



2017 Legislative Session Preview

page 12

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Dentistry Members
Discuss Goals,
Challenges, & Solutions**

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Membership Matters

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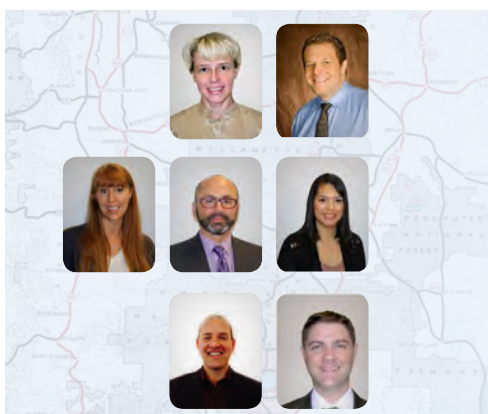
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Dentist Health & Wellness Hotline

Support for a dentist in crisis, regardless of membership status: **503-550-0190**



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Oregon Mission of Mercy

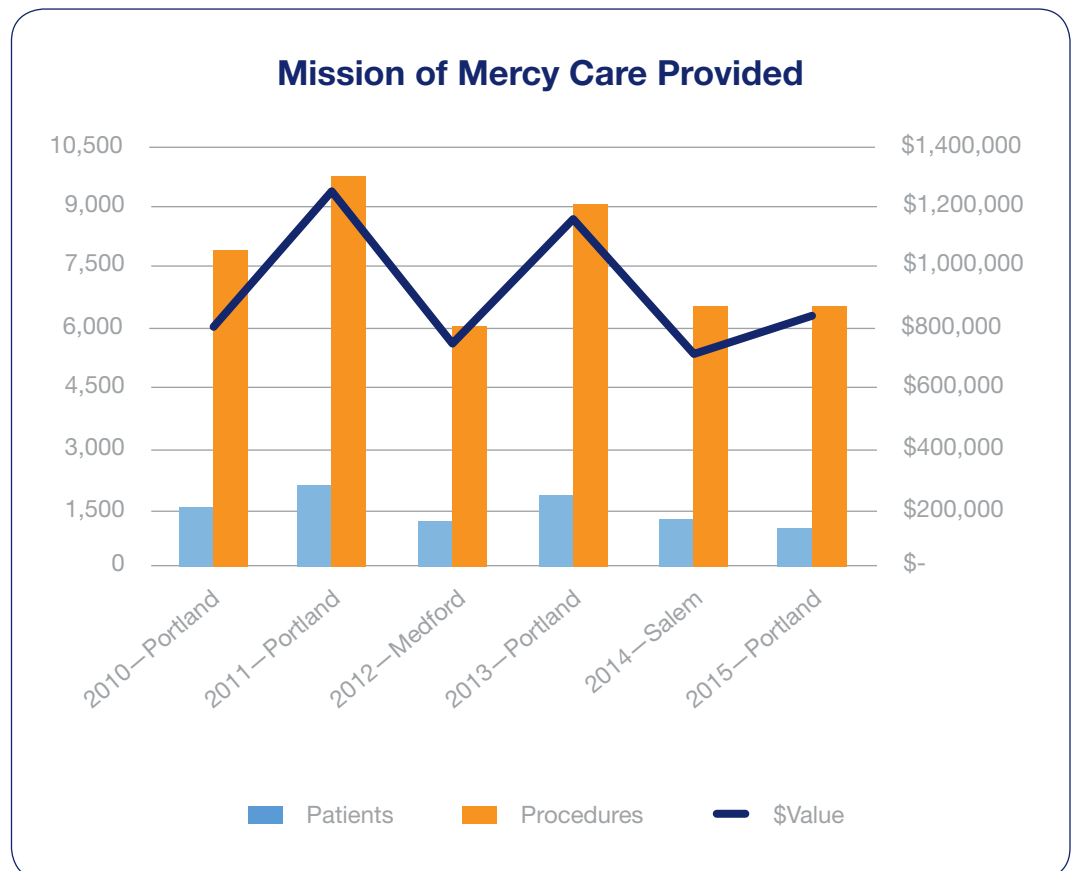
Stepping Back to Move Forward

SINCE 2010, ODA'S MISSION OF MERCY (ORMOM) dental clinics showcase the time, talents, and generosity of the Oregon dental community. The two-day clinics have been hosted in Portland, Medford, and Salem; bringing together dental professionals, local businesses, strategic partners, and volunteers to deliver over \$5.5 million in much-needed donated care to thousands of Oregonians in need.

These efforts have afforded the dental community with the opportunity to improve oral health of over 9,000 patients, interact with and educate those who are truly in need. **And you've done just that.**

While it's hard to imagine a year without the MOM clinic, change is inevitable. In recent years, a comprehensive review of the patient trends and financials showed a steady decline in the number of patients seen in 2015 and 2016 clinics. While difficult to determine the exact reason, new and contributing factors since the inception of OrMOM include:

- ▶ More Oregonians are now covered and have access to insurance through the Affordable Care Act and expansion of dental coverage through the Oregon Health Plan
- ▶ Implementation of the CCO model for healthcare throughout the state
- ▶ A greater awareness of link between oral and systemic health
- ▶ Additional community based programs, health fairs, and clinics including dental services throughout the state



Why are we taking a break?

PATIENTS & FACILITIES

Despite increased media coverage, promotions, and marketing for the clinics, the steady decline in patients is cause for concern. In addition, new challenges related to funding, facility availability in and outside the Portland-Metro area, and sustained volunteer interest and availability have surfaced.

SUCCESS CRITERIA

Historically, patient volume has been the benchmark for success. As impressive as the size of a MOM event appears, it is equally inefficient. By its very nature, it runs counter to our efforts to encourage patients to find a dental home and establish some continuity of care. In its current structure, the OrMOM clinics do not afford the opportunity for comprehensive treatment planning or reevaluations at a future appointment.

Identifying success criteria for the future is critical, and will help determine future clinic structures and objectives.

FUNDING

We're fortunate to have wonderful partners and donations that are vital to putting on a clinical with donated space, supplies, and sponsorships to offset costs. As you can see in the chart below, the cost to host each clinic is considerable (and this does not include ODA staffing resources and other shared expenditures), and relies on the generous space and in-kind donations of our partners for each location—which is never guaranteed.

What are the next steps?

For the past two years, ODA leadership has discussed the future and sustainability of the MOM clinics. The Board of Trustees agreed it was time

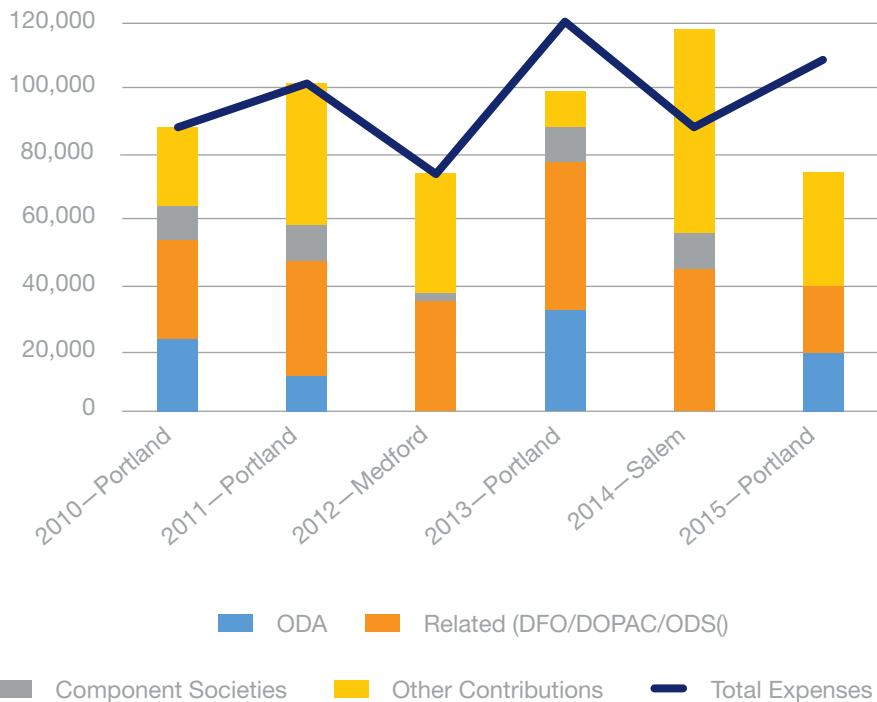
to assess and evaluate the clinics to determine where our efforts can be directed for greatest impact, and convened a task force in 2016. While on hiatus this year, the next OrMOM clinic is yet-to-be determined as we gather information from members and stakeholders.

