



PRESIDENT'S MESSAGE ALICIA RIEDMAN, R.D.H.



The changing of the seasons reminds us that the only constant is change. At our American Association of Dental Boards Conference, we were given many updates on the changes happening at the national level that affect our profession in Oregon. We were informed by Matthew Shafer from The National Center for Interstate Com-

pacts that the Council of State Governments has launched the interstate compact project, which allows interstate licensure portability. Many professions have already had national portability of licensure implemented. The language for license portability for dental professionals is currently in process and is expected to be implemented by the spring of 2023. The discussions on the language will include input from professionals across the nation as well as at the state level. RADM Timothy Ricks, DMD, MPH, FICD, Chief Professional Officer for the dental category discussed the need for the continued integration and development of the medical/dental model. We are perfectly situated to screen for chronic diseases, such as diabetes, as well as provide vaccinations. Many people see their dentist while not visiting their medical provider. We can catch many diseases and provide prevention and referral before these conditions need more costly and extreme interventions, while the medical professionals can refer patients in need of dental services.

It has been a busy year for the Board of Dentistry. We had our Strategic Planning meeting to set priorities for the upcoming years. Thanks to the many that participated in our Strategic Planning Survey as we incorporated your suggestions in our agenda. Dental Therapy licensure is also rapidly developing across the nation as the pandemic has again highlighted the need for many models of dental professionals to meet the demand for equity in healthcare. We continue to work on rules for this newly licensed profession in Oregon.

At the Oregon Dental Hygiene Association Conference, the attendees were informed by Dr. Horst, DDS, PhD that in a groundbreaking announcement the World Health Organization added Silver Diamine Fluoride and Glass Ionomer Cement to the List of Essential Medicines in the medical management of caries, and has become the international standard. These medications will decrease the disease of caries, provide pain free treatments, as well as decrease the need for full anesthesia given to young children that has the potential to harm their developing brains. As a grandmother of three, I see this as a game changing declaration. We can expect to see these medicines being used routinely in Oregon as well as the nation.

Although the above topics have been utilized more readily in recent years, they are now at the forefront of the trends in the nation and we will be seeing an increase in application. As a public health EPDH working in schools, Head Starts and pre-schools, I am extremely thankful to be serving the children again after a year and a half of shutdown due to the pandemic.

It is apparent the need for dental services is also at pandemic levels as I have seen a marked increase in urgent and emergent cases. After the disappointment of dental benefits being cut from the original social spending framework through Medicare, we know we have much work ahead of us as we continue to increase access to equitable quality care. After hearing the many topics of discussion from such dedicated and passionate presenters, both locally and nationwide, I am excited to continue this work. I believe we are going in the right direction. ■

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A WORD FROM THE EXECUTIVE DIRECTOR

STEPHEN PRISBY

It was a turbulent and unpredictable year and there is a lot of news to share since our last newsletter. We powered through (like you did) under stressful conditions during the pandemic. The ongoing and changing Covid emergency rules and executive orders has been difficult and challenging for everyone. We acknowledge this, and we have heard from many of you on different topics and your feedback is always valuable. Oregon Board of Dentistry (OBD) Staff are still “essential personnel” and have been reporting to work at our downtown Portland Office, and not working remotely throughout the pandemic. They have shown tremendous resilience, commitment and fortitude in getting the work done and I thank them sincerely for their efforts. I have more good news to share below, I am optimistic for our dental professionals, the state and the OBD.

We welcomed two new Board Members with Dr. Aarati Kalluri and Dr. Sheena Kansal joining the Board in the spring of 2021. We also had staffing changes and welcomed Dr. Angela Smorra as our new Dental Investigator in May 2021. Please enjoy reading their biographies and information about other Board and Staff changes in an article in this Newsletter.

The 2021 Legislative session was a bumpy and difficult affair if you observed or participated in the session. There is an article in this Newsletter that reviews legislation that impacts our Licensees or the OBD, most notable is the Dental Therapy Bill (HB 2528). The bill directs the OBD to create rules and issue licenses to Dental Therapists in 2022.

The Board was established in 1887, and Dental Hygiene was added as a new regulated Licensee back in the 1940s. A new standing OBD Committee was established to make recommendations to the Board. The Dental Therapy Rules Oversight Committee has already met twice, and a third meeting was being scheduled in December 2021. We highlight this Committee in another Newsletter article for you to stay informed on this new type of Licensee and the steps we are taking to administer the provisions of the new legislation.

The OBD went through its regular and transparent rulesmaking process and a Newsletter article also details the twenty-three (23) rule changes that were voted on by the Board at the October 22, 2021 Board Meeting. These rule changes are not related to dental therapy. Eighteen (18) rule changes are effective January 1, 2022 and five (5) rule changes are effective July 1, 2022. Please review these closely as there are new rule changes involving dental license CE requirements, placing dental implants, dental hygienists placing interim therapeutic restorations and other rule changes that may directly impact you, your practice, or colleagues that you supervise.

FREQUENTLY ASKED QUESTIONS

Q: What information must I maintain in the patient record & give to the patient when placing implants?

A: OAR 818-012-0070(4) Requires when a dental implant is placed the following information must be given to the patient and maintained in the patient record: (a) Manufacture brand; (b) Design name of implant; (c) Diameter and length; (d) Lot number; (e) Reference number; (f) Expiration date. The product labeling stickers containing the above information may also be used in satisfying this requirement.

The OBD also undertook strategic planning in 2021. This endeavor could have been easily delayed due to the pandemic, staffing shortages and other issues. We shifted the work on the strategic plan a few months to welcome two new Board Members and one staff member, but moved forward to prioritize this important work. The plan is to replace the OBD's 2017 - 2020 Strategic Plan. In early 2021, the OBD circulated a survey on OBD operations and areas of focus to our Licensees and interested parties to inform the Board on the issues important to the dental community.



We followed procurement rules and eventually selected the Peak Fleet to help facilitate our planning and help draft the next plan. The OBD held strategic planning sessions on October 22 & 23 with all ten Board Members participating in-person. The work and efforts are now being distilled and the Board will review a final plan at the February 2022 Board Meeting.

I am so thankful that the OBD continues to attract such interesting, smart, professional and engaged Oregonians year after year. We will have three open Board Member seats next year so please consider contributing to the profession as a Board Member. Another Newsletter article highlights how to apply and learn more about service on the Board.

As 2021 ends, I wish you all happy holidays, good health and a great start to 2022. If you have any questions or comments, I look forward to hearing from you. Stephen.Prisby@oregondentistry.org or 971-673-3200. ■



BOARD & STAFF UPDATES

Dr. Hai Pham chose not to seek a second term of service on the OBD and his term expired in April 2021. We thanked Dr. Pham for his service and support on the Board. His experience and clinical knowledge was very valuable in OBD discussions and decisions. We wished him all the best on his future endeavors.

The Governor appointed and the Senate confirmed Dr. Sheena Kalia Kansal to the Oregon Board of Dentistry. She is replacing Dr. Hai Pham's position. Her term began April 19, 2021 and ends March 31, 2025. OBD. Dr. Sheena Kalia Kansal is a pediatric dentist and an owner of Hollywood Children's Dentistry located in northeast Portland. She completed her undergraduate studies and Doctor of Dental Surgery (DDS) in Alberta, Canada. She practiced general dentistry for six years in Canada before relocating to Portland and completing a two-year specialty program in Pediatric Dentistry at OHSU in 2008. She has been practicing dentistry for over 20 years and is, currently, serving communities in Portland and surrounding areas.

The Governor appointed and the Senate confirmed Dr. Aarati Kalluri as a new Board Member on March 4, 2021. She joined the Board due to the opening created when Dr. Todd Beck resigned from the Board in August 2020. Her first term began March 15, 2021 and ended March 31, 2021. This partial term was to fulfill the remaining term of Dr. Beck. Her first full term began April 1, 2021 and ends March 31, 2025. She is eligible to serve another full term. Dr. Aarati Kalluri is a General Dentist and owner of Infinity Dental Care based in Hillsboro. She completed her Bachelors in Dentistry (BDS) and Masters in Prosthodontics and Dental Materials (MDS) in India and served as faculty in Graduate Prosthodontics in India, before moving to the United States. She completed her DDS from University of California at San Francisco in 2008 with honors and was inducted into the Omicron Kappa Upsilon (OKU) Society for Academic Excellence. She opened her practice Infinity Dental Care in 2013 and ever since has been serving communities in Hillsboro and surrounding areas.

