



Teledentistry

page 18 | *Expanding Practice,
Expanding Access:
the Promise of Teledentistry*

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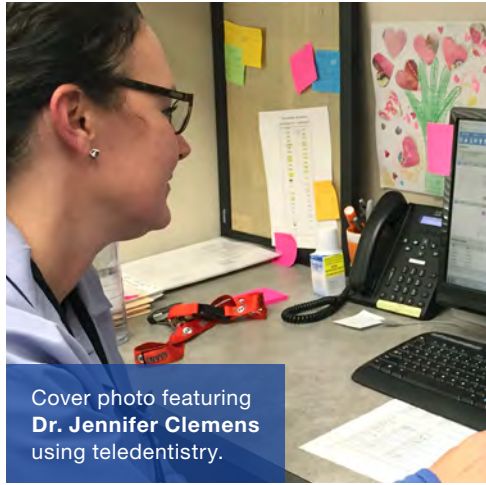
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Cover photo featuring Dr. Jennifer Clemens using teledentistry.

New!
THROUGH THE LOUPES

 Annual Meeting Council

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Membership Matters

Volume 22, Issue 5 | October 2016

Membership Matters is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.



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
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Membership Matters (ISSN 1082-4111) is published monthly (except July) by the Oregon Dental Association, 8699 SW Sun Pl, Wilsonville, OR 97070. All statements of opinion and of alleged fact are published on the authority of the writer under whose name they appear and are not to be regarded as the views of the ODA or its subsidiaries or affiliates. Subscription to Membership Matters is a member benefit of the Oregon Dental Association. The annual subscription rate for nonmembers is \$40. Single copies may be purchased for \$5 each.

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Periodicals postage paid at Wilsonville, Oregon, and at additional mailing offices. POSTMASTER: Send address changes and all correspondence to: 8699 SW Sun Pl, Wilsonville, OR 97070; 503-218-2010 or 800-452-5628 (toll-free in Oregon).

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ADA Membership *Inclusion or Exclusion?*



By Barry J. Taylor,
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Editor,
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CAN THE ADA BE ALL THINGS TO ALL

DENTISTS? My friend and colleague **Dr. Jim Smith** recently suggested a possible question at the ADA District XI Caucus to ask the candidates for the ADA Presidency, “In light of the growth of corporate and large group practices and our organization’s need to retain membership, how will you ensure that the ADA is welcoming and inclusive towards dentists who chose to work in non-traditional practices?” This initiated a conversation within the group as to if the ADA should be inclusive of all dentists regardless of their work environment or should we be picking “sides” and protecting the interests of the solo practitioner. Doing so would certainly exclude the employee dentist member.

Historically the traditional model of dentistry was that it was a “cottage industry” which was based on the accurate perception that most dentists practiced by themselves with a small number of employees. We were not a corporate industry such as medicine. There are two concurrent trends in dentistry that we are all well aware of; the solo practicing dental offices are decreasing and we are seeing an increase in the number of offices with multiple doctors. We are also seeing an increase in the number of large practices employing more than 500 employees and multiple locations that a single entity may own. The common refrain was that “90%” of dentists worked in solo practice. More accurately in 1990 only 80% of all dentists were sole proprietors. As of 2013 only 70% of dentists work in such a setting. During that same time segment, employee dentists has increased from 4% to almost 12%. By all measurements such as number of employees, ownership by a doctor or gross receipts of an office the trend is that large practices are increasing in market share.

During this same time period the ADA has seen a decrease in market share of dentists who are members. Not all of the loss can be attributed to the increase employment of doctors in group practices, but the perception and anecdotal observation is certainly that a dentist in a group practice is less likely to join the ADA. It becomes a question than does the ADA continue to try to represent all dentists or should the ADA be protecting and advocating strictly for the solo practicing dentists.

It does put the ADA in the classic ‘between a rock and hard place’ because either way there will be a fragment of the market that will disagree with the ADA’s intent. I would argue in favor of inclusion in that even though the ADA may be self-serving it is also the leading expert on oral healthcare and improving oral health care for the public.

As Dr. Smith remarked in the aforementioned discussion, “the first priority of member dentists is the best interest of the individual patient they serve.” Whether a dentist is an employee or an owner, they are both equally concerned about the patient’s health and both are providing excellent care. Excellent care is not the exclusivity of the solo practicing dentist. Independent of the practice setting any dentist should be using sound evidence, excellent critical thinking skills in treatment planning and utilizing their best dexterity skills to provide excellent care for the patient. In addition, every dentist should be practicing ethically and in a professional manner. There are enough commonalities among dentists that we should have a large enough umbrella to be an inclusive association. The ADA describes itself as a “patient-centered, science-based, and ethically-driven association.” That statement is true of a dentist regardless of the work environment.

