



NEWS

PRESIDENT'S MESSAGE

by Todd Beck, D.M.D.



As I sit down to write this I'm stuffed to the brim from Thanksgiving dinner. I promised to have my President's Message written and submitted by the end of the week, so here I am scrambling to get this done before the tryptophan kicks in and I fall asleep watching football with my family. Anyone who knows me will understand that the only way I watch football is with my eyes closed. I am reminded as I mingle amongst all the family and friends assembled at my parents' house here in Montana just how thankful I am; and for so many reasons. I am sharing my life with my amazing partner, Jorge. Like all of your spouses and significant others, he supports me with all the long hours I spend involved in our profession; both in and out of the office. I am thankful for the lifelong love of my parents, sisters, brothers-in-law, nephew and nieces, aunts, uncles and cousins. I cherish my close friends whom I lean on continuously; you all know who you are and I love each of you dearly. I am thankful for each and every one of my team members at my office. We all have the same mission; to provide exemplary dental care to each of our patients while enjoying each other's company and having fun. I am thankful for my colleagues and staff at the Board of Dentistry, most of whom are in the close friend category. I am truly honored to be part of a group of such talented, honest and sincerely wonderful people.

You have all made me a better leader and dentist. I am thankful for my patients! All these people who believe I am the best person to oversee their oral health.

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What an honor and privilege to serve each and every one of you. I am thankful for all my colleagues. Your council, collaboration and friendship make this profession both rewarding and enjoyable. We see each other's patients, help solve each other's problems and give each other advice and comfort when in need. How fortunate we are to have each other! I am thankful for all the leaders of organized dentistry. You are our voice, advocate and guide through this ever changing world we work in. You fight every day to keep us autonomous and relevant. Without your efforts, passion and guidance we would be stuck in the past. Thank you for helping to keep dentistry at the cutting edge of healthcare.

Now I would be remiss if I didn't touch on a few things directly related to the OBD... so here goes. We have created two special work groups to come up with solutions to some real problems trending in the practice of dentistry: implant placement and sedation. We are seeing an alarming increase in complications and bad outcomes associated with both of these areas in our profession, and not just in the state of Oregon. The OBD mission is to promote high quality health care for the citizens of our state. We do this by the equitable regulation of our licensees. The word "equitable" is really important here. It means equal, fair and inclusive. It means YOU get a voice in the rules we promulgate. I encourage you to look on the OBD website and note the dates of any workgroup or committee meeting you have an interest in, and attend. Workgroup, Committee and full Board meetings are always open to the public. I promise you that your comments and ideas are welcome and will be considered in all our deliberations.

In closing I have one more thing I am thankful for, which you should be too; we are a self-regulated profession. As bad as it is to get in the cross hairs and be disciplined by the OBD, can you imagine how much worse it would be if these decisions were being made by non-dentists and left to the bureaucracy of government? The system we have in place allows all to have a say. Get involved, attend meetings, and provide leadership in organized dentistry. Participate, make your voice and ideas heard. Let's all work together to make our profession even better for all of us and our patients. Sitting here with a belly full of turkey reminds me of a germane statement I heard years ago: If you aren't at the table you're on the menu. I want to wish everyone reading this a very happy and blessed holiday season! ■

OREGON BOARD OF DENTISTRY

A WORD FROM THE EXECUTIVE DIRECTOR

by Stephen Prisby



Brevity

Brevity, Courtesy, Equity, Fairness, & Focus - these words are on my desk, and are what I strive for every day at the Oregon Board of Dentistry (OBD). I strive to be concise, succinct and accurate on the multitude of tasks that I need to accomplish daily. I make extra time for the important matters of the OBD that involve long term planning, and am fortunate to have great people and good systems in place to accomplish this.

We had some personnel changes with the OBD Staff since our last newsletter. We said farewell to long-time Investigator, Daryll Ross in August as he has retired from state service. The picture is of me recognizing Daryll for 20 years of service at a Board meeting last year. Daryll was with the OBD for 21 years and we thank him and wish him all the best in retirement. Haley Robinson has transitioned into the Investigator role and we are very pleased with how well she is doing. We also welcomed Chantell Wesley as our new Office Specialist in October.

