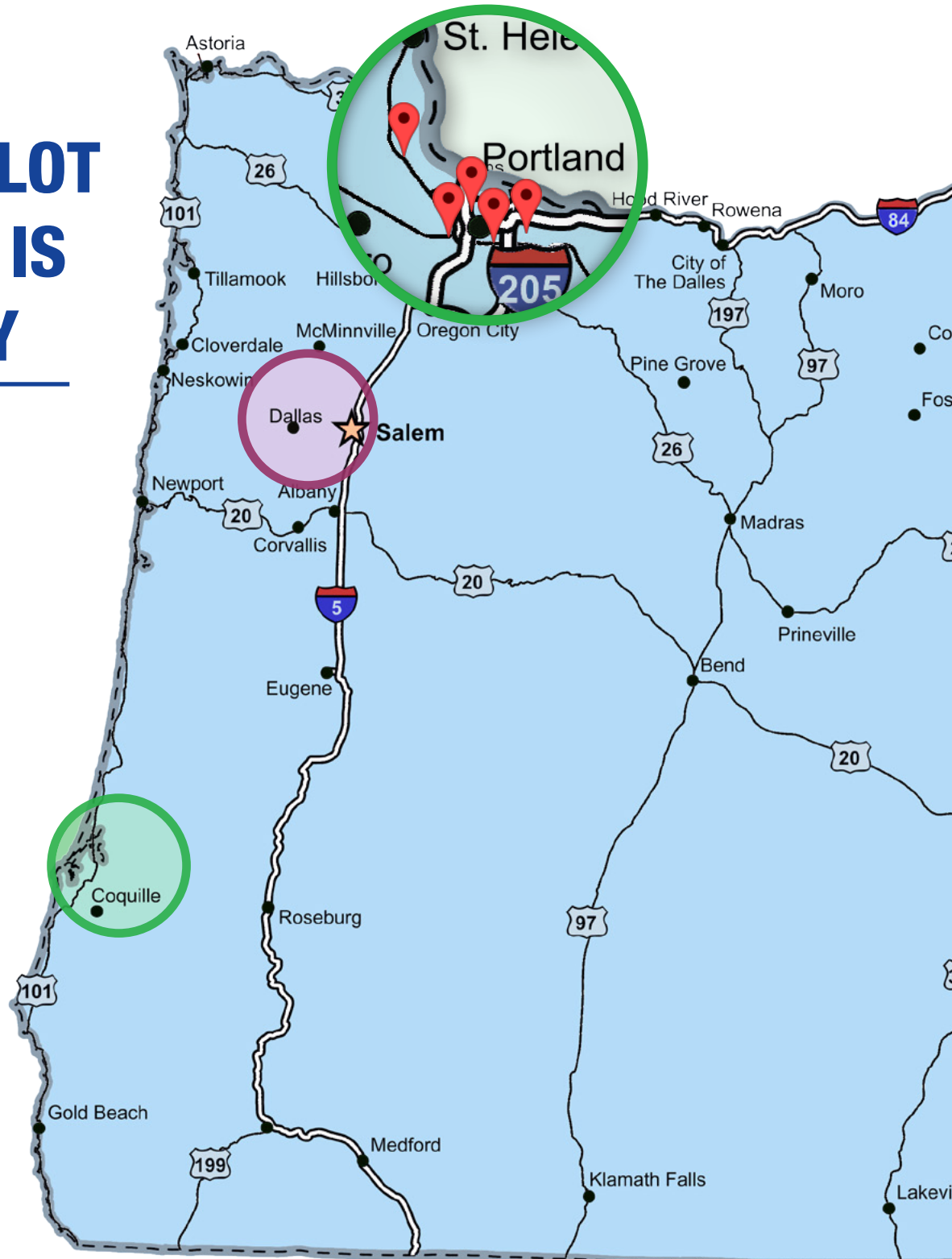





OREGON'S DENTAL PILOT PROGRAM IS UNDERWAY

page 18



 Native American
Rehabilitation
Association
Center

 Pilot
Program #100

 Pilot
Program #200



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Membership Matters

Volume 23, Issue 2 | June 2017

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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By Barry J. Taylor,
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We Have a Work Force Model in Place

IN 2004, WHEN THE DENTAL HEALTH AIDE THERAPIST (DHAT) was started in Alaska, the supporting argument was that Alaska had a Native American population that lived in very distinct remote rural areas which prevented them from receiving dental care. Opponents correctly predicted that once DHATs were employed in Alaska it would just be a matter of time until they would be implemented into communities in the lower 48 states. That assumption was correct. It is 2017 and Oregon will soon have a pilot program, Dental Pilot Project #100, in which DHATs will be employed at many locations. There are many questions in regards to this pilot project.

The narrative evolves as to the need for such a provider. In Alaska, the justification, reasonably so, was that the need for the DHAT was because of geographic isolation of the Native American villages and a lack of dental providers in those remote villages. (Unlike Expanded Practice Dental Hygienists (EPDH), DHATs can use high-speed handpieces and complete extractions). To state that Oregon is similar to Alaska as to the barriers for dental care is not accurate. Oregon does not have a Native American population in areas that have the same type of isolation as they do in Alaska. Even for the population in the rural areas, this is not where the pilot location sites are in Oregon. One of the pilot sites is located in the rural community of Coquille, yet five of the sites are located in the Portland metropolitan area.

The ADA Health Policy Institute states that 91% of Oregon publicly-insured children live within 15 minutes of a Medicaid office. There are those that argue this number is inflated, but regardless of the distance that is needed to reach an office, the statistics have shown that less than 45% of publicly-insured children will not be brought to the office no matter what the distance is. As Dr. Eli Schwarz mentions, one of the simple barriers is transportation. There is significant evidence that a school-based program, such as Dental Pilot Project #200, is the most effective way to provide dental care because it eliminates the transportation issue.

Yet of the five Portland locations for Dental Pilot Project #100, only one is located at a school, and it is not a public school. Only one of the locations is currently a dental office.

Dental Pilot Project #200 uses Expanded Practice Dental Hygienists that are already licensed in Oregon, and the program is focused on providing care at the school. The EPDH care is preventive based and the EPDHs are allowed to place provisional restorations, upon additional training, with definitive treatment being provided by a licensed dentist. Both levels of providers are licensed by the State of Oregon and have a high standard of care that they must maintain.

Oregon currently does not have a category of provider for the DHATs. The Oregon Board of Dentistry did sign off on the pilot program, so the question would be to what level of care will the DHATs be held? Is an open contact or an iatrogenic pulp exposure also subject to discipline if performed by a DHAT, or will there be a different level for the standard of care? The term “adverse outcomes” is frequently mentioned as an objective measure of the success of DHAT-based care facilities. I am always curious as to the definition of what constitutes an adverse outcome. Will the objective measures of these pilot programs be objective (i.e. success rate of pulpotomies performed), or will they be subjective such as patient satisfaction with the care received?

The American Dental Association has been an advocate for the Community Dental Health Coordinator (CDHC). The CDHC can “perform clinical preventive services and community-based outreach duties. In addition to oral health promotion and disease prevention, they can interact directly with populations who are at risk for dental disease, but are unsure of how to access a dental program.” To a certain extent, this is very similar to the EPDH that Oregon currently has. The DHATs however, in addition to providing patient education, will also be performing many procedures that currently only a dentist in Oregon can provide. Proponents often casually remark that this

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.

will allow dentists to provide “more complex services.” There are no services in dentistry that are not complex. Because of the training a dentist receives, the procedure may become uncomplicated for the doctor, but from a patient safety perspective, every procedure is complex. They are exaggerating to say that an extraction is not a complex procedure.

