

Minnesota Board of Dentistry

"To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals."

Updates

Winter 2000 Volume 15, Number 3

Board Welcomes New Member

Effective January 3, 2000 Governor Ventura appointed Dr. Ann Stone Thelen of Cold Spring, Minnesota, to serve on the Board of Dentistry. Dr. Thelen is a 1982 graduate of the University of Minnesota School of Dentistry and is a general practitioner. She comes to the Board with five years' experience as a national delegate to the American Dental Association. She served as past president of the West Central District Dental Society and as chair of the Board of Regents of St. John's Preparatory School in Collegeville, Minnesota.

One of the two public seats on the Board remains vacant to date, awaiting an appointment by the Governor as soon as possible.

What Happened to the Renewal Certificates?!

The Board's new computer licensing system was installed in late fall 1999. Thus, the annual renewal certificates could not be mailed as promptly as in the past. We apologize for any confusion or inconvenience this delay may have caused. All certificates have now been mailed to everyone whose correctly completed renewal application has been received. If you have not received your certificate and you mailed your correctly completed application, please notify the Board office *in writing* as soon as possible so we can help rectify the situation.

"And what happened to that attractive gold seal on the certificate? It's gone!" The company that makes the certificates could not guarantee that the gold seal would not melt in our laser printer. To ensure the authenticity of each certificate, an embossment was used instead of the gold seal. Unfortunately, that resulted in a rather unattractive certificate. Yes, changes in the appearance of the certificates for next year **will** be made!

Board Meeting Dates:

March 31, 2000
June 9, 2000
September 8, 2000
October 27, 2000
All meetings start at 8:30 a.m.

Appreciation to Former Members

Dr. David Remes of Northfield and Mr. Ken Heuer of Stillwater completed one term each as Board members in January 2000. Dr. Remes served as Board president during 1999 and chaired both the Credentials Committee and one of the Complaint Committees. Mr. Heuer served on a Complaint Committee and the Policy Committee.

Many, many thanks to both of these very dedicated individuals for their hours of hard work and thoughtful decision-making in their commitment to serve the citizens of Minnesota. Both will be greatly missed!

Clarification of Insurance Fraud Article

In the previous issue of *Updates*, we reprinted an article entitled "Eight examples of insurance fraud?" in an effort to inform dentists about the topic in order to prevent billing errors. The Board has taken disciplinary action based on insurance fraud, including the concept of "unbundling."

Consistent with a policy of the American Dental Association, it is not appropriate to bill differently based on whether a patient is covered by a dental benefits plan, particularly by separating the component parts of a procedure so that the cumulative charge is higher than that charged for the same procedure to patients who are not covered by a dental benefits plan. By letter dated December 14, 1999, the ADA reminds everyone that "circumstances of a particular case and the professional judgement of the attending dentist will suggest when it is appropriate to report individual procedures."

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Rulemaking to Repeal Obsolete Rules

At its December 10, 1999 meeting, the Board passed authorizing resolutions to initiate the rulemaking process to do some "housekeeping" regarding its obsolete rules. Specifically, the Board is seeking to repeal the following: (1) rules that refer to dates that have passed, and (2) rules related to infection control continuing education credits.

As published in the Summer 1999 issue of this newsletter, Governor Ventura signed a bill into law in 1999 that removed the statutory authority for licensing boards to require continuing education in the area of infection control. Therefore, in order to be consistent with the law, the Board voted to initiate rulemaking that would eliminate its requirement related to having to earn five infection control credits every five years. *NOTE: This does **not** eliminate any other infection control statutes or rules. Dental professionals are expected to continue to adhere to current infection control standards of practice.*

If you wish to receive mailings about the rulemaking process, please put your request in writing and mail to the Board office. You can also check the publication entitled *State Register* at your public library.

Proposed 2001 Legislation: Reporting Requirements

The Minnesota Board of Dentistry was one of the five original licensing boards to participate in 1994 in the Health Professionals Services Program (HPSP). Although HPSP is widely regarded as a success among licensed Minnesota health care professionals, participation by dental professionals remains low. In fact, of the nine boards now participating in HPSP, the Board of Dentistry is one of three boards that does not have a reporting requirement in its Practice Act.

Impaired dental professionals have not always received the confidential, early help they may need. Therefore, the Board of Dentistry is working with Dentists Concerned for Dentists (DCD), the Minnesota Dental Association, the Minnesota Dental Hygienists' Association, the Minnesota Dental Assistants Association and HPSP to cooperatively draft legislation requiring the confidential reporting to HPSP of impaired dentists, dental hygienists and registered dental assistants. Below is a description of how the program benefits professionals while protecting the public.

HPSP Offers Help for Impaired Practitioners

Dental professionals, like anyone else, are susceptible to substance abuse and psychiatric illness. Left untreated, these problems can put them and their patients at risk. "Many health care practitioners don't get the help they need," explains Sheila Specker, MD, associate professor of Psychiatry at the University of Minnesota, "this is usually due to the social stigma, fear of exposure or their lack of awareness." Until recently, the only options were to ignore the potential impairment or file a report with the licensing board.

Created in 1994 as an alternative to board discipline, the MN Health Professionals Services Program (HPSP) offers a proactive way to fulfill reporting requirements and get confidential help for illnesses such as chemical dependency, psychiatric disorders or medical conditions. By law, dental professionals in Minnesota can report their illness or the potential impairment of a colleague to the licensing board or to HPSP. "Most choose HPSP," according to Tom Barrett, program manager, "because we are confidential, supportive, and non-disciplinary."