The 2017 Legislative Session yielded 5 important pieces of legislation that I want to bring to your attention:

- **HB 2114** - Directs the OBD to endorse opioid prescribing guidelines and ensure Licensees are aware of these guidelines. These guidelines have been endorsed by our Board and are posted on the OBD website. Specific prescribing recommendations for dentists are included in this newsletter.
- **SB 561** - Clarifies that indirect supervision, not direct supervision is acceptable at the dental school and at dental hygiene programs.
- **SB 786** - Allows “dental care provider” to practice telehealth. The Board will review this closely and we expect this to generate a lot of conversation and scrutiny going forward.
- **SB 966** - Requires Licensees to test heat sterilizer weekly, not just dentists. The OBD will be updating the Dental Practice Act with an updated rule next year and revise OAR 818-012-0040(2).
- **SB 5514** - OBD’s Budget Bill (no fee increases)

The OBD’s Dental Implant Safety Workgroup had its initial meeting in September, with the next meeting in January. This Workgroup has an October 19, 2018 deadline to make recommendations to the Board. The Board also created a new Workgroup named the Anesthesia Office Evaluation Workgroup which is described later in this newsletter.

These important patient safety priorities were identified in the OBD’s 2017-2020 Strategic Plan and I commend our Board for initiating actions on these issues. I encourage the dental community to share their feedback and opinions on these issues once specific recommendations are made from those Workgroups.

I continue to meet more and more members of the dental community as I attend meetings and make presentations around the state. Since our last newsletter, I spoke to groups in Eugene, La Grande and Wilsonville. The OBD again will be at the Oregon Dental Conference in April. The OBD coordinates with DBIC for Risk Management presentations as well. Please contact me if you have a presentation opportunity for the OBD. 2017 is wrapping up and I wish you all happy holidays and a great start to 2018.

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. I look forward to hearing from you. ■

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

2018

- February 23, 2018
- April 20, 2018
- June 22, 2018
- August 24, 2018
- October 19, 2018
- December 14, 2018

NEW STAFF INTRODUCTION

Chantell Wesley, *Office Specialist*



I was born here in Portland, raised in the San Francisco Bay area, I've been back here permanently since February 2017. I am a proud mother of a two (2) year old boy, Junior, who is attending school at Albina Head Start. I joined the Policy Counsel at Albina Head Start in October and was designated President in November. I am thankful I found that school, and enjoy being a part

of their latest developments. Outside of Junior's school and my work, my "spare time" is spent turning routine mommy-duties into skill-building activities for my son. For example, I LOVE to cook, I also HAVE to cook, Junior helps, and we are able to practice counting, identify colors, and food groups. I enjoy watching him grow and develop with each day, and that is making the most of my world right now. I am thankful to have this opportunity to be setting such a solid foundation for me and my, not so little bundle of joy.

TREATING SLEEP RELATED DISORDERED BREATHING

by Daniel E. Blickenstaff, D.D.S., M.S.c.

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 their patient's airway. But again, dentists legally are not in a position to diagnose sleep disordered breathing and sleep apnea; a physician must make the diagnosis and then prescribe oral appliance therapy before the dentist can treat it.

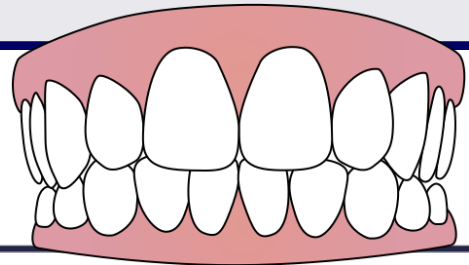
In children, a dentist can and should refer the patient to a pediatric otolaryngologist for evaluation and treatment of suspected airway obstruction caused by hypertrophic tonsils.

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. ■

DID YOU KNOW?

In addition to reporting Child Abuse, pursuant to ORS 124.050, as of January 1, 2015 dentists are now required to report Elder Abuse.

To report Child or Elder Abuse you may contact your local Department of Human Services (DHS) office, or you may also call the DHS toll-free hotline at 1-855-503-7233



MORE QUESTIONS?