Years ago I recall my friend, classmate, and colleague **Dr. David Dowsett** remarking in a spirited debate with me about membership that maybe the ADA should not worry about growth and should be more concerned that we have passionate and involved members. He referenced the anti-fluoride crowd which despite being a small group is extremely dedicated to their imprudent agenda. Instead of trying to be all things to all dentists would we be better off advocating for the shrinking 70% of the market that has a solo practice? Years later we are now looking at a marketplace that appears to be seeing an accelerated rate of growth of group practices. One study recently reported a 25% two year growth rate of such practices. If we take the course of advocating only for the solo practitioner, we are investing in a diminishing market segment. Not only would we be losing the employee dentist, but we would also not be serving the patient base of those group practices. 🍷

The opinions expressed in this editorial are solely the author’s own, and do not reflect the views of the Oregon Dental Association or its affiliated organizations.

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Post your photos to Facebook, Instagram, or Twitter with #FightEnamelCruelty and you may be featured in a future *Membership Matters!*

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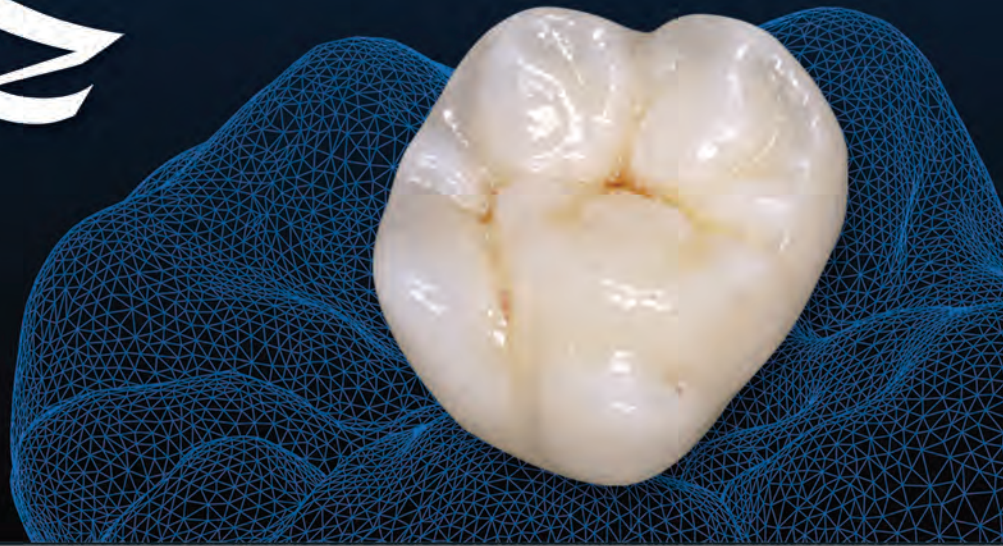


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Is Your Email HIPAA Compliant?



ODA MEMBER SUCCESS STORY

We recently spoke with one of our ODA clients to illustrate how beneficial Aspida Mail has been for their practice. Dr. Michael Van Gordon comes from a family of dentists. Not only does he stay up to date and abide by all necessary rules and regulations, he is very proactive when it comes to technology and running his office as efficiently as possible.

Dr. Van Gordon's office was utilizing an alternative encrypted email platform for several years before he discovered Aspida Mail. What made him switch? Van Gordon states "[our previous solution] worked, but was very cumbersome." Becky Werings, Treatment Coordinator, agreed their previous program was a "number of extra steps." Additionally, recipients had trouble accessing their messages. Werings continued, "People would contact me or send back the email saying they can't open it. I'd have to be on the phone walking them through the process."

WHAT OTHER MEMBERS ARE SAYING...

"Aspida's customer service was excellent! I was sent a guide reviewing the process, and I feel confident in Aspida"
- Starley Family Dentistry (Astoria, OR)

"It is great to be able to talk to a real person on the phone. Whenever we have a question, it is answered right away"
- Dustin A. Wylam, DMD (Salem, OR)

"I couldn't believe how easy the transition was to make. The email is very easy to navigate. I would recommend this system to any healthcare provider!"
- Main Street Dental at 1910 (Forest Grove, OR)

IF NOT, NO NEED TO FRET! Aspida Mail is proudly endorsed by the Oregon Dental Association, offering secure encrypted email to all members! Protecting patient's data is essential to any dental practice and we understand that. Aspida specializes in providing you with a seamless and easy to use HIPAA Compliant Encrypted Email.

How is Aspida Mail Helping Their Office?

- ▶ **Saving Time** According to Werings, "First and foremost, it saves time. Saving Time is #1! I open an email like normal, I put the word encrypt in the subject or body of the message, and it's automatically encrypted." Van Gordon concurs, "Simply type encrypt in the email and it magically does it."
- ▶ **Easy to Use** Van Gordon's team was relieved to have a secure email program that was simple to use. Upon hearing of how easy Aspida Mail was, Werings remembers thinking, "Oh my gosh, that's phenomenal! We're emailing back and forth constantly all day." She continued, "It's been a great help. We've also had less problems with people opening the link and being able to view the information."
- ▶ **Seamless Transition** "The transition (from our previous program) was very smooth. Within 24 hours, we were popped over and able to use the encryption with Aspida. It has been a lot simpler."

