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INSIDE THIS ISSUE

FEATURES






- 16 HIGHLIGHTS FROM ODA'S COMPONENT DENTAL SOCIETIES**
- 22 ODC SPOTLIGHT: RESTORING CANINES IN THE LATERAL POSITION**
By Thomas Dudney, DMD
- 24 A NEW NON-PROFIT DENTAL CLINIC — SAVING TEETH & RESTORING SMILES**
- 28 THE DENTAL FOUNDATION OF OREGON**



DEPARTMENTS

- 5 GUEST EDITORIAL**
By Dr. Rick Asai
- 7 NEW MEMBERS**
- 9 EVENTS AND EDUCATION**
- 11 BOARD MEETING HIGHLIGHTS**
- 12 MEMBER BENEFIT OF THE MONTH**
- 15 ADVOCACY IN ACTION**
- 27 OREGON HEALTH & SCIENCE UNIVERSITY**
- 33 CLASSIFIED ADS**
- 34 INDEX TO ADVERTISERS**


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What are Dental Pilot Projects?



By Dr. Rick Asai

YOU MAY HAVE HEARD ABOUT THE PILOT projects overseen by the Oregon Health Authority and wondered what they are all about. I am writing to provide a brief summary of the history of these pilot projects.

There was a great amount of discussion on the national level around 2008, being driven by some national foundations and public health organizations. The concern was in follow up to the 2000 Surgeon General's Report on Oral Health in America. The focus became all about *access to care*. Access is a multifactorial issue, but discussions soon focused on mid-level providers, which led to the proposal of dental therapists, who are employed in several other countries around the world.

The Oregon Oral Health Coalition (OrOHC) was finalizing a proposal to allow dental therapists to practice in Oregon in 2010, and legislative leadership in Salem was ready to introduce legislation for the 2011 legislative session. This big step followed on the heels of Minnesota, which adopted dental therapy legislation in 2009. The Alaska Native Tribal Health Consortium (ANTHC) began utilizing dental therapists to

treat Alaska natives in 2005. It looked like Oregon was next in line.

Because Dr. Teri Barichello and I had participated in the Boston Group, a series of national educational discussions about dental therapists, in 2010, we had concerns about how dental therapy would actually work in the U.S. and, more specifically, here in Oregon. Because of these concerns, we, the ODA, agreed to sit down with a professional mediator and representatives from OrOHC to create legislation for the 2011 session. State legislature leaders assured us that there would be a bill on oral health adopted in 2011, and a dental therapy bill was the default if we could not agree to an alternative plan.

There was no actual U.S. experience of dental therapists except in Alaska, where they were limited to tribal clinics with very different geographic and demographic challenges than we have in Oregon. After lengthy discussions in 2010 and 2011, we agreed that the point of this legislation was access to care, and we created a mediation workgroup called the Access to Care Workgroup.

To make a long story short, we ultimately agreed to the language of SB738-2011, which allows for the testing of innovations to address access to dental care in Oregon through the use of 3-5 year pilot projects. We felt that by doing this testing, we could evaluate different models of delivering care in Oregon *before* adopting legislation to allow for one or more of the following: teaching new skills to existing categories of dental personnel, developing new

categories of dental personnel, accelerating the training of existing categories of dental personnel, or teaching new oral health care roles to previously untrained persons. The pilot projects were also required by SB738-2011 to operate for 3 to 5 years or a sufficient amount of time to evaluate the validity of the pilot project, and evaluate quality of care, access, cost, workforce, and efficacy.

We have been very attentive to getting good metrics in assessing the outcomes of these pilot projects. We are also attentive to the pilot projects' intended goal to focus on providing care to populations that evidence has shown have the *highest disease rates and the least access to dental care*.

There are currently two pilot projects in progress. Pilot Project 100 is utilizing a dental therapist in Tribal Dental Clinics. Pilot Project 200 is using EFDHs to place interim treatment restorations. Both are working under the supervision of a dentist.

When evaluating these pilot projects, we want to make sure that we are not creating a two-tier dental care system where one demographic receives lower-quality care than another demographic. We also want to make sure that dental therapy increases access for populations who are not getting care now, instead of continuing to provide care to those already being cared for. These two areas — along with the others specified in SB738 — will be our focus as we determine what the pilot projects have taught us. Stay tuned. ●



