

NEWSLETTER

FALL 2001

State of Maine Board of Dental Examiners



*William C. Caddoo, DMD, President
Ellsworth*

*Roger A. Kay, DDS, Vice President
Livermore Falls*

*Thomas R. Palmer, Secretary-Treasurer, Public Member
Holden*

*James M. Faulkner, DDS, Complaint Officer
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*Diane Blanchette, RDH
Hampden*

*William F. Buxton, LD
Bangor*

*Jerrold H. Cohen, DMD
Mexico*

*Jeffrey S. Fister, DMD
Bangor*

President's Message

December of this year will be my last Board meeting, ending two five-year terms. During these ten years I have had the pleasure to work with dedicated and caring people, each bringing a different view or perspective to Board meetings. Each person on the Board has his/her own view concerning each situation or case. In most situations, we do come to a consensus (what that means is no one is wildly opposed).

I would like to thank previous Board Members whom I have had the pleasure to serve with: Dr. Howard Jackson, Dr. Ross Wyman, Dr. James Olson, and Dr. Robert Erickson, public members Susan Higgins and Rev. James Barclay, and our previous Executive Secretary, Irene Boucher.

Each person comes to the Board with his or her own idea of what is wrong with the Board and how it works. It usually takes only one meeting to see how off base we were. We have been very fortunate to have members who can set aside their own emotions and listen to facts, ask pertinent questions, and then present and/or vote on a motion. We are not, as many in the public perceive, a "good old boys" club whose role is to protect and cover for the dentist, hygienist, and denturist. Our role is to protect the dental consumer, i.e., the public.

Rulemaking undertaken by the Board during the last few years has centered mostly around denturism, general anesthesia/sedation, and the role of the hygienist. Complaints to the Board seem to be on the increase. This could be due to a public that complains more or has easier access due to our new website (www.licenseverification.com/medental), or in some cases due to dentists telling patients to file a complaint. We had forty-eight in 1998, forty-one in 1999, fifty-eight in 2000, and so far this year thirty-nine. A large number of the complaints involve poor communication, i.e. dentist not listening to the patient and/or being short with the patient.

In those cases that require some action on the part of the Board, the Board prefers to hold an informal conference and enter into a consent agreement that is acceptable to both sides as opposed to holding an adjudicatory hearing, which is equal to a civil court hearing. In an adjudicatory hearing the Board acts as the jury.

Our staff of one has become overburdened with work. For the past year, we have had temporary help, which we hope will soon be permanent. Our previous Ex. Sec., Irene Boucher, retired and Anita Merrow has become our new Ex. Sec. We all feel Ms. Merrow has come up to speed very fast and is doing a very efficient job. We are very fortunate to have such a superb replacement.

We also had a fine lawyer and counsel from the Attorney Generals Office, James Bowie, Esq. Jim was the best Counsel we had had in the years I have served. When we learned he was transferring, we were disappointed and concerned that the Board would have a difficult time without him. Enter Dennis Smith, Esq. Mr. Smith has kept our cases moving along and is doing a great job. These two Assistant Attorneys General have been a great asset to the Board and we are very fortunate to have had them.

In regards to continuing education records, it is your responsibility, not the Board's, nor the MDA's or AGD's, to keep a record for you. We would like to thank the MDA, however, for using codes now for their continuing education programs, which makes verification of attendance easier. Many licensees ask why we do not allow category I credit for clinically related home study courses that involve a written exam upon completion of the course. Many of us feel that getting an individual out of his or her practice setting and interacting with other professionals is an important learning tool. I have found in talking with other dentists from around the country that I am not alone in what I

find at work each day. While traveling to and from a course, or during lunch or a break, many new and good ideas/techniques are discussed that allow me to do better dentistry.

