



## PRESIDENT'S MESSAGE

by Jean Martin, DDS, MPH

### Thoughts on Dinner Conversations . . .

Last summer, a small group of my dental school classmates were catching up on families, leisure pursuits, and dental practice over dinner. Somewhere between the salad and dessert, shouts were heard. It wasn't politics or religion that sparked the emotions, it was . . . amalgam. If 10 dentists who were trained together in the same institution and who practice in the same city have such disparate (and strongly held) views on this subject, is it so surprising that our profession is divided on this issue? And how will dental consumers make an informed decision when there is such disagreement with the profession?

I doubt that there would be any disagreement, let alone shouting, that licensed dental professionals have special skills and knowledge that are to be used in our patients' best interest. Nor any disagreement that consumers depend on their dental professionals to present the information necessary for appropriate informed choice of treatment decisions. This dependence is not unique to dentistry, and arises from the disparate levels of knowledge between consumers and health care professionals. The greater this disparity, the greater the burden on the dental professional to carefully inform and act in the patient's best interest.

Since my formal dental education ended 24 years ago, there has been exponential growth in the materials and procedures available to enhance oral health. This statement is true whether that graduation was 5 or 25 years ago. What tools do we use to decide when to discard a technology or material in a particular clinical situation? And

how do we evaluate the myriad of options to replace that discarded material or technology? Clearly we all have limited time and an overabundance of information—much of it conflicting!

There appear to be two choices in the manner we answer these questions. The first path, unfortunately well trodden, is the path of "face validity:" Does this claim or proposed treatment make superficial sense? Does it feel right? Does personal experience support this claim? Personal experience is a powerful learning tool: in practice, we use it daily to assess how we can improve our clinical services. But for dental materials, procedures, and technology, we have available a far more robust tool—the peer-reviewed dental literature. Our advice to patients must be based on a solid scientific foundation.

Therefore, our only real choice is to become active critical consumers of the dental literature.

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**Our Mission:** *The mission of the Oregon Board of Dentistry is to assure that the citizens of the state receive the highest possible quality oral health care.*

## A CASE STUDY

The Board received a complaint alleging that a dentist billed for services the patient did not receive. The patient said that upon calling the dentist's office in September to reschedule an appointment, she was advised that her "outstanding bill" had been turned over to a collection agency. The patient said she had no prior notice of an outstanding balance – in fact she was under the impression that she had a credit balance since the previous February. When she asked to talk to someone about this matter, the patient was told to call the collection agency.

The patient filed a complaint with the Board expressing concern that the dentist was charging her for services that she did not receive.

In his response, the doctor stated that the patient could not be contacted either by his office or the collection agency initially based on contact information that was in the patient records at the time of treatment.

The office manager said that attempts had been made to contact the patient at the telephone number listed in their records, however, they were advised that the patient was no longer at that telephone number. Further, that billings were mailed to the address provided in the patient records but the mail was returned with a notation that said the forwarding time had expired. The office manager stated that although she attempts as a courtesy to make contact by telephone before an account is turned over to collection, there is no requirement to do so.

The patient reported that she was in the dentist's office in February, had her teeth cleaned, and was asked to pay \$70.00 at that time, after supplying her new insurance information. No mention was made about a "past due" account. (The patient later calculated that she should have had a credit balance at this point.) When she called for an appointment in August, no mention was made of any money owing. However, upon calling in September, she was advised that she had a past due balance that had been turned over to a collection agency. She stated, "I guess what irks me the most was the fact that they automatically assumed I was a 'dead beat.' After calling

to reschedule my appointment for cleaning, the first words to me were, 'so when are you going to pay your collection account?' Since I did not even know I owed money, that statement definitely made me angry."

The Board investigator asked the patient to identify the specific service and/or fee she had been charged for that she had no knowledge of when she presented this complaint, as nothing could be found in the doctor's records that would support that allegation. She said that she actually had received and had been appropriately billed for all services rendered. She said her complaint was with the manner in which the doctor's staff sent her account to collections without notifying her of the outstanding balance. She explained that when she had first gone to the office, she had given the doctor's office all current information on how she could be reached, however, within about three months time, she changed her mailing address from a street address to a post office box number, and her office telephone (daytime) number had changed to another number. She said she had forgotten to make the doctor's office aware of the changes. She said she filed the complaint because when she tried to "sort it all out" with the doctor or his staff, they refused to talk to her. The patient's only remaining concern is how rudely she was treated during the process of trying to understand how she had overlooked a portion of her bill and why the doctor's office refused to speak to her and failed to let her know she had an outstanding balance when she had been in for a routine prophylaxis in February and had asked for a balance on her account.