At the end of the day, the simple truth is that Native Americans deserve the same level of care that every other member of our society deserves. Oregon has Expanded Function Dental Assistants that can also place restorations with additional training. As mentioned, we also have EPDHs who will now be able to place provisional restorations until definitive treatment can be provided by a doctor. Oregon has more than a sufficient supply of dentists. Oregon provides public insurance to all qualifying children. DHATs are not going to practice in rural areas, and there is no compelling reason why children will be more likely to be treated by a DHAT if they aren't being treated by a dentist now. 🍷

Welcome New ODA Members!

Andrew Cefalo, DMD,
Clatsop County Dental Society

Travis Chapman, DMD,
Mid-Columbia Dental Society

May Kao, DDS,
Washington County Dental Society

Amanda Kremer, DMD,
Multnomah Dental Society

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Board Highlights

Saturday, April 8, 2017

- ▶ The Board reviewed the ODA Strategic Plan.
- ▶ Dr. Candace Krause was appointed to serve on the Peer Review Council.
- ▶ Dr. James McMahan was elected to serve as the 2017–2018 President Elect.
- ▶ Dr. Ken Chung, Dr. Nalani Oda, Dr. Jill Price, Dr. Olesya Salathe, and Dr. Jim Smith were elected to serve as Alternate Delegates at the 2017 ADA House of Delegates.
- ▶ The Tom Tucker Humanitarian Award was approved.



Events & Education

Provided by Mehdi Salari, DMD

JUNE 2017

6	Continuing Ed., 1 Hour	<i>Medical Marijuana Presented by Barry Taylor, DMD</i>	@ Medford (Sunrise Café)	sodentalsociety@gmail.com
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SEPTEMBER 2017

14	Continuing Ed., 1 Hour	<i>Oral Infection Presented by Michael Doherty, DDS</i>	@ Medford (Smullin Center)	sodentalsociety@gmail.com
19	Continuing Ed., 2 Hours	<i>Leadership in the Workplace Skills for Teambuilding Presented by General Gene Renuart, USAF Retired</i>	@ Eugene (Center for Meeting & Learning)	lanedentalsociety.org
20	Continuing Ed., 2 Hours	<i>Sports Dentistry Presented by David Dowsett, DMD</i>	@ Milwaukee (MODA Plaza)	www.multnomahdental.org or lora@multnomahdental.org

OCTOBER 2017

17	Continuing Ed., 2 Hours	<i>Infection Control for the Dental Healthcare Team Presented by Karla Kent, MA, PhD</i>	@ Eugene (Center for Meeting & Learning)	lanedentalsociety.org
18	Continuing Ed., 2 Hours	<i>Oral Surgery Course Presented by Normund Auzins, DDS, MD</i>	@ Portland (OHSU SOD)	www.multnomahdental.org or lora@multnomahdental.org
20	Continuing Ed., 2 Hours	<i>Radiographic Pathology Presented by James Kratochvil, DDS</i>	@ Medford (Smullin Center)	sodentalsociety@gmail.com
24	Continuing Ed., 3 Hours	<i>Risk Management Presented by DBIC</i>	@ Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com

NOVEMBER 2017

9	Continuing Ed., 1 Hour	<i>Cyber Security & HIPAA Compliance Update, Presented by Eric Engbretson (Action Data Tel)</i>	@ Medford (Los Arcos)	sodentalsociety@gmail.com
10	Continuing Ed., 4 Hours	<i>Balancing Dental Mgmt & Endocrine Disorders Presented by Vipul Lakhani, MD</i>	@ Eugene (Center for Meeting & Learning)	lanedentalsociety.org
15	Continuing Ed., 2 Hours	<i>Practical Practice Tips Presented by Thad Langford, DDS</i>	@ Oregon City (Providence Willamette Falls Comm. Center)	www.multnomahdental.org or lora@multnomahdental.org

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 Leone, cleone@oregondental.org.



Join the Molar Movement

#FightEnamelCruelty



ODA Annual Meeting Council members Joe Jensen, DMD; Robert H. Stephenson, DDS and Jack R. Rocheld, DDS with ODA Executive Director, Conor McNulty, CAE scouting continuing education speakers for future Oregon Dental Conferences at the California Dental Association's Presents.

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.



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How to Pay off Dental School Debt and Thrive as a New Dentist



ACCORDING TO A RECENT SURVEY BY THE AMERICAN STUDENT DENTAL ASSOCIATION, the typical dental school graduate enters the profession with a student loan burden topping \$260,000. That's \$70,000 more than the average medical school grad, according to the Association of American Medical Colleges. Right when dentists are ready to start their careers, the reality of repayment presents a hurdle.

The good news is that you've picked the right profession when it comes to ROEd—the "return on education" you should reap down the road. As a dentist you can expect to earn nearly \$7 million over the course of your career, even after repaying all your student loans. So sure, your education was ridiculously expensive—but you'll likely make that money back, and more.

It's important to have a plan in place for paying down your debt as efficiently as possible. Getting your finances in order early is especially critical if you anticipate borrowing more money down the road, whether to open your own practice or even to buy a house. Here's a review of some student loan payment options available and how to know which one makes the most sense for you.

Student Loan Refinancing

For many dental school grads, consolidating a number of student loans into a single loan, and then refinancing the balance at a lower interest rate is the best choice. Consolidation makes it easier to manage your finances: You'll get one bill each month from a single lender, instead of several bills for varying

amounts that are based on different rates. You could also choose a term that lowers your monthly payments, leaving more money in your pocket.

One decision you'll have to make if you refinance is whether your new loan should have a fixed or variable rate. With a fixed-rate loan, the interest rate stays the same for the life of the loan—which means you'll pay the same monthly amount until your loan is paid off. With a variable-rate loan, the interest rate you pay on your loan will depend on the rate banks charge to borrow from one another. That rate changes month to month, so you can expect that your payments will change each month, too.

Income-Driven Repayment Plans and Loan Forgiveness

If you have federal student loans and your credit history prevents you from refinancing, an alternative is to apply for an income-driven repayment plan. The federal government offers four such plans, each with its own eligibility requirements, but they all set your monthly loan payment at an amount deemed affordable based on your income.

If you qualify for the so-called Income-Based Repayment Plan (IBR Plan), for example, your monthly payment will be limited to 10% or 15% of your discretionary income, depending on the date you first borrowed for school. The repayment period for this plan—and the three others—ranges between 20 and 25 years, and any remaining loan balance after that term is up is automatically forgiven.

That sounds great, until you consider this: There's a chance you'll pay back your loan in full before those 25 years are up. In addition, the interest you'll pay over the life of that loan may be higher than it would have been had you refinanced over a shorter term. And, even if you do have a remaining balance when the plan ends, the forgiven amount may be considered taxable income under Internal Revenue Service (IRS) rules. The math might work out in your favor, but it's worth a close look before you commit.

The Choice is Yours

Should you consider refinancing, remember this: SoFi members who refinance their student loans save an average of more than \$22,000. Add to that the fact that when you refinance with SoFi there are no origination fees and no prepayment penalties, you could potentially be saving quite a bit of money.

No matter how you decide to tackle your dental school debt, your student loans will be a thing of the past—just a hurdle you had to clear so you could follow your dreams. 🎯

Oregon Dental Association has partnered with SoFi to offer its members a 0.125% Rate Discount on their refinanced student loans.

To receive your discount, apply online at: SoFi.com/OregonDental

ODA Board of Trustees Nominations

Nominations are now open for the following offices, to be elected by the ODA House of Delegates, November 10.

LEADERSHIP DEVELOPMENT COMMITTEE

Positions Open: Five
Term: Three years

BOT AT-LARGE MEMBER

Positions Open: Two
Term: Four years
Declared Candidate:
Kevin Prates, DDS,
Mid-Columbia Dental Society

SECRETARY TREASURER

Positions Open: One
Term: Three years

ADA DELEGATE AT LARGE

Positions Open: One
Term: Three years

All ODA members are encouraged to participate in the leadership of this organization. For more information about any of these positions, call 503-218-2010 or email cleone@oregondental.org.

