

Inside this issue	
DQAC Membership	1
EFDA	1
Healthcare Volunteerism	2
HIPAA 2018	6
Teledentistry	7
Experts Needed	8
Legal Actions	10
CE Rule Amendments	11
CE Quiz	12

Commission Members

- John Carbery, D.M.D., Chair
- John R. Liu, D.D.S.,
Vice-Chair
- LouAnn Mercier, D.D.S.
- Robert Shaw, D.M.D.
- James Henderson,
Public Member
- Bree Kramer, EFDA
- Kunal Walia, D.D.S.
- Aaron Stevens, D.M.D.
- Lyle McClellan, D.D.S.
- David Carsten, D.D.S.
- Ronald Marsh, D.D.S.
- Julia Richman, D.D.S.
- Kathleen Elling, EFDA
- Brian Macall, D.D.S.
- Sonia Pal, D.M.D.
- Karla Briggs, Public Member

Should You Consider Commission Membership?

Provided by John Carbery, DMD, Chair

Why You Should Consider Becoming a Member of the Dental Quality Assurance Commission?

More than eight years ago and with more than 25 years of service chairing the Yakima County Dental Society Peer Review Committee, I was asked if I would be interested in applying to become a Dental Quality Assurance Commission member.

It sounded like an interesting concept, but many questions initially surrounded this idea. First, I had to see if I was qualified—that is, what are the requirements to become a commission member? Surprisingly, they are very minimal. You have to be a U.S. citizen and a Washington State resident, and you must have an active practice in our state and have actively practiced the past five years. Whew, I passed the first set of requirements!

The next step was to submit a résumé, go through an interview process, and then be vetted by the governor and his or her staff. At the time I applied, Christine Gregoire was the governor. (Yes, it's been that long!)

With blessings from the Tooth Fairy, I was selected to become a commission member. I would soon become aware of all that I had volunteered for. Ignorance is bliss, but only for awhile.

continued on page 4

An EFDA in the Office — What Does That Mean

Provided by Robert Shaw, DMD

Most of you have probably heard the term EFDA. What does that mean? EFDA stands for expanded function dental auxiliary. Now, what does that really mean?

First, a little about what it takes to be an EFDA. EFDAs must:

- Complete an educational program (only a few are in the state of Washington);
- Pass a written examination from the Dental Assisting National Board (DANB); and

continued on page 3

Healthcare Volunteerism in Washington, The Volunteer and Retired Providers Program

Provided by Samuel Watson-Alvan, primary care director

Join the more than 2,500 VRP-covered volunteers across Washington State providing much-needed healthcare to underserved patients!

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](#)

Are you interested in volunteering your skills as a healthcare provider? We need you! Join the network of licensed healthcare professionals who provide free care to patients left out of the healthcare system.

Washington has a long-standing tradition of volunteerism, neighbor helping neighbor. Consistent with those values, in 1992 the Washington State Legislature passed RCW 43.70.460 directing the Department of Health (DOH) to create a program “to purchase and maintain liability malpractice insurance for retired primary and specialty care providers.” Eventually, the Volunteer and Retired Providers Program (VRP) would grow to serve more than 2,500 providers. It includes all licensed professions and other services such as free license renewal for retired providers, and limited coverage

for out-of-state providers who wish to volunteer in Washington.

The VRP supports healthcare access for underserved and uninsured populations by strengthening volunteerism in Washington State. In order to be eligible, volunteers must provide services in approved sites that provide free and charitable care to all, regardless of ability to pay.



All malpractice insurance premiums for licensed healthcare volunteers are covered through the auspices of the DOH Office of Primary Care. Free license renewals are also provided to all clinicians on retired status who serve as volunteers at approved sites.

The VRP insurance policy is claims-made and covers \$1 million per incident, \$5 million aggregate. Professionally employed

healthcare providers with site-specific malpractice insurance coverage are also eligible for this benefit, as it applies to their volunteer work.

[continued on page 5](#)

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.](#)

EFDA

continued from page 1

- Pass a clinical restorative examination given by a regional board, such as the ones offered by the Western Regional Examining Board (WREB) and the Central Regional Dental Testing Service (CRDTS), as hygienists do and similar to what dentists do.

After appropriate training, and successful completion of a clinical restorative examination, EFDAs are issued a license that allows them to place direct restorations such as amalgams, composites, and glass ionomers, and take final impressions. They may not place, adjust, or “polish” indirect restorations. They may do many other things, including what all registered dental assistants can do, in addition to their restorative functions. Because of their additional training, some EFDAs are highly involved within office crown milling.