A presentation and listening session was held at the ODA House of Delegates in October, and a survey will be sent to all OrMOM volunteers and partners in January of 2017. The OrMOM Task Force will review and formal recommendations to the ODA Board (May 2017).

What can you do to help?

We need your feedback and insight. Please respond to the member survey email when prompted, and contact cleone@oregondental.org if your component society has an interest in hosting a future clinic. ●

Mission of Mercy's Contributions & Total Expenses



Please respond to the member survey email when prompted, and contact cleone@oregondental.org if your component society has an interest in hosting a future clinic.

We need your feedback & insight!



Events & Education

Provided by Mehdi Salari, DMD

DECEMBER 2016

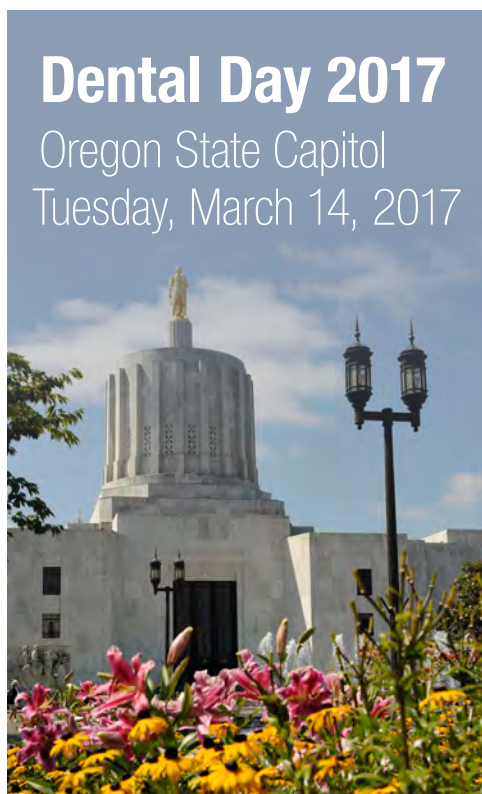
9-11	Continuing Ed., 21 Hrs	<i>"Mastery Sedation Course"</i>	@ OHSU School of Dentistry, CLSB Building	http://bit.ly/OHSU129
13	Continuing Ed., 1.5 Hrs	<i>"The Medical Management of Caries with Silver Nitrate"</i> Presented by Steve Duffin, DDS	@ West Salem (Roth's)	Contact Sabrina H. mpdentalce@qwestoffice.net
16	Oregon Board of Dentistry Meeting		@ 1500 SW 1st Ave, Portland, OR (7th Floor Conference Room)	www.oregon.gov/dentistry/ Pages/brd_agendas.aspx

JANUARY 2017

10	Continuing Ed., 1.5 Hrs	<i>"Digital Marketing for the Modern Dental Practice"</i> Presented by Stew Bartlett, Ian McNickle, Jessica Nelson	@ West Salem (Roth's)	Contact Sabrina H. mpdentalce@qwestoffice.net
10	Continuing Ed., 4 Hrs	<i>"Medical Emergencies"</i> Presented by Dr. David Howerton	@ Beaverton (Stockpot Broiler)	contact@wacountydental.org
18	Continuing Ed., 2 Hours	<i>"Nerve Damage Following Extractions"</i> Presented by Dr. Daniel Petrisor	@ Portland (OHSU SOD)	www.multnomahdental.org or lora@multnomahdental.org
19	Continuing Ed., 1.5 Hrs	<i>"CT Imaging"</i> Presented by Shawneen Gonzalez, DDS, MS	@ Bend (Riverhouse)	www.centraloregondental.com society.org
24	Continuing Ed., 1.5 Hours	<i>"Oral Cancer"</i> Presented by Dr. Daniel Petrisor	@ Oregon City (Providence Willamette Fall Comm. Center)	executivedirector@ clackamasdental.com

Events are subject to change. Please consult the sponsoring group to confirm details. To add your component's continuing education event, please email bendsalari@gmail.com. Please send all other events to Cassie, cleone@oregondental.org.

SAVE THE DATE



Dental Day 2017
Oregon State Capitol
Tuesday, March 14, 2017

Join the Molar Movement #FightEnamelCruelty



ODA volunteer leadership at the 2016 ADA Annual Meeting in Denver, Colorado.



For more information, or to email your photo to us, contact ODA Membership Manager Kristen Andrews at 503-218-2010 x110 or kandrews@oregondental.org.

Welcome

New ODA Members!

Darioush Afshar, DMD
Marion and Polk Dental Society

Rohini Agarwal, DMD
Washington County Dental Society

Bharathi Charugundla, DMD
Multnomah Dental Society

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Lane County Dental Society

Jennifer A. Gilbert, DMD
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Jonathan J. Jelmini, DDS
Washington County Dental Society

Rie Kimura, DMD
Washington County Dental Society

Joseph H. Knight, DMD
Southern Oregon Dental Society

William C. Metz, DMD
Multnomah Dental Society

Bharathi D. Myneni, BDS
Washington County Dental Society

Reddi S. Nagarimadugu, DDS
Washington County Dental Society

Jonathan Petersen, DMD
Umpqua Dental Society

Sarah A. Rodgers, DMD
Southwestern Oregon Dental Society

Anthony Royal, DMD
Umpqua Dental Society

Sooyeon Shim, DMD
Multnomah Dental Society

Erik G. Smith, DDS
Washington County Dental Society

Nicholas Stebbins, DMD
Washington County Dental Society

Marta Tolmach, DMD
Southern Oregon Dental Society

Hetalbahen Trivedi, DMD
Washington County Dental Society

Ana C. Vives Barreto, DDS
Marion and Polk Dental Society

Richard A. Zeller, DDS
Multnomah Dental Society

Save the Date!

ODA House of Delegates

The Oregon Dental Association benefits from a robust and dedicated volunteer infrastructure that sustains the activities of the organization. As ambassadors for the Association, our volunteer leaders are essential to our sustainability and growth.

Nov. 10–11, 2017

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Contact your local component society if you are interested in becoming a delegate!

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BMP-Regulatory Update!

All Oregon dentists should be aware there is a new rule effective October 24, 2016, that prohibits the use of oxidizing line cleansers used in conjunction with Amalgam Separators.

Q What is the ruling, and what prompted it?

Effective immediately, any dental office that has an amalgam separator should discontinue the use of all line cleansers that lists bleach or chlorine as an active ingredient.