**OUTCOME:** The Board voted to dismiss the matter with a finding of no violation of the Dental Practice Act and send the doctor a letter explaining that a Board investigation of this matter may have been avoided if the patient had been given the opportunity to discuss the matter in a fair and business-like manner.

**LESSON TO BE LEARNED:** This matter is a great example of what happens when dental office staff

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**A CASE STUDY***(Continued from page 2)*

does not make periodic inquiries as to the accuracy of patient information or are too busy to discuss consumer concerns with the patient. The patient in this matter displayed a responsible payment history, however, her contact data changed as a result of events occurring in her life. A simple “is everything current” question at the time of new appointments and/or payments would have averted this case from ever having been filed with the Board. While the collection of outstanding accounts is paramount to the continued operation of any practice, so is the “art” of garnering customer support and appreciation through good patient relations and communication. It is unfortunate that limited Board resources had to be utilized to sort out this communication problem, not to mention the time, distress and resources of the dentist’s practice that were devoted to responding to this matter. ■

**BOARD MEMBERS****Jean Martin, DDS, MPH, President***Wilsonville — Term expires 2006***Ronald Short, DMD, Vice-President***Klamath Falls — Term expires 2004***Melissa Grant, DMD***Portland/Salem — Term expires 2005***Kenneth Johnson, DMD***Corvallis — Term expires 2005***Eugene Kelley, DMD***Portland — Term expires 2003***Linda Lee, RDH, BS***Lake Oswego — Term expires 2005***George McCully, DMD***Eugene — Term expires 2004***Richard “Rick” Swart**

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*Enterprise — Term expires 2006***Ellen Young, RDH, BS***Astoria — Term expires 2006***PRESIDENT’S MESSAGE** *(Continued from page 1)*

We can expect our continuing educators to present their information complete with literature citations which allow an evaluation of the quality of information we are receiving. We can ask manufacturers to show us the evidence that we should use their product. What does the peer-reviewed literature say about this claim? Have these results been reproduced by another investigator? Was this article subjected to review prior to publication?

Effective information management is critical in this era of information overload and junk science. Our medical colleagues routinely share the work in journal clubs where each participant reviews and presents a portion of the information to be digested. These meetings also provide opportunities for camaraderie and lively discussion (perhaps, even shouting!). Some starting resources are listed below. The information burden is heavy and we owe it to our patients to carry the load.

**INFORMATION RESOURCES**

Allen, Edward, Bayne, Stephen et al. Annual review of selected dental literature: Report of the Committee on Scientific Investigation of the American Academy of Restorative Dentistry, *Journal of Prosthetic Dentistry* 88: 60-95, 2002.

Brunnette, Donald Maxwell. Critical Thinking: Understanding and Evaluating Dental Research. Quintessence 1996.

Wahl, MJ. Part 1: The clinical and legal mythology of anti-amalgam, *Quintessence Int* 32:525-535, 2001.

Wahl, MJ. Part 2: The medical mythology of anti-amalgam, *Quintessence Int* 32:696-710, 2001. ■

**QUESTIONS?** Call the Board office at 503-229-5520 or e-mail your questions to us at [information@oregondentistry.org](mailto:information@oregondentistry.org).

## HIPAA, LICENSED HEALTH CARE PROVIDERS AND THE BOARD

**B**y now all licensees of the Board of Dentistry are undoubtedly up to their proverbial eyebrows in HIPAA compliance issues. There are many good sources of information available on this issue including the American Dental Association and the United States Department of Health and Human Services. The purpose of this article is not to review the requirements of this federal law, but to let you know how the regulations impact the Board of Dentistry and a licensee's obligation to provide information to the Board upon request.

### PROTECTED HEALTH INFORMATION

The Administrative Simplification portion of HIPAA is focused on transfer of "protected health information." Protected health information is individually identifiable health information that is transmitted or maintained in any form (whether oral or recorded in any form or medium) by a covered entity.

A covered entity is required to protect individually identifiable health information as provided by the regulations in §164.502 with some exemptions.

