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# Membership Matters

Volume 23, Issue 1 | May 2017

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



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

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# Spring Random Thoughts and Questions

**WRITING AN EDITORIAL**, I was easily distracted by a text from a friend, Dr. Hai Pham, informing me that he was on the river fishing and he could see my office where I was working. The following day, as I stared at the sun that we hadn't seen since September, I was unable to concentrate. Never able to finish a thought with these hindrances, I present you with some random thoughts and questions.

To my left, a stack of papers on my desk in regards to Silver Diamine Fluoride (SDF) caught my eye. There is no need to send an email to remind me that several years ago (May 2013) I wrote in this space that I didn't think that SDF should be approved by the Oregon Board of Dentistry for oral application. My argument was that I didn't think there was sufficient scientific evidence to support using it. The popular adage is that you can't teach an old dog a new trick. But I am neither old, nor a dog. At the recent International Association for Dental Research (IADR), no less than six presentations in regards to this subject were in the program, all of which were positive towards the use of SDF. A review of clinicaltrials.gov shows that 7 of 9 clinical trials completed were post 2013. It should also be noted that the first commercially available product, Advantage Arrest, when the FDA approved SDF in 2016 for oral use, was developed in Oregon. While there is concern about the black stain that it causes when applied, one limited study reported that 70% of parents were accepting of the black stain on posterior teeth. On anterior teeth the acceptance rate was 30% until the option presented was general anesthesia. Then the

acceptance rate was 70%. The practice of applying a glass ionomer restoration after a short time limits the amount of time that the black stain is visible. I admit that I am still curious as to why the practice fell out of use until the past decades?

Earlier in the morning, an ADA News distracted me because it contained a link and a summary to an article that had been printed in the Portland Business Journal. The lead paragraph was, "A new report from the Oregon Health Authority suggests 'many adults and kids on Medicaid are not taking advantage of the free dental care they could receive through their local coordinated care organization.' According to the report, 'Only one in three adults and just over half of children receive dental services in a given year.'" This in a state that not only provides the required cover dental benefits for children on Medicaid, "but Oregon is one of only 13 states that offer comprehensive dental benefits to adults on Medicaid." So in other words, Oregon is progressive in providing free dental care to over a million residents on Medicaid. It is a simple statement, but true, when a dentist states, "you could provide free dental care across the street from someone's house and they still wouldn't visit the office." The ADA's Health Policy Institute has shown in Oregon that 91% of publicly insured children live within 15 minutes of a Medicaid dentist. There is not an access process problem in the state of Oregon. There is no need for a new mid-level dental therapist. Let's take a look at Minnesota which has had a "Dental Therapist" for seven years. After seven

*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.*



## OBD Dental Implant Safety Workgroup

The Oregon Board of Dentistry is establishing a Dental Implant Safety Workgroup to address the patient safety initiative identified in the OBD's 2017-2020 Strategic Plan.

### Interested?

Oregon Licensed dentist can apply to be on the workgroup. Contact OBD's Executive Director Steven Prisby at [Stephen.Prisby@state.or.us](mailto:Stephen.Prisby@state.or.us).



years, there are just 52 practicing; 7 are practicing in rural areas. What will be different in Oregon?

The bright news for the day was an email from the Oregon Board of Dentistry announcing that Dr. Todd Beck had been appointed as President of the Board, and welcoming its newest members, Dr. Hai Pham, as well as public member Charles "Chip" Dunn. Congratulations to you all. Also mentioned in the email was that the OBD was establishing a Dental Implant Safety Workgroup to address patient safety in regards to this matter. This is an excellent example of exactly what the Board should be doing: protecting the public. I have always been a great proponent that when properly trained, general practitioners should be allowed to provide care in all disciplines of dentistry. When I contacted Steven Prisby, Executive Director of the Board, about the workgroup, he remarked that an estimated 95% of the implant complaints to the Board come from the work of general dentists. That does not reflect well upon the general dentist. I also greatly respect the Board in that the workgroup will be co-chaired by an oral surgeon and a general practitioner, Drs. Julie Ann Smith and Gary Underhill. Any Oregon licensed dentist can apply to be on the workgroup.

By the way, Hai, there is an accessible beach not more than six blocks north of the School of Dentistry. Just give me about 15 minutes to get down there next time. 🌊

## 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**  
(three-year term, 5 open positions)

**BOT At-Large Member**

(four-year term, 2 open positions)

DECLARED CANDIDATE: Kevin Prates, DDS,  
Mid-Columbia Dental Society

**Secretary Treasurer**

(three-year term)

**ADA Delegate at Large**

(three-year term)

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](mailto:cleone@oregondental.org).

