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Summertime Ramblings from the Old Editor



By Barry J. Taylor,
DMD, FAGD,
FACD, CDE

YEARS AGO, I WROTE A COLUMN FOR the Oregon Academy of General Dentistry's newsletter entitled "Random Thoughts and Comments." You know where this is headed: As I near the end of my ninth and final year as the Oregon Dental Association Editor, I have gone full circle, and still the easiest thing for me to do when my final deadline looms is to write about my random thoughts and comments. It also may be because the book I'm reading now¹ is an excellent oral history collection of thoughts and comments from people who knew and worked with the legendary reggae icon Bob Marley. At the beginning of the book is a quote of a Jamaican adage that can easily apply to dentistry: "In Jamaica there are no facts, only versions."

For example, the new patient last week who came in with a chief complaint of a loose tooth and his version of the story is, "I have soft teeth I that I got from my parents. But they never had problems with their teeth; they loved their dentures." Whereas the fact may be closer to, "The reason that I was able to use my fingers to extract your six unit fixed partial bridge with the teeth fully attached is because you have chronic severe periodontitis and we are going to now have a discussion about dentures. But on the upside, you saved some money because we aren't going to charge you for the extraction of #22 and #27." I have recently discovered a couple of dental Facebook groups that I have found very useful. Both are moderated; however, the best one, "Dental Clinical Pearls," does a great job of keeping the discussions limited to true clinical advice or, shall we say, the facts. The second group, "Dental Hacks Nation!" often tends to have more dentists giving opinions that aren't necessarily always related to clinical care. Any user of Facebook is also well aware

that the motto for Facebook could very well be, "There are no facts, only versions." Frequently, dentists in this second group give their version of organized dentistry. As one might expect, a common version that is told is that organized dentistry (the American Dental Association tripartite) isn't doing anything about the problem with dental insurance companies. For those not familiar with Facebook, another example is the version of the story that is often told at meetings — the ODA owns Moda; why can't we get higher fees? Both of these are examples of versions of a narrative that aren't entirely factually accurate.

The fact is that anti-trust laws are quite comprehensive in the space of what associations can do. As we have all heard at any dental meeting, *"This meeting is being conducted in compliance with federal and state antitrust laws and regulations that prohibit associations from price or fee fixing, agreements to divide patient or market areas, refusal to deal with third parties and related conduct that is anti-competitive."*

You have seen headlines recently with other states attempting to affect change within dental insurance companies through governance and legal remedies. Washington Dental Association recently attempted to change governance and transparency with Delta Dental of Washington and requested the state's attorney general to launch an investigation related to anti-trust law violations. Just last year, the California Dental Association reached a settlement with Delta Dental of California after lengthy litigation related to fair-dealings and transparency.

The headlines are interesting, but they don't really equate to the voice and relationships established in Oregon. The ODA founded Oregon Dental Services (now known as Delta Dental of Oregon) and

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helped it grow into the large insurance provider Moda Health today. But the ODA does not “own” ODS or Moda. So, what can we do? The fact is that we have been fortunate in Oregon to be able to select the dentist members of the board of ODS, which owns the stock of Moda Health, thus having more influence and collaboration than in any other state. And while antitrust laws limit our reach as to decisions regarding dental insurance, we do have opportunities to partner with ODS to improve services from within the system.

We can ensure that the dentist members on the ODS board have a solid understanding of what we face every day in our clinics. We can ensure that they have the tools and resources to represent our best interests and advocate for us to their fullest capacity. Those dentists can and should be our voice on the board. Advocating for reimbursement considerations; advocating for panels that best serve our patients; advocating for a system that improves the oral health of Oregonians. Those members can hold the entire board accountable, and we at the ODA can hold the ODA-appointed representatives accountable. We can leverage our relationships with Moda/ ODS to improve processes.

It is critical that we don't let other states' adversarial relationships with Delta Dentals and other third-party payers impact our ability to affect change here in Oregon. We need to understand the facts and understand limitations; and then we can strategize on how to better improve the system for everyone.

In Rastafarian, there is the complex concept of “I and I.” Unfortunately, there are laws preventing an “I and I” relationship between organized dentistry and dental insurance companies. ●

Reference

1. *So Much Things to Say* by Roger Steffens, WW Norton & Company, 2017



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"The success of Dr. Steve Timm's transition was mainly due to his timing and flexibility. Unfortunately, we had three well-qualified buyers who individually dropped out at the last moment before closing. One was due to a sudden disability; the second due to financial difficulties unrelated to his financial qualifications; and the third due to unforeseen family issues. Finally Dr. Jared Adams became the perfect buyer. The transition then moved ahead quickly, with a lot of help from Debbie Timm. Dr. Timm is now happily retired!"