The Governor appointed and the Senate confirmed public member Chip Dunn to another term on the Oregon Board of Dentistry. His next term began April 1, 2021 and ends March 31, 2025.

The Governor appointed and the Senate confirmed Alicia Riedman, RDH to another term of service on the Oregon Board of Dentistry. Her next term began April 1, 2021 and ends March 31, 2024. Note it is not a four-year term, since statute dictates that no more than three board members' terms can be scheduled to end in any given year.

Dr. Daniel Blickenstaff, former Dental Director & Chief Investigator retired from the OBD in April 2021. We recognized and thanked him for his service.

Dr. Winthrop "Bernie" Carter transitioned into the Dental Director/Chief Investigator role when Dr. Blickenstaff retired. This created an open dental investigator position.

We were fortunate to attract an excellent pool of candidates for the dental investigator position and ultimately selected Dr. Angela Smorra. Dr. Smorra completed her undergraduate training at University of Arizona and then moved to Oregon to attend OHSU School of Dentistry. She comes to the OBD with 15 years of general dentistry practice in a public health setting at a local FQHC. She completed a GPR residency at the Portland VA Hospital, has served as a volunteer adjunct faculty member with the OHSU Department of Community Dentistry since 2008, and loved working as a preceptor for OHSU dental students during their external rotations. Angela has always been passionate about providing care to the underserved and those with limited access to care. She is looking forward to her next career chapter with the Oregon Board of Dentistry and serving the state of Oregon. Angela enjoys spending time outdoors with her husband, performing chemistry experiments with her son, and walking her Australian shepherd.



Some other exciting staff transitions to report. Both of these changes were effective July 1, 2021. Ingrid Nye has filled the open Investigator Position. Ingrid joined the OBD in November 2015. Samantha VandeBerg will transition to Ingrid's previous position as our new Examination and Licensing Manager. Samantha joined the OBD in March 2018. These positions require unique skills and specialized in-depth knowledge of Board of Dentistry licensing laws, rules, regulations, and procedures. Both have developed the knowledge, skills and abilities to perform these functions. Their commitment and willingness to seek new challenges and support the OBD is noteworthy and on behalf of the Board I thank them both.

- Stephen Prisby, Executive Director

BOARD MEMBERS



ALICIA RIEDMAN, R.D.H.

PRESIDENT
EUGENE

SECOND TERM EXPIRES 2024

JOSE JAVIER, D.D.S.

VICE PRESIDENT
PORTLAND

SECOND TERM EXPIRES 2024



CHARLES "CHIP" DUNN

HAPPY VALLEY

SECOND TERM EXPIRES 2025

AMY B. FINE, D.M.D.

MEDFORD

SECOND TERM EXPIRES 2022



YADIRA MARTINEZ, R.D.H.

HILLSBORO

SECOND TERM EXPIRES 2022

GARY UNDERHILL, D.M.D.

ENTERPRISE

SECOND TERM EXPIRES 2022



JENNIFER BRIXEY

PORTLAND

SECOND TERM EXPIRES 2024

SHEENA KANSAL, D.D.S.

PORTLAND

FIRST TERM EXPIRES 2025



REZA SHARIFI, D.M.D.

PORTLAND

FIRST TERM EXPIRES 2023

AARATI KALLURI, D.D.S.

HILLSBORO

FIRST TERM EXPIRES 2025



SCHEDULED BOARD MEETINGS

2022

- February 25, 2022
- April 22, 2022
- June 17, 2022
- August 19, 2022
- October 21, 2022
- December 16, 2022

BOARD OPENINGS - SPRING 2022

The Oregon Board of Dentistry consists of 10 Board Members: six dentists, two dental hygienists and two public members.

In the spring of 2022, three board member positions will be available when the second terms of service conclude for Dr. Amy B. Fine, Dr. Gary Underhill and Yadira Martinez, RDH.



A Board term of service is four years. Board members typically serve two terms. The Governor appoints the Board member and the Senate confirms them. The Governor's office will review and consider the applicant's geographic location, ethnic background, diversity, disciplinary history (if any) and other factors important to the Governor.

An Oregon licensed Dentist, who resides in Oregon, may apply for a dentist position on the Board. An Oregon licensed Dental Hygienist, who resides in Oregon, may apply for a dental hygienist position on the Board.

A Board Member is actively involved, within the context of the agency's regulatory governance model, policy-making, strategic planning, and oversight responsibilities necessary for the success and well-being of the OBD, its Licensees, consumers and other stakeholders. It truly is a volunteer position, with Board members needing to be engaged in all areas that impact safe dentistry, dental hygiene & dental therapy - licensure, education, rulemaking, policy and disciplinary matters.

Please go to the OBD website for more information. At the bottom of the OBD home page under Board/Staff Openings there is a link to a detailed document providing an overview of desired requirements of a Board Member and other important information that you should find helpful. The information also links you to the Governor's Office on Executive Appointments. Please direct your questions or interest to Executive Director, Stephen Prisby stephen.prisby@oregondentistry.org 971-673-3200

FREQUENTLY ASKED QUESTIONS

Q: I have an Expanded Practice Permit. Do I need a Collaborative Agreement?

A: The EPP only allows an EPDH to work without supervision at certain locations and/or on certain populations as outlined in the DPA. It does not "expand" the duties dental hygienists are permitted to perform. The Collaborative Agreement is an approved agreement between an Oregon licensed dentist and an EPDH. This agreement which allows that EPDH to perform some, or all, of the following services while practicing under their EPP; (1) administering local anesthesia (if the EPDH also has a local anesthesia endorsement), (2) administering temporary restorations without excavation, (3) prescribing prophylactic antibiotics, and prescribing nonsteroidal anti-inflammatory drugs and (4) Referral parameters. EP-DHs do not need to have a Collaborative Agreement to practice under their EPP, however, the EPDH may not provide any of the previously listed services while working under the EPP if they do not have a current Collaborative Agreement. ORS 680.205(1), and OARs 818-035-0065, 818-035-0066 and 818-035-0100 can provide further guidance.



FREQUENTLY ASKED QUESTIONS

Q: May a dental assistant remove a healing collar for an implant?

A: OAR 818-042-0040 has a list of 25 prohibited duties for dental assistants. Prohibited duty (23) states "Place or remove healing caps or healing abutments, except under direct supervision." Recall that "Direct Supervision" requires a dentist to diagnose the condition to be treated, a dentist authorize the procedure to be performed, and a dentist remain in the dental treatment room while the procedure is performed. A dental assistant may not permanently seat an implant abutment or crown with a torque wrench or cement.

CE OPPORTUNITY

OHSU School of Dentistry offers an innovative continuing education program on Dental Pain Management and Substance Use Disorders

Since March of 2020, the world's attention has been squarely on the COVID-19 pandemic, but the ongoing challenges of substance use disorder and overdose death have not gone away while the spotlight was on a different crisis. The New York Times on November 17 of this year noted that overdose deaths in the U.S. have more than doubled since 2015. The Center for Disease Control and Prevention (CDC) reported that more than 100,000 individuals had died from an opioid overdose during the 12 month-period ending April 2021. According to the Oregon Health Authority (OHA), Oregon, like rest of the country, is also experiencing an opioid crisis. This involves opioids misuse, abuse, overdose and death from prescription opioid pain medications and illicit opioids such as heroin and non-pharmaceutical fentanyl.

At the Oregon Health & Science University (OHSU) School of Dentistry, Dr. Richie Kohli, Karan Replogle and Eli Schwarz have created an innovative continuing dental education program to disseminate knowledge around best practices for safe prescribing. The Pain Management and Substance Use Disorders in Dental ECHO utilizes the Project ECHO (Extension for Community Healthcare Outcomes) model, which means the sessions are offered virtually and each session includes discussion of a case brought by a participant.

