

April 22, 2016

To: Sunset Advisory Commission – Texas State Board of Dental Examiners

To whom it may concern:

Thank you for your presentation of the Sunset Staff Evaluation dated April 6, 2016. Please see my comments below as they pertain to the Report's five main issues and their key recommendations.

Issue 1 – The unusually large dental board inappropriately focuses on issues unrelated to its public safety mission.

Key recommendations:

- 1) Reduce the size of the Board from 15 to 9 members and adjust its composition to consist of 4 dentists, 2 hygienists and 3 public members.
- 2) Allow the Dental Hygiene Advisory Committee and the Dental Laboratory Certification Council to expire.

Response:

Multiple areas of the Report list patient safety concerns without data. The data exists, it's the analysis that has not been performed! Therefore, my thoughts listed below crossover amongst the five issues. Can the State evaluate data from the 1,236 complaints and thru data analysis glean patient safety trends? After eliminating complaints that were dismissed and focusing on complaints with merit, this should provide a large enough sampling for statistical significance. My suggestion would be evaluate the data in two categories:

- 1) Specialties/General Practitioners – Are certain specialties responsible for an abnormally higher incidence of problems, or are GP's putting patients at greater risk by performing difficult procedures to which they are not capable? This methodology can provide an outcome-based glimpse of training.
- 2) Practice styles – Is patient harm concentrated more in a particular practice setting? In particular, categorize those that come from non-dental owned large groups, those that come from multiple-site dentist owned groups, and those that come from traditional practice settings of 1-2 practice locations.

In reading the Sunset Staff recommendations, and on page 12 (pdf page 24/69), you list 'lack of data' regarding Board members' assertions of safety concerns. Again, the data exists, it simply isn't being categorized in a useful manner! Analysis of origin is the only data-driven method to address standard of care and safety concerns, and this includes anesthesia issues. You would have a much clearer view of where the dental schools and the State need to focus their attention.

Secondly, I want to strongly discourage changing the make-up of the 15 member Board. If the goal is to develop longevity amongst staff, then compensate staff commensurate with other state agencies. Staff longevity is not a dentist issue, it is an agency/state issue. Additionally, a 15 member Board is critical to

your Issue 4 regarding licensure for applicants, especially those from outside Texas who are trying to escape past transgressions.

Issue 2 – State regulation of dental assistants is unnecessary to ensure public protection and is an inefficient use of resources.

Key recommendation:

- 1) Discontinue the Board's dental assistant certificate programs.

Response:

Any issue that compromises patient safety should be discouraged. I fear that discontinuing assistant certification will become an open door for those dentists who seek any means of reducing Cost of Goods Sold (COGS).

Issue 3 – The Board lacks key enforcement tools to ensure dentists are prepared to respond to increasing anesthesia concerns.

Key recommendations:

- 1) Authorize the Board to conduct inspections for dentists administering parenteral anesthesia in office settings.
- 2) Direct the Board to revise rules to ensure dentists with one or more anesthesia permit and maintain related written emergency management plans.

Response:

The first recommendation can easily be abused by the State and easily circumvented by dentists. RAC audits in other states are examples.

The second recommendation sounds perfectly reasonable and thoughtful.

Issue 4 – Key elements of the Board's licensing and regulatory functions do not conform to common licensing standards.

Key recommendations:

- 1) Require the Board to monitor licensees for adverse licensure actions in other states.
- 2) Authorize the Board to deny applications to renew a license if an applicant is non-compliant with a Board order.
- 3) Authorize the Board to require evaluation of licensees suspected of being impaired and require confidentiality for information relating to the evaluation and participation in treatment programs.
- 4) Direct the Board to make data on the Board's enforcement activity information publicly available on its website.

Response:

I am in agreement with all of these Key Recommendations, and feel that this area combined with data analysis as explained in Issue 1 are the two key changes necessary to protect the public. I strongly

encourage this new direction for the Board. Using the National Practitioner Data Bank will greatly assist this endeavor.

Issue 5 – A continuing need exists for the Texas State Board of Dental Examiners.

Key recommendation:

- 1) Continue the State Board of Dental Examiners for 12 years.

Response:

Agreed

Best regards,

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