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OHIO STATE DENTAL BOARD

BOARD MEETING

DECEMBER 3, 2014

Attendance
The Ohio State Dental Board (Board) met in Room 1960, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio on December 3, 2014, beginning at 1:15 p.m. Board members present were:

Gregory A. McDonald, D.D.S., President
William G. Leffler, D.D.S., Vice President
Marybeth Shaffer, D.D.S., Secretary
Ashok Das, D.D.S., Vice Secretary
Ann Aquillo
Martin Chambers, D.D.S.

Constance Clark, R.D.H.
Susan Johnston, R.D.H.
Lawrence Kaye, D.D.S.
Anne Missig, R.D.H.
Charles Smith, D.D.S.

Chris Hanners, D.D.S. was not in attendance.

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General’s Office, Henry Fields, D.D.S. of the Ohio Dental Association (ODA); Michele Carr, R.D.H., M.A., Chair, The Ohio State University College of Dentistry Department of Dental Hygiene; Lili C. Reitz, Esq., Executive Director, Kathy Carson, Dental Board Enforcement Officer, Jayne Smith, Licensing Coordinator, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board; and other guests.

Call to Order
Dr. Greg McDonald introduced himself as the Board President, a general dentist from Springboro. After extending greetings to everyone Dr. McDonald noted that there was a quorum present and called the meeting to order at approximately 1:22 p.m.

Introduction of Board Members
Dr. McDonald then introduced the rest of the Board members. He introduced Dr. William Leffler, the Board’s Vice President and a general dentist from Massillon, Dr. Marybeth Shaffer, the Board’s Secretary, a general dentist from Leetonia, Dr. Ashok Das, the Board’s Vice Secretary, a general dentist from Mason, Dr. Martin Chambers, D.D.S., a general dentist from Cleveland, Dr. Lawrence Kaye, a periodontist from Akron, Dr. Charles Smith, a general dentist from Tipp City, Ms. Constance Clark, a dental hygienist from Dublin, Ms. Susan Johnston, a dental hygienist from Columbus, Ms. Anne Missig, a dental hygienist from Morrow, and Ms. Ann Aquillo, the Board’s Public member from Powell. Dr. McDonald informed everyone that Dr. Chris
Hanners, a general dentist from Piketon, had been in attendance for the committee meetings but had been called away due to an emergency.

**Review of Minutes**
Dr. McDonald informed the members that they were tabling the review of minutes from the November 2014 Board meeting until after the Executive Session.

**Executive Session**
Motion by Dr. Leffler, second by Ms. Johnston, to move the Board into executive session pursuant to Ohio Revised Code Section 121.22(G)(3) to confer with counsel on matters that are the subject of pending or imminent court action.

Roll call vote:  
Ms. Aquillo – Yes  
Dr. Chambers – Yes  
Ms. Clark – Yes  
Dr. Das – Yes  
Ms. Johnston – Yes  
Dr. Kaye – Yes  
Dr. Leffler – Yes  
Dr. McDonald - Yes  
Ms. Missig – Yes  
Dr. Shaffer – Yes  
Dr. Smith – Yes

Motion carried unanimously.

Dr. McDonald requested Ms. Reitz and Ms. Bockbrader to attend the executive session.

**Open Session**
The Board resumed open session at approximately 1:37 p.m.

**Review of Minutes**

**November 2014**
Motion by Dr. Kaye, second by Ms. Clark, to approve the November 12, 2014 Board meeting minutes as presented.

Motion carried unanimously.

**Enforcement Report**
Dr. McDonald tabled the Enforcement Report and directed the Board members to the Licensure Report.
Licensure Report

License/Certification/Registration Report (Approved by the Executive Office)
Jayne Smith, Licensure Coordinator, had prepared a report of the licenses, certificates, and registrations issued since the previous Board meeting.

