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Dental Quality Assurance Commission
Newsletter
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Inside this issue

Washington State Department of Health

A Letter to Washington Dentists

Provided by the Dental Quality Assurance Commission

In October 2016, Governor Inslee issued Executive Order 16-09 to address the alarming opioid epidemic. In response to this order, the Dental Quality Assurance Commission has identified opioid prescribing as a high-priority issue. The commission will work with stakeholders to educate both dental practitioners and patients about prescribing opioids, use of opioids, and recommendations for alternative pain management solutions.

The United States is experiencing a dramatic increase in prescription and non-prescription opioid overdose deaths. Acute pain management poses many challenges for clinicians. Pain relief can be accomplished by pharmacologic and non-pharmacologic means. When prescribing opioids, each opioid prescription should be carefully considered. Clinicians should consider writing prescriptions for the minimum required, and should provide consultation to patients on alternative pain management solutions.

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My First Experience With PMP

Provided by Robert Shaw, DMD

I'm sure you have all had this experience: Thursday afternoon and a patient calls with a toothache, and it sounds like endo. You have never seen the patient before, but the patient knows someone who recommended you. The patient isn't sure about being able to come in today, but could make it next week. The patient seems to be able to find time to come in, however, when you say you cannot diagnose the problem over the phone or prescribe for anyone you haven't examined.

Well, this patient started out sounding like that, but she gave the name of the two patients who recommended us, and she said she was able to schedule whenever we could see her. We got her in for a quick limited exam and she did have an abscessed tooth. We made her an appointment for the next Monday for endo on a lower premolar. She did say that she was in a lot of pain and was there something we could do to help her through until her Monday appointment? We wrote her a prescription for one of the popular opioids with enough to cover her

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Silver Diamine Fluoride Arresting Decay

Provided by Brian Macall, DDS

At a recent dental meeting, I heard a simple quote that spoke volumes for any health profession:

"Prevention is better than a cure." In dentistry, we are always trying to move toward a more preventative type of practice. One recently introduced dental product that is a significant advancement of preventive care is silver diamine fluoride (SDF). SDF is a clear, antimicrobial liquid that research suggests is effective in arresting decay. One drop of SDF is enough to treat five teeth. Some researchers have even nicknamed SDF "the silver fluoride bullet."

SDF is relatively new in the United States but has been used in other countries, such as Japan and Australia, for decades as an alternative to the more conventional treatments for cavities. In 2014, the U.S. Food and Drug Administration approved SDF as a desensitizing agent, much like topical fluoride varnishes. It's more common use is off label as an antimicrobial that is remarkably effective at stopping caries. SDF arrests active carious lesions painlessly, without local anesthesia, as long as the teeth are asymptomatic. Therefore, traditional surgical removal of the caries may be avoided or delayed.

There are several indications for SDF, but it is especially useful in the young and elderly. Many young patients have numerous cavities but are unable to cooperate in the dental chair, especially for extensive treatment. We all know the difference between a 3- and 5-year old's ability to cooperate. SDF may buy time by delaying needed treatment, possibly avoiding general anesthesia and its complications. Another indication for SDF use is in the elderly population who encounter obstacles in caring for their teeth, and as a result develop many cavities. Sometimes the patient or caretaker will choose not to address the cavities, which can result in further tooth destruction, teeth breaking off at the gum line, abscesses and pain. Treating these teeth with SDF provides new and excellent treatment options.

Since 2014, dentists in the state of Washington have been able to use this product but, until recently, auxiliary staff members

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See the ADA Center for Evidence-Based Dentistry Critical Summary of SDF here..

Access dentistry laws here.

RCW 18.32
WAC 246-817
RCW 18.260
RCW 18.350
RCW 18.130
WAC 246-12
WAC 246-16
RCW 70.02

It is the purpose of the commission established in RCW 18.32.0351 to regulate the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure, continuing education, consistent standards of practice, continuing competency mechanisms, and discipline.

Access your dental chapter 246-817 WAC rules here.

First PMP Experience

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for four days and an antibiotic, and wondered if she would show up on Monday. (We don't prescribe opioids as the first line of defense anymore.) We did tell her that if she did not keep her appointment on Monday, we would not see her again.