Interested applicants should submit a letter of interest and a one-page resume. Email your materials to leadership@oregondental.org, or mail to:

ODA Leadership Development Committee
Kent D. Burnett, DDS, Chair
Nominating Sub-Committee
8699 SW Sun Place, Wilsonville, OR 97070

Moda, Inc. Board of Directors Call For Applicants

DENTAL DIRECTOR

Positions Open: Three
Term: Four years
Incumbents:

David W. Howerton, DMD
Patrick M. Nearing, DMD

If interested, the deadline to submit materials is August 1, 2017. Submit materials and/or questions to leadership@oregondental.org.

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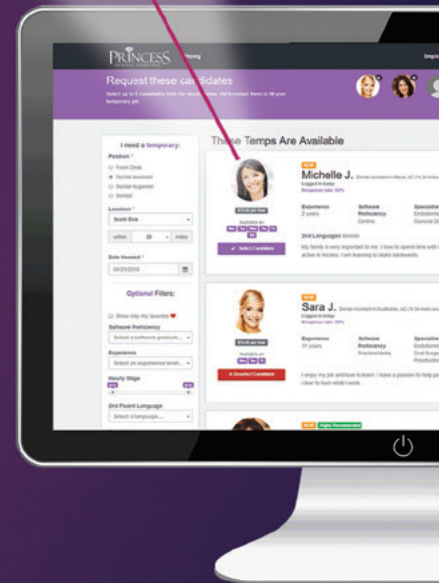


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OSHA Training For Your Practice

Keeping Your Employees Safe

ODA staff queried a technical specialist at Oregon OSHA on standard training requirements for dental offices, and this is what we learned:

Q How often are dental offices required to hold OSHA meetings?

A OSHA has annual training requirements, which means training needs to happen within 12 months of the previous training. An office could choose to spread out the various topics and training over a year, or do them all at one time.

The OSHA rule doesn't specify how many hours the training should last—just what topics must be covered. Employees who are part of an employer's Bloodborne Pathogens program must have annual refresher training. The Bloodborne Pathogens Standard* requires employers to develop a written exposure control plan and outline how the office will comply.

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.

For Questions? contact the ODA office at 503-218-2010.

Q How are OSHA meetings and safety meetings different?

A An office with fewer than ten employees must hold a safety meeting at least quarterly, but could incorporate it into the monthly training meetings. Safety meetings should include discussions on workplace safety or health conditions in the office and any accident investigations and suggestions for corrective measures. New employees must be trained on Personal Protective Equipment (PPE). All staff is to be updated when changes in the workplace make previous training obsolete.

Q What information is required to be posted in an office?

A Emergency action plans must be in writing, posted and accessible in an employee work area unless you have ten or fewer employees, then a verbal plan may be used in its place. These would include, fire, emergency and evacuation. See OSHA webpage for more information. 📄

i Find this information online at:

Staff Training: <http://osha.oregon.gov/OSHAPubs/betrained/be-trained.html>

***Bloodborne Pathogens Resource:** www.osha.oregon.gov/pdf/pubs/2261.pdf

Health Policy Institute's Marko Vujicic Testifies in Oregon on Dental Care Access

ON APRIL 26 AND 27, MARKO VUJICIC, the ADA Health Policy Institute's Chief Economist, testified before the House and Senate Health Care Committees regarding the growing number of dentists in Oregon, and Medicaid patient access to full service dental care in the state.

His presentation *Measuring What Matters* was peer reviewed by EconNW of Portland. It projected a net increase in the number of dentists in Oregon: 72.5 dentists per 100,000 people in 2035 compared to 69.1 per 100,000 people in 2015. When basing the analysis on full time equivalent (FTE) hours worked per year, or on patient visits per week, the supply of Oregon dentists still showed a significant net increase after retirements, deaths and those leaving the state. The study also projected a dramatic net

increase in the number of female dentists from 26% in 2015 to 37% in 2035.

Regarding access to care, the study found 91% of publicly insured children live within a fifteen-minute drive from a Medicaid dentist. However, just over 42% of Oregon Medicaid insured children had visited a dentist in the past year. This compares to nearly 50% nationally, and puts Oregon in the bottom 11 among states, strongly indicating access barriers other than proximity to care in Oregon.

Dr. Vujicic's research showed Oregon's Medicaid reimbursement rates are among the lowest in the United States for both children and adults. As a result, Oregon dentists are reimbursed well below the cost of services (approximately 40% or lower), making it extremely difficult for dentists to provide services to Medicaid patients and remain in practice.

Among adults nationally, access to dental care is strongly influenced by cost: 59% of surveyed adults who had not visited a dentist in the past year cited cost as the major barrier, followed by fear, inconvenient time or location, and other reasons.

Also, 33% of adults nationally said they reduced their participation in social activities due to the condition of their mouth and teeth, and 22% said appearance of mouth and teeth affected their ability to interview for a job. Among low income adults, that percentage jumped to 41%. Dr. Vujicic summarized the research findings in Oregon:

- ▶ The supply of dentists is expected to grow steadily
- ▶ Geographic coverage of dental care providers is extensive
- ▶ Dental care use is low among publicly insured children
- ▶ Main barriers to dental care among adults is related to cost and fear, not lack of providers

Based on his Oregon research, Dr. Vujicic came to three conclusions for consideration by Oregon policy makers:

1. Need to focus less on supply of dentists and more on navigation (connecting patients to a dental office)
2. Need to re-examine adult dental benefit design to focus much more on dental outcomes
3. Need to accelerate innovations in payment and care delivery to focus more on outcomes 🎯



To read *Measuring What Matters*, go to www.oregondental.org/oregonactionfordentalhealth

Legislative Session Update

THE OREGON DENTAL ASSOCIATION, IN PARTNERSHIP with stakeholders, has proposed a legislative package entitled *Oregon Action for Dental Health*. The purpose of these bills is to address the full service dental care needs of children, Medicaid patients, rural, and tribal communities in Oregon. While the number of dentists in Oregon is growing in proportion to population growth, the dental profession recognizes needs exist in underserved communities. These bills are designed to help meet those needs.

Renewal of the Rural Practitioners Tax Credit (SB 178, introduced at request of Interim Senate Finance and Revenue Committee)

Oregon currently provides up to \$5,000 in tax credits for Oregon licensed

dentists who practice in ten rural counties (Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa, and Wheeler) **OR** in cities with under 5,000 people living 25 or more miles from another full-time general dental practice. The tax credit program expires December 31, 2017. *ODA strongly supports reauthorization of the tax credit to 2024 to encourage dentists to practice in rural communities throughout Oregon.* The bill is before the Joint Tax Credits Committee for consideration.

Funding for the Oregon Medicaid Primary Care Loan Repayment Program (2017–19 Budget)

The Oregon legislature established this program to provide loan repayment

to primary care clinicians, including general practice and pediatric practice dentists, who serve Medicaid patients in underserved areas of Oregon.

In exchange for a minimum three years of full-time service in a qualifying site, awardees may receive up to \$105,000 to repay qualifying debt, including government or commercial student loans received for the sole purpose of covering graduate health education costs.

The ODA strongly supports the funding of this program to encourage dentists to practice in rural areas.

The budget for this program is in the Joint Ways and Means Committee for consideration.

continues



BlatchfordTransitions

After 30 years of coaching Doctors, Blatchford Solutions is excited to announce a new, full-service brokerage business, Blatchford Transitions, Inc. Beginning June 1, 2017, Blatchford Transitions will offer services nationwide, helping dentists to buy and sell dental practices.

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We look forward to working with you when it is your time to buy, sell or merge a practice. Please visit our website blatchfordtransitions.com or call us toll-free at (844-735-7600) to discuss your transition needs.

continued

Native American Health Scholarship (SB 911, sponsored by Senators Ferrioli, Roblan and Kruse)

Oregon Indian tribes and the Oregon Dental Association are collaborating on legislation to create a scholarship to cover the entire cost of university tuition and fees for qualifying Indian health profession students, including dental students, at Oregon Health Sciences University.