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01/14/20	Washington Co.	Green Dentistry - THC and Teeth	Barry Taylor, DMD, FAGD, FACD, CDE	1.5	Beaverton (Stockpot Restaurant)	www.wacountydental.org or contact@wacountydental.org
01/15/20	Multnomah	Botox and TMD/TMJ	Akshay Govind, DMD, MD	2	Portland (OHSU School of Dentistry)	multdental@aol.com or lora@multnomahdental.org
01/16/20	Central Oregon	Updated Hypertension Guidelines and Connection to Dentistry	Mark Backus, MD	2	Bend (Riverhouse Convention Center)	www.centraloregondental society.org
01/23/20	Southern Oregon	Green Dentistry	Dr. Barry Taylor	1.5	Medford (Patterson Dental)	www.sodsonline.org or sodentalsociety@gmail.com
01/28/20	Clackamas	Wealth Creation	Joe & Ted Furgeson	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamas dental.com
02/11/20	Marion & Polk	Marijuana & Oral Health	Barry Taylor, DMD, FAGD, FACD, CDE	1.5	West Salem (Roth's)	www.mpdentalce.com or marionpolkdentalsociety@gmail.com
02/18/20	Lane	Infection Control	Dr. Monica Monsantoifils	2	Eugene (LCC Main Campus)	www.lanedentalsociety.org or office@lanedentalsociety.org
02/25/20	Clackamas	ODA Ambassador Program	TBA	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamas dental.com
02/27/20	Southern Oregon	Implant Seminar	Dr. Riley Clark	1.5	TBD	www.sodsonline.org or sodentalsociety@gmail.com
03/17/20	Clackamas	Dental Team Ergonomics	Sarah Stuhr	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamas dental.com
03/18/20	Multnomah	3D Bioprinting/ Biomaterials and Tissue Engineering	Luiz Bertassoini, DDS, PhD	2	TBD	multdental@aol.com or lora@multnomahdental.org
03/10/20	Marion & Polk	Individual and Household Preparedness	Gregory Walsh	1.5	West Salem (Roth's)	www.mpdentalce.com or marionpolkdentalsociety@gmail.com
03/10/20	Washington Co.	Practice Management - Finding and Keeping an Outstanding Team	Candice Martin	1.5	Beaverton (Stockpot Restaurant)	www.wacountydental.org or contact@wacountydental.org
03/12/20	Southern Oregon	Conservative Treatment of TMJ	Dr. MaryAnn Geness	1.5	Medford (Patterson Dental)	www.sodsonline.org or sodentalsociety@gmail.com
04/28/20	Clackamas	Functional Approach to Medicine & Dentistry	Casey Means, MD	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamas dental.com
05/08/20	Southern Oregon	Functional Aesthetics	Dr. David Hornbrook	8	Medford (Hilton Garden Inn)	www.sodsonline.org or sodentalsociety@gmail.com
05/12/20	Marion & Polk	Oral Cancer/ Oral Pathology	Daniel Petrisor, DMD, MD	1.5	West Salem (Roth's)	www.mpdentalce.com or marionpolkdentalsociety@gmail.com
05/12/20	Washington Co.	HIPAA Training - Staff Invited	Terre Harris	1.5	Beaverton (Stockpot Restaurant)	www.wacountydental.org or contact@wacountydental.org
05/20/20	Multnomah	Table Clinics	TBA	2	TBD	multdental@aol.com or lora@multnomahdental.org
05/26/20	Clackamas	Perio	Drs. Tran/Nguyen	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamas dental.com
10/27/20	Clackamas	Risk Management	Chris Verbiest	3	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamas dental.com

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Board Meeting Highlights

Friday, September 27, 2019

- Molly Bordonaro, Dr. Mark Jensen, George Passadore, and Dr. William Ten Pas were appointed to a four-year term on the Board of Moda Holdings Group.
- The Board began its 2020-2022 strategic planning process, facilitated by Steve Swafford from Leadership Outfitters.
- The Board approved additional funding to support the transition to a new registration provider for the 2020 Oregon Dental Conference.
- The Board reviewed and approved the retention of the ODA Investment Policy.
- Dr. Rick Asai and Dr. William Ten Pas were appointed to serve additional terms on the Dental Foundation of Oregon Board of Directors. 📌

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 Emergency Medical Kits 888.963.6787 HealthFirst.com/ADA	Brandi Klimowicz <i>Hygienist for Dr. Bret Bologna</i> Crown Point, Indiana	"We started using HealthFirst for our emergency medical kits about 4 years ago. It offered more for a lower price than what we were using before. It was simple to apply and sign up and the automatic refill and monthly checklist makes it easy to track when drugs are expiring. The ease of this product sets it apart from all others."	+ \$620 <small>average savings just in Epi-pens</small>









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Dental Therapy

By Jen Lewis-Goff and Conor McNulty

What is it?

Dental therapy is a new mid-level provider type model with a scope of practice typically between a hygienist and a dentist. There are different models or versions of dental therapy, and not all are the same. Different models require different education requirements, different authorized scope of practices, different supervision requirements, etc.

Is a dental therapist to dentistry the same as a nurse practitioner is to medicine?

Some equate a dental therapist to a nurse practitioner in medicine; however, that is a false equivalent as the standards and training for dental therapy vary so much. Additionally, most dental therapy models allow the provider to perform non-reversible surgical procedures, which is not comparable with a nurse practitioner.

What's the difference between a DHAT and a DT?

A DHAT, or dental health aide therapist, is based on an Alaska model, which trains its students in two years to do a wide range of dental services from preventative care to extractions. The DHAT does not usually have additional education or training in dentistry aside from those two years.

Most other dental therapy models combine additional dental therapy training with a hygiene curriculum — essentially upscaling a dental hygienist.

As noted above, no two models of dental therapy are the same, with various educational and scope differences.

Is there a national movement on dental therapy?

There has been a recent concentrated effort, funded primarily by big think tanks like Kellogg and Pew, to pass legislation in states authorizing dental therapy. Despite this effort and dental therapy legislative authorizations in other states, there are very few practicing dental therapists in the country and no CODA-approved dental therapy education program.

What is Oregon doing on dental therapy?

Oregon began legislative discussions about a dental therapy model back in 2010. The negotiated outcome was SB 738 in the 2011 Legislative Session, which allows models to be tested in a pilot project process through the Oregon Health Authority. The pilot project process was intended to test and evaluate proposed new provider types in a controlled environment, ensuring patient safety, quality of care, and the collection of data by which to evaluate the model and its efficacy in Oregon.