The rule has been updated in the ODA's Best Management Practices (BMP*) to reflect the following addition: **"Line cleansers with bleach can dissolve mercury from amalgam particles in dental wastewater. Use line cleansers that do not contain bleach or chlorine."**

The rule was proposed to the ODA and OBD by The Oregon Association of Clean Water Agencies (ACWA) upon receiving word the EPA was looking to impose new regulations on Amalgam Separators. With the addition of this crucial verbiage, Oregon will be ahead of the curve as a state already in compliance. The EPA determined bleach and other corrosive/oxidizing line cleaners may solubilize bound mercury the separator has captured, leading to an increase in mercury discharge. ●

*OBD: ORS 679.520

Please use this link for a list of safe line cleansers:
www.oregondental.org/government-affairs/regulatory-information/amalgam



By Lori Lambright

ODA Member
Compliance Coordinator

503-218-2010, x104
llambright@oregondental.org

This column is intended to help you to be better informed of the **rules** and **regulations** that are required of running a dental practice in Oregon.





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Pictured left to right: Dr. Patrick Hagerty, Dr. Ken Clow, and Rep. Dan Rayfield (D-Corvallis).

A real estate advertisement for Joshua Boes. The top half features a large image of a modern, two-story house with a blue roof and white siding, with the text "Find a Home That Makes You smile" overlaid. The bottom half shows a man in a suit, identified as Joshua Boes, with his contact information: 503.747.8515, www.joshboes.com, and "Licensed in Oregon & Washington". There is also a Facebook link and a logo for "KR".

RECENTLY DOPAC HOSTED A DINNER with House Democratic leadership, including Speaker Tina Kotek (Portland); Majority Leader Jennifer Williamson (Portland); Rep. Dan Rayfield (Corvallis); Rep. Rob Nosse (Portland); and Democratic candidate Sheri Malstrom (Beaverton). The group discussed the following issues impacting dentistry and patients in Oregon:

- ▶ **Huge debt levels for dental school graduates averaging \$450,000...** one husband and wife who are dental specialists reported a combined \$1.5 million in graduate school debt! These facts and testimonials had a deep impact on the lawmakers present. Dentists in attendance advocated for expanded opportunities to offset unsustainable debt levels in exchange for service in rural areas and underserved populations.
- ▶ OHSU General Practice Residents shared how they are **integrating restorative dental care for medical patients with special needs**, who are medically fragile, fighting cancer or recovering from traumatic injuries.
- ▶ Other issues discussed:
 - ♦ **Integration of oral health** with medical and behavioral care under Oregon's Medicaid coordinated delivery system.
 - ♦ **Community Dental Health Coordinators (CDHCs)** who navigate patients in rural and underserved populations into care.
 - ♦ **Improvements for data collection** in the children's oral health screenings program. ●

THROUGH THE LOUPES



ODA volunteers give countless hours, contributing their expertise to help better the ODA, the community, and the profession of dentistry.

Olesya Salathe, DMD



Council Chair



Past Component President



Community Leader

How does the ODA support you, your practice and your patients?

The most important way that the ODA supports me is through advocacy. This advocacy protects and ensures that the type of dentistry that I provide my patients is not jeopardized or mandated by non-dental entities. The ADA, ODA and my local Clackamas County components support one another by bringing important subjects to the front-lines, whether that be in continuing education, formulating national and local policies and even supporting networks of both dental professionals and those that support our profession. The ODA also has a branch that supports the public and children specifically through the Tooth Taxi. Thousands of Oregon's children have been seen and treated because of this service. The ODA and Clackamas County have supported my desire to learn and be part of organized dentistry.

What do you foresee for the profession of dentistry in the next 10 years?

Over the next 10 years there will probably be a shift in the way we deliver dentistry. From expanded function duties, corporate influence and the push for dental therapist (midlevel providers), I know that the ODA and DOPAC will be there to champion legislation to protect the public by making sure those that are providing care have the proper education and

accreditation. The dentist should always hold the lead in a dental office, not a corporation or a mid-level provider. With so many possible changes on the horizon, it's the number one reason that I am involved at the ODA level.

What do you do outside the office to stay balanced/for fun?

Outside of the dental office and organized dentistry, I love spending time with my family on our farm four-wheeling, gardening or just enjoying the peacefulness of the country-life. I enjoy watching my son play football and baseball and my daughter learn dance and piano. We live in a small town so my patients are my children's teachers, friends and coaches. It's a sense of belonging to something bigger and I love seeing our community come together to make things happen.

If you could part any wisdom to new dentists, what would it be?

The thing I would encourage all new dentist to do is to take the time to listen to your patients, treat your dental team with kindness and respect (they are a huge part of your success) and be true to yourself. Whether you want to work in a small town or a bustling city, patients will connect with you when they know you are trying to provide the best care possible for them and not just reaching a goal or quota. Remember that there were many other dentists

before you that paved the way and it doesn't take an "organization" or those "in charge" to make changes. If you are dissatisfied with an event, an outcome or yourself, stand up and make that change! Get involved with any group that links you with other dentists, whether it's a study group or organized leadership, we can all learn something from one another.

What do you enjoy most about dentistry?

My favorite part of dentistry is the relationships that I have made and am making with my team and my patients. I have come to truly care about the well-being of those around me and they care about me as well! Being that I practice in a small town I get to blend my personal life with my professional one. From getting the opportunity to sponsor 4H, sports and even field trips, I have developed lifelong friendships with these people. I have also developed great relationships through Clackamas County and the ODA. The amount of mentorship that occurs at those levels is worth more than gold (literally more than that gold crown!). 🏆



OREGON BOARD OF DENTISTRY MEMBERS

Discuss Goals, Challenges, & Solutions...

By Melody Finnemore



There are some new faces on the Oregon Board of Dentistry (OBD) and, while several of them are colleagues of Oregon Dental Association members, *Membership Matters* wanted to take the opportunity to introduce them and ask them about their goals as the Oregon Board of Dentistry (OBD) continues to evolve.

JULIE ANN SMITH, DDS, MD, MCR*President*

Willamette Dental Group and Oregon Health & Science University, Portland

**WHAT MADE YOU WANT TO BECOME A DENTIST AND WHAT DO YOU ENJOY MOST ABOUT YOUR WORK?**

I decided when I was 15 that I wanted to be an oral and maxillofacial surgeon. I knew someone who was a surgeon and he told me all that I could do to help patients. It just seemed like an interesting choice for me to be able to operate on people, do the anesthesia and have a range of options in the types of surgeries I could do to help people.

HOW LONG HAVE YOU BEEN PRACTICING, AND WHAT TYPE OF PRACTICE MODEL DO YOU WORK IN?

I've been an oral surgeon for 15 years. I work at Willamette Dental Group, where I see patients in an office-based atmosphere, and I hold privileges at OHSU and can perform surgeries there.

WHAT CHANGES DO YOU SEE IN LICENSURE IN OREGON IN THE NEXT FIVE YEARS?

I think the biggest thing is that there's a lot of discussion occurring nationwide regarding licensure testing. There is a lot of talk about eliminating live patient exams and looking at what we can do to make examinations more consistent throughout the country, so I think things in that regard will change over the next few years. The board will need to keep abreast of that and adjust the Dental Practice Act to keep up with the changes in licensing.

WHAT DO YOU FEEL IS THE GREATEST CHALLENGE IN COMMUNICATING WITH LICENSEES?

Licensees may not be aware of changes and I think it's important for us to make sure they know what the changes are. We send out email blasts and snail mail cards and letters, and it's important for licensees to know when they receive something from the board that it's important and they need to read it.

WHAT DO YOU FEEL IS THE MOST EFFECTIVE AND POSITIVE THING THE OBD HAS DONE IN THE LAST YEAR?

Definitely meeting and having our strategic planning session and developing our Strategic Plan. That hadn't been done since 2007, so that was great. It was very productive. We came up with strategic priorities that we're going to work on and updated our mission statement, and I think that went a long way toward focusing the work we're going to do over the next several years.

WHAT TRENDS IN DENTISTRY ARE YOU SEEING THAT AFFECT COMPLAINTS?