Graduating students would commit to a minimum of one year of service for every year of scholarship, by working in a qualifying tribal health service site after completion of an OHSU graduate, residency, or training program. There are provisions in the bill providing for the repayment of the scholarship if a student fails to graduate or fulfill the service commitment.

ODA strongly supports this legislation to train and incentivize Oregon tribal members to practice in tribal communities. SB 911 is in the Joint Ways & Means Committee for funding consideration.

Oral Health School Screenings Law (HB 3181, sponsored by Representatives Keny-Guyer and Hayden)

In 2015, the ODA and other stakeholders successfully advocated for the enactment of HB 2972, requiring school districts to collect dental screening information for school children under age seven entering school for the first time. Schools must provide preventative dental care information to new students, and may perform dental screenings.

If schools opt to provide screenings, the screenings must be provided by either:

- ▶ A licensed dentist, licensed dental hygienist or health care practitioner acting in accordance with State Board of Education rules, **OR**
- ▶ A person who is an employee of an education provider **AND** is trained in accordance with Oregon Health Authority guidelines **AND** following State Board of Education rules.

School districts **shall** report the percentage of students who fail to submit a screening certificate to the Oregon Department of Education every year. (Certificates can be school screenings or from a child’s dentist.) Parents **may** opt-out of dental screening requirements.

ODA is seeking to require reporting of aggregate data regarding the severity of oral health diseases found during screenings. This will provide reliable data for policy makers regarding program and funding decisions for the dental health of Oregon’s children. The bill is under consideration in the Senate Health Care Committee.

Public Notice re Changes to Fluoridation of Water Supplies (SB 878, introduced by the Senate Health Care Committee)

This would have required water suppliers to notify consumers of proposed changes to water fluoridation. *ODA strongly supported this legislation.* Unfortunately, it died in committee.

In-Office Anesthesia

On defense, ODA successfully killed an amendment that would have required dentists to have hospital admitting privileges to administer in-office anesthesia to patients. The amendment would have done nothing to improve patient safety, but would have negatively impacted patient access to care.

ODA member Dr. Normund Auzins, an oral surgeon and faculty member at OHSU, testified against the bill and was extremely effective. As a result, the amendment died, and the Boards of Dentistry, Medicine and Nursing agreed to study the issue. ODA will monitor the study process, and thanks Dr. Auzins, and Drs. Brandon Schwindt and Mark Mutschler for their invaluable expertise. 🙏

For further information, contact ODA Government Affairs Office at 503-218-2010.



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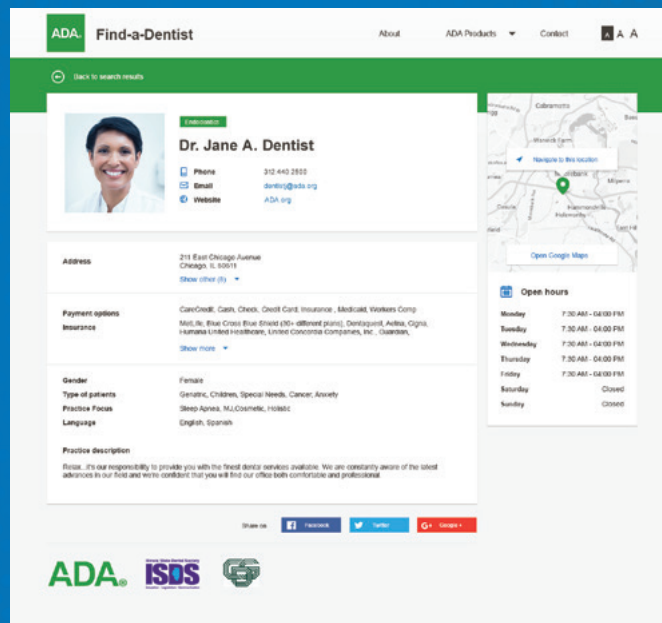
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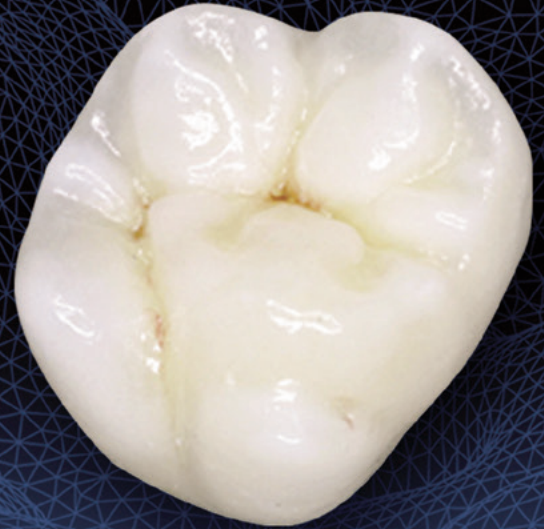
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THROUGH THE LOUPES



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

Kristen Smith, DMD



What membership benefit do you value most?

Two things: Knowing that there is an advocacy team helping to preserve our profession is something I take for granted. Truly it is so important to protect our profession and our patients at a national level as well as a state level. I cannot thank those that advocate for us and our patients enough. Secondly, the charitable arm of the ODA—the Dental Foundation. I have always been impressed by the tooth taxi and the countless hours dentists and staff commit to helping the children in our state. When I read in one of the Membership Matters publications that my friend and classmate Anthony Ramos started the Prineville Paddy Pint run to benefit the DFO he discussed the success of the run and called us in to action to join I thought sure we can do it. We had our first annual Salem Paddy Pint 5k with 377 participants multiple amazing sponsors and raised \$3500 for the Dental Foundation. I was so amazed by the effort my dental team willingly put forth to make the event happen. I was also blown away by the interest from so many dental offices in Marion County. We hope to expand this year with a children's 1k and possibly a 10k.

How has the membership in the ODA been of value to you and your practice?

I love being a part of a group that is looking to advance and promote the highest standard of oral healthcare. I have taken advantage of things like continued education classes at a reduced rate, the many helpful publications,



help with the employee handbook, sharing helpful nutrition and oral health articles on social media, to using the mouth healthy kids site for handouts to use for presenting information in elementary classrooms. I even used the Drinks Destroy Teeth experiment outlined on the site in a second grade classroom this year it was a hit.

Why did you become a dentist?

I originally had plans to become a small animal veterinarian. After shadowing many and taking courses in my animal science major I came to the conclusion my third year at Oregon State University that my “plan” suddenly did not feel right. Hard concept to accept as it was a dream of mine since a young age. Coincidentally I had a friend in my science classes that was pre-dental. As I listed my ideal career qualities it hit me that they aligned perfectly with dentistry. I also had plenty of experience being the patient congenitally missing ten teeth and orthodontia for over eight years. I truly understood the social side of how important teeth are. It was an epiphany moment, I knew how to help others.

What accomplishments are you most proud of?

1. My faith. 2. My husband and two children, being a parent is the hardest and most rewarding job. 3. My practice, I had the wonderful opportunity to work for an amazing dentist and person, Kinley Adams. His life was too short but I am reminded of him every day through the dental team and incredible patients. He was truly kind and someone I hope to emulate.



What would your colleagues be surprised to learn about you?

I do not handle large amounts of blood well. I nearly fainted in the surgical rotation in dental school. I have yet to successfully donate a full bag of blood as I start to faint midway.

Favorite dental procedure?

Large anterior composite restorations especially after trauma. The challenge of restoring what was once there.

Most valuable thing you did to enhance your career?

Continued to take lots of classes, and I stopped performing procedures that I did not fully enjoy. Adult extractions and endodontics are not my favorite. I refer those or have my associate do them.

