



**PRESIDENT'S MESSAGE**

by Todd Beck, D.M.D.



**I**t is a privilege and honor to be a member of the Oregon Board of Dentistry and, for the next year, serve as President. I am continually amazed how life seems to take me places I didn't expect. Seventeen years ago, I took a three month vacation from the practice of dentistry to get help for an addiction to narcotic pain medicine. I had to sit before

the Board of Dentistry and explain my situation, proving to them that I was fit to continue practicing dentistry. That was several years before we had a diversion program, and all substance abuse cases were treated as discipline. So I know firsthand what its like to sit on the other side of the table. It was a long and challenging journey getting my personal and professional life back on track. With the help of a loving family, friends, and colleagues I was able to build a better life than I previously had. That support system included the members and staff of the Oregon Board of Dentistry. Throughout the entire process, I was treated with respect, encouraged and congratulated at every step. I believe that anyone who is called before the Board should be treated with the same respect and dignity that I was.

Ideally, you should only have to interact with the Oregon Board of Dentistry once every two years when you renew your license. The stress and angst of going through a complaint investigation can be mitigated by knowing and following the rules that govern our profession (the Dental Practice Act), thoroughly documenting all treatment and patient interactions and knowing your limitations.

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If you do receive notice of a complaint, respond promptly and completely to all requests for information. It is always a good idea to immediately contact your malpractice carrier as your policy may include legal representation. Please understand that we are not out to "get" anyone. State law mandates that every complaint be investigated for possible violations of the Dental Practice Act. All investigations start with an examination of CE logs, proof of installation of an amalgam separator and proof of biological monitoring of all office sterilizers. I am saddened by the number of our colleagues who get disciplined for one of these items that, most times, have nothing to do with the actual complaint. Making sure that you have systems in place to ensure your CE is adequate and documented and that you are spore testing each sterilizer in your office once per work week will go a long way in reducing the chance of a complaint resulting in discipline. We are also seeing an alarming increase in the number of implant failures being reported. In the spirit of partnering with our licensees to help solve this problem, we have formed the Dental Implant Safety Workgroup comprised of Board Members, Board Staff and dentists from the community. Please stay tuned for future discussions on how we can ensure that we are all adequately trained to safely provide these complex procedures to all of our patients. Dentistry is a difficult job. Maintaining our skills, keeping our patients and staff happy, meeting our financial obligations, having to run a business, working in a dark wet small space where everything is moving, all while we are expected to do work accurate to tenths of a millimeter.... and the list goes on and on. Your Board Members understand how stressful this job is because we are a mix of individuals who practice dentistry, dental hygiene and run businesses. We are charged with making sure the citizens of Oregon receive the best possible oral health care. I believe we can do that while maintaining the honor and integrity of our profession. We want to work with you in achieving this goal. In the spirit of collaboration, I would love to hear any ideas you may have that will help the Oregon Board of Dentistry improve how we operate. In closing, I would like to thank all the dentists and dental hygienists in the state of Oregon. You work tirelessly to provide our citizens with excellent care. We all experience bumps in the road when it comes to patient care. When things go awry, it's important to do everything we can to remedy the situation. When we do the right thing, it all works out. Remember, the difference between stumbling blocks and stepping stones is how we arrange them! ■

## IMMEDIATE PAST PRESIDENT'S MESSAGE

By Julie Ann Smith, D.D.S., M.D., M.C.R.



I was recently asked to write my message as outgoing President of the Oregon Board of Dentistry. This has been a pretty difficult task. When I reflect on 2016, the fact that I was President of the OBD, an organization of which I am very proud, is not what comes to mind. All I can really think about is that it was the year I lost my precious mother unexpectedly to a stroke. I can't separate that event from any

other event in 2016. Why would I write my message about such a sad and personal subject? It is important. The loss of a loved one is something we all will likely face. Our patients face it. Our co-workers face it—everyone faces it. So often people don't want to acknowledge or discuss grief. Even for the non-grieving, seeing someone else's grief can remind them of their own mortality, their own pain they may someday face. This experience can be quite painful even for the non-grieving. The points on this subject I'd like to highlight are the following: even little actions count; people should speak more openly about death—before and after it happens; and compassion is a necessary part of our everyday interactions.