There are a lot of different issues. One of the issues is sometimes there is just a communication breakdown between a patient and their dentist, and the patient gets upset and makes a complaint. Some of those issues could be avoided if the practitioner uses clear and effective communication and doesn't appear rushed when they are communicating. If they can make each patient feel like they are spending time with them and taking the time to communicate, that would go a long way toward the patient feeling like they are being heard. There also are some procedures that are performed by dentists that are really beyond the dentist's skill set, including the placement of dental implants. And even though sterilization monitoring has been publicized a lot over the years, that is still an issue. Sterilization monitoring gets looked at with every case that is brought to the board and there are still a lot of cases where that is not being monitored correctly, so people need to really stay on top of that.

WHAT ONE THING WOULD YOU LIKE EACH DENTIST IN OREGON TO KNOW ABOUT THE OBD'S ROLE AND OPERATIONS?

I think it's important for people to know we're a good source of information for the safe practice of dentistry and the safe administration of anesthesia, and people shouldn't be afraid to call or email us with a question because that's what we're here for.

continues

The goals of the Board are to protect the public from unsafe, incompetent or fraudulent practitioners and to encourage licensees to practice safely and competently in the best interests of their patients.

—Oregon Board of Dentistry



TODD BECK, DMD, OBD
Vice-President & Senior Evaluator
South Waterfront Dental, Portland

WHAT MADE YOU WANT TO BECOME A DENTIST AND WHAT DO YOU ENJOY MOST ABOUT YOUR WORK?

I have always known I wanted to be a health care provider. I made a very informed decision to become a dentist because I wanted to be able to help people and have a great quality of life. I didn't want insurance companies to dictate how I practiced, and 25 years ago that was not the case with dentistry; oh, how times have changed. My family dentist was a big part of me becoming a dentist. I shadowed him quite a bit and he was very encouraging. I like having a skill set that not a lot of people have where I can make a positive difference in people's lives. I also love the flexibility and autonomy of being in private practice.

HOW LONG HAVE YOU BEEN PRACTICING, AND WHAT TYPE OF PRACTICE MODEL DO YOU WORK IN?

I have been practicing for 22 years. I own my practice and have one associate dentist working with me part time. I also teach at OHSU one day per week.

WHAT CHANGES DO YOU SEE IN LICENSURE IN OREGON IN THE NEXT FIVE YEARS?

It's hard to tell. There is a grassroots movement in many states to move away from live patient exams. I am one of the ODB representatives for the AADB (American Association of Dental Boards). We will have our annual meeting next week in Denver. Access to care and licensure issues will be a big part of our discussions. Access to care is another issue we will be addressing. I'm part of a task force looking into a dental compact that would help facilitate more portability of licensure between states for dentists and hygienists. The next several years will be interesting, to say the least!

Note: Dr. Beck was interviewed prior to the AADB annual meeting in mid-October.

WHAT DO YOU FEEL IS THE GREATEST CHALLENGE IN COMMUNICATING WITH LICENSEES?

Making sure they hear what we have to say! We send out email blasts, letters, place announcements in publications and invite all licensees to attend our open session of each board meeting. We have a website with a plethora of information. Yet, so many of our colleagues don't seem to get important information about how we practice in Oregon. We as a board want our licensees to know that we are not out to get them. While our charge is to protect the public, we want to help maintain the integrity of our profession. We all, to a person, want to treat our colleagues with respect and dignity. We encourage anyone to call or email with questions, concerns and suggestions on how we can continue to improve.

WHAT DO YOU FEEL IS THE MOST EFFECTIVE AND POSITIVE THING THE OBD HAS DONE IN THE LAST YEAR?

We just had a strategic planning session and laid out our plan for the next five years. That was really helpful because it addressed issues we are and will be facing. We are seeing more corporate dentistry and large group practices. This can be challenging because it can lead individual dentists to lose the ability to control quality of care. We are seeing greater case complexity as well. We used to get one complaintant per provider; now we are seeing multiple complaintants and providers on single cases. Staff attrition is another issue we talked about. We have several staff members who have been with the OBD for decades and when they leave we need to preserve all that institutional knowledge. We also changed our mission statement to better reflect the intentions of this board. I encourage all stakeholders to go to our website and read about this session, and what our goals are to help all our colleagues practice safely.

WHAT TRENDS IN DENTISTRY ARE YOU SEEING THAT AFFECT COMPLAINTS?

Communication is still the biggest problem. When a patient and dentist stop communicating about a problem the patient is more apt to file a complaint. Most complaints could honestly be prevented by carefully listening to the patient and addressing their concerns.

Another issue entirely is spore testing. We are still having to discipline and fine many of our licensees for failure to do weekly biologic spore testing on their autoclaves. Please understand that the requirement to monitor autoclaves is in statute! It's state law! We are compelled to enforce this. Please, please, please monitor your autoclaves!

We are also seeing an increase in complaints around implant dentistry. With proper training a GP can predictably place and restore implants. However, we are seeing more and more cases where a lack of training leads to poor outcomes. I think it's always a good reminder to know your limits, and if you need improvement get the proper training.

WHAT ONE THING WOULD YOU LIKE EACH DENTIST IN OREGON TO KNOW ABOUT THE OBD'S ROLE AND OPERATIONS?

We really and truly are not out to "get" anyone! The vast majority of your board members are practicing dentists and hygienists; we know and understand the challenges faced in delivering dental care to patients. Our least favorite thing to do is discipline our colleagues. We really do want to be as helpful and approachable as possible.



AMY FINE, DMD

La Clinica, Medford

HOW LONG HAVE YOU BEEN PRACTICING, AND WHAT TYPE OF PRACTICE MODEL DO YOU WORK IN?

I have been practicing for seven years. I serve the Southern Oregon community in a community health center called La Clinica. We focus on education, prevention, general dentistry, and meeting the oral health care needs of our community. We are part of an integrated health care team.

WHAT CHANGES DO YOU SEE IN LICENSURE IN OREGON IN THE NEXT FIVE YEARS?

The board stays current with issues regarding licensure by maintaining contact with other state dental boards through the American Association of Dental Administrators and the American Association of Dental Boards. Some board members (including myself) serve as testing examiners for the Western Regional Examining Board, and also some board members (including myself) serve on committees with the Commission on Dental Competency Assessments and the American Board of Dental Examiners. Since the board recognizes and accepts the results of all regional testing agencies for licensure, the board keeps in touch with current trends in licensure testing including the discussion involving not using live patients during the testing process, as well as the discussion on license portability. As for specific changes in licensure it would be difficult to guess what will change, but the board will be monitoring discussions and developments.

WHAT DO YOU FEEL IS THE MOST EFFECTIVE AND POSITIVE THING THE OBD HAS DONE IN THE LAST YEAR?

Executing the recent strategic planning session and finalizing the 2017–2020 Strategic Plan. The last strategic planning session occurred in 2007. The board updated the mission statement, “to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.” Five strategic priorities have been identified: 1) Ensure Patient Safety; 2) Manage Change in the Practice of Dentistry; 3) Manage Case Complexity; 4) Plan for (staff) Attrition; and 5) Retain OBD Autonomy.

WHAT ONE THING WOULD YOU LIKE EACH DENTIST IN OREGON TO KNOW ABOUT THE OBD'S ROLE AND OPERATIONS?

The board is here to be a resource for anyone regarding the practice of safe dentistry in Oregon. The board encourages you to email, call and ask questions about any topic that requires clarification. The board hired an additional investigator in January to help reduce the case backlog. The board encourages dentists to utilize the Prescription Drug Monitoring Program (PDMP) when prescribing scheduled drugs for pain management. There are rule changes every year, and the Dental Practice Act will be updated following the board meeting in October.



