

DENTAL QUALITY ASSURANCE COMMISSION

NEWSLETTER—NOVEMBER 2013

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DENTIST LICENSURE FEE CHANGES EFFECTIVE JAN. 1, 2014

Dentist application and renewal fees reduction are effective Jan. 1, 2014. Annual renewal will be \$400.

Health professional programs are supported entirely by fees paid by healthcare providers. The legislature has mandated that revenue from fees be sufficient to sustain a program responsible for effectively protecting the health and safety of Washington residents. The department's reduction in fees meet the

legislative mandate to protect public health.

House Bill 1534 (chapter 129, Laws of 2013), amends RCW 18.32.534 (2) by requiring the department to collect a surcharge of up to \$50.

Prior to this change, the department collected a surcharge of \$25 on each dentist license



issuance or renewal. These funds is "pass through" money that finance a voluntary substance abuse monitoring program under the auspices of the

Dental Quality Assurance Commission; the program is implemented through a contract with the Washington Physicians Health Program.

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Kara Baza, EFDA
Bree Kramer, EFDA
Benjamin Weege, D.D.S.
Karim Alibhai, D.M.D.
John R. Liu, D.D.S.

HOW CAN I TELL IF A DENTIST IS CHEMICALLY IMPAIRED?

by Charles Meredith, MD, Medical Director, and Amanda Shaw, MPH, Research Coordinator

Given the occupational stressors faced by dentists and their access to controlled substances, dentists may be at greater risk for developing a substance use disorder compared to the general public. It may be only in the late stage of alcohol dependence or drug addiction that a provider reaches the threshold of impairment and his or her illness becomes visible to others. The Washington Physicians Health Program (WPHP) recommends the use of the "Six I's" in thinking about early warning signs that a provider may be at risk for impairment.

Irritability: manifested by mood swings or the gradual onset of personality change.
Irresponsibility: shifting work to others or taking short cuts in work.

Inaccessibility: frequent tardiness and absences, taking extended breaks.

Isolation: minimizing contact with staff and patients.

Inability: inappropriate or inadequate care, deviating from standard procedures.

Incidentals: nodding off, physiological signs of withdrawal, tremor, frequent bathroom trips, excessive use of cologne or mints to mask the odor of alcohol, other aberrant behavior.

WPHP provides outreach, crisis intervention, assessment and monitoring services for dentists who are having personal or professional difficulties owing to a medical condition such as substance dependence or mental illness.

One of WPHP's primary goals is to intervene and assist providers in need before their illness reaches the level of impairment. When you have uncertainty about the safety of a colleague because of observations similar to those described above, please consider calling WPHP for assistance. Staff members are available to take confidential referrals, answer questions, and provide guidance. If your colleague is chemically impaired, WPHP is able to identify this illness and help him or her with treatment resources before the condition causes further career disruption. If he or she is not chemically impaired, WPHP can discreetly rule out these concerns and stop potentially destructive rumors.

Prescribe antibiotics cautiously and counsel patients on proper use.

Change gloves between patients.

Follow proper hand-washing guidelines.

Ask patients if they have ever had a MDRO. If they are currently infected, follow the CDC guidelines for patient isolation in an office setting.

Educate yourself, your staff and your patients appropriately.

BATTLING DRUG RESISTANT ORGANISMS

The increasing prevalence of multi-drug resistant organisms (MDRO) should be of vital concern to all healthcare practitioners. MDRO are common bacteria that have developed resistance to multiple types of antibiotics. Constantly evolving, they pose dangers not just for immune compromised patients, but for healthy people as well.

Consider the cautionary tale of methicillin-resistant *Staphylococcus aureus* (MRSA): MRSA began as a rare staph infection resistant to certain antibiotics and was found only in hospitals and long term care facilities. Now MRSA infections can be acquired in community settings, and infectious disease specialists are concerned that continued mutations will render MRSA immune to all existing antibiotics. Recently, a similar but more lethal bacterium poses an even greater potential hazard to community health. Carbapenem-resistant enterobacteriaceae (CRE) are *E. coli* bacteria named for their immunity to carbapenem antibiotics (antibiotics of last

resort). Other MDRO include: vancomycin resistant enterococcus (VRE), extended spectrum beta lactamase (ESBL), *klebsiella pneumoniae* carbapenemase producer (KPC).

We should all be concerned by these dire trends, but the good news is that practitioners can easily and inexpensively help prevent the creation and spread of these and other alarming bacteria by following some simple steps outlined below, including hand washing. The most common way to spread bacteria from person to person is by the hands, so proper hand washing is a very effective tool in the infection control arsenal.