Send us an email:
information@oregondentistry.org



ENFORCEMENT NEWS

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

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. ■

EXPANDED PRACTICE PERMIT FAQs

by Ingrid Nye

Nearly two decades ago, the Oregon Board of Dentistry (OBD), following legislation passed in 1997 by the Oregon State Legislature, began offering a “Limited Access Permit” – later retitled an “Expanded Practice Permit” (EPP) – for dental hygienists. By obtaining this permit, a dental hygienist could become an “Expanded Practice Dental Hygienist” (EPDH). Dental hygienists in Oregon work under the supervision of a dentist, however, an EPDH is permitted to provide most hygiene services, without the supervision of a dentist, at locations and populations identified by the Oregon State Legislature as historically underserved in regards to preventative oral healthcare.

I have catalogued our most commonly asked questions about the EPP. For more information, please refer to the Oregon Dental Practice Act (DPA), specifically ORS 680.205, OAR 818-035-0065, OAR 818-035-0066, and OAR 818-035-0100. Additionally, our OBD staff members are always happy to answer any questions you may have about any part of the DPA!

Question: Is an EPDH permitted to provide dental hygiene services without supervision to all Oregonians?

Answer: No. An EPDH may only provide services to patients identified in ORS 680.205(1) and OAR 818-035-0066.

Question: Does the word “Expanded” in the Expanded Practice Permit mean that it allows an EPDH to perform “expanded” services that dental hygienists without the permit are not permitted to provide?

Answer: No. The EPP only allows an EPDH to work without supervision at certain locations and/or on certain populations (ORS 679.205(1) and OAR 818-035-0066) as outlined in the DPA. It does not “expand” the duties dental hygienists are permitted to perform.

Question: If a dental hygienist with an EPP is working at a dental office (such as a private practice, group practice, etc.) and the dentist is out of the office, is that dental hygienist working under the general supervision of the dentist or are they working without supervision and utilizing their EPP?

Answer: This is perhaps the most common misunderstanding of the EPP’s function. The EPP allows a dental hygienist to treat the populations and locations outlined in ORS 680.205(1) and OAR 818-035-0066, without supervision. When working on populations other than those outlined in the previous citations, all dental hygienists (with or without the EPP) work under the general supervision of a

licensed dentist. Having an EPP has nothing to do with the dentist being in the office. In OAR 818-001-0002(5), the DPA defines “general supervision” as “supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed”. Again, the EPP is only applicable to certain locations and/or populations outlined in ORS 679.205(1) and OAR 818-035-0066.

Question: May an EPDH who also holds a Nitrous Oxide Permit administer nitrous oxide to patients while practicing under their EPP?

Answer: No. The DPA expressly prohibits nitrous oxide administration by an EPDH with a Nitrous Oxide Permit. Hygienists who hold a Nitrous Oxide Permit (regardless of whether or not they also hold an EPP) may only administer nitrous oxide to patients under the indirect supervision of a licensed dentist, which requires that a licensed dentist authorize the procedures; additionally, the dentist must remain on the premises while the procedures are performed.

Question: What is a Collaborative Agreement?

Answer: A Collaborative Agreement is an approved agreement between a licensed dentist and an EPDH, which allows that EPDH to perform some or all of the following services while practicing under their EPP: Administering local anesthesia (if the EPDH also has a local anesthesia endorsement); administering temporary restorations without excavation; and prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement. The Collaborative Agreement should also contain agreed-upon referral parameters.

Question: Do EPDHs need to have a Collaborative Agreement to practice under their EPP?

Answer: No. However, the EPDH may not provide any of the services listed in the previous answer while working under the EPP unless they have a current Collaborative Agreement that has been approved by the OBD.

Question: What additional record keeping requirements exist for an EPDH who had entered into a Collaborative Agreement with a licensed dentist?

Answer: Every time an EPDH with a Collaborative Agreement provides any of the services referenced in the Collaborative Agreement, (administering local anesthesia; placing temporary restorations without excavation; and prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs), the EPDH must document in the patient's official chart the name of the licensed dentist on the Collaborative Agreement, and the date the Collaborative Agreement became effective. For more information, see OAR 818-035-0100.



EXPANDED PRACTICE PERMIT FAQs

(Continued from page 5)

Question: How do I obtain an Expanded Practice Permit?