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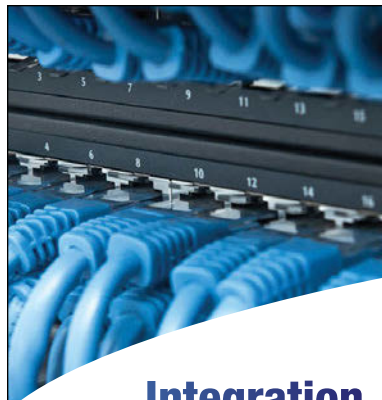
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Date	Host Dental Society	Course Title	Speaker	Hours CE	Location	More Information
11/02/18	Lane	Soft Tissue Grafting	James Kohner, DDS	6	Eugene (Center for Meeting & Learning, Lane Community College)	www.lanedentalsociety.org – office@lanedentalsociety.org
11/13/18	Marion & Polk	You, Me & 3D – Past, Present & Future	Jev Clark, DMD, MD	1.5	West Salem (Roth's)	Contact Sabrina H. – mpdentalce@qwestoffice.net
11/13/18	Washington	Risk Management	Chris Verbiest & Others	3	Beaverton (Stockpot Restaurant)	wacountydental.org or contact@wacountydental.org
11/15/18	Multnomah & Clackamas	OSHA Update	Monica Monsanto-fils, RDH, MS	2	Milwaukie (Moda Plaza)	multdental@aol.com or lora@multnomahdental.org
12/11/18	Marion & Polk	Risk Management	Chris Verbiest	3	West Salem (Roth's)	Contact Sabrina H. – mpdentalce@qwestoffice.net
01/08/19	Marion & Polk	Prevention & Management of Nerve Injury	Daniel Petrisor, DMD, MD	1.5	West Salem (Roth's)	Contact Sabrina H. – mpdentalce@qwestoffice.net
01/08/19	Washington	Changes in Technology and The Digital Age	Multiple Speakers	1.5	Beaverton (Stockpot Restaurant)	wacountydental.org or contact@wacountydental.org
01/16/19	Multnomah	Understanding Current Tax Laws	Elliott Tracy, CPA	2	Milwaukee (Moda Plaza)	multdental@aol.com or lora@multnomahdental.org
01/22/19	Clackamas	Medical Emergencies & N2O	Drs. Humble & Richmond	4	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com
02/12/19	Marion & Polk	Hot Topics in Employment Law	David Briggs, Saalfeld Griggs, PC	1.5	West Salem (Roth's)	Contact Sabrina H. – mpdentalce@qwestoffice.net
02/26/19	Clackamas	Pedo/Ortho/Anesthesia	Drs. Vanessa Peterson, Ryan Allred, Mark Mutchler	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com
03/12/19	Marion & Polk	New Hematologic Drugs	William “Bud” Pierce, MD, PhD	1.5	West Salem (Roth's)	Contact Sabrina H. – mpdentalce@qwestoffice.net
03/12/19	Washington	3D Cone Beam CT Scanning Advantages & Benefits	Dr. Tyler Clark	1.5	Beaverton (Stockpot Restaurant)	wacountydental.org or contact@wacountydental.org
03/19/19	Clackamas	Human Relations	David Briggs, Saalfeld Griggs, PC	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com
03/20/19	Multnomah	Implant/Bone Graft Course	Daniel Petrisor, DMD, MD	2	Portland (OHSU School of Dentistry)	multdental@aol.com or lora@multnomahdental.org
04/23/19	Clackamas	Customized Surgery: 3D Printing	Stacy Geisler	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com

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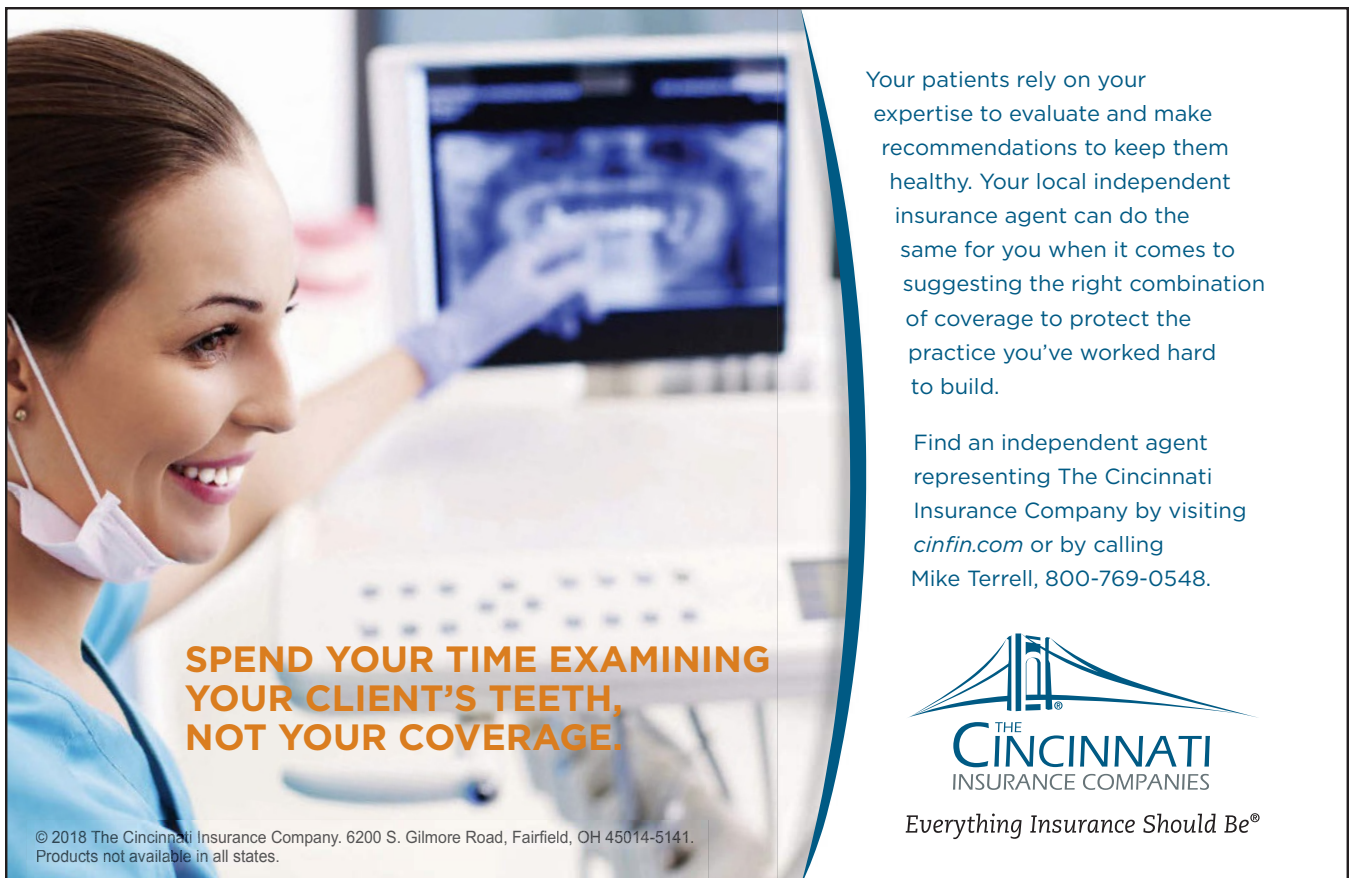
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Board Meeting Highlights