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

ODA Leadership Development Committee  
Kent D. Burnett, DDS, Chair  
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Mark Van Dusen, DMD, Orthodontist





# Events & Education

Provided by Mehdi Salari, DMD

## MAY 2017

23	<b>Continuing Ed., 2 Hours</b>	<i>Hypnosis for Dental Anxiety &amp; Bruxism Presented by Cynthia Adams, CH</i>	@ Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@ clackamasdental.com
24	<b>Continuing Ed., 1 Hour</b>	<i>Table Clinics</i>	@ Portland (Multnomah Athletic Club)	www.multnomahdental.org or lora@multnomahdental.org
25	<b>Continuing Ed., 1 Hour</b>	<i>Chairside CAD/CAM: The Fastest Way to Becoming a Better Dentist Presented by Dr. Nathan Doyel</i>	@ Bend (Riverhouse Convention Center)	centraloregondentalsociety.org

## SEPTEMBER 2017

19	<b>Continuing Ed., 2 Hours</b>	<i>Leadership in the Workplace Skills for Teambuilding Presented by General Gene Renuart, USAF Retired</i>	@ Eugene, Center for Meeting & Learning	lanedentalsociety.org
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## OCTOBER 2017

17	<b>Continuing Ed., 2 Hours</b>	<i>Infection Control for the Dental Healthcare Team Presented by Karla Kent, MA, PhD</i>	@ Eugene, Center for Meeting & Learning	lanedentalsociety.org
24	<b>Continuing Ed., 3 Hours</b>	<i>Risk Management Presented by DBIC</i>	@ Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@ clackamasdental.com

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](mailto:bendsalari@gmail.com). Please send all other events to Cassie Leone, [cleone@oregondental.org](mailto:cleone@oregondental.org).

*Save the Date!*

# ODA

# House of Delegates

The Oregon Dental Association benefits from a robust and dedicated volunteer infrastructure that sustains the activities of the organization. As ambassadors for the Association, our volunteer leaders are essential to our sustainability and growth.

**Nov. 10–11, 2017**

**Double Tree  
by Hilton Hotel,  
Portland**

*Contact your local component society if you are interested in becoming a delegate!*

## Welcome New ODA Members!

**Erica Crosta, DMD,**  
Central Oregon Dental Society

**Junghee Kim, DMD,**  
Clackamas County Dental Society

**Jordan Endres, DDS,**  
Southern Oregon Dental Society

**Kyle Malloy, DMD, MS,**  
Multnomah Dental Society

**Paul Fairbanks, DDS,**  
Central Oregon Dental Society

**Pascal Nguyen, DMD,**  
Washington County Dental Society

**Rose Greyslak, DMD,**  
Eastern Oregon Dental Society

**Geoffrey Skinner, DDS,**  
Washington County Dental Society

**Clint Guttman, DMD,**  
Klamath County Dental Society

**Kyle Thames, DMD,**  
Yamhill County Dental Society

**Joshua Kim, DDS,**  
Multnomah Dental Society

**Bermen Wong, DDS,**  
Multnomah Dental Society





# Join the Molar Movement

## #FightEnamelCruelty

*ODA Board Member, Hai Pham, DMD, brought his Molar Movement scarf to the Ice Hotel in Quebec, Canada.*



*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](mailto:kandrews@oregondental.org).*



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Frank Allen, DMD, Marion Polk  
Hai Pham, DMD, Washington County

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Steven Knapp, DS3

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*Speaker of the House*

Barry Taylor, DMD, CDE, Multnomah  
*Editor*

# Data Breach: The 4 Million Dollar Man



**A REPORT FROM IBM AND CONDUCTED BY THE PONEMON INSTITUTE** said that cybersecurity incidents continue to grow in both number of incidents and complexity, averaging a cost of 4 million dollars! This is a 29% increase from 2013 and the upwards trend could only grow.

How exactly should you protect yourself and your practice? As ODA's endorsed provider of secure email, let's consider a couple of best practices to protect yourself through regarding email.

## Practice Caution with Email

Use a mail solution that has antivirus and a robust spam filter enabled. Inspect all email messages thoroughly, including the senders address and do not open any email that looks suspicious. Just because

an email looks real, doesn't mean it is. Scammers can fake anything, from a company logo to the "Sent" email address.

Before you click a link in any email, try to verify its authenticity. Hover your mouse or pointer over the link to see where it's directed if you click. Err on the side of caution and confirm before taking any action.

