

DENTAL QUALITY ASSURANCE COMMISSION

NEWSLETTER—JULY 2013

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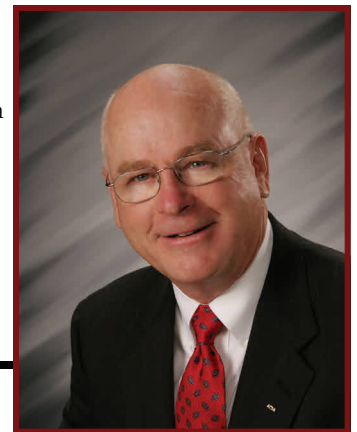
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In Memory of

Dr. Richard Terry Grubb 1938-2013

It is with great sadness that we announce the passing of Commissioner Terry Grubb. Dr. Grubb served his patients, the citizens of Washington, the Washington State Dental Quality Assurance Commission, and the entire dental community with exceptional integrity and dedication. Dr. Grubb's distinguished career began with a D.D.S. from the University of Washington, and included fellowships with the American College of Dentists, The International College of Dentists, and the Pierre Fauchard Society. He operated a successful dental practice in Wenatchee since 1967, as well as serving as past president of both the North Central Dental Society and the Washington State Dental Association, past VP of the American Dental Association, and current DQAC commissioner. Carey Grant said: "Probably no greater honor can come to any man than the respect of his colleagues." Dr. Grubb is the well-deserved recipient of this highest honor. His keen intelligence, vast professional knowledge and kind-hearted humor will be sorely missed.



Message from the Chair - Paul W. Bryan, D.M.D.

Goodbye Commissioner Grubb

Terry Grubb, two-year veteran of the Dental Quality Assurance Commission, passed away in June. I had the great good fortune to work with Terry both on the commission generally and in our disciplinary panel where complaints are received and actions defined.

I will miss his graciousness, his smile and that special voice that had a way of capturing your attention and engendering a sense of folksy common sense.

Let me tell you why you will miss him. Commissioner Grubb, Dr. Grubb, Terry was an advocate for truth.

He had a very special gift for delving into disciplinary issues to discover the truth. Terry would dissect away the hyperbole, the rhetoric, and the passion to uncover the undeniable facts that would make the case crystal clear for his fellow commissioners. He would stew over difficult cases until he could find the rhyme and reason for the issues, and then present those cases to us in that voice that I will never forget. He protected the injured patient as well as the provider unjustly targeted for malicious assault by a disgruntled employee. He protected everyone through his kindness, intelligence and

tenacity to find the truth.

He was a man of compassion. He would ache for the injured party, whether patient or dental provider, and his recommendations were always fair, compassionate and directed to help.

Dr. Grubb's achievements in family, community, dentistry, leadership, et cetera are all well documented and well deserved.

Still, I will miss Commissioner Grubb because he taught me how to seek for truth and to use it to make my part of the world a better place to live.

“You must hold an active dental anesthesia assistant certification to provide any of the allowed duties listed in RCW 18.350.040 and WAC 246-817-771.”

DENTAL ANESTHESIA ASSISTANTS

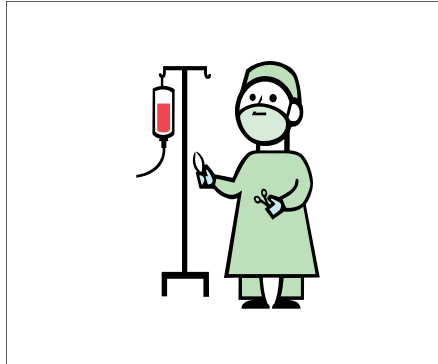
Second Substitute Senate Bill 5620, chapter 23, laws of 2012, created certification of dental anesthesia assistants. They will work under close and direct visual supervision of an oral and maxillofacial surgeon or a dental anesthesiologist. A committee made up of commission members completed rules in February 2013. The commission adopted those rules on June 7, 2013. The rules provide credentialing and continuing education requirements for

certified dental anesthesia assistants. WAC 246-817-205 provides detailed credentialing requirements. WAC 246-817-445 provides continuing education requirements to

renew the certification annually. You must hold an active dental anesthesia assistant certification to provide any of the allowed duties listed in RCW 18.350.040 and WAC 246-817-771.

Applications will be available online August 2013.

Dental Anesthesia Assistant Rules Committee:
Andrew Vorono, DDS,
Todd Cooper, DDS,
James Henderson, Public Member,
and Pat Norman, EFDA.