Not only does Aspida Mail give their office peace of mind knowing their patient data is being securely transmitted, they're also happy to recommend us to fellow colleagues. Werings said, "We've been extremely happy with it—it's working very well." Dr. Van Gordon concludes with a sentiment any practice owner can agree with, "The best encryption is one so easy your staff will use it." 🗨️

For more information

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2016 HIPAA Audits

Don't Be Caught Unaware

This is a new emerging regulation in 2016, to help your office guard your patients protected health information (PHI).

Did you know the Federal Government has started a Phase-2 audit of health care providers as of July 11, 2016? And, can you assess your own compliance?

Q
&
A

Phase-2 audits will focus on Health Care Providers and their Business Associates, all of which are eligible for audit. The purpose is to expose greater risk and security vulnerabilities to PHI that had not been previously identified, and to create tools to better protect individual's identifiable health information. The Health & Human Services Office (HHS) for Civil Rights (OCR) has started emailing providers to confirm their identity and contact information.

The process is beginning with two desk audits to be complete by December 31, 2016. Dentists have been randomly chosen and mandated to submit requests for documentation by return email. Please be sure to check your spam folders, failure to reply will not protect an office from selection. The third round of audits in 2017, will be onsite and broader in scope.

The Office of Civil Rights has a checklist, called an "audit protocol," and "Patient Privacy: A Guide for Providers," with various aspects of the HIPAA Privacy and Security Rule, on their website. The ADA also offers members a comprehensive HIPAA Security Risk Analysis tool through the ADA Center for Professional Success.

Unfortunately, there is no service or product that will guarantee HIPAA compliance without the practice itself investing time to do the leg work. Staff members should have a clear understand of your office security policies. *The key to compliance is starting the process and adhering to it.*

Providers may want to contact their malpractice carrier for additional recommendations on ways to improve PHI security. Cyber security insurance could be invaluable in case of accidental breach. ●



By Lori Lambright

ODA Member
Compliance Coordinator

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For more information

- 🔗 Audit Cheat Sheet:
www.ada.org/en/publications/ada-news/2016-archive/april/hipaa-audit-cheat-sheetavailable
- 🔗 Security Risk Assessment Tool:
www.healthit.gov/providers-professionals/security-risk-assessment-tool
- 🔗 ADA Center for Professional Success:
www.hhs.gov/hipaa/for-professionals/faq

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.

ODA Leaders Meet with Governor Kate Brown



ODA LEADERS MET WITH GOVERNOR KATE BROWN

in September to discuss a wide range of oral health care affordability, access, and integration issues. The governor was engaged, asked many questions, and took copious notes on the following issues:

- ▶ Improvements to oral health care screenings for school children under the age of seven
- ▶ Raising the age of tobacco sales, possession and use to age 21
- ▶ Access, including Community Dental Health Coordinators (CDHCs), and teledentistry
- ▶ Integration of dental health and medical care—specifically the new OHSU General Dentistry Residency providing coordinated restorative dental care for trauma, cancer and head & neck surgery patients 🎯

Pictured left to right: Dr. Patrick Hagerty, DOPAC Chair and Director of General Practice Residency at OHSU; Jackie Plata, DMD and general practice resident; Governor Kate Brown; Soroush Amalie, DMD and general practice resident; ODA Executive Director Conor McNulty.

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Annual Meeting

ODA volunteers give countless hours, contributing their expertise to

Learn more about the ODA's **Continuing Education Champions** who serve on the Annual Meeting Council (AMC), which is responsible for planning and overseeing the Oregon Dental Conference® (ODC) for the purpose of presentation and discussion of subjects pertaining to the art and science of dentistry.



Keith Doty, DDS
General Dentist—Portland

"By joining the AMC, I have been able to influence the speaker composition of the convention. This has given me a unique opportunity to have my mentors come to Oregon."



V. Kim Kutsch, DMD
General Dentist—Albany

"I joined the AMC because I wanted to contribute and make a difference for the ODC. It's been a memorable experience and in addition to planning the ODC, I've also made many great friends in the process."



D. Joe Jenson, DMD
General Dentist—Eugene

"The annual meeting in Portland is one of the greatest values we receive as ODA members. It would not be the excellent meeting it is today without members stepping up to serve on the AMC. When I was approached to serve, I was happy to give back to the meeting that has given me so much through the years.

One great perk of being on the council is the access it gives you to scout many of the large dental meetings in the USA. As a VIP at the meetings you're allowed to attend any seminar. You then report back to the AMC on your recommendations for future Oregon Dental Conference speakers."



Jack Rocheld, DDS
Retired General Dentist—Eugene

"Serving on the AMC is something I really enjoy. I have gotten to become friends with speakers and other dentists from all over the world because of my involvement with the AMC. It has been a great learning experience and since retiring, has allowed me to stay involved with dentistry and the ODA. I am also very proud of how far our meeting has come. It makes me proud to have had a small part in seeing our meeting go from being held in a hotel parking garage to one of the best meetings in the USA."

Council

help better the ODA, the community, and the profession of dentistry.



