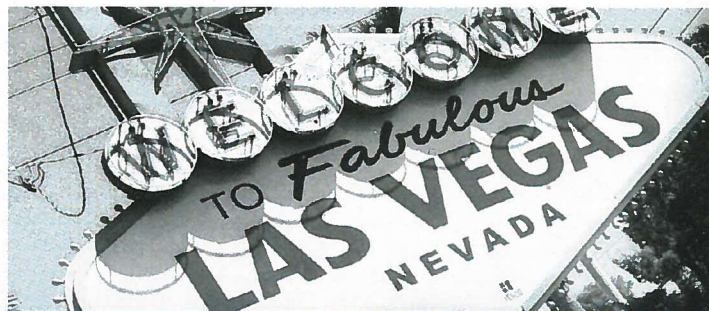


WINTER /SPRING 2013

Providing information and education to Nevada's
Dental health care professionals



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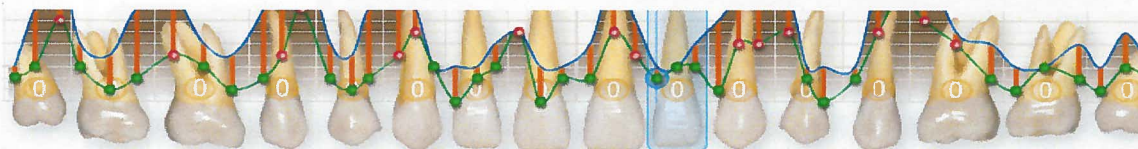
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THE IMPORTANCE OF PERIOCHARTING AND MINIMIZING OVER-TREATMENT AND OVER/UNDER DIAGNOSING

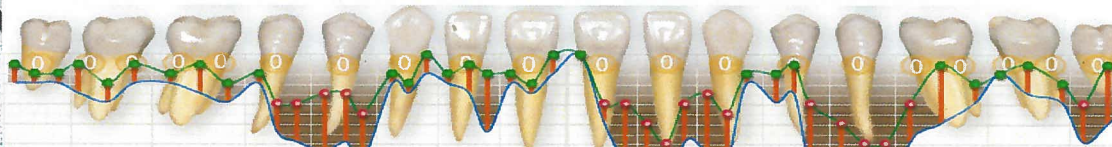
By Byron M. Blasco, DMD

As a DSO since the late 1990's, I have seen a changing trend in our dental community. Unfortunately, in this capacity, my exposure is mostly limited to the practitioners whom have unfavorable issues. This is a trend, which over the last decade has become much more prevalent than it had been previously. Practicing full-time, I understand the pressures put on a practice. Many state that ethics can't be taught. And there is evidence that practitioners aren't making clear decisions in the patient's best interest, or in their own. When I speak with doctors, (the ones having issues), review their charts and visit with them about their practice of dentistry, I find it perplexing how they have deviated so far from what, at one time, were the processes they embraced. Two such issues are indicated in this article's title.

The standard of care is generally the degree of care, diligence and skill ordinarily exercised by dentists in good standing in the community in which they practice, but this also includes concepts and methods taught in Dental Schools and Dental Hygiene Schools. As many of you are aware, when general dentists limit their practice to a specialty area, practitioners can be held to the same standards as specialists. The standard of care in dentistry for periodontal charting is a full mouth, six-point probing with ALL numbers recorded at a minimum of once per year for all adult patients. Periodontal charting is so important on many levels. It is part of a Comprehensive Examination, which we were all exposed to in our education. It is an integral part of a treatment plan, whereby it establishes a baseline for the patient, is a benchmark from which information can be used to aid in the diagnosis of disease, and assists to establish a treatment plan. I would venture to say that the majority of charts I have reviewed in the past 14 years do not contain periodontal charting. That's not to say it wasn't done. But if it isn't written, it isn't so.

Statistics reveal that the majority of the population have periodontal disease. Why wouldn't you want to diagnose it and educate patients about their condition? Why wouldn't you want to inform them of the consequence of not treating or treating the disease? This should be part of your culture in practicing dentistry. The doctor does what is right, the patient receives the care that they require and the practice and patient both benefit.

So many practices are focused on things that were not the issue when attending school and providing Comprehensive Oral Evaluations and creating Comprehensive Treatment Plans. Don't lose sight of the value to all concerned in this process.