I've always had a close relationship with my mom and I am thankful and lucky that I can say I have no regrets. She left earth knowing I loved her because I told her so—in words and actions. I spent a lot of time visiting her in Illinois and my last visit was for Thanksgiving. We had fun going out to eat, retelling old stories and laughing. For lunch on my last day there, I took her to her favorite restaurant, which I am not fond of—IHOP, but she just loved getting the "Senior Rooty", so she was happy. Even though I really didn't want to go to IHOP that day, I took her there because she liked it. On the way home, I offered to stop and get her some donuts at Dunkin Donuts, even though I advised her that I didn't approve of donuts. She wanted six—I balked, saying, "Six?! They are not good for you!!" I got six donuts for her anyway. I'll admit I had a funny feeling when I bought them—like I knew how important it was to do something so simple for her. I flew back to Portland that night, not knowing I would be back six days later to hold her hand in the stroke unit ICU. I'll always remember the little indulgence of IHOP and Dunkin Donuts that I provided her—seemingly unimportant at the time, but so meaningful now. Mom always thought about the future and although death was difficult for

us to talk about, she made sure several years ago to discuss it with me several times. When it became obvious that her stroke was completely devastating, I knew exactly what she wanted and what she didn't want. I knew what her definition of quality of life was and what was not acceptable to her. I was blessed that she was still able to talk, so she could reiterate everything, but if she had not been able to speak, at least I already knew what she wanted. Mom was super organized. She had already left notes to me behind to instruct me how to handle everything. Not everyone can be so organized, but I do encourage you and your loved ones to talk about end of life issues. Know each other's wishes down to the last detail. Of course, it's difficult to talk about. Mom and I cried every time we had these discussions, but I'm so glad we did. I'm very much at peace because of these discussions and her explicit instructions she left behind.

Grief over the loss of a loved one doesn't really ever go away. It may become less acute, but it is always there. If you know of someone who is grieving, it's okay to ask them how they are doing. It's okay to bring up their loss. If they don't want to talk about it, they will let you know. You don't have to worry about stirring up raw emotions—the heart is already gaping wide open. Knowing someone cares about them and how they are doing may be just the warm hug they need. Compassion is so very essential to the practice of dentistry. Our patients often come to us afraid—afraid of the sounds, the smells, possible pain, the unknown. All of this is so second nature to us, that we may sometimes overlook the need for compassion on an individual basis. Compassion is our most powerful tool as dentists. It is the basis for the safe practice of dentistry. We have the Oregon Dental Practice Act to provide the framework of regulations governing the safe practice of dentistry, but it is our compassion that serves as our moral compass—ensuring that we do what is right, what is fair, and that we go that extra mile to make each patient feel special. About a month ago, a patient I was consulting with told me her mother unexpectedly passed away a few weeks earlier. Prior to me losing my mom, my response would have been to say "I'm so sorry", and pause for a moment before continuing the discussion. With this particular patient, I knew the most important thing I would do for her was stop and give her a heartfelt hug. In that moment, she realized I cared about her more than just as a patient, but as a person, which was just as valuable as the information I provided during the consult. Can we give every patient a hug? No—not necessarily, but I ask each of you to remember that each patient you encounter needs your help and compassion and may have much more going on in their life than what they came to see you for, which may affect their behavior and ability to endure treatment. Compassion means keeping an open mind—putting yourself in your patient's shoes—every day, every patient.

I'm approaching six months since my mom passed away. The last day of May marks her 90<sup>th</sup> birthday. The pain is slightly more bearable, but I still ...Continued on page 3.