Answer: There are two pathways to obtain an EPP; the application packets for both pathways are available on our website under “Forms and Brochures”. Hygienists who have completed a course of study, before or after graduation from a dental hygiene program, which included 500 hours of practice on the populations described in ORS 680.205(1) should apply by Pathway Two. Hygienists who did not complete a program that included the necessary hours should apply by Pathway One. Pathway One involves completion of at least 2,500 hours of supervised dental hygiene clinical practice or clinical teaching hours, and completion of at least 40 hours of continuing education (CE) directly related to clinical dental hygiene or dental public health. The applicant may choose the CE courses, provided they are sponsored by CE Providers that have been approved by the OBD. The list of Board-Approved CE Providers for EPPs is available on our website by clicking [here](#) or by going to www.oregon.gov/dentistry and clicking “Education/ Continuing Education”.

Question: What are the most common mistakes made by dental hygienists attempting to obtain an EPP via Pathway One?

Answer: Most of the errors derive from misunderstanding the CE requirements. In order to count towards the 40-hour requirement, the CE must be (1) sponsored by CE Providers that have been approved by the Board – a list is available on our website; and (2) directly related to clinical dental hygiene or dental public health. Courses related to practice management and/or patient relations will not be counted towards the requirement.

Question: Aside from the documents in the EPP application packets, what additional materials must be submitted with an EPP application?

Answer: A copy of the hygienist’s current BLS for Healthcare Providers card, proof that the hygienist holds current professional liability insurance, and a check for the permit fee.

Question: How is the EPP renewed?

Answer: Once added to the dental hygienist’s license, the EPP is renewed on the same schedule as the license. CE hours and renewal fees are not prorated.

Question: Are there any additional requirements for an EPDH that have not been mentioned above?

Answer: Yes. An EPDH must complete 36 hours of continuing education each renewal cycle. An EPDH must main-

tain professional liability insurance at all times, even when not practicing under the permit. An EPDH must, at least once each calendar year, refer each patient or resident to a dentist who is available to treat that patient or resident.

As always, you are welcome to contact the OBD with any questions you may have about continuing education, renewals, or any other topic. We can be reached at information@oregondentistry.org, or 971-673-3200. Our staff is happy to assist. ■

RULE CHANGES ARE COMING IN 2018



The OBD will undertake public rulemaking in 2018. Dates have not been finalized as of yet. The 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 amended in response to evolving standards and circumstances. OARs are written and amended within the agency’s statutory authority granted by the Legislature.

Rules go through various stages of review before being permanently adopted. The Board strives to publically share proposed changes through Board meetings and Committee & Workgroup meetings along with updates to all licensees and interested parties through email as well. Committees & Workgroups discuss and review potential changes to the OARs. The full Board considers their recommendations and can move them to a public rulemaking hearing for public testimony or back to a Committee or Workgroup to be refined and discussed further.

An update on committee/workgroup meetings in 2017:

- The Licensing, Standards and Competency Committee met on June 23, 2017.
- The Anesthesia Committee met on September 26, 2017.
- The Dental Implant Safety Workgroup met on September 28, 2017.
- The Licensing, Standards and Competency Committee was scheduled to meet on December 15, 2017.

The Dental Implant Safety Workgroup’s second meeting is scheduled for January 25, 2018 at the OBD Office. The new Anesthesia Office Evaluation Workgroup (which was formalized by the Board at the October 13, 2017 Meeting) will meet February 8, 2018 at the OBD office. Please check the OBD website for current and updated information at www.oregon.gov/dentistry ■



ANESTHESIA OFFICE EVALUATION WORKGROUP

At the October 13, 2017 Board Meeting, the OBD established an ad hoc committee to be named the “Anesthesia Office Evaluation Workgroup” per ORS 679.280, to support on-site inspections at offices that provide anesthesia. This Workgroup will address anesthesia providers in accordance with OAR 818-026-0110. This important patient safety initiative was identified by the OBD in its 2017-2020 Strategic Plan, and further supported by the OBD’s Anesthesia Committee’s recommendation in 2014.

The Workgroup will create a plan of action to support on-site inspections by the Board/designee to determine if an anesthesia permit holder is practicing in an environment, which is adequately equipped, staffed, and maintained to support the safe provision of anesthesia.