There are currently two dental pilot projects operating in Oregon:

1. Pilot Project #100 is the usage of a DHAT in tribal clinics.
2. Pilot Project #200 adds Interim Therapeutic Restorations (essentially scoop and fill) to hygienists' scope of practice.

A proposed Pilot Project #300 would test out a Minnesota-like dental therapy program, utilizing hygienists and adding dental therapy skills to their scope of practice.

Future Legislative Sessions

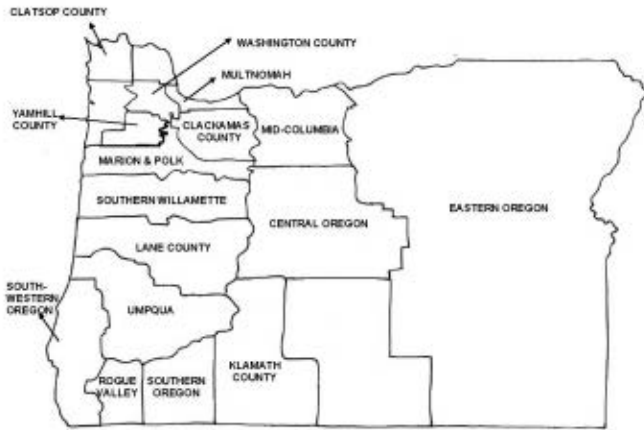
Oregon may see dental therapy legislation introduced as early as the February 2020 Legislative Session. Stay tuned for additional information, details, and engagement alerts.

Questions? Comments on dental therapy? Send them ODA Government Affairs Director, Jen Lewis-Goff at jlewis-goff@oregondental.org. 📧

Highlights from ODA's Component Dental Societies

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Clatsop County Dental Society	41	Matt Starley, DMD-President
Eastern Oregon Dental Society	66	Jason Walker, DMD-President Justin Bingham, DMD-Secretary Jeremy Larson, DMD-Treasurer
Klamath County Dental Society	35	Daniel Gailis, DMD-President Andrew Smith, DMD-Vice President Theresa Tucker, DDS-Secretary Treasurer
Lane County Dental Society	208	Terri Baarstad, DMD-President Ivan Paskalev, DMD-President Elect Elizabeth Vivona, DDS-Secretary Treasurer Jim Wilcox-Executive Director
Marion & Polk Dental Society	192	Jev Clark, DMD, MD-President Paul Brannen, DMD-President Elect Alex Johnson, DMD-Treasurer Teri Butler-Executive Director
Mid-Columbia Dental Society	31	Justin Schmidt, DDS-President Andrew Olsson, DDS-Secretary Treasurer Colin Taggart, DMD-Editor
Multnomah Dental Society	625	Dennis Nicola, DDS-President Octavia Lively, DDS-Vice President Deborah Struckmeier, DMD-Secretary Treasurer Melissa Beadnell, DMD-Editor Lora Mattsen-Executive Director
Rogue Valley Dental Society	53	Brent Erickson, DMD-President Devin Nelson, DMD-Vice President Joshua Westphal, DMD-Secretary Treasurer
Southern Oregon Dental Society	110	Brandon White, DDS-President Adam Fox, DMD-Vice President Alayna Schoblaske, DMD-Treasurer Tonya Sowles-Executive Director
Southern Willamette Dental Society	118	Brian Summers, DMD-President Pete Morse, DMD-Vice President Brett Brown, DDS-Secretary Treasurer
Southwestern Oregon Dental Society	45	Heidi Pahls, DDS, MS-Secretary Treasurer Devin Brice, DMD-Editor
Umpqua Dental Society	38	Jon Petersen, DMD-President David Sutton, DDS-Vice President Shashank Joshi, DDS-Secretary Treasurer Jeff Kobernik, DMD-Study Club Liaison
Washington County Dental Society	329	Susan Weinberg, DMD-President Alex Marrero, DDS-Secretary Treasurer Becky Peterson-Executive Director
Yamhill County Dental Society	37	Todd Hyder, DMD-President Randolph Heiman, DMD-Secretary Treasurer Marvin Johnson, DMD-Editor

*numbers as of November 11, 2019.



Component Quick Links

- See up-to-date component officer information at oregondental.org/about-us/component-dental-societies
- See up-to-date information on component meetings and CE offerings at oregondental.org/meetings-events/calendar-of-events

Interested in ODA officers or staff joining one of your upcoming component meetings? Contact Angi Blue, Education and Events Coordinator, at ablue@oregondental.org or 503-218-2010 to schedule a visit.

▶▶ Central Oregon Dental Society



COURTESY OF CENTRAL OREGON DENTAL SOCIETY.

▶▶ Clackamas County Dental Society

The Clackamas County Dental Society is organized to function as a component society of the Oregon Dental Association. Its mission is to encourage the improvement of the health of the public, to promote the art and science of dentistry, and to encourage dental education and camaraderie. The following activities were organized to accomplish this mission.

The theme for this year's CE courses is maintaining a healthy dental practice. We first covered the security of office electronic equipment to protect your information from ransomware, form grabber,

scareware, onion routing, and root kit. We will hear from the ODA's Wellness Initiative about the Wellness Ambassadors armed with resources to help support colleagues dealing with wellness issues.