Another issue the Board is dealing with is the shortage of dentists in Maine. There are a greater number of dentists per population Portland south than there are north of Portland. We all practice according to how we perceive the needs of the communities we serve, as well as our own needs. In my area two days to two weeks is not uncommon for someone in pain to wait to see a dentist. Most dentists would like to make room for everyone, but if you don't want to lose your staff, it is impossible to work more hours. We need more dentists! If anyone has suggestions for recruiting more dentists to Maine they would be welcome. As a Board we are working with the MDA to interest dentists from Canada and to hold seats at Dalhousie University. We also make every effort to make room on our agendas for interviews of applicants, sometimes on very short notice. I should also mention at this point that for those who withdraw their licenses, allow them to lapse, or even to simply allow them to go inactive, it can be time-consuming and an inconvenience to reinstate or reactivate them. Sometimes the licensee would be better served by keeping the license active. The Board is currently working with Dr. James Schmidt at Togus to evaluate dentists who have been out of practice for over five years. This has allowed us to license four dentists this past year. Without this service the dentist would have to go to a dental school out of state to be evaluated. We should all be very appreciative of the service the VA is providing to our State.

In closing I would like to thank those of you who have attended our meetings in the past. At times you have been a source of needed information. Anyone is welcome to attend Board meetings. All meetings are open to the public unless the Board is in executive session. Items that you wish placed on the agenda for any given meeting must be at the Board office two weeks prior to the meeting. Please remember, however, that the Board can take input from the audience at meetings only as time allows.

William C. Caddoo, DMD

Board Members

Drs. Jerrold H. Cohen and Jeffrey S. Fister have been appointed by Governor Angus King to serve five year terms on the Board. A complete list of Board members can be found at the top of the first page of this newsletter.

Impressions of a New Board Member

My first impression upon attending my initial board meeting as a new member was the tremendous sense of responsibility I felt. I had, of course, attended many board meetings as an observer when I was an officer of the Maine Dental Association. However, I really didn't grasp the depth of the decision making process until I became directly involved as a member.

I have been very pleased by the sense of teamwork that exists on the Board. All the members have separate opinions on many issues, but all work together in a productive way to reach necessary decisions. No one member is above the group. Everyone's ideas are recognized and debated in a friendly and constructive manner.

I was surprised by the sheer volume of material each board member has to study and digest before each meeting. An average board book requires 15-20 hours of study and reading in the week prior to the meeting. I'm continually impressed by our staff's efficiency in collating and preparing the material for each board member.

Being a board member has re-enforced my belief in the integrity and depth of dentistry. The Board routinely deals with continuing education, legislative issues, complaints and licensing.

Probably the most enjoyable job on the Board is interviewing new candidates for licensure. We meet many new dentists, hygienists, assistants and denturists. They all have excellent reasons for licensure application, most of which relate to the great state we live in.

Despite the large volume of work and the time spent away from my practice to attend meetings, I have found being a board member rewarding and fulfilling. I would recommend the position to anyone with a deep commitment to dentistry and the time available for the position.

Jerrold H. Cohen, DMD

“Abandonment of a Patient”

“Abandonment of a Patient” is the refusal of a dentist/denturist to continue treating a patient before a completion of a phase of treatment, as that phase of treatment is defined by the customary practice and standards of the dental profession, without reason or justification and without giving reasonable and sufficient notice that would permit the patient or dentist/denturist to procure another dentist/denturist for the completion of the treatment.

Public Member

In the advocacy movement there has been a basic misunderstanding of what constitutes the public interest. The many groups that make up the "public" have diverse and frequently conflicting goals and value systems. Complex problems force decisions that may appear to favor one group over another. The growing complexity of our society dictates that rights of individuals or groups will necessarily infringe upon the rights of others. This leads many advocates to suspect a conspiracy by Dental providers, they believe they are exploiting consumers for their own advantage.

Our society has adopted an almost recreational mistrust of government and business. The Dental care industry has come under particularly close scrutiny because of escalating costs; they have far outpaced the general rate of inflation. Concentrations of market power due to limited Dental access have contributed to the perception of greed and exploitation.