## IMMEDIATE PAST PRESIDENT'S MESSAGE

(Continued from page 2)

miss her so very much. I just try to incorporate a little of her into everything I do every day, knowing that I honor her in doing so. After she had passed, I returned to her house and sat sobbing at the kitchen table where we shared meals my whole life. I eventually opened the refrigerator. Sure enough, all the donuts were gone and a smile crept across my face. Little things really do matter. ■

## OUR NEWEST BOARD MEMBERS



**D**r. Hai Pham is looking forward to joining the Oregon Board of Dentistry. He understands first-hand what it means to be a patient. While going through his Pediatric Dentistry Residency, he was also battling cancer. With this experience and being an active practicing clinician in private practice, he will bring a comprehensive and evidence-based approach to the Board. Dr. Pham earned his dental degree

from Oregon Health & Science University in 2006. He then completed his Pediatric Dental Residency at Doernbecher Children's Hospital and Oregon Health & Science University in 2009. Dr. Pham received OHSU's first Early Career Achievement Award for his contributions to the community and dental profession.

Dr. Pham is currently the Pediatric Section Chair at Randall's Children Hospital, Oregon's Delegate for the American Dental Association and also is on the Board of Directors for the Dental Foundation a non-profit charity which helps provide free dental care to children. He has been the past President for the Oregon Academy of Pediatric Dentistry and Washington County Dental Society. He has staff privileges at Randall Children's Hospital and Kaiser Interstate Day Surgery Center.

Dr. Pham currently resides in Hillsboro, and in his spare time he enjoys spending time with his family, the great outdoors, the amazing food scene Portland has to offer, and giving lectures on Pediatric Dentistry to other healthcare professionals. ■



**C**harles "Chip" Dunn came to Oregon in 1996 to attend Portland State University on an athletic scholarship to play football. He graduated with a degree in Speech Communications, then started a career in banking and financial services shortly after completing school. For the past four years, Mr. Dunn has been working as a commercial real estate developer and business entrepreneur in the State of Oregon. Mr. Dunn

currently lives in Happy Valley with his wife Cynthia and two young sons Charlie(7) and Isaac(4). He is an outdoor enthusiast who enjoys a variety of activities like cycling, mountain biking, gardening, coaching little league sports, adult recreational softball, and occasionally you might find him on a golf course. Mr. Dunn has always loved living in Oregon. He is constantly looking for ways to enrich the communities where he lives, and is thrilled to serve on the Oregon Board of Dentistry. ■

## BOARD MEMBERS

Todd Beck, D.M.D.  
President  
*Portland*  
Second term expires 2021

Gary Underhill, D.M.D.  
Vice President  
*Enterprise*  
First term expires 2018

Amy Fine, D.M.D.  
*Medford*  
First term expires 2018

Alton Harvey Sr.  
*Beaverton*  
Second term expires 2018

Jose Javier, D.D.S.  
*Portland*  
First term expires 2020

Yadira Martinez, R.D.H.  
*Hillsboro*  
First term expires 2018

Julie Ann Smith, D.D.S.,  
M.D., M.C.R.  
*Happy Valley*  
Second term expires 2019

Alicia Riedman, R.D.H.  
*Eugene*  
Second term expires 2021

Charles "Chip" Dunn  
*Happy Valley*  
First term expires 2020

Hai Pham, D.M.D.  
*Hillsboro*  
First term expires 2021

## SCHEDULED BOARD MEETINGS

### 2017-18

- August 18, 2017
- October 13, 2017
- December 15, 2017
- February 23, 2018
- April 20, 2018
- June 22, 2018

# OREGON BOARD OF DENTISTRY

## A WORD FROM THE EXECUTIVE DIRECTOR

by Stephen Prisby



### *Fairness*

Fairness, Courtesy, Brevity, Equity & Focus- these words are on my desk, and are what I strive for every day at the Oregon Board of Dentistry (OBD). Fairness is defined as impartial and just treatment or behavior without favoritism or discrimination, also as conforming with the established rules. These words encapsulate my operating principles here at the

Board. As I write this, the summer of 2017 is upon us and the year has already proved to be very eventful. Highlights include welcoming our two newest Board members: Dr. Hai Pham and public member Mr. Charles “Chip” Dunn. Their Board service began May 3<sup>rd</sup>, and they attended new Board Member orientation with all Board Staff on May 11<sup>th</sup>.