A lecture on ergonomics will be presented for the entire dental team to be sure proper posture keeps the physical body healthy. A lecture on functional medicine will help practitioners keep their own body healthy and introduce a new philosophy of helping our patients maintain good health. All who attend our CE meetings have great opportunities for networking with

other members and find a place to discuss common practice issues.

In November 2018, Clackamas County built the Veterans Village complex. This was designed to provide a temporary safe living place for 15 homeless veterans. Many volunteer groups are helping to provide things needed for these veterans to have a normal living environment.

Clackamas County Dental Society took on the responsibility for the dental health of these vets. The Comfort Care dental van was used to take X-rays and examine six of the veterans who indicated they had some dental problems.



COURTESY OF CLACKAMAS COUNTY DENTAL SOCIETY.

This is an example of the oral condition of one of the vets we examined. Multiple abscessed teeth, missing teeth, and advanced periodontal disease. Thousands of dollars of dental treatment was provided to these veterans by volunteer dentists in CCDS.

On the national level, a number of CCDS members are giving their time away from their dental practice to provide leadership at the ADA level. Members from the local level work with the tripartite organization to advance the art and science of the dental profession.

▶▶ Marion & Polk Dental Society

What do you consider to be your component's greatest strengths?

I believe our greatest strength is that we listen to our members and solicit their feedback to ensure we provide high-quality, relevant continuing education to our members that

is that is local and provided almost every month.

We have also been able to keep costs down for our members. Our component dues have not changed in over five years.

What unique member benefits does your

component offer to your local member dentists?

Being able to keep our costs down for members allows them to attend CE and pay our local member dues at low rates, even when everything else continues to increase in costs.

Does your component put on any special events for your local members or community you would like to highlight?

Marion & Polk Dental Society members participate in many charitable efforts as well as community outreach. To name a few, but this certainly doesn't complete

our list, Salem Boys & Girls Club, Community Connect, Medical Teams International, Neighborhood Dentist, and Salem Free Clinic. MPDS has also held their own successful Dental Day in 2013 and MOM in 2014.

MPDS has proudly offered a Dental Assisting Scholarship for over

20 years to a Chemeketa student. We believe in helping a local student by promoting education and providing assistance to an enrolled student of the Dental Assisting Program at Chemeketa Community College. The scholarship is used to help defray their tuition costs and other fees after meeting certain criteria.



COURTESY OF MARION & POLK DENTAL SOCIETY.

Multnomah Dental Society

The Multnomah Dental Society encourages the improvement of the health of the public, to promote the art and science of dentistry and to encourage dental education. We are here to serve our members and the public with valuable oral health information, advocacy, and resources.

Dentist members as well as nonmembers are encouraged to take advantage of our continuing education courses as well as social events throughout the year. Two of



COURTESY OF MULTNOMAH DENTAL SOCIETY.

our most popular events, Member Appreciation and New Dentist events, provide an opportunity to gather with peers and colleagues for networking as well as social interaction. We also value our dental students, who are always welcome to attend all of our meetings and events at no charge.

We provide an opportunity to volunteer on many levels. Our nationally recognized Give Kids A Smile event allows members to help provide a community service to many underserved children and families in need.

Serving in a leadership role is also a great opportunity provided by MDS to stay involved and promote organized dentistry. MDS is proud of our many member benefits, including enhanced website, monthly newsletter, e-newsletter, after hours on-call services and our award-winning Senior Smile program.

There are plenty of options to get involved and take advantage of being a member of the Multnomah Dental Society.



COURTESY OF MULTNOMAH DENTAL SOCIETY.

▶▶ Southern Oregon Dental Society

What do you consider to be your component's greatest strengths?

Southern Oregon Dental Society's greatest strengths are the opportunities to network with dentists throughout our community. In addition, we provide a wide variety of continuing education opportunities throughout the year; most are free to SODS members.

What unique member benefits does your component offer to your local member dentists?

SODS offer quarterly drawings for members who attend our events, both social and continuing education events. In August, we gave away an Apple Watch to Dr. Pam Ortiz at our Summer Picnic. Our current raffle is for a \$250 Amazon gift card, which we will give away at our Christmas

Party, December 13th. For every event a member attends, they earn an additional drawing entry.

Does your component put on any special events for your local members or community you would like to highlight?

Southern Oregon Dental Society is excited to bring Dr. David Hornbrook to Medford May 8, 2020. ●

3.0 mm Implants:

A great option for limited space, but not without limitations

Implant Specialist Alex Rugh, CDT
O'Brien Dental Lab



When an implant needs to go into a narrow edentulous space, a 3.0 mm implant might be the perfect solution. 3.0 mm implants are offered by several companies, including:

- Nobel Biocare™
- Straumann®
- Dentsply Sirona
- BioHorizons®
- And many others

However, there are limitations to these implants. Here is what you need to consider when working a 3.0 mm implant into a treatment plan.



Limited Positions

The first and perhaps most important limitation is that all 3.0 mm implants on the market are only indicated for maxillary lateral incisors and mandibular central and lateral incisors. Placing a 3.0 mm implant in any other position may void the implant warranty.

The good news is there are some options available for other positions with limited space. For example, at just 3.1 mm, the Zimmer Biomet Eztec™ implant is indicated for all positions except the molars. Unfortunately, custom abutments are not available for the Eztec implant, which can be a significant drawback.

Limited to Non-Splinted Single Units

Some manufacturers restrict 3.0 mm implants to non-splinted single units. This is the case for both Straumann and Nobel Biocare.