### EXCEPTIONS FOR CERTAIN PURPOSES

§160.203(d) of the HIPAA regulations stipulate that when State law requires that confidential patient information be provided for certain purposes, then the State law prevails. The exemptions are found in §164.512. This section allows a covered entity to disclose protected information without the consent or authorization of the patient for public health activities, when the covered entity believes the individual is the victim of abuse or neglect, to a health oversight agency for oversight activities (including licensure and disciplinary actions), for judicial and administrative proceedings, and for law enforcement purposes. According to the Oregon Attorney General, the Board of Dentistry's authority to receive and review original patient records is contained in this section.

### PROTECTION OF PATIENT CONFIDENTIALITY

Confidentiality of patient medical information is protected from disclosure under Oregon public records law and information obtained by the Board during the course of an investigation is protected from public disclosure under another section of Oregon law. The Board of Dentistry is vitally aware of these statutory requirements and maintains the confidentiality of private medical information in the strictest manner possible. ■

### BOARD WEBSITE [www.oregondentistry.org](http://www.oregondentistry.org)

**H**ave you looked at the Board's website lately?

The website contains a lot of information about the Board and the law and rules that we operate under. There are copies of Board meeting Minutes, Newsletters, links to other sites such as ADA, ADHA, ODA, ODHA, and DANB. Since implementation of the website in April 2000, we have continued to make changes and improvements. This summer we added application forms, change of address forms, and data information request forms. In addition, listings of active licensees were added. Dentists and Dental Hygienists who hold active licenses are listed alphabetically and by city. This site includes basic information including: license number, expiration date, permits or endorsements held, and the city in which the licensee conducts business. It does not include information about complaints filed (which is confidential) or any information regarding discipline.

Take some time and look at the website. We would appreciate hearing your opinion on what could be improved, added or deleted. ■

## IT HAPPENED AGAIN...

*Jo Ann Bones, Executive Director*

Recently a dentist contacted me to complain that a dental assistant that he had hired about six months ago could not get a duplicate of her EFDA certificate from the Dental Assisting National Board (DANB) and he wanted to be able to post it on the office wall as required by the Board's rules. He said that the dental assistant had called DANB repeatedly over the past several weeks and only received promises that they were "working on it." When the Board's Licensing Manager contacted DANB about the situation, we heard a different story. The dental assistant did not have an existing EFDA certification, but had applied for her certification only a few days before the dentist called the Board office. The dentist had accepted the dental assistant's story and had allowed her to perform expanded functions and to take x-rays without being able to verify the existence of the required certification.

A few months ago, we received a phone call from a pharmacist who was suspicious about a dentist who hand carried a prescription to the pharmacy to be filled. Upon checking our database, we told the pharmacist that the dentist did not have an active license in Oregon. It turned out that the dentist allowed his license to expire when he moved to California. The dentist had decided to return to Oregon and was working in a dental office for two or three days in an "interview" situation. The dentist who was considering hiring the unlicensed dentist was notified and immediately terminated the relationship.

Several times a year, we find that a dentist has unknowingly allowed an unlicensed person to perform dentistry or dental hygiene; or that a dentist has allowed a dental assistant to perform duties for which the dental assistant does not hold the appropriate EFDA or X-ray certification.

How does this happen? It happens because dentists trust that the person they are contemplating hiring holds the license, permit or certification required. There are several ways to assure that the required documentation is appropriate and current: (1) demand to see the license, permit or certificate

and verify that it is current, (2) for dentists and dental hygienists, call the Board office or check our website; and (3) for dental assistants, call DANB at 1-800-367-3262, ext. 151.

Board rules require that licenses of dentists and dental hygienists, and the EFDA or X-ray certificate for dental assistants are posted in the dental office in plain view of patients. You cannot comply with this rule if you do not have a copy of the document. It is also a good idea to look at these documents every few months to verify that no dental or dental hygiene license has inadvertently expired. Also – anyone who holds an anesthesia permit is required to hold current Health Care Provider BLS/CPR or ACLS/PALS certification.

Remember – allowing a person to perform dentistry, dental hygiene or dental assisting expanded functions without the appropriate license, permit or certificate can result in formal disciplinary action and a civil penalty up to \$5,000. ■

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The Board office is open from 7:30 a.m. to 4:30 p.m. Monday through Friday except State and Federal holidays.  
Phone: 503-229-5520 Fax: 503-229-6606

## DISCIPLINARY ACTIONS TAKEN BY THE BOARD BETWEEN OCTOBER 1, 2001 AND APRIL 30, 2002

### Unacceptable Patient Care ORS 679.140 (1) (e)

**Case #2002-0071** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$1,000.00 civil penalty, to complete the 40 hours of Board approved continuing education required for licensure within three months, and to provide 20 hours of community service in the form of direct dental care within six months, based on allegations that the dentist failed to document obtaining informed consent, failed to document a diagnosis to justify the placement of a crown, failed to document the taking of an impression for the purpose of fabricating a crown, and falsely certified that all continuing education requirements for licensure were met when submitting a license renewal application.