This 7-session program covers topics on opioid alternatives, judicious use of opioids, identifying patients with substance use disorder (SUD), harm reduction, and managing dental pain for people on medication for Opioid Use Disorder (MOUD). The program is delivered by a multidisciplinary team that includes dental specialists, a behavioral health and social work expert, an addiction medicine physician, an emergency medicine physician, and a pharmacist. The sessions are facilitated by Dr. Barry Taylor, the Executive Director of the Oregon Dental Association (ODA). This initiative is funded by Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response Grant from Oregon Health Authority and supported by Oregon ECHO Network (OEN). It is free and offers up to 7 hours of no-cost continuing dental education (CDE) credits.

This is the first ECHO program to focus on pain management in dentistry. The program started in 2019 and was initially only available to Oregon-based dentists and dental team members. It was then expanded to national and international audience in spring 2020. Since the course initiation, 333 participants have completed the course and out of those, 179 are from Oregon.

Winter 2022 sessions start on January 5, 2022; Spring sessions begin April 6, 2022. Virtual sessions take place 12:30-1:30 p.m., PST. For more information and to register, go to the Oregon ECHO Network.

PROFESSIONAL COURTESY WINTHROP (BERNIE) CARTER, D.D.S.



Most dentists have had cases where clinically acceptable protocols were followed, but some dentists had less than ideal outcomes. If another dentist was to see one of your “less than ideal” crowns or fillings, what would you want them to do? Discuss the issue with you, or file a complaint with the Board? ORS 679.310 states that “...any person licensed by the Oregon Board of Dentistry, shall report to the Board any suspected violation of this chapter or ORS 680.010 to 680.205 or any rule adopted by the Board.” Would you like an opportunity to discuss what your clinical and/or radiographic findings are with those of the previous dentist? Would you like to discuss previous treatment completed from the previous dentist with the previous dentist? If you agreed with the previous dentist that the case resulted in a less than an ideal outcome, your professional discussion with the previous dentist may “make it right” before a Board complaint is filed against you.

The Oregon Board of Dentistry (OBD) has seen several complaints against dentists filed by fellow dentists in the past year. Almost all of the respondent dentists who have been interviewed state that they are not intentionally harming patients, that they are trying to provide competent patient care for the patient and want to do what is right for the patient. Several complaints involve “miscommunications” of some sort between the patient and the dentist or dental hygienist and are not actual unacceptable clinical procedures performed for the patient.

Dentistry is a profession, and as such is anticipated to govern itself. One aspect of the profession is to engage in professional dialogue, for example, between the two dentists involved to resolve dental issues for the patient. This activity is essentially the lowest level possible of the peer review process which should occur whenever possible and whenever dental misadventures occur with patients.

The OBD is required by statute to investigate all written complaints against licensees and takes the investigative process very seriously. The OBD also uses this process to verify that the licensee has complied with all of the State of Oregon statutes and the Board of Dentistry rules pertaining to continuing education, maintaining a current Healthcare Provider level BLS/CPR certificate, and the testing of each autoclave in the office where the licensee practices on a weekly basis, as well as investigating the treatment provided the patient. Once a case is opened, it cannot be finished until the OBD makes a decision on the case.

If you, as a licensee, have an issue with another licensee’s treatment of a patient, a quicker first step to resolve the issue might be to discuss the matter with the licensee rather than filing a complaint with the Board. You can contact your professional colleague with a short phone call to discuss the case or send an email to the other dentist. If ongoing dental and/or medical problems require time sensitive therapeutic procedures to be completed for the health and safety of the patient (due to trauma, life threatening infection, and/or bleeding), solving the issue without the OBD being involved may be a better way of completing the action required. If bringing the issue to the attention of the licensee doesn’t resolve the issue in your opinion, then you can always take the issue to the OBD.

Again, before you file a complaint against a fellow licensee, pause and think about how you would like to be treated in this situation. Think to yourself if the dental problem which has occurred has a possible “peer review” solution. We are not advocating that you do not follow the Dental Practice Act. We are advocating that you communicate respectfully and professionally with your colleagues to best serve your patients.

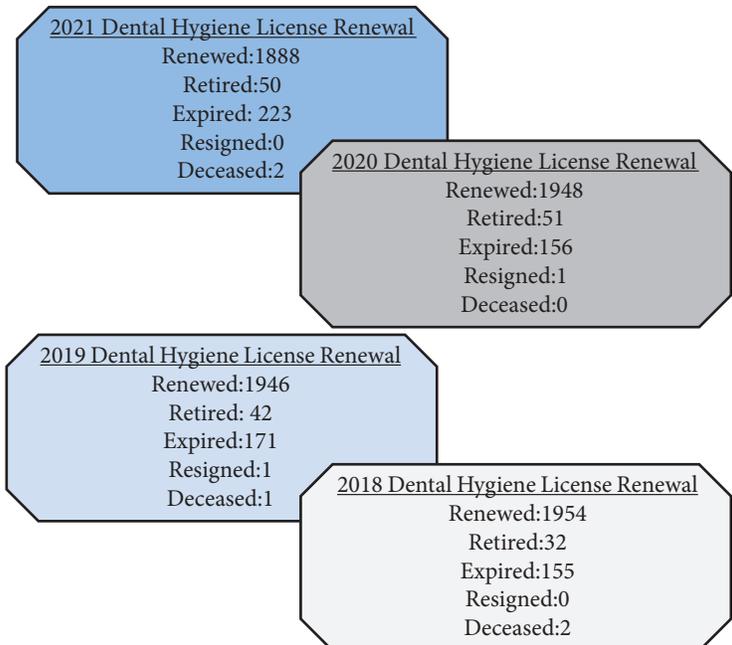
The Board hopes all licensees will have a productive professional year for 2022! Do good work for your patients. ■

CASELOAD	2017	2018	2019	2020
Formal Investigations Opened	199	272	288	216
Cases Completed & Closed	248	260	329	286
Cases Resulting in Discipline	57	89	85	47



DENTAL HYGIENE LICENSE RENEWAL DATA

An issue of interest were questions related to dental hygiene and how many dental hygienists renewed their license or are practicing in Oregon. Data on dental hygiene license renewal for 2021 and also data from previous years is provided below:



TREATING SLEEP-RELATED DISORDERED BREATHING

As more and more dentists are treating Sleep-Related Disordered Breathing (SRDB), the Board is starting to see an increase in the number of complaints related to dentists treating Obstructive Sleep Apnea (OSA) and SRDB. Dentists can (and do) play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders, and are well-positioned to identify patients at greater risk of SRDB and OSA.

Since sleep-related disordered breathing can be caused by a number of multifactorial medical issues, a physician's diagnoses of SRDB (based on a patient's medical history, symptoms from a medical evaluation, and findings from either polysomnography or a home sleep apnea test) is necessary before a dentist can treat the SRDB. Oral Appliance Therapy (OAT) can improve OSA in adult patients, especially those who are intolerant of Continuous Positive Airway Pressure (CPAP), and dentists are the only health care provider with the knowledge and expertise to provide OAT.

Working in conjunction with physicians, dentists can help treat these disorders. Dentists have long been aware of the importance of the maintenance of their patient's airway. Many dentists and their hygienists regularly screen their patient's Mallampati score, and grade their patient's tonsils to evaluate a patient's airway. But again, dentists may not diagnose SRDB and sleep apnea; a physician must make the diagnosis and then prescribe oral appliance therapy before the dentist can treat it.

In children, a dentist can refer the patient to a pediatric otolaryngologist for evaluation and treatment of suspected airway obstruction caused by hypertrophic tonsils.

It is the Board's position that the diagnosis of SRDB or OSA is outside the scope of the practice of dentistry, and the diagnosis must be made by a physician prior to oral appliance therapy by a dentist. ■

SERV - OR

VOLUNTEER TODAY TO SAVE LIVES DURING COVID

Oregon is facing a public health care crisis due to COVID-19. Health care resources are strained, and we need health care professionals like you to register with SERV-OR to join the response to COVID-19.