Dentist(s)
Motion by Dr. Kaye, second by Ms. Aquillo, to approve the licensure report for the following dental licenses issued by a regional board examination:

- Joseph N. Abiad
- Ashlee L. Bower
- Tanisha L. Brown
- Catherine M. Flaitz
- Richard J. Gradisek
- Husam M. Najah
- Charles J. Zasso

Motion carried unanimously.

Dental Hygienist(s)
Motion by Ms. Clark, second by Ms. Johnston, to approve the licensure report for the following dental hygiene licenses issued by a regional board examination:

- Lynn M. Harris
- Barbara L. Hughes
- Suchiraya Inpuan

Motion carried unanimously.

Dental Assistant Radiographer(s)
Motion by Ms. Clark, second by Ms. Aquillo, to approve the licensure report for the following dental assistant radiographer certificates issued by: acceptable certification or licensure in another state, certification by the Dental Assisting National Board (DANB) or the Ohio Commission on Dental Assistant Certification (OCDAC), or successful completion of the Board-approved radiography course:

- Jennifer Arnold
- Brittany Falcone-Milbrodt
- Tailyln Gooden
- Ashley McWhorter
- Jamie Neal
- Vinesha Rambo
- Ruth Rodriguez Gastelo

Motion carried unanimously.

Conscious Sedation Permit(s)
Motion by Dr. Kaye, second by Dr. Chambers, that based on the information provided by the Board’s Anesthesia Consultant, the following individual has applied for a conscious sedation permit and the applicant is recommended to receive a permit for the specified modality.

Dr. Troy R. Pearce – Intravenous
Motion carried unanimously.

**Reinstatement Application(s)**
Motion by Ms. Johnston, second by Ms. Clark, to approve the following reinstatement application for licensure in Ohio:

**Dentist(s)**
Timothy Barber, D.D.S.

Motion carried unanimously.

**Ad Hoc Board Operations Committee Report**

**Report on ADEX Test Development**
Dr. Kaye informed the Board that the Ad Hoc Board Operations Committee met earlier that morning and former Board member, Eleanore Awadalla, D.D.S., provided a report on the changes occurring on the ADEX examination. He stated that Dr. Awadalla is on the ADEX Committee for Test Development and that the Committee and Board appreciate her attendance to the ADEX meetings and her reports to the Board.

**Report on Smile Care Club**
Dr. Kaye stated that Dental Board Enforcement Officer, Jeremy Kimble, provided an informative PowerPoint update on the issues regarding the Smile Care Club. He stated that the Committee is not recommending any action to be taken at this time but will continue to monitor the matter. He then turned the floor over to Ms. Johnston for a report from the EFDA Subcommittee.

**EFDA Subcommittee Report – Susan Johnston, R.D.H.**
Ms. Johnston stated that the EFDA Subcommittee discussed the authority of the Board to define EFDA examination standards. She stated that Ohio Revised Code (ORC) section 4715.03 provides the Board the authority to “distinguish by rule different classes of qualified personnel” and that ORC 4715.66 sets forth the Board’s authority to adopt rules governing EFDA’s; specifically the standards for an examination of expanded function dental auxiliary.

Ms. Johnston stated that the Subcommittee had much discussion and came to consensus to recommend that the chair contact the current examining entity, the Commission on Dental Testing in Ohio, and make the following changes in the examination process:

- All EFDA candidates will be examined within three (3) months of completing their EFDA course;
- The Commission on Dental Testing in Ohio will actively recruit dentists as examiners;
- EFDA exams should be scheduled at Case Western Reserve University and The Ohio State University;
- Each EFDA candidate will restore a total of two teeth, one anterior tooth and one posterior tooth. The preps will be simple, in keeping with the minimally competent standards that each candidate must demonstrate; and
- The EFDA candidate will know in advance which teeth he or she will be restoring.

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Additionally, Ms. Johnston stated that the Subcommittee reached consensus on contacting the North East Regional Board of Dental Examiners, Inc. (NERB) for an alternative typodont exam to be given to the students in order to provide students the option of which test to take and also to introduce competition. She stated that the Committee was recommending that the NERB exam exam parameters will be the same as those on the CODT exam and also be accepted by Board as qualifying EFDA candidates for registration.