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

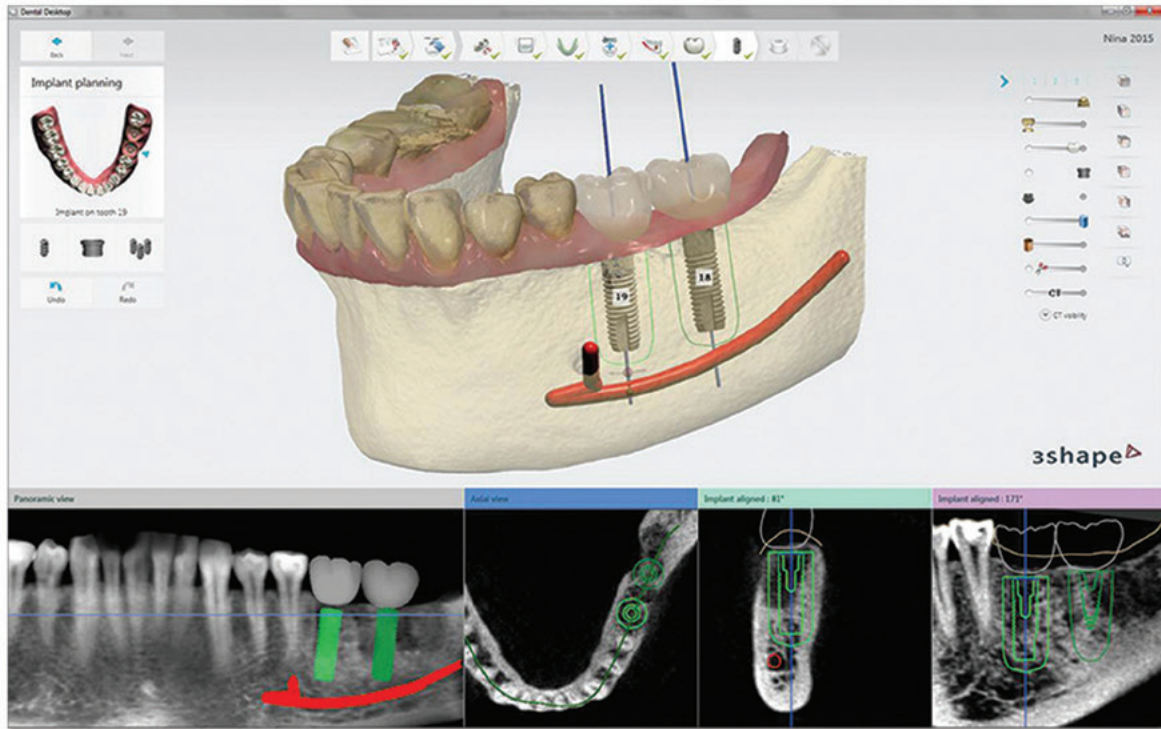
Volunteer your time and services locally and internationally. The feeling of helping someone that truly appreciates and values your time and services will in turn rejuvenate you. Also, continue to learn. Our profession will continue to evolve. We need to keep challenging ourselves to learn new techniques and materials and do proper research on them before implementing.

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

Anything outdoors with the family: hiking, biking, running, camping. I also enjoy cooking and baking. This year, I had the opportunity to coach my son's soccer and t-ball teams. Balance is definitely a work in progress. 🎯

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OREGON'S DENTAL PILOT PROGRAM IS UNDERWAY

By Blake Ellington

WHEN CHILDREN IN POLK COUNTY GO TO SCHOOL, their parents may be able to schedule some time for them to get dental work done on school grounds. In fact, many children are currently being treated through a Dental Pilot Project approved by the Oregon Health Authority (OHA) that is carried out by an Expanded Practice Dental Hygienist (EPDH). The EPDH conducts a dental exam and sends case notes to a dentist via telehealth technology for treatment guidance. This particular program, which was developed by the Oregon Health & Science University (OHSU) in collaboration with the University of the Pacific, Arthur A. Dugoni School of Dentistry and Capitol Dental Care, allows the EPDH to place interim therapeutic restorations after they have gone through the necessary training.

Here is how it works:

After parents have given consent for the child to be seen at one of the

four schools currently participating in the project, the child visits the EPDH at the school. The EPDH, which is on the school grounds for around three months, conducts an exam, looking at the soft tissue while a dental assistant takes down notes. If a cavity is found, it is marked. A bitewing x-ray is performed using a portable x-ray machine and an intraoral camera is then used to photograph the child's teeth and mouth. After all of this information has been collected, the EPDH and the dental assistant send it off via telehealth technology to a supervising dentist with Capitol Dental Care, a partner in the project, and that dentist then provides a treatment plan. If the dentist says the child is in need of an interim therapeutic restoration, then the onsite EPDH, under this pilot program, will provide it to the child after their parents give consent. If the treatment is beyond the scope of the

EPDH then that child is referred to the local dental clinic.

An EPDH is allowed to administer the scope of services of a hygienist without the direct supervision of a dentist. This particular pilot program adds the additional scope of performing interim therapeutic restorations after receiving training.

The project, known as "Training Dental Hygienists to Place Interim Therapeutic Restorations," is one of two Dental Pilot Projects currently being implemented in the state of Oregon. The state's Dental Pilot Program, established by the ODA-supported 2011 bill *SB 738*, requires that each project go through an application and approval process conducted by the OHA. The OHA also monitors the projects closely, including progress reports and site visits. In addition, the projects must adhere to complying with objectives and regulations.

Each dental pilot project has to meet criteria from the OHA to apply and get approved, and the application must comply with the requirements of Oregon Administrative Rules. In addition, each project must achieve a minimum of one of the following:

- ▶ Teach new skills to existing categories of dental personnel
- ▶ Develop new categories of dental personnel
- ▶ Accelerate the training of existing categories of dental personnel
- ▶ Teach new oral health care roles to previously untrained persons

OHA states on its website the goal of the Dental Pilot Programs is to “encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care.”

The OHA approved the EPDH pilot project in February 2016 and at the start of the fall school year in 2016, the first participating EPDH in Oregon began going into Polk County schools providing dental exams and interim therapeutic restorations. According to the Dental Pilot Project’s application to the state, “Oral Health needs assessment suggested that 34.3% of the Polk County residents had no dental visit in the last 12 months.”

“Everywhere you go outside of Portland you run into high-need populations in the Medicaid population. The big problem is transportation. People don’t have cars, or the person who is the bread winner of the family needs the car.”

Eli Schwarz, KOD, DDS, MPH, PhD, FHKAM, FCDSHK, FACD, FRACDS, is a professor and chair of the Department of Community Dentistry at OHSU, and director of this project.

“Everywhere you go outside of Portland you run into high-need populations in the Medicaid population,” Schwarz said. “The big problem is transportation. People don’t have cars, or the person who is the bread winner of the family needs the car. Plus, the majority of general practitioner dentists don’t take Medicaid.”

Schwarz says he expects to provide the OHA with a report this summer/fall on the results from this school year, specifically how many interim therapeutic restorations were completed. Data collected from the initial launch of the program found that of the distribution and collection of parent consent forms that were sent out, 83% of them were returned, Schwarz and his team expected that number to be more like 70%. And the percent of children who receive prevention services in the school setting is 90%, the target was 75%.

The EDHPs participating in the program go through mandatory simulation training. During their training, they don’t use any rotating instruments and do not administer anesthesia, according to Schwarz. He said the hygienists learn how to prepare a tooth for restoration with hand instruments and do the etching and filling with glass ionomers. They have to see ten patients as part of their training. According to the Dental Pilot Project’s application to the state, “Didactic training will be held via online management system called Sakai, webinars, and in-person meetings in the conference rooms at Capitol Dental Care.” In addition, “Laboratory and clinical training will take place at Capitol Dental Care.”

The first Dental Pilot Project approved in Oregon and being rolled out is the “Oregon Tribes Dental Health Aide Therapist Pilot Project,” which is being administered by the Northwest Portland Area Indian Health Board (NPAIHB). This Pilot Project is modeled after the Alaska

Dental Therapist Model, which was established in 2004 and sends Dental Health Aide Therapists (DHAT) into Alaska native communities to provide oral health education and routine dental services. According to the Alaska Native Tribal Health Consortium website, the program has “expanded much-needed access to dental care and prevention services for more than 40,000 Alaska Native people living in 81 rural Alaska communities.”