The original idea behind the EFDA program was to relieve the dentist of the need to place the restorations after preparing them, allowing the dentist to prepare teeth on other patients. This would allow an office to see more patients, lowering the “dentist cost” with the hope of allowing offices to see more low-income patients (or patients with limited access to care) without lowering the quality of care delivered and without imposing a

financial burden upon the office. For example, public health clinics or federally qualified health centers could hire fewer dentists and more EFDAs to provide more care for fewer dollars. EFDAs are the midlevel provider in this situation.

Is an EFDA a good thing for your office? It all depends. More and more offices are seeing the benefit to using EFDAs to place restorations. The practice owner needs to see how much time is spent placing restorations and work out the math. Are you busy enough that you feel under stress trying to see all the patients who need your care? Would there be a place in your practice to see patients with limited access to care if you use an EFDA? Would your practice function better for you, perhaps giving you more free time or less stress, if you had another staff member to lighten your load? If any of these are true, maybe there should be an EFDA in your future.

Find answers to your questions about EFDAs on our [website](#).

Are you a dental assistant who wants to move to the next level? Check out the [approved EFDA education programs](#) on our webpage for programs in your area.

Answers From November Newsletter Quiz

Below are the answers to the continuing education quiz in the November 2017 newsletter. Look for the answers to this month’s quiz in the July 2018 newsletter.

1. C
2. B
3. A
4. A

Commission Membership

continued from page 1

First, I served a four-year term, to be followed by another four-year term. I will end my final year in July of this year, having served this year as chair of the Dental Commission, and what an honor it has been to serve as chair! I would not have been able to achieve this without the support of the current commission members and the incredible Dental Commission staff.

So what expectations do the governor and the Department of Health have for commission members? The Dental Quality Assurance Commission's mandate is to protect the public's health and safety, and to promote the welfare of the state by regulating the competency and quality of professional healthcare providers under its jurisdiction. The commission accomplishes this mandate through a variety of activities working with the Department of Health.

Dental Commission duties include:

- Establishing required qualifications to grant or deny credentials of: dentists, expanded function dental auxiliaries, dental assistants, dental anesthesia assistants, and dental sedation permits.
- Regulating the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for credentials.
- Establishing and monitoring compliance with continuing education requirements.
- Ensuring consistent and appropriate standards of practice.
- Developing continuing competency mechanisms.
- Assessing complaints, authorizing investigations, and making recommendations related to allegations against credentialed dental providers.
- Serving as reviewing members on disciplinary cases and serving on disciplinary panels.
- Serving as members of standing committees. Current active committees include: education and outreach, dental collaboration, infection control, dental anesthesia, continuing competency, and jurisprudence exam. Other committees are established at the need and request of the commission.
- Developing rules, policies and procedures that promote the delivery of safe and quality healthcare to the public.

I have listed the duties and responsibilities above not to intimidate those of you who wish to become future commission members, but rather to fully disclose the Dental Commission's expectations of each member. Now, for the final disclosure: how much time is required annually from each commissioner? The typical time commitment ranges between 24 and 37 days per year. That includes commission business meetings, disciplinary hearings, committee meetings, weekly disciplinary case authorizations, case assessments and review, and other meetings or discussions that occur as required by the commission.

I can hear you naysayers saying, "Not for me ... too much time!" First, let me explain that this time commitment is spread out throughout the year. Some days are full business meeting days

[continued on page 9](#)

Reader Input

The commission is looking for reader input.

If you want to read about something specific, [please let us know](#).



Volunteer and Retired Providers Program

continued from page 2

To access VRP Program benefits, a clinician must volunteer at an approved site. In order for a site to be approved, it must meet the following criteria:

- Provide healthcare services to low-income patients.
- Assure continuity of care.
- Have arrangements for after-hours coverage (such as ER access).
- Have a referral system to assure patient access to care beyond services of volunteer providers.
- Do not compensate volunteers whose malpractice insurance is paid through the Volunteer and Retired Providers Program.

The VRP Program is administered through contract by the Washington Healthcare Access Alliance (WHAA), which screens site and provider applications, and processes them for final approval by Physicians' Insurance, the VRP underwriter. WHAA also provides technical assistance to sites and providers. For more information or to apply for VRP services please contact Molly Korab at WHAA 267/713-WHAA (9422) or consult the WHAA website: <https://www.wahealthcareaccessalliance.org/volunteers>.