- Prescribe antibiotics cautiously and counsel patients on proper use.
- Change gloves between patients.
- Follow proper hand washing guidelines.
- Ask patients if they

have ever had a MDRO. If they are currently infected, follow the CDC guidelines for patient isolation in an office setting.

- Educate yourself, your staff and your patients appropriately.



For more information on:

2013 CDC Superbug Threat Report <http://www.cdc.gov/drugresistance/threat-report-2013/>

Preventing Antibiotic Resistance: <http://www.cdc.gov/features/antibioticresistance/>

Dental Hand Hygiene: <http://www.cdc.gov/oralhealth/infectioncontrol/faq/hand.htm>

CRE Bacteria: <http://www.cdc.gov/features/vitalsigns/hai/cre/index.html>

**You may renew
your license
online.**

RENEW YOUR LICENSE ONLINE

Nearly all health professionals who are within 60 days of their license expiration date may renew their active status licenses, registrations or certifications online.

To renew online you must register with Secure Access Washington and sign in to the Department of Health Online Services.

Go to the [Secure Access Washington \(SAW\) website](#). Here is a link to [online renewal frequently asked questions](#).

If you're having problems with the Department of Health Online Services site, [contact our Customer Service Office by email](#) or by phone at 360-236-4700.



THE QUACK FILES

EPISODE THREE – “TREATMENT PLAN: MURDER”

As the reviewing commission member, Dr. Megan Johanson thought about what the respondent dentist had experienced through the complaint process:

The Initial Letter:

Dr. Beige was still smiling as he arrived at his private practice. He still had a little speck of oatmeal on his cheek from the sloppy kiss his 11-month-old grandson had given him as he headed out the door. He sat at his desk and perused today's schedule. It promised to be an easy day with nice patients and simple procedures.

He pulled over his mail. Sandwiched between two advertisements for the lucrative practice of sleep apnea appliances was a letter from Washington State. It read:

“The Dental Quality Assurance Commission, within the Department of Health, has received a complaint alleging unprofessional conduct on your part, as defined in RCW 18.130.180. The complaint alleges incompetence, negligence, or malpractice.”

He read the sentence twice, lurched for the waste basket and lost his breakfast. The next two weeks would be a roller coaster.

The rest of the letter added nothing. The commission had to advise him of the complaint but couldn't tell him any more until the complainant signed a form to allow the details to be given out.

He thought of every dental procedure he had performed

in the past seven years; every area of decay that he restored; every area of decay that he thought was arrested. He pondered every denture, crown, referral and perio case. He wondered about endo and extractions. He was dizzy. He was depressed.

The Investigation:

Delores opened the laboratory door. “Dr. Beige? There's a Mr. Bean from the Department of Health here to see you.”

“OK,” he squeaked, “I'll be right there.”

He actually beat Delores to the front desk.

Mr. Bean was pleasant but professional and asked if he could have some time. It was not a threatening experience. He explained that a former employee, Mary Richards, had sent a letter to the Department of Health claiming that he had threatened her life and the lives of her family. He asked in a non-judgmental way, “What can you tell me about that?”

Well, that took him by surprise. He was expecting that he had left a crown margin open one nanometer too much. Then it came to him, “Oh! Oh! I remember!” He continued to gush forth with the explanation. “She was treating a patient with a latex allergy and was wearing latex

gloves. She hadn't checked in the chart. It scared me so I motioned for her to come out of the room. Then I took all of the clinical staff into a closed room and told them all, (I didn't mention her by name), that our patients trust and rely on us to treat them correctly and not risk their lives. They trust us to do the

right thing.

They put their lives in our hands. If her reaction to latex was severe she might stop breathing and it would be our fault.”

His words were flying

out of his mouth.

Then he slowed his verbal pace and leaned back against the wall, “I told them that violating that trust would be like me coming to their home in the middle of the night and setting it on fire.” He added almost to himself, “She didn't hear it in context...” Then, his voice trailing off, “she never did listen to me when I was trying to teach something. No wonder.”

Mr. Bean interviewed the rest of the staff and was gone. He was very professional and polite to the staff. Dr. Beige relaxed. Finding out the basis of the complaint was a relief.

Megan read the investigator's file twice...(to be continued)

If you've ever received a letter from the Dental Quality Assurance Commission (commission) you know how traumatizing it can be. The Quack Files are a series of actual closed cases. The cases are dramatized to improved readability and to make the process more transparent so that the innocent will feel protected, the guilty will feel justice and the quality of healthcare will improve.

