Non-Confidential
Michigan Dental Association

Minutes of the Special Committee on Peer Review/Care and Well-Being
March 1, 2012

Present:
Doctor James Oles, chair
Doctor Randy Brown, member
Doctor Alan Mead, member
Doctor Thomas Poirier, member

Absent:
Mr. Seth Griffin, UDM student consultant
Doctor Joan Lewis, member
Doctor Scott Meldrum, member
Doctor Frank Selega, member
Doctor Michelle VanDyke, member
Doctor Lawrence Walker, consultant
Doctor Norm Palm, liaison trustee

Five voting committee members constitute a quorum; a quorum was not present at today’s meeting.

Staff Present:
Grace DeShaw-Wilner, CAE, vice president of professional affairs
Lisa Boettger, senior professional review specialist

Discussion of Pending Cases:
The committee discussed 19 pending cases.

Antibiotics for Joint Replacement:
The committee discussed how there is very little science-based guidance for dentists in terms of premedication when treating a patient with joint replacement. The ADA Website has the following statement posted:

“The American Dental Association and the American Academy of Orthopedic Surgeons (AAOS) are currently in the process of developing evidence-based clinical guidelines on the topic of antibiotic prophylaxis for patients with orthopedic implants undergoing dental procedures. The ADA and AAOS do not have a joint recommendation at this time. There are differing opinions on the need for antibiotic prophylaxis. These opinions/statements are presented below to assist the dentist in making informed decisions about the prescription of antibiotics. The ADA believes that the professional goal should be consensus among the dentist and physician, which is the expressed goal being pursued in the ongoing ADA/AAOS project.”

What isn’t clear is whether this is a priority for the ADA, and when the membership can expect some definitive information. Staff will do some investigating and report back; the committee will discuss this at its next meeting.

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SAMHSA—Discussion on How to Promote in 2012:

At its September and December meetings, the committee discussed a national initiative by the Substance Abuse and Mental health Services Administration (SAMSA). The American Dental Association is supporting the initiative and encouraging constituent societies to do the same. SAMSA has produced an extensive kit that contains ideas on how organizations can increase awareness and promote recovery, from holding workshops to producing printed materials/promotions.

The committee understands that if it wishes to be involved at some level, it will have to discuss it at its next meeting as any promotions will have to be in the July 2012 MDA Journal. Committee members were asked at the last meeting to contact SAMSA and request a copy of Recovery Benefits Everyone tool kit.

Due to not having a quorum at today’s meeting, Chairman Oles pended this topic to the May meeting.

Citizens Advocacy Center:

This topic was originally discussed at the 2011 Utah Conference. The Citizen Advocacy Center (CAC) is an organization whose goal is to “Assist public members and the health professional oversight bodies on which they serve”. One of the goals of the group is to insure compliance monitoring of disciplinary orders by the state health licensing boards. They seek to accomplish this by various means, one of which is that any health care practitioner in recovery will have this noted on their professional license to be publically posted in their private practices.

Following is a link to their website page on this subject: http://www.cacenter.org/cac/about_cac

They have made considerable headway in California and Oregon per Chairman Oles. However, recent legislative attempts in Tennessee failed. The ADA’s Care and Well Being council is aware of this and MDA’s Committee requested that MDA lobbyists be informed. We have not heard that they have specifically targeted Michigan, but Chairman Oles is aware that it is the group’s intention to methodically spread through each state and he wants to be sure MDA’s lobbying staff is made aware of this organization’s intentions. Staff indicated it would inform MDA’s legislative department staff.

ADA Dentists Well Being Council (DWAC):

Doctor Oles informed the committee that Doctor Brett Kessler, DWAC chair, informed him that there is a DWAC meeting next week and it intends to discuss encouraging the ADA to move on guidelines for dentists when prescribing opiates to patients.

MDA CWB Journal Column:
The committee understands that the North Carolina article (which was previously copied to the committee) will be reprinted in the April 2012 MDA *Journal*.

Doctor Oles has written an article on Alanon and Alateen that will be published in the near future.

Dr. Oles is working with Tom Kane, MS, PhD, on an article on healthcare professionals transitioning to retirement.

Dr. Mead will be authoring an article on MAPS and dentist’s ability to query their MAPS history to detect any unauthorized prescribing under their licenses.

**Concern with the Process Prescribers Are Required to Use to Obtain Their Prescribing History from MAPS:**

At the last meeting, the committee discussed the process a licensee has to go through to obtain their prescribing history through MAPS. It questioned whether the process in place violates the newly enacted legislation. Staff lobbyists reviewed the law and indicated that the current process does not violate the law; the law did not lay out specifically how the state was to provide the information to the licensee—only that it had to make it available.

The committee believes the process is problematic:

1) Unlike the ease of obtaining a MAPS report on a specific patient, for a prescriber to obtain their prescribing history they must download and print off a form, complete it and fax it back. They must provide a summary on why they are seeking the report, and the form is reviewed by the MAPS Manager for approval or denial. The committee believes a smooth process is already in place to obtain the history of a specific patient without having to download/print a form, fax it back, and seek management approval. The committee would like this same process when a prescriber is attempting to view their prescribing history.

The committee is under the impression that other states such as Tennessee have a process where the prescriber can view their own prescribing history online without all the bureaucratic steps required by Michigan’s MAPS. At the very least, the prescriber would like to be able to complete the form electronically without having to print it off and fax/scan and email it back.

2) A prescriber can only request two months history, maximum. The committee believes that the intent of the legislation was to allow the prescriber to see his entire prescribing history, to immediately detect patterns. A two month window may not readily show a pattern. The committee believes there should be no cap. While the prescriber can ask for a report on a monthly basis and begin to build a history from that point on, they cannot go back in time. If there is an immediate concern, the prescriber won’t know about it until they have built up several months worth of reports. That precludes them from dealing with an immediate issue.
Staff will communicate the committee’s concerns to MDA’s legislative department.

**ADA Webinar/Conference Call on Prescription Drug Abuse:**

Staff informed the committee that the ADA held a webinar/conference call on prescription drug abuse on February 22, 2012. The main issue appears to be stopping drug seekers. Attached are the slides from the Webinar along with staff’s notes (Attachment I). The ADA informed participants that there are a couple Bills that have been introduced in the federal legislature to address the issue, however they would put more onus on the prescribers such as 16 hours of mandated CE in the area of drug abuse. The ADA is part of a coalition that hopes to prove to the legislature that the professions are dealing with this and that legislative requirements are not necessary. There will be three more ADA-produced webinars in the coming year, and staff encouraged the committee to participate in them.

**Reports on Meetings, Seminars & Conferences:**

Doctor Mead presented to UDM last November, and he attended “Destructive behavior...Causes, Prevention, and Aftermath,” with Alton Kirk, Ph.D. in January. Dr. Mead will be presenting two courses at the MDA Annual meeting, one being on medical marijuana, and is seeking to be on the ADA program for the same.

Chairman Oles is scheduled to present to the hygiene class at UDM.

**Caduceus Groups/Discussion Promoting AA meetings:**

At the last meeting, the committee suggested that caduceus meetings be posted on the committee’s MDA webpage, linked to Facebook and printed in the *Journal*. The committee believes that it is important to keep these meetings posted.

Staff informed the committee that there does not appear to be a source for a complete listing of all caduceus groups. A search of the web brought up one page that doesn’t appear to be kept up to date.

**Informational Only:**

- 2012 future meeting dates: May 31, September 6, and December 6.
- Future Journal Article Deadline: December (Oles) due 10/5/12
- Utah Conference June 17-22, 2012