

# Dental Quality Assurance Commission Newsletter

DOH 646-175 Nov 2016

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### Commission Members

- Colleen Madden, Public Member, Chair
- John Carbery, D.M.D., Vice-Chair
- Paul W. Bryan, D.M.D.
- LouAnn Mercier, D.D.S.
- Robert Shaw, D.M.D.
- James Henderson, Public Member
- Kara Baza, E.F.D.A.
- Bree Kramer, E.F.D.A.
- Karim Alibhai, D.M.D.
- John R. Liu, D.D.S.
- Kunal Walia, D.D.S.
- Aaron Stevens, D.M.D.
- Lyle McClellan, D.D.S.
- David Carsten, D.D.S.
- Ronald Marsh, D.D.S.
- Julia Richman, D.D.S.

## Hot Topic

### The Governor Declares War on Opioids

Provided by Paul Bryan, D.M.D.

Standing before a full stage of people the opioid abuse disorder epidemic has affected, Governor Jay Inslee announced his executive order to combat the opioid crisis.

“Today is a day of solidarity, a day of renewed resolution and a day of action where we stand together to say enough is enough,” Inslee said October 7 at the University of Washington.

The governor outlined four major goals:

- Prevent inappropriate opioid prescriptions and use.
- Treat people with opioid use disorder and connect them to support services, including housing.
- Save lives by intervening in overdoses.
- Use data to focus and improve our work.

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## Kovanaze

Provided by Dave Carsten, D.D.S., Dentist Anesthesiologist

Imagine a patient needs a restoration on tooth No. 5. The patient is needle-phobic. You say there’s an alternative. A squirt or two in the nose will nearly always be enough to completely numb the tooth. It won’t numb molars, but it can numb all the other upper teeth. I would guess many people would opt for that. That option now exists in a product called Kovanaze.

the chin playing basketball and required stitches. A fellow player patched him up. He happened to be an ear, nose and throat specialist who also diagnosed Kollar with a deviated nasal septum. The septum was straightened and at a follow-up visit the surgeon gave him a nasal spray containing tetracaine. Dr. Kollar noticed his teeth were numb when he used the spray.

The idea for Kovanaze started with Dr. Mark Kollar. He had been hit in

Dr. Kollar, recognizing he had a valuable idea, founded a company, St. Renatus, with a business partner. Shortly after,

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## Discipline—It’s Public Record

Provided by Aaron Stevens, D.M.D.

There is a question I get asked a lot, especially from other dentists. It happens while I'm with my kids in the park, in the dental chair, and occasionally in the men's room.

"So what kinds of cases do you see?"

It's a smart question. We all want to know where the pitfalls are. Discipline cases aren't things dentists look forward to. We would all love to avoid one. The conversations that follow are informative and I believe help those involved (myself included) reflect and actively watch out for the common errors.

Getting good information about cases shouldn't have to occur in the park or the men's room. Most other Washington quality assurance commissions (medical, for example) pub-

lish their actual case information with each newsletter. They list the licensee, a brief summary of the violation, and the consequences. It is the same information subject to public disclosure on the Department of Health website for all health care practitioners.

The website does not list cases that are closed without action. The dental commission is considering adding dental license disciplinary orders in this newsletter. The dental commission has not decided whether the discipline action should include licensee names. Publicizing this information in the newsletter serves several purposes:

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You may check out disciplinary information at any time by accessing the Department of Health [Provider Credential Search](#).

More information on the program, also known as Prescription Review, is [on our webpage](#). Contact the program directly at 360-236-4806 for more information.

## Prescription Monitoring Program

Provided by Gary Garrety, PMP Operations Manager

*“Dentists cannot assume that their prescribing of opioids does not affect the opioid abuse problem in the United States.” – “Prevention of Prescription Opioid Abuse” The Journal of the American Dental Association, July 2011 Vol 142*

In the state of Washington and across the country, the battle against prescription drug abuse continues. Prescription opioid overdose is killing more people each year in our state than are traffic accidents on our highways. Unintended prescription overdose has been the leading cause of accidental death in Washington since 2008.