## Encrypt data

Encryption is certainly a hot topic right now. It's one of safest ways to protect data from being viewed by an unauthorized party. Very simply, encryption is the translation of data into a secret code that you must have the proper key to view.

Anytime electronic Protected Health Information (ePHI) is being sent in an email, HIPAA recommends implementing

procedures to ensure encryption both in transmission and storage (while at rest). If you are receiving emails that may contain patient data, this includes utilizing an email provider that also securely stores your email.

## Know Your Vendors

We recommend making a list of each vendor you work with. If you provide them access to your patient data (as needed to perform their job) it's integral to have a contract, a Business Associate Agreement, BAA, in place to ensure this Business Associate is assuming responsibility for obtaining, maintaining and protecting your patient's ePHI.

## Be Prepared

Even through proper training, addressing risks and documentation of policies and procedures, breaches can still happen. Ensure your office has a documented plan and policy in place for what steps to take to address (and report) incidents and breaches.

Working within an industry that has strict data security compliance standards comes with inherent risk. A plan to address and mitigate these risks is imperative and any time or money spent on these procedures should be considered well spent. 🎯

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<sup>2</sup> 37% off price comparison based on price listed for the Solmetex<sup>®</sup> Hg5<sup>®</sup> amalgam recycling cartridges in the February 2017 Henry Schein Dental catalog.



# Gifts for Referrals

“Advance notice” has the potential to influence referrals and therefore violates the rule against fee splitting, under the Unprofessional Conduct Rule\* in the Oregon Dental Practice Act.

## Q What are the rules for acceptable referral gifting?

&amp;

A

The Oregon Board of Dentistry does not regard a small gift after a referral, or token of appreciation, as fee splitting. Where the Board does make a distinction is between that and “anticipated and expected” gifts. The Board has stated unanticipated gifts of a nominal nature are acceptable, such as a \$5 gift card, a coffee mug, or other item of token value. The important distinction is whether the gift was advertised ahead of time to the referring party, whether that party is a patient or a dentist.

For example, if a dentist tells a patient they will receive \$50 off their bill or a \$50 gift certificate for referring a new patient, this is a form of fee splitting and not allowed because it’s an oral contract between the dentist and the patient to deliver compensation for the referral. Drawings and any subsequent prizes are excluded from the rule as they are not considered expected. 🎁

\*818-012-0030

**i** Find this information online at:

<http://www.oregon.gov/dentistry/Pages/index.aspx>



**By Lori Lambright**

ODA Member  
Compliance Coordinator

503-218-2010, x104  
llambright@oregondental.org

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.

# Thinking about a move?

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

[www.ODAcclassifieds.org](http://www.ODAcclassifieds.org)



# Oregon Dentists and Dental Students Storm U.S. Capitol

## **EIGHT OREGON DENTISTS AND FOUR OREGON DENTAL STUDENTS**

participated in the ADA Dentist and Student Lobby Day on March 26–28 in Washington, DC. After a day of issue briefings and preparation with 1,000 other attendees from around the country, the Oregon group visited six members of the Oregon Congressional delegation.

Members of ODA met with the staff of US Senators Wyden and Merkley; and with US Representatives Bonamici, Walden, Blumenauer, and Schrader. Issues discussed included:

- ▶ Introducing legislation to address growing dental student debt, including lowering interest rates; allowing refinancing at lower interest rates; extending deferments; and incentivizing graduates to practice in underserved communities
- ▶ Passing the Competitive Health Insurance Act, allowing the US Federal Trade Commissioner and the US Department of Justice to enforce the full range of federal anti-trust laws against health insurance companies engaged in anticompetitive conduct. The bill passed the House of Representatives 416 - 7 and is now in the Senate
- ▶ Recommending steps to strengthen Medicaid dental coverage; ensure dental coverage choice and transparency; and expand use of pre-tax dollars to purchase dental coverage. (Dentist and dental student Congressional meetings occurred only days after repeal of the Affordable Care Act failed)
- ▶ Supporting full funding for the National Institute of Health, including the National Institute for Dental and Craniofacial Research, the largest institution in the world dedicated exclusively to research and improvement of dental, facial, and craniofacial health



*Left to Right: OHSU students Tyler Horton & Bryan Schofield; Drs. Jones, Burton, Asai, Price, Saucy, Roa; OHSU student Bryan Baker; and Drs. Hagerty and Biermann.*



ODA greatly appreciates the time and effort of the following dentists and dental students who traveled to Washington, DC to address the issues above with their members of Congress:

- **Greggery E. Jones, DMD, MAGD**  
ODA President  
Central Oregon Dental Society
- **Bruce A. Burton, DMD**  
ODA President-Elect  
Mid-Columbia Dental Society
- **Rickland G. Asai, DMD**  
11th District ADA Trustee  
Washington County Dental Society
- **Jill M. Price, DMD**  
Multnomah Dental Society
- **Michael E. Biermann, DMD**  
Multnomah Dental Society
- **Daniel D. Saucy, DMD**  
Marion and Polk Dental Society
- **Patrick V. Hagerty, DMD**  
OHSU Faculty  
Southern Willamette Dental Society
- **Calie Roa, DMD**  
Southern Oregon Dental Society
- **Tysa Judd**  
OHSU Student
- **Tyler Horton**  
OHSU Student
- **Bryan Baker**  
OHSU Student
- **Bryan Schofield**  
OHSU Student



*Left to right: OHSU student Bryan Schofield; Dr. Price; OHSU students Bryan Baker, Tyler Horton, and Tysa Judd; and Dr. Asai.*

For more information regarding the issues and legislation addressed during the Lobby Day, please contact Ken Yates, ODA Director of Government Affairs, at 503-218-2010 or at [kyates@oregondental.org](mailto:kyates@oregondental.org).

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## THROUGH THE LOUPES

# Leadership Development

*ODA volunteers give countless hours, contributing their expertise to*

Learn more about the ODA's Leadership Development Committee Members, who play a key role in identifying current and future leaders in the ODA, and assist interested individuals with advancement to leadership positions.



**Kent D. Burnett, DDS**  
*Chair, General Dentist—Corvallis*

"I joined the committee because it gives me an opportunity to serve the ODA and to personally develop skills that will stay with me. While I enjoy serving with others that have a great deal of knowledge and experience, this particular committee put me out of my comfort zone. However, with the help of the other committee members, and ODA staff I have been able to get more focused and feel confident in my duties. I am now looking forward to trying new ideas with the committee and it will be fun to see which ideas have a positive impact."



**Weston W. Heringer, Jr., DMD**  
*Retired Dentist—Salem*

"Membership on the LDC is important to me because we are involved with and influence the Leadership of the ODA. Interviewing candidates for MODA, the Board of Dentistry, and the ODA positions has a big impact on our organization and the profession here in Oregon and I like to think I can help!"



**Gregory B. Jones, DMD**  
*General Dentist—Hermiston*

"After serving as President of ODA in 2012, I still wanted to help and serve at some level, not just as a delegate. As her term expired, Dr. Kim Wright called and personally asked me to serve on the LDC—that personal contact has the best results when it comes to membership and volunteerism. My knowledge of the organization through my experience at the component level, delegate, trustee, officer and finally as president would help me serve on the LDC. I can never give back enough to a profession and association that has given me so much."



**Patrick M. Nearing, DMD**  
*General Dentist—La Grande*

"The LDC has given me the opportunity to meet and work with young and enthusiastic dentists that believe it is important to have a voice in dentistry. By providing that voice, they have also challenged themselves to be better leaders and to step forward to fulfill vital roles at the ODA and ADA levels. I feel very grateful to be part of this committee and to provide assistance whenever possible."



# Committee

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



**Thomas D. Pollard, DMD**  
*General Dentist—Portland*

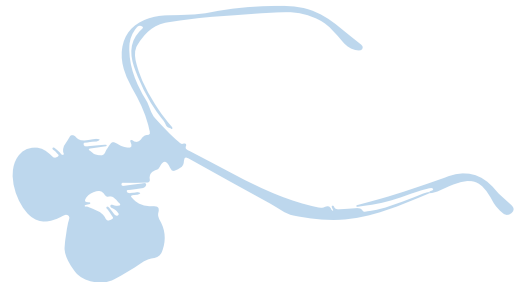
“What I enjoy the most being a part of the LDC is the interaction amongst the members of the LDC and between the members of the LDC and the candidates. There are so many ODA members that I don’t know very well, so it is nice to expand my circle of acquaintances.

Being on this committee and being involved in conversations gives me exposure to varying points of view about different styles of leadership. We are all special and different and there is no single approach to running the ODA. I don’t believe there are any ODA members out there that can’t teach us something we don’t know about our profession.”



**William F. Warren, Jr., DDS, MS**  
*Endodontist—Klamath Falls*

“I have been involved with many of the facets of organized dentistry, at the component and state levels, for most of my dental career. In 2013, after a hiatus of a few years following relocating from California to Oregon, I read about ODA committee vacancies, and realized it was time to be more active and supportive of our state association.”