What are needed are forms of advocacy that promote consumer welfare by bridging that gap between provider and consumer. The concept of public membership on governing boards is designed to bring together the interests of the average consumer with those of Dental-provider.

A "public member" is a non-dental professional who sits on the Dental board and is charged with representing the public interest. The role of the public member is generally one of cooperation, not conflict. Public membership on the Dental board is a solution that attempts to strike a balance between consumer and dental interests. Some of the benefits to public membership include: providing a public voice on issues of importance, opening up board decision-making processes to outside scrutiny, providing a channel for dissemination of information to the public, countering the influence of special interest groups. Contributing a non-professional viewpoint to critical issues.

My role is to actively promote the public welfare in the Board's deliberations and activities. I am not a dental care professional, but I am a consumer who desires quality dental care services at affordable prices. The challenge for me as a public member is identifying those activities in which my participation will provide the greatest benefit to the public.

The role of the public member on the Dental Board provides an alternative to more adversarial forms of consumer advocacy that achieve short-term gains but contribute little to the coming together of consumers and service providers. However, public membership remains in its infancy. Those of us who sit on boards today have the responsibility to continue defining and expanding the role of the public member. And the public has the right

to expect more accountability and professionalism from those who profess to serve it.

Thomas R. Palmer, Public Member

FDA Public Health Safety Notification

This is to notify you of the potential for harmful lead exposure from dental films stored in containers lined with unpainted lead. Most of these boxes are the size and shape of shoe-boxes, made of wood, and lined with lead that has apparently not been painted or coated.

Dental films stored in these boxes have been found to be coated with a whitish film that is about 80% lead. In many cases there are highly dangerous levels of lead on the films, enough to potentially cause serious adverse health effects in patients and health care professionals. These adverse health effects include anemia and serious neurological damage.

Discard any dental film that has been put in these boxes. Remove these boxes and dispose of them properly. You may obtain more information about public health concerns related to lead from the OSHA website:

<http://www.osha-slc.gov/SLTC/lead/index.html>

"Patient of Record"

The term "patient of record" is used to define the relationship of the doctor and a specific patient in the doctors' practice. A person becomes a "patient of record" in a doctors' practice after the doctor has examined the patient and the person and the doctor agree that the doctor and the doctors' staff will provide dental services for this specific person.

Each and every person coming to the doctor for care must have an examination of present conditions, a diagnosis of treatment to be accomplished and a treatment plan. The examination, diagnosis and treatment plan needs to be accomplished before definitive dental procedures are delivered to the patient.

Once a person is a "patient of record" in a doctors' practice, the patient can assume the doctor and staff will provide adequate dental treatment for the patient. The doctor will see to the implementation of the treatment plan with the cooperation of the patient.

The above describes the ongoing relationship a doctor and a patient have in the traditional office setting practice.

When a dentist agrees to examine, diagnose and treat a person on an emergency basis, the dentist is only treating and delivering care for a specific instance. In this case, after delivering the care, the person does not remain a "patient of record" of the doctor. The patient cannot assume the doctor will provide continuing care or dental treatment. This allows a dentist to treat a patient in an emergency, render care and not be responsible to the patient for their continuing care. The doctor treating an emergency is responsible to the patient for the treatment rendered and any sequela of that care in the short term.

Continuing Education Reminders

Whether you will be renewing your license this year or next, continuing education is hopefully on your mind. The following are a few reminders to help avoid some common problems we at the Board come across at renewal time.

- If you are one of the random audits, you will be notified by mail to send in copies of proof you receive when attending CE courses, it is a random check, not a negative action.
- Keep a copy of your proof of attendance for at least 2 years after your renewal since you may be one of the random audits done and you will be expected to provide proof of attendance.
- Category I credits are only courses related to the clinical practice of dentistry, dental hygiene and denturism.
- Courses clinical or otherwise, that are delivered over the Internet or any other form of home study are classified as Category II.
- CPR may be used once per biennium and 3 Category I credits may be credited.
- Dentists and Hygienists that provide clinical supervision at either of the two dental hygiene schools in Maine may receive Category I credits, one per clock hour, up to 10 for dentists and up to 5 for hygienists per biennium.