Washington’s Prescription Monitoring Program, also known as prescription review, came online for prescribers in early 2012. The program collects dispensing infor-

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## Blood Glucose Testing & Dental Assisting

Provided by Paul Bryan, D.M.D.

“May a dental assistant (DA) take a blood glucose test on a patient?” is one of the great questions that may be pursued at the Department of Health Home Page [www.doh.wa.gov](http://www.doh.wa.gov).

Oh, btw, the answer is “yes—with conditions.”

They must be:

- Trained
- Closely supervised by a dentist
- Directed by a dentist

A DA may advise the patient of the glucose reading but may not diagnose. A normal reading may be pathologic in certain circumstances with which the DA may be unfamiliar. A simple phrase like “looks good” could be interpreted as a diagnosis and miss-inform the patient of their condition. “Your blood sugar reading is 85 today,” is not a diagnosis. It is an observation. DAs may make observations. “Your blood sugar is 110 today. That’s a little high,” is a diagnosis and outside of the scope of the dental assistant. One of the tasks of the DA is education. “Your blood sugar is 99 today which is in the normal range under certain circumstances though it might be different for you,” is not a diagnosis but falls under education.

An informal survey of dentists from the Western United States, including Washington, was taken and though all of them felt their dental assistants would be capable of taking such a test they were all unsure as to the legality. [WAC 246-817-520 \(28\)](#) lists taking and recording blood pressure and vital signs as allowable under close supervision. The commission determined blood glucose screening is a vital sign. Licensed dentists should ensure appropriate referrals are made to a medical provider when results of a blood glucose screening warrants it.

You may find the answers to many of your dental assistant questions on our dental assist [frequently asked questions](#) webpage.

### CORRECTION

In the July Newsletter under FAQ’s it stated records must be retained for 5 years. The correct record retention in WAC 246-817-310 is 6 years.

You may find all the dental assistant delegation rules at [WAC 246-817-520](#) and [WAC 246-817-540](#).

## Dental Quality Assurance Commission

[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.

- Want to be a full member? Get the [Governor’s application](#) here.
- Want to be a pro tem (limited participation) member? Get the [department’s application](#) here.

[Jennifer Santiago](#) is available to answer all your questions about being a member.

## PMP—A Quick “How To”

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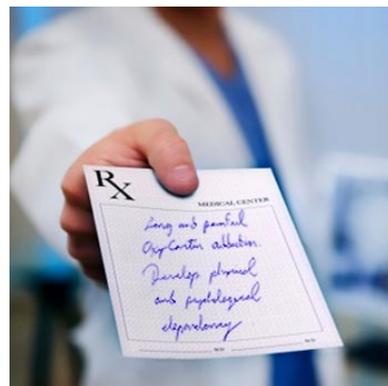
mation on the purchases of pain medications and other potentially dangerous or addictive controlled medicines dispensed in our state. Prescribers can verify the controlled substance medication history of their patients by registering and accessing the program database directly through a secure web portal, or quickly and conveniently through a provider’s Electronic Healthcare Records (EHR) system connected to the state Health Information Exchange (HIE).

In order to view the prescribing history of your patients on the PMP, you’ll first need to register for an account. Our registration process requires steps to authenticate your identity before account activation. Even with the identity authentication steps, those who are prepared can easily complete the entire process within 10 minutes. Here’s what you’ll need to know:

Registration takes two basic steps. First, you’ll need to set up an account with Secure Access Washington (SAW) if you don’t already have one. SAW is used for a long list of state services such as license and car tab renewals. You can use an existing SAW account so long as it is set up under your legal name and personal mailing address. Second, once your SAW account is active, you’ll request access to the PMP. SAW will then work to authenticate your identity and once complete will pass you to the PMP URL where you’ll be able to set-up your PMP account.