Dr. Kaye interjected that the Board should also contact the American Association of Dental Boards (AADB) to encourage them to adopt a national definition of the restorative auxiliary or EFDA.

Motion by Ms. Aquillo, second by Ms. Missig, to accept the Ad Hoc Board Operations report and approve the recommendations from the EFDA Subcommittee.

Motion carried unanimously.

**Education Committee Report**

Ms. Johnston informed the Board members that the Education Committee met earlier that day and reviewed five (5) Biennial Sponsor applications for 2014-2015. She stated that the Committee was recommending approval of all the sponsor applications as meeting the requirements set forth in the Dental Practice Act.

**2014-2015 Biennial Continuing Education Sponsor Application(s)**

- Buckeye Implant Study Club
- Grace Kerr Orthodontics
- Steve Shufflebarger, D.D.S.
- Southwestern Ohio Dental Study Club
- Steubenville Periodontics/Susan Smith, D.D.S.

Additionally, Ms. Johnston stated that the Committee received a request for approval of a Dental Assistant Radiographer Initial Training course from Miami Valley Career Technology Center. The Committee is recommending approval of the initial training course as meeting all the requirements set forth in the Dental Practice Act and the guidelines of the Board.

**Review of Course(s)**

**Dental Assistant Radiographer Initial Training**

Miami Valley Career Technology Center

"Dental Radiology – DA 205"

Continuing on, Ms. Johnston stated that the Committee discussed an inquiry from Don Gray, the Director of Continuing Dental Education at The Ohio State University, regarding whether the N₂O-O₂ monitoring course for basic qualified personnel can be taken prior to the dental assistant having practiced for the minimum two (2) years and 3,000 hours. She stated that by rule, the basic qualified dental assistant must complete the stipulated number of years and practice hours prior to being permitted to perform this function. She
informed the members that the rule does not specify that the course must be taken after completion of this requirement.

Ms. Johnston stated that Committee members expressed differing opinions on whether the practice requirement must be completed prior to the coursework. She said that one concern is that the dental auxiliary would begin monitoring N₂O-O₂ immediately upon completion of the course and another concern was that the dental auxiliary might forget what was taught in the course if too much time elapsed between completion of the coursework and putting the knowledge into practice.

Ms. Johnston reminded the Board that this matter was similar to the medical emergencies course to allow the dental hygienist to practice when the dentist is not present and to be able to apply for an OHASP permit in that, while there is no clarification in the law that stipulates that the requisite number of years and hours be completed prior to taking the course, Board policy states that the medical emergency course must be completed after the dental hygienist has fulfilled the practice requirement.

Concluding, Ms. Johnston stated that at this time, the Committee feels that it would be appropriate to refer this matter over to the Law and Rules Review Committee for further discussion, clarification and possibly amending the rule on monitoring of N₂O-O₂.

Motion by Ms. Aquillo, second by Ms. Clark, to accept the report and approve the applications and dental assistant radiographer initial training course.

Motion carried unanimously.

Law and Rules Review Committee Report
Dr. Leffler informed the Board that the Law and Rules Review Committee met earlier today and finalized their review of the rules for the 2014 rule review year. He stated that the Committee members came to consensus on the proposed new, amended and no change rules.

Motion by Dr. Leffler, second by Dr. Das, to initial file the following new and amended rules with the Joint Committee on Agency Rule Review (JCARR), the Legislative Service Commission (LSC), the Secretary of State (SOS) and with the Ohio Department of Development (DOD) Office of Small Business:

4715-3-01 Definitions.
4715-5-02 Written work authorization.
4715-11-05 Non-dental licensed healthcare provider; supervision.
4715-14-01 Processing applications from service members, veterans, or spouses of service members or veterans.
4715-14-02 Fee waivers available to service members, veterans, or spouses of service members or veterans.
4715-14-03 Military duty time extension and factors to be considered.
4715-15-01 Enforcement.
4715-15-12 Notice of hearings

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4715-15-16 Reports and recommendations.
4715-17-01 Notice of regular and special meetings of the Ohio state dental board.
4715-19-02 Procedures for accessing personal information.
4715-19-04 Confidential information.
4715-20-03 Disposal of sharps.