## **Join your colleagues and volunteer to serve on the Leadership Development Committee!**

The LDC generally meets 4–6 times per year, and committee terms are three years in length. Committee members are voted on by the House of Delegates in the fall. Submit a letter of interest and one-page resume at [leadership@oregondental.org](mailto:leadership@oregondental.org) or contact Cassie Leone, Coordinator, Governance and Administrative Services, at [cleone@oregondental.org](mailto:cleone@oregondental.org) to learn more.



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—Weston Heringer, Retired Pediatric Dentist, DFO Board Member

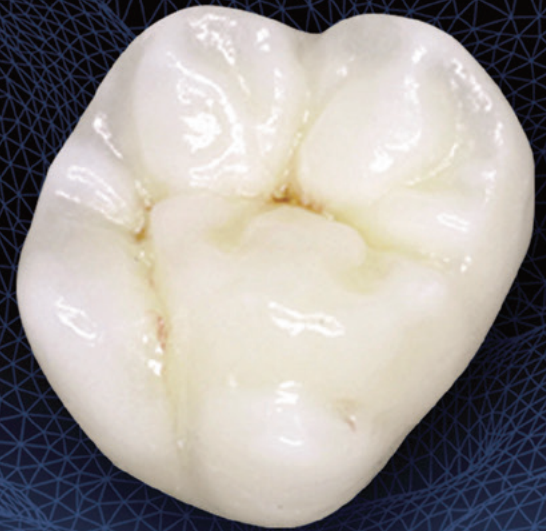
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# **The Connected Nature** of Dental and Medical Treatment



## JENNAH WAGNER EXPECTED TO SEE PROGRESS

in terms of her patient's oral health as she walked into the clinic. This woman had come in to the Oregon Health & Science University (OHSU) School of Dentistry's patient clinic around six months prior and her treatment plan called for multiple composites. Wagner, a third-year dental student at the time, used several glass ionomers on the patient during her first visit.

After taking a seat in the dental chair, Wagner began her follow-up exam, and what she saw surprised her. The patient, who regularly brushes and flosses and makes an effort to have good oral health, had multiple areas of decay and very little plaque. Wagner asked the patient about her eating habits and discovered she wasn't eating much sugar and was drinking a lot of water. Wagner moved on to examining the patient's nose and eyes after noticing her mouth was dry. Sure enough, the patient showed signs of a dry nose and eyes. The dryness was severe enough that it was irritating the patient.

Wagner didn't want to perform more composites on the patient in this second examination just to see them fail. She suspected something else was going on, something she had learned about in the classroom—Sjogren's Syndrome. After consulting with her professor and filling out the proper paperwork for a medical consultation, Wagner sent the patient on her way, hoping she would follow through and see her physician about this.

After several days passed, Wagner was at home and got a remote message from the patient's physician. The message confirmed what she had suspected—it was a preliminary diagnosis of Sjogren's Syndrome.\*

"I clicked on it and I said, 'Wow, I am so glad we did a medical consult'" said Wagner, who is set to graduate from

OHSU this summer. "In school, it has been engrained in our heads that if we believe that an improperly diagnosed systemic health condition is contributing to oral health issues, then we should get a medical consultation done."

In recent years, dental schools have put more of a focus on interdisciplinary care and overall health for patients as the technology in the profession has developed and research on the connection between oral health and overall health has increased.

The studies and reports have been coming out for years. A July 2000 Surgeon General's Report on Oral Health<sup>1</sup> stated that "Studies investigating the relationship between oral and dental infections and the risk for cardiovascular disease suggest that there is potential for oral microorganisms, such as periodontopathic bacteria, and their effects to be linked with heart disease."

*"Dentists are already screening for high blood pressure, tobacco use, diabetes, oral cancer and other diseases."*

A 2003 study<sup>2</sup> found that there is "a higher risk of future cardiovascular events in individuals with periodontal disease compared with those without." That same study stated a 19% increase in risk of future cardiovascular disease in patients with periodontal disease. A 2008 report<sup>3</sup> said that "Evidence suggests that having periodontitis contributes to the total infectious and inflammation burden and may contribute to cardiovascular events and stroke in susceptible subjects." And a 2012 study<sup>4</sup> titled "Periodontitis and diabetes: a two-way relationship" stated that "There is emerging evidence to

support the existence of a two-way relationship between diabetes and periodontitis, with diabetes increasing the risk for periodontitis, and periodontal inflammation negatively affecting glycaemic control."

This is only a snippet of the studies that link periodontal disease to other systemic diseases.