Parisa Sepehri, DDS
General Dentist—Tigard

"I enjoy learning and interacting with experts in numerous fields of advanced dentistry. I am an active member of Spear, both in the Faculty Club and as a Visiting Faculty Member, and I travel extensively in order to teach and to maintain the highest possible level of professional expertise. My role with AMC expands my ability to share my lifelong passion with others. AMC is a place where I can be involved in an organization that makes our community better by continuously improving our knowledge. I believe in giving back to our society, and this is one of my ways of giving back."



Robert Stephenson, DDS
General Dentist—Eugene

"Being a member of the AMC is my way of being involved in organized Dentistry. It is rewarding to be part of the process that ensures a high quality of education at the ODC."



Join your colleagues and volunteer to serve on the Annual Meeting Council!

Typically, the AMC meets five times throughout the year, with the majority of meetings occurring between January and April. Council Meetings are usually held on Wednesday or Thursday evenings at the ODA building in Wilsonville, with teleconference capabilities. Members are asked to be onsite all three days of the ODC to assist with speakers and speaker hosts. Efforts are made to limit onsite duties in order to allow AMC members to attend some of the sessions and other ODC-related events. Council terms are three years in length.

Submit a letter of interest and one-page resume to the ODA Leadership Development Committee at leadership@oregondental.org or contact Lauren Malone, Managing Director of Meetings & Membership, to learn more at lmalone@oregondental.org or 800-452-5628 ext 101.

EXPANDING PRACTICE



EXPANDING ACCESS

The Promise of Teledentistry

By Betsy Boyd-Flynn

FROM MANY ANGLES, teledentistry looks like an archetypal “win-win-win” proposition. For dentists, it represents an opportunity to expand their patient panel without opening additional locations. For policymakers, it holds the potential to reverse the declining trend in dental care access among working age Americans and children, and to expand access for at-risk populations. For patients, it can be a path to get much-needed dental care in more accessible, community-based settings.

In the last decade, secure high-speed internet access coupled with improved imaging technology has led to the emergence of teledentistry, in which an exam is conducted by someone other than the treating dentist. This mode of care typically takes one of two forms: real-time consultations, where the dentist is watching images of the exam as they are captured, and store-and-forward consultations, where an allied dental provider can take images, history and notes, and forward them to the dentist for review and diagnosis.

When the ADA adopted guidelines on teledentistry in December 2015, Dr. Paul Glassman, director of the Pacific Center for Special Care at the University of the Pacific School of Dentistry, was already several years into a demonstration project to create ‘virtual dental homes’ for patients covered by Medi-Cal in schools and residential nursing facilities.

The results of that study were released in August 2016, and showed that dental care delivered through telemedicine was safe and effective. According to Dr. Jane Gillette, who has developed and directed oral health access programs for infants and school-aged children in Montana, another study compared traditional treatment planning versus through teledentistry,

and found that dentists treatment plan nearly identically in both circumstances.

Aligning policy for change

Dr. Eli Schwarz, professor and Chair of the Department of Community Dentistry at OHSU, has been working with since October 2015 with Dr. Glassman on a pilot project in Polk county with Capital Dental to introduce teledentistry to pediatric patients in school settings. The program, for which Dr. Jennifer Clemens is the supervisory dentist, targets 1,500 students in the district. While the project is not yet complete, Schwarz reports that they have seen results similar to Glassman’s, and anticipates that the dental sealants and fluoride varnish provided through the program will lead to a sharp decline in new cavities going forward among those students.

Legislation passed in 2011 with the strong backing of the Oregon Dental Association and a coalition of other organizations allowed the launch of pilot projects like these through the State Innovation Model suite of projects, which are part of the larger health care transformation effort underway in Oregon.

Such state-sanctioned projects are critically important, because a significant barrier to address in teledentistry is changing regulations about how dental care can be reimbursed. While nearly all states allow some reimbursement for telehealth in their Medicaid programs, until Oregon’s pilot project, dental care delivered remotely was not paid for under Medicaid, which contributed to access problems. “Access to dental care remains a challenge for low-income and rural Oregonians,” Schwarz said. “The Oregon Smile Survey showed that half of children aged six to nine had active

continues

EXPANDING PRACTICE, EXPANDING



decay, and there are huge disparities in those numbers by county.”

Distance can be a significant factor, as well. In Polk county, Schwarz and his colleagues have found even a 25-mile drive was a significant barrier to care for families with working parents. Bringing care to students at school can open the door for their younger siblings, and sometimes adults to get treated. The benefits of better dental care, including reduced emergency department visits, better overall health and reduced student absenteeism are emerging over time.

Reimagining practice

“This will be a game-changer in the ability of the oral health industry to provide care. Data is telling us that 60–70% of Americans don’t have an annual dental

visit, and the people who don’t have those visits have most of the dental disease,” said Glassman. “A system that can reach into communities where people are has huge potential.”

Teledentistry can also help expand access to adult patients in care facilities who are not easily able to get to a dental office, or who may require other support services that make accommodating their needs in a typical dental practice impossible. Providing dental care in community settings requires coordination with the facility staff, who may struggle at first to cope with the interruption to the normal care routine.