**Case #2000-0071** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$3,000.00 civil penalty, to complete three hours of Board approved continuing education in the area of record keeping within three months, and to provide 30 hours of community service in the form of direct dental care within six months, based on allegations that the dentist administered nitrous oxide to a patient and failed to document the administration, provided dental prophylaxis treatment to a patient and did not record the treatment, and falsified a treatment record by altering the date of treatment in order to obtain a fee by misrepresentation.

**Case #2001-0151** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$1,500.00 civil penalty, and to take and pass the Board's Jurisprudence Examination based on allegations that the dentist wrote prescriptions for controlled substances between January 1979 and March 2002 without a valid Drug Enforcement Administration registration number and used a prescription form with a pre-printed DEA registration number.

**Case #2001-0120** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to complete three hours of Board approved continuing education in the area of record keeping within three months, based on allegations that the dentist failed to diagnose periodontal disease, failed to document a diagnosis to justify initiating endodontic therapy, and failed to document the endodontic overfill of the distal canal of a tooth.

**Case #2001-0259** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to not order, store, or dispense any controlled substances; to pay a \$1,500.00 civil penalty, to complete three hours of Board approved continuing education in the area of record keeping within one year, and to use pre-numbered triplicate prescription pads when prescribing controlled substances for a period of five years, based on allegations that the dentist failed to maintain a current and constant inventory of controlled substances, failed to document prescriptions for controlled substances in patient records, prescribed controlled substances without dental justification, and prescribed other medications without dental justification.

**Case #2002-0097** A dentist entered into a Consent Order with the Board in which the dentist agreed to make a \$2000.00 restitution payment to a patient based on an allegation that the dentist seated one crown with a deficient mesial margin and another crown with a deficient facial margin.

**Case #2002-0059** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to take a Board approved three hour course in record keeping based on allegations that the dentist failed to document a diagnosis of periodontal disease prior to initiating periodontal therapy, failed to document that periodontal probing was done, failed to do diagnostic

pulp testing and then treat a tooth when the patient gave a history of a recent pulpectomy in that tooth, and failed to document “PARQ” or its equivalent in the patient records signifying that informed consent was obtained prior to treating the patient.

**Case #2002-0136** A dentist entered into a Consent Order with the Board in which the dentist agreed to make a \$1,250.00 restitution payment to a patient based on an allegation that the dentist failed to document a dental justification prior to initiating endodontic therapy in a tooth and performed endodontic therapy that was inadequate and incomplete.

**Cases #2002-0020, 2002-0046, 2002-0214** A dentist entered into a Consent Order with the Board in which the dentist agreed to immediately resign the dentist’s dental license, to not seek further licensure from the Board, and to make restitution payments totaling \$3,760.00 to patients based on allegations that the dentist seated crowns on teeth with open crown margins, while providing endodontic therapy to a tooth failed to fully negotiate a canal of the tooth and then failed to either refer the patient to an endodontist for treatment or temporarily cement the crown on the tooth so that future endodontic therapy could be provided without destroying the crown on the tooth, placed a post and core in a tooth and perforated the distal root of the tooth, failed to diagnose and document in a patient’s dental records recurrent dental caries at the distal margin of a crown on a tooth which was evident on dental radiographs, failed to remove excess cement between two teeth after cementation of a crown, failed to document a dental justification prior to initiating endodontic therapy in a tooth, and seated a crown on a tooth with a defective mesial margin.

**Case #2002-0088** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to be placed on probation for five years, to pay a \$5,000.00 civil penalty, to use pre-numbered triplicate prescription pads for prescribing controlled substances for a period of five years, and to complete three hours of Board approved continuing education in the area of record keeping within one year, based on allegations that the dentist

failed to document “PARQ” or its equivalent in patient records signifying that informed consent was obtained prior to treating the patients, failed to document periodontal charting in patient records, failed to document patients’ medical histories, failed to document prescriptions for controlled substances in patient records, prescribed controlled substances without dental justification, prescribed medications without dental justification, failed to document prescriptions for medications in patient records, and falsely certified that all continuing education requirements for licensure were met when submitting a license renewal application.