While overall health has largely been a part of dental education for years, the increase in research has changed how dental schools approach the education model. James A. Katancik, D.D.S., Ph.D., is a professor and chair of the Department of Periodontology at OHSU and said that discussions have been had about having the school's dental students and nursing students collaborate more in the form of screenings. Katancik said this is important to teach in dental school because it could be the future of the profession.

"As medicine, to some degree, goes toward the corporate model, as does dentistry, I could see some sort of merging of the two," Katancik said. "A trip to the dentist could essentially be a wellness visit because people usually go to their dentist more often than they do their physician."

The concept of a wellness visit in the dental office isn't limited to the classroom and university dental clinics, it is something being adopted in private practice as well. Dentists are already

*continues*

\* The patient tested positive for all antibodies associated with Sjogren's however she has been referred to a rheumatologist and ophthalmologist for a final confirmation.



The dentists who were interviewed for this article were all asked what the main advantages of performing health screenings in the dental chair are. To summarize, here are some of the reasons they came up with for why an integrated model of care makes sense:

- Serves as a wellness visit that patients may not get otherwise if they don't go to their physician regularly.
- If there is a systemic issue at play it is helpful for a dentist to know because it will factor into determining an effective treatment plan.
- Dentists are able to take some of the burden off physicians by working in conjunction as a team.
- The message to patients begins to come from more than one professional so they may take their treatment more seriously.
- The opportunity for integrated health records creates a more unified and focused screening for patients.

*continued*

screening for high blood pressure, tobacco use, diabetes, oral cancer and other diseases. Katancik believes the possibilities extend far beyond what most dentists in private practice are currently screening for, however. He said testing blood glucose, drawing blood for lab tests and running samples should be something the profession considers adding to the scope of practice to help provide more wellness care for the patient. This could also help the physician on the front end of care.

In Beaverton, this and more is already happening at a Kaiser Permanente dental-medical clinic that opened in January. Cyrus Lee is the professional director at the clinic, known as the Cedar Hills Dental-Medical office, and says it operates on a prevention philosophy geared toward health and wellness. The clinic, which features four general dentists, one pediatric dentist, one physician, one nurse practitioner, three licensed practical nurses and two hygienists, is a full-service dental clinic that allows patients to get things like blood draws, immunizations, treatments for sports injuries, ear infections and sore throats from medical professionals.

"We truly believe that we are part of one big team in maintaining our patient's overall health," Lee said. "Dentistry has kind of separated itself out from the rest of the body, meaning the rest of care. By integrating it back in, we are approaching it more closely to what our bodies are really like: connected."

If Lee gets a patient with an uncontrolled periodontal situation that calls for a systemic look then he can walk down the hall and speak with a nurse practitioner or physician, and a blood draw can take place. If rooms are full on the medical side of the facility, a nurse or physician can even conduct the blood draw right in the dental chair. Lee said they aim to fill "care gaps" because they have ability to view integrated medical charts. For example, if a patient needs

anesthetic for dental treatment and the dentist sees in the patient's chart that they are due for an immunization, then a nurse can come over and provide the immunization while the dentist is waiting for the anesthetics to kick in.

Another advantage of this "under-one-roof" model is the convenience it provides to the patients. In the case of Wagner's OHSU patient, she had to hope the patient would actually follow through and see her physician about the possibility of having Sjogren's Syndrome. Patient follow through is an issue many health care professionals grapple with. By having dental and medical just down the hall from each other in an integrated system, the convenience and motivation for the patient increases.

"Some patients say it saved them a trip to just get everything taken care of here instead of driving to one of our medical offices," Lee said. "That's been quite a remarkable thing. I had one patient who was on a kidney transplant list and needed to be clinically cleared and I saw that she needed some labs. She said she was going to have to go down to another office for it, and we just took care of it here. And this is someone who relies on others for rides so it was a big deal."

The fact that this type of clinic opened in Oregon is a big deal to David Dowsett, DMD, who has practiced dentistry for 22 years—17 of those years coming at his private practice in Portland. Dowsett is a proponent of integrating dental and medical health and said the Kaiser dental-medical clinic that opened in January is the type of model he has been advocating for years. In fact, he is currently trying to join forces with a "retainer" medical clinic that he says removes the divide between patients, insurance and their care. Essentially, the patient is on a retainer with the clinic for medical treatment and Dowsett is looking to add his services to this medical clinic.

"My ideal practice would be to have a dentist or two and an internist or two



working jointly in the same practice with an insurance plan that recognizes ‘overall’ health care,” Dowsett said.