Non-splinted single unit

Limited Restorative Components

Finally, 3.0 mm implants offer a smaller selection of restorative components.

- Since these implants are used in the esthetic zone, zirconia abutments are often requested, but they aren't available for most systems.



Zirconia abutments not offered for most systems

- Although Straumann and BioHorizons do offer zirconia abutments, the minimum thickness requirements of those abutments often make them too large to fit in the available space.



Zirconia abutments are often too large to fit

- UCLA abutments are not available for the Astra and Straumann systems. This means that labs cannot fabricate traditional screw-retained crowns or cast gold abutments for these implants. However, it is still possible to do screwmentable style crowns.



Custom titanium abutments are available except for Zimmer Biomet Eztec 3.1 mmD implants

- Both stock and custom titanium abutments are available for all the 3.0 mm implants. However, there are no custom abutments currently available for the Eztec 3.1 mmD implants from Zimmer Biomet.

As you can see, it is important to keep these limitations in mind when you consider a 3.0 mm implant as part of your patient's treatment plan. It will be important to determine the desired restorative outcome before implant selection.

We hope you found this article helpful. If you have any questions about the many implant options available, feel free to contact us at implants@obriendentallab.com. We're always happy to review treatment plans with you so that you can determine the best course of action for your patient. To subscribe to our educational videos and articles, please visit obriendentallab.com/subscribe or scan the QR code below.

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Restoring Canines in the Lateral Position



By Thomas Dudney, DMD

CONGENITALLY MISSING LATERAL INCISORS ARE A FAIRLY

common condition that may be either unilateral or bilateral and often presents restorative challenges. Some of the treatment options that exist for this clinical situation are: a removable appliance, space opening with bridges (conventional and winged, 3-unit and 2-unit cantilever), space opening with implant-supported crowns at the appropriate age, and space closure with canine substitution. An interdisciplinary approach is key to arriving at the appropriate treatment plan with collaboration between the orthodontist, surgeon, and restorative dentist ideally beginning at an early age. Regardless of the restorative option selected, there are both advantages and disadvantages that must be discussed and addressed

prior to beginning treatment. A desirable treatment plan would be one that achieves the aesthetic and functional goals of the case while preserving as much healthy tooth structure as possible. The following case illustrates the treatment of a patient with congenitally missing lateral incisors who at an early age had been treated with canine substitution and composite bonding to simulate laterals and was now seeking a more aesthetic option.

The advantage of canine substitution in these types of cases is that it's not necessary to prepare teeth for bridges (even conservative winged design) or maintain spaces and bone levels until the patient is old enough to have implant-supported crowns placed. The disadvantages of canine substitution are that canines are darker and larger than laterals, they have a bulky canine eminence instead of a flat facial contour, and the gingival height is more apical than that of a lateral. Also, the gingival height of the first premolar which must occupy the canine position is more coronal than the canine, creating more gingival asymmetry. It should be noted that canine substitution could be contraindicated in some cases,

and therefore winged bridges and implant-supported crowns would be acceptable treatment options. The specific problems in this case that needed to be addressed included: gingival asymmetry, tooth proportions, excessive negative space, and a flat smile arc (Figures 1-4). Additionally, the patient was unhappy with the color of her teeth and wanted a whiter, brighter smile. She had inquired about and was interested in porcelain veneers, and while an acceptable result could be achieved with veneers only, there would be some compromise to ideal gingival symmetry and tooth proportions. With that in mind and in order to achieve the most aesthetic result possible, the agreed-upon treatment plan called for orthodontic extrusion of the canines and intrusion of the premolars to correct the gingival asymmetry, narrowing of the canine width for better tooth proportions, and 10 porcelain veneers to decrease negative space, improve the flat smile arc, and to change the shape of the canines to laterals, the first premolars to canines, and the first molars to second premolars. Furthermore, the shade of the porcelain would give the patient the whiter, brighter smile she desired.

Figures 1-4



PHOTOS BY DR. THOMAS DUDNEY.

Figures 5-7



Figures 8-10



PHOTOS BY DR. THOMAS DUDNEY.

Before orthodontic treatment began, the canines were reduced mesially, distally, and facially to approximate the size of the laterals and to make it easier for the orthodontist to position them properly. Bracket placement allowed the orthodontist to extrude the canines and thus move the gingival margins in a coronal direction and intrude the premolars moving the gingival margins in an apical direction (Figure 5-7). After the ortho was completed, the patient was ready for veneer preparation. The mesial buccal cusp of the first molars and the second premolars were prepared with a chamfer finish line and little or no facial reduction so the restorations could simulate second and first premolars respectively and could be

built out facially to decrease negative space in the buccal corridors. The first premolars were prepared facially and lingually (removing the lingual cusp) so the restorations could simulate a canine, and the canines (in the lateral position) having already been adjusted prior to ortho, were minimally prepared so the restoration would be the ideal size and shape of a lateral incisor. After impressions, the provisional restorations were fabricated utilizing a putty matrix made from the diagnostic wax-up. Provisionals are critical to the success of the case because they allow the patient to preview the final result and offer feedback; they allow the dentist to evaluate aesthetics, function, and phonetics; and, once approved by the patient,

they provide a blueprint for the laboratory to follow when fabricating the final restorations. In addition to pictures and an impression of the temporaries, the following information was sent to the lab: material selection (in this case e.max Press lithium disilicate), shade of the prepared teeth, length of centrals, bite registration, stick bite, impressions, opposing model, and final shade (BL 2/BL3). At the seat appointment, the definitive restorations were tried in to evaluate fit and contacts, and, after isolation with a rubber dam, all 10 were bonded in at the same time with a universal adhesive and light cure resin cement. After clean-up, the occlusion was checked and the restorations were polished.

