

OREGON'S 2017 LEGISLATIVE SESSION

Key Legislation | page 12



OHSU students and member Robert S. Kravitz, DDS at Dental Day 2017 working towards the ODA's Oregon Action for Dental Health initiatives.



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Membership Matters

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



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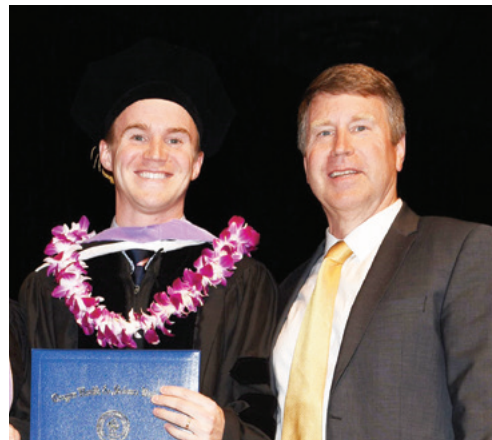
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By Barry J. Taylor,
DMD, FAGD,
FACD, CDE

Editor,
Membership Matters

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Success in Salem

WHEN THE OREGON LEGISLATURE BEGAN

its most recent session in February 2017, there was a potential for a budget shortfall as great as \$2 billion. Facing such a difficult economic situation, legislators struggled to balance the budget, address transportation issues and housing costs, fund our schools and ensure access to critical services for communities across the state. Adding to the debate were numerous health care policies, which remain of particular concern at both the state and federal levels for millions of Americans right now.

Perhaps, then, it's not surprising that when the 79th Oregon Legislature adjourned, there were still many important issues that had not yet been addressed and were left on the table. Having said that, the Legislature did have some important accomplishments and was able to pass a balanced budget of \$21 billion when it adjourned in early July.

Wins for Public Health

Knowing that raising the legal age to purchase tobacco products and e-cigarettes from 18 to 21 could reduce periodontal disease, oral cancer and other oral health problems, lawmakers passed the Tobacco 21 Bill. This was a significant win not just for the general health of Oregonians but for dentistry as well, given the well-documented dental issues associated with tobacco use.

In addition, legislators renewed the Medicaid Primary Care Loan Repayment program, along with Rural Medical Practitioners Tax Credits. These programs are crucial to ensuring dentists are able to locate practices in the rural areas that need them most and are thus able to provide affordable care to all Oregonians.

Today, with the high costs of dental school tuition and associated student debt, it is now harder than ever for younger dentists to open or join rural practices. It's not uncommon for younger Oregon dentists to choose high-population centers rather than rural towns out of financial necessity. Avoiding the small cost of tax credits now could lead to higher public costs for rural health and dental care in the future.

It should be noted, however, that some changes made because of this year's budget constraints could limit the tax credit program's use in the years to come. If legislators want to continue ensuring access to dental health care, they should revisit, expand and improve these programs in the future.

A Loss

Previously the Oregon Dental Association successfully advocated for the Oral Health School Screenings law, which requires school districts to collect dental screening information. However, this year's efforts to make sure this information is reported stalled. Looking forward, we hope legislators will recognize the value of this data in making future program and funding decisions for children's health in our state.

Looking Ahead

Programs left on the table but still of major importance to improving the oral health of Oregonians include a potential new Native American Health Scholarship program.

Earlier this year, the ODA and OHSU's School of Dentistry met with the Legislative Commission on Indian Services to discuss this initiative, which would provide free tuition and fees to eligible members of tribes who committed to working at tribal service sites for a period of time. This would not only ensure culturally competent care in Oregon's Indian Country, it would also bolster ongoing efforts to ensure everyone has access to equitable dental care across the state. It's important that we continue to support such programs in the future.

Dental health is a nonpartisan issue. While it is easy these days to be cynical about legislatures, it is commendable that Oregon legislators exerted great efforts to improve and protect oral health in our state. As every dentist believes, every Oregonian needs and deserves access to high-quality, professional dental care, regardless of where they live, what they look like or what their economic situation is. ●

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

ODA Board of Trustees Nominations

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

LEADERSHIP DEVELOPMENT COMMITTEE

Positions Open: Five
Term: Three years

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Positions Open: Two
Term: Four years
Declared Candidate:
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Mid-Columbia Dental Society
Mark Miller, DMD,
Yamhill County Dental Society
Kaz Rafia, DDS,
Multnomah Dental Society

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Positions Open: One
Term: Three years
Declared Candidate:
Scott Hansen, DMD, MAGD,
Multnomah Dental Society

ADA DELEGATE AT LARGE

Positions Open: One
Term: Three years
Declared Candidate:
Hai Pham, DMD,
Washington County

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

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

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Board Highlights

Saturday, May 20, 2017

- ▶ ADABEI U.S. Bank was approved as an ODA endorsed program.
- ▶ The updated ODA Strategic Plan was approved.

Welcome
New ODA Members!

Nicholas J. Brammer, DDS,
Washington County Dental Society

Jared M. Young, DMD,
Clackamas County Dental Society



Events & Education

Provided by Mehdi Salari, DMD

SEPTEMBER 2017

9	Continuing Ed., 1.5 Hours	<i>Ergonomics & Dentistry, Presented by NW PT</i>	@ Salem (Boys & Girls Club)	mpdentalce@qwestoffice.net
14	Continuing Ed., 1 Hour	<i>Oral Infection Presented by Michael Doherty, DDS</i>	@ Medford (Smullin Center)	sodentalsociety@gmail.com
19	Continuing Ed., 2 Hours	<i>Leadership in the Workplace Skills for Teambuilding Presented by General Gene Renuart, USAF Retired</i>	@ Eugene (Center for Meeting & Learning)	lanedentalsociety.org
20	Continuing Ed., 2 Hours	<i>Sports Dentistry Presented by David Dowsett, DMD</i>	@ Milwaukee (MODA Plaza)	www.multnomahdental.org or lora@multnomahdental.org

OCTOBER 2017

10	Continuing Ed., 1.5 Hours	<i>Periodontics—Soft Tissue Grafts & Frenectomies Presented by John Seifert, DMD</i>	@ Salem (West Salem Roth's)	mpdentalce@qwestoffice.net
17	Continuing Ed., 2 Hours	<i>Infection Control for the Dental Healthcare Team Presented by Karla Kent, MA, PhD</i>	@ Eugene (Center for Meeting & Learning)	lanedentalsociety.org
18	Continuing Ed., 2 Hours	<i>Oral Surgery Course Presented by Normund Auzins, DDS, MD</i>	@ Portland (OHSU SOD)	www.multnomahdental.org or lora@multnomahdental.org
20	Continuing Ed., 2 Hours	<i>Radiographic Pathology Presented by James Kratochvil, DDS</i>	@ Medford (Smullin Center)	sodentalsociety@gmail.com
24	Continuing Ed., 3 Hours	<i>Risk Management Presented by DBIC</i>	@ Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com