Here is more from the Dental Pilot Project’s description on the OHA website:

“The Alaska DHAT program is modeled off the international model of dental nurses that have been providing oral health services in nearly 100 countries around the world. This modernization of the dental team has put DHATs on the frontlines in Alaska, wiping out decay and improving overall oral health in previously underserved tribal communities.”

The description goes on to state that, “Prevalence of tooth decay in AI/AN [American Indian/Alaska Natives] children ages 2 to 5 is nearly three times that of white children in the U.S.” and “More than 40% of AI/AN children ages 3–5 have untreated tooth decay compared to 14% in the general population.”

Christina Peters is the project’s director with the NPAIHB and said the need isn’t much different in Oregon than it is in Alaska.

“Everyone thinks about Alaska as being a frontier, but if you look at the barriers to care in Alaska and Oregon and put them side by side you won’t see a lot of difference,” Peters said. “It’s also important to remember, dental therapists are tailored to their community for the barriers they are facing.”

Peters said they currently have four DHAT students being trained in Alaska with the first student graduating in June. (Three students will graduate next year.) That graduating student will then return to their tribe in Oregon where they will need to complete a minimum of 400 hours of

continues

continued

preceptorship with a supervising dentist at a dental clinic. When the training is complete, the DHAT can conduct preventative and routine restorative treatment. This student will be the second outside graduate of the Alaska program to practice in the lower 48 states, and the first in Oregon, according to Peters. Peters said the Oregon tribe where this student is from is excited to

have someone come back to care for her own community.

“This pilot project would not be happening if the community was not fully invested,” Peters said. “There is a lot of pride in the students and their accomplishment and their future role.”

The DHATs who graduate and come back for their 400 hours of

preceptorship will be working in the following Oregon tribes:

- ▶ Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
- ▶ Coquille Indian Tribe
- ▶ Native American Rehabilitation Association

OREGON DENTAL PILOT PROGRAM

The Goal (According to the Oregon Health Authority):

To encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care.

The Current Projects

DENTAL PILOT PROJECT #100

Oregon Tribes Dental Health Aide Therapist Pilot Project. Develops a new category of dental personnel in Oregon and teaches new oral health care roles to previously untrained individuals. The program utilizes the Alaska Dental Health Aide Therapist (DHAT) program that has been providing services in Alaska.

TRAINING

Occurs in Alaska and one year prior to the graduation of the trainees, an experienced DHAT will come to the pilot site to begin offering services alongside the supervising dentist. When the DHAT trainee returns to his or her tribe to complete a minimum 400-hour preceptorship with the supervising dentist, the experienced DHAT will continue to serve the community and work as part of the dental team. After the trainee has completed the preceptorship, the experienced DHAT, the supervising dentist and the newly trained DHAT will work together for at least one year.

STATUS

Four DHAT students being trained in Alaska, with the first student graduating in June. (Three students will graduate next year.) The students who graduate will then return to their tribe in Oregon where they will need to complete a minimum of 400 hours of preceptorship with a supervising dentist at a dental clinic.

DENTAL PILOT PROJECT #200

Training Dental Hygienists to Place Interim Therapeutic Restorations. Trains Expanded Practice Dental Hygienists (EPDHs) to perform interim therapeutic restorations when directed to do so by a collaborating dentist. The interim therapeutic restoration is an interim restoration designed to halt the progression of dental caries until the patient can be treated by a dentist.

TRAINING

Mandatory simulation training. During their training, they don't use any rotating instruments and do not administer anesthesia, according to the project's director. Hygienists learn how to prepare a tooth for restoration with hand instruments and do the etching and filling with glass ionomers. They have to see ten patients as part of their training. Didactic training is held via an online management system called Sakai, webinars and in-person meetings at Capitol Dental Care. Laboratory and clinical training takes place at Capitol Dental Care.

STATUS

The state approved the EPDH pilot project in February 2016 and at the start of the fall school year in 2016, the first participating EPDH in Oregon began going into Polk County schools providing oral health exams and interim therapeutic restorations.

The dental therapist coming back to finish out their training in June will work as part of a team that includes a full- and part-time dentist, dental assistants and front desk staff, Peters said.

“Public health dentists involved in these types of programs have reported increased care efficiency. These dentists are in the trenches of basic dentistry—drilling, filling and extracting teeth—and because of this they aren’t able to provide more complex services,” Peters said. “Having a dental therapist on the team can take over and allow dentists to work at the top of their scope.”

The Oregon dental therapist model will look similar to the program in Alaska, according to Peters, but how the dental teams deploy their resources may look different. How those resources are deployed is a decision made by each dental team, but decisions made outside of the scope of what was approved by the state in the original application

has to go back to the OHA for sign off, Peters said.

So far, Peters and her team have reported baseline data to the state and next year will be able to provide data from the first year as they have to show measurable outcomes that look at patient safety, quality of care and the procedures that are happening, Peters said.

The initial project is approved until 2021 with a sunset date in 2025.

Peters says Dental Pilot Projects like this one are good for both patients and dentists.

“Dental therapy is a good opportunity for the people getting care, but also for those providing basic services. It will drive demand for more complex treatment that only dentists can provide,” Peters said. “The underserved areas face an access to care issue and this is evidence-based and working around the world. We’re replicating those results in Oregon to help increase access to care.”

Schwarz hopes to run his project over a five-year span to provide enough data that can help make the case for such a model from both a financial and health provision point of view.

“We want to make the case that if you work this way, we can increase the number of children who don’t need to go to a clinic and make it a good business model because the dental clinics would then be more available to adults,” Schwarz said.

And Schwarz said this model is something that could be adopted by general practice dentists as well.

“This is not limited to a university collaboration, it could be done by a dental practitioner,” he said. “I think it is a way to ensure that part of the goals of the profession to obtain health are met. This is one of the ways it could be managed.”

For more information on Oregon’s Dental Pilot Program, visit public.health.oregon.gov.

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Mentor Dinner

ON THURSDAY, MAY 11, THE OREGON DENTAL ASSOCIATION'S new dentist council sponsored a mentor dinner at OHSU for all dental students. The mentor dinner is designed for ODA members to share their advice and experience with OHSU students. Last year was one of the most successful years in attendance and the 2017 Mentor Dinner grew by an additional 33%. More than 75 mentors and students attended the event filled with networking bingo, prizes and tours of the building for the mentors. With support from the OHSU ASDA chapter and the School of Dentistry's Student Affairs office, the event was a great success! 🍷

ATTENDANCE: 49 Students, 29 Member Mentors





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FOR MANY OREGONIANS WHO ARE ELDERLY or have chronic health conditions, access to proper dental care can seem unattainable due to limited resources. Through Donated Dental Services (DDS) Program, a program of Dental Lifeline Network Oregon, these individuals can have access to desperately needed care and treatment.

Jonathon is a 56-year-old man with progressive multiple sclerosis who has not only gradually lost physical function since diagnoses, he has also dealt with chronic infections and tooth loss in the front part of his mouth. Dental Lifeline Network Oregon Leadership Council

Chair, Dr. Gerald Kennedy is one of 289 Oregon DDS volunteer dentists who donates his services to help people just like Jonathon. In normal circumstances, Dr. Kennedy may have prescribed treatment that included a partial denture, but with Jonathon's unique needs, he wanted to do more. Jonathon has limited use of his arms and utilizes an electric wheelchair for mobility; it would be difficult for him to keep up with the maintenance required for a removable partial denture. Thanks to fellow DDS volunteer, Davis Dental Laboratory, Jonathon was able to receive a Zirconia fixed bridge.

"I believe we gave Jonathon his smile back. He was the most grateful person; it was a real pleasure to help him out."