**Case #2002-0113** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to make restitution payments to patients totaling \$2,006.00, and to pay a \$2,500.00 civil penalty based on allegations that the dentist failed to refer a patient to a specialist and placed orthodontic bands on four periodontally compromised teeth.

**Case #2002-0160** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$2,000.00 civil penalty, and to initiate a Board approved mentoring relationship within three months, based on allegations that the dentist allowed the administration of nitrous oxide and local anesthetic prior to examining a patient and failed to obtain informed consent prior to providing treatment.

**Case #2000-0204** A dentist entered into a Consent Order with the Board in which the dentist agreed to take a Board approved course in record keeping based on allegations that the dentist completed endodontic therapy in a tooth with an inadequately condensed distal canal endodontic fill and short endodontic fills on the mesial canals, failed to document the filling material used to complete the endodontic therapy in a tooth, failed to document a diagnosis prior to restoring a tooth, failed to document a diagnosis prior to prescribing antibiotic medication, and failed to document the quantity of antibiotic medication prescribed to a patient.

**DISCIPLINARY ACTIONS** *(Continued from page 7)*

**Case #2002-0111** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to take a Board approved course in record keeping and to take 30 hours of Board approved continuing education in the diagnosis and treatment of periodontal disease within one year, based on allegations that the dentist failed to document “PARQ” or its equivalent in patient records signifying that informed consent was obtained prior to treating the patients, failed to document periodontal charting in patient records, failed to document patients’ medical histories, failed to document prescriptions for controlled substances in patient records, prescribed controlled substances without dental justification, prescribed medications without dental justification, failed to document prescriptions for medications in patient records, failed to maintain a current and constant inventory of controlled substances, failed to document treatment in patient records, and failed to document pathology in dental records.

**Case #2002-0119** A dentist entered into a Consent Order with the Board in which the dentist agreed to make a \$1,175.00 restitution payment to a patient based on an allegation that the dentist failed to document “PARQ” or its equivalent in a patient record signifying that informed consent was obtained prior to treating the patient, failed to document a dental justification prior to initiating endodontic therapy in two teeth, failed to document that radiographs were taken, failed to document that diagnostic testing was done prior to initiating endodontic therapy, and failed to complete endodontic therapy in two teeth prior to permanently cementing crowns on the teeth.

**Case #2002-0095** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to complete eight hours of Board approved hands-on continuing education in crown and bridge, and to take a Board approved course in record keeping based on allegations that the dentist failed to document the use of local anesthetic in a

patient record, failed to document diagnoses prior to initiating treatment, failed to document that informed consent was obtained prior to providing treatment, failed to document the writing of prescriptions, and failed to document the amount of medication prescribed.

**Making a False Statement to the Board ORS 679.170(5)**

**Case #2002-0001** The Board issued a Default Order denying the license application of a hygienist based on findings that the hygienist failed to request a hearing in a timely manner and that the hygienist made false statements to the Board.

**Practicing Dentistry Without a License ORS 679.020**

**Case #2002-0002** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$1,000.00 civil penalty based on an allegation that the dentist practiced dentistry without a license for three months.

**Case #2002-0251** A hygienist entered into a Consent Order with the Board in which the hygienist agreed to be reprimanded and to pay a \$1,000.00 civil penalty based on an allegation that the hygienist practiced dentistry without a license by providing a lower partial denture to a patient.

**Practicing Dental Hygiene Without a License ORS 680.020**

**Case #2002-0145** A hygienist entered into a Consent Order with the Board in which the hygienist agreed to be reprimanded, and to provide 20 hours of community service in the form of direct dental hygiene care within six months based on an allegation that the hygienist practiced dental hygiene without a license for three and one half months.

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## C. E. REVISITED

By George McCully, DMD

**A**s hopefully everyone knows, continuing education for license renewal is required in the State of Oregon. Dentists are required to take 40 hours every two years and hygienists are required to take 24 hours. This year the requirement changed in that the Board is no longer going to look at the area of study (with the exception of medical emergencies, CPR and practice management/patient relations) but rather will only accept courses that relate to direct patient care. This change was made after reviewing many listings

made by licensees during the audits that the Board has been doing for the past few years. Those audits revealed that there are many courses that have very little, if any, applicability to patient care. Because of this, the Board instituted a new rule that went into effect this year that only those courses that are directly related to patient care would count toward the hours required with the exceptions noted above.