Many dental professionals are unclear about their legal obligations and feel uneasy about reporting themselves or a colleague to HPSP. Getting involved in the personal issues of another professional is a difficult decision. All referrals made to HPSP are regarded as privileged data and kept confidential. Anyone who submits a report "in good faith" is immune from civil liability or criminal prosecution (Minn. Stat.214.34). Employers can

satisfy their reporting requirements by contacting HPSP.

"Early intervention allows for successful treatment before clinical skills and safety are compromised," added Dr. Specker. So far, 55% of the participants in HPSP are chemically dependent. Thirty-four percent suffer from a psychiatric illness, usually depression or bipolar mood disorder. The remaining 11% have been diagnosed with a medical condition, often a neurological problem that warrants monitoring.

Over 1200 health professionals have enrolled in HPSP since it began five years ago. Thirty-six percent referred themselves to the program and 12% were reported by a third-party, usually a co-worker or employer. All others were referred by their board under a stipulation and order or as a follow-up to an earlier evaluation and diagnosis.

HPSP is funded entirely by licensing fees with most services provided at no cost. Eligible practitioners licensed in Minnesota can receive evaluation, referral and monitoring services without board involvement – as long as they comply with program expectations. The program monitors treatment progress, work quality, and medications, along with attendance at support groups and random urine screens, if alcohol or drug use is part of the illness. Individual terms might include counseling and work limitations. Typically, agreements are for thirty-six months.

To learn more about HPSP and how to refer someone who may have an illness, call (651) 643-2120, visit their Website at www.hpsp.state.mn.us, or

write for information at 1885 University Avenue

West, Suite 229, St. Paul, MN 55104.

Disciplinary Actions

Recent Disciplinary Actions:

Robert Bodin, DDS
License No. D7172
Minneapolis, MN
Order for Conditional License
12/10/99

Michael Hursh, DDS
License No. D8021
Lindstrom, MN
Order for Unconditional License
12/10/99

Steven P. Nadeau, DDS
License No. D7831
Minneapolis, MN
Voluntary Surrender
1/21/00

Charles Cullen, DDS
License No. D11081
Minneapolis, MN
Order for Suspension
12/10/99

Robert J. Johnson, DDS
License No. D7958
Minneapolis, MN
Order of Reinstatement
11/29/99

Jill Scofield, RDA
Registration No. A2544
Brooklyn Center, MN
Order of Unconditional Registration
1/21/00

James O. Harvey, DDS
License No. D6511
St. Paul, MN
Order of Unconditional License
1/21/00

Peter M. Jorgenson, DDS
License No. D9800
Annandale, MN
Order of Suspension
1/31/00

Charles W. Smith, DDS
License No. D9387
Rochester, MN
Order of Conditional License
12/10/99

Definition of Terms:

Conditional license – licensee may continue to practice but must meet specific conditions in the order

Limited license – licensee may continue to practice but may not perform certain procedures specified in the order

Suspended license – licensee may not practice for a specified length of time or until certain conditions are met

Unconditional license/registration – all terms of the order have been met, the individual's license/registration is fully restored, and s/he may practice without special conditions or restrictions

Reminder! Please bring CE cards to the Star of the North Meeting to be held April 28 to May 1, 2000.

Continuing Education/Professional Development

Dentistry is an evolving profession, and dental professionals must remain competent to meet patients' oral health care needs. About thirty years ago, the Minnesota Board of Dentistry led the nation in establishing mandatory continuing education requirements for dental professionals. In 1998, the Board established the Continuing Education/Professional Development Task Force in response to requests for increased public assurance of licensed and registered dental professionals' continued competence throughout the career lifetime. The following statements reflect the Board of Dentistry's current ideas on this topic. The Board encourages active participation, ideas and feedback from Minnesota's dental professionals.

- Continued competence can be defined as professional development—an ongoing, dynamic process of learning. Professional development is necessary to ensure the ability of a practitioner to apply, in a manner consistent with the contemporary standards of the profession, the required knowledge, judgment, attitudes and skills to perform safely and effectively within the dental practitioner's scope of practice.
- The Board fully supports the concepts of mandatory continuing education and professional development and recognizes that there are many avenues that dental professionals can take to meet such requirements. While "in-office audits" and "periodic testing" are among several assessment methods identified by outside agencies and associations, the Board of Dentistry currently is **not** endorsing those methods as a requirement for license renewal.
- The Board is engaged in an open, information gathering process to enlist the help of practicing dental professionals in defining methods by which continuing education and professional development can be used to improve the oral health of their patients. The Board believes that self-assessment of professional development and tracking one's continuing education is a responsibility that should be shared with the Board by individual dental professionals and organized dental professional associations.
- The concept of continued, lifelong learning throughout one's professional career is consistent with today's national dental accreditation standards and the educational process, which includes measuring outcomes and self-assessment.

If you have a name or address change you must inform the Board in writing within 30 days of the change. Practicing dentists are required to have their primary practice address on record with the Board. All others may list a home address.

NAME AND/OR ADDRESS CHANGE

Name (last, first, middle)	Former Name (if applicable)
New Address Street: City/Town: State: Zip Code:	Former Address (if applicable) Street: City/Town: State: Zip Code:
MN License/Registration Number	Daytime Phone Number
Signature (Required):	Effective Date:



Please cut along dotted line and mail to the Board office.



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Minnesota Board of Dentistry

Winter 2000

**MINNESOTA
BOARD OF
DENTISTRY**

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