For more information or to apply for VRP services please contact Molly Korab at WHAA 267/713-WHAA (9422) or consult the WHAA website: <https://www.wahealthcareaccessalliance.org/volunteers>

Infamous or Famous

Edgar Buchanan was an American actor with a long career in both film and television. But did you know that he started out as a successful dentist with a dental practice in Eugene, Oregon? In 1939 he moved his practice to California where he pursued his acting career. Buchanan was probably best known for his memorable roles in 1960s sitcoms like "Petticoat Junction," "Green Acres" and "The Beverly Hillbillies." Once he was bitten by the acting bug, he left dentistry. But, interestingly enough, his wife took over his successful practice after he retired.



HIPAA—2018

Protecting Your Patients...And Your Practice

Provided by Terre Harris, President/CEO, HarrisBiomedical

Recently, the “Dear Abby” column published a letter from a distraught patient who complained that her psychiatrist’s office had left a very sensitive voice mail message about her bulimia that was “transcribed to everyone’s email accounts.” She added that the nurse receiving her telephoned complaint “hung up” on her and she’d received no apology from anyone for violating HIPAA or embarrassing her.

In response, Dear Abby replied, “If you provided a shared phone number as your point of contact, you should not have blamed the person who left the message for using it.”

It is clear, by this response, that Dear Abby didn’t have a clue about the protection requirements under HIPAA. To state that the patient is at fault, and the doctor has a right to leave a very personal and (obviously) sensitive message about her health and treatment (without her written authorization) is flat wrong. To do so flies in the face of the basic HIPAA tenet: *“Safeguard the patient’s confidential protected health information (PHI) from improper and inappropriate disclosure.”* This, of course, is precisely what the psychiatrist’s office did not do.

Unfortunately, such is often the case with many medical and dental practices.

It’s been 15 years since the HIPAA Privacy Rule was adopted, and many dental practices throughout the country are still struggling to determine what’s required and what’s not. With the subsequent additions of the Security, Breach Notification and Omnibus rules, confusion and frustration about what or how to do something often leads to guessing, assuming, or even ignoring the basic rules. Unfortunately, trading accuracy for expediency can be very costly.

More often than not, the compliance devils are in the details. Ignorance of the regulations is not considered a justifiable defense by the Office for Civil Rights (OCR), HIPAA’s investigative arm. OCR will issue fines for non-compliance whether the violation was inadvertent or resulted from willful neglect. So, attending to the basics is clearly a first important step in complying with all the HIPAA rules.

While, under HIPAA, team members are individually responsible to protect the private information of their patients. It’s ultimately the employers’ responsibility to ensure they are properly trained and the rules are followed. To that end, the abbreviated safeguard checklist below, broken into three basic categories, can be helpful.

Safeguards are categorized as “addressable” and/or “required.” The difference is that “required” safeguards must be implemented as stated, while some flexibility is allowed to implement “addressable” safeguards. However, remember that “addressable” does not mean “optional”; addressable measures must be accomplished as well as the “required” items.

Administrative Safeguards are the required written program policies and procedures to:

- **Conduct risk assessments** (Required) to ensure all elements are implemented.
- **Establish a risk management policy** (Required).
- **Train employees to be secure** (Addressable).
- **Develop a contingency plan** (Required) to respond to emergencies.
- **Test the contingency plan** (Addressable) to ensure it will work.

continued on page 11

Teledentistry

Provided by Jennifer Santiago, Program Manager

The Dental Quality Assurance Commission (commission) has issued a guideline related to the “Appropriate Use of Teledentistry.” The guideline describes how the commission is to define, supervise, regulate and discipline teledentistry consistent with existing statutes governing dentistry practice in the state of Washington. The commission recognizes that technology changes occur rapidly, so the guideline provides technologically neutral general principles rather than focusing on the use of any specific current technologies.

Advances in technology, communication and data management have resulted in new approaches to delivery of oral health care services, including those in which dentist and patient are not in the same physical location, but interact using enabling technology. These new approaches, referred to as teledentistry, are useful tools that, if employed appropriately, can provide important benefits to patients. Benefits include increased access to oral health care, access to oral health care professionals who are not available in the patient’s home community, rapid availability of patient records, and a potential reduction in the cost of oral health care delivery.

The guideline provides specific standards and expectations for:

- Licensure; and
- Standard of care:
 - ◊ Dentist-patient relationship;
 - ◊ Informed consent;
 - ◊ Patient evaluation;
 - ◊ Allowable treatment parameters;
 - ◊ Patient records; and
 - ◊ Prescriptions.

A complete copy of the commission’s teledentistry statement is on our [website](#).

Verify a License or Provider Discipline

Do you know that your auxiliary staff is currently licensed? As a dentist, you are responsible to ensure that your auxiliary staff hold a current credential with the Department of Health. If a staff member allows a credential to expire, yet continues to provide patient care, both the staff member and the supervising dentist may be subject to discipline.