What you’ll need at the ready: Your legal name (as it appears on your driver’s license or birth certificate), your personal residential address, driver’s license, healthcare provider’s license (number e.g.: MD12345678), two email addresses you can access from work or whenever you might need to access the PMP, two phone numbers you can answer directly whenever you might need to access the PMP, and 10 minutes of computer and Internet access. You’ll also need the service code for requesting PMP access from within SAW. You’ll find this code printed in the Practitioners Training Guide (page 9). Yes, printing the code only in this location is a blatant attempt to get people to read the instructions in an effort to prepare them to successfully complete the registration process and have success using the PMP to support patient care.

When you’re ready, you’ll begin the process to register from the Secure Access Washington logon page.



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



[Access your dental chapter](#)

## Continuing Competency

Provided by Paul Bryan, D.M.D.

The Dental Quality Assurance Commission's purpose was defined in 1994 by the state Legislature and signed by two governors. It establishes the duty of the commission to address five specific areas, which are:

1. Qualifications for licensure
2. Continuing education
3. Consistent standards of practice
4. Continuing competency mechanisms
5. Discipline

The commission has organized the Continuing Competency Committee to undertake the task of defining the mechanisms to establish, monitor and enforce continuing competency of the professional health care providers under its jurisdiction.

Traditionally the measuring of professional competency has been the result of the disciplinary process to ensure that an offending provider is safe to practice. The purpose outlined in law (RCW 18.32.002) makes it clear that continuing competency should be measured without the requirement of a citizen, either an adult or a child, to be injured to initiate that process.

Many specialists have requirements they must periodically meet to maintain their status in that specialty. That may be sufficient to meet the commission purpose. However, general dentistry lacks such a documenting procedure.

The commission is aggressively seeking input from the stakeholders of Washington State to assist in defining these processes. We must find a system that will satisfy the "continuing competency mechanisms" stated in the commission purpose while not violating the requirements in the latter portion of the "purpose," which are to promote the delivery of "quality health care" to the residents of the state. Creating requirements that are so onerous to the providers that they cause a significant reduction in the delivery of health care would be an error. Ergo, we are in search of the proper balance. Join us in finding that balance.

The next committee meeting will be on December 5, 2016. Join our [Listserv](#) (interested parties email list) to be notified of this and other commission happenings.

Please consider inviting a member of the committee to attend your study club to hear your suggestions on the future of continuing education in Washington.

To receive updates to rules, join our [Listserv](#) (interested parties email list). Please contact

[Jennifer Santiago](#) for copies of proposed rules or to provide any comment on any rule changes.

The Dental Commission is looking at continuing education, and is considering changing the rule to:

- ◆ Allow more credits for online courses.  
The educational experience and documentation of attendance is much better now than when the rule was first made. Is the experience online equivalent to an in-class experience?
- ◆ Require a diversification of subjects.  
I took a two-year course on orthodontics. My CE requirement was met but as a general dentist should I have also kept up on endo, perio, pros, pedo, diag/txp, etc.? Would it be wise to consider this diversification over a multi-year period, i.e. every five years CE should show a diversification of topics that is like the pattern of procedures performed by the dentist?
- ◆ Allowing an averaging of CE credits.  
Should we allow a dentist to be short five credits in the audit year if the dentist has averaged 40 hours of CE per year for the past five years?

## Hot Topic – Governor’s War on Opioids

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The announcement preceded a panel presentation of those who are leading the charge to accomplish those four goals. The presentation described the significant role dentistry has inadvertently played in creating and sustaining the opioid epidemic. There was a tactile tremor in the audience as the concept was introduced.

The governor has tasked the Bree Collaborative, an organization of public and private stakeholders created to identify specific ways to improve health care quality, outcomes and



affordability in Washington State, with the assignment to defeat the opioid crisis.

In light of dentistry’s effect on opioid abuse disorder, the Bree Collaborative has embraced stakeholders from the dental community to directly affect the issues at hand.