Over the weekend, as I thought about this case, I wondered how much did I really know about this patient? Part of me thought, what's to worry about? The patient was in her 30s, came in a newer high-end SUV, was well dressed, apparently well-educated, and seemed to respond appropriately to questions, and gave reasonable answers. She was referred by two long-time patients who were good patients. She had already scheduled to do the recommended work. I wondered about checking with the new Prescription Monitoring Program (PMP) I had learned about, though I couldn't do it from home as I couldn't remember how, and my instructions and password were at the office. I resolved to check before she came in for her root canal appointment.

Of course, on Monday I forgot until noon, but the patient wasn't scheduled until 3:30 p.m. At lunchtime, I pulled out the instructions and got myself signed in. I looked up the patient and was astonished at what I found. The patient had already been prescribed more than 450 doses of narcotics by seven different providers in the past month, and I was one of them. I assumed the patient would not show, but she did show up on time and we finished the endo that day. Of course she asked for more pain meds, and we declined to prescribe. When she asked why not, we told her that we had checked her records and saw she had several prescriptions from several providers, and under the circumstances, we could not authorize more.

The patient never returned, as expected. The moral of the story? Appearances can be deceiving. Drug seekers come in all shapes and sizes. They don't always look uneducated or homeless, and a good education and plenty of money are not proof against addiction. If you never check your PMP, how will you know who your patient is? How will you know if someone is forging prescriptions in your name until the pharmacy or a DOH investigator contacts you? It happens all too often so protect yourself and check your PMP, maybe even monthly.

Check out the AMGD Interagency Guideline on Prescribing Opioids for Pain.
AMDG guidelines

For information on how to dispose of leftover medication check out the Take Back Your Meds webpage..

http://www.takebackyourmeds.org/

You can get more information on the Prescription Monitoring Program online at www.doh.wa.gov/hsqa/PMP or contact program director Chris Baumgartner, 360-236-4806, for more information.

You can find all the dental assistant delegation rules at WAC 246-817-520 and WAC 246-817-540.

You may find the answers to many of your dental assistant questions on our dental assist frequently asked questions webpage.

The dental commission is now using GovDelivery to deliver notifications to subscribers. GovDelivery affords the user more control over topics of interest, when and how often the messages are received.

Silver Diamine Flouride

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have not. At a recent Dental Quality Assurance Commission meeting, the commission deemed that SDF, a fluoride treatment, can be delegated to auxiliary staff members with appropriate supervision. In order to reach this decision, the commission read many letters and listened to presentations by Washington dental providers on the benefits of delegating application of SDF and why it is needed.

Dr. Mark Koday, from Yakima Valley Farm Workers Clinic, indicated children's teeth are decaying faster than dentists can restore them and Medicaid is spending millions of dollars for restorations of these teeth. SDF is a product that can help with this issue. When used on carious lesions, it also has a preventative effect on the remaining dentition. This is especially important for pediatric patients who, as we know, can be the most challenging.

In the community health office where I work, we have used SDF to keep these patients out of the hospital setting for dental procedures. We recently treated a 4-year-old patient with anxiety who had anterior maxillary decay. Because he could not be treated in the office, we applied SDF every three to four months to arrest the decay. About a year later, we were able to gain his trust with this pain-free method and to definitively treat his cavities. We were able to avoid sedation, as well as general anesthesia and, in turn, Medicaid costs were reduced. Best of all, the patient had an excellent experience that will leave a lasting positive impression. Since then, we have had many other similar cases. It has been gratifying to see the response of the patient, as well as mom and dad.

Even though this product can be of great benefit, it does come with some risks. We need to ensure our auxiliary staff members are being properly trained. Risks of SDF include temporary stain of gingival tissue, black stain on treated decay surfaces and in some instances a metallic taste. Even though these risks are usually acceptable and not harmful, they should always be discussed with the patient or parents in detail.

Overall, SDF is an excellent treatment option that comes with acceptable risks, especially with proper training and careful selection of patients. Already, it has proved effective in preventing the progression of decay; it will be interesting to see what U.S. data may say in the future about additional benefits.

Reader Input

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

Non-Traditional Dentistry

Provided by Aaron Stevens, DMD

Balance and boundaries are recurring themes in life. They protect everything from great relationships to full checking accounts. They make good things possible and permeate most of what we do.

In the dental world we balance the traditional methods of treatment with the new and innovative. If we go to either extreme, we end up either stagnant or ineffective (and potentially harmful). When is a concept "proven enough" that it is ready for your practice? For me, it comes down to two guiding principles: safety and science.