NOVEMBER 2017

9	Continuing Ed., 1 Hour	<i>Cyber Security & HIPAA Compliance Update, Presented by Eric Engebretson (Action Data Tel)</i>	@ Medford (Los Arcos)	sodentalsociety@gmail.com
10	Continuing Ed., 4 Hours	<i>Balancing Dental Mgmt & Endocrine Disorders Presented by Vipul Lakhani, MD</i>	@ Eugene (Center for Meeting & Learning)	lanedentalsociety.org
14	Continuing Ed., 1.5 Hours	<i>Emerging Concepts in Periodontal Diagnosis & Treatment, Presented by Harjit Singh Sehgal, BDS, MS</i>	@ Salem (West Salem Roth's)	mpdentalce@qwestoffice.net
15	Continuing Ed., 2 Hours	<i>Practical Practice Tips Presented by Thad Langford, DDS</i>	@ Portland (OHSU SOD)	www.multnomahdental.org or lora@multnomahdental.org

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



Join the Molar Movement

#FightEnamelCruelty



New Portland Veterans Affairs Dental Residents pose with their molar movement scarves! Pictured left to right: Brian Bardeloza, DDS, Mikhail Bondarew, DDS, Lara Kacherian, DDS, Caroline, Latta, DDS, and Quan Nguyen, DDS.



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



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Editor

It's Time for Some R and R and R

By Sandy Pardue



SUCCESS LIES IN THE COMBINATION OF BEING ABLE TO ATTRACT

new patients and convert them into long-term, loyal dental advocates. Unfortunately, I have found many practices have a revolving front door, with patient retention averaging between 40 and 50%. This means that 50 to 60% of the patients who came into a practice last year may go right through the revolving door and not return this year. I believe all practices already have the resources and patients they need to grow—from within. They just need time for a little R and R and R—Retention, Recall, and Reactivation.

The Most Important R: Retention

Wouldn't it be nice if dental practices were filled with patients who can't wait for their next appointment? In reality, to improve patient retention, teams should start by adding more value to visits and improving patient education. Work on building stronger relationships with patients. Communicate on a consistent basis, and be interested in them as humans first, patients second. And of course, take the time to educate them. The public, in general, may have a very low dental IQ, especially when it comes to the value of hygiene and the role of dental insurance benefits. It makes our jobs challenging, but we must educate patients and add value to their lives every single time they come into the practice.

Retaining patients is all about building good patient relationships. Because patients are most likely to visit the practice at most two times a year, building relationships takes a bit more work.

Here are a few ideas:

- ▶ Send handwritten notes to overdue patients. Let patients know you miss seeing them. Have each person in the practice send at least five cards a week to patients.
- ▶ Send a package with a toothbrush and floss (I guarantee they will open it).
- ▶ Send birthday, anniversary, holiday, congratulations, and other thoughtful cards.
- ▶ Use email to send patients seasonal communications. Some great topics to consider are "Spring Cleaning," "Get Ready for Back-to-school," and "Fall Use It or Lose It" reminding them of their dental insurance benefits.
- ▶ Place a phone call reminding them of incomplete dentistry. If cost was a barrier to care, it would be important to review payment options with them, including a financing option through a third-party company.

The key is to be proactive, timely, and consistent. These activities take a little time, but truly have a big impact on patient retention.

Hygiene's Favorite R: Recall

Most practices may not be doing enough to keep patients coming back. One major problem may be the lack of a true, proven recall process. There are two rules to an effective recall system. First, every patient should leave the practice with a future recall date or a future appointment. Second, be consistent and predictable. When dental teams implement a recall system, it's best to put it in writing so that it can be

followed exactly, month after month. Only consistency brings predictable results. There are ways to structure an effective recall system:

1. Find a recall card that is professional looking and represents the office well.
2. Utilize email and text.
3. For patients that pre-scheduled their appointment, send the card out on a designated day each week for patients scheduled three weeks away. Include the appointment date and time and let patients know that if they need to change the appointment, the practice requires advanced notice, since the time has been reserved for them.

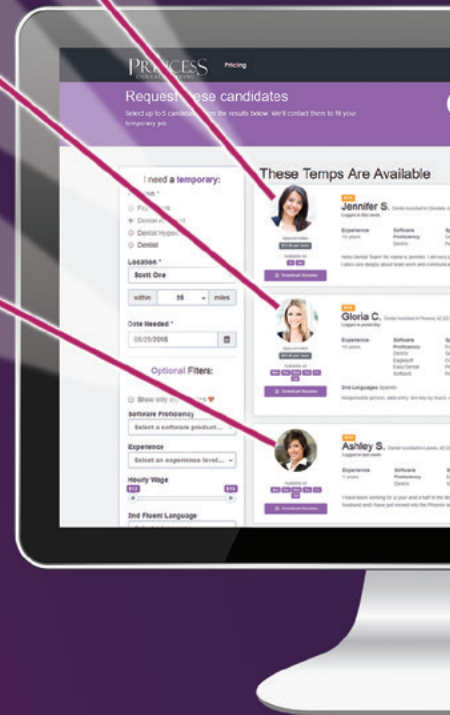
For example: "We are confirming your appointment. If you are unable to keep this appointment, please call the office at (phone number with area code) as soon as possible so that the time reserved can be utilized.

4. Send a reminder text three days prior to the appointment.
5. If the patient did not confirm from the text, call the patient one day prior to the appointment. It's important to have human-to-human contact because the patient's tone of voice and reaction are key. Avoid sending several texts and emails in a short period in regards to one appointment.
6. For patients without an appointment that are due for recall, send out a recall card, but start the first paragraph with, "We are letting you know that it is time for your dental check-up."

continues on page 8

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Production’s Favorite R: Reactivation

Practices typically start thinking about reactivation when they are desperate for patients. A Reactivation Project should be done each January. Here’s the process:

Step 1

Assign a champion. This project is too valuable to the practice not to have someone accountable for its completion.

Step 2

Print a list of patients that have not been in for six months. Go back at least three years.

Step 3

Mail a recall card to them—not a letter but a postcard. It should stand out in the mail. Put “Return Service Requested” on the card under the return address, so that any undeliverable cards are returned to the practice with the new address. If Mrs. Jones moved out of state, she will probably not need to be contacted again.

Step 4

Include the following message:
“Dear (name): We miss seeing you in our

office. As you know, when dental decay, gingivitis, periodontal disease, or other complications are discovered in early stages, treatment is not complicated and costs are less. Please phone the office at (insert phone number including area code) for a convenient appointment.”

Step 5

Mail the same card to the same group of people two to three months in a row.

Step 6

Add a personal phone call. Nothing replaces human contact.

“Mrs. Jones, this is Susan from Dr. Smith’s office. He’s concerned you’re overdue for your hygiene appointment and oral cancer prevention screening and he asked me to call you. It’s been more than a year since we’ve seen you. We have an appointment available next Tuesday at 9 am or Wednesday at 4 pm. Which would work better for you?”