Teledentistry has the potential to take off as more dentists become comfortable with it. Dr. Kim McFarland, the Chair of Community and Preventive Dentistry

at Creighton University in Nebraska, has been at the forefront of expanding teledentistry in her state. She notes that the dentists she talks to seem to fall into one of three camps: definitely on board, interested in learning more, or absolutely opposed. Many voice fears of offshoring dental consultation to other countries (which state licensure laws would prohibit), or even just eroding scope of practice as hygienists take on a larger role.

The team makes the difference

The key is to understand that this practice works best with a team of providers, each working at the top of his or her license, to provide screening and care under the direction and guidance of a dentist; in teledentistry, the dentist may just happen to be farther removed from the patient than the next exam suite. Indeed, for dentists who worry that team-based care might ultimately lead to the dominance of non-dentists in the field, expanding practice through teledentistry is a strategy for dentists to adapt and stay at the center of the care team while expanding access where it is needed.

In fact, Dr. McFarland, who provided an education course at OHSU on April 4, 2016, says teledentistry is a way for dentists to think about expanding practice without some of the risk and overhead that might otherwise be necessary. “We say we want more patients, want to help more people, but we don’t want to change what we’re doing. Are we willing to stretch ourselves?” McFarland said. A dentist who sends a hygienist out into the community with the necessary equipment to conduct examinations and some preventive care—again, resulting in a treatment plan created by the supervising (remotely located) dentist—builds community connections, and can offer care to many more patients.

In Oregon, pushback from dentist has been minimal, Schwarz says, in large part because there has been little

ACCESS

access in the community where the pilot is located until now. Typically, teledentistry is targeted at patients who do not currently have a regular provider, and so they represent an expanded pool of patients and do not increase competition for dentists in the community.

The question remains whether dentists will incorporate this technology into practice on a broad scale. There's no doubt that teledentistry thus far has mostly been pioneered by large practices and dental care organizations, but a smaller practice could also use these tools if they can connect with the community in need. McFarland believes that in the future, practices that adopt telemedicine as part of their practice paradigm will flourish, while practices that adhere to the old model may struggle to survive. As the results from the Oregon pilot emerge, the dental community should consider that possibility carefully. 🗨

Betsy Boyd-Flynn worked in medical associations for 14 years as a communicator and executive. She writes articles for associations as a freelancer in her spare time. She can be reached at bboydflynn@gmail.com.

ADA GUIDELINES

- ▶ <http://bit.ly/ADATele>

AN OVERVIEW OF OREGON REGULATIONS ON TELEMEDICINE

(note that teledentistry is not singled out)

- ▶ cchpca.org/jurisdiction/oregon

REPORT OF THE VIRTUAL DENTAL HOME DEMONSTRATION

- ▶ www.pacific.edu/documents/marketing/vdh_fullreport.pdf

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Dr. Barry O. Evans *Mentor & Clinician*

By Carol Klingensmith, DMD, FAGD, Past-President, Academy of RV Tucker Study Clubs



Dr. Barry O. Evans received the prestigious Richard V. Tucker Award for his many years of work as a member of the ARVTSC and for his tireless mentorship of study clubs here in Portland and abroad. This award is only given every few years in recognition of the creativity and special efforts by experienced clinicians whose work enriches the dental community.

DR. BARRY O. EVANS WAS HONORED in Seattle in August of this year at the Annual Meeting of the Academy of RV Tucker Study Clubs. Dr. Evans received the prestigious Richard V. Tucker Award for his many years of work as a member of the ARVTSC and for his tireless mentorship of study clubs here in Portland and abroad. This award is only given every few years in recognition of the creativity and special efforts by experienced clinicians whose work enriches the dental community. Dr. Evans is best known in the Oregon dental community as an exemplary clinician who has mentored three cast gold participation study clubs in Portland for the

past 26 years, and recently helped launch the Student Gold Selective course at Oregon Health Sciences School of Dentistry.

Dr. Evans' journey along this path began in 1978 when he became a member of the Richard V. Tucker Cast Gold Study Club #3 in Seattle. For over thirty years, Barry drove to Seattle to be mentored by Dr. Dick Tucker and from this beginning as a student of Dr. Tucker's, went on to become a teacher and mentor in his own right. Dr. Evans was one of the earliest contributors to the development of a cohesive Academy of these early cast gold study clubs. He was the Academy's first Treasurer, he helped to write the bylaws and he served as President in 2011–2012. In addition to his work in cast gold, Barry is a master of gold foil technique and has been involved in the American Academy of Gold Foil Operators as well as the Associated Ferrier Study Clubs. He has served as President of all of these organizations and continues to work on multiple Academy boards, but his true calling is in direct mentorship in the participation study club format. It's worth taking a look at the history of the participation study club

which has been so important in the development of clinical excellence in our Oregon community.