Friday, July 27, 2018


- The 2019 Budget was reviewed and approved.
- Dr. Tom Pollard was chosen as the recipient of the 2018 Tom Tucker Humanitarian Award, to be presented at the 2018 House of Delegates.
- Dr. Eddie Ramirez was appointed to the New Dentist Council.
- Dr. Gary Templeman was appointed to the Annual Meeting Council.
- The Board reviewed the resolutions that will be brought to the 2018 House of Delegates in September.
- The Board approved the addition of Dentists Providing Vaccines to ODA's 2019 Legislative Agenda.
- The Board approved meeting dates for the 2019 calendar year.
- ODA's 2019 House of Delegates will be held September 28, in Portland. 📍



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Safeguard Your Practice's Digital Information from Ransomware, Other Data Threats

By Jean Williams

THERE WAS A TIME WHEN

KIDNAPPING WAS confined to grabbing people against their will and holding them in exchange for money. Nowadays, the nefarious crime also includes snatching data from computers, hoping to trade it for a cryptocurrency like bitcoin.

Dental practices can help avoid falling prey to these disruptive, costly and cunning system attacks, though, said Steve Newton, an executive for a Wisconsin Dental Association subsidiary that helps thwart such digital nuisances. For one, Mr. Newton suggested, dental practices can take key steps to prevent infection from ransomware — invasive software intended to lock away data until the thief receives a payment. Ransomware is just one form of malware, a portmanteau for malicious software.

“What it really comes down to is that roughly 90 percent of all viruses or ransomware attacks occur because of a mistake made by a user in the office — and these mistakes are literally occurring every single day,” he said.

User mistakes include clicking without thought on links in suspicious email that may be infected with a virus or visiting and clicking links on compromised websites.

A good first defensive move, Mr. Newton suggested, is putting all practice employees and team members through basic training on the most common ways that a ransomware or other malware attack can occur and to avoid habits facilitating such invasions. Second, a practice could limit or restrict use



DDS Safe

of Internet browsing by defining permissions that increase the likelihood of staff navigating only on safe webpages.

Mr. Newton also suggested partnering with a well-respected information technology expert, who can help the office keep up with the latest security trends and develop a more comprehensive plan for risk reduction.

As a vice president for business development with WDA Insurance & Services Corp., Mr. Newton oversees DDS Safe, a backup system that supports HIPAA compliance for securing and backing up dental practice computer systems and data.


DDS Safe is a service from The Digital Dental Record, a for-profit subsidiary of the Wisconsin Dental Association that provides IT products and services to dentists. Along with an ADA Member Advantage endorsement, DDS Safe has earned co-endorsements from 33 state dental societies nationwide, including the Oregon Dental Association.

Rather than relying on just one means of backing up data and protecting it from threats like ransomware, DDS Safe provides practices with three backup safety nets: to an in-office external hard drive, online (in the cloud) and to a workstation.

“Backing up data three different ways allows us to restore information up to four different ways,” Mr. Newton said. “No matter what circumstance you encounter, we’re likely to have a method or a means to efficiently restore your critical information. That’s not always the case if you’re doing just a cloud backup. That’s not always the case if you’re doing just an external hard drive.”

Even with caution, ransomware and other malware, in any form, can find their way into an office’s system, Mr. Newton said. So, regular backups should be a fundamental office regimen.