1. From the Uniform Disciplinary Act under Unprofessional Conduct: "(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed."
2. Does the reputable science indicate that this is effective? This doesn't mean a study or two supporting it. I want bulk science behind anything I'm going to do under my license. The American Dental Association's Evidence-Based Dentistry section of its website is a good resource.

Within the bounds of safety and science, we should try new things. My daughter has had SDF placed on a few interproximal lesions, and I watch them like a hawk. The science supports it. I'm trying it out, and ensuring no harm.

This is a good template for how progress is made and best practices found. It's a balance with appropriate boundaries. It brings the happy things, like good relationships and full checking accounts. Everybody wins.

Check out the American Dental Association's Center for Evidence-Based Dentistry webpage here.

Dispose of leftover opioids http://www.takebackyourmeds.org

Protect yourself! Stay up to date on the Uniform Disciplinary Act . RCW 18.130

Infamous or Famous

Machine-spun cotton candy was first invented in 1897 by dentist William Morrison with his partner, confectioner John Wharton. It was introduced at the 1904 World's Fair as "fairy floss" with great success.

Dentist Joseph Lascaux invented a similar cotton candy machine in 1921. He was the first to patent the name "cotton candy." Cotton candy is still called fairy floss in Australia today.

Rules Related to Opioid Prescribing Engrossed Substitute House Bill 1427 (ESHB 1427)

Check out the Bree Collaborative draft Dental Guidelines on Prescribing Opioids for Pain. Bree Collaborative Guidelines

If you want to know more, you can read ESHB 1427 here.

For more information on prescribing, see the CDC Guidelines for Prescribing Opioids for Chronic Pain.

ESHB 1427, passed during the 2017 legislative session and signed into law by Governor Inslee, directs the following five boards and commissions to adopt rules establishing requirements for prescribing opioid drugs for seven health professions they regulate:

- Podiatric Medical Board
- Dental Quality Assurance Commission
- Board of Osteopathic Medicine and Surgery
- Medical Quality Assurance Commission
- Nursing Care Quality Assurance Commission

The bill allows exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment. The bill also requires the boards and commissions to consider the agency medical directors' group and the Centers for Disease Control guidelines, and to work in consultation with the Department of Health, the University of Washington, and the professional associations for each health profession.

In an effort to promote coordinated and consistent rules across the professions, each board and commission selected in the bill has identified representatives to form a workgroup. This workgroup is holding seven stakeholder meetings between September 2017 and March 2018 held throughout the state. Meeting dates and locations are published on our webpage. To access the reference materials available to the boards and commissions, see the Resources webpage.

Renew Your Credential Online

Dentists, dental hygienists, dental assistants, expanded function dental auxiliaries, and dental anesthesia assistants who are within 60 days of their license expiration date, are able to renew their active status licenses, registrations or certifications online.

To renew online, you must register with Secure Access Washington and sign-in to the Department of Health Online Services. Go to the Secure Access Washington (SAW) website. Here is a link to online renewal frequently asked questions.

If you're having problems with the Department of Health Online Services site, contact our Customer Service Office by email or phone at 360-236-4700.

Letter from the Commission

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Dentists write about 31 percent of opioid prescriptions for patients ages 10 to 19. This is a critical age window for addiction tendencies. High schoolers who receive an opioid prescription are 33 percent more likely to misuse opioids between the ages of 18 and 23 years. In addition, those who are addicted to prescription opioids are 40 times more likely to be addicted to heroin. Dental providers have the opportunity and responsibility to play a critical role in minimizing opioid exposure for vulnerable young people, and in reducing the number of opioid prescriptions, addictions, and deaths in our community.

The Washington State legislature passed Engrossed Substitute House Bill 1427 this year requiring several boards and commissions, including the Dental Quality Assurance Commission, to adopt rules by January 1, 2019 that establish requirements for prescribing opioid drugs. The dental commission will work with other regulatory entities to develop consistent rules for all prescribing practitioners. The dental commission welcomes dentist and public comment in the rulemaking process. To receive dental notifications, sign up using your email at: https://public.govdelivery.com/accounts/WADOH/subscriber/new.

The dental commission encourages all dental practitioners to educate themselves, their office staff, and patients about alternatives for acute pain management. We look forward to working with you in addressing this crisis.