We said farewell to Dr. Brandon Schwindt after eight years of dedicated service to the Board. We also said goodbye to public member, Mr. James Morris after four years of service. I appreciated their contributions and service in carrying out our important mission. A reminder: the Board Members are **volunteers**. The preparation for a typical Board Meeting means reviewing 1200-1600 pages of documents and meeting every two months, year after year. In addition, Committee Meetings, Public Rulemaking Hearings and emergency meetings occur throughout the year as well. Most Board Members will attend approximately 60 meetings throughout their eight years on the Board. Thank you for your service and sacrifice of your valuable energy and time.

Every April Board Meeting the Oregon Board of Dentistry Board Members choose a new president and vice-president to serve until the following April. This year the Board chose Dr. Todd Beck as the OBD’s President and Dr. Gary Underhill as Vice-President. A sincere thank you to our previous President Dr. Julie Ann Smith for her service during a very eventful year for her. Both Dr. Beck’s and Dr. Smith’s articles in this newsletter show the sincerity and humanity our Board Members possess.

The Board decided at its April 21, 2017 Board Meeting to convene a Dental Implant Safety Workgroup. The purpose of the workgroup is ultimately to recommend to the Board their findings and observations to ensure patient safety in Oregon. The Workgroup is described further in this Newsletter. Our 2017-2020 Strategic Plan set in motion the formation of the Workgroup. Most OBD documents are available on the OBD website. Please contact me or Board Staff if you cannot locate a document.

The Legislature is currently in session until July 10<sup>th</sup>, and their decisions will impact every Oregonian. I am monitoring legislation that will require us to undergo public rulemaking. As I write this, proposed legislation could impact Licensees who use autoclaves, prescribe opioids, utilize the Prescription Drug Monitoring Program (PDMP), participate in teledentistry and other areas as well. The OBD’s Budget Bill for the 2017-19 Biennium has been signed by Governor Brown, and it has no fee increases.

Every year the Dental Practice Act is usually updated, whether through legislative action (statutes) or through the OBD (rules). This winter we will plan to produce another Newsletter which will describe the new legislation that impacts our Licensees and describe at that time how the OBD plans to implement new rules. The OBD website is updated regularly with important news and updates.

The Dental Practice Act was last updated on March 1, 2017 incorporating 39 rule changes that the Board voted on in October 2016. Since 2014, there have been 77 rule changes, so please sign up (if you haven’t already) for our email subscription service, so you can receive upcoming Board & Committee meeting agendas, as well as public rulemaking notices.

The Oregon Board of Dentistry was created by an Act of the Legislature 130 years ago in 1887. The OBD pre-dates both the medical and nursing boards. Clearly oral healthcare was seen as important to the citizens of our state, even then. Now it is universally agreed that oral health is essential to one’s general health and well-being. Our state agency plays an important role in helping Oregonians achieve this, and I am proud to serve in my capacity.

I continue to meet more and more members of the dental community as I attend meetings and make presentations around the state, with Eastern & Southern Oregon coming up over the next 12 months. If you have any questions or comments and want to reach me, feel free to call 971-673-3200 or email me at [Stephen.Prisby@state.or.us](mailto:Stephen.Prisby@state.or.us). I look forward to hearing from you. ■

***MORE QUESTIONS?***

***Send us an email:***

***information@oregondentistry.org***

# OREGON BOARD OF DENTISTRY

## ENFORCEMENT NEWS

by Paul Kleinstub D.D.S., M.S., Dental Director and Chief Investigator

A Reminder to All licensees please mark your calendars and stay up to date on any of the following that apply to you:

