Washington State Department of Health
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Dental Quality Assurance Commission Newsletter—July 2014

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Hot Topic
Dental Corporate Practice

Practice Management, Alternative Practice Model, Group Practice, Associate Dentists...

Call it what you will, the discussion of Corporate Dentistry is on the agenda of most Dental Boards, Commissions, and Associations. It is a complex and evolving subject that will have far-reaching consequences for the profession of dentistry.

While some practice models may change, one thing that should never change is the sanctity of the Patient-Practitioner relationship. Every single Dentist, whether in solo practice or a part-time associate at a large group practice, has the exact same responsibilities:

- Provide safe, quality oral care to every patient
- Comply with all dental laws, statutes and rules - Example: be able to produce treatment records for every patient you treat
- Act ethically and in the best interest of your patients
- Be able to justify treatment and treatment plans
- Comply with all Professional Standards

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Prescribe, Dispense, or Distribute Drugs

Dentists have statutory prescribing authority. In particular, "registered pharmacists of this state may fill prescriptions of legally licensed dentists of this state for any drug necessary in the practice of dentistry." RCW 18.32.685.

There is some confusion with WAC 246-817-360, which states, "no dentist shall prescribe, dispense or distribute any controlled substance or legend drug for other than dental-related conditions." The commission is aware of the ambiguity with the term "dental-related conditions." At a meeting on March 7, 2014, the commission voted to open WAC 246-817-360 for rulemaking modification to address the issue.

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Top Ten Things
You don't want to hear from your patient

Do you have suggestions for the Top Ten List?

Additional things you don't want to hear from your patient?

Send us your suggestions.

10. Do you have any mouthwash?.....Oh, it's not for me.
9. I thought the crown was going to be tooth colored?
8. Isn't the cavity on my left side?
7. Remember me? We dated in college!
6. Oh yes, when we started I had insurance.
5. I changed jobs. I work for the Dental Commission now.
4. You might want to blow your nose.
3. I'm dating your ex. No, the other one.
2. Have you considered retirement?
1. **Oops, I think I swallowed it.**

Prescribe, Dispense, or Distribute Drugs

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Dentists may prescribe for the practice of dentistry as defined in RCW 18.32.020. This includes residents prescribing within their residency.

The commission encourages dentists to communicate with pharmacists to ensure prescriptions are filled appropriately for patients.

You may contact Jennifer Santiago for a copy of the proposed rule modification. To receive important rule change notifications by email, join our Listserv.

Reader Input

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

Informed Consent

> ***"Do you understand the words coming out of my mouth?"***
>
> Chris Tucker to Jackie Chan,
> In the movie "Rush Hour."

The Plastic Container of Death

"Mrs. Myers is here to see you, doctor," Emily whispered. "She can't wear the lower denture we made."

I smiled and headed to room one.

"Happy Monday morning," Rebecca said, her eyebrows raised into a hopeful but concerned look, as I walked past sterilization. At reception even the normally sparkling Shannon's expression was one of empathy. I walked into the room and saw it: the plastic container of death, holding Mrs. Myers' lower "plate."

Before I could speak, Mrs. Myers looked at me and smiled. "You were so right about lower dentures," she said. "They are terrible. Thank you for your patience with me. I'm here to talk about implants!"

What could have ended with anger, litigation, and discipline very pleasantly concluded with a happy, smiling patient and a boost to the bottom line. Two principles were responsible for this success. First, I understood my limitations, and secondly, I was successful in the "Informed Consent."

I analyzed my abilities properly. Two key questions must be answered to improve the odds of success.

"Can I make a denture for Mrs. Myers?" Yes.

"Can I make her understand the risks?" Yes.

> ***"A man's got to know his limitations"***
>
> Detective Harry Callahan,
> In the movie "Magnum Force."

Note this last question was not "Can I tell her the risks?" The ability to "tell" does not ensure that she "understands." Similarly, having her sign a form listing potential risks also does not ensure that she "understands" the risks. This is particularly true if you see that she doesn't even read it.

If you lack the skills to complete a procedure at or above the standard of care, then you must refer. If you lack the ability to help a patient achieve a true informed consent, you must refer.

SOAP meets PARQ

These two acronyms may help you in your quest for an adequate informed consent.

S: Subjective. Listen to and understand what the patient has to say.
O: Objective. Use the appropriate tools and techniques to make observations for a proper diagnosis.
A: Actual. Make a proper diagnosis. Often dental caries are a symptom of an underlying disease.
P: Plan. Define a complete treatment plan.

P: Presentation. Review the treatment plan with the patient.
A: Alternatives. Help the patient understand the alternatives.
R: Risks. Help the patient understand the risks.
Q: Questions. Ensure that you have answered all of the patient's questions.