JOSE JAVIER, DDS

Willamette Dental Group, Portland

WHAT MADE YOU WANT TO BECOME A DENTIST AND WHAT DO YOU ENJOY MOST ABOUT YOUR WORK?

I knew I wanted to be in health care and, going to the dentist as a teenager, I realized there is a part of it that is problem solving and there is something almost artistic about it. That became very interesting to me, the idea of being able to help people that way and not only get them out of pain but also improve their quality of life.

HOW LONG HAVE YOU BEEN PRACTICING, AND WHAT TYPE OF PRACTICE MODEL DO YOU WORK IN?

I've been a dentist for 21 years and I practice with Willamette Dental Group. I previously worked with a different group practice, and I've also worked with a community health center.

WHAT DO YOU FEEL IS THE GREATEST CHALLENGE IN COMMUNICATING WITH LICENSEES?

Making sure information and rules are understood the way they are intended to be. We want to provide clarification for licensees when it's needed, let them know they can contact the board with questions, and how to respond in a timely manner if the board contacts them.

WHAT TRENDS IN DENTISTRY ARE YOU SEEING THAT AFFECT COMPLAINTS?

Sterilizing equipment and monitoring sterilization. That's one of the most important things we can do to keep patients safe but, in some cases, it's not being recorded properly.

Patients seem to be looking for second and third opinions more frequently, so when the board needs to follow up on a complaint it's not just talking to one doctor but sometimes two or three. We also see more implants being done by dentists who don't have the proper skills. We also want to make sure providers are taking time to communicate clearly with patients and answer their questions to avoid communication breakdowns.

WHAT ONE THING WOULD YOU LIKE EACH DENTIST IN OREGON TO KNOW ABOUT THE OBD'S ROLE AND OPERATIONS?

Licensees can always call the board if they have questions. If there is any doubt, call the board. Also, we just hired a new investigator to address the backlog of cases so the process can be faster.

There has also been such a big conversation about the misuse of opioids and the use of the Prescription Drug Monitoring Program, so we remind doctors that the program is a great resource and, again, if they have any questions or doubts, call the board.



YADIRA MARTINEZ, RDH, EPP

Virginia Garcia Memorial Health Center, Hillsboro

WHAT MADE YOU WANT TO BECOME A DENTAL PROFESSIONAL AND WHAT DO YOU ENJOY MOST ABOUT YOUR WORK?

I became a hygienist to help patient make positive changes to their health. I love interacting with patients and getting to know them. I also enjoy the variety of settings that being an EPDH has afforded me.

HOW LONG HAVE YOU BEEN PRACTICING, AND WHAT TYPE OF PRACTICE MODEL DO YOU WORK IN?

I have practicing hygiene for eight years, all in a public health setting.

WHAT CHANGES DO YOU SEE IN LICENSURE IN OREGON IN THE NEXT FIVE YEARS?

The topic of license portability is at the forefront of licensure discussions. It really is difficult to guess what, if any changes, there would be in the next five years, but the board will continue to monitor and participate in the discussion.

WHAT DO YOU FEEL IS THE MOST EFFECTIVE AND POSITIVE THING THE OBD HAS DONE IN THE LAST YEAR?

Executing and finalizing our Strategic Plan for 2017–2020, which will help guide the direction of the board. We were able to update our mission statement and identify priorities for the coming years.

WHAT TRENDS IN DENTISTRY ARE YOU SEEING THAT AFFECT COMPLAINTS?

There seems to be a growing trend in the number of complaints that we get regarding implants. I would say that the number one cause of complaints is miscommunication. Taking the extra time to ensure that a patient understands all outcomes and has had an opportunity to have questions answered really makes a big difference.

WHAT ONE THING WOULD YOU LIKE EACH DENTIST IN OREGON TO KNOW ABOUT THE OBD'S ROLE AND OPERATIONS?

We are here as a resource for anyone regarding the safe practice of dentistry.



STEPHEN PRISBY

OBD Executive Director

WHAT CHANGES DO YOU SEE IN LICENSURE IN OREGON IN THE NEXT FIVE YEARS?

While I can't predict any specific changes to licensure, I do know that our board is very interested in hearing what stakeholders are interested in changing or revamping. The topic of license portability is getting a lot of attention and we, like many, plan to be engaged in meaningful discussion on this.

WHAT DO YOU FEEL IS THE GREATEST CHALLENGE IN COMMUNICATING WITH LICENSEES?

From the board, we want to ensure that our licensees are practicing safely. We update the Dental Practice Act annually and we want them to read, review and understand the rule changes and to contact us for clarification. We send out email blasts with what we believe is relevant, timely and important information. We always encourage our licensees to provide the board with current email, work and home addresses so we can contact you regarding public rulemaking hearings, board and committee meetings, license renewals and other important information.

WHAT DO YOU FEEL IS THE MOST EFFECTIVE AND POSITIVE THING THE OBD HAS DONE IN THE LAST YEAR?

I believe the strategic planning session meetings in April, which out of it came our new 2017–2020 Strategic Plan, is the single biggest positive thing the board accomplished this year. The strategic plan wisely identified five important strategic priorities that the board wishes to address over the next three years. They are: 1) Ensure Patient Safety; 2) Manage Change in the Practice of Dentistry; 3) Manage Case Complexity; 4) Plan for (staff) Attrition; and 5) Retain OBD Autonomy.

WHAT TRENDS IN DENTISTRY ARE YOU SEEING THAT AFFECT COMPLAINTS?

A reoccurring problem when investigating complaints is that we are still seeing that too many dentists do not have records of monitoring their sterilizer equipment on a weekly basis. Communication breakdown is the root of many problems as well, and we suggest that each dentist takes time every day to address patients who have any issues and not leave it up to staff.

WHAT ONE THING WOULD YOU LIKE EACH DENTIST IN OREGON TO KNOW ABOUT THE OBD'S ROLE AND OPERATIONS?

The board is here as a resource to our licensees and other stakeholders. We are the health regulatory licensing board for your profession and we have a job to do, but we try to do it with professionalism, respect and equitably for all impacted by our actions.



BRANDON SCHWINDT, DMD

Kona Kids Dentistry, Tigard

HOW LONG HAVE YOU BEEN PRACTICING, AND WHAT TYPE OF PRACTICE MODEL DO YOU WORK IN?

I've been practicing dentistry since 2001 and pediatrics since 2003.

WHAT CHANGES DO YOU SEE IN LICENSURE IN OREGON IN THE NEXT FIVE YEARS?

Both access to care and the influence of corporate dentistry will put pressure on dental licensure. I hope to see an end to live patient exams in the next five years. I've been hoping since 2001, though.

WHAT DO YOU FEEL IS THE GREATEST CHALLENGE IN COMMUNICATING WITH LICENSEES?

The sheer volume of both information and misinformation directed at Oregon's dentists and hygienists has increased tremendously over the last decade. The OBD's efforts to communicate current and newly formed administrative and legislative rules sometimes get lost in the noise of all of that information.

WHAT DO YOU FEEL IS THE MOST EFFECTIVE AND POSITIVE THING THE OBD HAS DONE IN THE LAST YEAR?

The staff leadership of the OBD has gone through some significant changes. The newly appointed Executive Director, Mr. Stephen Prisby, has done a tremendous job of promoting a positive and collaborative tone both with Oregon's dental professionals and the board at large. That's something that has been missing in years past.

WHAT ONE THING WOULD YOU LIKE EACH DENTIST IN OREGON TO KNOW ABOUT THE OBD'S ROLE AND OPERATIONS?

The board is not homogeneous. This governor-appointed board is made of dentists and hygienists from very different practice backgrounds, specialties and geographic locations. I don't think the board would be nearly as effective without this diversity. ●

Note: Alton Harvey Sr., public member, was not available to be interviewed for the article.