The "G.V. Black Study Club" of Minneapolis/St. Paul formed in 1898. That study club provided two mentors, Drs. Searle and Wiedelstadt, who formed the Odontological Study Club of Seattle in 1907. The Seattle Study Club then formed in 1922 from the Odontological Study Club and then evolved into a gold foil study club with Dr. W.I. Ferrier as mentor. One of the original members of the Seattle Study Club was Dr. George Ellsperman, who later mentored Dr. Richard Tucker. As many dentists in Oregon know, Dr. Tucker developed innovative cast gold preparation designs, and in partnership with his brother who was a metallurgist and with Jensen Gold Industries, created JRVT gold alloy which many of us are familiar with. Today, the Academy of RV Tucker Study Clubs numbers nearly 50 study clubs from around the world and meets annually in Chicago with the American Academy of Gold Foil Operators and the Academy of Operative Dentistry as part of an international affiliation of general dentists.

Dr. Barry Evans is a link in this continuum of continuing education. He began his career by setting high standards for himself; he has been a lifelong learner and he has shared his knowledge generously with his dental community. He has received several awards over the years: AAGFO Outstanding Clinician 2007, ARVTSC President's Award 2007, OHSU Alumni Association President's Award 2008 and AAGFO Distinguished Member Award in 2014. As a member in one of his study clubs for the past ten years, I can attest that Barry's actions as a mentor speak to the best qualities we find in educators in our profession: he is an experienced and accomplished practitioner and yet when he sits down with a student he is humble, patient and respectful. Like all gifted teachers and mentors, he sets an example of collaborative learning and helps his students find the joy in the process of helping one another be the best we can be. He inspires us to want to extend a helping hand to our fellow dentists and find that kernel of mentorship within ourselves as well.

Thank you, Barry! 🎯

Smile Champion Awards Recognize Give Kids A Smile Supporters

Reprinted with permission from *ADA News* September 2016

THE EXECUTIVE DIRECTOR OF A LOCAL DENTAL SOCIETY IN

OREGON AND 3M are the 2016 recipients of the Smile Champion award, the ADA Foundation announced in September.

The Smile Champion awards recognize outstanding volunteer and corporate efforts that strengthen and expand the Give Kids A Smile program.

Lora Mattsen, executive director, Oregon's Multnomah Dental Society, is the recipient of the Jeffrey Dalin, DDS Give Kids A Smile Volunteer Award. 3M is the recipient of the Steven W. Kess Give Kids A Smile Corporate Volunteer Award.

The awards presentation will take place during the ADA Foundation Give Kids A Smile Volunteer Recognition Reception Oct. 20 during ADA 2016—America's Dental Meeting in Denver.

Ms. Mattsen has been involved with GKAS for 13 years, she said. Her local GKAS program, which takes place at Oregon Health & Science University's School of Dentistry, as well as other locations throughout Multnomah County, annually provides education, screening and treatment services to hundreds of underserved children.

"I've made it my little baby," said Ms. Mattsen. "I have a passion for little kids."

The importance of GKAS is compounded by the fact that Portland, which is the seat of Multnomah County, does not have fluoridated water, she said, along with the majority of the county.

Ms. Mattsen's GKAS program includes pre-screening of children and the use of a mobile dental van before the GKAS program kicks off, so that any treatment that can be provided is done on the day of the GKAS event.

"Nothing gives me greater pleasure than to help provide so many children with the dental care and oral health education they are in need of," said Ms. Mattsen. "It warms my heart to have so many volunteers come together every year to serve the children and families in our community through Give Kids A Smile." ●

To learn more about this and other ADA Foundation programs visit www.adafoundation.org.



Lora Mattsen, executive director, Oregon's Multnomah Dental Society, is the recipient of the **Jeffrey Dalin, DDS Give Kids A Smile Volunteer Award**.

The awards presentation will take place during the **ADA Foundation Give Kids A Smile Volunteer Recognition Reception Oct. 20** during ADA 2016—America's Dental Meeting in Denver.

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The Dental Foundation of Oregon is the charitable arm of the Oregon Dental Association.

The Tooth Taxi is supported by Moda and the OEA Choice Trust.

For more information, visit www.SmileOnOregon.org.

Give a Grin Challenge

CHOOSE HOW YOU IMPACT CHILDREN IN OREGON!

The Tooth Taxi reaches many remote areas throughout the State of Oregon. As Linda from the McKenzie River Health Clinic shares, "We are 45 miles away from any dental care!" The Tooth Taxi was able to serve this community successfully. During our visit to South Umpqua High School, (student population of 577), many of the students had been dealing with chronic dental pain affecting their ability to eat, sleep and concentrate in class. Accessing quality care in a timely manner was a major obstacle for families in this area. The Tooth Taxi arrived and met their needs. The difference the Tooth Taxi is making for these children is remarkable thanks to the support of people like you!

Recognizing the third world conditions presenting themselves throughout Oregon, the Dental Foundation of Oregon (DFO) fulfills its mission by providing dental care and oral health education to children across Oregon. At the DFO, we are passionate in our efforts to improve the oral health and lives of Oregon's children.

Your support today will help us reach our goal of \$80,000 and serve even more children in 2017. Please help us continue to enhance children's lives. 🦷

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- ▶ **Support of the Oregon Mission of Mercy**



SAVE THE DATE!

Thursday, November 3, 2016 is our kick-off event for the Dental Foundatin of Oregon being selected as a preferred charity by the *Willamette Weekly Give! Guide*.

