

# X-ray Dental Focus Group

## MEETING MINUTES

**Date:** April 7, 2017

**Location:** Orville Freeman Building  
645 Robert St. N.  
Saint Paul, MN 55155

**Attendees:** Dr. Frederick Nolting (MN Dental Association), Henry Perez (Patterson Dental), Dr. Teresa Johnson (RSO, Apple Tree Dental)

Via conference call: Bridget Anderson (MN Board of Dentistry), Clare Larkin (MDH Oral Health Program), Colleen Brickle (Dean, Normandale Community College)

MDH: Teresa Purrington, Mary Navara, Craig Verke, Kelly Medellin, Jacquie Cavanagh

### Welcome and Introductions

*Mary Navara, Indoor Environments and Radiation Section Manager*

Mary Navara welcomed focus group members and members of the public in attendance.

### Dental Rule Parts Review

*Teresa Purrington, X-ray Unit Supervisor*

*Jacquie Cavanagh, IER policy and rules analyst*

*Craig Verke, Industrial Hygienist 3*

#### **4732.0885. Hand-held Dental Intraoral X-ray Systems.**

Dr. Frederick Nolting (Focus Group Member, FGM) asked about E and D speed film. Purrington asked if he is suggesting that D speed film be added back into the rule. He suggested that forensics could use D speed, and possibly include E speed in the rule.

Henry Perez (FGM) stated he's concerned that operators are dropping the distance with these devices to control the dose, but then the images are grainy. Cavanagh stated that if included, it would need to be added into intraoral rule parts as well.

#### **4732.0890. Extraoral Dental Systems.**

Purrington stated the intent is to draft parts 4732.0880, 4732.0885, 4732.0890, and 4732.0895 so that they consistent from an organizational perspective.

Perez stated manufacturer requires calibrations every year for 2D films. Craig Verke clarified that manufacturers specification identify the performance standards for their systems. Purrington stated that MDH will review to verify clarity.

Cavanagh clarified what “SSRCR” means and explained that the concept of “successor requirements” means any updated law that follows or replaces what is currently referenced. Dr. Teresa Johnson (FGM) asked if MDH could define “successor requirements” in the definitions. Cavanagh said she will follow up. Dr. Nolting asked if the wording changed, would MDH amend the rule. Purrington stated yes.

Perez disagrees with the vendors’ technique charts (subpart 2a, item E) as they are not effective, and should be manufacturer’s technique charts, not hand-written by the vendor. Dr. Nolting stated the technique charts from the manufacturers don't vary to take into consideration for body mass, and they change it as needed depending on the patient. Dr. Nolting stated this applies to both intraoral and extraoral. Purrington proposed that the focus group provide MDH with additional comments. Cavanagh stated that changes can be made even into August.

#### **4732.0895. Dental CT Systems.**

Perez asked about the definition of “operator” in Subpart 3, item B. Does it include staff, vendor, or patient? Verke stated that some dental cone beam CT models must use a phantom and should be sold with it, as required by the Food and Drug Administration.

Perez asked if the staff have to do the factory calibrations. Verke stated, no and that the registrant must follow the manufacturer’s recommendations for quality control (QC) which may include daily, weekly, or monthly evaluation of machine. Purrington stated that the CRCPD is working on a draft of this now, and she will send it to the committee once it's finalized.

#### **4732.1100. Installation Calibration Tests and Equipment Performance Tests.**

Purrington noted that this rule part was edited based on the discussion and suggestions from the last meeting. Dr. Johnson asked if Subpart 11 includes hand-held. Purrington confirmed that it does include hand-held devices and perhaps we could edit the head note to clarify.

### **Previous Meeting Minutes Review**

*Teresa Purrington, X-ray Unit Supervisor*

Referred to the meeting minutes from the last meeting to address items that needed further discussion.

#### **4732.0535. Retake or Reject Analysis Program.**

Dr. Nolting stated he would defer to Bridget Anderson (FGM) for clarification. Dr. Johnson stated she feels this would be a burden for some sites, for both the utilization log and the retake or reject analysis. Dr. Nolting agreed and suggested that this part be reworked, and remove the requirement for dental registrant compliance.

#### **4732.0545. Utilization Logs.**

Dr. Nolting stated that Anderson was the one who was supposed to follow through. Purrington stated that in subpart 3, intraoral is exempt from subpart 1. Dr. Nolting stated that the medical examiner's office should be exempt. Purrington stated MDH will be meeting with all the focus groups and get all the comments for this rule part.

#### **4732.0560. Ordering Diagnostic or Therapy Procedures.**

Purrington asked Anderson to discuss the evidence-based guidelines that the Board of Dentistry submitted to MDH. Anderson stated the collaborative agreement was not intended for x-rays, and it is her opinion that this provision (Subpart 2, item E) is not needed. Clare Larkin and other focus group members agreed, and other members agree as well. Anderson also stated what is reasonable for evidence based guidelines in her comments to Purrington.

Dr. Johnson asked what is meant by “signed” and if it is necessary? Cavanagh stated this is existing language, and that it denotes an authorization process. Anderson suggested that the language may need to be amended to require authorization by a certain individual. Purrington asked focus group members to submit their ideas on this topic.

#### **4732.0895. Dental CT Systems.**

Purrington stated that Dr. Nolting was referencing the Joint Commission’s standards. Dr. Nolting stated that the recommendations are consistent with previous years’ and that he has the document.

#### **4732.1100. Installation Calibration Tests and Equipment Performance Tests.**

Perez questioned invasive or non-invasive testing of the kVp accuracy on extraoral x-ray systems. Perez stated it is difficult to obtain an accurate kVp reading non-invasively. If he can't obtain the kVp reading non-invasively, he checks the line voltage drop and makes a note that it was checked by line voltage. Perez stated that this happens approximately ten percent of the time in the field.

### **Public Comments**

- Linda Laman questioned the word “radiographic” in part 4732.0560. Dr. Nolting replied that this is the language that Bridget Anderson (FGM) is going to clean up.

### **Adjournment**

*Teresa Purrington, X-ray Unit Supervisor*

Thanked everyone for their time and comments, and for their collaboration in protecting public health and safety. She asked everyone to review the meeting minutes from last time and to submit additional comments on these dental provisions by April 14, 2017. The focus group thanked MDH for their time and the venue to express their concerns.