

S P R I N G 2 0 1 3

# NEWSWIRE

WASHINGTON STATE SOCIETY OF ORTHODONTISTS



## SAVE THE DATE!

### WSSO Component Meeting February 28, 2014

We are looking forward to the 2014 doctor and staff meeting with excellent speakers at Meydenbauer Center in Bellevue! More information will be forthcoming. With questions, please contact Joni Marts at [wssso.board@gmail.com](mailto:wssso.board@gmail.com).

### PCSO Critical Issues Task Force 2012

1. Identify innovative approaches to doctor and staff education which will create high participation across member demographics
2. Support efforts to promote the PCSO members as specialists who are best suited to perform orthodontics
3. Develop initiatives to ensure that residents and newer members retain loyalty to organized orthodontics as members of PCSO and constituent societies.



## ORTHODONTIC PRACTICES

The American Association of Orthodontists in cooperation with the American Association of Periodontists has published a set of periodontal guidelines for orthodontic practitioners. The publication provides specific guidelines for pre-orthodontic periodontal screening for adult patients and discusses a method of assessing risk. These guidelines are available through [www.aaomembers.org](http://www.aaomembers.org). For more information see the Fall 2012 issue of Newswire.

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Washington Dental Service announced in the fall that reimbursement rates are frozen for the 2013 fiscal year.

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There has been discussion among WSSO members regarding the legality of internet coupon offers (such as Groupon, Google Offers, Amazon Local) pertaining to dentists and dental specialists. Communication with the state dental board reveals that Washington State does not have specific laws regarding such coupons, but there are several important pieces of information to keep in mind:

- Washington does have a guideline referred to as "Rebating to Health Practitioners" or RCW 19.68 This guideline can be reviewed at <http://apps.leg.wa.gov/rcw/default.aspx?cite=19.68.010>
- Washington State Dental Board strongly recommends that dentists and dental specialists follow national guidelines when considering this matter. An ADA task force was assembled last year and provided an official statement regarding such coupons. Included in this statement is the following:

"The Advisory Opinion approved by the Council is as follows:

**4.E.1. SPLIT FEES IN ADVERTISING AND MARKETING SERVICES.** The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via "social coupons" if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected. Dentists should also be aware that the laws or regulations in their jurisdictions may contain provisions that impact the division of revenue collected from prospective patients between a dentist and a third party to pay for advertising or marketing services."

A link to a news article discussing this matter is available at <http://www.ada.org/news/6576.aspx>

- It is highly encouraged for any dentist or dental specialist who is considering participating in internet coupons to consult an attorney to review contracts and advise as to whether such agreements may violate state policies.
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A note to employers:

There is a new I-9 form that employers must use for all new hires. Prior versions of Form I-9 can no longer be used effective May 7, 2013. Form I-9 is used for verifying the identity and employment authorization of individuals hired for employment in the United States. Additional information is available in documents posted at <http://www.uscis.gov>.

## LEGISLATIVE SUMMARY

### ADA Summary of Federal Laws Regarding Electronic Health records

- Dentists are not required to use electronic health records nor digital radiographs by 2014.
  - Dentists who are Medicaid providers may be able to receive incentives for going paperless starting in 2015, but only if at least 30% of their services are provided to Medicaid patients.
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### Dental Midlevel Providers

- Thanks to efforts by WSDA and its members, all three bills did not make it out of committee and the issue is dead for 2013.
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### State Access to Care

- Efforts on going to find funding to expand GPR residencies in rural sites
  - Continued efforts to re-institute Medicaid funding for adult dental care
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### Congress Passes Pandemic Bill that Includes Dentistry in Emergency Response Plans

- The U.S. House of Representatives passed the Pandemic bill overwhelmingly by a vote of 370-28.
  - The bill clarifies that dentists may be considered disaster response public health workers and that states, at their option, can incorporate dentists and dental facilities into their planning. The language also clarifies that dental schools are not prohibited from receiving federal funds to train public health and medical response workers.
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**Updates to WAC 246-817-305 and WAC 246-817-310****WAC 246-817-305 Record content.**

(1) Licensed dentists who treat patients must have legible, complete, and accurate patient records that meet the generally accepted standard of care for each patient.

(2) Patient records must reflect diagnosis and treatment performed.

(3) The patient record must include at least the following information:

(a) For each record entry, the provider of the service;

(b) The date of each patient record entry, document, radiograph or model;

(c) Up-to-date treatment plan;

(d) The physical examination findings documented by subjective complaints, objective findings, and an assessment or diagnosis of the patient's condition;

(e) Up-to-date dental and medical history that may affect dental treatment;

(f) Any diagnostic aid including, but not limited to, images, radiographs, and recommended tests and test results. Retention of molds or study models beyond orthodontia or full mouth reconstruction is at the discretion of the practitioner;

(g) A complete description of all treatment/procedures administered at each visit;

(h) An accurate record of any medication(s) administered, prescribed or dispensed including the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed including refills;

(i) Referrals from and to any health care provider and all communications to or from them; and

(j) Notation of any communication to or from patients or patient guardians, including:

(i) Discussion of potential risk(s) and benefit(s) of proposed treatment and alternatives to treatment, including no treatment;

(ii) Posttreatment instructions;

(iii) Patient complaints and resolutions; and

(iv) Termination of doctor-patient relationship.