The patient returned in one week for a post-op follow-up appointment, at which time she stated that she was very pleased with the appearance of her smile (Figures 8-10). This case illustrates the benefits of an interdisciplinary approach to treatment planning difficult cases and the importance of communication with the right dental lab in achieving the desired aesthetic results. 🎯

Patient satisfaction would not have been possible without the efforts and talents of Gary Vaughn and the entire team at Corr Dental Lab.



Want to Learn More?

Dr. Dudney is presenting on **Saturday, April 4** at the **2020 Oregon Dental Conference**

Mark your calendar and plan to attend!

CONNECT
Learn
GROW

An event for the *entire* dental team

A New Non-Profit Dental Clinic — Saving Teeth & Restoring Smiles

A program of Portland Adventist Community Services

By Katie Linfoot

OUR NON-PROFIT DENTAL CLINIC is a little different from most clinics in the Portland, Oregon area. An 1,800-square-foot facility, Gateway Grace Clinic sits west of Portland Adventist Community Services (PACS) in a newly renovated space that used to house an acupuncture clinic. Gateway Grace Clinic is in the business of saving teeth!

“Gateway Grace Clinic is here to serve uninsured adults who fall between the cracks of not qualifying for Oregon Health Plan and who are unable to pay for private dental insurance. Our clinic has a unique \$20/visit dignity-pay, and a patient can receive some much-needed care,” said Dr. Robert Stafford, ODA member and Gateway Grace clinical director. The clinic sees patients who are uninsured and make less than 300% of the Federal Poverty Level. These patients have difficulty paying

for dental care but make too much to qualify for the Oregon Health Plan, which limits income to 139% of the Federal Poverty Level. We have already seen patients who have not had access to oral hygiene instructions, regular cleanings, or a clinic where crowns and root canals can be done.

“Our vision and mission at this clinic is to be able to save teeth, restore smiles, love people like Jesus, and give patients a hope and future beyond anything they could ever imagine,” said Carol James, dental clinic manager.

The clinic has been open since September 17, 2019, operating with two volunteer dentists and two paid staff. We have seen 33 new patients since the opening. We are always in need of more volunteer dentists. For us to be open three days a week, we would need 12 dentists.



Some of the Gateway Grace Clinic Dental Team — L to R — Becky Drury Bradshaw, Erina Lee, DDS, Carol James, DA, EFDA



Dr. Robert Stafford examining a patient's teeth

COURTESY OF GATEWAY GRACE CLINIC.

Another Gateway Grace Clinic volunteer, Dr. Erina Lee, says, "Prior to graduating dental school 12 years ago, I knew that I wanted to work in a place that was service-oriented, helping our underserved population. Volunteering at Gateway Grace Clinic has been fulfilling because I get to see patients who already come in with a sense of gratitude. Although I am providing a service to patients, I also feel like God is giving me a learning experience as well, and I am feeling very grateful for the opportunity to volunteer here."

Gateway Grace Clinic includes a reception and waiting area, doctor's office, consultation room, sterilization and X-ray rooms, three operatories, a break room, two restrooms, and two rooms that are planned to be used for vision care in the future.

Dr. Stafford said, "It's extremely satisfying to volunteer in a place where we can provide comprehensive care to a very appreciative group with state-of-the-art equipment."

This new clinic was not thought of overnight. The vision began in 2001, and fundraising started in 2013. The overall cost was about \$700,000, with \$300,000 of that just for the building and renovations.

Many churches, donors, and businesses have helped raise funds over the years to

make this dream a reality: Prosper Portland, The Oregon Community Foundation, M.J. Murdock Charitable Trust, Kaiser-Providence Clinic Initiative, Vera L. Smith Charitable Foundation, Newberg-based dental manufacturer A-dec, Generations Retirement Communities, Adventist Health Portland, Oregon Conference of Seventh-day Adventists, and two anonymous donors.

Gateway Grace Clinic is part of Portland Adventist Community Services (PACS), which also serves the community with a food pantry, mobile food pantry, and a low-cost thrift store. PACS was founded in 1934 and is affiliated with the Seventh-day Adventist Church. PACS is a faith-based, non-profit organization made up of staff, volunteers, donors, prayer partners, and community partners.

If you are a dentist and would like to join us in serving this community by *Saving Teeth and Restoring Smiles*, please call 503-907-6768. We would love to partner with you to ensure our patients receive the care they need for their health and dignity.

For more information about Gateway Grace Clinic, call 503-907-6768 or go to www.pacsonline.org/pacs-dental-clinic. We are located at 1424 NE, 109th Ave, Portland, OR 97220. ●

"Our vision and mission at this clinic is to be able to save teeth, restore smiles, love people like Jesus, and give patients a hope and future beyond anything they could ever imagine," said Carol James, Dental Clinic Manager.