Read the Governor's Executive Order 16-09 regarding Opioids. Governor Executive Order

The dental commission is now using GovDelivery to deliver notifications to subscribers. GovDelivery affords the user more control over topics of interest, when and how often the messages are received.

Answers From July Newsletter Quiz

Below are the answers to the continuing education quiz in the March 2017 newsletter. Look for the answers to this month's quiz in the March 2018 newsletter.

1. C 2. A 3. D 4. A

Legal Actions
July 2017 — October 2017

The following are final actions taken by the commission. Notices of decision on applications, modifications to orders, terminations of orders, and stipulations to informal discipline are not listed. The actions below have been edited for clarity and brevity. You can view the actual orders on the provider credential search webpage.

Practitioner and County	Date	Order Type	Cause of Action	Commission Action
Erickson, Erin (dentist) Palm Desert, CA	9/2017	Agreed Order	Diversion of controlled substances for personal use	5 year suspension
Genung, Paul (dentist) King County	9/2017	Agreed Order	Criminal conviction – Conspiracy to commit offering false instrument for filing or record	Reprimand, 22 hours continuing education in dental ethics and conduct, proof of completion of court conditions, $2,500 fine, $2,000 cost recovery
Gibson, Rena (dental assistant) Pierce County	9/2017	Order on Non-Compliance	Failure to comply with substance abuse monitoring program	Indefinite suspension
Lui, John (dentist) King County	9/2017	Final Order	Criminal conviction of third-degree assault, patronizing a prostitute, and second-degree criminal trespass	6 month suspension, 5 year probation, cost recovery of $3,000, psycho-sexual evaluation, 22 hours of continuing education in ethics, jurisprudence course
Marquart, Patricia (dental assistant) King County	8/2017	Final Order	Thefts from dental office	4 year suspension, 20 hours of continuing education prior to reinstatement in theft awareness and law and ethics
McCollum, Lindsey (dental assistant) Clark County	7/207	Agreed Order	Diversion of controlled substances for personal use	Indefinite suspension, evaluation by Washington Recovery and Monitoring Program prior to reinstatement
Nastasia, Patricia (dental assistant) Clark County	9/2017	Final Order	Failure to reimburse the commission for $1,000 in costs mandated in a 2014 stipulation	Indefinite suspension
Pacheco, Kaliska (dentist) King County	7/2017	Agreed Order	Consumption of alcohol prior to work, failure to successfully complete a substance use monitoring program	3 year probation, no solo practice, provide notice of this action to all credentialed providers in practice setting, continue treatment and provide results of sobriety testing to commission
Williams, Sheridan (dental assistant) Snohomish County	8/2017	Order on Non-Compliance	Failure to comply with substance abuse monitoring program	Indefinite suspension

Earn Continuing Education Credit!

Continuing Education Quiz

The commission allows one hour of continuing education credit for reading this newsletter! To qualify, please take the quiz below. Keep the completed quiz with your other continuing education certificates of completion.

If you are audited, provide the quiz along with your other proof of continuing education and you will receive one hour of continuing education under WAC 246-817-440(4)(c). You are allowed no more than seven hours in the categories of educational audio or videotapes, films, slides, internet, or independent reading, where an assessment tool is required. This section will provide one of those seven hours allowed.

1. In what year did the U.S. Food and Drug Administration approve silver diamine fluoride for use as a desensitizing agent?

   A. 2010

   B. 2016

   C. 2014

2. Which of the following is a true statement?

   A. The use of nontraditional dental treatment constitutes unprofessional conduct under the Dental Practice Act.

   B. The use of nontraditional dental treatment by itself does not constitute unprofessional conduct, provided that it does not result in injury to a patient or create unreasonable risk.

   C. The use of nontraditional dental treatment is allowed without limitation.

3. When must the dental commission adopt rules that establish requirements for prescribing opioids according to ESHB 1427?

   A. January 1, 2019

   B. July 31, 2020

   C. September 1, 2018

   D. June 1, 2021

4. Silver Diamine Fluoride can be delegated to auxiliary staff members with appropriate supervision.

   A. True

   B. False

Opioid Prescribing Quiz

Test your opioid prescribing knowledge! Take the quiz below and see how you do. The opioid knowledge quiz may count for one hour of CE under WAC 246-817-440(4)(c). Answers will be published in the next issue.