Commissioner Ronald Marsh, D.D.S. from the Dental Commission has been assigned to join the Collaborative in its efforts on behalf of the commission and will keep the commission up to date with its efforts.

## Renew your credential online

Dentists, dental hygienists, dental assistants, expanded function dental auxiliaries, and dental anesthesia assistants who are within 60 days of their license expiration date, are able to 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 phone at 360-236-4700.



## Reader Input

The commission is looking for reader input. If you want to read about something specific, [please let us know](#).



## Thank You WSDA!

The Dental Quality Assurance Commission (commission) thanks the Washington State Dental Association for the article in the August 2016 WSDA News regarding the commission's first public member chairperson, Colleen Madden. The commission appreciates the newsworthy overview of the commission's history, process, time commitment, and purpose:

"...protect the public's health and safety and to promote the welfare of the state..." RCW 18.32.002

Interested in becoming a commission member? Get the [governor's application](#) here.

Access  
dentistry laws  
here

[RCW 18.32](#)  
[WAC 246-817](#)  
[RCW 18.260](#)  
[RCW 18.350](#)  
[RCW 18.130](#)  
[WAC 246-12](#)  
[WAC 246-16](#)  
[RCW 70.02](#)

## Discipline

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1. It protects members of the public by keeping them informed.
2. It helps the profession see where the current pitfalls are.
3. It helps motivate practitioners to stay off the list.
4. It increases readership of the newsletter. (Spoiler alert: Be on the lookout for CE credit in the newsletter!)

these cases. I believe I have improved as a practitioner by seeing case data and trends, and I believe that it will help others. I'm always happy to answer questions about it, but maybe we can keep it at the park and not so much in the men's room.

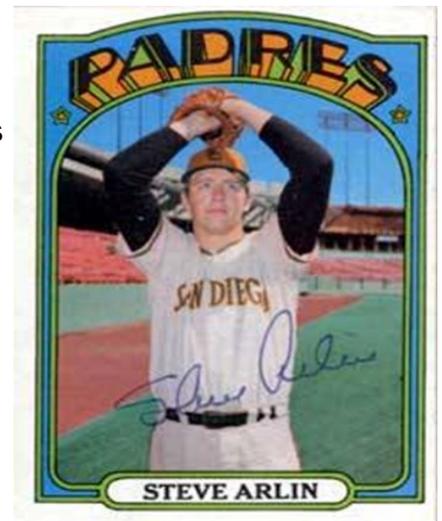
We hope that by making this change we will better fulfill our mission. There is a lot to be learned by knowing about

To receive updates on commission activity, join our [Listserv](#) (interested parties email list). Please contact [Jennifer Santiago](#) for copies of proposed rules or to provide any comment on any rule changes.

## Infamous or Famous

Steve Arlin was born in Seattle and became a collegiate baseball star as a pitcher for Ohio State University. In 1965 he led the Buckeyes to the College World Series and was named the tournament's MVP. The following year he led OSU to win the national championship.

Arlin went on to play major league baseball, pitching for the San Diego Padres in 1971 and 1972. He was traded to the Cleveland Indians in 1974. He accomplished all this while completing dental school. After his 1974 season he retired and began practicing dentistry in San Diego. During his major league career, Arlin won 34 games—11 of which were shutouts!



## Kavanaze

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they discovered that an ENT from Jackson, MS., had a patent issued on the idea of an intranasal dental anesthetic. The three then worked together to produce Kovanaze. The Food and Drug Administration (FDA) approved Kovanaze (tetracaine HCl and oxymetazoline HCl) Nasal Spray this past summer. When sprayed in the nasal cavity it can achieve pulpal anesthesia on teeth 4–13 and A–J. Patients must weigh more than 88 pounds. Patients over 18 have a maximum of three sprays. Patients under 18 who weigh more than 88 pounds can have a maximum of two sprays.