Unfortunately this means that not all courses given will be acceptable for relicensure. And in fact just because a course is given by a dental school, a state dental or dental hygiene organization, or achieves credit hours from the AGD, does not mean that it will automatically count toward those hours needed for relicensure. The course content must meet the criteria that it will be applicable to patient care. Just because the Board does not accept a course for credit toward relicensure does not imply that the course is not valuable or worthwhile. The number of hours required is a minimum and so taking more hours each year should not be considered onerous, especially if they are not directly related to patient care.

If you have questions or concerns about whether a particular course meets this criteria please feel free to contact the Board of Dentistry.

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### DISCIPLINARY ACTIONS *(Continued from page 8)*

#### **Permitting the Practice of Dental Hygiene Without a License OAR 818-012-0010(4)**

**Case #2002-0145** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, and to provide 20 hours of community service in the form of direct dental care within six months based on an allegation that the dentist permitted an unlicensed hygienist to practice dental hygiene for three and one half months.

#### **Failure to Complete Continuing Education Required for License Renewal OAR 818-021-0070(1)**

**Case #2002-0124** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$1,000.00 civil penalty, to complete 28 hours of Board approved continuing education within 12 months, and to provide 10 hours of community service in the form of direct dental care within 90 days based on an allegation that the dentist falsely certified that all continuing education requirements for licensure were met when submitting two successive license renewal applications. ■

**NOTE FROM THE EXECUTIVE DIRECTOR:** *The Board has been asked to provide interpretation of its requirement that C.E. courses be related to clinical patient care. Examples include ergonomics, blood borne pathogens, HIPAA, and CDT coding. Of these examples, only blood borne pathogens is considered to be related to direct patient care. HIPAA and CDT coding, according to the Board, may be applied to the limited hours that can be devoted to Practice Management and Patient Relations course work (4 hours for dentists and 2 hours for dental hygienists). Ergonomics is primarily for the practitioner's comfort and injury prevention and will not count toward any of the Board's required hours for Continuing Education. ■*

## THIS COULDN'T BE ME

**T**his couldn't be me. I was always the responsible, smart, dedicated student. From the time I was a small child I was told that because of my personality and work ethic, I would go far in life. I did go far; I was accepted into every dental school for which I applied, landed the residency of my choice and had just purchased the practice of my dreams. Everything I touched seemed to turn to gold. Failure was not in my vocabulary. How could this possibly be me who was 32 years old, 80 lbs. overweight, smoking a pack of cigarettes a day and addicted to hydrocodone?

It was the Thursday before Memorial Day weekend 1999 when I received notice that the Oregon Board of Dentistry was interested in talking to me. It seems that they had been informed that I wasn't keeping accurate records of my controlled substance inventory. It was true that I wasn't keeping an accurate paper record, but I knew exactly where most of them were going — to my personal consumption.

It always starts innocently enough. For me it was after an auto injury in 1996. I found that Vicodin not only relieved the pain, but made me “feel good” as well. I started using samples from the office, just a couple a week. Over the next few years my use would escalate to the point that I relied on them just to feel normal. I had every excuse in the book for using them; pressure in my personal life, the financial stressors of a new practice, working with horrible staff. These, I kept telling myself, were all good reasons to use.

Needless to say, I was terrified of having to deal with “The Board.” My first meeting was a tape-recorded interview with an investigator. I couldn't believe all this was happening to me. Shortly after that meeting it was determined that I needed to quit practicing and go to in-patient treatment. Quit practice? I just bought this practice, my monthly payments were astronomical, not to mention my overhead in general. Who would cover for me? What would my patients think? What would my staff think? What would the dentist from whom I bought the practice think? I wanted to die right then and there. As I signed the paper agreeing to the suspension of my license, I was sure my career was over.

As it turns out, taking three months off from practicing was the best thing I could have ever done for myself (even if it wasn't initially my idea). I spent two months at an inpatient treatment center. During that time I was given the opportunity to really examine my life and why I became addicted to drugs. It was a safe environment where I could really work on myself.

In my absence from my practice, everything worked out as it was supposed to. The things I feared would kill me didn't. My old staff (my predecessor's staff) had all abandoned ship. Two people that I hired just before leaving for treatment stuck it through with me. They didn't know from day to day if they were going to have jobs, yet they still kept things going until I returned. I am truly blessed to now be surrounded by people who support and believe in me.