1. Which of the following statements are true regarding the Federal Drug Administration's (FDA) April 2017 Drug Safety Communication about codeine and tramadol?
   - A. Codeine and tramadol are not recommended in children age 12-18 who are obese or have obstructive sleep apnea due to risk of slowed breathing or death and should not be used in children under 12.
   - B. Codeine is thought to increase risk of death of the infant if being taken by a nursing mother and one death has been reported.
   - C. Tramadol is not approved for children, but is being used off label to treat pediatric pain.
   - D. All of the above.

Source: FDA Drug Safety Communication

2. Opioid use has increase dramatically since 1999. How much?
   - A. More than four times
   - B. More than two times
   - C. More than 10 times
   - D. More than 100 times

Source: US Senate Caucus on International Narcotics Control

3. Which of the following is not a usual side effect of opioids?
   - A. Drowsiness
   - B. Mental confusion
   - C. Nausea
   - D. Tinnitus

Source: US Senate Caucus on International Narcotics Control and CDC Guidelines

4. The body makes its own opiates called:
   - A. Endorphins and enkephalins
   - B. Cannabinoids
   - C. Cytokines
   - D. Glutamates

Source: U.S. Senate Caucus on International Narcotics Control

Opioid Quiz

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5. Which of the following is usually precipitated by death from opiates?
   A. Respiratory depression
   B. Vomiting
   C. Dehydration
   D. Heart attack

Source: U.S. Senate Caucus on International Narcotics Control

6. Which of the following increases the risk of death when opiates are combined with:
   A. Benzodiazepines
   B. Alcohol
   C. Aspirin
   D. A and B

Source: U.S. Senate Caucus on International Narcotics Control

7. Which of the following statements is true?
   A. Adequately dosed nonsteroidal anti-inflammatory drugs (NSAIDS) can be more effective in suppressing pain but provide no euphoria compared to opiates.
   B. NSAIDS are not effective for pain relief as opiates but opiates are dangerous.
   C. Mixing opiates with modest amounts of alcohol is safe and provides greater pain relief.
   D. None of the above

Source: U.S. Senate Caucus on International Narcotics Control

8. Which of the following is a reversal agent for opiate overdose?
   A. Naloxone
   B. Flumazenil
   C. Benadryl
   D. Coffee

Source: U.S. Senate Caucus on International Narcotics Control

9. Which of the following goals are in the Executive Order 16-09 signed by Governor Inslee in 2016?
   A. Prevent inappropriate opioid prescribing and reduce opioid misuse and abuse.
   B. Treat individuals with opioid use disorder and link them to support services, including housing.
   C. Intervene in opioid overdoses to prevent death.
   D. All of the above

Opioid Quiz

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Source: EXECUTIVE ORDER 16-09 7Oct2016

10. Which of the following statements does the Centers for Disease Control and Prevention (CDC) suggest clinicians do?
    - A. Prescribe immediate-release opioids instead of extended-release/ long-acting (ER/LA) opioids.
    - B. Prescribe the lowest effective opioid dosage when starting opioid therapy for chronic pain.
    - C. Use caution when prescribing opioids at any dosage.
    - D. All of the above

Source: CDC Guideline for Prescribing Opioids for Chronic Pain

11. Which of the following statements are in the Executive Order 16-09 signed by Governor Inslee in 2016?
    - A. Opioids are a necessary evil to control pain.
    - B. Opioid use disorder is a devastating and life-threatening chronic medical condition.
    - C. Opioids are a major concern of medical doctors, not other healthcare workers.
    - D. Opioids are OK as long as providers don't self-prescribe.

Source: EXECUTIVE ORDER 16-09 7Oct2016

12. Which of the following goals is false in the Executive Order 16-09 signed by Governor Inslee in 2016?
    - A. Develop statewide measures to monitor prescribing practices.
    - B. Increase the use of the Prescription Drug Monitoring Program among health care providers.
    - C. Decrease the use of the Prescription Drug Monitoring Program.
    - D. Identify health care providers who recently prescribed opioids to an overdose victim.

Source: EXECUTIVE ORDER 16-09 7Oct2016

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Commission Meeting Dates

Dec. 15, 2017
Jan. 26, 2018
March 9, 2018
April 20, 2018
June 1, 2018
July 13, 2018
Sept. 7, 2018
Oct. 26, 2018
Dec. 7, 2018

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