What is SERV-OR?

The State Emergency Registry of Volunteers in Oregon (SERV-OR) is a statewide pool of licensed physicians, nurses, pharmacists, Emergency Medical Technicians (EMTs), behavioral health providers, respiratory therapists and other health professionals who are willing to volunteer in response to Federal, State, and/or local emergencies.

How can you help?

There are several ways to help, depending on the need. You may be asked to:

- Staff an alternate care site to decrease pressure on hospitals
- Operate a health information hotline
- Help with contact investigation around known COVID-19 cases
- Support administrative or logistical needs within the OHA Agency Operations Center
- Lend your skills in a wide variety of other volunteer roles

To find out more, visit SERV-OR.org and register today. ■

REALD DATA

COLLECTING & REPORTING REQUIREMENTS FOR HEALTH CARE PROVIDERS

COVID-19 has hit people of color, tribes and people with disabilities hard, but without good data the state cannot fully understand the extent to which these communities are being impacted and cannot adjust the state's response to better protect them. In order to address this data gap, during the 2020 first special session, the Legislature passed House Bill 4212 (See sections 40-43) that requires certain health care providers, including dentists and dental hygienists, to collect race, ethnicity, language, and disability (REALD) data from patients during a COVID-19 encounter and report this data to the Oregon Health Authority (OHA) in accordance with Oregon's disease reporting rules, if reporting is required. A COVID-19 encounter is defined as "an interaction between a patient, or the patient's legal representative, and a health care provider, whether that interaction is in person or through telemedicine, for the purpose of providing health care services related to COVID-19, including but not limited to ordering or performing a COVID-19 test." HB 4212, Sec. 40. Health care providers are required to report to OHA, generally within one day, the following:

- COVID-19 cases
- COVID-19 hospitalizations
- COVID-19 deaths
- Negative COVID-19 tests
- MIS-C (multisystem inflammatory syndrome in children)

The specific requirements for disease reporting and the timelines can be found at OAR 333, Division 18, specifically OAR 333-018-0011 and 333-018-0016.

The collection and reporting of REALD information by providers is being divided into phases:

Starting October 1, 2020:

- Hospitals (except for psychiatric hospitals)
- Health care providers within a health system (an organization that delivers health care through at least one hospital in Oregon and through other facilities, clinics, medical groups, and other entities, all under common control or ownership)
- Health care providers working in a federally qualified health center)

Starting March 1, 2021:

- Health care facilities
- Health care providers working in or with individuals in a congregate setting

Starting October 1, 2021:

- All health care providers
- The standards for collecting REALD information can be found at OAR 943, Division 70
- Enforcement of the collection and reporting REALD requirements can begin January 1, 2021. OHA will report non-compliant providers to the Board and while the Board will work to bring health care providers into compliance, the collection and reporting of REALD information is a priority for the state and will be taken seriously

You can find data collection templates, guides to asking questions, the full implementation guide, and other resources by navigating to the REALD section on the Oregon Health Authority's Website. ■



NEW CONTINUING EDUCATION REQUIREMENTS

By Ingrid Nye, Investigator

Pain Management:

EFFECTIVE 7/1/2022

WHAT'S CHANGING ABOUT THE REQUIRED PAIN MANAGEMENT CE? Earlier this year, the Oregon Legislature passed HB 2078, which was then signed into law by Gov. Kate Brown. The bill makes changes to the pain management continuing education (CE) that many Oregon-licensed healthcare practitioners (including dentists) are required to complete, but left the individual licensing boards some leeway in implementing these new requirements. The Oregon Board of Dentistry (OBD) has carefully considered the most “painless” way to assist our licensees in meeting the revised pain management CE requirements. In the past, Oregon-licensed dentists were required to complete one Oregon Health Authority (OHA)-developed, six-hour pain management education training upon initial licensure; those rules are being changed to comply with HB 2078. Effective July 1, 2022, all Oregon-licensed dentists must complete a one-hour pain management training course during every renewal cycle, for as long as the licensee holds an active license.

WHO WILL BE AFFECTED? The change in CE requirements will affect all actively licensed dentists in Oregon, including volunteer dentists, faculty dentists, dentists who are restricted to specialty practice, and dentists who hold active licenses in Oregon but do not currently practice. The requirement applies regardless of whether or not pain management is a part of the dentist's practice. Dental hygienists will not be affected by the change.

WHY DID THE REQUIREMENT CHANGE? The Oregon Pain Management Commission (OPMC) of the OHA was initially created in 2001, when the conversation within Oregon healthcare circles about pain management was drastically different than what we see in the present day and age. Unfortunately, early incarnations of the OPMC's Pain Management Module tended to encourage what healthcare professionals would now consider to be the over-prescription of dangerous, addictive opioids to control even minor, transitory pain. As we are all acutely aware, the nationwide opioid epidemic wreaked havoc in the State of Oregon. According to the Institute of Medicine's 2011 publication “Relieving Pain in America: A Blueprint for Transforming, Prevention, Care, Education, and Research”, Oregon ranked 4th in the nation in inappropriate use of prescription pain killers for adults. As part of their response to the worsening crisis, the OPMC (who are mandated by statute to update their “Pain Management Module” every two years) took action to radically reevaluate their required Pain Management Module course starting in approximately 2016. Throughout 2016-2017, representatives from every Oregon healthcare board, including the OBD, were invited to attend and provide input at a series of sessions focused on “stepping away” from the overuse of dangerous and highly addictive opioids for pain control, and instead introduce “a new understanding of pain and propose a new pathway of treatment for a more holistic approach to the treatment of pain”. The result of all of the hard work done by the OPMC, the OHA, and the healthcare boards is that dentists who took the Pain Management Module prior to the 2016-2017 “revamp” would likely not recognize the course as it exists now! The content has changed drastically and continues to be updated; gone is the influence of the “pill-pushing” ethos of the late 1990s and early 2000s, replaced by information that reflects a new understanding of pain, pain control, and total patient health. Since the course redesign, the OBD has anticipated that the statutory requirement that dentists complete the OPMC Pain Management Module at least once in their careers would eventually be changed to encourage our dental licensees to continue developing their knowledge of pain management, based on the most up-to-date information, throughout their entire careers in Oregon.

The OBD is proud to have been included in the OPMC's Pain Management Module redesign, and fully supports the Legislature, the Governor, the OHA, and the OPMC in our shared goal of ensuring that Oregon-licensed healthcare practitioners are continually provided with the most contemporary and comprehensive pain management education available.

HOW WILL I COMPLETE THE REQUIRED PAIN MANAGEMENT MODULE? The OBD's vision for implementing the revised Pain Management Module CE requirement is to integrate the Pain Management Module into the existing renewal application process itself. A dentist, while completing their renewal through the OBD's new Licensee Portal, would be taken directly to the Pain Management Module on the OPMC website. Once the dentist had successfully completed the Pain Management Module, they would be directed back to the OBD Portal to finish their renewal application. Our system would record the fact that the dentist had completed the required course for that particular renewal. Two years later when the dentist renewed their license again, they would again be directed to the Pain Management Module to complete the most recent version of the course. The OBD believes that integrating the Pain Management Module directly into the renewal process minimizes the likelihood that a dentist may take the wrong course, take the course outside the required timeline, misplace the documentation showing that they completed the required course, or forget to take the course entirely. As you may already be aware, the OBD is currently in the process of deploying a long-awaited new licensing database system. Perhaps you have already accessed our Licensee Portal to complete your renewal or print a new copy of your license! If not, we invite you to learn more about it by navigating to our website oregon.gov/dentistry and clicking “New Licensing System”. This process is ongoing, and new features are being continually developed and deployed. The OBD will work with our database vendor, as well as the OHA, and the OPMC, to realize our vision of integrating the Pain Management Module into the renewal application as explained above. Therefore, if all goes according to plan, aside from new applicants for dental licensure in Oregon, the first group of dentists who will experience the practical effects of the implementation of HB 2078 are dentists with an expiration date of March 31, 2023. The remaining dentists, those with an expiration date of March 31, 2024, will follow suit the following year. If circumstances or implementation plans change, we will certainly notify our licensees and provide clear instructions for complying with the revised requirement. Please remember to keep your contact information up-to-date (as required by ORS 679.120 and 680.075) so you don't miss any important reminders from the OBD!