The Anesthesia Office Evaluation Workgroup shall be comprised of two current OBD Board Members, with Dr. Julie Ann Smith and Dr. Hai Pham serving as Co-Chairs. The Workgroup shall also include up to eight additional members comprised of Oregon licensed dentists equitably representing dental specialties, who regularly sedate patients. A position shall also be reserved for an Oregon licensed dental hygienist who holds a nitrous oxide permit. All levels of permit holders shall be represented on this Workgroup if possible.

The Co-Chairs of this Workgroup shall consult with the OBD’s Executive Director in approving members for this Workgroup from a pool of qualified applicants, who express interest in serving on this Workgroup. The Workgroup shall not exceed ten members. All Workgroup members will be assigned voting rights on relevant work, and a simple majority of those present at a meeting may 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 Workgroup members will have voting rights on any matters they choose to vote on.

The OBD will solicit interest in the workgroup in the OBD Newsletter, through email blasts, on the OBD Website and with communications with the professional associations and presentations in the dental community.

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 possible that some of the work will be done through email and teleconferences.

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. 1st Ave., Portland, Or 97201.

This Workgroup shall be charged with producing timely reports and updates on its actions to the Board as work proceeds. The Workgroup will submit its recommendations to the Board with specific details and implementation plans for on-site inspections at offices that provide anesthesia.

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 its actions and focus on patient safety.

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 OBD encourages feedback from the dental community on oral health care issues important to you.

The first meeting is scheduled for Thursday, February 8, 2018 at 6:30 pm at the OBD Office. The OBD Website will have additional information including a link to an interest form for those interested in serving on this Workgroup. ■

PRESCRIBING OPIOIDS SAFELY

Your role in reducing addiction and deaths from opioids

Dentists are the leading prescribers of narcotics to young people (10-19 year olds, in 2011).

Opioid addiction commonly begins with wisdom teeth extractions.

Less than half of opioids prescribed after surgical extractions are used.

**Some dentists are part of the
opioid problem. You can be part
of the solution!**

Opioid Prescribing Guidelines for Dentists

1. Be aware of patients' substance abuse history.
 - Use the Prescription Drug Monitoring Program (PDMP).
 - Consult patients' other providers as needed.
2. You are discouraged from prescribing by phone. This is especially true for patients you have not met.
3. If you prescribe an opioid, prescribe only in small dosages. Usually, the dosage should not exceed three days or 10 tablets.
4. Be cautious with refills. Assess the patient in the clinic before prescribing again for a narcotic.
5. Use guidelines for acute pain management. (Recommended in *Principles of Pain Management in Dentistry* in *ADA Practical Guide to Substance Use Disorders and Safe Prescribing, 2015* (<http://ebusiness.ada.org/productcatalog/product.aspx?ID=8349>)):
 - Mild to moderate pain: ibuprofen
 - Moderate to severe pain: ibuprofen and acetyl-para-aminophenol (APAP)
 - Severe pain: ibuprofen and hydrocodone/APAP
6. Use combination opioids (e.g., hydrocodone/APAP, rather than plain hydrocodone) when an opioid is necessary.
7. The patient's primary care provider should manage or coordinate prolonged pain management (while they await specialty care).
8. Tell patients how to secure medication against diversion. Also, let them know how to dispose of leftover medication safely. You may use the Drug Enforcement Administration's (DEA) website to find out where to dispose of medications safely. Go to <https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>.

Find these guidelines online:

<http://bit.ly/2sZtdhz>

Use the Prescription Drug Monitoring Program: <http://www.orpdmp.com/>

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Oral Health Unit at 971-673-0348, or email oral.health@state.or.us. We accept all relay calls or you can dial 711.

PRESCRIBING OPIOIDS SAFELY

(Continued from page 7)

Dental patients should be encouraged to seek emergency dental care in dental offices. They should not seek it in emergency departments.

Many dental narcotic prescriptions come from patient expectations and traditions.

Nonsteroidal anti-inflammatory drugs (NSAIDs) can be at least as effective as opioid combinations, with fewer side effects.*

To find medication disposal locations call 1-800-882-9539 or visit [https:// apps.dea.diversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1](https://apps.dea.diversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1).