The flow of a complaint follows a standard process:

1. A complaint is received at the Department of Health.
2. If there is sufficient information a panel of commissioners reviews the complaint and decides to close the complaint or to open it for investigation.
3. If opened an investigator is assigned to gather evidence.
4. A commissioner reviews the evidence and presents it to a larger commission panel to determine if a violation has occurred and if so what level of action should be taken.
5. Staff attorneys work with the professional to seek an agreeable resolution.

Missed Episodes 1 or 2? [Access them on our webpage.](#)

Based on actual cases from the Files of the Dental Quality Assurance Commission (commission):

Names and minor details are changed to protect those involved.

Visit our
[Web Page](#)

NEW MEMBER SPOTLIGHT

Kara Baza, EFDA

Kara has been a dental assistant for 14 years and completed the expanded function dental auxiliary programs at Seattle Central Community College in 2010. She was appointed July 8, 2013 to the commission as one of the EFDA members.

Bree Kramer, EFDA

Bree has been a dental assistant for 13 years and completed the expanded function dental auxiliary programs at Spokane Community College in 2009. She was appointed July 8, 2013 to the commission as one of

the EFDA members.

Benjamin Weege, D.D.S.

Dr. Weege is a general dentist in Zillah appointed July 29, 2013. Dr. Weege earned his doctor of dental surgery degree at Indiana University School of Dentistry in 2005.

Karim Z. Alibhai, D.M.D.

Dr. Alibhai is a board certified endodontist in Bellevue appointed to the commission on July 29, 2013. After graduating from Tufts University School of Dental Medicine in Boston, he completed the post-doctoral

endodontic program at Tufts in 1996. Since 2005, Dr. Alibhai has consistently been voted Top Endodontist by his professional peers by Seattle.

John R. Liu, D.D.S.

Dr. Liu is a pediatric dentist in Issaquah appointed to the commission on July 29, 2013. After graduating from Loma Linda University School of Dentistry he entered the pediatric dental residency program at Children's Hospital in Cincinnati, Ohio. Dr. Liu has been selected as one of the Top Dentists by Seattle Magazine in 2002, 2006, and 2009.

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THE COMMISSION

The mandate of Dental Quality Assurance Commission (commission) is to protect the public's health and safety and to promote the welfare of the state by regulating the competency and quality of professional healthcare providers under its jurisdiction. The commission accomplishes this mandate through a variety of activities working with the Department of Health, Health Systems Quality Assurance division.

Commission duties include:

- Establishing qualifications for minimal competency to grant or deny credential of dentists, expanded function dental auxiliaries, dental assistants, and dental anesthesia assistants.
- Regulating the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring and enforcing qualifications for credentials.
- Establishing and monitoring compliance with continuing education requirements.
- Ensuring consistent standards of practice.
- Developing continuing competency mechanisms.
- Assessing, investigating and making recommendations related to complaints against dentists, expanded function dental auxiliaries, dental assistants, and dental anesthesia assistants which may range from a notice of correction to license revocation.
- Serving as reviewing members on disciplinary cases and serving on disciplinary hearing panels.
- Serving as members of standing committees, when appointed.
- Developing rules, policies and procedures that promote the delivery of quality healthcare to state residents.

[RCW 18.32](#)—Dentistry

[RCW 18.260](#)—Dental Professionals

[RCW 18.350](#)—Dental Anesthesia Assistants

[WAC 246-817](#)—Dental Quality Assurance Commission

PRESCRIPTION MONITORING PROGRAM

by Chris Baumgartner, PMP Director

You can find more information on the program online

(www.doh.wa.gov/hsqa/PMP).

Contact program director Chris Baumgartner, 360-236-4806, for more information.

It has been a full year since the state established several prevention initiatives including the Prescription Monitoring Program. A main reason was to help combat drug overdose deaths owing mostly to the misuse or abuse of prescription drugs, the leading cause of accidental deaths here in Washington State.

The program collects information on the purchases of pain medications and other potentially dangerous or addictive medicines. The information comes from pharmacies and healthcare providers. It is then used to help improve patient safety and to reduce prescription drug misuse.

Actual data collection began in October 2011, and healthcare providers started requesting information in January 2012. By the end of September 2013, more than 9,500 prescribers and 3,200 pharmacists were using the

program, which already averages more than 900,000 records per month. It now holds more than 25.7 million prescription records. So far, pharmacists, prescribers, and prescriber delegates have made more than 710,000 patient history requests.