All three Rs—retention, recall, and reactivation—work together to resolve the “revolving door” issue. And the

net result is a busy, thriving practice providing a valuable service to healthy and happy patients who, although dentistry might not be their number one priority, do value dentistry. 🎯

Sandy Pardue is director of consulting with Classic Practice Resources and is an internationally-recognized lecturer, author, and practice management consultant. Ms. Pardue was named a “Leader in Consulting” by Dentistry Today for fourteen consecutive years. With over 30 years of practical experience in the dental field, Ms. Pardue has assisted dental teams with practice expansion and staff development and is known for her comprehensive approach to office systems, focusing on increasing efficiency, and production. In addition to one-on-one team consulting, Ms. Pardue is a headline speaker and provides hands-on workshops on a variety of key processes including scheduling, accounts receivable, and patient retention.

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House of Delegates

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Nov. 10–11, 2017

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ASSOCIATION

Tips for Website Accessibility Under the AwDA

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Q What can I do to work towards an AwDA compliant website?

A

- ▶ Evaluate the accessibility of your existing website and implement a work plan to improve accessibility.
- ▶ Enhance accessibility by adding alternative text to images and closed caption videos
- ▶ Provide effective communications through other means (e.g., telephone)
- ▶ Create an accessibility link on your practice website
- ▶ Include a contract clause with your website developer requiring a compliant website 📄

i Find this information online at:

To assist with compliance, the ADA has developed support accessibility documents. Access them at <http://bit.ly/WebsiteAwDA>.

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

The ODA encourages members to research and confirm specific details and content with the affiliated regulatory laws and boards.

For questions, contact the ODA office at 503-218-2010.

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THROUGH THE LOUPES



New Dentist Council

Learn more about the New Dentist Council Members, who play a key role in identifying and addressing the needs and issues facing new dentists. The Council assists in the transition from graduate to new practitioner through education and events and serves an advisory role at the ODA on issues affecting new dentist.

Why are you on the New Dentist Council?



Olesya Salathe, DMD, Chair

My favorite thing about being a council member of the New Dentist Council has been the networking and opportunities to meet new dentists both here in Oregon and in other states. I love meeting other leaders who really inspire me with their drive to better our profession and I enjoy seeing the new excitement and eagerness to learn from the brand new dentists.



Nalani Oda, DDS, Council Member

I am on the New Dentist Council because I believe it is important to actively participate in organized dentistry. If we all contribute a little, together we can achieve so much. Being on the Council, I have most enjoyed working with dentists that I would not otherwise meet from around the state and the exposure to leadership and volunteer opportunities on the state and national level.



Casey D. Norlin, DMD, Advisory Member

I was asked to be on the New Dental Council due to being a recent graduate who is working in Public Health as a General Dentist. This gives a different perspective on the oral health of patients and how dental care can be given. I also have experience in different types of dental and medical fields such as private practice dental offices, National Guard dentist, and providing EMS/prehospital care as a firefighter/EMT in Clackamas County.

I am honored to have been given the opportunity to represent the ODA in the New Dentist Council. I hope that I will be a young voice that will benefit the dental profession and to help the next generation of dentists rise to the challenges Oregon faces in the future.



Calie Roa, DMD, Council Member

Being an active member of the New Dentist Council has allowed me to meet and become friends with a community of wonderful, motivated, and caring people. I have learned to really take an active role in my career through the people I have met that dedicate their lives to what they believe this career can do for our patients and the community. It has allowed me to open my eyes up to a world of dentistry that goes far beyond the walls of my practice. I believe that I will continue to play an active role and grow in my involvement because I took the plunge of “getting involved.” 🎯

JOIN YOUR COLLEAGUES AND VOLUNTEER TO SERVE ON THE NEW DENTIST COUNCIL!

The NDC generally meets 4–6 times per year, and committee terms are three years in length. Committee members are approved by the Leadership Development Committee and ODA Board of Trustees. Submit a letter of interest and one-page resume at leadership@oregondental.org or contact Kristen M. Andrews, Manager, Membership & Communications, to learn more at kandrews@oregondental.org.

OREGON'S 2017 LEGISLATIVE SESSION



AFTER MONTHS SPENT GRAPPLING WITH BUDGET ISSUES, a state housing crisis and a host of complex bills, lawmakers in Salem recently adjourned the 2017 legislative session.

The Oregon Dental Association focused a majority of our 2017 legislative efforts on the Oregon Action for Dental Health Initiative, which addresses barriers to dental care access across the state, while also taking positions on bills that could improve Oregonians' oral health care overall.

Early in the session, Marko Vujcic, chief economist at the Health Policy Institute, presented the results of a recent study on dental care access. This new research showed that Oregon has enough dentists now and projected into the future to meet the state's needs, however, questions remain about whether additional obstacles, including geographic, economic or social, remain for Oregon communities to access professional dental care.

Ranging from tax credits supporting practices in rural communities to a scholarship program for members of Oregon's tribes, the ODA's legislative priorities and related initiatives aim to address these obstacles—ensuring that every Oregonian has access to a high-quality, licensed dental care provider regardless of their race, income or geographic location.

KEY LEGISLATION

Renewal of the Rural Medical Practitioners Tax Credit

BACKGROUND

Oregon currently provides up to \$5,000 in tax credits for licensed dentists who practice in 10 rural counties: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa, and Wheeler. The credit is also available to dentists practicing in cities where fewer than 5,000 people live within 25 miles of another full-time dental practice.

To meet the criteria, a dentist must provide at least 20 hours of care each week, and they must accept Medicare and Medicaid patients. The existing program is scheduled to expire at the end of 2017.

ODA POSITION

The ODA supported this bill. Reauthorizing the tax credit through 2024 would continue to encourage dentists to locate their practices in underserved communities, and to serve Medicaid patients, throughout the state.

RESULT

In the final days of session, the Legislature decided to renew the tax credit. However, the final negotiations included trimming eligibility for the credit to ensure it fits within the state's budget constraints. These include a 10-year maximum (starting in 2017) of receiving the credit and \$300,000 cap on personal income to be able to receive the credit (either filing jointly or individually).

Funding for the Medicaid Primary Care Loan Repayment Program

BACKGROUND

Oregon's Medicaid Primary Care Loan Repayment Program provides loan repayment assistance to primary care clinicians, including general practice and pediatric practice dentists, who care for Medicaid patients in underserved communities.

In exchange for a minimum of three years of full-time service in a qualifying location, participants may receive up to \$105,000 to repay qualifying debt, including loans taken out to cover graduate health education costs.

ODA POSITION

The ODA supports this program, as it encourages dentists to practice in rural areas, expanding access to care for rural Oregonians.

RESULT

This program was renewed in the amount of \$4 million.

Native American Health Scholarship Program

BACKGROUND

This bill establishes the Indian Health Scholarship Program, which would provide free tuition and fees for qualifying Indian health professional students at OHSU, including dental students, who agree to work in a tribal service site after graduation. It appropriates funding for OHSU to administer the Indian Health Scholarship Program.

In order to qualify for the scholarship, students must be a member of a federally recognized Indian tribe in Oregon and agree to commit to working at a tribal service site upon completion of graduate, residency, or training programs for an amount equal to the time spent at OHSU.