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ODA Developing Key 2017 Legislative and Regulatory Issues

OREGON'S 79TH LEGISLATIVE ASSEMBLY WILL COMMENCE

in February and must adjourn in early July with a balanced budget, a tall order given an estimated budget "shortfall" exceeding \$1 billion. Increasing public health care costs are driving much of that imbalance, putting pressure on those budgets and all other state agency budgets.

With the elections completed, the 2017 Legislative Session will be focused around funding realities and their impact on further healthcare integration in Oregon. ODA's Government Affairs Council (GRC) and staff actively participate in ongoing healthcare stakeholder discussions throughout the state, relying on member input and feedback to identify key legislative and regulatory issues for 2017 and beyond. In early January, ODA will also begin reviewing approximately 2,500 introduced bills for legislation—of which an unknown number could impact healthcare, dentistry, patients and allied groups. While the association keeps regular contact with health care stakeholders, there are always surprise bills to be vetted for ODA support, opposition or monitoring.

The following are key issues GRC are actively developing as part of a pro-active agenda for 2017:

Improvements to Voluntary School Screenings Law

In the 2015 session, ODA was instrumental in passing House Bill 2972 encouraging school districts to collect dental screening information for students seven years or younger beginning school for the first time, including pre-kindergarten children. Schools may perform screenings, but are not required. Schools must provide preventative dental care information to new students, and report the percentage of students who opt out or fail to submit a screening certificate to the Oregon Department of

The 2017 Legislative Session will be focused around funding realities and their impact on further healthcare integration in Oregon.

Education. Screenings may be conducted by dentists, dental hygienists, or other trained health care providers, including school nurses.

The legislation was intended to collect aggregate data regarding young children and the state of their dental health, while encouraging and guiding parents to dentists for appropriate preventative and restorative care. Unfortunately, rules promulgated by the Department of Education provided for only for a "check the box" form certifying children had a screening or opted-out. No clinical information has been collected, negating one of the central purposes of the program: Reliable aggregate data that can be used to formulate oral health care policy and funding for Oregon's youngest school children.

ODA advocates 2017 legislation strengthening the program by requiring the collection of clinical data by participating school districts.

Expansion of Rural Practitioner Tax Credit

The current \$5,000 tax credit for dentists who practice in ten rural counties or who practice in an Oregon town with less than 5,000 inhabitants that is 25 or more miles from another source of full-time dentistry, sunsets on December 31, 2017. ODA is exploring:

- ▶ Renewing the tax credit beyond 2017
- ▶ Increasing the amount well above \$5,000 annually
- ▶ Expanding the geographic eligibility area to serve more rural areas

Oregon has more dentists per capita than ever, with the number projected to steadily increase. However, rural areas continue to suffer a shortage of dental providers. A renewed, increased and expanded tax credit would be a major step in bringing quality oral health care to underserved areas of the state.

Reimbursement of Corrective Orthodontics for Certain Craniofacial Conditions

In 2012, House Bill 4128 was passed and advocated by ODA covering some cleft and craniofacial treatments, but inadvertently left the out specific conditions. ODA is considering seeking legislation that would require reimbursement by private insurance carriers and Medicaid for certain craniofacial orthodontic procedures including:

- ▶ Cleft lip (cleft palate & lip and cleft palate are currently covered, but not cleft lip by itself)
- ▶ Craniofacial birth defects, including craniofacial microsmia, Crouzon's Syndrome and others
- ▶ Increases in reimbursement rates for cleft/craniofacial orthodontics more commiserate with actual charges for services.

Ninety-Day Notice for Changes in Municipal Water Supplies

In the last several years, ODA leaders and staff have been forced to respond to public water fluoridation battles involving municipalities and external organizational

influence. ODA is considering a bill modeled on legislation that recently passed in New York state. The good government measure may be introduced requiring municipalities to give a 90-day public notice for changes in municipal water supplies. This would help insure fair notice and public debate on such issues as fluoridation and protection from lead in water. There have been recent instances where fluoride has been eliminated from municipal water supplies with little or no public notice, debate or vote in the city council.

OHSU—School of Dentistry Issues

ODA will continue to support funding for the Healthy Scholars and the Medicaid Primary Care Repayment programs as effective means to alleviate both dental student debt and encourage new dentists to practice in rural and underserved communities.

In addition, ODA will continue support for the school of dentistry's programs, resources, and general fund budget.

Possible ODA Legislative Support for Raising Tobacco Possession and Use to Age 21

Oregon leadership has shown support to join a coalition of health care organizations, including the American Cancer Society Cancer Action Network, the American Heart Association and others to raise the minimum age for tobacco possession and use to age 21. This would align tobacco use with alcohol and marijuana, which require consumers to be 21 or older.

Regulatory Issue: Elimination of Live Examination for Licensure

On October 8, the ODA House of Delegates overwhelmingly approved the following resolution:

"Resolved, that the Oregon Dental Association supports the removal of the current live patient examination for licensure with endorsement of licensure upon graduation from a CODA accredited dental school."

Accordingly, ODA has opened discussion with the OHSU School of Dentistry and the Oregon Board of Dentistry. ●

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Online Ethics Course Allows Busy Coos Bay Dentist to Expand Knowledge and Gain Perspective

By Melody Finnemore

LIKE MANY DENTAL PROFESSIONALS, Tom Holt, DDS, frequently finds himself engaged in conversations about health care with patients and others in his Coos Bay community. From coordinated care models to population-based models and integrated care models, there are plenty of dynamics to discuss.

“With the changes we’ve seen in health care over the last decade, I wanted to be sure I’m able to stay relevant in these conversations,” he says. “It really became necessary for me to build a toolkit that goes beyond what I learned in dental school.”

To that end, Dr. Holt enrolled in an online program through Creighton University’s Center for Health Policy and Ethics. In August, he earned a Graduate Certificate in Health Care Ethics, a milestone which can lead to a master’s degree.

While he acknowledged that earning the certification took over a year and was time consuming, Dr. Holt said he appreciated the convenience of an online course because he was able to participate in the program while running his full-time practice and maintaining a balance with his personal life.

“One thing I appreciate about that program is that it’s geared toward health care professionals who are not necessarily academic professionals,” he said, adding the course participants included physicians, nurses, hospital administrators, and others who provided invaluable information and shared firsthand experiences during online conversations.

“It made the courses a lot more meaningful. The pearls you could pull out of any particular class or conversation were applicable right away,” said Dr. Holt, who is an alumnus of the Creighton University School of Dentistry.

Phyllis Beemsterboer, RDH, MS, EdD, FACD, is a professor and former associate dean of academic affairs with the Oregon Health & Science University School of Dentistry. She is an associate director in the Center for Health Care Ethics, and past president of the American Society for Dental Ethics.

Beemsterboer said she admires Dr. Holt’s commitment to the ethics training as well as the program itself, which is led by Amy Haddad, PhD.

“It’s a pretty unique program. Creighton, being a Jesuit institution, has a strong ethical bearing and the department itself services a number of different areas,” she said. “The program is rigorous and it’s demanding. There’s quite a bit of writing and quite a bit of reading to go through it.”

Beemsterboer, who teaches ethics courses at OHSU, noted that dental schools are required to teach such courses in order

to be certified. However, continuing education in ethics is less accessible for established dental providers, she said.

“It’s actually critical for us as we continue to maintain our position as a true profession,” she said. “People seem to get something out of them as they start considering what their responsibilities as health care professionals are.”

Essential topics include overtreatment and undertreatment of patients; scope of practice issues; how to address situations in which providers are impaired; social justice in health care; and issues related to patients who may not have the mental capacity to make their own treatment decisions.