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Ten Years of

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The OHSU School of Dentistry was a national leader when it started the Practice-based Research in Oral Health (PROH) network in 2003. An infrastructure was established to perform a wide variety of oral health research in a diversity of practice settings to address some of the shortcomings of university-based clinical research. The PROH network now has a mailing list of over 200 dentists from Oregon and southwest Washington.

A primary mission of PROH is to advance evidence-based dentistry by disseminating evidence to the profession, primarily through an annual continuing education course. This year marks the tenth PROH conference with a focus on the latest “myths and controversies.”

There will be two categories of presentations this year. The first is our standard format with four 30-minute presentations that address clinical questions provided by PROH members. Each speaker introduces a myth, controversy, clinical issue or clinical question and presents the two (or more) sides of

the controversy. The speaker then presents multiple choice questions to which the audience responds anonymously based on their opinion of the issue. Then the evidence relative to the topic is presented to the audience, and the audience is then polled again to determine if their opinion has changed or stayed the same. Each presentation takes about 30 minutes with another 10 minutes for Q&A.

The second category of presentations are Encore Topics in which the speakers will re-examine topics previously covered at prior conferences and update the conclusions based on the most recent evidence. Each of these four speakers will have 20 minutes to review and update issues covered at previous conferences.

The format allows for interesting, fast-paced, evidence filled presentations on clinical topics most popular to practicing dentists. Details of the event are below.

NEW TOPICS

Cannabis, caries and consternation: Will pot mottle the teeth black?

Barry Taylor, DMD, FAGD, Assistant Professor,
Department of Restorative Dentistry

Was it the surgery, restoration, or patient? Causes of implant failures.

Jim Katancik, DDS, PhD, Associate Professor
and Chair, Department of Periodontology

Do I really need cone beam in my practice? How can my patients and my practice benefit from this technology?

Shawneen Gonzalez, DDS, MS, Assistant Professor,
Department of Pathology and Radiology

Is that fancy wand really better than my PVS? How accurate are CAD/CAM systems?

Hidehiko Watanabe, DDS, MS, Associate Professor,
Department of Restorative Dentistry

ENCORE TOPICS

Alternative caries diagnostic techniques: Time to throw away the explorer?

Rose McPharlin, DDS, Assistant Professor,
Department of Restorative Dentistry

Stressing out over composite fill technique: Do bulk fill composites really work?

Jack Ferracane, PhD, Professor and Chair,
Department of Restorative Dentistry
and Co-Director of PROH

Which endodontic rotary system works best?

Brian Whitten, DDS, Assistant Professor,
Department of Endodontology

What is the best material for pulp capping?

Tom Hilton, DMD, MS, Alumni Centennial
Professor in Operative Dentistry, Department of
Restorative Dentistry and Director of PROH

Register at www.ohsu.edu/cde or call 503.494.8857.

Cast Gold Study Club



Under the mentorship of Dr's Thad Langford, Brad McKenzie, May Chang, and Barry Evans, the Portland area Tucker Cast Gold study clubs have started a selective course for six students in each dental school class. The course gives the students the opportunity to work in a study club setting while learning the techniques and skills of restoring teeth with cast gold.





The following doctors have volunteered time to serve as instructors for the course:

- Barry O. Evans, DMD
- Travis L. Agee, DMD
- Tasha M. Bollermann, DMD
- Shane L. Ellsworth, DMD
- Bryce O. Evans, DMD
- Dr. Ken Huff
- Jim Kiley, DMD
- Carol A. Klingensmith, DMD
- Rich B. Knight, DMD
- Kent D. Lee, DMD
- Bob Nevin, DDS (Washington)
- Tom V. Orazio, DMD

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G/P PRACTICE FOR SALE IN SE PORTLAND Well established practice for sale that has been in the same location for 38 years. Seller owns building and would either sell the building now or in the future. 1600 SF dental office with 3 operatories. Annual collections over \$270,000. Seller refers out a lot of procedures and gives the buyer great potential for increased revenue. Great location with excellent visibility and hi traffic count. All staff will assist with the transition and stay with the practice. Excellent hygiene program that produces 1/3 of the production. Contact: Buck Reasor, DMD; Reasor Professional Dental Services. info@reasorprofessionaldental.com. 503-680-4366.

G/P PRACTICE FOR SALE IN BEND, OR. Annual collections of \$375,000 on a 3 day work week. 3 fully equipped operatories plus one plumbed for equipment. Professional trained staff will assist with the transition. Well established practice that has been in the same location for over 16 years. Seller owns the building and would be willing to sell at time of practice sale or give a right of purchase. Building is located in a great location with great visibility on a very busy street. Practice has digital X-rays plus a CAT scan. Contact: Buck Reasor, DMD; Reasor Professional Dental Services. info@reasorprofessionaldental.com. 503-680-4366.