And that the following “no change” rules be initial filed with JCARR, LSC, SOS, and with the Ohio DOD Office of Small Business.

4715-15-02 Representatives; appearances; communications; applicability.
4715-15-03 Filing request for hearing.
4715-15-04 Authority and duties of attorney hearing examiners.
4715-15-05 Consolidation.
4715-15-06 Intervention.
4715-15-07 Continuance of hearing.
4715-15-08 Motions.
4715-15-09 Filing.
4715-15-10 Service on parties.
4715-15-11 Computation and extension of time.
4715-15-14 Subpoenas for purposes of hearing.
4715-15-15 Mileage reimbursements and witness fees.
4715-15-17 Exchange of documents and witness lists.
4715-15-18 Requirements for pre-hearing exchange of information.
4715-15-19 Prehearing conferences.
4715-15-21 Depositions in lieu of testimony at hearing and transcripts of prior testimony for submission at hearing.
4715-15-22 Prior action by the state dental board.
4715-15-26 Evidence.
4715-15-28 Reinstatement of license or certificate.
4715-19-01 Personal information systems.
4715-19-03 Valid reasons for accessing confidential personal information.
4715-19-05 Restricting and logging access to confidential personal information in computerized personal information systems.
4715-22-01 Volunteer's certificate issued to retired dentist or dental hygienist to provide free services to indigent and uninsured persons; immunity.

Motion carried unanimously.

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Dr. Leffler stated that once these rule complete the "Common Sense Initiative" review they will be initial filed with JCARR accordingly.

Policy Committee Report

Policy on Therapeutic Prescribing
Dr. Shaffer stated that the Policy Committee had met that morning to finalize the Policy on Therapeutic Prescribing (Appendix A). She stated that the purpose of the policy was to set forth the Board policy on therapeutic prescribing. She distributed a copy of the policy and allowed the members time to review.

Motion by Ms. Johnston, second by Ms. Clark, to approve the Policy on Therapeutic Prescribing as presented.

Motion carried unanimously.

Dr. Shaffer then stated that the policy committee is also charged with organizing and reviewing any old policies. She stated that they are working on a table of review of for all policies which they will continue to work on.

Supervisory Investigative Panel Report
Dr. Shaffer, as Secretary, attested that she had spent in excess of twenty (20) hours per week attending to Board business. Dr. Das, the Board’s Vice Secretary, attested that he had spent in excess of twenty (20) hours per week attending to Board business.

Motion by Dr. Kaye, second by Ms. Clark, to approve the Supervisory Investigative Panel report.

Motion carried unanimously.

Enforcement Report

Notice(s) of Opportunity for Hearing
The Board reviewed one (1) proposed notice of opportunity for hearing. The name of the individual/licensee was not included in the documents reviewed by the Board. The name of the individual/licensee has been added to the minutes for public notice purposes.

Karen S. Grady
Motion by Dr. Kaye, second by Ms. Clark, to approve the proposed notice of proposal to deny application for certification and notice of opportunity for hearing and forward it to Karen S. Grady, case number 14-25-0415.

Motion carried unanimously.
Review of Proposed Addendum(s)
The Board reviewed two (2) proposed Addendums to Consent Agreements. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes.

Disciplinary

Donald Kilbane, D.D.S.
Motion by Dr. Kaye, second by Ms. Clark, to approve the proposed addendum to the consent agreement for Donald Kilbane, D.D.S., license number 30-018634, case number 11-60-0319.

Motion carried unanimously.