Help them understand

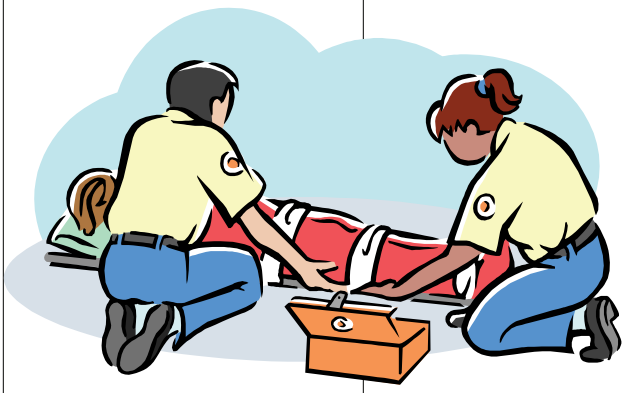
Too often dental offices spend more effort on "closing the sale" than on treating the patient. An informed consent is treating the patient. Staff members may worry that the patient won't sign the dotted line if they list too many potential risks. They worry that their reduced numbers on the daily reports will bring down the wrath of the office manager (who may be a staff member, the dentist, the dentist's wife, a corporate management team or absentee dentist owner). This is mistreatment of the patient for which credentialed professionals are responsible.

Four populations offer unique challenges to an adequate informed consent.

- Elderly patients.
- Non-English speaking patients.
- English as a second language patients.
- Timid or shy patients.

Care must be taken to ensure that the patient who nods in affirmation truly understands and isn't just being accommodating.

Basic Life Support Healthcare Provider Level Certification



Licensed dentists, licensed dental hygienists, licensed expanded function dental auxiliaries, certified dental anesthesia assistants and registered dental assistants providing direct patient care in an in-office or outpatient setting must hold current and valid healthcare provider basic life support (BLS) certification. Newly hired staff members providing direct patient care are required to get the certification within 45 days from the date hired. (WAC 246-817-720)

Hot Topic

Dental Corporate Practice

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The Washington State Dental Quality Assurance Commission (DQAC) is currently exploring this subject with the Corporate Practice Committee. Please attend our next meeting on September 12, 2014.

When you treat a patient, you are responsible for that treatment. DQAC recognizes that student loans and other financial pressures may result in less than perfect employment situations, but this does not alter your legal, professional and ethical accountability as a licensed Dentist in Washington State.

Some facts to remember:

Non-Dentists cannot own a Dental Practice

Non-Dentists cannot decide or influence Patient care by any means, including:

- Restricting access to treatment records
- Limiting options on treatment materials
- Standardizing treatment without individual consideration
- Changing treatment plans
- Over-scheduling

The Washington State Dental Quality Assurance Commission (DQAC) is currently exploring this subject with the Corporate Practice Committee. Please attend our next meeting on September 12, 2014, or email us at Jennifer.santiago@doh.wa.gov to tell your story, provide your input or share your concerns.

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.

A Primer on Burnout in the Dentist

By Washington Physicians Health Program (WPHP)

Dentistry can be a stressful profession. With high patient loads and time constraints, little control over patient resources for effective treatment, variable levels of patient appreciation for skilled work provided, consistent patient anxiety, and a lack of professional support for the solo practitioner, dentists can easily be left feeling exhausted and "burned out." Burnout is a commonly used term, but does it mean anything more than having a bad day? And is it serious?

Burnout is defined as a triad of depersonalization, emotional exhaustion and diminished personal accomplishment. Depersonalization can be thought of as a self-protection mechanism against emotional exhaustion and further emotional injury, resulting in an attitude of detachment and negativity toward patients. Exhaustion and feelings of detachment can lead to perceived ineffectiveness at work and a loss of natural empathic response to patients and their vulnerability. Over time these attributes can develop into a chronic condition, posing a threat to good dental care.

A number of studies have reported a high prevalence of burnout among dentists, with rates ranging from 12 percent to 36 percent. Additionally, a recent survey of American Medical Association members identified the prevalence of burnout in practicing physicians in the U.S. to be 45 percent. This can be attributed to the demanding nature of healthcare industry, high workloads, and the intense interpersonal context of healthcare provider occupations.

If burnout continues long term, some believe it can precipitate more serious diseases. Burnout is associated with an increased likelihood of meeting diagnostic criteria for major depressive disorder or alcohol use disorders such as alcohol abuse or dependence. It has been associated with increased likelihood of an episode of significant suicidal ideation in both attending level physicians and fourth-year medical students. Finally, the presence of continued burnout has been shown to increase the likelihood of making a significant medical error in the near future. Furthermore, when the ability to tap into your natural empathy is lost, patients are less likely to follow your behavioral recommendations or trust that your care is safe.