- √ **Dental License Renewal**
- √ **Dental Hygiene License Renewal**
- √ **All Licensees should track their Continuing Education classes and hours earned and ensure they meet their CE requirements before next license renewal - see OAR 818-021-0060 for Dentists, see OAR 818-021-0070 for Dental Hygienists**
- √ **All Licensees must maintain a current BLS for Healthcare Provider certificate - see OAR 818-012-0030(18)**
- √ **All Sterilizer Monitoring Records need to be retained for the current year, and the two preceding calendar years - see OAR 818-012-0040(2)**

The above continue to be a challenge for some licensees. Practicing one day without your license can lead to a public reprimand and a civil penalty. Dentists have been disciplined because their supervised hygienists worked without a valid license as well. Complete sterilizer monitoring records continue to be missing on a majority of cases the OBD investigates.

Please open your mail from the OBD as soon as you can. ORS 679.170(10) dictates that licensees must respond to the OBD within 10 days. We have limited resources, so unfortunately we do not send thank you notes.

### WHAT HAPPENS WHEN THE BOARD RECEIVES A COMPLAINT

All complaints are initially reviewed to determine whether any statutes or rules in the Dental Practice Act has been potentially violated. There are times when the issues in a complaint, while serious, may not be a violation of the Dental Practice Act, and the complainant may be referred to another agency or professional organization for assistance.

Violations of the Dental Practice Act can result in the Board taking disciplinary action against a licensee. Disciplinary action taken in the past have included wide ranging issues such as self medication of controlled substances, unacceptable patient care, fraud, misrepresentation, sexual misconduct with a patient, failure to cooperate with the Board and conviction of a criminal offense.

If an investigation of a valid complaint is started, both the entity sending the complaint (patient, subsequent treatment provider, hospital, pharmacy, nursing home, etc.) and the licensee are sent letters notifying them that an investigation is being initiated. The investigator gathers documents and evidence, such as patient records, drug logs, prescription records, and also interviews witnesses and other parties

who can provide information to enable the Board to proceed with the investigation.

A preliminary investigative report is then provided to the licensee and the licensee's attorney, if an attorney has been retained, and the licensee is offered an opportunity to be interviewed to help ensure the accuracy of the report before it is forwarded to the Board for further action. When the investigation has been completed, the investigative report is provided to the Board's two Evaluators for review. These two Board Members then review the investigation and make recommendations to the full Board regarding the type of action that may be taken.

The investigation is then reviewed by the full Board in executive session, and a final action is then voted upon during the public portion of the Board's meeting. A variety of actions can be proposed to be taken against a licensee if the Board finds that violations have occurred. When there are relatively minor violations noted, the Board may issue a letter of concern, which is not disciplinary action. The Board may also issue reprimands, civil penalties, or require a licensee to make restitution payments. More serious actions may limit, restrict, or place conditions on the license that both protect the public and rehabilitate the licensee. When the offenses are very serious, the Board may revoke a license. If the licensee is an immediate threat to the health and safety of the public, the Board may issue an emergency suspension. All proposed Board actions may be contested by licensees through an administrative hearing process, and all final Board Orders issued following an administrative hearing could be submitted to the Oregon Court of Appeals for review.

### INFECTION CONTROL

Pursuant to 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. In determining what constitutes unacceptable patient care, the Board may also consider compliance similar guidelines such as those from the Centers for Disease Control and the ADA.

### A FEW STRATEGIES FOR AVOIDING COMPLAINTS

Solve the problem with the patient before he or she contacts the Board. The universal theme in...Continued on page 6.