Have you ever wondered if a potential employee or any other medical professional has come under discipline from the Department of Health?

The Department of Health webpage offers a provider credential search that allows you to view a health care provider’s credential status and any disciplinary actions.

You can access the [Provider Credential Search](#) on the Department of Health website.

On this page you can search any health care practitioner in Washington. You will be able to see what type of credential the provider holds and the status of the credential. If the provider has been disciplined, you will see **Yes** under the Enforcement Action column. You can then click on the provider’s credential number and the disciplinary documents will be available for viewing.



Dental Quality Assurance Commission

The Dental Quality Assurance Commission (dental commission) is made up of 12 dentists, two expanded function dental auxiliaries, and two public members. Members attend regular meetings, scheduled for one day on a Friday every six to eight weeks. Members are appointed by the governor for a four-year term.

The Department of Health, Health Systems Quality Assurance, is accepting applications to fill vacancies on the dental commission. We have vacancies for three dentist positions. We are looking for public-spirited people in general dentistry and dental specialties of orthodontics, endodontics, periodontics, or prosthodontics to make decisions in the public's best interest.

We seek diversity in dental commission members. We recognize the value variety brings in understanding and serving the people of Washington State. We seek candidates with diverse backgrounds and those who provide geographic representation throughout the state.



Want to be a full member? Get the [Governor's application](#) here.

Want to be a pro tem (limited participation) member? Get the [department's application](#) here.

[Jennifer Santiago](#) is available to answer all your questions about being a member or an expert witness.

Expert Witnesses Needed

A duty of the dental commission is to review disciplinary cases. The dental commission routinely contracts with expert witnesses when charging disciplinary action against a dentist. Expert witnesses are not members of the dental commission but a contracted individual that provides an independent judgement on a disciplinary case. Do you have the experience and knowledge in a particular dental field; orthodontics, endodontics, periodontics, or prosthodontics? Contact [Jennifer Santiago](#) if you are interested in contracting as an expert witness.

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.



Commission Membership

Continued from page 4

(eight per year). Sometimes this requires a day of travel; and some days add up with authorization conference calls (15 minutes to an hour), committee meetings (in-person or conference call from one to two hours) and case reviews (completed on your own time, but usually taking one to four hours each). Yes, that sounds like a lot, but now let me tell you why it's worth it!

We currently have more than 271 years of licensed experience in our profession on the Dental Commission. Once you become a commission member, you will be surrounded by commissioners who will enlighten and educate you to ensure you successfully fulfill your duties as a commissioner. You will expand your view of our profession in such dramatic and positive ways because of the great people who will mentor you. You will find that the experience and work you do will evolve our profession. You will be called upon by our professional community because of your expertise, and your knowledge and ideas of our profession will expand. All the while, you will be continuously supported and guided with other commissioners' knowledge and perspectives. We have all heard that old saying, "You are judged by the company you keep." Well, bring it on! Nowhere will you be better served in company than being on this commission. Let me give you an example.

We have a commission member who has practiced many, many years. He is a past president of the Washington State Dental Association (WSDA), he even played football for the University of Washington, and is an avid skier, father, husband, and overall a great guy. He has served on American Dental Association (ADA) councils, and now because of his involvement with the Dental Commission, he is serving as a dental examiner for the Western Regional Examining Board (WREB). Once you become a Dental Commission member, you will have the opportunity to volunteer to become involved with a dental testing agency such as WREB. To be in the presence of such a fine person has been a wonderful experience. Our friendship, our camaraderie, and the years of hard work on the Dental Commission created a respect for each other that can develop only under these circumstances. Now, take this up a notch and multiply this particular commission member by 16. Everyone who is and has been a commission member, while I have been on the commission, has added to my life experience. We don't always share the same points of view, but we all bring a valuable set of opinions backed by years of experience.

Another, if not the most important, part of serving on the commission: You have the awesome opportunity to influence not only the quality of dentistry delivered in our state, but the future direction of our profession!

Subir Chowdhury, in his new book, "The Difference," writes about, "When Good Enough Isn't Enough?" This is your opportunity to step up to the challenge. We need people who are willing to help our profession, to protect the public, and to guide our profession into the future. We need people who are ethically sound and who have the experience to evaluate that quality of dentistry meets the standard of care. That is, when is "good enough" not good enough?

So if you care about your profession and how dental care is provided in our state, step up, get out of your comfort zone, go to the web site (<https://fortress.wa.gov/.es/governor/boardsapplication>) and apply. I promise you the journey that follows will be life-changing. Commissioners and staff members are there to help you along the way and to ensure your success as a commission member.