The spray combines tetracaine HCl, an ester local anesthetic, and oxymetazoline HCl, a vasoconstrictor. Kovanaze Nasal Spray is available in a 6mg/0.1mg strength as 0.2mL pre-filled, single-use sprays in 30-count boxes. Kovanaze has been shown to be 90 percent effective for all maxillary pediatric teeth and teeth number 4 through 13 for adults.

Because tetracaine is an ester, an allergic reaction is more likely than the now more common amide anesthetics. It also contains para amino benzoic acid (PABA), which can also elicit an allergic reaction. Oxymetazoline, a vasoconstrictor and active ingredient in nasal sprays such as Afrin, can have side effects.

Kovanaze is not approved for patients who weigh less than 88 pounds. There are several reasons for the restriction. The maximum dose of tetracaine for an adult over 18 is 20 mg. If three sprays are delivered, that is a dose of about 16 mg, more than three-fourths of the maximum dose. If a subsequent injected anesthetic is needed, limiting the dose proportionally is required. The oxymetazoline is a potent vasoconstrictor. It can increase blood pressure and cause reflex bradycardia. This is especially likely if a patient has used a nasal spray before the procedure. Although this side effect is unlikely to cause harm in a healthy adult, a child may react much more severely. Children under about 8 years of age adjust their cardiac output by means of heart rate. A reflex bradycardia in a child can have bad consequences.

The product testing was with healthy adults. It revealed that typically there was a small rise in blood pressure. Some patients had nasal congestion, nasal discomfort, throat irritations, eye watering, and headache. For healthy adults serious complications are very unlikely if the label is strictly followed. If the patient is overdosed, serious cardiovascular consequences can result. Overdoses in children could result in hospitalization or worse. Follow the instructions.

This product is an added tool in the armamentarium. There may be great temptation to use this with small children who are scared of needles. The weight restriction should keep use for pediatric cases limited. There are many case reports of children overdosing on oxymetazoline, resulting in serious adverse events requiring hospitalization such as coma, bradycardia, decreased respiration, sedation, and somnolence. It is wise to advise patients to avoid using oxymetazoline-containing products (such as Afrin®) and other  $\alpha$ -adrenergic agonists within 24 hours before their scheduled dental procedure. Kovanaze is contraindicated in patients with a history of allergy to or intolerance of tetracaine, benzyl alcohol, other ester p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product.

Let us know about your experience with this product.

Be kind and do no harm.



## Earn Continuing Education Credit!

The commission is now allowing one hour of continuing education credit for reading this newsletter! To qualify, please take the quiz below. Keep the completed quiz with your other continuing education proof of completion.

If you are audited, provide the quiz along with your other proof of continuing education and you will receive one hour of continuing education under WAC 246-817-440(4)(c). You are allowed no more than seven hours in the categories of educational audio or videotapes, films, slides, internet, or independent reading, where an assessment tool is required. This section will provide one of those seven hours allowed.

### Continuing Education Quiz

1. Which member of the dental commission has been assigned to join the Bree Collaborative in its efforts to improve health care quality?
  - A. John Carbery, D.M.D.
  - B. Ronald Marsh, D.D.S.
  - C. Colleen Madden, Public Member
  - D. Bree Kramer, E.F.D.A.
  
2. Patients provided Kovanaze must weigh more than:
  - A. 110 pounds
  - B. 60 pounds
  - C. 88 pounds
  - D. 48 pounds
  
3. May a dental assistant take a blood glucose test on a patient?
  - A. Yes
  - B. No
  
4. What year did the Washington's Prescription Monitoring Program come online for prescribers?
  - A. 2012
  - B. 2005
  - C. 2014
  - D. 2010

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#### Commission Meeting Dates

Dec. 9, 2016  
Jan. 27, 2017  
Mar. 17, 2017  
April 21, 2017  
June 2, 2017  
Jul. 21, 2017  
Sept. 8, 2017  
Oct. 27, 2017  
Dec. 15, 2017

**Public Health - Always  
Working for a Safer and  
Healthier Washington.**