Many of the companies or organizations that provide CE courses apply to the Board so they are accurately awarding credits. If they have applied, they have received a response that requests that the group advertise their course as either Category I or II and the number of credits approved. Ultimately it is the licensee's responsibility to assure that s/he has the minimal number of Category I credits required, which for dentists is at least 30 of the required 40, and for hygienists and denturists at least 15 of the required 20 for licensure renewal.

Oral Inspection

The difference between an oral exam and an oral inspection is very well defined in the Dental Practice Act. Only a licensed dentist can perform an oral exam. Thus, unless the dentist sees the patient, neither the insurance company nor the patient can be billed for an oral exam.

A hygienist routinely does an oral inspection and from this inspection, can bring all conditions she or he observes to the attention of the dentist.

Anonymous Complaints

Please know that any anonymous complaint received will not be acted upon. If you have a complaint worth noting, please put your name on it.

Change of Name/Address

Any change of name and/or address must be reported to the Board office within 30 days. Failure to provide this information could subject the licensee to a fine.

Dentist Renewals

Make sure your Registration Forms, fees and continuing education logs for the 2002-2003 biennial renewal are into the Board office before December 31, 2001.

Advertising Requirements

Any advertisement by a professional dental corporation must include the names of all licensed dentists and/or denturists whose services for such corporation constitute the practice of dentistry and/or denturism.

Licensed Radiographers

Dental Radiographers are reminded that even though they have passed the DANB exam, or another radiology exam, they still need to obtain a license from the Board before taking x-rays.

Note

Note

Note

Abuse to Board staff will not be tolerated and could result in an automatic Board complaint against you for Unprofessional Conduct. Swearing, rude comments, threatening, raising tone of voice, etc. could be considered abuse.

Maine Licensed Denturists

William D. Buxton	-	Bangor, Maine
William F. Buxton	-	Bangor, Maine
Austin Carbone	-	Steep Falls, Maine
Martin L. Christensen	-	Woodstock, NB, Canada
Steven L. Ellis	-	Saco, Maine
Ronald Fine	-	York, Maine
Michel Gamache	-	Longueuil, Quebec Canada
Fred R. Gerrity	-	Towanda, Pennsylvania
Shannon Gryskwicz	-	Standish, Maine
Danny V. Hollis	-	Bangor, Maine
James J. Hunt	-	Newfoundland, Canada
Mitchel Jones	-	Buxton, Maine
Dominik P. Krajovic	-	Bangor, Maine
Paul Lalicata	-	Boston, Massachusetts
Paul Levasseur	-	Standish, Maine
Roger Martin	-	Hartland, Maine
John Merrill	-	Etna, Maine
Yves Morneault	-	Edmunston, NB Canada
Robert Palermo	-	Lynnfield, Massachusetts
Efthymios Vakalis	-	Burlington, Ontario Canada
Michael C. Vout	-	Belleville, Ontario Canada
Carlo Zanon	-	Grimsby, Ontario Canada

Unlicensed Dentists

The following dentists either failed to renew or withdrew their licenses for the 2000-2001 biennium. Therefore they are not eligible to practice in the State of Maine.