Malcolm Walters, D.D.S.
Motion by Ms. Johnston, second by Dr. Kaye, to approve the proposed addendum to the consent agreement for Malcolm Walters, D.D.S., license number 30-020238, case number 13-18-0151.

Motion carried unanimously.

Enforcement Update
Ms. Reitz began the report by informing the Board that there are six (6) cases pending hearings, all of which have been assigned. She indicated that there were currently forty-seven (47) licensees and certificate holders under suspension and informed the Board members that there were two hundred and sixty-nine (269) active cases. Ms. Reitz said that there were five (5) licensees actively participating in QUIP. She informed the members that there were forty-three (43) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with six (6) warning letters issued.

Due to the requirement in Chapter 4715.03(B) of the Ohio Revised Code, that "A concurrence of a majority of the members of the board shall be required to... ...(6) Dismiss any complaint filed with the board.", Dr. McDonald reviewed the cases to be closed with the Board.

The following cases are to be closed:

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Prior to the vote to close the above listed cases, Dr. McDonald inquired as to whether any of the Board members had any personal knowledge that the cases that were being voted on today involve either themselves or a personal friend.

Roll call:
Ms. Aquillo – No
Dr. Chambers – No
Ms. Clark – No
Dr. Das – No
Ms. Johnston - No
Dr. Kaye – No
Dr. Leffler - No
Dr. McDonald – No
Ms. Missig – No
Dr. Shaffer – No
Dr. Smith – No

Dr. McDonald then called for a motion to close the cases.

Motion by Ms. Johnston, second by Dr. Kaye, to close the above forty-three (43) cases.

Roll call:
Ms. Aquillo – Yes
Dr. Chambers – Yes
Ms. Clark – Yes
Dr. Das – Yes
Ms. Johnston - Yes
Dr. Kaye – Yes
Dr. Leffler - Yes
Dr. McDonald – Yes
Ms. Missig – Yes
Dr. Shaffer – Yes
Dr. Smith – Yes

Motion carried unanimously.

90-day Open Case Report
Ms. Reitz stated that she had not prepared a report of the open cases over 90 days for this meeting due to the fact that it has only been three (3) weeks since their last meeting. However, she pointed out that seven (7) of the forty-three (43) cases to be closed were from 2011-2013.

Office Expense Report
Motion by Dr. Kaye, second by Dr. Das, to approve the expense report and approve payment of the October 2014 Board bills.
Motion carried unanimously.

Executive Director’s Report

FY2014 Annual Report
Ms. Reitz began her report by informing the members that she had e-mailed them a copy of the FY2014 Annual Report to the Governor regarding the Boards overall activities for 2014.

House Bill 463
Ms. Reitz informed the members that she was in the process of informing legislators of the Board’s position on HB 463 regarding the PGY1 pathway to licensure. She stated that hearings were held that day and that there would be another hearing next week with a possible vote.

When asked if the issue of PGY1 pathway to licensure was the only issue in the bill that the Board would be addressing, Ms. Reitz informed the members that strategically, in a bill such as this, the Board can only focus on one issue and this issue is most significant. She stated that the PGY1 pathway was specifically addressed today by Dave Owsiany, the Executive Director of the Ohio Dental Association, and Paul Casamassimo, D.D.S. of Nationwide Children’s Hospital. Ms. Reitz stated that the Board has no problem with training and are in full support of anyone who wants to take residency program. However, she stated that our only concern is the residency training being taken in lieu of an independent clinical evaluation.

Continuing on, she stated that she feels the Board needs to clarify some of the comments that were made to the Senate Health Committee today, comments such as “studies show that residency programs are better able to determine competency than an independent exam” and “states who have PGY1 show a better quality of care being administered in those states than states who do not have PGY1”. Ms. Reitz stated that these statements were made and are not supported by any science, any studies, or any publications. She informed the members that she had made several calls that morning to confirm that this is misinformation and that the fact that it is misinformation needs to be shared with the legislators.