## ENFORCEMENT NEWS

(Continued from page 5)

the Board's first contacts with potential complainants is that the patient is unable to speak with the dentist about whatever the issue might be. Almost always someone in the office hears about the problem from the patient before he or she contacts the Board. Ensure that your staff tells you about any patient's complaint, then set aside time during the day to pick up the phone and talk to the patient yourself. In advance of providing any treatment, there should be a clear understanding as to what treatment is being proposed as well as the estimated fee; PARQ needs to be documented, both the dentist and patient should sign the agreed upon treatment plan, give the patient a copy, and keep one in the patient records. You should update a medical history at least annually. Don't forget to specifically inquire about changes in prescribed medication, and also what non-prescribed and illicit drugs are being ingested by the patient. Before a delinquent account is turned over to a collection agency, it is a good idea to exhaust every opportunity for your office to collect the amount and also then evaluate the potential financial gain or loss in pursuing that action, because turning a patient over to collection frequently triggers a complaint being sent to the Board. Treat all patients the way you would want to be treated when you are a patient, and professional caring and politeness and staff courtesy as perceived by patients as factors contributing to quality care. When you have a difficult patient who presents you with a problem you don't know how to solve, pick up the phone, call someone you trust and respect for advice, a colleague, your malpractice carrier, or even the Board. If red flags are waving, it doesn't mean something good is about to happen, and remember, there are bad people out there that you don't need in your practice. ■

## The Health Professionals' Services Program (HPSP)

The Health Professionals' Services Program (HPSP) was established in 2010 as a consolidated statewide program to assist healthcare providers struggling with substance use or mental health disorders, so they may continue to safely serve the people of Oregon. The HPSP monitors healthcare providers with the goal being rehabilitation. HPSP has four participating health boards: The Oregon Board of Dentistry, the Oregon Board of Nursing, the Oregon Board of Pharmacy, and the Oregon Medical Board (the Boards).

The Oregon Health Authority (OHA) has administered the program since it was established. In 2016, House Bill 4016 authorized the Boards to establish or contract for program services. The Boards and OHA have been working to issue a new contract for program operations. To that end, the Boards established a Work Group to produce a Request for

Proposals (RFP). The Work Group meetings were held monthly at the Oregon Medical Board and were open to the public.

The RFP resulted in the selection of a vendor for the HPSP program operations. Reliant Behavioral Health (RBH) has been awarded the contract to operate the HPSP, effective July 1, 2017. RBH has held the HPSP contract for the past seven years and will continue to do so with diligence. The Boards, OHA, and RBH are committed to ensuring program participants experience a smooth transition during the change in administration. Licensees enrolled in the Program will continue to receive services without interruption. ■

Current participants of the HPSP may contact RBH with any questions they may have by visiting <https://www.rbhmonitoring.com/>.

The OBD's Diversion Coordinator is Harvey Wayson, and he can be reached at 971-673-3200 or [Harvey.Wayson@state.or.us](mailto:Harvey.Wayson@state.or.us)

## BOARD STAFF

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The Board office is open 7:30 a.m. to 4:00 p.m., Monday through Friday, except State and Federal Holidays. Phone: 971-673-3200 Fax: 971-673-3202

# Prescription Drug Monitoring Program (PDMP)

## Program Overview:

In 2009, the Oregon Legislature passed Senate Bill 355 mandating the Oregon Health Authority (OHA) develop a Prescription Drug Monitoring Program (PDMP). The PDMP is a tool to help healthcare providers and pharmacists provide patients better care in managing their prescriptions. It contains information provided by Oregon-licensed retail pharmacies. Pharmacies submit prescription data to the PDMP for all Schedules II, III and IV controlled substances dispensed to Oregon residents. The protected health information is collected and stored securely and can only be accessed by authorized individuals.

## How does it work?

Authorized system users can logon to the PDMP Web-based system and request a report of the controlled substance medications dispensed to their patients. The patient report is a line list of prescriptions dispensed. Prescription records include information on the dispenser, prescriber, and drug (i.e. name, quantity, days supplied, and refill information).

## Who can access PDMP information?

Access to PDMP information is regulated by law—ORS 431A.865. Individuals that can access the PDMP once authorized include: Oregon-licensed practitioners and pharmacists and their delegates, licensed and authorized practitioners in bordering states, and the State Medical Examiner and designees. Other entities that may receive a PDMP patient report include patients, health care regulatory boards, and law enforcement agencies. Law enforcement requests must be pursuant to a valid court order. Health care boards must certify the request is part of an active investigation.