PRACTICES FOR SALE

G/P PRACTICE FOR SALE IN COOS COUNTY Annual collections over \$765,000 on a three day work week. Three fully equipped operatories and plumbed for two more. Digital X-rays, Cerec CAD CAM. Well trained staff will stay with the practice and help with the transition. Over \$325,000 in Cash Flow. Hi Net/Lo Overhead practice. Selling Doctor refers out most endo and oral surgery. Located on one of the best locations on the Oregon Coast. Contact: Buck Reasor, DMD; Reasor Professional Dental Services. info@reasorprofessionaldental.com. 503-680-4366.

G/P PRACTICE FOR SALE IN GRESHAM, OR Medical condition dictates sale of practice. Annual collections over \$425,000. 4 fully equipped operatories with Digital X-rays. Fee for service practice with no PPO's Outstanding collection policy. Well established practice that has been in the same location for over 25 years. Outstanding experienced staff will stay with the practice and assist with the transition. Contact: Buck Reasor, DMD; Reasor Professional Dental Services. info@reasorprofessionaldental.com. 503-680-4366.

G/P PRACTICE FOR SALE IN CENTRAL OREGON Outstanding practice for sale with large cash flow. Annual collections over \$1.175M. 7 fully equipped operatories. CT Scan plus digital X-rays. Excellent hygiene program in place accounting for over 40% of production. Outstanding staff will assist with the transition and stay with the practice. Practice has been in the same location for over 33 years. Building located on the busiest street in town with great visibility and access and plenty of parking. Contact: Buck Reasor, DMD; Reasor Professional Dental Services. info@reasorprofessionaldental.com. 503-680-4366.

G/P PRACTICE FOR SALE IN EUGENE, OREGON Collecting over 1 Million annually. Three fully equipped operatories plus one room plumbed for an additional operator. Sirona Conebeam, X-ray Sirona Cerec Omnicam, Digital X-rays. Well trained staff will assist with the transition and stay with the practice. Outstanding collection policy in place. Contact: Buck Reasor, DMD; Reasor Professional Dental Services. info@reasorprofessionaldental.com. 503-680-4366.

PERIODONTAL PRACTICE FOR SALE IN THE WILLAMETTE VALLEY Collecting over \$1,950,000 annually. Hygiene accounts for 50 % of total production. Excellent cash flow. Office has 10 fully equipped operatories. Well established practice has been in the same location for 19 years. Well trained and tenured staff will assist with the transition and stay with the practice. Dr. owns the building and eventually would sell to the buying doctor. Contact: Buck Reasor, DMD; Reasor Professional Dental Services. info@reasorprofessionaldental.com. 503-680-4366.

G/P PRACTICE FOR SALE ON THE NORTH-CENTRAL OREGON COAST Three operatories with digital X-rays. Annual collections over \$585,000. This well established practice has been in the area for 34 years. Excellent collection policy in place. Well trained staff will continue with the practice and assist with the transition. Great opportunity for a young dentist as the selling dentist refers out most endo and oral surgery. Excellent hygiene program in place that produces 40% of the production. Building is in an excellent location with great visibility and would be available to the buyer to purchase. Contact: Buck Reasor, DMD; Reasor Professional Dental Services. info@reasorprofessionaldental.com. 503-680-4366.



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Course content is appropriate for all members of the oral health care team and appears to meet the Oregon Board of Dentistry's requirement for continuing education (CE) in medical emergencies for the renewal of a dental or dental hygiene license. In addition, this course may also be counted towards the CE requirements to renew an anesthesia permit.

details and registration at

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continues on page 34



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NEW! TUKWILA, WA – Well established G/P practice collecting around \$900,000 with great potential for growth. Newly appointed office boasts 4 ops, pano, Dentrax, digital x-rays and more.

PENDING

KETCHIKAN, AK – 100% fee-for-service G/P collecting \$600K. 4 ops updated about 5 years ago. Long established practice in a wonderful community!

ANCHORAGE, AK – Excellent practice collecting over \$900K. 100% fee-for-service! Practice has Prosthodontic emphasis but the production mix is varied.

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ALASKA OMS – Long-established, highly profitable, OMS practice collecting over \$2.8M. Beautiful, spacious, new office and excellent staff. Seller is well respected and willing to transition.

PENDING

ANCHORAGE, AK – Excellent G/P collecting around \$870K. Seller is retiring and relocating. Great cash flow!

ANCHORAGE AREA – Long-established G/P collecting around \$700K annually. Highly profitable, low overhead office has 7 ops (6 equipped) and runs Eaglesoft. Real Estate is also available. Seller is willing to work back if desired.

NEW! KENAI PENINSULA, AK – Exceptional, long-established G/P collecting around \$1.3M annually. Very well managed practice boasts great staff and excellent cash flow! Digital x-rays, CBCT and newer equipment throughout. Seller open to transition and workback as desired.

NEW! ANCHORAGE, AK – Well appointed G/P collecting around \$800K. 5 ops, digital x-rays, pano and newer equipment. Wonderful South Anchorage location! Motivated Seller!

NEW! ANCHORAGE, AK – Excellent G/P collecting around \$1.2 Million on 4 doctor days and 6 hygiene days per week. 8 ops, digital x-rays, and recent updates. Seller is motivated!

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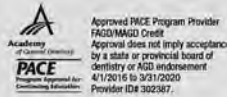
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