ODA POSITION

The ODA advocated for this new program, as it would advance efforts to expand access to care by training and incentivizing Oregon tribal members to practice dentistry in tribal communities.

RESULT

The legislation passed out of the Senate Education Committee unanimously, but failed to move in the Ways and Means process. ODA continues to meet with Oregon tribes to discuss partnerships on how to achieve these goals in the future.

Public Notice of Changes to Fluoridation of Water Supplies

BACKGROUND

Legislation this year aimed to improve transparency when it comes to fluoridation, requiring water suppliers to notify customers at least 90 days before fluoridation or de-fluoridation is in consideration. This process would allow for informed and open public discussions to occur.

ODA POSITION

The ODA supports public health measures that can improve Oregonians' dental health, and we supported this bill. It was also a good government bill requiring transparency and public input before a city or municipality introduced/eliminated fluoride.

RESULT

The bill was introduced and referred to the Senate Committee on Health Care, where it did not receive the necessary support to advance or get a hearing this year. Fluoridation continues to be a very controversial subject and legislators wanted to avoid a contentious hearing.

Oral Health School Screenings Law

BACKGROUND

In 2015, the ODA and other stakeholders successfully advocated for Oregon's Oral Health School Screenings law, which requires school districts to collect dental screening information for children younger than seven who are entering school for the first time.

New legislation in 2017 aimed for schools to report data from these screenings and to provide new students' parents or guardians with information such as the need for further examinations, necessary treatments, or preventative care. As written, the bill allowed parents to opt out of dental screening requirements if desired. Additionally, school districts would be required to report reasons parents opt out of the screening for their children and base data on the number of failures/passes of school screenings.

ODA POSITION

We supported this effort. Access to aggregate data would help policymakers making future program and funding decisions for the dental health of Oregon children.

RESULT

The bill passed the House unanimously, but didn't move out of the Senate Education Committee after strong opposition from the Oregon School Boards Association. ODA will continue to ensure that children receive dental screenings and to advocate for reporting data in the future.

Noneconomic Damages Cap

BACKGROUND

Oregon does not currently cap economic damages, but puts a \$500,000 limit on wrongful death damage awards and noneconomic damages for those suffering emotional distress and mental suffering.

This bill would eliminate the noneconomic damages cap and increase the wrongful death award to \$1 million and give the State Court Administrator the authority to annually adjust the limit beginning in 2018. The proposal had the potential to increase insurance rates for medical providers, potentially affecting patients' costs and creating a shortage of providers throughout the state.

ODA POSITION

The ODA closely provided perspective on potential implications for dentists while closely monitoring this bill to ensure dentists' voices were considered in the discussion.

RESULT

Despite moving out of the Senate Judiciary Committee on a partisan 3-2 vote, the bill did not have enough votes on the Senate floor to move forward. Expect there to be more discussion on the issue in the future.

Tobacco 21 Bill

BACKGROUND

Bipartisan legislation aiming to raise the legal limit to purchase and sell tobacco and e-cigarettes from 18 to 21 could help reduce gum disease, mouth cancer and other oral health issues associated with tobacco use.

ODA POSITION

Improving Oregonians' oral health is a key concern for dentists across the state, and we were in favor of this initiative. Dr. Patrick Haggerty (ODA member) joined Dr. Brian Druker (Knight Cancer Center), and Sen. Steiner-Hayward (also an OHSU physician) on the expert panel testifying in support of the bill.

RESULT

The bill passed both chambers and sits on the Governor's desk. Governor Brown has publicly stated she plans on signing it into law. It would go into effect on Jan. 1, 2018.

Continuing the Conversation on Access to Care

As the Legislature wrapped up its work for 2017, the Oregon Dental Association's efforts to expand access to oral health care to all Oregonians were just beginning to gain momentum.

The ODA recently met with the Legislative Commission on Indian Services, as well as the Confederated Tribes of Grand Ronde, to discuss our shared interest in supporting oral health care initiatives and a high standard of care. This conversation will continue as we look ahead to next year's legislative priorities.

Next Steps and Moving Forward

This interim, we plan to meet with candidates and legislators across the state and continue to build our grassroots network with local doctors. This is a valuable tool for helping legislators and elected officials make decisions affecting dentistry by reaching out to dentists in their community. Additionally, ODA's Government Relations Committee will begin considering concepts and ideas to possibly draft as legislation for the 2018 and 2019 legislative sessions. We encourage any member doctors who have legislative ideas to contact staff so they can be submitted to the committee.

A special thank you goes out to members of the ODA Government Relations Committee: Kurt Ferre, DDS; Daniel Miller, DMD, Chair; Vanessa Peterson, DDS, MS; William Trevor, DMD; Bruce Burton, DMD; Greggery Jones, DMD; and Tom Pollard, DMD, DOPAC Chair. 🙏

OHSU Dentists' Practice Locations Related to Their Urban Versus Rural Origins Prior to Dental School Matriculation

By Eli Schwarz, DDS, MPH, PhD, and Bradley Munson, BA

ORAL HEALTH CARE IS STILL CHARACTERIZED BY STRIKING DISPARITIES. More than half of the population does not visit a dentist each year. Poor and minority children are substantially less likely to have access to oral health care than are their non-poor and non-minority peers. Americans living in rural areas have poorer oral health status and more unmet dental needs than their urban counterparts.¹ Nationally, these issues have been linked to dental workforce issues, in particular the impact of the uneven distribution of dentists between rural and urban areas.² Oregon reflects many of the same characteristics as those demonstrated nationally with 33 of its 36 counties designated as Dental Health Professional Shortage Areas (HPSAs)³ and a stark disparity in dental caries experience between 6–9 year old urban and rural children (48%–73%),⁴ exacerbated by the second lowest proportion of the population in the nation with drinking water fluoridation.⁵ The recent Strategic Plan for Oral Health in Oregon: 2014–2020⁶ defined workforce capacity as one of its priority areas; one of the strategies focused on incentivizing dental care providers to work in rural and underserved areas. The legislature has supported such priorities by a range of state supported financial incentive packages administered by the Office for Rural Health.^{7,8,9}

In the School of Dentistry at the Oregon Health & Science University, a community based dental rotation program for senior dental students to predominantly rural based dental clinics

has been expanded from one week per year per student in 2010 to six weeks a year in 2017. To a large extent, this program is building on the assumption that dental students exposed to life and work with underserved populations and work in a rural environment would be enticed to choose such a practice location upon graduation. However, although there seems to be some evidence to this effect from a few studies on dental or medical graduates, this has never been tested in Oregon, which has both a considerable Medicaid population (25%) and rural population (19%). Thus, the aims of this analysis were to explore a) Oregon dental graduates inclination to choose a rural practice location after graduation in relation to their urban/rural origin at matriculation and b) examine any secular trends in such choice reflecting the increase in time spent in the community based rotation program during their senior year.