HOW MUCH DOES THE OPMC'S PAIN MANAGEMENT MODULE COST? The course is provided online, and is available at any time, at no charge.

CAN I TAKE A DIFFERENT PAIN MANAGEMENT COURSE, OTHER THAN THE OPMC'S PAIN MANAGEMENT MODULE? The proposed rule changes related to HB 2078 require completion of “a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority”. Currently, the OPMC's one-hour Pain Management Module is the only course that meets those requirements.

CAN I USE THE OPMC'S PAIN MANAGEMENT MODULE TOWARDS THE 40 TOTAL HOURS OF CE THAT THE OBD REQUIRES DENTISTS TO COMPLETE EACH RENEWAL CYCLE? Yes!

Cultural Competency: **EFFECTIVE 1/1/2021**

Effective January 1, 2021 in response to HB 2011 (2019), the Oregon Board of Dentistry (OBD) began requiring that all OBD licensees complete two hours of cultural competency continuing education (CCCE) each renewal cycle.

If you have an expiration date of March 31, 2022 (for dentists) or September 30, 2022 (for dental hygienists), and in the future Dental Therapists, your next renewal will be the first time you will be required to document completion of the required CCCE.

As with all CE, we recommend completing CCCE earlier rather than later. Although some courses have migrated to a socially distant and/or online format, our licensees do report that the pandemic continues to complicate the search for certain CE courses. Waiting until close to your expiration date to start your CE requirements is inadvisable, as courses may be difficult or impossible to find on a shortened timeline!

The Oregon Health Authority (OHA) Office of Equity and Inclusion maintains a website (www.oregon.gov/oha/OEI/Pages/CCCE.aspx) that includes a continuously updated list of CCCE courses that the OHA has reviewed and approved. The OBD does not, however, require that you take OHA-approved CCCE; any course(s) totaling at least two hours of training specific to cultural competency in healthcare may be accepted.

In considering whether a particular CE course is related to cultural competency, the OBD defines it this way, "Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to healthcare practice in a manner that recognizes the context and complexities of provider-patient interactions and preserves the dignity of individuals, families and communities. Continuing education in cultural competency should teach attitudes, knowledge and skills to care effectively for patients from diverse cultures, groups, and communities".

Many of our licensees who have already taken CCCE have reported success finding online courses by searching the internet for keywords like "cultural competency" "healthcare" "dentistry" and "continuing education". If you have questions about whether or not a particular course would meet the requirements for CCCE, please feel free to contact the OBD at information@oregondentistry.org or call 971-673-3200.

The two hours of CE related to cultural competency may be counted towards the total number of CE hours required for each type of license issued by the OBD: 40 hours for dentists, 36 hours for dental hygienists who hold Expanded Practice Permits, and 24 hours for dental hygienists without Expanded Practice Permits.

As a final note, in the last two years since HB 2011 was signed into law, OBD Staff (including myself) has fielded calls and emails from licensees who were excited about the new requirements, but we have also spoken with a few individuals who expressed some initial apprehension about the CCCE requirements. Some of those people said they felt overwhelmed, confused, or didn't know where to begin looking for courses. After assisting these individuals in their search for CCCE, I was pleased to discover that a large percentage of the licensees who professed to be apprehensive later took the time to call or email again just to mention that they had learned a great deal from their CCCE that they felt could help them in their practice, and had enjoyed the experience!

2021 LEGISLATIVE SESSION WRAP-UP

The 2021 Legislative Session (like all recent sessions) saw thousands of bills introduced. The bills noted below made it through the process and became law.

HB 2528 - This bill creates a new Licensee for the Board of Dentistry to regulate- Dental Therapists (DT). The Board last added a new type of Licensee back in the 1940s with Dental Hygienists. It will involve creating a new division of rules, amend other divisions to add appropriate references to DTs, create a myriad of new application forms, update website, receive approval on fee structure, etc...The OBD created the Dental Therapy Rules Oversight Committee to make recommendations to the OBD on the directives of the bill.

HB 2627- This bill expands the scope of practice for Dental Hygienists with an Expanded Practice Permit regarding the placement of Interim Therapeutic Restorations. Also requires the Board to adopt education standards and instructor requirements related to interim therapeutic restorations as well. The Board already approved the education requirements and new rule changes are effective January 1, 2022 to comply with the directives of this bill.

HB 2074 - This bill increases the Prescription Drug Monitoring Program (PDMP) fee from \$25 to \$35 per year. The OBD will not raise fees on dentists and will absorb the additional cost, but monitor it to see if there will be a need to raise dental licensure fees in the future. The OBD transfers the fee to the OHA after the dentist renews their license.

HB 2078 - This bill revises the pain management CE rules. The OBD amended the CE rule on the timing requirement to complete a pain management continuing education class required for dentists. The Board approved new CE requirements within the rule changes effective July 1, 2022 to comply with the directives of this bill.

HB 2359 - This bill requires use of health care interpreters from the OHA's registry and sets requirements for providers who use an interpreter not on the registry. This bill and issue has been discussed at the OBD and will first be reviewed by the OBD's Licensing, Standards and Competency Committee.

HB 2970 -This bill narrowly updates the statute on who may own or operate a dental clinic, but sunsets January 1, 2023.

HB 2993 - This bill updates rulemaking requirements including the provision that agencies must include a statement identifying how adoption of rules will effect racial equity in the state

SB 5511- The OBD Budget Bill was approved and no fee increases were needed or proposed to cover OBD operations. The overall budget is approximately \$3.7 million and funds 8 full-time employees. ■

FREQUENTLY ASKED QUESTIONS

Q: Can I have a working interview?

A: Individuals who are waiting to get licensed or certified in Oregon cannot perform those duties that are required for licensure or certification without first becoming licensed or certified in Oregon. Under OAR 818-012-0010(4) it is Unacceptable Patient Care to permit any person to perform duties for which the person is not licensed or certified. Only persons holding an active license or certification can perform working interviews. Pursuant to OAR 818-021-0115 and OAR 818-042-0020 (3) all licenses and/or certifications must be posted and visible to people receiving services in the premises

**OBD RULE CHANGES
CHANGES IMPLEMENTED IN 2021**

The Oregon Board of Dentistry and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be adopted, amended or repealed. OARs are written within the agency's statutory authority granted by the Legislature. The Board held a public rulemaking hearing on September 15, 2021, along with accepting public comment on the proposed rule changes from September 1st until October 8th, 2021.

At the October 22, 2021 Board Meeting, the Board adopted one (1) new rule to ensure compliance with Governor's Executive Orders, and amended twenty-two (22) other rules. The one (1) new rule and amendments to seventeen (17) rules are effective January 1, 2022. The amendments to five (5) rules are effective July 1, 2022.

Official Notice of rulemaking is provided in the Oregon Secretary of State's Bulletin. The full text of the OARs and all rules can be found at our website <http://www.oregon.gov/dentistry> (Look under the Hot Topics Tab).

ADOPT One New Rule:

ADOPT: 818-012-0120 (NEW RULE)

RULE TITLE: Compliance with Governor's Executive Orders
RULE SUMMARY: A new rule to ensure compliance with Governor's Executive Orders.

AMEND 18 Rules Effective January 1, 2022:

AMEND: 818-001-0000

RULE TITLE: Notice of Proposed Rule Making
RULE SUMMARY: The rule notification may be made by electronic means now.

AMEND: 818-001-0002

RULE TITLE: Definitions
RULE SUMMARY: The reference to Dental Hygienist is being renumbered, Oral Medicine and Orofacial Pain added and BLS clarified at end of rule.

AMEND: 818-001-0082

RULE TITLE: Access to Public Records
RULE SUMMARY: The references to labels and diskettes is being removed and that records may be retrieved and transmitted electronically.