Richard D. Acheson	Carlton Fairbanks
Jose Ramirez Almaguer	Paul Feinstock
Kitridge Anderson	Robert Franco
Rashed Adnan Arnouk	Slavic Garber
Anthony Badalamenti	Carl Getty
Robert Bissell	Daniel Goffred, Jr.
Ronald Blank	Sylvia Golas
George A. Borth	Lawrence Gross
Peter V. Brask	Francis Grzejka
John Brookings	Jean R. Guerin
William Buker	Raymond Haag
Carl Carlson	Michael Hage
John R. Carlson	Robert D. Iles
Stephen P. Cary	DeAnn W. Isackson
Edmund Cataldo	Douglas Kinney
Euiyong Chang	Amy Ku
Carlton R. Cowen	Richard Largary
Elizabeth E. Cuprack	David A. Leipold
Petra Doro	David Levy
Charles R. Dufort	Thomas Lewis
Martin Dunn	Bernard Lynch

Debra Mavroidis	Kershaw E. Powell
George McDade, Jr.	Lawrence Singer
Garry McGrath	Raymond C. Sirois
Ronald J. Monteferrante	Prameid Soparkar
John V. Moreau	Donald Sprague
Robert Morlan	Scott Tillman
Mark Nehring	Michael J. Whitehouse
Myron Nevins	Morton A. Winner
Terrance M. O'Neill	Lloyd (Burt) Wolf
Alfred Osher	Henry K. Woodbrey
Donald Ponitz	Bruce Woollett

Unlicensed Hygienists

The following hygienists either failed to renew or withdrew their licenses for the 2001-2002 biennium. Therefore they are not eligible to practice in the State of Maine.

Andrea L. Abbott	Faye G. Krause
Pamela S. Alfonso	Jennifer R. Krogman
Suzette F. Anicetti	Lucinda D. Lindsay
Barbara A. Bartlett	Lisa J. Macaluso
Meredith R. Barton	Leah MacPherson
Jocelyn F. Battige	Julia R. Marrantino
Denise C. Beaudoin	Leslie McCosh
Martha K. BennettBeker	Shonna L. Monroe
Nancy L. Bernard	Kristin G. Morgan
Priscilla E. Bond	Susan A. Morse
Cheryl A. Bosch	Deborah L. Nadeau
Sara B. Brandenburg	Holly J. Nealley
Elaine R. Bridge	Lauren K. Piche-Bailey
Anita L. Buckley	Nancy W. Plummer
Susan L. Caruso	Stacy L. Prescott
Erin E. Casperson	Donna J. Richards
Joanne A. Chancey	Doris A. Roeder
Nancy J. Cunningham	Theresa M. Ronco
Paula L. Cutter	Christine G. Sady
Robbin T. Daigle	Lisa M. Shearn
Donna D. Dillman	Lorraine F. Smith
Jenifer R. Domont	Jennifer M. Spaulding
Linda S. Donovan	Elizabeth L. Stearns
Vickie A. Drigotas	Patricia A. Tardiff
Ronald W. Eddy	Paula B. Tefft
Elizabeth D. Faulkner	Margit B. Tracey
Mary A. Fichthorn	Lida L. Trask
Wanda P. Garland	Phyllis N. Tucker
Paula H. Glover	Vicki Varney
Elisabeth D. Goulette	Michelle R. Verrier
Karen Hall	Bonnie White
Patricia J. Hall-Ivy	Dianne W. Williams
Lise M. Janelle	Carole B. Wright
Susan D. Johnston	Jennifer C. York
Lorraine C. King	

STATE OF MAINE
Maine Board of Dental Examiners
State House Station #143
Augusta, Maine 04333

PRESORT STD
U.S. POSTAGE
PAID
PERMIT NO. 8
AUGUSTA, MAINE

Change of Address

According to Board rules, all licensees are required to notify the Board office of any address changes. The Board is required to maintain an up-to-date roster and needs this information in order to provide you with information about rules and regulations, license renewal matters and even this newsletter. This form may be cut out and mailed when necessary.

Name _____

Lic # _____

Telephone # _____

Old Address _____

New Address _____

Address listed above is: Home Office

Effective date _____

FOLD HERE

State of Maine
Maine Board of Dental Examiners
State House Station #143
Augusta, Maine 04333

PLACE
STAMP
HERE

STAPLE

Maine Board of Dental Examiners
State House Station #143
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