A main reason the viruses are so often activated by unsuspecting computer users is that carrier emails often appear to be legitimate communications. “Ransomware attackers have designers on staff to make things look just like a Best Buy email or an email from Expedia or something like that — something enticing, something intriguing that makes people want to click on links,” he said. “And when they do, it (launches) the process of beginning the download and infiltrating your network. These ransomware developers, these teams of people working together, are no longer in a basement in their parents’ house just creating code



Mary Grimes and Brad Volchok

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“The Digital Dental Record advises every dental practice to take preventive measures to preserve the safety and integrity of its data.”

and trying to hurt people with it. It’s become sophisticated because of the dollars associated with ransoms being paid in bitcoin and all of the cryptocurrencies.”

The Digital Dental Record advises every dental practice to take preventive measures to preserve the safety and integrity of its data. Aside from the intentional corruption of malware, other potential everyday threats to dental office data exist that DDS Safe can restore your data from include such hazards as natural disasters, fires and other disruptions.

To begin an inquiry about a DDS Safe program, dentists can sign up for a free assessment of their data and systems at www.dentalrecord.com.

“As part of the process, we take five or 10 minutes to measure the amount of data they have on their server,” Mr. Newton said. “We measure the internet upload and download speeds and then, based on the information that we obtain, as far as their infrastructure, their bandwidth within their practice and their goals, we recommend which solution might be best, either DDS Safe Pro, which combines our data backup and image-based backup, or DDS Safe might be enough to meet their needs.”

Ms. Williams is a Chicago-based freelance writer and editor who specializes in practice and research news for dental and medical professionals. She can be reached at writewoman12@hotmail.com.

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Important Compliance Reminders

Oregon Prescription Drug Monitoring Program (PDMP)

House Bill 4143, passed during the 2018 Legislative Session, was targeted at the opioid epidemic in Oregon. As part of that bill, all prescribers with an active DEA number are now required to register with the PDPM. Visit www.orpdmp.com to create your account and register.

Licensee Renewal

While it may seem obvious, please make sure your dental license is renewed prior to expiration. It is illegal to practice dentistry without an active license.


Spore Testing

Heat sterilizing devices shall be tested for proper function on a weekly basis by means of a biological monitoring system that indicates micro-organisms kill. Testing results shall be retained by the licensee for the current calendar year and the two preceding calendar years.

See OAR 818-012-0040(2)

Continuing Education

All dentists should track their continuing education classes and hours earned and ensure they meet their CE requirements before their next license renewal.

See OAR 818-021-0060 



Mark Van Dusen, DMD, Orthodontist

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Regulatory Affairs Prompt Pay Survey Results

IN MAY, THE REGULATORY AFFAIRS COUNCIL (RAC) requested ODA member feedback regarding insurance claims processing and payment. Thank you to all who participated in the survey! RAC received 96 responses from members, representing 12 components. Eighty-two percent of respondents identified as general dentists and 18 percent were specialists.

The Council recognizes the importance of dental offices receiving timely payment on insurance claims. Currently, RAC is working through opportunities to partner with insurance carriers to minimize payment delays on claims. RAC will continue to work on next steps based on the survey responses and results. If you have additional feedback on claims processing that you'd like to provide, feel free to send your comments to Cassie Leone, Legislative and Governance Coordinator at cleone@oregondental.org. 

Volunteer as an ODC Speaker

Host and Receive **FREE ODC** Registration!

Thursday,
January 10, 2019

6:30 – 8:30 pm

ODA Building,
Wilsonville

The Annual Meeting Council will be holding the annual Speaker Host Dinner & Training at the ODA building in Wilsonville. Attendees will learn/review the responsibilities and benefits of hosting, and have the opportunity to select which speaker(s) they would like to host.

Register

with Christine Vaughan (cvaughan@oregondental.org or 503-218-2010 x104). Please note that speaker host positions are available only to ODA members.



House of Delegates Recap

In Memoriam

The Oregon Dental Association expresses regret at the passing of the following members since August 2017. In some cases, where the date of death was prior to August 2017, the ODA was notified after the 2017 House of Delegates.

- Marika Stone, DDS, Central Oregon Dental Society
- Douglas Chisholm, DMD, Clackamas County Dental Society
- Richard Weiss, DMD, Clackamas County Dental Society
- Gary Malsbury, DMD, Clatsop County Dental Society
- Fredric Kaufman, DDS, Multnomah County Dental Society
- Gerald Wolfsehr, DMD, Multnomah County Dental Society
- George Bodner, DMD, Multnomah County Dental Society

- Virgil Mohr, DMD, Southern Oregon Dental Society

Election Results

- Kent Burnett, DDS: Leadership Development Committee, three-year term
- Greg Jones, DMD: Leadership Development Committee, three-year term
- Mark Mutschler, DDS, MS: ODA Trustee, four-year term
- Calie Roa, DMD: ODA Trustee, four-year term
- Alayna Schoblaske, DMD: Editor, three-year term
- Frances Sunseri, DMD: ODA Trustee, four-year term
- Caroline Zeller, DDS: ADA Delegate at Large, three-year term