One instance that helped solidify this mindset was when a particular patient came into his practice around four years ago. The patient didn’t make seeing a physician a priority, but did come into Dowsett’s practice a few times. In those visits, Dowsett noticed the patient’s blood pressure was through the roof and that he had inflammation in his gums. Dowsett told him that this was a big deal and that he needed to get it checked out. After the patient went in to see his physician they immediately put him in the hospital because he was on the edge of having a stroke, and he even had a mini stroke in the hospital. Luckily, the doctors caught it quickly and the patient received the necessary treatment. After this, the patient recovered fully and changed his lifestyle to get his health in order.

“I had a real heart to heart with him and I am glad that motivated him to get in to see his physician. He takes it seriously now because he understood I wasn’t just saying it to say it,” Dowsett said.

There are countless stories of dentists working with medical professionals to help restore the health of patients by taking a collaborative approach.

Sean A. Benson, DDS, is the director of the General Practice Residency Program at OHSU School of Dentistry. Benson once was treating a patient with Leukemia who had begun chemo and radiation therapy. The patient was dealing with paraneoplastic syndromes and Benson worked hand in hand with an immunologist, providing palliative care that helped lessen the symptoms.

“The patient had a better outcome because of the coordination of care between myself and the immunologist,” Benson said.

Benson admits the connection and combination of care between the dental

*continues*

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

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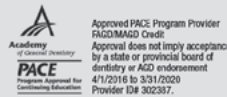
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*continued*

and medical field has been a slow process, both in terms of education and actual practice, but said it is beginning to feel more natural.

“I think it is a natural drift in the scope of our practice. I see it continuing over the next 10 to 20 years,” Benson said. “I only see it increasing in the dental curriculum with schools putting a focus on interdiscipline care for patients. With enhanced technology and a greater understanding of the interlinkages, it’s only going to keep expanding.”

The connection between the mouth and the rest of the body may even be what draws more people into the profession, which is what happened with Wagner.

“I really love human physiology, but I knew from the beginning that I wasn’t going to be a medical doctor. Understanding the physiology of diseases is just one of the important skills that are needed in dentistry and is required for the overall standard of care.” Wagner said. ●

Sources:

<sup>1</sup> Caswell A. Evans DDS, MPH; Marla Fogelman Editor; Dushanka V. Kleinman DDS, MScD; William R. Maas DDS, MPH, MS; Roseanne Price ELS; Harold C. Slavkin DDS; Joan S. Wilentz MA (2000). Surgeon General’s Report on Oral Health.

<sup>2</sup> Janket SJ, Baird AE, Chuang SK, Jones JA. Meta-analysis of periodontal disease and risk of coronary heart disease and stroke. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2003;95(5):559-69. (Pulled from here <https://www.deltadental.com/DentistPerioandCardio.pdf>)

<sup>3</sup> Kinane D, Bouchard P (2008) Group E of European Workshop on Periodontology. Periodontal diseases and health: Consensus Report of the Sixth European Workshop on Periodontology. *Journal of Clinical Periodontology* 35(8Suppl):333-337. (Pulled from here [https://www.dhsv.org.au/\\_\\_\\_data/assets/pdf\\_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf](https://www.dhsv.org.au/___data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf))

<sup>4</sup> Preshaw, P.M., Alba, A.L., Herrera, D. et al. *Diabetologia* (2012) 55: 21. doi:10.1007/s00125-011-2342-y

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# Permanente Dental Associates

## *A Closer Look at an Integrated Care Model*

**PERMANENTE DENTAL ASSOCIATES, P.C. (PDA), IS A PROFESSIONAL CORPORATION** owned, governed and managed by general dentists and specialists. Since 1974, PDA has contracted exclusively with Kaiser Foundation Health Plan (KFHP) to operate and jointly manage the Kaiser Permanente Dental Care Program, unique to Oregon and Washington. The Kaiser Permanente (KP) brand is comprised of a partnership between the KFHP insurance company and independent Permanente physician groups or the Permanente dentist group. Kaiser Permanente Dental (KPD) was founded in 1969 in partnership with the Kaiser Permanente Center for Health Research (CHR) as a federally funded demonstration project designed to provide dental care and service to a targeted low-income, inner-city population. In 1974, the program was redesigned and PDA was formed as an independent corporation to co-manage KPD. The following year, membership opened to KP employee groups and the greater community. To date, Kaiser Permanente Dental serves 260,000 dental patients in 19 dental offices from Eugene, Oregon to Longview,

PDA dentists utilize the dental visit to notify members of “care gaps” by accessing members’ medical records via the Patient Support Tool to determine whether routine medical screenings or vaccinations are pending.

Washington, mainly located in or adjacent to Kaiser Permanente’s medical facilities.