## How do I sign up for an account?

Visit [www.orpdmp.com](http://www.orpdmp.com) and select PDMP User Access & Registration on left menu. Each user must apply individually including prescribers, pharmacists, and their delegates.

## Fast Facts:

- Approximately 7 million controlled substance prescriptions dispensed annually in OR.
- 1.2 million queries to the PDMP in 2016.
- Over 9,000 prescribers utilized PDMP in 2016.
- Patients have a right to their own PDMP reports and can request a copy at any time.
- Nearly 100% of pharmacies that are required to upload data to the PDMP are in compliance.
- The PDMP is a healthcare tool and not a law enforcement or practice evaluation tool.

Active User Accounts as of Dec 2016	
Discipline	Number Enrolled
Dentistry	1,128
Nursing	1,556
DO	568
MD	4,195
Delegates	3,341
Naturopathic Med	308
PA	922
Pharmacist	2,761

PDMP Queries Submitted, 2016	
Discipline	Number of Queries
Dentistry	13,780
Nursing	80,243
Delegate	309,463
MD/PA/DO	299,491
Naturopathic Med	6,076
Pharmacist	501,387

## FREQUENTLY ASKED QUESTIONS

### CONTINUING EDUCATION

#### **QUESTION:**

*Does OSHA training count toward the two hours of CE related to infection control?*

*Answer: It Depends!*

The answer is "yes" **IF** the OSHA course has instruction in infection control. **Please note** that your course completion certificate would need to delineate how many hours were devoted to OSHA instruction and how many hours were devoted to infection control.

#### **QUESTION:**

*Can I take CE courses online?*

*Answer: Yes!*

According to OAR 818-021-0060 (c) and OAR 818-021-0070 (c) correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the licensee passes the examination.

#### **QUESTION:**

*Can I use training for my Healthcare Provider BLS/CPR to satisfy the three hours of CE related to medical emergencies?*

*Answer: Yes!*

Training taken to maintain current Health Care Provider BLS/CPR certification, or its equivalent can be used to satisfy the three hours of CE related to medical emergencies. It may not be counted toward CE required to maintain anesthesia permits.

#### **QUESTION:**

*Do I need to keep record of the CE that I have completed?*

*Answer: Yes!*

According to OAR 818-021-0060 (2) and OAR 818-021-0070 (2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses. Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

#### **QUESTION:**

*Do I need to have a Healthcare Provider level BLS/CPR certificate if I already hold an ACLS or PALS certificate?*

*Answer: Yes!*

According to OAR 818-026-0030 (6)(a) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

#### **QUESTION:**

*Where can I find the continuing education rules for dentists and dental hygienists?*

The rules are listed on our website at [www.oregon.gov/dentistry](http://www.oregon.gov/dentistry) under the education/continuing education tab. They can also be found in the Dental Practice Act under Division 21—Examination and Licensing: OAR 818-021-0060 and 818-021-0070.

## DENTAL IMPLANT SAFETY WORKGROUP

At the April 21, 2017 Board Meeting, the OBD established an ad hoc committee named the “Dental Implant Safety Workgroup” per ORS 679.280, to research, review and discuss dental implants, complications and the resulting investigations with the goal of advising the OBD on what should be the most effective action in protecting the public and educating dentists regarding dental implants.

The Dental Implant Safety Workgroup is being created because during strategic planning in 2016, the OBD identified dental implant complications and the subsequent complaints as a significant problem in Oregon. This was ultimately addressed in the OBD’s 2017-2020 Strategic Plan, which was ratified on August 19, 2016.