In fact, Ms. Reitz stated that the State of Delaware, which requires both a PGY1 residency and an examination, is the only state with any data in this regard and that Delaware is the state which has the least amount of disciplinary action taken by a dental board. Therefore, she stated that there is NO data to suggest that residency programs are as well or better assessors of minimal competence or that the quality of care in those states which offer this as a pathway to licensure is any better than Ohio. She reiterated that our concern is that a one-year of residency training is being utilized as an alternative pathway to a license. She stated that the Board believes in as much training as possible, however, she state that the Board believes an independent assessment is the only way to assess minimal competency.

Henry Fields, D.D.S., representing the ODA, asked if there was any data to show that there are any more misadventures by those dentists who have been licensed by PGY1. Ms. Reitz informed Dr. Fields that there is evidence that there are licensees in New York who have failed the examination thirteen (13) times prior to completing a residency program and subsequently obtained a license to practice dentistry in New York.

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Dr. Fields clarified his question by asking if there are studies done after people who went through both pathways, indicating any more evidence of misadventures by those that went through PGY1 versus those that went through the traditional licensing process. He stated that he has seen these studies and that there is no difference.

Concluding, Ms. Reitz stated that the Board issues limited resident’s licenses to dentists who graduate from accredited dental schools, who work in residency programs in Ohio, and all they are required to provide is proof of graduation from dental school and faculty appointment to a program. She stated that Ohio currently has 347 licensed limited resident’s and all of the residency programs throughout the state are full to capacity and should this pass, it’s likely these programs will be required to create more opportunities for these candidates.

Anything for the Good of the Board

ADEX Representatives
Dr. McDonald informed the members that former Board member Mary Ellen Wynn, D.D.S., had expressed her desire to become the next ADEX Delegate. He also reiterated that Dr. Awadalla currently represents the Board on the ADEX Committee for Test Development. Discussion followed wherein it was decided that Dr. Wynn would be recommended to be the Board’s Delegate and Dr. Awadalla would continue as the Board liaison to the ADEX Committee on Test Development.

North East Regional Board of Examiners, Inc. (NERB) Meeting
Dr. Kaye stated that the next NERB meeting will be in January, 2015. He indicated that the Board needed to consider electing Steering Committee members. A brief discussion followed wherein it was noted that Ms. Johnston and Dr. Kaye attended the last NERB meeting. It was determined that Dr. Kaye would attend the meeting in January as the Board’s dentist representative and that Ms. Johnston would again serve as the dental hygiene representative.

Election of Officers
Dr. McDonald then stated that the Board would now consider the election of officers.

Motion by Dr. McDonald, second by Ms. Johnston, to nominate Dr. Shaffer as President of the Board for 2015.

Motion carried unanimously.

Motion by Dr. McDonald, second by Ms. Johnston, to nominate Ms. Clark as Vice President of the Board for 2015.

Motion carried unanimously.

Motion by Dr. McDonald, second by Dr. Shaffer, to nominate Dr. Das as Secretary of the Board for 2015.

Motion carried unanimously.
Motion by Dr. McDonald, second by Dr. Shaffer, to nominate Dr. Chambers as Vice Secretary of the Board for 2015.

Motion carried unanimously.

Motion by Dr. McDonald, second by Dr. Shaffer, to nominate Dr. Hanners as the Board’s QUIP Coordinator for 2015.

Motion carried unanimously.

**Dental Quality Assurance - Update**

Dr. McDonald recognized Dr. Fields who stated that he had been asked at the Board’s last meeting to make inquiries regarding the Board’s concerns about a report by Dental Quality Assurance (DQA) at the last AADA/AADB meeting. He stated that he had spoken to staff at DQA regarding the report provided by Robert Compton of DentaQuest at the AADA/AADB meeting. Dr. Fields stated that he had indicated to the staff member of DQA that Dr. Compton reported that DQA was involved in monitoring dentists based on nine (9) criteria, and if the dentist fails more than two (2) standard deviations of the mean, it would affect their payments. He stated that the staff member corresponded and stated the following:

“You are absolutely right. DQA develops quality measures for assessment of performance of programmatic and plan levels only and not the clinician level. In fact, we are currently conversing with CMS [Medicaid] to incorporate our measures into the CHIPRA course. Through Medicaid CHIPRA programs, we have worked tremendously in the past several years to make this kind of progress that we are currently involved in today. If you would like more information on DQA and its measures please access [www.ada.org/dqa](http://www.ada.org/dqa).”