AMEND: 818-012-0070

RULE TITLE: Patient Records
RULE SUMMARY: The reference to SOAP - Subjective Objective Assessment Plan is being deleted and reference to a current health plan is required in the patient record.

AMEND: 818-015-0007

RULE TITLE: Specialty Advertising
RULE SUMMARY: Oral Medicine and Orofacial Pain are being added to the rule.

AMEND: 818-021-0012

RULE TITLE: Specialties Recognized
RULE SUMMARY: Oral medicine dentist and orofacial pain dentist and subsequent references are being added to the rule.

AMEND: 818-021-0080

RULE TITLE: Renewal of License
RULE SUMMARY: Updates the rule for electronic renewals, instead of paper and clarifies references to licensees.

AMEND: 818-021-0088

RULE TITLE: Volunteer License
RULE SUMMARY: Clarifies that the volunteer hours of care must be completed in the state of Oregon.

AMEND: 818-026-0040

RULE TITLE: Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit
RULE SUMMARY: Aligns this rule with other sedation permit rules regarding reference to the American Society of Anesthesiologists (ASA) Patient Physical Status Classification and adds pre and post operative documentation requirements.

AMEND: 818-026-0050

RULE TITLE: Minimal Sedation Permit
RULE SUMMARY: It adds the requirement that the permit holder shall include a record detailing the patient's condition at discharge.

AMEND: 818-026-0080

RULE TITLE: Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia
RULE SUMMARY: Removes outdated reference to the Oregon Medical Board.

AMEND: 818-035-0010

RULE TITLE: Definitions
RULE SUMMARY: Clarifies the duties an Expanded Practice Dental Hygienist may do and defines certain terms under their scope of practice.

AMEND: 818-035-0020

RULE TITLE: Authorization to Practice
RULE SUMMARY: It adds assessment to the rule and attempts to clarify the rule overall.

AMEND: 818-035-0025

RULE TITLE: Prohibited Acts
RULE SUMMARY: Clarifies references within the rule to make it easier to understand.

AMEND: 818-035-0065

RULE TITLE: Expanded Practice Dental Hygiene Permit
RULE SUMMARY: The rule clarifies the duties of an expanded practice dental hygienist.

AMEND: 818-035-0100

RULE TITLE: Record Keeping
RULE SUMMARY: The rule adds language referencing interim therapeutic restorations to be required to record keeping requirements.

AMEND: 818-042-0040

RULE TITLE: Prohibited Acts
RULE SUMMARY: Corrects reference to other rules and that periodontal probing and assessment are prohibited acts.



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AMEND 5 Rules Effective July 1, 2022:

AMEND: 818-012-0005

RULE TITLE: Scope of Practice

RULE SUMMARY: A dentist must meet certain requirements to place dental implants and also complete seven (7) hours of continuing education requirements each licensure period.

AMEND: 818-021-0010

RULE TITLE: Application for License to Practice Dentistry

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

AMEND: 818-021-0011

RULE TITLE: Application for License to Practice Dentistry Without Further Examination

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

AMEND: 818-021-0017

RULE TITLE: Application to Practice as a Specialist

RULE SUMMARY: Prior to licensure an applicant must complete a one hour pain management course as specified in rule.

AMEND: 818-021-0060

RULE TITLE: Continuing Education — Dentists

RULE SUMMARY: Clarifies that all dentists must complete pain management course prior license renewal and that at least seven (7) hours of continuing education every renewal period are required to place dental implants.



DENTAL THERAPY

RULES OVERSIGHT COMMITTEE MEETING

At the August 20, 2021 Board Meeting the Oregon Board of Dentistry (OBD) established a new standing Committee named the “Dental Therapy Rules Oversight Committee” per ORS 679.280, to create, amend, review and discuss the implementation of dental therapy rules with the passage of HB 2528 (2021).

This historic piece of legislation was signed by Governor Kate Brown on July 19, 2021. This new Committee is being created because the OBD seeks a dedicated and focused group of committee members to draft new dental therapy rules in a deliberate, fair and equitable manner for the OBD to consider. This Committee will also consider cost of compliance and racial justice issues as well with the development of these rules.

The Dental Therapy Rules Oversight Committee shall be comprised of three current OBD Board Members, one who will serve as the Chair of the Committee. The Committee shall include three representatives from the Oregon dental therapy community or organizations that represent dental therapists in Oregon.

The Committee members must reside or work in Oregon and the OBD President will select the three members if more than three people volunteer to serve on this Committee. Ideally, Oregon licensed dental therapists will serve on this Committee in the future once licenses are issued. The Committee shall include one representative from the Oregon Health Authority, ideally the Dental Director or their designee. This is to leverage their experience with dental pilot projects. The Committee will also include one representative from each of the professional associations: The Oregon Dental Association, The Oregon Dental Hygienists’ Association and the Oregon Dental Assistants Association.

All Committee meetings will be held virtually unless conditions allow for safe in-person meetings. All OBD Committee and Board meetings are public meetings.

The Legislature requires that the OBD adopt rules necessary to administer certain provisions of the new legislation. In adopting rules, the board shall consult with dental therapists and organizations that represent dental therapists in Oregon. The public, dental therapy communities and all interested parties can take part in the implementation of the new dental therapy rules as they will be subject to the OBD’s public rulemaking process.

OBD Chair, Yadira Martinez, RDH
OBD Representative Sheena Kansal, DDS
OBD Representative Jennifer Brixey
OHA Represented Kaz Rafia, DDS
ODA Representative Brandon Schwindt, DMD
ODHA Representative Amy Coplen, RDH
ODAA Representative Ginny Jorgensen
DT Representative Miranda Davis, DDS
DT Representative Kari Douglass
DT Representative Jason Mecum

Inaugural meeting held October 7, 2021
Second meeting held November 10, 2021
Third meeting scheduled for December 8, 2021.

PUBLIC HEALTH DIVISION
Center for Public Health Practice
Acute and Communicable Disease Prevention
Kate Brown, Governor

Oregon
Health
Authority

The Centers for Disease Control and Prevention (CDC) and Oregon Health Authority (OHA) have launch Project Firstline, a new education program for healthcare infection control. OHA’s first goal is to understand which training topics and formats will be most useful for Oregon’s healthcare workers, and they want to hear from you! Let OHA know what kind of infection control training you need. The survey should take approximately 10 minutes to complete, and your responses are anonymous.

Scan this QR code with your smartphone camera to access the Oregon Project Firstline survey:



ENGLISH



SPANISH

Finding "Normal" During and After the Pandemic

"Normal" is the buzz word of the day. Our country is eager for a "return to normal," but that won't be so easy after all that we have experienced.

Signs of Stress

Physical Reactions*

- Insomnia, recurrent dreams, difficulty falling or staying asleep
- Fatigue
- Hyperactivity
- Pain in the back or neck
- Headaches
- Heart palpitations*
- Dizzy spells*
- Appetite changes
- Stomachaches or diarrhea
- Sweating or chills
- Tremors or muscle twitches

*If symptoms persist, see a physician.

Emotional Reactions

- Flashbacks or reliving the event
- Excessive jumpiness or tendency to be startled
- An increase in irritability, with outbursts of anger and frequent arguing
- Feelings of anxiety, helplessness or vulnerability
- Feelings of guilt
- Feeling depressed or crying frequently
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything

Behavioral Reactions

- An increase or decrease in energy and activity levels
- A change in alcohol, tobacco or other drug use
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- An inability to feel pleasure or have fun

Effects on Productivity

- Inability to concentrate
- Increased incidence of errors
- Lapses of memory
- Increased absenteeism
- Tendency to overwork
- Feeling confused
- Having trouble thinking clearly and concentrating
- Having difficulty making decisions

The pandemic represents a chronic, long-term and on-going tragedy. When any tragedy strikes, normal human reactions follow a pattern called "crisis response." This happens naturally in all of us and encompasses a range of both physical and emotional responses. Initially, our instincts take over and we experience "Fight, Flight or Freeze" reactions to threats or danger. In these moments, physical reactions include increased adrenaline, heightened senses, increased heart rate, hyperventilation, sweating, etc. We experience a variety of emotional reactions as well. These may include shock, disbelief, denial, anger, fear, sorrow, confusion, frustration, and guilt.