Current Board

- James McMahan, DMD: President, Eastern Oregon
- Barry Taylor, DMD: President Elect, Multnomah
- Scott Hansen, DMD: Secretary Treasurer, Multnomah
- Jason Bajuscak, DMD: At Large Trustee, Multnomah
- Matthew Biermann, DMD: At Large Trustee, Washington County
- Brad Hester, DMD: At Large Trustee, Central Oregon
- Mark Miller, DMD: At Large Trustee, Yamhill County
- Mark Mutschler, DDS, MS: At Large Trustee, Clackamas County
- Sarah Post, DMD: At Large Trustee, Multnomah
- Kevin Prates, DDS: At Large Trustee, Mid-Columbia
- Calie Roa, DMD: At Large Trustee, Southern Oregon
- Deborah Struckmeier, DMD: At Large Trustee, Multnomah
- Frances Sunseri, DMD: At Large Trustee, Clackamas County
- Bryan Schofield: OHSU-ASDA Representative

- Hai Pham, DMD: ADA Delegate at Large, Washington County
- Alayna Schoblaske, DMD: Editor, Southern Oregon
- Caroline Zeller, DDS: ADA Delegate at Large, Multnomah

Awards

Presidential Citations were presented to the following individuals for significant contributions to the ODA and the dental community:

- Kenneth Chung, DDS, MPD
- Kent Burnett, DDS
- Olesya Salathe, DMD
- Lora Mattsen
- Lauren Malone, CMP
- Meredith McClay, DMD

Leadership Pins were presented to the following individuals completing a term as a council or committee chair, officer or trustee:

- Kent Burnett, DDS: Leadership Development Committee
- Kenneth Chung, DDS, MPD: Board of Trustees
- Kim Kutsch, DMD: Annual Meeting Council
- Paul Lamoreau, Board of Trustees
- James McMahan, DMD: Component Task Force



- Dan Miller, DMD: Regulatory Affairs Council
 - Mark Mutschler, DDS, MS: Board of Trustees
 - Calie Roa, DMD: New Dentist Council
 - Olesya Salathe, DMD: ADA Delegate at Large, New Dentist Council
 - Frances Sunseri, DMD: Board of Trustees
 - Barry Taylor, DMD: Editor
- Service Pins were presented to the following individuals completing a term as a council, committee or task force member:
- Mark Coussens, DMD: Component Task Force
 - Keith Doty, DDS: Annual Meeting Council
 - Jessica Henderson, DMD: Component Task Force
 - Weston Heringer Jr., DMD: Leadership Development Committee
 - Greg Jones, DMD: Leadership Development Committee
 - Meredith McClay, DMD: Component Task Force
 - Patrick Nearing, DMD: Leadership Development Committee

- Heidi Pahls, DDS: Component Task Force
 - Lonn Robertson, DMD: DOPAC
 - Robert Stephenson, DDS: Annual Meeting Council
 - Will Trevor, DDS: Regulatory Affairs Council
 - Carl Wheeler, DMD: Component Task Force
- The 2018 Tom Tucker Humanitarian Award was awarded to Tom Pollard, DMD.
- The inaugural ODA Leadership Academy class participants were recognized for their pursuit of continued excellence and leadership growth:
- Jordan Anderson, DDS, Multnomah Dental Society
 - Deepak Devarajan, DMD, Multnomah Dental Society
 - Amberena Fairlee, DMD, Central Oregon Dental Society
 - Bradley Field, DDS, Multnomah Dental Society
 - Stacy Geisler, DDS, PhD, Clackamas County Dental Society
 - Megan Hays, DMD, Washington County Dental Society



- Andrew Peterson, DMD, MS, Clackamas County Dental Society
- Sita Ping, DMD, Washington County Dental Society
- Shane Samy, DMD, Lane County Dental Society
- Jeremy Suess, DDS, Clackamas County Dental Society

HOD Resolutions Report

Full resolution information can be found on the ODA's website at www.oregondental.org>About Us>Leadership/Governance>HOD

- BOT-1-18: **PASSED** increasing the 2019 ODA annual dues by \$25.
- BOT-2-16: **PASSED** with a housekeeping amendment adopting changes to the ODA Bylaws and amendments to Moda Inc.'s articles of incorporation due to new strategic partner and investor in the health plan of the company. Under these changes, the ODA Board of Trustees will continue to appoint the board of ODS, but will no longer appoint the Moda board of directors.

- Clackamas-1-18: **FAILED** retaining current HOD policy, that requires a two-thirds vote of the House of Delegates to accept a nomination from the floor.
- LDC-1-18: **PASSED** with amendment, adopting a change to the ODA Bylaws limitations on the number of At Large Trustees who can serve consecutively from the same component. Previously the limit was set at three from the same component. Moving forward, an exception may be made by a two-thirds vote of the House to allow a maximum of five members from the same component to serve as an At Large Trustee.
- LDC-2-18: **PASSED** approving the creation of a task force to gain more insight into the current structure, strengths and weaknesses of the House of Delegates, and review and evaluate potential changes moving forward. 🌐

Save the Date:

The 2019 ODA House of Delegates will take place September 28, 2019, at the DoubleTree Hotel in Portland. Mark your calendars and plan to serve as a delegate for your component society. We look forward to seeing you there!



How the Integration of Dental and Medical Care is Impacting the Insurance Landscape

IF YOU TAKE A MOMENT TO STEP back and look at what is happening around dentistry from a business perspective, it won't take long to see how much the insurance landscape is changing. There are a variety of forces much larger than any one dental plan causing these wide swings in the market.

Step back a little further and the puzzle pieces begin to form what is an ever-shifting yet clear picture that illustrates ground-shifting change that will continue to happen as legislation passes, delivery systems are altered, dental education is modernized and technology advances.