*Moore, P., & Hersh, E. (2013). Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions. *The Journal of the American Dental Association*, 144(8), 898-908. doi:10.14219/jada.archive.2013.0207

How to register and access the Oregon PDMP

- The Oregon PDMP is a web-based data system that contains information on Schedule II– IV controlled prescriptions dispensed by Oregon- licensed retail pharmacies.
- Register online: <http://www.orpdmp.com>
- All system users must apply individually.
- This includes dental providers and their staff applying as delegates. Only individuals can get access. Dental clinics cannot.
- If you need help registering, please contact the PDMP help desk at 1-866-205-1222 or orpdmp-info@appriishealth.com.

Opioid addiction in Oregon

Drug overdose deaths remain the leading cause of unintentional injury death. As of 2014, Oregon has the second highest rate of non-medical use of prescription pain relievers in the nation.

Pharmaceutical opioid use caused:

- 263 overdose deaths in 2015
- 381 overdose hospitalizations in 2014

If you suspect a patient is mis-using opioids, refer them to the substance use helpline at 1-800-923-4357.



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

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 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

For more information visit www.orpdmp.com or email program at pdmp.health@dhsosha.state.or.us

SUICIDE PREVENTION

By Ann D. Kirkwood, MA

Have you, as a dentist, ever had a patient you worried was suicidal? Has a member of your staff been suicidal? Have you lost a friend or family member to suicide? Have you thought of killing yourself? This column is designed to help you if you answer “yes” to any of these questions. There are activities you can do to reduce suicide among you, your staff and your patients.

Background

Suicide is the 8th leading cause of death among Oregonians and the second leading cause among those aged 15 to 34 years. In 2015, 762 Oregon residents died by suicide. Over 2,000 state residents are hospitalized for suicidal behaviors each year. These deaths leave family members, friends, providers and the community devastated and confused. They may never know the answer to “why?”

Facts about Suicide in Oregon (2012)

- The age adjusted suicide rate was 17.7 per 100,000 population, 42% higher than the national average.
- The rate of suicide among Oregonians of all ages has been increasing since 2010.
- Rates are highest among Native Americans.
- Among white people, the highest rates are middle-aged males and males age 85 and older, although the rate among women is increasing.
- About 25% of Oregon suicides are by veterans, mostly males
- Multiple studies have shown that up to 75% of those who die by suicide saw some type of health or behavioral health care provider in the previous year.

A study by the Centers for Disease Control and Prevention in 2012 grouped suicides nationally into professional categories, which included “healthcare practitioners” of all types (physicians, dentists, etc.). In this category, the suicide rate was 17.4 per 100,000, 31.6 for males and 13.3 among females. Notably, other professional groups came in higher than health professionals, with 84.5 per 100,000 in farming, fishing and forestry and 53.3 in construction and extraction. Targeted interventions are needed for each professional group.

Dentists are often excluded from guidelines issued for managing suicidal patients in a medical or behavioral health practice. However, as noted above, dentists, like Oregonians in general, have an elevated risk of suicide themselves when compared to the national average – and male dentists have an alarmingly high suicide rate. In addition, dentists some times worry about a patient who is suicidal and often talk to patients about what they are feeling, whether emotionally or physically.

So what can we do?

Dentists and their staff--

- Dental practices can manage risks among staff by providing employee assistance programs for access to behavioral health treatment.
- Workplace wellness programs can offer education on suicide warning signs (see below).
- Dental practices also can implement the [National Action Alliance for Suicide Prevention Workplace Task Force’s Blueprint for Workplace Suicide Prevention](http://actionallianceforsuicideprevention.org/comprehensive-blueprint-workplace-suicide-prevention-1) (<http://actionallianceforsuicideprevention.org/comprehensive-blueprint-workplace-suicide-prevention-1>)

Patients--

- You can listen for the warning signs below when you talk to your patients.
- Dentists can make colleagues, employees and patients aware of the National Suicide Prevention Lifeline (NSPL) or call it themselves at 1-800-273-TALK (8255). You do not need to be suicidal to call; services are offered to those concerned about another person.
- This can be very easy. Simply provide NSPL wallet cards in your practice on the front desk, waiting room or exam rooms. A free digital version of the wallet card is available at: <https://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Wallet-Card-Suicide-Prevention-Learn-the-Warning-Signs/SVP13-0126>

Through the hotline, skilled and trained NSPL counselors at Oregon’s Lines for Life are available anytime. An online chat option is available as well at suicidepreventionlifeline.org.