Study Population and Methods

Table 1 displays the study population by the Oregon Health & Science University (OHSU) School of Dentistry graduating class from 2010 through 2016, n=519. A list of matriculating and graduating students from the School of Dentistry during the seven years included the students' addresses (zip code) given at the time of matriculation. We used this address to define residency status prior to dental school. We merged in Rural-Urban Commuting Area codes¹⁰ to characterize graduates' locations prior to dental school. The students' ADA number was used as an additional identifier of the individual. The number allocated at the start of the dental school remains the same throughout the dental school career and subsequent to graduation. The table also illustrates the share of each class with a practice address on file in the American Dental Association's (ADA) masterfile.

continues on next page

Table 1. Study population overview by Oregon Health & Science University (OHSU) School of Dentistry graduating class with an indication of the proportion of each class whose address zip codes at matriculation and after graduation were successfully matched.

Graduating Class	No. Students	No. of Missing Zipcodes at Matriculation	No. of Valid Addresses in ADA Masterfile	% Successful Matches	No. of Population Excluded Due to no Match #	% Unsuccessful Matches
2010	73	0	68	93.15%	5	6.85%
2011	74	4	70	94.59%	4	5.41%
2012	71	2	63	88.73%	8	11.27%
2013	76	2	69	90.79%	7	9.21%
2014	74	2	63	85.14%	11	14.86%
2015	77	0	54	70.13%	23	29.87%
2016	74	2	34	45.95%	40	54.05%
Total	519	12	421	81.12%	98	18.88%

**An additional 13 individuals were excluded due to other causes thus leaving 408 individuals for analysis*

The ADA masterfile is a database of all dentists, practicing and non-practicing, in the United States. It is updated through a variety of methods including reconciliation with state licensure databases, death records, and various surveys and censuses of dentists carried out by the ADA. In all, we were able to analyze data for 408 of these graduates who had a location before dental school that we could identify and were in clinical practice with a practice address. We linked dental practice zip codes to the Rural-Urban Commuting Area codes to classify practice addresses as urban or rural.

Results

On an average, matriculating classes comprised 74 students annually totaling 519 students during 2006–2012 (four years prior to graduation), Table 1. The proportion of students whose zip codes at matriculation were matched with their zip codes after graduation was high, around 81%, but a clear distinction between the two youngest cohorts (70% and 45%) and the older cohorts (average 90%) was obvious, likely due to the uncertain final practice destination for these younger graduates (due to for instance postgraduate studies).

Table 2 shows the 408 graduates in the analysis grouped by their locations before and after dental school. The table's rows are organized to show locations before dental school in terms of residency and urban/rural status. The table's columns are organized similarly, but with

respect to current practice locations. Predominantly, the matriculated students were from an urban background (87%) with rural students comprising 13% of the population. Fifty-seven percent of the 408 graduates were Oregon residents prior to dental school. A slight increase in rural residence was noted from before dental school to after dental school, 13% before to 17% after.

Table 3 is a graphic representation of the combined classes of 2010 through 2016 according to their urban or rural location prior to dental school, regardless of their state of residence, their rural destination after graduation (x-axis), and their inclination for remaining in Oregon after graduation (y-axis). Each group's circle is sized proportionally to the number of dentists in the group with the larger group originating from urban areas to the left in the figure and the smaller group originating from rural areas to the right in the figure.

Each circle's position on the graph, left to right, corresponds to the percentage of the urban and rural study population respectively currently practicing in rural areas (horizontal axis). Each circle's position, from low to high, represents the percentage of the urban and rural population respectively currently practicing in Oregon (vertical axis).

Thirteen percent of Oregon Health & Science University dental school graduates were from rural zip codes (53 out of 408). By the same criterion 11% of the U.S. population is in rural zip codes.

Sixty-eight percent of graduates from rural areas (36 out of 53) now practice in rural areas. Nine percent of graduates from urban areas (32 out of 355) now practice in rural areas. Overall, 17% of grads (68 out of 408) now practice in rural areas.

Of the graduates from Oregon, 82% now practice in Oregon (192 out of 234). Of the graduates from out of state, 14% now practice in Oregon (25 out of 174). In other words, of the 408 grads in the analysis, 234 were from Oregon and 217 now practice in Oregon.

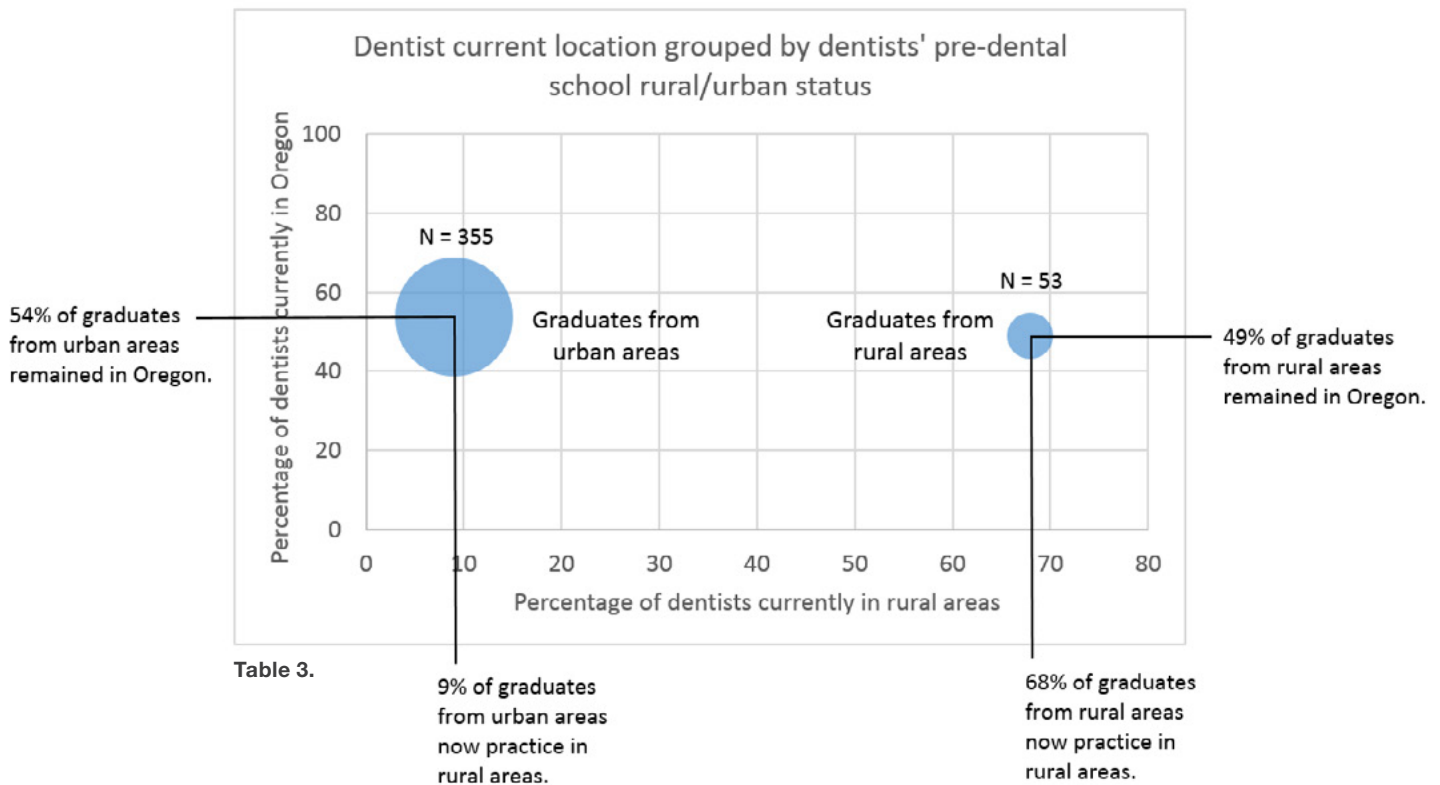
Fifty-four percent of graduates from urban areas (191 out of 355) remained in Oregon after dental school; 49% from rural areas (26 out of 53) remained in Oregon.

