, it did not refer 15 (71.4%) of 21 high-risk dental offices to a Disciplinary Oversight Committee, as required by policy, to determine whether disciplinary action was needed. In addition, LSBD does not maintain a list of high-risk offices or inspection data that indicates which offices had high-risk violations noted during an inspection. As a result, LSBD cannot effectively track high-risk offices for referral to a Disciplinary Oversight Committee in order to ensure public safety.
- LSBD's electronic tracking system does not track all disciplinary actions taken by the Board. As a result, Disciplinary Oversight Committee members may not have all necessary information to make disciplinary recommendations and may not be sanctioning dentists in a fair and equitable manner. In addition, while LSBD adopted a disciplinary matrix in December 2019, this matrix does not address all violations or include the full range of disciplinary actions available to the Board.

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What We Found (Cont.)

- LSBD has not developed a process that requires the consistent use of the PMP to investigate complaints and monitor sanctioned licensees to ensure that they comply with the terms of their consent decrees or Board orders. We found that during fiscal years 2016 through 2019, LSBD did not use the PMP to investigate six (50.0%) of the 12 complaints it received regarding illegal prescribing or practice by dentists or to monitor sanctioned licensees to ensure that they complied with the terms of their consent decrees or Board orders. We reviewed PMP data and identified two licensees who appeared to have prescribed medications in violation of the law or the restrictions imposed by LSBD.
- During fiscal years 2016 through 2019, LSBD did not report all adverse actions to the NPDB as required by federal regulations. We found that LSBD did not report 16 (34.0%) of 47 actions against licensees to the NPBD at all and did not report the remaining 31 (66.0%) actions within 30 days. In addition, LSBD does not query the NPDB prior to renewing licenses, so it may be making decisions without important disciplinary information on licensees from other states.