The Dental Implant Safety Workgroup, which shall be comprised of three current OBD Board Members; one or two may be the Chair/Co-Chair. The Workgroup shall also include up to two OBD staff members. Two positions will be reserved for the ODA on this Workgroup. A position on this Workgroup will also be reserved for the OHSU School of Dentistry

Oregon licensed dentists who are familiar with placing implants have also been invited to participate. As of June 20, 2017, 25 licensees have submitted interest forms to serve on this Workgroup.

This Workgroup will seek relevant information on the training of dental students as it relates to dental implants. Staff shall also survey regional testing agencies regarding this topic, to provide feedback to this Workgroup as directed by the Chairs. Staff shall also survey other state dental boards, regarding how they regulate dental implants.

The Co-Chairs of this Workgroup shall consult with the OBD’s Executive Director in approving additional members to this Workgroup from those interested dentists that are not ODA appointees. The Workgroup shall not exceed 12 members. All Workgroup members will be assigned voting rights on relevant work, and a simple majority of those present at a meeting will approve Workgroup actions.

Current OBD Board Members are always invited to attend OBD Committee/Workgroup meetings, whether they are assigned to that Committee/Workgroup or not. Only the initial three OBD Board Members assigned to this Workgroup will have voting rights.

Workgroup members shall be reimbursed for transportation costs to and from these meetings, limited to reimbursement for mileage as long as the Workgroup members complete the required reimbursement forms. It is anticipated that

some of the work will be done through email, and possibly teleconferences as well. Board members attending Workgroup meetings will be reimbursed as they normally are when they participate in Board business. All Workgroup meetings will be at the OBD’s office or conference room at 1500 SW. 1<sup>st</sup> Ave., Portland, Or 97201 and will be public meetings.

This Workgroup shall be charged with producing a final report with observations and recommendations to the Board no later than the October 2018 Board Meeting.

The Co-Chairs shall consult with the Executive Director regarding any facet of the Workgroup and the Co-Chairs shall retain the authority to unilaterally make any modifications they see fit, to facilitate the intended outcome of providing the Board a final report with respect to its purpose.

Thank you to all of the dentists who submitted interest forms for serving on the Workgroup. The Workgroup’s meetings will be public meetings and if its work ultimately leads to any rule changes, the OBD adheres to a transparent and public rulemaking process where all interested parties will have the opportunity to share their opinions on any proposed rule changes.

The 12 person Roster of the Dental Implant Safety Workgroup includes:

### OBD Board Members

Co-Chair Dr. Gary Underhill  
Co-Chair Dr. Julie Ann Smith  
Dr. Todd Beck

### OBD Staff Members

Dr. Paul Kleinstub  
Dr. Daniel Blickenstaff

### ODA Designees

Dr. S. Shane Samy  
Dr. Normund Auzins

### OHSU School of Dentistry

Dr. James Katancik



### Appointed Licensees

Dr. Cyrus Javadi  
Dr. Duy Anh Tran  
Dr. Russell Lieblick  
Dr. Donald Nimz



All Board, Committee and Workgroup meetings are noticed following the Secretary of States' rules and procedures. The OBD encourages feedback from the dental community on oral health care issues important to you. ■

# OREGON BOARD OF DENTISTRY

**OREGON BOARD OF DENTISTRY**  
1500 SW 1ST AVENUE, SUITE #770  
PORTLAND, OR 97201

## **IT'S THE LAW!**

*You must notify the OBD within 30 days of any change of address. An online Address Change Form is on the OBD's website at [www.oregon.gov/dentistry](http://www.oregon.gov/dentistry). All address changes must be made in writing, by fax, mail or email.*

***Our Mission:*** *The mission of the Oregon Board of Dentistry is to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.*



*Licensees are required to report any change of address within 30 days.*

### **CHANGE OF ADDRESS FORM**

Licensee Name: \_\_\_\_\_  
Print Name Phone

Licensee Number: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

New Email Address: \_\_\_\_\_

Above is designated as my mailing address:  Home  Office  Other

**Mail or Fax to: OREGON BOARD OF DENTISTRY**  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, OR 97201  
Phone: (971) 673-3200  
Fax: (971) 673-3202