Discussion

This study aimed to highlight the extent to which Oregon dental students' urban or rural origins would have an impact on their choice of practice location after graduation and in addition, to explore whether any secular trends in practice location could be detected. The study was able to highlight the very strong relationship between dental students' rural origins and their rural practice location after graduation with 68% of graduates originating from rural areas choosing to return to this environment to practice whereas only 9% of graduates who came from an urban area went to practice in a rural area. Thus, an Oregon dental student recruited from a rural area was seven times more likely

Table 2. Oregon urban and rural origins and out-of-state urban and rural origins of matriculating dental students in Oregon Health & Science University (OHSU) 2010–2016 and their urban/rural practice location after graduation OHSU.

FROM:	TO:				Total based on pre-dental school location	Percentage distribution based on pre-dental school location
	Oregon, urban	Non-Oregon, urban	Oregon, rural	Non-Oregon, rural		
	N	N	N	N	N	
Oregon, urban	158	32	11	5	206	50.5%
Non-Oregon, urban	22	111	0	16	149	36.5%
Oregon, rural	6	4	17	1	28	6.9%
Non-Oregon, rural	0	7	3	15	25	6.1%
Total, current location (%)	186 (45.6%)	154 (37.7%)	31 (7.6%)	37 (9.1%)	408	100.0%



to settle in a rural area after graduation than a student recruited from an urban area. In a previous nationwide study it was shown that OHSU was among the ten dental schools in the nation with the highest proportion of graduates settling to practice in a rural area.¹¹ That study could not identify the origins of the dental students at matriculation, but only looked at rural practice and retention of graduates within the state after graduation. With regard to retention of graduates, OHSU was around the middle of the pack retaining slightly more than half of its graduates (54% of graduates from urban areas and 49% of graduates from rural areas, Table 3). In a recent analysis from Virginia only 18% of the graduates originating from a rural area returned to practice in a rural area with a differential between urban and rural matriculating students of three times (6% and 18%). But in contrast to OHSU graduates a much higher proportion of the rural graduates remained in the state than we found in Oregon.¹² Some of these outcomes might seem intuitive, but analyses of these relationships and their implications for admission processes


have been scarce. There has not been a tradition for specifically targeting students originating from rural areas in the admissions process, in contrast to other jurisdictions, such as Australia, with large rural areas with serious access to dental care challenges, where dental schools have a rural track or rural pathway in their admissions process to specifically attract students from rural areas.¹³ However, the various incentive packages referred to above may have had an impact. This study might provide an impetus for the OHSU School of Dentistry admissions committee to put a clearer emphasis on rural origin during the admissions process, if our intention is to ensure a better coverage of dental practitioners in rural Oregon. On the other hand, it would also be necessary to monitor the development in practice choice and to further study additional variables that were not covered in this study. Other studies have included oral health outcomes as they relate to provider:population ratio and utilization rates to further explain the necessity for securing dental care providers for rural communities.^{14,15,16}

Limitations

The main limitation of the study is the low matching rate of the information of the matriculating students with the more recent graduates' information. The high proportion of the graduates who go on to pursue postgraduate studies for specialty purposes or General Practice Residency/Advanced Education in General Dentistry makes this match challenging. There is also a time lag for the ADA to acquire a dentist's practice location. The longer one is a dentist, the more likely it is that they appear in the masterfile. This made it unfeasible to assess any change in inclination to settle down in a rural area in response to clinical and personal experiences in the senior dental year's community based rotation program. Although there are early indications of an enthusiastic response from the students, as they return from the community rotation,¹⁷ this should be followed up with more solid evidence by conducting a similar study 2–3 years after graduation.

In conclusion, Oregon dental graduates originating from a rural area were seven times more inclined than urban graduates

continues on next page

to practice in a rural area. Urban and rural graduates were almost equally inclined to remain in Oregon after graduation (around 50%). More detailed information on the significance of financial incentives or rural rotations for practice location choice should be studied further as well as the wider impact of perceived shortages of dental manpower in rural areas on the actual dental care utilization patterns and oral health outcomes. 

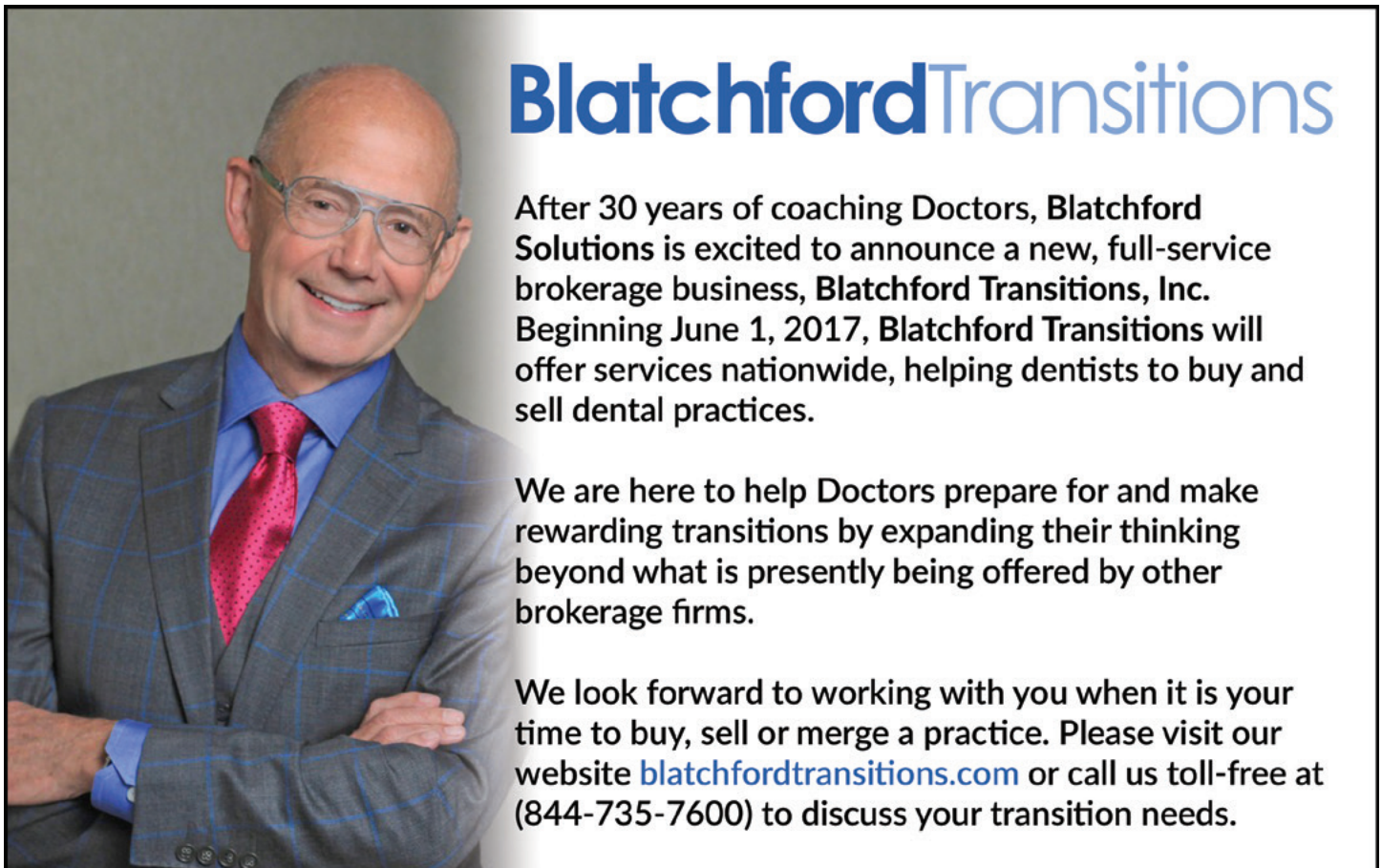
Acknowledgments: We express our gratitude to Ms. Jenna Wilkinson, School of Dentistry Office of Admissions, for her assistance with retrieval of matriculation information.

