



## December 2018 Newsletter

### President's Message

Over the past year, Minnesota Board of Dentistry members and staff worked to improve our communication, financial stewardship, and responsiveness to the public. On that note, as you find this newsletter in your inbox, it is yet another reminder to update the Board with any changes to your preferred email address. Switching to email-only communication with licensees saves the Board a significant amount of money each year. Electronic correspondences allow for quicker two-way communications. It also facilitates tracking communication efforts and success rates. By reducing costs for services, the Board positions itself to maintain license renewal fees at their current rate rather than raising them. The Board aims to continue increasing efficiencies and streamlining processes.

Under the guidance of Executive Director Bridgett Anderson for the last two and a half years, the Board's budget has improved significantly. This is due to Ms. Anderson's responsible stewardship of the Board's revenues and resources. Her leadership and fiscal responsibility enables the Board to support new projects, such as improving our licensee database.

Practitioners from across the state have voiced their concerns about dental workforce shortages and problems with access to care. One of the identified concerns for dental assisting applicants was the failure rate for the state licensure examination. We reviewed, clarified, and revised test questions for the Dental Assisting State Licensure Exam (DASLE) in response to those concerns.

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For 2019, we planned review sessions for eligible candidates that need initial preparation for the exam and for those that did not pass the DASLE on the first attempt.

In addressing scope of practice and delegation barriers, we expanded some of the duties and supervision levels for our current allied dental professionals. We understand that even more needs to be done with our statutes and rules to support the fast moving technological efficiencies, practice arrangements, and delivery methods that are a part of modern dental care. We must balance between protecting and promoting public health and safety, while not imposing undue barriers that adversely impact the public's access to care.

In response to the opioid epidemic, we initiated several projects to notify licensees and actively communicated to them about the required Prescription Monitoring Program (PMP). We closely monitored licensee compliance with the PMP. We sent out updates to dental professionals about the new State of Minnesota opioid prescribing guidelines. In addition, the Board developed a guidance statement last year and shared it with members of the dental profession. We provided recommendations to dental prescribers with higher risk prescribing practices and patient populations so that they could evaluate and reassess how they treat patients' pain. The Board remains a great resource for prescribers in establishing protocols for managing acute dental pain.

Lastly, we listened as stakeholders spoke about their ethical concerns with licensure exams that require patient participation. Among those stakeholders were faculty from the University of Minnesota Dental School, dental students, and the Minnesota Dental Association. To that end, we recently expanded the number of exams allowed for initial licensure. The Board will also pursue legislative changes to include completion of a postgraduate residency (PGY-1) after dental school. The PGY-1 program is also referred to as the General Practice Residency or Advanced Education in General Dentistry. The PGY-1 pathway to licensure would require graduation from any CODA-accredited program, whether or not the school is located within Minnesota. We believe that advanced education from a PGY-1 program benefits the public and the practitioner while promoting additional skill development and practice on unique patient scenarios, various risk levels, and multiple practice settings.

I would like to thank our dental professionals for providing their services to Minnesotans across the state.

**Douglas Wolff, DDS**

**Board President**

### **WHERE IS MY PINK RENEWAL POSTCARD?**

Since last year, the Minnesota Board of Dentistry went to a paperless process. All renewal and audit correspondence is sent via email. In accordance with [state law](#), the Board requires all licensees to maintain a current email address on file.

Correspondences now sent via email include newsletters, rulemaking alerts, audit requests, and RENEWAL REMINDERS (including corporation, license, and sedation renewals). The Board will utilize electronic communications for other important events and information as well.

Please share this important information with your colleagues and friends, especially if they have not updated their preferred email address with the Board. Relying primarily on electronic communications is part of the Board's strategic plan that helps lower operational cost and increases convenience for licensees.



## Board Member Dr. Angie Rake Talks Opioids at the AAOMS Annual Meeting

For several years, I have advocated for responsible opioid prescribing in dentistry. Although this started as a personal and grassroots effort, today it has taken me places I never would have imagined. For this I am very grateful and humbled.

As an Oral and Maxillofacial surgeon, I have been well aware of the opioid epidemic for many years. I understood this not only from a professional standpoint, but also from a personal one. It is estimated that just under 50% of Americans have a close friend or family member who suffers from addiction to prescription opioids. Unfortunately, I am one of those people.



Several years ago when the movement to address opioid addiction began, I felt dentistry was being excluded from the discussion of opioid prescribing. Dentists, dental hygienists, and dental assistants help patients deal with pain and anxiety daily. It seems like every day we see media reports, public service announcements, and even entire journals related to the opioid epidemic. Given the increased awareness, one might think that the statistics have improved. The latest statistics show otherwise. The CDC reported in 2016 that more than 40% of all U.S. opioid overdose deaths involved a *prescription* opioid. In the same year, more than 46 people died each day from overdoses involving *prescription* opioids.