“That’s going to be a big issue as our population continues to age,” Beemsterboer said. “Access to care also is a big issue and there is a moral component to that. There are a lot of decisions in dentistry that have ethical considerations, and they might be subtle or they might be overt.”

Dr. Holt, while still considering whether he will continue the program to earn his master’s degree in the future, pointed out that this year is the 150th anniversary of the American Dental Association’s Code of Ethics and encouraged his colleagues to participate in continuing education related to ethics.

“It’s something we all talk about, but it’s not really on people’s minds in the day-to-day practice of caring for patients,” he said. “I was really surprised by how much it increased my well being and helped me feel more comfortable in the day-to-day practice of health care. It helped me connect more with my patients and my practice, and I was not expecting that.”

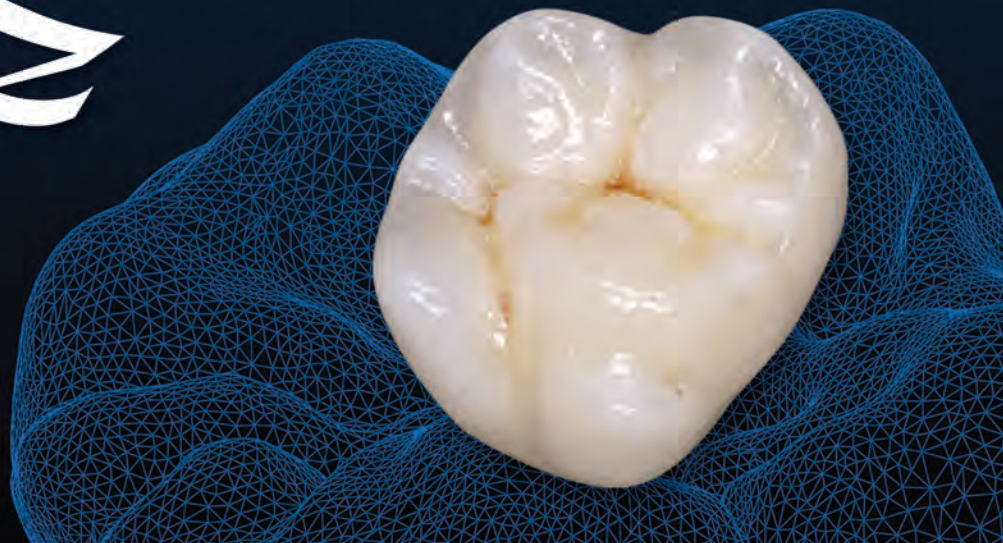
After moving from Omaha, Neb., to Coos Bay, Dr. Holt immediately became involved in leadership positions within the local dental community, serving as both president of the Southwestern Oregon Dental Society and as trustee to the Oregon Dental Association. Dr. Holt is involved in community programs such as Ready to Smile and Neighborhood Dentist, which foster partnerships between dental professionals, schools, nonprofits, and local government agencies, to provide increased care for children throughout Coos County. ●



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Dentist Breakout

“Game Changers”—Products to Improve Your Practice Without Breaking Your Budget

PRESENTED BY Douglas Lambert, DDS

Patients seem to be presenting us with greater challenges than ever before. Creating the “ultimate patient experience” for your patients can have a broad influence on your overall success. Engaging the entire team is the key to creating this positive atmosphere. Therefore, the dentist must “lead by example” because the “buck stops at the top”—and that includes all facets of the practice—especially new product and technique decisions that can be real “game changers!”

At the conclusion of this breakout, attendees will be able to:

- Create a team partnership—It starts at the top!
- Understand multigenerational patients and how it can affect your success
- Identify “game changers” for your practice including:
 - Minor Tooth Movement (MTM)
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Business Team Breakout



Crucial Communication & Knock Your Socks Off Ultimate Patient Experience!

PRESENTED BY Lois Banta

The 360 Patient Experience begins with the phone call to the office and continues on through treatment acceptance. This breakout session will take the patient through the entire process incorporating key communication techniques that include “doctor to team,” “team to patient,” and “team to team.”

At the conclusion of this breakout, attendees will be able to:

- Provide the ultimate experience from the phone call to the treatment plan
- Schedule for success
- Arrange successful financial arrangements

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Hygiene Breakout

Communicating with Confidence

PRESENTED BY Theresa Johnson, RDH

Establishing patient trust takes time and effort and in the mind of the patient confidence equates to competence. This is particularly important during the hygiene examination as this is where you build patient trust and practice revenue. Understanding the importance of the relationship and the steps involved to creating an environment of trust and confidence between patient and practitioner are essential to practice success. This course will review the basic concepts of effective communication and relationship building, discuss the importance of collaboration between the dentist, hygienist and dental team and provide tips for communicating treatment and patient care option with confidence.

At the conclusion of this breakout, attendees will be able to:

- Recognize the importance of relationship building and impact on dental decisions
- Discuss how to build trust and credibility through effective communication
- Explain the key information that needs to be shared during the hygiene exam

Assistant Breakout

The Exceptional Assistant

PRESENTED BY Edwin McDonald III, DDS

This program is designed to build competence and confidence in assistants in the clinical techniques and materials that most impact the practice. Each clinical topic is designed to include the duties of an EFDA. Also, it is about building the partnerships within the practice that will lead to exceptional patient experiences. My objective is for the assistant to leave this day with an expanded view of what is possible for them in their role as a chair side dental assistant and a leader in their practice.

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All Aboard the Tooth Taxi

By Dr. Amanda Rice

THE TOOTH TAXI IS OFF on another adventure to Terrebonne, Oregon! Heading back to Central Oregon after a couple weeks providing treatment in North Portland at Community Transitional School and Helensview High School. The Tooth Taxi continues to focus our efforts supporting underserved communities and providing care where it's needed most. These few weeks have been a grounding experience for our staff, as we continue to be confronted first hand with the desperate dental needs of our community.

Working as the Tooth Taxi dentist, I am reminded every day how fortunate I was to have been provided the basic necessities to sustain a healthy childhood. I am reminded that not everyone is guaranteed shelter, food and water required to sustain life. To hear a child explain to you that they can't brush their teeth because their family doesn't have access to water, is an epidemic many would associate with the third world. But we witness it daily in our travels throughout the Oregon community. Oral hygiene instruction isn't

concentrated on how to position the bristles of a brush, but also brainstorming ways a child can access clean water on a regular basis.

When a family struggles to provide the basics for their children, a dental visit is difficult and most often improbable. Even those who have insurance, must still overcome challenges with transportation, work schedules and co-fee's. After these struggles have been overcome, a 3-6 month waiting list awaits them for dental services to be provided. A toothache therefore becomes a familiar regularity. Providing both emergent and preventative care to these children has therefore been more than a rewarding experience, but a life-changing endeavor. I am so fortunate and excited for our return visits to Central Oregon, servicing populations with historically great need and limited access to dental care. Again, thank you to our supporters and Tooth Taxi volunteers who have given their time helping us achieve our mission. The kids and their families we service are so grateful for everything we do. 🍷

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Oral Lesions of Concern

By Jim Kratochvil, DDS

AS A YOUNG DENTIST, I finished my Navy General Practice Residency and was immediately assigned as a dental officer aboard the USS Midway (CV-41). This was an attack aircraft carrier that was permanently overseas, with a homeport in Yokosuka, Japan. There were four dentists on board for almost 4,500 men. Three of us were young recent graduates, and the senior officer was a dentist who had a two-year fellowship in oral surgery. This was a great experience because we provided a wide range of “specialty-type” treatment for the men on our ship, and also addressed any dental needs for the other ships accompanying the carrier on long cruises to the Indian Ocean. We were the only show in town, and we were responsible for managing any oral problem that presented itself.