– Dr. Gerald Kennedy, DDS volunteer.

Jonathon is only one person, but thousands of individuals who are elderly, have disabilities, or are considered medically fragile with similar stories are in need of assistance.

Patients who qualify as medically fragile are those who may need a "clean bill of oral health" to receive chemotherapy for cancer or autoimmune diseases, an organ transplant, dialysis, cardiac surgery, or those who have crippling arthritis and need a joint replacement.

continues



Dr. Gerald Kennedy with a very grateful Jonathon. Dr. Kennedy has volunteered his services with DDS for almost 25 years.

continued

Since 1988, more than 2,800 people have received almost \$9.7 million in donated treatment through DLN Oregon, and the DDS program. In addition, 95 local and out-of-state dental laboratories donate fabrications.

In 2014, the Oregon Dental Association (ODA) advocated for reinstatement of funding from the State Legislature to help DLN expand its programming in the area and hire a full-time program coordinator. For providers, the experience goes well beyond the dental office.

“When you give with no expectations of anything in return, you always get more in return. Everyone always feels good because the DDS patients are great people and very appreciative. It makes for a great day and puts a smile on everybody’s face.”

– Dr. Gerald Kennedy, DDS volunteer.
Join other Oregon DDS volunteers to help vulnerable people who have no access

to dental care. More than 350 people are on the waitlist statewide and 107 people are waiting in Multnomah alone. You can treat one patient per year or as many as you choose.

Here is how DDS makes it easy to volunteer:

- ▶ Patients are prescreened
- ▶ You may review the patient profile in advance and choose to see or decline any patient
- ▶ You determine your own treatment plan
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- ▶ Never pay any lab costs
- ▶ There will be no extra paperwork for you or your staff

Oregon DDS Program Coordinator, Jessica Forsythe, screens patients to determine eligibility, coordinates involvement with specialists and laboratories, and serves as a liaison between dental practice staff and the patient.

Dental Lifeline Network Oregon is part of the national Dental Lifeline Network (DLN) organization, a charitable affiliate of the American Dental Association. DLN serves patients in all 50 U.S. states through more than 15,000 volunteer dentists and 3,700 laboratories. For more information, please visit www.DentalLifeline.org/oregon.

To volunteer, please contact Jessica at jforsythe@DentalLifeline.org or 503.594.0837 or go to <https://dentallifeline.org/volunteer>. To learn about the experience from the provider’s perspective, feel free to contact Dr. Gerald Kennedy, Chair of Oregon DLN Leadership Council, at 503.209.4641 or drkennedy@kennedydentalpdx.com.



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Update from the Tooth Taxi

Dr. Amanda Rice

THE TOOTH TAXI TEAM WAS BACK IN PORTLAND after a fulfilling two week stay in Southern Oregon providing services to the Klamath county school district. A remote and scenic region several miles north of the California border, the city of Klamath and Chiloquin offered new opportunities to explore a diverse community and provide dental care to many appreciative families. The hospitality of staff, dedicated volunteers and the joyfully cooperative students, allowed our team to make impactful change in the lives of many children.

A highly productive visit, the Tooth Taxi examined and treated children with some of the highest need seen this year. Treatment hours were spent alleviating many grade schoolers from oral pain, chronic infection and severe cases of rampant decay.

The results after a week of treatment were dramatic. During the site visit children would come onboard for return appointments to exclaim how much better they felt after being relieved from dental discomfort. "I don't have pain anymore!" exclaimed 4th grader Dakota when she was escorted onto the Tooth Taxi for her second visit. The smile and joy on her face will never be forgotten. She couldn't wait to have "more teeth fixed."

We have the ability on the Tooth Taxi to change lives. We are empowered by experiences and encounters, such as Dakota's, to continue our mission. We are looking forward to our next site visits to Seaside and Tillamook and hope you can follow us on our journey. Thank you to our dedicated sponsors, donors, friends and volunteers who make our mission possible. 🌟



Summary of Tooth Taxi Results

September 2008 – May 4, 2017

18,743

students screened

10,657

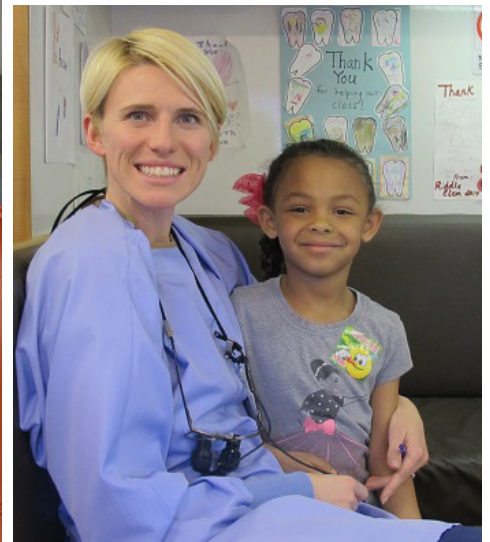
appointments in the van

19,806

students received oral hygiene education in the classroom

\$6,197,491

value of free dental services provided



Thinking about a move?

- Dental Opportunities
- Space Available
- Practices for Sale
- Equipment for Sale

www.oregondental.org



DENTAL OPPORTUNITIES
GENERAL DENTISTRY

OUR MODERN PORTLAND OFFICE IS LOOKING to add a forward thinking dentist with excellent communication skills to help support the growth of our thriving practice. This a phenomenal opportunity to join a well-established private practice that is second to none when it comes to the patient experience and care. We need an associate that can project a positive, sincere, professional image, has strong production skills and the drive to succeed. A minimum of 3 years experience and Cerec experience is preferred. om@mintdentalworks.com.

WELL ESTABLISHED DENTAL PRACTICE SEEKING SELF-AWARE, MOTIVATED DENTIST with a good personality and excellent clinical skills for approximately 4-5 days per week, including every other Saturday. Need to have a proven ability to diagnose and treatment plan. Experience in Oral Surgery and Endodontics a plus. Please submit C.V. via email to jennifers@wendeldental.com. No new graduates please.

SEEKING FULL TIME GP FOR PORTLAND, OREGON. Great benefits, flexible schedule, total autonomy, mature practice. OR dental license required. Call or email for more information: 360-449-5618 BrushR@interdent.com.

DENTAL OPPORTUNITIES
GENERAL DENTISTRY

ASSOCIATE DENTIST—BEND, OR PureCare Dental is a family-owned dental practice looking for a full-time or part-time associate dentist. We are a fast-growing, modern, fee-for-service practice in Bend, OR that averages over 70 NPs per month—no PPOs or capitated plans. We have all-digital technology, new A-Dec equipment, and a beautiful modern office. Our dental team and patients are the best in the business. Our highest priority is patient experience, so a great personality with an unwavering focus on the patient's well-being is paramount. You get to treat patients like family—no compromises. Enjoy the freedom of autonomy, with the advantage of consulting with the owner dentist on techniques and procedures. We also demand clinical excellence in general dentistry, including family and cosmetic dentistry. Applicants need to have at least 3 years of experience, with a broad range of skill sets including, but not limited to: oral surgery, molar endo, and crown and bridge. Our expertise in business will allow you to focus on doing what you do best while earning the income you want. Great benefits and partial equity opportunities available. We are busy, dynamic, and growing—and we have a full-time or part-time opportunity ready for you today! Want to be part of something special? Tell us a little more about yourself by sending us an email at info@purecaredental.com.