I finally returned to work. I came back to a practice that was barely breathing and a mountain of debt that had not been serviced in several months. I met with lawyers, bankers and financial advisors. I faced questions from concerned patients regarding my extended absence. In the end I had to file bankruptcy, but was able to keep my practice. It was a solid year of paperwork, meetings and court appearances. All the while I was working to rebuild my practice and my life.

I was riddled with shame and guilt for having been addicted to narcotics. Somehow, with the help of God and my recovery program, I was able to put things back together. Over time my practice grew stronger, my financial problems went away and I started to get my life back. I was starting to live as I had always dreamed.

I think most dentists and hygienists view the Board of Dentistry with trepidation; I sure did. The President of the Board told me at my first meeting that their main goal was to see that I get back to work and remain a contributing member of our profession. I was sure all they wanted was my license. What a pleasant surprise it was to find that they were not out to get me. In fact, they are some of my biggest supporters now! Never did they make me feel “less than” for my addiction. They have always been very positive and encouraging.

(continued on page 11)

## WHAT ARE THE WARNING SIGNS OF ADDICTION?

The Board is concerned about the inappropriate use of alcohol and chemical dependency problems within the dental profession. The Board's goal in these cases is to assist the licensee in getting treatment, while at the same time ensuring that the public is protected. A dentist or dental hygienist's inability to maintain successful treatment could result in the loss of his or her license. All licensees have a legal and ethical responsibility to uphold the law and to help protect the public from licensees who may be impaired due to dependency issues.

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### THIS COULDN'T BE ME *(Continued from page 10)*

My motivation for putting this all down on paper is that I may be able to help a colleague suffering from addiction or alcoholism. I want them to know that there are solutions. They don't have to be afraid to reach out for help. They don't have to get in trouble or lose their license to get help. There is no shame in asking for help.

If you or someone you know is suffering, the ODA Well Being Committee is a good place to ask for help. They are a small group of dental professionals that have experience in dealing with alcoholism and addiction as it pertains to our profession. They can get you the help you need to recover and deal with licensure issues that may arise. Anything you tell them is absolutely confidential. You don't have to worry about your name being turned over to anyone if you reach out for help. A member of the committee can be reached 24 hours a day at 503-550-0190.

In closing, I would like to thank the Board of Dentistry and the Well Being Committee for working with me during these past few years. Most importantly, I want to extend my love and gratitude to my family, friends and staff.....you know who you are. I couldn't have done it without you!

Sincerely,  
A Grateful Dentist ■

Drug abusers often exhibit similar aberrant behavior. Certain signs and symptoms may indicate a drug addiction problem in a health care professional. Some warning signs are

- Increased difficulty at home - conflicts, absences, disappearances and discrepancies.
- Significant emotional and behavioral changes - family and friends concerned about behavior.
- Unexplained absenteeism at work - isolates and withdraws.
- Alterations in lifestyle to accommodate chemical use - lies about use.
- Frequent illness - need for medication - over prescribing.
- Unexplained time spent alone in the office/ prolonged time spent in the bathroom.
- Legal and financial troubles - DUIs, lawsuits, debts, etc.
- Problems at work, difficulties dealing with staff or complaints.
- Continued use of chemicals with elaborate justification for need.

If you recognize the aforementioned signs or symptoms in a co-worker, it's time to demonstrate concern. You may jeopardize a person's future if you cover up or don't report your concerns. Many well-educated, highly trained and experienced health care practitioners lose their families, careers, and futures to substance abuse. By becoming involved, you can not only help someone who may be doing something illegal, but more importantly, your action could affect the safety and welfare of your addicted co-worker AND those patients or the public who may come in contact with him or her. If you know a dental professional who you think has a problem with alcohol or drugs, confidential assistance can be obtained through the Oregon Dental Association's Dentists Well-Being Program. Support groups, intervention and residential treatment for impaired dentists can be arranged by calling the 24-hour hotline – 503-550-0190. ■



*Licensees are required to report any change of address within 30 days.*

**CHANGE OF ADDRESS FORM**

Licensee Name: \_\_\_\_\_  
*Print Name* *Phone*

License Number: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail or Fax to:** **OREGON BOARD OF DENTISTRY**  
1515 SW 5th Avenue, Suite 602  
Portland, OR 97201-5451  
Phone: (503) 229-5520  
Fax: (503) 229-6606