Research is growing into strategies to target burnout. While many will experience burnout, the good news is that it is often a transient state, and recognition of burnout is important for prevention. A person can do several things to combat burnout, all of which revolve around maintaining a healthy work-life relationship and restoring personal balance. Using vacation time is important, as is having the courage to exercise what control you can over work hours and patient load. Reflective writing on meaningful clinical experiences and sharing these experiences with colleagues has been shown to be helpful.

In addition, multiple researchers have shown that learning and implementing the practice of mindfulness meditation can combat and prevent the development of burnout. In fact, a number of allied health professional training programs are altering their student curriculum to incorporate content on wellness and mindfulness training. Based on a review of the medical literature, it has been suggested that mindfulness practice may help improve attentiveness, self-awareness, acceptance, wisdom, and self-care in dentistry. UW Medicine offers a free six-week course in Mindfulness Based Stress Reduction to its faculty members and their families. We hope to see other healthcare organizations throughout the state do the same for their staffs.

When burnout lingers, the joy that comes from practicing your profession is lost. If the above interventions don't work, a brief course of supportive psychotherapy may be very helpful. Many people will confidentially call the Washington Physicians Health Program seeking a local therapist who is experienced in working with doctoral level healthcare providers and who understands the innate pressures of those professions. Give us a call and we can find help for you in your local community.

Article references available upon request.

Article contributed by Amanda Shaw, MPH, Research and Outreach Program Manager and Charles Meredith, MD, Medical Director at the Washington Physicians Health Program

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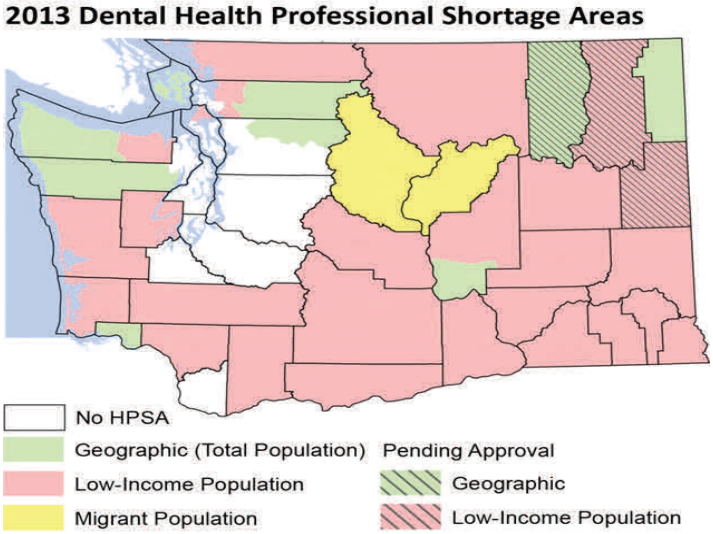
2014 Commission Meeting Dates

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

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

Direct Recruitment program connects dentists with communities.

Many low-income Washington residents have extreme difficulty accessing dental services. In most areas, people's lack of insurance coverage or other resources to pay is a primary cause of their inability to receive needed care. In some rural parts of the state there are not enough dentists even for people with the ability to pay.



To address this public health problem, the Department of Health connects dentists with communities in need. Staff members of the Rural Health Section provide recruitment services for healthcare facilities located in rural and underserved areas statewide. Our goal is to ensure that the healthcare system in Washington State has the professionals needed to help build healthy communities. Since 2000, we have placed 235 health care clinicians, including 39 dentists, into high need areas of Washington.

If you are a dentist interested in our placement services please register at www.3RNet.org. We use the online resources of the National Rural Recruitment and Retention Network (3RNet) to assist us. Contact information and resumes are kept private and shared only with hiring organizations with your permission.

If you are a rural dental employer in need of recruitment services, contact Jawana Cain, our recruitment specialist, at Jawana.cain@doh.wa.gov or 360-236-2815.

Rural Health staff members can also provide information about the state and national loan repayment programs that can be available depending on where you work. During the most recent application cycle, dentists could receive up to $50,000 in return for a two-year service commitment from the National Health Service Corps. The Washington State Health Professional Loan Repayment Program will provide up to $70,000 also in exchange for a two-year service commitment. Both programs allow participating dentists to apply for additional awards after completing the initial contract. If you would like more information about participating in the loan repayment programs either as a clinician or employer, please contact Renee Fullerton at renee.fullerton@doh.wa.gov or 360-236-2814.

Announcements

New listserv—An interested parties list is now available. We have created a newsletter-specific listserv. If you want to receive notification only when an update newsletter is posted, please join this listserv and remove yourself from the general Dental Commission list.

Upcoming Newsletter Feature:

Stay tuned for a commission advice column...

Dear Dr. DQAC!

Dr. DQAC answers your burning questions about all things Dental. Send us your questions.