In 2012 more than 2.3 million Washingtonians filled a least one prescription for a controlled substance. Hydrocodone/acetaminophen (the generic form of Vicodin, a pain reliever) is the most dispensed controlled substance and makes up roughly 25 percent of all the prescriptions we collect. There were more than 156 million pills dispensed for this drug in 2012, enough for each person in the state to receive 23 pills.

Who Can Access Data

The law allows healthcare providers, patients, health professional licensing boards, and oth-

ers to view the prescription records for certain reasons. Prescribers and pharmacists can use the data to intervene with patients earlier. They can also identify dangerous drug interactions, address issues of misuse, and recognize under-managed pain or the need for substance abuse treatment. Health professional licensing boards and law enforcement agencies can view the records to assist in their investigations.

What the Future Holds

The department is pleased with the success the program so far. With additional grant funding recently received, there are also plans to connect to other state PMPs. We plan to share data on patients filling prescriptions across borders, to connect with our health information exchange to provide more seamless access for providers, and to make other improvements.

FREQUENTLY ASKED QUESTIONS

Dental assistants provide supportive services related to clinical functions.

Dental Assistant

Allowable Tasks

[WAC 246-817-520](http://www.doh.wa.gov/hsqa/PMP)

Prohibited Tasks

[WAC 246-817-540](http://www.doh.wa.gov/hsqa/PMP)

Q. I am a sterilization technician. Do I have to register?

A. Yes. You are a dental assistant.

Q. I am an orthodontic assistant. Do I have to register?

A. Yes. You are a dental assistant.

Q. I am a dental assistant student. Do I have to register?

A. No. Dental assisting school-program students do not have to register. Once you graduate, you must have an active registration before beginning work.

Q. I am starting an externship. Do I have to register?

A. No. Externships are usually part of a dental assisting school-program. If you are still considered a dental assistant student, you do not have to register.

Q. I only provide data entry-note charting for the dentist. Do I have to register?

A. No.

Q. Do dental assistants have to post their registration?

A. Yes. Law requires all dental staff members to post their credentials, whether they have licenses, certifications or registrations. ([WAC 246-817-301](http://www.doh.wa.gov/hsqa/PMP))

Q. What type of supervision must a dental assistant work under?

A. Close supervision means that a licensed dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. A dentist shall be physically present in the treatment facility while the procedures are performed. A dentist must be in the treatment facility and be capable of responding immediately in the event of an emergency.

Commission Staff Contact Information

Department of Health
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Olympia, WA 98504-7852

[Blake Maresh](#), Executive Director
[Jennifer Santiago](#), Program
Manager
[Erin Obenland](#), Case Manager

Customer Service 360-236-4700
www.doh.wa.gov

[Commission Website](#)

2014 Commission Meeting Dates

Jan. 17
March 7
April 18
June 6
July 18
Sept. 12
Oct. 24
Dec. 12

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DENTAL QUALITY ASSURANCE COMMISSION DISCIPLINARY STATISTICS JULY 2011 THROUGH JUNE 2013

Dentist

Active Licensed Dentists - 6,592
Complaints Received - 1065 (44 per
month)
Investigated - 596 (25 per month)
Closed after investigation - 411
Legal Action Taken - 158

Dental Assistant (DA)

Active Registered DA's - 12,698
Complaints Received - 155
Total Investigated - 102
Closed after Investigation - 78
Legal Action Taken - 21
Unlicensed Cases - 18

Expanded Function Dental Auxiliary (EFDA)

Active Licensed EFDA's - 188
Complaints Received - 3
Investigated - 3
Legal Action Taken - 1

How to avoid a complaint: Communicate and document all communication and treatment provided or recommended. These actions alone may not prevent a complaint being filed but will assist the commission when evaluating whether a violation of law has occurred. Know your law. Laws can be located on our [website](#).

DENTAL QUALITY ASSURANCE

[The commission](#) is made up of 12 dentists, two expanded function dental auxiliaries and two public members. Members attend regular meetings, scheduled for one day on a Friday every six to eight weeks. Members are appointed by the governor for four-year terms. If you are interested in applying to be a part of the commission, please complete an application on the governor's website at <http://www.governor.wa.gov/boards/application/application.asp> or contact Jennifer Santiago at Jennifer.santiago@doh.wa.gov with questions.



It is the purpose of the commission established in [RCW 18.32.0351](#) to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure, continuing education, consistent standards of practice, continuing competency mechanisms, and discipline.