From both a clinical and insurance perspective, one of the largest mechanisms of change stems from the evolution of dentistry merging with the medical profession. Taking a whole-body health approach and accepting the role of the mouth in overall health is being taught more in dental and medical school, and integrated networks of medical and dental teams continue to drive this change.

While large shifts have been happening in the medical profession for some six

decades, dentistry has just started to become more open to the idea of a changing business model in recent years, according to Matthew Sinnott, senior director of government affairs and contract management with Willamette Dental Group.

“The fact is, we have sort of been separate clinically — the mouth is separate from the body — and, insurance industry wise — standalone insurance has not been embedded with health plans. Yet, a sea-change began to occur leading up to, during and upon passage of the Affordable Care Act (ACA); many of the ACA’s considerations have spilled over and trickled down to the clinical environment and dental insurance environment in this post-ACA world. Consequently, for dental, this has effectively forced the profession to go through a paradigm shift revolution rather than a gradual evolution,” Sinnott said.

What that has created is a situation where if dentistry now wants to be a part of value-based payment and alternative payment methodologies, it has to have a quick period of change, rather than a gradual, year-over-year, decade-after-decade alteration that has transpired in the physical and health plan world, he said.

Sinnott provides further examples of shifts that have widely been adopted in the medical industry that are just coming to be in dentistry: adoption of uniform diagnostics codes, moving to alternative models and away from fee-for-services, coding variations between dental and medical codes, vertically integrated health systems with an insurer and more.

“While change is afoot, the dental space is still in the cottage industry mindset, and less in the integrated aggregation of the clinical and insurance realms,” he said.



From the dentist who is close to retirement, to the dentist who recently graduated from dental school, the shifts in the insurance industry are widespread and affecting everyone with a dental license, and it is ultimately up to individuals, regardless of where they are in their career, to decide how much they lean into the change and be a part of it.

Current Factors

Many of the shifts in dental insurance in recent years are a result of the ACA, from essential health benefits, tax credits, mandates and more. Growth in the Medicare space is prolific due to the size of the baby-boom generational cohort nearing retirement, and there is growth in Medicaid and Medicaid Managed Care under the ACA.

At the same time, consumers now have access to tools such as patient portals, telehealth, smart phone apps and enhanced ID cards. Meanwhile, technology continues to develop with the proliferation of electronic health records and the evolution of diagnostic codes. Delivery systems and payment model innovations are another factor. This includes quality measures, adoption of performance measures for certain lines of business/market segments and benefits and care delivery.

There also is a shifting dynamic in the employer-sponsored insurance world where employers, faced with maintaining health plan coverage due to risk mix and cost of care, are relegated to shifting responsibility to employees to cover a larger percentage of premium and out-of-pocket costs. Moreover, as another example of opportunity costs, employers recognize the value proposition and competitive advantage of offering health benefits, so they aim to retain health benefits, but dental benefits are sometimes considered ancillary, therefore not guaranteed, Sinnott said. And, as the cost of maintaining health plans increases, it is forcing employers, which recognize the strong value of a dental plan to explore different funding approaches and/or coverage options such as moving toward more of a defined-contribution model where the employer pays for some of the coverage and the employee pays for the rest. Or, coverage options on the individual market or related to plan design, Sinnott continued. Furthermore, and increasingly, the coverage

may be voluntary — based on the employee's willingness to pay for the premium.

Obviously, some of these factors are a result of federal policy changes, and some are from providers who prefer to avoid things like not having to answer to credentialing requests from 15 different payers, Sinnott said. At the same time, debates over dental loss ratios are raging in other states, and potential changes to the ACA loom.

Two things dentists in Oregon could keep an eye on as we look to the future are shifts in dental care organizations (DCOs) and what is being considered at the state level in terms of Medicaid benefits.

Dental Care Organizations

DCOs are essentially insurance plans, or managed care plans that administer Oregon's Medicaid benefit. DCOs used to be contracted directly with the state, but when Coordinated Care Organizations (CCOs) came around, the majority of that contracting moved into the CCO and away from the state. Now, most dental plans are affiliated with a CCO.

One of those DCOs is CareOregon Dental. Alyssa Franzen, DMD, is the executive dental director of the organization, and says the opportunity to integrate medical with dental is a potential win for patients because they would be able to get more aligned health services. Franzen said CareOregon Dental has several examples of this integration up and running. In particular, the organization is working with the 0-5 population to put together metrics on children receiving services in the dental setting, as well as children getting intervention treatment in the primary care setting. Another initiative sets improvement targets in the number of pregnant women getting oral health treatment during their pregnancy.

CareOregon also funded an immunization pilot program in the dental setting where a medical assistant comes into a dental clinic and provides immunizations.

"It's about trying to figure out how you improve the whole health of an individual as opposed to strictly looking at medical, dental and behavioral health separately," Franzen said.

Franzen expects a lot of work in diabetes to take place in 2019 as one of the new CCO incentive metrics is an oral health exam for

“From both a clinical and insurance perspective, one of the largest mechanisms of change stems from the evolution of dentistry merging with the medical profession. Taking a whole-body health approach and accepting the role of the mouth in overall health is being taught more in dental and medical school, and integrated networks of medical and dental teams continue to drive this change.”

those with diabetes. The program will look at bringing services to people with diabetes and the CCO will be financially rewarded for hitting targets based on those measures.