Dr. Robert Stafford and Dr. John Ritacca working together to provide the best care for patients



Gateway Grace Clinic Ribbon Cutting Ceremony on September 9, 2019

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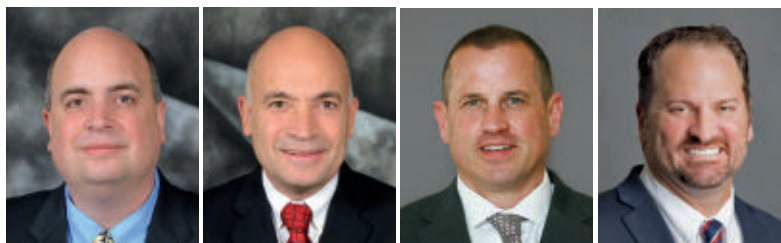


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OHSU School of Dentistry Helping Implement New Oregon Vaccination Law

160 dental students trained on vaccines, give each other & faculty flu shots

By Franny White,
OHSU Strategic
Communications

THE OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF DENTISTRY is helping Oregon prepare to implement a new state law that will allow dentists to vaccinate their patients starting next year.

As part of the dental school's first-ever vaccination training, about 100 third- and fourth-year dental students were trained in vaccine science and safety on Friday, Sept. 27. Following the training, the students put their new knowledge to use by vaccinating each other and OHSU dental faculty against the flu virus. OHSU School of Dentistry Dean Phillip Marucha, PhD, DMD, was the first faculty member to receive a flu shot.

Oregon dentists are expected to begin providing vaccine services to their patients in

early 2020. They will be able to do so thanks to Oregon House Bill 2220, which Gov. Kate Brown signed into law in May 2019. Marucha partnered with the Oregon Dental Association to draft the bill.

While two other states — Minnesota and Illinois — allow dentists to administer flu vaccines to their adult patients, Oregon will become the first to allow its dentists to provide all vaccines to all patients, including children.

The Oregon Board of Dentistry worked with the Oregon Board of Pharmacy, Oregon Health Authority, OHSU, Oregon Dental Association and others to create rules and procedures needed to implement the law in 2020. ●



PHOTOS COURTESY OF OHSU SCHOOL OF DENTISTRY.

The Dental Foundation of Oregon

Go Westward, They Said!

Thank you to everyone that joined us at Westward Whiskey on Thursday, October 24th for our 2019 Fall Giving Celebration.

Evening highlights included a bottle signing by **Westward Whiskey Founder/Distiller Christian Krogstad**, who spent the evening with our guests and signed bottles from the family of Westward Whiskey distilled spirits, behind-the-scenes distillery tours, and the very popular mixology classes, where guests learned to make mini-cocktails. We served an array of delicious appetizers from **Olympia Provisions**, torch-fired artisanal s'mores (an American classic) from **1927 S'Mores Company**, relished a visit from the **Franz Bakery "Grilled Cheese Machine,"** who served hot off the grill and ever-so-yummy grilled cheese sandwiches, along with non-alcoholic beverages including **Steven Smith Teamaker**.



PHOTOGRAPHY BY AMY NICOLE.

Special Thanks to Our Community Partners

Thank you to **Dr. David J. Dowsett and the staff with Complete Health Dentistry of Portland** for their recent and very generous donation in memory of Betsy Burton. Over the summer, Dr. Dowsett hosted the Tooth Taxi at his office, and throughout the day patients were asked to select which charity they would like their dental fees to be donated to: The Dental Foundation of Oregon, The Jerome Kersey Foundation, or The American Foundation for Suicide Prevention. Not only did the DFO share in the financial support to the foundation, but the Tooth Taxi team and Dr. Dowsett's staff were able to help increase awareness of the need for oral health care throughout Oregon.



COURTESY OF DR. DAVID J. DOWSETT.

Permanente Dental Associates, PC (PDA) and **Northwest Permanente Physicians & Surgeons, PC (NWP)** recently presented The Dental Foundation of Oregon with \$2,000 in support of our mission. For five years now, the PDA Canines soccer team and the MWP's FC Thrive soccer team have been holding an annual charity match where each side put up \$1,000, with the total \$2,000 pot donated to the winning team's charity of choice!

Dr. John J. Snyder, executive director and CEO with Permanent Dental Associates shared, "In the 2019 edition of this rivalry, the PDA Canines won the match 1-0 after finally scoring in the 87th minute following a highly defensive match. As with our victories in 2015 and 2018, PDA has elected this year that the charitable donations should support The Dental Foundation of Oregon and its Tooth Taxi. Thank you for all that you do. Keep your fingers crossed for the Canines in 2020!"



COURTESY OF PERMANENTE DENTAL ASSOCIATES.

Mark Your Calendars

November to December 2019

Willamette Week Give! Guide

Thank you for considering the DFO when making your charitable end-of-year gifts.

March 14, 2020

Salem Paddy Pint Race

March 15, 2020

Prineville Paddy Pint Race

April 2-4, 2020

Oregon Dental Conference

June 12, 2020

16th Annual Chip! for Teeth Golf Tournament at Langdon Farms Golf Course

Registration officially opens January 2, 2020 at the DFO website.

Tooth Taxi Statistics (September 2008-October 25, 2019)

22,942

students screened

13,305

appointments in the van

24,666

students received oral hygiene education in the classroom




\$7,720,565

value of free dental care provided

The Dental Foundation of Oregon is grateful to our business and community partners, donors, and volunteers who annually help us achieve our mission to advance oral health education, provide charitable care, and coordinate resources for Oregon's children and vulnerable communities.

Social Media

Find Us. Follow Us. Like Us.