However, occasionally (much more often than I liked), a patient would be seen with a lesion that I felt very uncomfortable about. I was concerned that the lesion may be something serious or even life threatening (such as cancer). These situations caused a lot of anxiety because the logistics for referring the patient involved thousands of miles of travel from an aircraft carrier far away from any military treatment facility. So, a recommendation for a medical evacuation for further evaluation was not to be taken lightly. Postponing the evaluation until the ship returned could cause months of delay for appropriate diagnosis and treatment. Even a biopsy could take a significant amount of time to get the results.

These situations were one of the reasons that I applied for advanced training in oral pathology. I thought that the best way for me to feel more comfortable in those situations would be to gain as much knowledge as I could on the identification and understanding of various oral lesions.

I am sure that all dentists and hygienists have faced an oral lesion and had that feeling of the hairs on the back

of our neck bristling. This feeling is due to the fact that we don’t know what the lesion is, but we are concerned that it might be cancer. I call these “oral lesions of concern,” and in retrospect, have noted that they often have one of the following presentations:

- ▶ Ulcers that can’t be related to trauma or infection.
- ▶ Leukoplakias in the floor of the mouth or ventral tongue.
- ▶ Erythroplakias.
- ▶ Palatal soft tissue masses.
- ▶ Mucocele-like lesions in locations other than the lower lip, floor of the mouth, or anterior ventral tongue.

It is important to be aware of and recognize these clinical situations in order to make sure that these lesions are biopsied in order to get a diagnosis so that your patient can get the appropriate treatment.

Non-healing ulcers, erythroplakias and leukoplakias raise the concern that



Fig. 1: Salivary gland neoplasm (pleomorphic adenoma) in the hard palate.



Fig. 2: Squamous cell carcinoma developing in leukoplakia of women who had used smokeless tobacco for over 60 years.

Oregon Oral Cancer Facts

- » From **2009 to 2013**, there have been 2,649 cases of oral cavity/pharyngeal cancer in Oregon.
- » From **2007 to 2011**, more Oregonians died of oral/pharyngeal cancer than from bone cancer, soft tissue cancer and Hodgkin lymphoma combined.
- » From **2009 to 2013**, more Oregon women have been diagnosed with oral/pharyngeal cancer than cervical cancer.
- » In **2009 and 2012** more Oregon women died from oral/pharyngeal cancer than from cervical cancer.
- » In Oregon oral/pharyngeal cancer is **more than twice** as common in men.
- » From **2007 to 2011**, over 30 times as many Oregon men have died from oral/pharyngeal cancer than from testicular cancer.

we may be dealing with squamous cell carcinoma. Palatal soft tissue masses and mucocele-like lesions in unusual locations suggest the possibility of a salivary gland neoplasm.

Fortunately, most ulcers are traumatic or infectious in nature, or else they represent a recognized (albeit idiopathic) process such as aphthous stomatitis. An accurate history and careful clinical evaluation are most important for oral ulcer evaluation. An unexplained, relatively long-standing ulcer needs to be viewed with a suspicious eye and very likely needs further evaluation.

Leukoplakia is a clinical term that means “white plaque.” The cause of a clinical leukoplakia may range from a simple hyperkeratosis due to friction, to a premalignant (dysplastic) process, to squamous cell carcinoma. Overall, the malignant transformation potential of leukoplakia is about four percent. Leukoplakia in certain areas (such as the floor of the mouth and ventral tongue) is more likely to represent a “lesion of concern.” Also, the type of leukoplakia (thick, wrinkled, speckled, verrucous are worse than thin, homogenous) may raise the level of suspicion.

Erythroplakia is a clinical term for a velvety red patch that cannot be clinically or pathologically diagnosed as any other recognized condition. It is a much more worrisome lesion than leukoplakia, but fortunately much less common. It has been reported that 90 percent of erythroplakias represent premalignant dysplasia or outright squamous cell carcinoma.

A palatal mass (Fig. 1) that is not bony hard or isn’t of obvious inflammatory nature should be considered to be a salivary gland neoplasm until proven otherwise, and needs to be biopsied in most cases. About 50 percent of palatal salivary gland tumors are malignant.

A lesion that looks like a mucocle (mucous escape reaction), but which is not located in the lower lip, floor of the mouth, or anterior ventral surface of the tongue may be a salivary gland neoplasm, particularly a low-grade mucoepidermoid carcinoma.

Squamous cell carcinoma represents more than 90 percent of all oral malignancies, and like all neoplasms, it is due to mutations in the malignant

cells. Squamous cell carcinoma may have a number of clinical presentations (Fig. 2):

- ▶ Exophytic (mass forming)
- ▶ Endophytic (ulcerating)
- ▶ Leukoplakic (white patch)
- ▶ Erythroplakic (red patch) or
- ▶ Erythroleukoplakic (red and white patch)

Some of the factors that have been associated with the development of oral squamous cell carcinoma include the following:

- ▶ Age
- ▶ Alcohol
- ▶ Immunosuppression
- ▶ Iron deficiency
- ▶ Oncogenic viruses, particularly human papilloma virus (HPV)
- ▶ Oncogenes
- ▶ Radiation
- ▶ Smoking and spit tobacco
- ▶ Vitamin A deficiency

Tobacco and alcohol have had one of the strongest associations in the United States and, unlike age, they are an avoidable cause. Eighty percent of oral cancer patients are smokers, and it is of interest to note (due to the increased popularity of cigars) that pipe and cigar smoking carries a greater oral cancer risk than cigarette smoking.

The dental profession can and is offering a myriad of services to the oral cancer patient (or potential oral cancer patient), but one of the most important is the early diagnosis of cancerous or precancerous lesions. The discovery of a precancerous lesion alerts the patient and the health care system of a potential problem, and management may prevent the development of a life-threatening disease. The discovery of a malignant lesion that is still limited may save a patient’s life and prevent significant morbidity. One of the greatest services that a health care practitioner may provide is the discovery of a small cancer at a stage when it is treatable with a high chance of cure. ●

Reference—Oregon Cancer Registry Data.
<https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/CancerData.aspx>



Jim Kratochvil, DDS

Dr. Kratochvil is presently Laboratory Director of Northwest Oral Pathology, Tigard, OR and an Adjunct Associate Professor in the Department of Pathology at the OHSU School of Medicine. He is the past Chairman and Laboratory Director of the Department of Oral Pathology at the National Naval Dental Center, Bethesda, MD, and the past Chairman and Laboratory Director of the Department of Pathology and Radiology at OHSU School of Dentistry. He is a past Director and President of the American Board of Oral and Maxillofacial Pathology

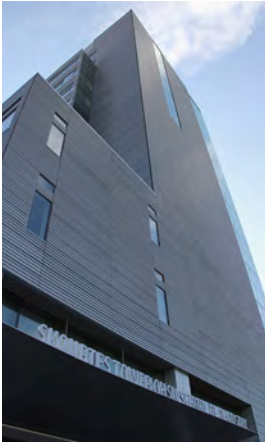
Dr. Kratochvil is presenting as part of the ODA Expert Express Lecture Series on **Thursday, April 6** at the 2017 Oregon Dental Conference.®

Mark your calendar and plan to attend!





Annual Vendor Fair



The OHSU School of Dentistry can be found online at www.ohsu.edu/sod.

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ON FRIDAY, NOVEMBER 4, OHSU ASDA held its annual vendor fair. The ODA proudly participated in the event, creating a fun ODA member benefit and dental trivia game. Over 60 students stopped by the ODA table to play for a chance to win. The OHSU School of Dentistry class with the most points at the end of the night was awarded \$200 to their class fund. For the second year in the row, the Class of 2019 won the coveted prize. The ODA also provided an ODA prize pack in the ASDA student raffle. DS1 Erik Quintana (pictured left) was the proud winner of an ODA water bottle, Molar Movement scarf, and gift card. 🎉



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