Much of this work promotes a dental/medical collaboration, and Franzen continues to encourage the two professions to be supportive of each other, but she also understands there are some barriers.

“Part of that is setting up clinical workflows and initiatives to have the operational pieces that go with it. Navigation for patients and how to make things easy for providers is also important, as is getting the right tools for providers,” she said. “Can we eventually start looking at diabetes screening in a dental office, and oral health screening in the primary care office?”

There may be an answer to those questions and more in the near future as more research and testing is conducted.

Medicaid Buy-In Option

For the last couple of years, several states have been considering methods to continue to expand quality and affordable coverage to people who are currently insured above the Medicaid threshold. For those who are on the Marketplace, there is a question about the affordability for certain income levels. As a result, states are considering other opportunities to leverage Medicaid from an operational standpoint, and analyzing how to deliver and finance services.

Oregon is currently going through an exploratory assessment process for a Medicaid Buy-In Option. According to Oliver Droppers, an analyst with Oregon’s Legislative Policy and Research Office, a workgroup that includes a diverse set of stakeholders is currently conducting research and discussing several different ways to create such an option. This includes trying to determine a health insurance product or coverage that is not on the Exchange that wouldn’t require the state to have to get federal waivers. It also involves looking at putting policy parameters in place to determine the specific population.

“It is about the long term and how we think about universal coverage for Oregon. It is not single-payer; it is universal coverage with funding questions,” Droppers said of the early exploratory work.

The potential terms of the package, the benefits and the reimbursement rates all still need to be worked out. These questions do not have answers yet because the concept is still in an exploratory phase. Droppers says the workgroup process is slated to conclude in November and result in a report that will include a number of policy options to be considered. It would be up to the Legislature to make a decision on having further discussions and/or taking legislative action based on these options.

“How those policy ideas impact dentists is a good conversation to have. So, stay tuned as it will be discussed as we move into the 2019 legislative session,” Droppers said.

A handful of other states are looking into something similar, he said.

How to Stay Up To Date

While all of this is happening, dentists are rightfully focused on the day-to-day operation of their practice and providing treatment to their patients. Though it may seem daunting to try to do that at a high level while also paying close enough attention to all of these shifts in the dental insurance landscape, Sinnott has a few suggestions:

“Aligning with the local dental society in your community and the state dental association, should be great conduits of disseminating an understanding of all of this. And the ADA does a good job through their Health Policy Institute as an advocacy mechanism of communicating updates of how they represent the industry,” Sinnott said. “I also think engaging with the insurers you partner with is important because there is sort of a duty to be communicative bi-directionally in that relationship.”

Sinnott also suggests dentists follow what is coming out of the Oregon Health Authority and Oregon Health Policy Board, and have a basic understanding of which committees are relevant to the profession so they can check in on meeting slides every now and then.

He encourages dentists to do the best they can to be aware of coming changes because it will help them in their practice and the industry as a whole.

“If you’re not engaged early, sometimes you are left with no option other than to react after the fact,” he said. ●

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Source for rural Oregon information:
ruralhealthinfo.org/states/oregon

Celebrating ten years, The Tooth Tax continues to make an impact throughout Oregon. This summer, the Tooth Taxi visited:

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Friends of The Children,
Multnomah County
Gervais Elementary, Marion County
Hillsboro, Washington County
Heritage Elementary, Marion County
Inukai Family Boys and Girls Club,
Washington County
Molalla Elementary, Clackamas County
Rosa Parks Elementary,
Multnomah County
Salem Boys and Girls Club
Witch Hazel Elementary,
Washington County
Woodburn, Marion County



The Tooth Taxi: September 2008 - June 30, 2018

- 20,330 students screened
- 11,882 appointments in the van
- 21,410 students received oral hygiene education in the classroom
- \$6,870,636 value of free dental care provided

DFO Upcoming Events

November 15, 2018: Give!Guide Kick-off and Tooth Taxi 10th Anniversary Celebration
Ecotrust Building

January 19, 2019: 10th Annual Texas Hold'em Tournament sponsored by BnK Construction & Columbia Bank.

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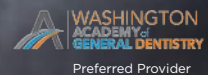
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The Oregon Dental Association kicked off the inaugural Leadership Academy in January 2018. The Academy provides participants with a unique backstage pass to ODA offerings and experiences, while developing and enhancing leadership and interpersonal skills.