Legal Actions November 2017 — February 2018

The following are final actions taken by the commission or Secretary of Health. 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
Atkinson, Brandon (dentist) Skagit County	12/15/2017	Agreed Order	Substandard care when providing a root canal; failed to maintain complete and accurate records.	21 hours of continuing education in endodontics, nerve injury and repair, and pharmacology; take and pass jurisprudence exam; \$5,000 fine; \$3,261.33 cost recovery.
Hsue, Kuzi (dentist) King County	1/26/2018	Agreed Order	Failed to adequately document discussion of informed consent; failed to document anesthesiologist consultation and patient monitoring recommended by the anesthesiologist; presented the patient with a treatment plan that was neither realistic nor affordable in light of patient's dental, medical, and financial condition.	14 hours of continuing education in charting and risk management; 2 years of chart audits; \$5,000 fine; \$6,490.70 cost recovery.
Nieves, Oscar (dental assistant) Clark County	12/15/2017	Default Order	Felony criminal convictions—domestic violence.	5 year suspension.
Riojas, Abel L. (dentist) Clallam County	1/2/2018	Agreed Order	Sexual contact with a patient. Due to alcohol use, dentist does not remember sexual contact and was unaware she was a patient.	6 month suspension.
Spinelli, Anthony (dentist) King County	1/26/2018	Agreed Order	Pled guilty to sexual exploitation.	Reprimand; \$1,000 fine; 4 hours of continuing education in law and ethics; take and pass jurisprudence exam.
Rojas, Callisto (dentist) King County	2/20/2018	Final Order	Sexual relationship with a patient.	6 month suspension.

HIPAA—2018

Continued from page 6

- **Restrict third-party access** (Required).
- **Report security incidents** (Required).

Physical Safeguards focus on protecting physical access to protected Health Information (PHI) regardless of location – in the office, in the cloud, or remote storage:

- **Implement facility access controls** (Addressable) to record any person who has physical access to PHI.
- **Implement workstation access/use policies** (Required).
- **Implement mobile device access/use policies** (Required).
- **Establish hardware inventory** (Addressable) of all devices and before any device is moved.

Technical Safeguards relate to technology implemented to access/use and protect ePHI.

- **Implement access control** (Required) requiring individual user names and passwords for each person with ePHI access.
- **Introduce a ePHI authentication mechanism** (Addressable) to ensure ePHI has not been altered or destroyed without appropriate authorization.
- **Implement tools for encryption and decryption** (Addressable).
- **Implement audit controls** (Required).
- **Implement automatic logoff** (Addressable).

Each criterion must be implemented to achieve full HIPAA compliance. Regardless of category, all implementation measures must be implemented to achieve full HIPAA compliance.

Dentist Continuing Education Requirements

The Dental Commission filed the CR102 for proposed rule making on February 27, 2018 as WSR 18-06-027 for WAC 246-817-440 Dentist continuing education requirements.

The proposed rule amendment clarifies continuing education (CE) subject matter, describes different ways to obtain CE, provides the number of hours a licensed dentist may devote to specific CE activities, and identifies mandatory CE of a jurisprudence examination. Additionally, the proposed rule amendment changes the reporting period of CE from 21 hours annually to 63 hours every three years.

The commission will hold a rule hearing on April 20, 2018 to consider adopting the proposed rule.

You can find information on all of the commission's rules in progress on our [webpage](#).

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. Which of the following can an expanded function dental auxiliary perform?
 - A. Polish indirect restorations.
 - B. Place direct restorations.
 - C. Adjust indirect restorations.
2. Which of the following is **not** a Dental Commission duty?
 - A. Ensuring consistent and appropriate standards of practice.
 - B. Establishing and monitoring compliance with CE requirements.
 - C. Establishing laws (RCWs) for dental professions.
3. Who is responsible to ensure auxiliary staff members hold an active credential with the Department of Health?
 - A. The staff member.
 - B. The employing dentist.
 - C. Both the staff member and the supervising dentist.
 - D. The office manager.
4. How many providers does the Volunteer and Retired Providers Program serve?
 - A. More than 2,500.
 - B. More than 1,200.
 - C. More than 4,000.

Commission Staff Contact Information

Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

[Trina Crawford](#), Executive Director

[Jennifer Santiago](#), Program Manager

[Tracie Drake](#), Assistant Program Manager

[Erin Obenland](#), Case Manager

Customer Service
360-236-4700

www.doh.wa.gov

[Commission website](#)

Commission Meeting Dates

April 20, 2018

June 1, 2018

July 13, 2018

Sept. 7, 2018

Oct. 26, 2018

Dec. 7, 2018

**Public Health - Always
Working for a Safer and
Healthier Washington.**