

Report on State Board of Dentistry Meeting 10/24/08

A. Prosecutorial Division

The meeting started with a report of the prosecutorial division. The disciplinary actions were directed at several dentist and EFDA's for practicing without a license and or employing an EFDA practicing without a permit. There were also some actions directed at several dentists who committed violations in other states but hold a PA license as well. There was also a case of a standard of care violation related to some bridgework.

B. Status of Regulations.

The sexual misconduct regulations(16A-4618) final rule-making has been approved and it has been sent to the Attorney General for review for 30 day. The regs will have an effective date at the time they are published.

Volunteer license – no update

Admin of local anesthesia by Dental Hyg, Dental Hygiene Scope of Practice, and public health Dental Hygiene Practitioner.(16A-4617) – Public comment period has ended. Most of the comments were in support of the regs and most of them were from hygienists. The independent rule committee needs to comment by the end of the month.

EFDA program Approval (16A-4616) – no update

C. Report of Board Chairperson

In a meeting of the American Board of Dental Examiners several subjects were discussed including concern with toothwhitening kiosks. They were concerned that if assistant picked shades there were “rendering assessments. They were also concerned that if a consent form is necessary then the procedure can not be considered “ over the counter”. Discussion of dental labs, lead content in crowns an requiring a certified technician in every lab was on the agenda.

Resolutions included , denying licensure to students who are charged with serious misconduct in dental school.

They also had debate on switching to a pass/fail grading on the national board exam.

Apparantly some residency programs were using the scores to rate applicants.

Finally there was discussions on the cdch concept.

Dr. Ismail from Temple Discussed the CDHC program to the board for a special approval for the pilot program in Philadelphia. He stated the vote at the HOD was 80% in support of the proposals. The program is an integrated care system which utilizes existing providers and centers. The program will involve community outreach and a triage component in which a Dentist will be in charge of reviewing the records. He emphasized that this was NOT a mid-level provider. The CDHC should be from the community and should be thoroughly familiar with language, language cues, and culture of the community. They need to have dental skills and training including the following

1. questionnaire screening skills - is there swelling or pain.
2. commitment from a dentist to treat the patients CDHC is seeking out

3. online scheduling with treating dentist
4. mirror screening only
5. x-ray certification so they can take x-ray with a Nomad portable device
6. dentist will review films taken online
7. application of fluoride
8. application of sealants
9. temporization to close cavities. Only if unable to see dentist immediately. Only air syringe and spoon to remove debris. (so that fluoride can be applied without open cavity)
10. schedule with RDH or DMD for definitive care.

They are proposing three pilot programs, in the Indian reservations in Oklahoma, Detroit Michigan, and in Phila. PA. The first two programs are ready to begin in Jan 2009 with Philadelphia to begin in late spring if approved.

They are requesting a five year approval for the pilot programs. They hope to create 3 “waves” of 6 CDCH’s. The training would consist of 18 months with 6 months of hands on training. The first 12 month will involve an online curriculum with clinical experiences as well. Required will be a high school education or a GED and you must be from the community you will serve. Salaries will be commensurate with the skills and educations since a CDHC could be a hygienist or a Dental Assistant. They would get a similar salary in the pilot CDHC program. (3 tiers). This program will be set up in areas that are not being served so as not to impact private practice or hygienist (My Editorial: if the area is not being served by a dentist, where will they get a supervising dentist?) . They have hired two outside companies to evaluate the system (not the ADA).

Several attendees at the meeting raised questions:

Ed Enriquez Brought up several points including concerns of how patients are selected, and the issue of non documented patients and the lack of medical assistance fund to pay for care. There was also a discussion about the salaries which will be paid for three years after which the contracting providers will take over the salary responsibility with the notion that the CDHCs would “ pay for themselves by reaching out to patients who have some form of MA coverages. There also discussion of upperclass dental student gaining experience in these Urban Academy Dental Centers.

Dan Martel brought up the issues of clinical ability to do a sealant properly. He voiced concerns that this program would not increase the actual available chairtime with dentist providers and suggested that increasing the scope of practice of Hygienist and EFDA’s to provide dentists with more available treatment time. His suggestion of using existing social workers was rebutted on the basis of cost (mostly people with masters degrees) and the negative perception of these social workers as the people who take children out of unfit homes.

Herb Ray of the PDA said that if the profession doesn’t step up then legislators will.

The Outreach Hygienist of Chester county (didn’t catch her name) agreed with AGD in that the problem is dentist chairtime and finding someone to take care of these patients.

April Hutcheson expressed concerns that GED may not really be qualified and may not be likely to complete the 18 curriculum.

In the closing discussion there was concern expressed that they would have to solve the problem of the burnout associated with these clinics. They mentioned that the DHAT program in Alaska is having this problem.

Licensure Committee (Vance, Dan – I didn't do this justice. Please add what you have)

In trying to keep the number of dentists in PA adequate the board is proposing to accept testing from Five different Testing organizations including the NERB, ADLX, WREB, CDTRS?, ERP. The sense is that they feel that it is important for Dentists to be able to move from state to state much easier. Their discussion centered around concerns of this leading to more malpractice incidents. They were assured that only about 2% of dentists come before the board and less than 1% of the cases relate to clinical competence issues.

Scope of Practice Committee

The Scope of Practice Committee presented a letter detailing the issues they intend to address over the coming months. These include:

1. non dentist tooth whitening
2. botox treatment by dentists
3. laboratory issues relating to lead in crowns and foreign dental labs

They reported that they have received 4 responses to their call for public comment including a lengthy response from AGD's President Enriquez.

WEW! That's all folks

Respectfully submitted
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Legislative chair