The field of dentistry has seen a great reduction in opioid prescriptions; through initiatives, great strides have been made to reduce opioids prescribed to patients. Still, it is not only important but imperative that we keep this momentum.

In the past, dentists were reportedly the second largest source of prescribed immediate-release opioids. Primary care physicians ranked first in this category. We have been reported to be the number one prescribers in patients aged 10-19. Although these statistics have improved, we still have both the responsibility and the obligation to help resolve this public health crisis; we cannot in any way exacerbate this public health risk.

Myriad factors helped usher in this crisis - the biggest healthcare crisis of all time. The pharmaceutical industry clearly infiltrated and influenced our educational system. Re-educating dental professionals and our patients using evidence-based medicine will be key. Although opioid monotherapy showed unambiguous success, we now understand the significant risks associated with it. That is not to say that we should expel prescription opioids from all medical fields; we should not think in terms of being for or against opioids. Instead, we should strive to be pro-patient.

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We need to manage pain and minimize risk simultaneously. This sometimes requires an opioid. We have to keep in mind that prescription opioids are the standard of care for moderate to severe pain. Now, we face the difficult task of weighing pain relief and potential adverse risks. When prescribing opioids, the most recent guidelines should steer us in the direction of the lowest dose and duration possible. We must continue developing solutions and educating both our patients and our medical colleagues. We must endeavor to lead our professional community toward safe and responsible pain management.

As a surgeon, I plead my fellow dental professionals to educate both themselves and our patients about opioids. We must continue to weigh the risks and benefits while continuing to change prescribing patterns.

**P. Angela Rake, DDS, MS**

**Board Member**

### **The ADA's Statement on Opioid Prescription Research**



On December 4th, 2018 the ADA released a statement urging dental providers to continue their efforts to combat the opioid crisis. They applauded the reduction in opioid prescriptions from 2012 to 2017, but maintained that more should be done to quell the opioid epidemic. Read the [ADA statement](#) to learn more.

### **Mentorship in Dentistry**

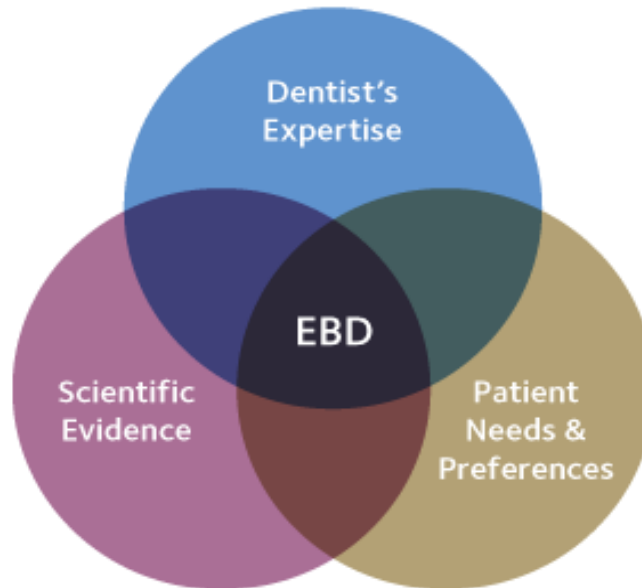
With an influx of newly licensed employee dentists, owner dentists have a unique opportunity to provide support and mentorship to the new licensees. This also gives new dentists the opportunity to share innovative methodologies and ideas to incorporate into practice. I wanted to share an article that I read about mentorship. A medical doctor wrote this article, but it applies very much so to dentistry. The article is titled [How Doctors Can Be Better Mentors](#).

*"The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves." - Steven Spielberg*



## What is Evidence-Based Dentistry (EBD)?

EBD, a patient-centered approach to treatment decisions, provides personalized dental care based on the most current scientific knowledge. The American Dental Association defines EBD as “an approach to oral healthcare that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences”. Watch [these videos](#) to learn more about EBD and how you can incorporate it into your practice.



## Nonrestorative Treatments for Carious Lesions Clinical Practice Guideline (2018)

For the first time, the ADA has created recommendations for nonrestorative treatment of carious lesions, including silver diamine fluoride. Dental providers restoring non-caviated and caviated carious lesions in children and adults may find this information useful. [Click here](#) to review the new guidelines.