MAPPING YOUR WAY THROUGH A TRYING PROCESS

By J Gordon Kinard, DDS, Board President

I recently read an article published in the Clark County Medical Society Journal that I would like to share. "The Domino Effect of Board Complaints" is the title and in my opinion should be kept close at hand for every licensed dental care provider in the state of Nevada. It provides an invaluable reference for many of us that find ourselves involved in conversations with colleagues that have received complaints and want more information on the process in which they are about to enter.

As a Disciplinary Screening Officer (DSO) for the Nevada State Dental Board for over 5 years, I have had to personally make calls to licensees to inform them that I have been assigned by the Nevada State Dental Board to investigate the recent complaint filed against them. I have felt the anxiety and anger in their voices. I have received numerous calls from licensees that are being investigated by other DSO's in the complaint process; but limited in my ability to help due to the dearth of reference material available that covers the details of the important administrative process that is about to unfold before them. Until now, our conversations with worried licensees were weakly confined to the advice of, "Call your attorney and see what happens".

I would encourage you to read the article by John Hunt, ESQ. He provides a detailed, informative, and diversified description of the administrative complaint process. His article addresses important issues that may provide clarity to the licensee as they go forward with their decision making during this trying process. Very often the implications of unintentional actions create more adversity than necessary. I know you will find this late Christmas gift worth cherishing. The "Domino Effect..." is an invaluable read.



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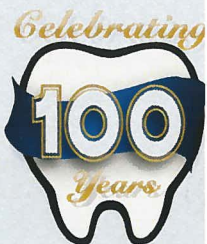
DENTAL HYGIENE: CELEBRATING 100 YEARS OLD

By Laura Lord, BSDH

Dental hygiene, as a profession, is celebrating 100 years of history. Alfred C. Fones, a dentist practicing in Bridgeport, Connecticut, imagined dental auxiliaries working alongside dentists, teaching patients how to avoid losing their teeth. Irene Newman, Alfred's cousin and chair side assistant was trained to clean teeth and to conduct an educational process of prevention with her patients. Later Fones would open the first school of dental hygiene, publish textbooks on the subject, and implement a successful public health plan into the Bridgeport school system. Irene Newman taught at the school her cousin opened. She became the first dental hygienist licensee in the country in 1917, with Connecticut the first state to issue them. So what's changed in dental hygiene?

Today's dental hygiene student course curriculum is a bit more stringent than it was 100 years ago. In Nevada, students spend a minimum of 800 hours clinically learning assessment skills and instrumentation. They are taught debridement techniques using a variety of hand instruments and become skilled at using sonic and ultrasonic technology. They test at the national and state level, both academically and clinically and like Irene Newman did nearly 100 years ago, they become licensed.

While many of the same ideas that shaped dental hygiene 100 years ago such as the obtainment of improved oral health for our patient drives the profession today, educational requirements for dental hygienists and technology has changed it.



Happy 100 year anniversary to the field of dental hygiene!

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THE COST OF PATIENT RECORD REQUESTS COMPLIANCE = WIN, WIN, WIN



By Debra Shaffer, Interim Executive Director

The Nevada State Board of Dental Examiners receive numerous phone calls and inquiries monthly from patients and health care providers with regards to dental record requests. Patients are confused on what information they are entitled to and the health care providers are confused on what they can charge for the duplication of patients' dental records.

These answers can be found in NRS 629.061. A patient is entitled to any information in their dental record upon written authorization from the patient. The health care provider has five working days from receipt of the written request to submit a copy of the dental records to the patient. The health care provider shall also provide a copy of the records to each person who requests it and pays the actual cost of postage, if any, the costs of making the copy, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of x-ray photographs and other health care records produced by similar processes. No administrative fee or additional service fee of any kind may be charged for providing such a copy.



It pays to be compliant. Avoid the pitfalls like charging a flat fee to all patients who request copies of their dental records. This fee is a violation. If the patient has a balance with your dental office you may not deny their requests for a copy of their records, this would be a violation. Failing to comply with this statute would be the costly to the health care provider. The cost to the patient could delay their future dental needs. So when you as a health care provider receive a request for dental records, process the requests in accordance with the statute and everyone wins.

THE DOMINO EFFECT OF BOARD COMPLAINTS

(Shortened Version) By John A. Hunt, Esq.

"To view the article in its entirety, please visit the NSBDE's web site "

For a licensed health care professional, receiving a patient or verified complaint from their licensing board ("Board") can be truly an unnerving event which can set into motion any number of other events, i.e., the domino effect. The goal of this article is to provide licensees with a general outline of the various factors to consider when deciding how to respond to a Board complaint.