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Disclosures: The authors declare no personal, commercial, political, governmental, academic, or financial conflicts of interest.

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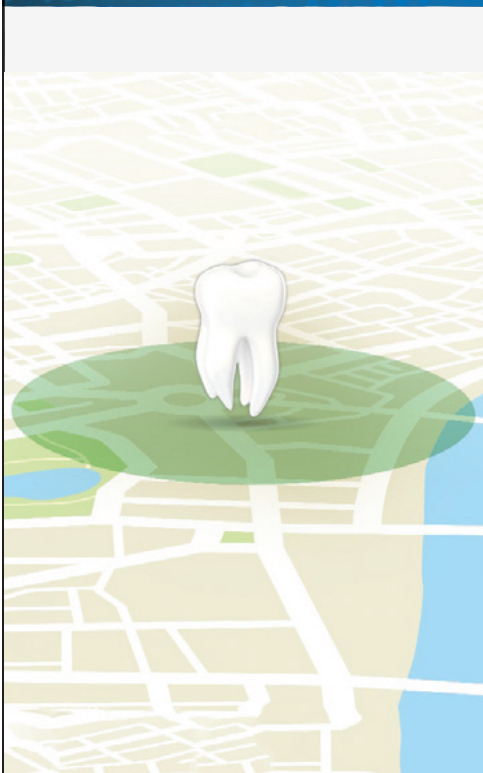
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The screenshot shows the ADA Find-a-Dentist website interface. At the top, there's a navigation bar with 'ADA Find-a-Dentist', 'About', 'ADA Products', and 'Contact'. Below this is a search bar and a 'Back to search results' link. The main content area displays a profile for 'Dr. Jane A. Dentist' with a photo, contact information (Phone: 312.440.2500, Email: dentist@ada.org, Website: ADA.org), and a map. The profile includes sections for 'Address' (211 East Chicago Avenue, Chicago, IL 60611), 'Payment options' (CareCredit, Cash, Check, Credit Card, Insurance, Medicaid, Workers Comp), 'Insurance' (MetLife, Blue Cross Blue Shield, etc.), 'Gender' (Female), 'Type of patients' (Geriatric, Children, Special Needs, Cancer, Anxiety), 'Practice Focus' (Sleep Apnea, ML, Cosmetic, Holistic), and 'Language' (English, Spanish). A 'Practice description' section follows. At the bottom, there are social media links for Facebook, Twitter, and Google+, and logos for ADA, Oregon Dental Association, and Marion Polk Dental Society.



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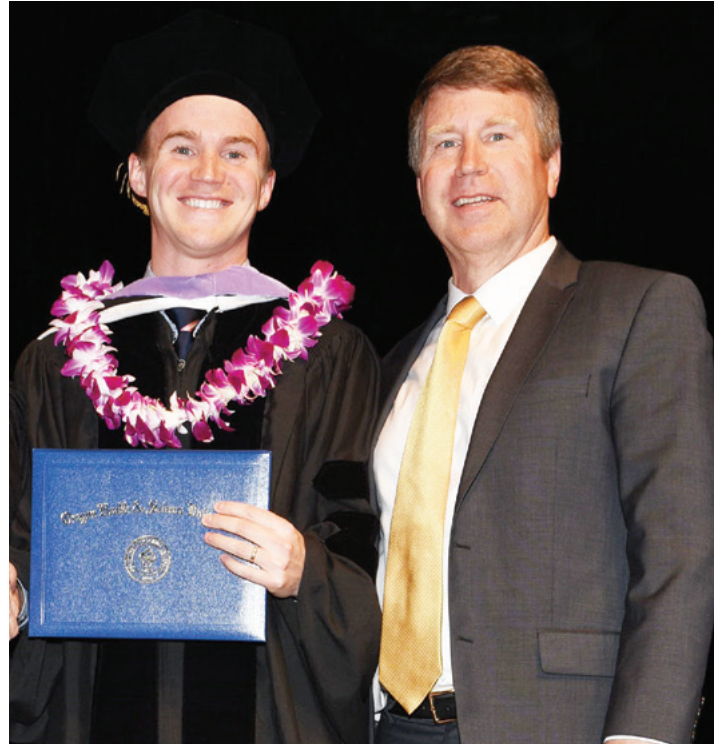


2017 OHSU Hooding & Convocation

SUNDAY, JUNE 4 THE OREGON HEALTH & SCIENCE UNIVERSITY'S SCHOOL OF DENTISTRY held the Hooding Ceremony and Convocation for the class of 2017. Oregon Dental Association President, Greggery E. Jones, DMD, MAGD, was present to welcome all of the graduates to organized dentistry and award graduate, Michelle Crabtree, DMD with the Oregon Dental Association Leadership Award. The Oregon Dental Association Leadership Award is given to the student who has demonstrated outstanding ability as a strong leader amongst peers.

At the hooding ceremony, 72 dental students and four residents were recognized for their hard work and dedication to oral health. Seven Oregon Dental Association members were present to assist in the hooding of family members:

- ▶ Alexander Bouneff, DMD was hooded by father Anthony Bouneff, DMD and grandfather Christ Bouneff, DMD.
- ▶ Kyle Hansen, DMD was hooded by father Scott Hansen, DMD, MAGD.
- ▶ Erik Jenson, DMD was hooded by father Joe Jenson, DMD.
- ▶ Drew Pearson, DMD was hooded by father Greg Pearson, DMD.
- ▶ Jessica White, DMD was hooded by father Robert White, DDS. ●



Kyle Hansen, DMD and Scott Hansen, DMD, MAGD.