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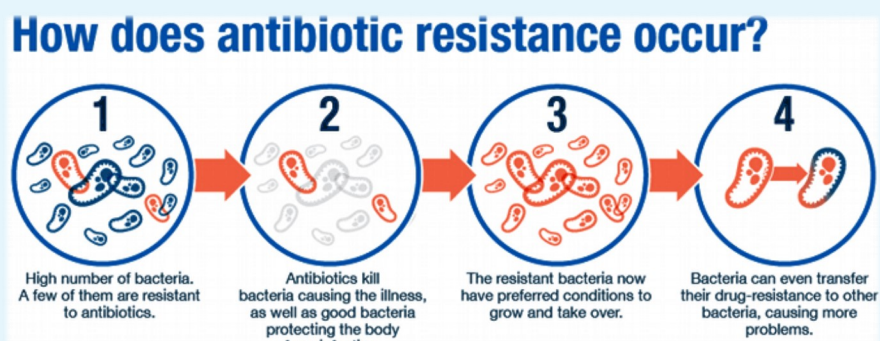
### EFFECTIVE JANUARY 2019

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The CBC fee will increase from \$32.00 to \$33.25. This new fee goes into effect starting on January 1, 2019 and is included in your application fee. Online applications that will be posted on January 1, 2019 will reflect this fee increase. **If you have already printed an application and will submit your materials to the Board after January 1, 2019, please be sure to submit the correct fee for the criminal background check.**

## Antibiotic Resistance Resources for Providers

The Minnesota Board of Dentistry collaborated with the Minnesota Department of Health and the Minnesota Dental Association to raise awareness and provide [educational resources](#) for dental professionals and the public. A series of [videos](#) on antibiotic stewardship describe the nature of antibiotic resistance and how we can utilize antibiotics more responsibly. Please share the materials with your clinic and colleagues. This can help you start up a great discussion for a staff meeting or provider training!



## NEW RULES EFFECTIVE NOVEMBER 13, 2018

A number of rule changes have become effective on November 13, 2018.

Minnesota regulated dental professionals are responsible for knowing and complying with the new rules. Here is a summary of the changes:

- Simplified documentation requirements for prior education regarding nitrous oxide inhalation analgesia and proof of CPR course completion.
- Modified some delegated procedures for licensed dental assistants (including impressions, ligature ties and arch wires, topical fluoride, and managing medications).
- Re-categorized all of the delegated procedures for dental hygienists.
- Supplemented the progress notes portion of the recordkeeping requirements for dental/medical histories and nitrous oxide.

RULES

For more information visit our website under Rulemaking or [click here](#).

## Corrective Actions

August 2018 – October 2018

The Board reviews complaints on a case-by-case basis. The Board cannot always prove each allegation from the complaints received. Agreements for Corrective Action (ACAs) are sometimes used to resolve complaints which allege violation(s) of the Dental Practice Act. ACAs resolve complaints when the specific, individual circumstances of the case do not warrant disciplinary action.

<i>Profession</i>	<i>Violation(s)</i>	<i>Remedies</i>
Assistant 8.22.18	Practice Without Current License	Community Service, Jurisprudence Examination
Hygienist 8.24.18	Practice Without Current License	Community Service, Jurisprudence Examination
Assistant 8.28.18	Practice Without Current License	Community Service, Jurisprudence Examination
Assistant 9.3.18	Practice Without Current License	Community Service
Dentist 9.18.18	Substandard Restorative/Diagnostic Treatment	One-on-one Monitoring
Assistant 10.9.18	Practice Without Current License	Community Service, Jurisprudence Examination
Hygienist 10.9.18	Practice Without Current License	Community Service, Jurisprudence Examination
Dentist 10.9.18	Substandard Prosthodontic Treatment	Monitoring, One-on-one Coursework in Crowns/ Onlays

## Disciplinary Actions

August 2018 – October 2018

Click on the licensee name to see the full text of the disciplinary action.

<b>Licensee</b>	<b>Date</b>	<b>License Number</b>	<b>Type of Order</b>	<b>City</b>
<a href="#">Windmiller, Ned W.</a>	7/31/2018	D8249	Conditional	Stillwater
<a href="#">Windmiller, Ned W.</a>	8/2/2018	D8249	Unconditional	Stillwater
<a href="#">Austin, Carol J.</a>	9/28/2018	D8383	Voluntary Surrender	Winona
<a href="#">Schultz, Bartholomew A.</a>	9/28/2018	D11067	Unconditional	Savage
<a href="#">Steidl, Jamie W.</a>	9/28/2018	D12067	Conditional	Moorhead
<a href="#">Zingale, Michael J.</a>	9/28/2018	D11500	Unconditional	Edina



## Board Members

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Christy Jo Fogarty, DH, ADT, Secretary (2021, Farmington)

John Manahan, JD, Past President (2019, Bloomington)

Heidi Donnelly, LDA (2022, Crosby)

Hassan Ismail, DDS (2022, Medina)

P. Angela Rake, DDS (2022, Shakopee)

David Gesko, DDS (2019, Bloomington)

Ruth Dahl (2021, Northfield)



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Thamyr Golafaie, Administrative Assistant

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