-  Twitter — www.twitter.com/ToothTaxi
-  Facebook — www.facebook.com/DentalFoundationofOregon
-  Instagram — www.instagram.com/toothtaxi

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Learn more at oregondentalconference.org.

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April 2-4, 2020
Mark Your
Calendar for the
2020 Oregon
Dental
Conference!

CONNECT
Learn
GROW

An event for the
entire dental team

ADA Managing Debt and Wealth Program

ON AUGUST 30, 2019, THE ADA Managing Debt and Wealth program was presented to first-year dental students at Oregon Health and Sciences University by member dentist Alysa D'Ambrosia, DMD, a 2013 OHSU graduate. This program is one in a series of success programs on topics most relevant to students today. The students enjoyed an ODA-sponsored lunch from Elephants Deli while listening

to sage advice from Dr. D'Ambrosia, which included examples of financial mistakes she made throughout her dental journey. The success programs are presented at no charge to students or dental schools by the American Dental Association and/or state and local dental societies. The Success program helps students prepare for life as a dentist — good choices now, great dentists later. 🍷



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Looking for a Full or Part time long term associate dentist to add to our well established growing practice. A great opportunity to practice in a state of the art facility with advanced technology alongside two highly trained clinicians available to mentor if desired. Experience preferred, but interested in all applicants. Please E-Mail resume to info@alexadental.com.

ASSOCIATE SOUTHERN OREGON Larger, established practice looking for associate with future buy-in potential. Ideal candidate would be able to do most Endo procedures. Owner was a Spears Mentor for 10 years and Cerec is available. Benefits: malpractice/medical insurances, 401K, CE allowance. Contact Megan Urban 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)

PRACTICES FOR SALE

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

Endo Practice for sale in Southern Oregon. 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)

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 xrays and CT. 30 minutes from Bend. Staff is expected to continue and assist with the transition. Offering Price \$985,000. Contact Megan, 503-830-5765, megan@omni-pg.com. (OD118)

SALEM, OREGON Extraction Clinic — Retiring oral surgeon has been in same location over 20 years. Patient referrals from a large area and from 2 denturists. Cash only practice, collecting about \$320 per hour for simple extractions. Asking \$60,000. Contact Megan Urban for more information — megan@omni-pg.com/503-830-5765. (OD120)

McMinnville Heart of Wine Country — Cozy, 3 operator, digital, “bread and butter” practice. Team has been together for around 20 years and would like to work more. 2017 collections around \$243,000, room to grow! Lease space is zoned medical/dental only. Contact megan@omni-pg.com; 503-830-5765. (OD123)

G/P PRACTICE FOR SALE IN WEST PORTLAND Annual collections approximately \$575K. Hi net, lo overhead practice. Great collection policy in place. 3 fully equipped operatories, 3 more plumbed. 2,500 SF office, digital X-rays. Modern building located on a very busy street. Lots of parking. Contact info@reasorprofessional dental.net; 503-680-4366 (OD124)

EAST VANCOUVER Mid-sized practice in popular area. 4 equipped in about 1800 sf. Marius equipment, digital, Dentrrix. Ideal for second location or an affordable place to grow. All endo, ortho and implants are referred out. 10-15 new patients/mo via Google and insurance. 2017 collections around \$300K. Contact 503-830-5765, megan@omni-pg.com. (WD239)

Columbia River Scenic Area — General Practice available for purchase on track to collect \$861k in 2019 working only 3 days per week. This busy 3 Op practice with updated equipment and an above average net (44%) has a lease available with future expansion opportunities. Contact Lynne or Donna at Practice Management Associates info@practicemanagementassociates.org or give us a call at 503-912-5160 www.practicemanagementassociates.org.

SPACE AVAILABLE/WANTED

Associate Position in Portland OR area High-tech, organized, total health, successful practice looking for an associate at least 3 days per week. Practice owner is a Spear educator, utilizes a consultant and office manager. Contact Megan Urban at 503-830-5765, megan@omni-pg.com. (OD121)

Associate Position in Portland OR area High-tech, organized, total health, successful practice looking for an associate at least 3 days per week. Practice owner is a Spear educator, utilizes a consultant and office manager. Contact Megan Urban at 503-830-5765, megan@omni-pg.com. (OD121)

NE Portland Practice and Building — Charming, impeccably maintained building off I-84 — great visibility. 3 ops, Daisy, onsite parking, potential option to expand. All perio, endo, surgery, ortho referred out. Dedicated team prepared to help new dentist grow the practice. Contact megan@omni-pg.com, 877-866-6053. (OD113)

ALBANY — 4 op building for sale in Albany near hospital and related services. Parking, street signage exposure. 2,025 square feet. Has been dental office 43 years. Contact Megan@omni-pg.com for more information. (OD108)

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INDEX TO ADVERTISERS

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Consani Associates, Ltd26
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Professional Practice Specialists 14
www.practicesales.com

DENTAL INSURANCE

TDIC..... 4
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Artisan Dental Lab..... Inside Front Cover
www.artisandental.com

Assured Dental Laboratory, Inc. 8
www.assuredentallab.com

O'Brien Dental Lab, Inc.....21
www.obriendentallab.com

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Kaiser Permanente Dental Care Program 14
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- *How to maximize the value of your practice now*
- *When is the best time to sell?*
- *How to prepare your practice for a sale*
- *The importance of Purchase Price Allocation*
- *Legal pitfalls and how to avoid them*
- *How to help your buyer get financing*
- *Real estate issues that must be addressed*



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