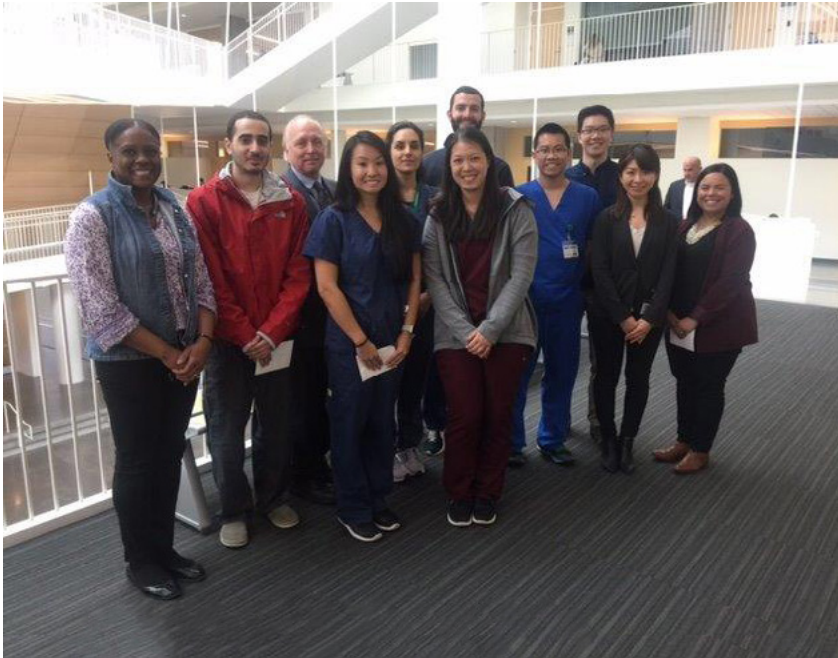
Anthony B. Bouneff, DMD; Dean Phillip T. Marucha, DMD, PhD; Alexander Bouneff, DMD; and Christ Bouneff, DMD



Nasser A. Said-Al-Naief, DDS; Michelle Crabtree, DMD; and Greggery E. Jones, DMD, MAGD

2017 OHSU Research Awards

ON MAY 15, THE OREGON DENTAL ASSOCIATION and OHSU Alumni Association joined together to present six awards to the winners of the Oregon Dental Conference CaseCAT and Research Poster Presentations. Congratulations to all the winners! 🎉



Research

- 1st** - Bishoy Nasry
- 2nd tie** - Jason Ma
- 2nd tie** - Victor Tran

CaseCATs

- 1st** - Ghazaleh Vargha
- 2nd** - Fadi Shaya
- 3rd** - Lindsey Yap

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The Dental Foundation's Chip! For Teeth

THE DENTAL FOUNDATION OF OREGON HELD THEIR ANNUAL CHIP! FOR TEETH GOLF TOURNAMENT on Friday, June 16,

2017 at the Langdon Farms Golf Course.

Congratulations to our winners! 1st Place Low Net: Steven Mee, Scott Belozzer, Owen Lund,

and Mark DeVincenzi; 1st Place Low Gross: Tracy Broders-Gable, Mark Roberts, Todd

Rocha, and Chris Acosta; 2nd Place Low Net: Michael Simich, Geoff Horton, Keith Galitz, and

Anthony Piluso; 2nd Place Low Gross: Tommy Kolodge, Michael Miner, Travis Agee, and Kyle

Flam. The A-Dec sponsored shoot-out was between Geoff Horton and Keith Galitz. Keith

Galitz won a tasting flight for four for being closest to the hole from Culmination Brewery.

The Best Dressed Team went to Team Listerine from Thurston Dental. 🍷



Culmination Brewing winner: Keith Galitz



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Kariana Peters, DMD, Managing Dentist



1st Place Low Gross: Mark Roberts and Tracy Broders-Gable with Rick Shandy of BnK (middle).

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Thank you to all our golf teams and individual players!



2nd Place Low Gross: Tommy Kolodge, Michael Miner, Travis Agee, and Kyle Flam



Best Dressed Team: Team Listerine from Thurston Dental



1st Place Low Net: Steven Mee, Scott Belozar, Owen Lund, and Mark DeVincenzi



2nd Place Low Net: Michael Simich, Geoff Horton, Keith Galitz, and Anthony Piluso

DENTAL OPPORTUNITIES

GENERAL DENTISTRY

GENERAL DENTIST OPENING. We are a fun and rapidly expanding dental practice in NE Salem with an opening for an associate dentist who possess the following talents: • Self-Motivated production skills and desire to constantly improve • At least 2 years experience with general dentistry-endodontics, oral surgery, and placement of dental implants a plus! • Able communicator with patient-centered care and ability to deliver high-quality dentistry • Able to work with a team, with humor, enthusiasm, and professionalism • Ability to diagnose needed treatment and construct treatment plans, personalized follow-up care for post-operative treatment checks, ability to delegate when appropriate so all facets of comprehensive care are met. Our highest priority is outstanding patient experience and quality care. We also have an amazing team whose focus is patient-centered care. We treat our patients like family with a focus on ideal dental care. To apply, please submit the following in a PDF or WORD format: • Resume with cover letter • Tell us something about yourself and why you chose the profession • Submit two professional and two personal references Job Location: Salem, OR 97305; Required education: Doctorate; Required experience: general dentistry; Required license or certification: Oregon Dental License (unrestricted). kirbeeplastek@gmail.com 541-915-1477.

DENTAL OPPORTUNITIES

GENERAL DENTISTRY

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

DENTAL OPPORTUNITIES

GENERAL DENTISTRY

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

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

continues on page 28

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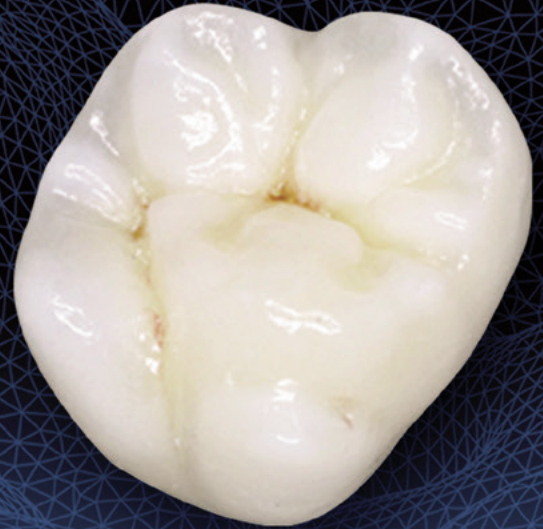


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DENTAL OPPORTUNITIES
GENERAL DENTISTRY

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DENTAL OPPORTUNITIES
GENERAL DENTISTRY

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DENTAL OPPORTUNITIES
GENERAL DENTISTRY

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