Looking at the pandemic through this lens, as a nation we have found ourselves in and out of crisis response for more than a year and a half. For health care providers on the front line, this is even more true. To put it mildly, this has been exhausting, both physically and emotionally. It is helpful to discuss what is happening in a supportive and safe environment. Validation of your experiences and acknowledgement of your emotional and physical reactions is helpful.

Most people show signs of stress to crisis. These symptoms are typically a normal reaction to an abnormal situation. Some of the predictable reactions that may persist as we continue to face the pandemic, and even after it abates, are listed at left.

In addition, there are some pandemic-specific crisis response reactions people may experience: It can feel like there is an expectation to return quickly to pre-pandemic activities and responsibilities. This may be a welcome change, but there may also be difficulties and challenges during this process. After more than 18 months of being encouraged to stay home and avoid contact with those outside of your family or "pod," you may feel uneasy about resuming activities like eating in a restaurant, attending a movie or performance, going to an outdoor festival or parade, traveling, or many other activities that have not been a part of "normal" life since early 2020. You may be ready to jump back into pre-pandemic life with both feet, but you may also feel anxious about doing so (or likely, somewhere in the middle).

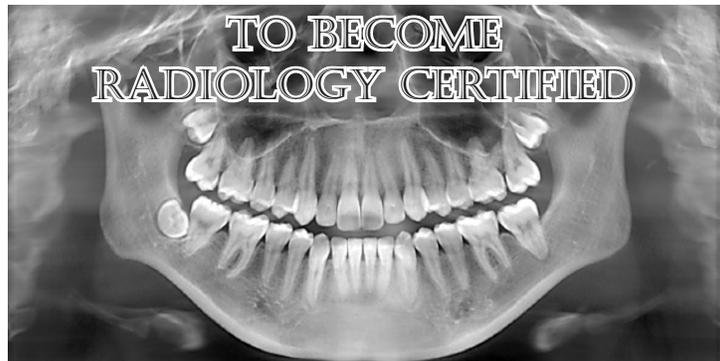
It may take time to feel like you've regained control over your life. Be patient with yourself. Sometimes things become so overwhelming that you need help from a professional. If you are concerned about the changes you are experiencing, reach out to your Employee Assistance Program or a local behavioral health counselor. As a licensed health professional, if you are concerned about your own mental health and/or substance use, you may also be eligible for Oregon's Health Professionals' Services Program. Visit hpspmonitoring.com for more information.

If you are having thoughts of harming yourself or someone else, please call the National Suicide Prevention Hotline at 1-800-273-TALK (8255), contact a member of your care team, or talk to a trusted friend.

As the pandemic continues to rage: Be patient with yourself, take extra self-care measures and reach out for help when you need it! ■



TRAINING DENTAL ASSISTANTS



As we all know, there is a shortage of trained dental assistants in Oregon. But did you know that Oregon Licensees and dental assistants who hold an Oregon Radiologic Proficiency certificate can become instructors in Oregon to teach dental assistants to become x-ray certified?

Did you know that while they are in the Board approved course, they can learn to take radiographs on patients in a dental office?

Pursuant to the following Oregon Administrative Rules (OAR) dental assistants while in a Board approved course are permitted to take radiographs on patients:

Oregon Board of Dentistry Rule:
OAR 818-042-0040(21) Prohibited Duties

(21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.

Radiation Protection Services rule:
OAR 333-106-0055

(c) Dental radiology students in an approved Oregon Board of Dentistry dental radiology course are permitted to take dental radiographs on human patients during their clinical training, under the direct supervision of a dentist or dental hygienist currently licensed, or a dental assistant who has been certified in radiologic proficiency by the Oregon Board of Dentistry.

Once the assistant has completed the Board approved course and has passed the written Radiation, Health and Safety examination, through the Dental Assisting National Board, the assistant pursuant to OAR 818-042-0050 may take radiographs up to six months once authorized by a dentist or dental hygienist before they must submit paperwork and fees to DANB to obtain their certification:

(2) A dentist or dental hygienist may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films, adjust equipment preparatory to exposing films, and expose the films under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist or dental hygienist that the assistant is proficient to take radiographs.

If the assistant has completed the course, but has not passed the written Radiation, Health and Safety examination, they are not allowed to take radiographs in a dental office. ■

OREGON DENTISTS NOW ELIGIBLE FOR OREGON WELLNESS PROGRAM

Barry Taylor, D.M.D.
Executive Director - Oregon Dental Association

A 2015 American Dental Association well-being survey revealed that over one in five dentists reported moderate depression. A recent Oregon Dental Association (ODA) survey taken at the nadir of the pandemic revealed that only 61% of dentists were satisfied with their career. The American Dental Association (ADA) also has reported this year that 87% of dentists under the age of 35 reported anxiety and 55% reported depression. No matter what numbers or survey you choose to look at, we know that stress and burnout is a critical issue in dentistry. Complicating matters, as reported in a 2015 ADA wellness survey, dentists also frequently believe that they don't need help.

Recently, the ODA entered into an agreement with The Foundation for Medical Excellence (TMFE) to expand Oregon Wellness Program (OWP) eligibility to include all Oregon dentists. ODA membership is not required to access the services. This would not have been possible without the generous financial support from Permanente Dental Associates who made a three-year financial commitment to supporting the program.

The OWP is designed to be a state-wide effort to provide highly confidential urgent mental health services to active clinical providers who self-refer. A dentist that contacts the OWP will receive up to eight visits free. These visits are confidential, and insurance is not billed. OWP is served by 18 mental health providers (all vetted PhD, PsyD, Psychiatrist, or MSW) nominated by their local community providers, experienced in providing care to their health care colleagues, and approved by the OWP Executive Committee. There is a standardized process for ensuring consent and confidentiality. All providers utilize Telehealth. OWP has a state-wide call service provided by Cascade Health in Eugene.

The program in its current format originated in 2018 and has since then served over 1500 healthcare professionals. Before the inclusion of dentists, the population served was physicians, physician assistants, and advanced practitioners. As a statewide program and with the use of telehealth, all areas of the state are able to receive equal access to the program. The TFME provides the administrative hub to reimburse the providers of services. Participant anonymity is key, with the TFME unaware of individual participants. Since 2018 there have been no complaints of a failure to protect the confidentiality of the client.

Long a goal of the ODA's Wellness Committee to be included in the OWP, it was made possible this year with the financial commitment of Permanente Dental Associates. "This ongoing pandemic has solidified our belief that every healthcare professional needs these important resources," says Dr. John Snyder, Executive Dental Director and CEO of Permanente Dental Associates. "Sponsoring access to the Oregon Wellness Program is one way we can support the broader community of dentists across the entire state of Oregon."

CONTINUED ON NEXT PAGE



Oregon Wellness Program coverage will supplement services already available through the Oregon Dental Association's Wellness Ambassador Network, which includes nearly two-dozen volunteer dentists trained to provide confidential, peer-to-peer support to our members. To make a self-referral to the OWP the ODA has created a website which is accessible to all dentists in Oregon. When a dentist clicks on the ODA link to the OWP, the dentist will be taken to an independent site, www.oregonwellnessprogram.org which has the contact information for scheduling an appointment.

Stress and burnout for dentists is a challenge in today's healthcare climate, and the OWP provides for the anonymous and confidential urgent help. ODA is proud of this work, and we encourage any dentist who may need assistance to utilize this new resource. ■



Oregon Governor Kate Brown created the Racial Justice Council in July 2021. It is an advisory group to the governor, with subgroups focused on criminal justice reform and police accountability, health equity, economic opportunity, housing and homelessness, and environmental justice/natural resources.

The council will also provide principles and recommendations that center racial justice to the Governor to inform the 2021-23 Governor's Recommended Budget and future budgets.

The council will examine and begin to dismantle the racist policies that have created grave disparities in virtually every part of our society, including: mass incarceration, prison and criminal justice, access to housing, health outcomes, economic opportunity and wealth creation, and education. The council members come from a diverse set of backgrounds with a majority from BIPOC (Black, Indigenous and People of Color) communities.