CONTINUING EDUCATION AUDITS

The commission began auditing continuing education for dentist renewals completed in October 2012. As of June 15, 2013, 95 files have been reviewed, and 84 of those audits have met the continuing education requirements. Notices of correction were sent to 11 dentists who failed to meet the continuing education requirements. These

individuals will automatically be audited next year. A notice of correction is issued to the health care professional to report a violation of a statute or rule has been documented. The notices are not considered disciplinary actions. WAC 246-817-440 details dentists' continuing education. There are several categories where a maximum number of hours are allowed. Specifically, of the 21 hours

required per year, you may only count a maximum of seven hours for courses taken online (Web/Internet) or correspondence courses. Dentists providing sedation must complete additional continuing education. Continuing education hours for sedation are in addition to the 21 hours needed for the dentist license. The frequently asked questions in this issue focus on continuing education.

You may renew your license online.

RENEW YOUR LICENSE ONLINE

Nearly all health professionals, 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 by phone at 360-236-4700.



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[Commission Website](#)

2013 Commission Meeting Dates

February 1
March 15
April 26
June 7
July 26
September 13
October 25
December 6

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

FREQUENTLY ASKED QUESTIONS

Q: How many hours of continuing education do I need to renew my dental license?

A: Twenty-one hours annually. State law details continuing education requirements for dentists. ([WAC 246-817-440](#))

Q: Do I need to send copies of certificates of completion?

A: No. You must sign an affidavit of compliance annually. You will find the affidavit on the back of your annual renewal notice.

Q: How long do I have to keep continuing education documentation?

A: Four years.

Q: May I count continuing education hours I accumulated for other organizations, (i.e. national certification with specialty organizations, etc.) toward this requirement?

A: Yes, given the hours are within the reporting period.

Q: How many continuing education hours can I obtain online or through correspondence?

A: Law indicates a maximum of seven hours in this category. ([WAC 246-817-440](#) (c))

Q: Can I count continuing education hours from one year in the next year?

A: No. You cannot carry-over continuing education in excess of the required hours earned in a reporting period to the next reporting cycle. ([WAC 246-12-230](#))

Q: Are dental assistants and expanded function dental auxiliaries required to provide continuing education?

A: No.

Q: Since I administer sedation, am I required to take additional continuing education?

A: Yes. Continuing education requirements are in the rules associated with the specific level of sedation.

Here are the rules for continuing education requirements:

[WAC 246-817-440](#) Dentist Continuing Education
[WAC 246-817-740](#) Minimal Sedation by Inhalation
[WAC 246-817-745](#) Minimal Sedation
[WAC 246-817-755](#) Moderate Sedation
[WAC 246-817-760](#) Moderate Sedation with Parenteral Agents
[WAC 246-817-770](#) General Anesthesia and Deep Sedation
[Chapter 246-12 WAC, Part 7](#) Continuing Education

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. 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.

THE QUACK FILES

EPISODE TWO- “TREATMENT PLAN: MURDER” THE INVESTIGATION

Dr. Johanason stared at the plain manila envelope sandwiched between two glossy dental journals on her desk. She couldn't see the return address but she knew it was from the Department of Health. She hoped it was routine. She was wrong.

Megan was hoping that it wasn't the case about the dentist who threatened to murder his assistant and her family. She pulled the envelope to her but instead of opening it she flipped it over and began scribbling out the timeline for case processing.

- 21 days to process a complaint (the amount of time from the receipt of a complaint until a panel of commissioners determines to close or open a complaint for investigation)
- 170 days for the investigation (time for the investigator to in-



terview witnesses, gather evidence and prepare a report)

- 2-3 weeks to compile the evidence and case file and assign it to the RCM (the time it takes to prepare the case file for the RCM –Reviewing Commission Member). It had only

been two months since the panel authorized an investigation. Even though the investigator would have made it a priority to investigate this case, it was still too early to expect it to be ready for evaluation. Megan took a deep breath and let it out with a whoosh fluttering her auburn bangs. She pulled the file out of the envelope and flipped the manila case file open to read the complaint.

The complaint summary simply said, “The respondent threatened to murder the complainant and her family.”

“Uff da,” she said under her breath.

She flipped the file closed and looked, for the first time, at the name of the dentist. Her eyes froze on the name. Her breath stopped and it took several seconds before she reminded herself to start breathing again.

“This can't be right,” she said startled.