In Nevada, each of the health care professional Boards have their own statutes, and regulations which, in varying degrees specify the standards and procedures governing the complaint and its process. Obtaining and reviewing the relevant statutes and regulations should be the starting point when beginning to address how to respond to a Board or patient complaint.

THE FIRST QUESTION usually asked by the licensee is, "Does the licensee need to hire any attorney to respond to the complaint?"

The answer varies based on the licensee's malpractice insurance, whether it covers the defense of a patient or Board complaint. If the licensee's malpractice insurance is not available, two major factors come into play when deciding whether to hire a private attorney to assist in responding to a patient or Board complaint; 1) The licensee's past history with the Board (if any) and 2) The relative seriousness of the complaint. To be safe, it probably is always in the licensee's best interest to retain an attorney who has administrative law experience when being presented with either a patient or Board complaint.

RESPONDING TO THE BOARD: The response to a patient or Board complaint should include: background, education, awards, community service, experience, years in practice, other licenses, etc... Also attach a copy of your curriculum vitae to your response.

The next question usually posed by the licensee is, "How should I craft a response to a Board or patient complaint?" Remember you are writing a response to Board members, most of whom are also trained licensees in the applicable field. Overstating a

position or responding as if the targeted reader were a layperson simply will not be effective.

There are many possible outcomes as a result of a Board investigation. The result can be everything from dismissal or remand of the patient or Board complaint reasonable to revocation, suspension, probation, restriction of practice, or a fine or a combination. The licensee should consider engaging an expert sooner rather than later to assist in preparing the response to the Board. It is generally more advantageous to provide the Board with an expert's opinion at the earlier stages of the process, as opposed to waiting until the latter, i.e., a formal Board hearing.

So now what can the licensee expect after submitting a written response to the Board's complaint?

Either the licensee or the attorney representing the licensee should contact the investigator assigned to the case to make an inquiry as to whether any additional information or documentation is needed to address any of the questions of the investigator. Developing good communication with the investigator can go a long way to achieving a positive result. If there is a reply to the licensee's response, most Boards will provide the licensee with a copy. The licensee usually is given an opportunity to provide a supplemental response.

AFTER THE COMPLAINT, RESPONSE AND ANY SUPPLEMENTAL RESPONSES are evaluated the assigned investigator usually has a number of options available, including dismissing or remanding the matter, entering a stipulated agreement, conducting an informal hearing or proceeding to a formal hearing.

Dismissal of the complaint is the most ideal outcome for the licensee. To determine dismissal, the Board considers the licensee's prior history with the Board, the severity of the complaint, standard of care, documentary evidence, credibility of the patients and if a violation has occurred did the licensee acknowledge the violation to allay any concerns raised in the complaint.

If the investigator indicates there will be no dismissal or remand of the complaint, the licensee should seriously consider hiring an experienced administrative law attorney. Without a dismissal, or remand, the complaint will continue to be processed by the Board and further action is likely forthcoming.

THIS IS THE TIME the licensee should at all costs attempt to resolve the complaint at this stage pursuant to a stipulated agreement. It is probably safe to say that should the licensee proceed to a full Board hearing and the Board finds violations, the severity of the final Board action will exceed that of the terms, and conditions earlier offered in a stipulated.

Generally there are two types of stipulated agreements, which may be offered to resolve a complaint, Disciplinary and Non-Disciplinary Corrective Action Stipulations. Both types of stipulations will be deemed to be a public record. A Disciplinary Stipulation requires the Board to report the Stipulation to the National Practitioners Data Bank (NPDB). Such reports can affect a licensee's privileges, provider contacts, professional associations and ability to provide Medicaid and Medicare services.

The other type of stipulation commonly referred to as a Non-Disciplinary Corrective Correction Stipulation usually will not contain any provisions for revocation, suspension, probation, reprimand, fine or restriction of practice. A Non-Disciplinary Corrective Correction Stipulation usually will require the licensee to obtain supplemental education, reimburse the complainant, and/or reimburse the Board's attorneys fees, costs, and/or investigative expenses. The key difference is that a Non-Disciplinary Corrective Correction Stipulation will usually not affect a licensee's privileges, provider contacts, professional associations and ability to provide Medicaid and Medicare services. In addition, if licensed in another State the licensee is not required to report a Non-Disciplinary Corrective Correction Stipulation as discipline, which may avoid additional investigations.

In closing it is hoped this article has given some insight into the administrative complaint process. However, the best advice of all is to avoid a complaint in the first place by always communicate positively with your patients. Poor bedside manners and failure to communicate in a positive manner with patients is a sure fired way to invite patient complaints which otherwise would never have been filed with the Board.