The Council seeks to change how we listen to, engage with, respond to, and support Black, Indigenous and People of Color (BIPOC) and Tribal members in Oregon.

Leaders in the public sector, business community and non-profit sector must work with Black, Indigenous and People of Color to dismantle the structures of racism that have created grave disparities in virtually all of our social systems and structures, including: mass incarceration and criminal justice involvement, access to housing, health outcomes, economic opportunity and wealth creation, and educational attainment. The urgency could not be greater in this moment to channel and follow the voices of those people most impacted by historical and institutional racism in Oregon and create a system with them that fully supports us all.

Achieving this goal will require a new approach. Establishing racial justice will take foundational reform and is why this Council will be inclusive of representatives from diverse backgrounds, while at the same time explicitly centering Black, Indigenous and People of Color. BIPOC communities have already been communicating the policies and investments that will have the most significant impact on their communities. The Racial Justice Council will ensure that prioritized recommendations are communicated to the Governor and the State Legislature to inform the next state budget and legislative agenda.

The Racial Justice Council's charge is to:

Direct the collection of data from across sectors of society to support smart, data-driven policy decisions

Provide principles and recommendations that center racial justice to the Governor to inform the '21-23 Governor's Recommended Budget and Tax Expenditures Report

Creating a Racial Justice Action Plan for six specific areas: Criminal Justice Reform and Police Accountability, Housing and Homelessness, Economic Opportunity, Health Equity, Environmental Equity, Education Recovery
Role of Council Members

Recommend changes to state policies, practices, budgets and structures to align them within a racial justice and equity framework.

The Racial Justice Council's Health Equity Committee will work with the existing Behavioral Health Advisory Council to craft an integrated report for the full Racial Justice Council.

The Racial Justice Council recognizes that existing boards and commissions have been working to address racial inequities in state government. Depending on the policy and issue areas, there may be opportunities for crosspollination and engagement to advance racial justice collaboratively with the Racial Justice Council's committees. ■

FREQUENTLY ASKED QUESTIONS

Q: May a hygienist apply SDF to treat caries on a patient that hasn't been examined by a dentist?

A: No. Under OAR 818-035-0025 (1) a dental hygienist is prohibited from diagnosing and treatment planning anything other than for dental hygiene services. Use of CDT Code D1354 (interim caries arresting medicament application) would require a dentist to diagnose active, non-symptomatic caries, and justify treatment. However, under OAR 818-035-0030 RDH's can determine the need for fluoride as a preventative measure, and some fluoride may include SDF in the formula. The RDH would bill using the appropriate CDT prevention code. The Board has noticed an uptick in complaints involving the use of SDF. At a minimum, documentation of PARQ, or its equivalent, is required under the Dental Practice Act. Review with your malpractice insurance, legal counsel, office policies, and dentist to determine how long after caries diagnosis standing orders for SDF are acceptable.

Q: I bought a new digital impression scanning system. May I have my dental assistant take the final digital impressions?

A: Dental Assistants with the proper training may take final impressions using traditional, or digital, impression materials. It is the dentist's responsibility to review all impressions to ensure accurate and clinically acceptable impressions are captured. Prior to January 1, 2020 the Dental Practice Act prohibited dental assistants from taking jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances. However, this rule has been struck.

ENFORCEMENT NEWS

One of the statutory duties of the Board is to conduct investigations, based "upon its own motion or any complaint...on all matters related to the practice of dentistry..." In fulfilling its duties, the Board relies upon the cooperation of licensees to provide information, and also patient records. While most complaints are closed with the Board not taking disciplinary action, the statutes provide for an objective forum in which complainants can voice their concerns, and also help the Board assure quality in the practice of dentistry.

Based upon issues raised in the investigation of recent complaints, the following reminders are here to help you assess your own practice and avoid future potential issues with the Board. Please be aware that in general, the underlying problem causing most complaints is a lack of clear communication between complainants and office staff, both ancillary and professional. Clarity in communication before, during and after providing services is essential in avoiding complaints.

Copies of Patient Records, Radiographs, Models

Under OAR 818-012-0030(9) a licensee must provide a patient within 14 days of receipt of a written request, legible copies of records, and duplicates of radiographs and study models, if the radiographs or study models have been paid for. The dentist may require the patient to pay in advance the cost of making copies or duplicates. The licensee must provide the duplicates of the radiographs, even if the patient still owes money for services provided subsequent to the appointment when the radiographs were taken, and it is the Board's position that any payment made on an account are presumed to cover radiographs.

Fees

Under OAR 818-012-0030(8) a licensee engages in unprofessional conduct if the licensee does or permits any person to misrepresent any facts to a patient concerning treatment or fees. When a patient requests fees for individual procedures, and these procedures would necessitate accompanying procedures such as the placements of implants (which would be accompanied by restorations) or cleanings (which would be accompanied by exams and radiographs), the licensee must inform the patient of the charges for the accompanying procedures.

The underlying cause for the greatest number of patient complaints involving billings appears to be centered around disagreements with, or misunderstandings about pre-authorizations from insurance companies, deductibles, and the portion of the fees which will be paid by insurance. It appears that the issues first arise as a result of actions of the "front office" staff in dental offices causing many of the initial patient discontent, and then is compounded by the frustration with the inability of the patient to communicate directly with the licensee when there is no resolution with the billing staff personnel.

Infection Control (here we go again)

Under OAR 818-012-0040 licensees must wear disposable gloves whenever placing fingers in the mouth of a patient or when handling bloody or saliva contaminated instruments; wear masks and protective eyewear or face shields when splattering of blood or other body fluids is likely; sterilize instruments or other equipment between each patient use; test heat sterilization equipment weekly; disinfect surfaces; and properly dispose of contaminated wastes. The public is increasingly sensitive to infection control, and the Board has received complaints that masks or gloves were not worn, or instruments were not properly sterilized.

Compliance with the Board's infection control guidelines is required, and licensees are urged to comply with similar guidelines (i.e., CDC, Oregon OSHA, etc.).

Further, the Board has received a few complaints about the cleanliness of dental offices and even the presence of office animal mascots. The bulk of the cleanliness complaints have centered around offices that gave the appearance of being dirty or run down. The investigation of these complaints revealed rust or staining that could have easily been resolved by normal housekeeping procedures.

License Renewal and Continuing Education

Under OAR 818-021-0060 and OAR 818-021-0070 dentists and dental hygienists must complete a certain number of continuing education hours every two years, 40 hours for dentists and 24 hours for dental hygienists, for license renewal and to also keep documentation of the completion of the hours. Included in those hours is the requirement to complete at least two hours of continuing education in infection control and at least three hours of continuing education in medical emergencies. Another requirement for licensure for both dentists and dental hygienists is to maintain at a minimum a current BLS for Healthcare Providers certification.

The license renewal application requires that licensees certify completion of the above continuing education requirements, but there have been a few licensees who certified their completion of the requirements but did not actually complete those requirements. There also have been a few licensees who failed to keep the required documentation of the completion of those continuing education requirements and were not able to provide that information to the Board. ■

FREQUENTLY ASKED QUESTIONS

Q: Based on the individual needs of my patients, history of their disease and clinical findings, I sometimes utilize CBCT imaging. What do I need to document in the patient record?

A: Accurate patient records, including the date and description of all radiographs, are required under OAR 818-012-0070 (1)(b) - (f). When CBCT scans are taken, the licensee should document the date, quantity of exposures, and a description of the field of view size. A CBCT scan also requires interpretation; thus a description and diagnosis of incidental findings, pathology and radiographic findings should be documented in the patient record. Providers utilizing CBCT imaging should also review OAR 818-012-0010 (13), which states it is unacceptable patient care to fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.

Did You Know?

The Oregon Board of Dentistry (OBD) has implemented a new licensing system, and the process for requesting additional licenses or updating your contact info has changed.

To update your contact info or print a copy of your license, please log in or register for our licensee portal at online.oregondentistry.org

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