(4) Patient records are subject to the following requirements:

(a) All records must be legible;

(b) Completed manual treatment notes must not be erased or deleted from the record. Mistaken manual entries must be corrected with a single line drawn through the incorrect information. New or corrected information must be initialed and dated; and

(c) Completed electronic treatment notes must include deletions, edits, and corrections.

**WAC 246-817-310 Record retention and accessibility requirements.**

(1) Licensed dentists who treat patients eighteen years and older must keep readily accessible patient records *for at least six years from the date of the last treatment.*

(2) Licensed dentists who treat patients under the age of eighteen years old must keep readily accessible patient records *for at least six years after the patient reaches eighteen years old.*

(3) Destruction of records after retention period must be in compliance with state and federal privacy regulations.

## WSSO NEW MEMBER SPOTLIGHT



Dr. Daya Bhat is a second generation Orthodontist who was born in India. She first received her Bachelor of Dental Surgery degree from SDM Dental School, Dharwad, India prior to moving to the United States. She later joined the University of Illinois at Chicago to get her DDS degree in 2008 and a MSc degree in the Orthodontic program in the same school in 2011. Her research projects included one on Class III malocclusions and another on the comparison of indirect bonding techniques. She also obtained the American Board of Orthodontics certification in 2011. The nature lover in her brought her to the beautiful state of Washington in 2012. She is currently working part time as an Orthodontic associate in multiple offices.

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Dr. Tori Matthys is originally from the South Sound area, raised in Des Moines, WA. She received her Bachelor of Science (B.S.) degree in biology from Loyola Marymount University in Los Angeles, CA before attending the University of Washington School of Dentistry for her dental degree (D.D.S.). While at UW, she earned awards for clinical excellence as well as lifetime membership into Omicron Kappa Upsilon, dental honor society for academic achievement.

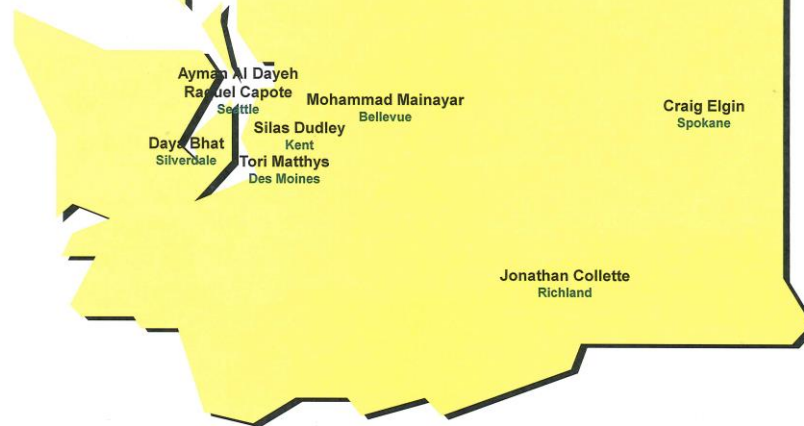
Following graduation, she completed a year-long residency program in General Dentistry at the University of Washington Medical Center, and trained predominantly to care for patients with complex medical histories as well as dental trauma.

Dr. Matthys completed her specialty training in orthodontics also at the University of Washington, where she earned a Master of Science in Dentistry degree (M.S.D.) and a Certificate in Orthodontics. While at the UW, she enjoyed teaching dental students their limited orthodontic training as well as serving the greater University community for their orthodontic and dental needs.

An active outdoors enthusiast, Dr. Matthys enjoys running, snowboarding, volleyball and hiking. She can also be found spending time with friends and family.



## The WSSO Welcomes 2012 New Members



### Washington State Society of Orthodontists Board of Directors 2012-2013

Dr. Isaac Fu, President  
 Dr. Jackie Bunce, Vice President  
 Dr. Shafeena Chatur, Secretary/Treasurer  
 Dr. Tom Merrill, Immediate Past President  
 Dr. Jackie Bunce, PCSO Component Director

Dr. Reid Winkler, Chair, *Legislative Committee*  
 Dr. Jake DaBell, Chair, *Communications Committee*  
 Dr. Graham Jones, Chair, *Orthodontic Practices Committee*  
 Dr. Barbara Sheller, Chair, *Membership & Necrology Committee*  
 Dr. Steve Lemery, Chair, *Peer Review Committee*  
 Ms. Joni Marts, *WSSO Executive Director*

### WE WELCOME YOUR QUESTIONS, COMMENTS AND SUGGESTIONS!

Joni Marts, *WSSO Executive Director*  
 Washington State Society of Orthodontists  
 P.O. Box 31553, Seattle, WA, 98103  
 Ph: 206-545-4541, [wssso.board@gmail.com](mailto:wssso.board@gmail.com)