“What can't be right, Meg?” Megan hadn't noticed her roommate Jordan coming in with a cup of herbal tea for her.

Megan gathered her thoughts. “Oh, it's a case I've been assigned.” Megan never discussed details of cases with anyone outside the agency staff but as she looked into Jordan's green eyes she was bursting to tell someone. The clock was ticking. Megan had 140 days to complete her review, present it to a reviewing panel and, if validated by the panel, work with the staff attorneys to generate a “statement of charges.”

She wondered how the chairman of the DQAC reacted. After all, he was the accused... **(to be continued)**

“She wondered how the chairman of the DQAC reacted. After all, he was the accused...”

Missed Episode 1?

[Access it on our webpage.](#)

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

Names and minor details are changed to protect those involved.

THE WASHINGTON PHYSICIANS HEALTH PROGRAM

The Role of Washington Physicians Health Program in Protecting Our State's Dentists

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

“WPHP provides its services as a therapeutic alternative to discipline and confidentiality is one of the program’s most critical components.”

The practice of clinical dentistry is physically, mentally and emotionally demanding. In 2005, the American Dental Association formally adopted a policy statement on dentist health and well-being. The policy resolves that dentists are “encouraged to maintain their health and wellness, construed broadly as preventing or treating acute or chronic diseases, including mental illness, addictive disorders, disabilities and occupational stress.”

Initially founded by the Washington State Medical Association in 1986, the Washington Physicians Health Program (WPHP) was established to provide a formal and organized mechanism to intervene on and assist healthcare providers thought to be impaired by medical illnesses such as those specified in the ADA policy statement. In 2001, WPHP began providing similar services for dentists and since that time, the organization has informally assessed 150 dentists in the state of Washington for a wide range of concerns.

WPHP is a private, nonprofit organization that helps identify, monitor the recovery, and endorse the safety of healthcare providers who have a condition, physical or mental, that affects their ability to practice their profession with reasonable safety to patients. Examples of these conditions are substance abuse or dependence, major depressive disorder, bipolar mood disorder, cognitive disorders, personality disorders, and physical disorders, such as multiple sclerosis and chronic pain. WPHP believes that early intervention and evaluation offer the best opportunity for a successful outcome and help to protect a dentist’s career

and the safety of their patients. Dentists found to be potentially impaired by such a health condition are referred to expert treatment in the community, under the supervision of WPHP’s monitoring staff. The overriding goal is to prevent or minimize any disruption to the dental provider’s career.

WPHP offers a variety of programs tailored to the unique needs of each client. By contract with the Washington State Department of Health, WPHP is the qualified provider of these services to physicians (MD and DO), physician assistants, dentists, veterinarians, and podiatrists.

WPHP takes referrals from any individual who has a concern that a dentist may be potentially impaired by a new or long-standing medical condition. Signs of substance abuse, significant emotional lability, significant depression, or overwhelming anxiety can be warning signs of a disease process that may disrupt the provider’s career and threaten patient care. WPHP is also able to provide assistance with issues related to disruptive behavior in the workplace and is available to consult on such cases and provide guidance to dental office staff leadership. Often, instances of disruptive behavior are the product of an underlying psychiatric condition.

WPHP provides its services as a therapeutic alternative to discipline and confidentiality is one of the program’s most critical components. WPHP is a confidential resource for dentists and their spouses, domestic partners, families, and colleagues who have concerns that a dentist might be impaired (RCW

18.130.070 and 175). Due to these legislative protections, roughly 90 percent of current WPHP clients are participating in the program confidentially, without the knowledge of their licensing boards. Of the 10 percent whose participation is known to their licensing boards, most are individuals who were identified to their board or commission by concerned patient before a colleague referred them to WPHP. Additionally, In the state of Washington, any individual holding a license through the Department of Health is legally obligated to inform either the Dental Quality Assurance Commission or WPHP of any dentist who “may not be able to practice his or her profession with reasonable skill and safety due to a mental or physical condition” (WAC 246.16.235).

The efforts of WPHP protect the people of Washington through innovations in early identification of potentially impairing conditions. WPHP staff members are available to take confidential referrals and discreetly provide guidance. In addition, WPHP offers a variety of educational presentations and Continuing Education courses so that members of the medical and dental community are better able to identify colleagues who may benefit from WPHP services or require referral to the program.

For more information or to make a confidential referral, please visit www.wphp.org or call WPHP at (800) 552-7236.