Dr. Fields stated that he asked again if there was any evidence that any entity will be or has been linking practitioner activity and their NPI number. He read her response as follows:

“...Not that we know of. DQA is considering the surveying of group practice to assess any quality measurement activities so that they get a sense of the landscape. Some payers probably have some form of provider level measurements in place. But again, we are not aware of anything that links the provider activity and their NPI number. If I hear of anything I’m sure to pass it on to you”

Continuing on, Dr. Fields stated that they are not even working on that level. He stated that maybe the different administrators can go out and look at the data and that maybe that is what DQA is trying to do is make sure that they do not use the quality measures that DQA has not approved of. He indicated that it is a clearinghouse so that everybody agrees that these are valid measures, but internally any of the administrators can do anything that they wanted to and if they can get it past their clients then they can do it. He stated that for instance, they were looking at the price of procedures, using the information as a way to recommend or not recommend providers, people reacted, and the state governments reacted, and they had to quit using that information in that manner. Dr. Fields stated that many of the plans are looking for ways to look at quality, and to look at the price of a procedure was certainly an unreasonable way to do that. He said they were just not going to recommend high priced practitioners. He commented that what is done inside the plans is not DQA’s doing. He commented that he feels that we need to be wary of the plan administrators and the plan more than DQA.
Continuing on, Dr. Fields stated that DQA was researching population statistics and not tracking individual practitioners. He then gave some examples of the types of information DQA was researching such as the following utilization of services:

- The percentage of all enrolled children under the age of 21 who have received at least one dental service within the reporting period.
- The percentage of enrolled children under 21 who have received a comprehensive or periodic oral evaluation within their reporting year.
- The percentage of enrolled children category age 6-9 years at elevated risk moderate-high received sealant on a permanent first molar tooth within the reporting year.

Dr. McDonald thanked Dr. Fields for his follow-up report.

**Appreciation**

Dr. McDonald expressed his thanks to the Board members for electing him as President of the Board for a second time. He stated that it has been a privilege and an honor to serve the public of the state of Ohio and to do it with such a great group of people. He thanked the Board officers, both immediate and past, for all their help, and stated that it has truly been an honor to serve with them.

Ms. Johnston expressed that she wanted to thank Dr. McDonald for extending leadership opportunities to them and for his support of their contribution to the Board as well. She commented that she has felt very accepted and that she is very excited about the contributions she has been able to make.

**Adjourn**

Dr. McDonald adjourned the meeting. He reminded the Board members that their next meeting would be February 4, 2015.

Marybeth Shaffer, D.D.S.
President

Constance Clark, R.D.H.
Vice President
Appendix A

**Policy on Therapeutic Prescribing**

In acknowledging the constant evolution of interprofessional education, the Ohio State Dental Board recognizes that the patient centered team is best led by the most appropriate member at the time of delivery of care. As healthcare team members, today’s dentists not only have the ability, but also the responsibility to evaluate and manage systemic co-morbidities. If a dentist is managing a condition that is within the scope of dentistry, then that practitioner is responsible for recognizing and managing that condition or referring for the management of that condition and any subsequent conditions arising from the initial treatment.

Recognizing the differences in training, comfort and desire of the individual practitioner this may include therapeutic pharmacologic management. The dentist must be adequately and appropriately trained to manage the consequential treatment, which may include therapeutic pharmacological management; if not, the dentist must make the appropriate referral to someone who is adequately and appropriately trained.

All patients, including family and friends MUST be patients of the dental practitioner. Any prescription should be given in the management of a disease process involved in dental care.