DENTAL OPPORTUNITIES
GENERAL DENTISTRY

WITH MORE THAN 400,000 PATIENTS throughout our 50+ practice locations in Oregon, Washington, and Idaho, and a built-in specialty referral network to more than 30 specialists, Willamette Dental Group has been a leader in preventive and proactive dental care since 1970. What makes this multi-specialty group practice unique, and better, is a commitment to proactively facilitating the best possible health outcomes. We currently have openings in Oregon and Washington for General Dentists, Endodontists, Oral Surgeons, Pediatric Dentists, and Locum Tenens Dentists. As a member of the Willamette Dental Group team, we offer a competitive salary commensurate with experience. We are a performance based culture and offer a generous and comprehensive benefit package. Among the many amenities we offer are competitive guaranteed compensation, benefits, paid vacation, malpractice insurance, in-house CEs, and an in-house loan forgiveness program. Please contact Taryn Stastny at tstastny@willametedental.com and visit www.willametedental.com/careers to learn more!

A WONDERFUL 3 DOCTOR PRACTICE IN OLYMPIA, WASHINGTON is looking for a CARING dentist with a minimum of 2 years clinical experience. We have plenty of patients, (step into a 4 full days), a great staff and a competitive package for a personable doctor with great clinical and communication skills looking for a permanent home. State of the art office. PPO & fee for service. Voted Best of South Sound past 8 years. Please send resume to vetterdentalgroup@outlook.com.

ASSOCIATE NEEDED AT NEWSMILES IN SHERWOOD, OREGON. Starting June, 2017, 4 days/week, \$700 per day minimum with ability to earn more, benefits available. New Grads welcome to apply! Send C.V. to jonschatz@att.net.

MULTIPLE PRACTICE OWNER DENTIST LOOKING TO "SLOW DOWN", Mentorship while an Associate and move into practice ownership! Astoria, Oregon practice producing over \$600,00 per year. Contact Jon Schatz, jonschatz@att.net.

SOUTHERN OREGON STATE OF THE ART DENTAL OFFICE seeking a dentist interested in pursuing a unique opportunity in helping to expand our growing practice. Benefits and compensation negotiable. Questions or inquires please call Shannon or Kim at 541-779-4517 or send resume to office@drbergs.com.

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TRANSITION POINTER



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Tigard (SALE PENDING) - Smaller practice collecting about \$270,000 on two + days per week. Five operatories. Digital x-ray. 55% hygiene & exams. Endo & OMS referred out. No OHP. Dr. retiring.

Bend - Collecting about \$900,000 with excellent net income. 2,600 sq. ft. office with 6 operatories. 50% hygiene & exams. No OHP. Dr. retiring.

Bend - Associate to buy-in opportunity.

Eugene (SALE PENDING) - Collecting over \$500,000 with an excellent net income. 1,200 sq. ft. office building on a high-traffic arterial with 3 operatories. 43% hygiene and exams; 40% crown & bridge. All endo and OMS procedures referred out. Dr. retiring.

Eugene - Collecting about \$600,000. There are two dentist operatories plus two shared hygiene operatories. Shared 3,000 sq. ft. office. All endo and most OMS procedures are referred out. Dentist working three days per week. Dr. retiring.

Springfield (SOLD) - Collecting about \$500,000. Modern 2,300 sq. ft. office with 5+ Adec operatories. All digital. 53% hygiene and diagnostic. Endo, OMS, and removable pros referred out.

Eugene Area - Good satellite possibility about 20 minutes from Eugene. Collecting about \$230,000. Modern 2,100 sq. ft. office with 2 equipped + 2 plumbed operatories. Dr. relocating.

Medford (SALE PENDING) - Collecting about \$1,200,000 with excellent net income. Five Adec operatories in a 2,300 sq. ft. modern office. 39% hygiene & exams, 28% crown & bridge, OMS referred out. Cerec, laser, operating microscope, Myrotronics, and all digital x-rays and charting.

Northern Oregon Coast - Practice collecting over \$700,000 with an excellent net income. 1,700 sq. ft. office building on a major arterial with good visibility to traffic flow. 60% hygiene & exams; 34% operative. Digital x-ray. Dr. retiring.

Southern Oregon Coast - Collecting over \$700,000. Beautiful seven-year-old 3,200 sq. ft. office with six operatories. 38% hygiene, endo & OMS referred out. All digital. Dr. relocating.

Oral Surgery Portland Area (SALE PENDING) - Collecting about \$1,500,000. Four surgical suites in a modern 2,200 sq. ft. office. Widespread and diversified referral network. Dr. retiring.

Pedo Practice Portland Suburb - Beautiful new office and equipment. Contact me for details.

Perio Practice Hawaii - Exceptional ocean views from operatories. Contact me for details.

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Calling All Aspiring Writers!

The September Issue of *Membership Matters* will be an Office/Patient Issue. This issue will be designed for members to have in their office for patients to peruse at their visits. We are looking for all dentists interested in contributing to the issue. From dental tips and specialty procedures to what to expect when you come in for a routine cleaning, submit your idea or an article for review.

Please submit all questions and articles to *Membership Matters* Editor, Barry Taylor, DMD, FAGD, CDE, at barrytaylor1016@gmail.com.



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DENTAL OPPORTUNITIES GENERAL DENTISTRY

DENTIST ASSOCIATE: ARE YOU LOOKING FOR a dynamic general practice that delivers excellent clinical care to patients and where you can feel proud of the treatment you provide? We have a beautiful modern office, a wonderful patient population, an enthusiastic, loyal and committed team and a sincere and experienced owner/dentist. Every team member is dedicated to quality care and excellent customer service. We live and work in the charming, family oriented city of Eugene, Oregon which offers good schools, sports, theater and activities for everyone. This is a part time position, days are negotiable. We offer a generous compensation package at 30% of collections. We invite you to send your resume, cover letter and references to marenkillian@comcast.net or call 503-577-2796.

PERMANENTE DENTAL ASSOCIATES OREGON / WASHINGTON Our mission is to provide the best oral health care to every patient through evidence-based dentistry within a group practice setting. Excellent opportunities offered to skilled Dentists, including Specialists. For additional information, please visit: pda-dental.com, or for current practice opportunities: <https://pdacareers.silkroad.com/pdaext/EmploymentListings.html>. Contact us, phone: 503-813-4915 or email: mpdajobs@kp.org.

SPACE AVAILABLE/WANTED

PORTLAND GATEWAY DISTRICT: 1205/184, 3520 sqft, 12 operatories plumbed and wired. Willamette Dental office. For sale or lease. 971-214-5104 ruifangyao@gmail.com.

BEAUTIFUL/MODERN DENTAL OFFICE (BEAVERTON/TIGARD AREA/PROGRESS RIDGE). Looking to Sub-Lease a space to a specialist 4-8 days per month. Fully Equipped. frontdesk@caringsmilesdentalcare.com.

PRACTICES FOR SALE

GENERAL DENTISTRY PRACTICE FOR SALE IN VANCOUVER WA. Practice is well established and has been in the same location since 1980's. Practice has low rent and low overheads. 3 operatories, paperless, digital (dexis) X rays, wireless intraoral camera. Practice in a busy intersection across Safeway. Annual collections \$ 430,000. Well trained staff. Please email indentation534@gmail.com.

G/P PRACTICE FOR SALE IN ALBANY, OR 3 fully-equipped operatories. Digital X-rays. 40+ new patients per month. Grossing \$400,000 annually. Contact: Wholetooth32@aol.com.

EQUIPMENT: SALE/SERVICE

DENTAL ESTATE SALE: patient chairs, operator chairs, dental microscopes, K9000-CBCT, surgical equipment, hand instruments, endo equipment, microscopic mirrors, etc. For more complete listing, contact me at eo.endo@gmail.com or text: 541-805-9269.

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VOLUNTEER OPPTS

PORTLAND RESCUE MISSION: www.pdxmission.org.

STAY INVOLVED WITH MOM YEAR-ROUND! Events are held all over the US, and the schedule is updated as new events are organized. Visit www.adcfmom.org for more information.

MISCELLANEOUS

82ND ANNUAL MEETING OF THE PACIFIC COAST SOCIETY FOR PROSTHODONTICS Coeur d'Alene, Idaho (40 min from Spokane, WA) 28 June-1 July 2017. World class speakers in a fantastic resort town. More info at pcsp.org.

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