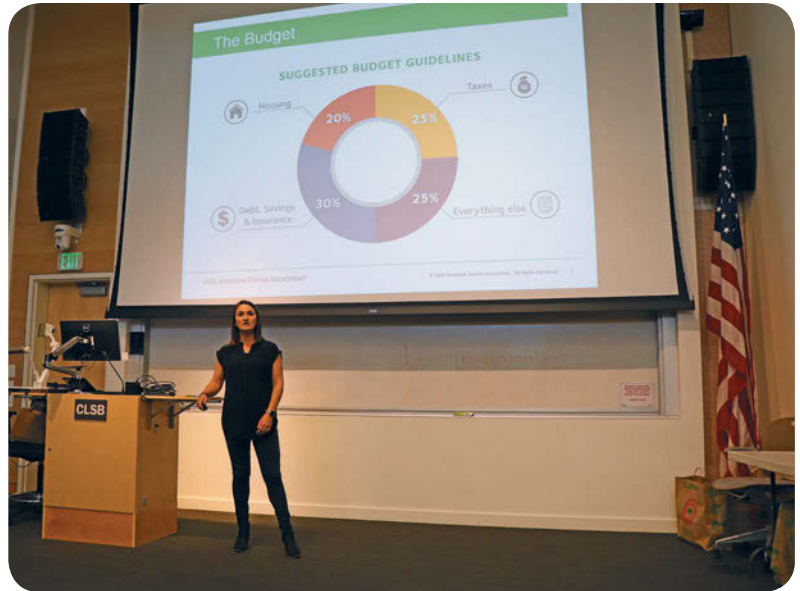


“Graduating from dental school and moving into ‘the real world’ can be a tough transition. You go from a small pond of leadership opportunities, education, and mentors to an ocean with little direction or guidance. The ODA’s Leadership Academy served as a compass for navigating this new world. Through the Academy, I made dentist friends that practice in many different capacities, with different amounts of experience, from different areas of the state. I was introduced to different aspects of our state’s dental association, and got to explore several avenues of how I could contribute. I went from being just a new dentist, to feeling like a valuable member of Oregon’s dental community.”

- Amberena Fairlee, DMD

ODA Welcomes the Class of 2022

THIS SEPTEMBER, THE OHSU SCHOOL OF DENTISTRY welcomed 76 dental students to the Collaborative Life Science Building. During the first few weeks of courses, the ODA participated in two programs to introduce the students to the benefits of organized dentistry. On August 31st, OHSU Alumna and ODA member Alyse D'Ambrosia, DMD, presented an ADA Success Program on Debt and Wealth Management, and ODA staff attended a vendor fair designed specifically for DS1s. 🗨️



EQUIPMENT: SALE/SERVICE

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2010 Planmeca ProMax 3D Ceph-Pano For Sale

\$24,999.00 OBO — Pick Up Only

Purchased as a 3D unit, was not added later.

Brand new reconstruction server never used.

X-ray unit recently calibrated working perfect.

No cosmetic issues. We upgraded units so selling this one. Please call if interested.

PRACTICES FOR SALE

CENTRAL OREGON: Large Dental Practice and Building for Sale. Over \$1,874,000 in Seller's Discretionary Earnings in the last 3 years. 7 fully equipped operatories. Digital x-rays and CT. Busiest Street in town, 30 minutes from Bend. The well trained staff is expected to continue and assist with the transition. Same location for 35 years. Hygiene accounts for 26% of the total practice production. Offering Price \$985,000. Estimated cash flow after debt service \$363,583. Contact Megan Urban, 503-830-5765, megan@omni-pg.com. (OD118)

SOUTHERN OREGON — GP practice and building for sale collecting \$527,000 in 180 days. Beautifully updated in great location! 5 ops, 4 equipped and 1 plumbed. For more information, contact Megan at megan@omni-pg.com or call 503-830-5765. (OD110)

NE PORTLAND For Sale: Free standing building off I-84 with parking and dental practice. 3 ops, room for more. Established dental practice for over 54 years. Collecting \$275K a year. Email megan@omni-pg.com or call (877) 866-6053 for info. (OD113)

SOUTHERN OREGON Endo Practice For Sale. Annual collections of. \$600,000 on 100 days of work. Incredible potential for growth. Doctor will introduce you to all referrals. Asking \$300,000. Email Megan@omni-pg.com for info. (OD105)

SALEM, OREGON Extraction Clinic — Same location over 20 years. Patient referrals from a large area and from 2 denturists. Cash only practice, collecting about \$320/hr for simple extractions. Asking \$60,000. Contact megan@omni-pg.com/503-830-5765. (OD120)

SPACE AVAILABLE/WANTED

DENTAL OFFICE RECRUITMENT 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. 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. Please contact Kelly Musick at kmusick@willamettedental.com and visit www.willamettedental.com/careers to learn more!

FOR SALE OR LEASE: 1200 sq. ft., 3 operator, dental office in Lakeview, Oregon-population 2800-with surrounding of 10,000. This downtown, corner location, and practice, has served the community for 65 years. Only 1 other fee-for service dentist serves this area. For info: contact: Pat Sabin DMD-541-947-3035

ALBANY — Building For Lease/For Sale. 2,025 +/- SF freestanding medical/dental building, 4 operatories, paved on-site parking, street signage exposure. Located near hospital & related services. Contact Megan@omni-pg.com. (OD108)

ASSOCIATE SOUTHERN OREGON Larger, established practice looking for associate with future buy-in potential. All Endo is currently referred out so ideal candidate would be able to do most Endo procedures and other desired procedures. Benefits include malpractice and medical insurances, 401K, and CE allowance. Contact Megan at 503-830-5765, megan@omni-pg.com (OD116)

ASSOCIATE SALEM, OREGON Associate position. Large free-standing building with 1 GP, 1 endodontist, and 1 periodontist. Has been a dental office for 40 years. Tiered compensation package and potential equity interest. Contact Megan Urban, 503-830-5765, megan@omni-pg.com. (OD117)

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