Training

You can get trained. Suicide prevention and intervention training for physical and behavioral health providers is encouraged by the

- U.S. Surgeon General,
- National Action Alliance for Suicide Prevention,
- National Strategy for Suicide Prevention,
- the American Association of Suicidology,
- the American Foundation for Suicide Prevention, and
- It is an objective of the Oregon Youth Suicide Intervention and Prevention Plan for young people aged 10-24. This plan was developed by 100 Oregon stakeholders and includes continuing education for medical providers.

Training has proven effective in preparing professionals to address suicidal patients. A study in 13 states of 1,100 professionals who took a 7-hour training on suicide risk management and treatment showed that only 9-35% passed the 25-item pre-test. The pass rate increased dramatically to 95-100% post-training.

Courses for talking to suicidal people are available in person and online in Oregon. Applied Suicide Intervention

SUICIDE PREVENTION

(Continued from page 11)

Skills Training (ASIST) provides guidance on how to keep someone safe for now and Question, Persuade, Refer (QPR) provides information on eliciting information from a suicidal person and persuading them to seek appropriate behavioral health care. (Information on how to access these and other trainings is provided below.)

According to the Substance Abuse and Mental Health Services Administration, 90% of Americans who die by suicide have a treatable mental illness, substance disorder, or both. This includes anxiety and depression. Native Americans, LGBTQ individuals, people who have lost a loved one to suicide, people who attempted suicide, and military members, veterans and their families also are at disproportionately high risk for suicide. If dentists are seeing patients who report behavioral health concerns or are in these high-risk groups, taking time to ask a few questions and taking training to do so appropriately is warranted.

Every suicide is preventable if we know the warning signs and how to respond effectively. The 2017 Senate Bill 48 encourages healthcare providers to seek out training to be competent in suicide prevention. SB 48 is the first step toward making suicide prevention in Oregon a serious priority. You, as a trained professional can intervene and address behaviors that signal someone is at risk of taking their own life. You can save the life of a co-worker, friend, family member, or yourself.

Suicide Warning Signs

Warning signs include:

- Talking about wanting to die or stating the intent to kill oneself;
- Exhibiting depression, anxiety or other mental problems;
- Looking for a way to kill oneself, such as searching online or buying a gun;
- Talking about feeling hopeless or having no reason to live;
- Talking about feeling trapped or in unbearable pain;
- Talking about being a burden to others;
- Increasing the use of alcohol or drugs;
- Having chronic pain;
- Acting anxious or agitated, or behaving recklessly;
- Sleeping too little or too much;
- Withdrawing or feeling isolated;
- Showing rage or talking about seeking revenge;
- Displaying extreme mood swings.

Training Resources

ASIST: In Oregon, contact Gary McConahay at ColumbiaCare Center for Suicide Prevention, gmconahay@columbiacare.org, for referral to an ASIST instructor in your area.

QPR Individual Training: Available from the QPR Institute online at <https://qprinstitute.com> (face to face trainings in Oregon; trainer information available on website)

QPR Suicide Triage Training for professionals: Available from the QPR Institute online at <https://qprinstitute.com>

Counseling on Access to Lethal Means (CALM) from the Suicide Prevention Resource Center: <http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means> (also limited face to face trainings in Oregon: contact ann.d.kirkwood@state.or.us) This training provides skills on talking to suicidal people about their access to lethal means and how to remove them from the home.

Columbia Suicide Severity Rating Scale for assessing suicide risk: <http://cssrs.columbia.edu/training/training-options/> (Webinar trainings in Oregon can be arranged: contact ann.d.kirkwood@state.or.us) This training provides simple tools to use in assessing a person's risk for suicide. ■

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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

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 at least two hours of 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 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.

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. 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 1st Avenue, Suite 770
Portland, OR 97201
Phone: (971) 673-3200
Fax: (971) 673-3202