Permanente Dental Associates is a for-profit professional benefit corporation with an exclusive contract with Kaiser Foundation Health Plan to provide oral healthcare services to KP members the Northwest service area. PDA is governed by a Board of Directors and led by a Dental Director elected by Shareholder dentists of PDA. The relationship between Kaiser Foundation Health Plan of the Northwest and Permanente Dental Associates is defined by the original Dental Services Agreement (DSA). Global capitated payments to PDA are negotiated annually in a Memorandum of Understanding (MOU). These payments are determined by an agreed upon per-member, per-month fee for each Kaiser Permanente Dental member’s coverage.

Because of the original partnership with the CHR and proximity of our dental offices to medical facilities, PDA developed as a dental group with a unique focus on total health. Strides in strengthening the bonds between oral and medical care affirms PDA’s commitment to being the model of integrated, coordinated care. Facilitating improvements in oral health is the primary focus for PDA, but with advances in EHR technology opportunities were identified to assist in overall health improvements. PDA leverages the Epic Wisdom dental module, a common informatics system with the medical care team, to play a role in the conversation occurring around Wellness and Total Health.

The dental visit has proven to be a valuable touch point within the KP system. PDA dentists utilize the dental visit to notify members of “care gaps” by accessing members’ medical records via the Patient Support Tool to determine whether routine medical screenings or vaccinations are pending (e.g. influenza

immunization, mammogram, colorectal screen, and annual HbA1c for diabetic patients represent a few of the screening reminders). The Patient Support Tool is a simple, patient specific report offering reminders for care prescribed by the patient’s personal physician. When screenings or immunizations are overdue, the dental care team encourages patients to schedule preventive care or to visit adjacent or nearby Kaiser Medical Facilities to close care gaps the same day. In 2017, physicians will be able see oral health care gaps in the patient record which will leverage the medical visit to encourage these patients to seek follow up dental care. Dental is routinely the number one or number two “department” in the volume of patients touching the KP healthcare system and an integral part in Kaiser Permanente’s total health mission.

Through the partnership with the KP Center for Health Research, PDA has shown that their integrated care model is resulting in more patients getting recommended preventive care and physician prescribed follow-up treatment compared to patients who do not have KP dental coverage.

The newest KPD office, Cedar Hills, is an example of how oral health services can play a crucial role in facilitating holistic care. Four general dentists and one pediatric dentist also share the clinical practice with a Permanente physician. In just the first few months of opening, the office provided a dental clearance to a critically ill member and completed a variety of procedures on site the same day. Because of this integrated model, the patient did not have to schedule separate appointments, relieving the burden of coordinating transportation for follow-up.

PDA’s Vision of Total Health that includes the “Smile” is the unique value proposition of our integrated care model. ●



# A Stronger DBIC Benefits ODA Members

**William S. Ten Pas, DMD, Past ODA President, Past ADA President**

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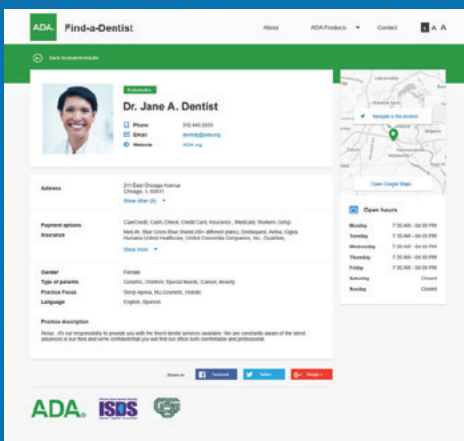
DBIC is owned and run by dentists. It has been a market leader for over 30 years. This is the same market that has seen companies enter and exit depending on the cycle of losses and

competition. DBIC offers insurance that is unique to dentists and their profession. Such lines of business as EPLI that covers employee liability, cyber coverage for loss of protected information, practice interruption insurance to cover dentists and their business in cases of property losses, fire or other instances where the business is unable to function and Worker's Comp.

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TDIC, The Dentists Insurance Company, recently purchased DBIC and DBC. This made DBIC stronger but has changed nothing for dentists. The same people, same quality service and the same quality market products are still sold by DBIC. DBIC is still the best malpractice, liability, and property company for dentists, period. 🗣️

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*That's a Wrap*

# OREGON DENTAL CONFERENCE 2017

The 2017 Oregon Dental Conference was held April 6–8, 2017 at the Oregon Convention Center. Attendees enjoyed three full days of continuing education and the opportunity to meet with over 200 exhibitors in the Exhibit Hall.

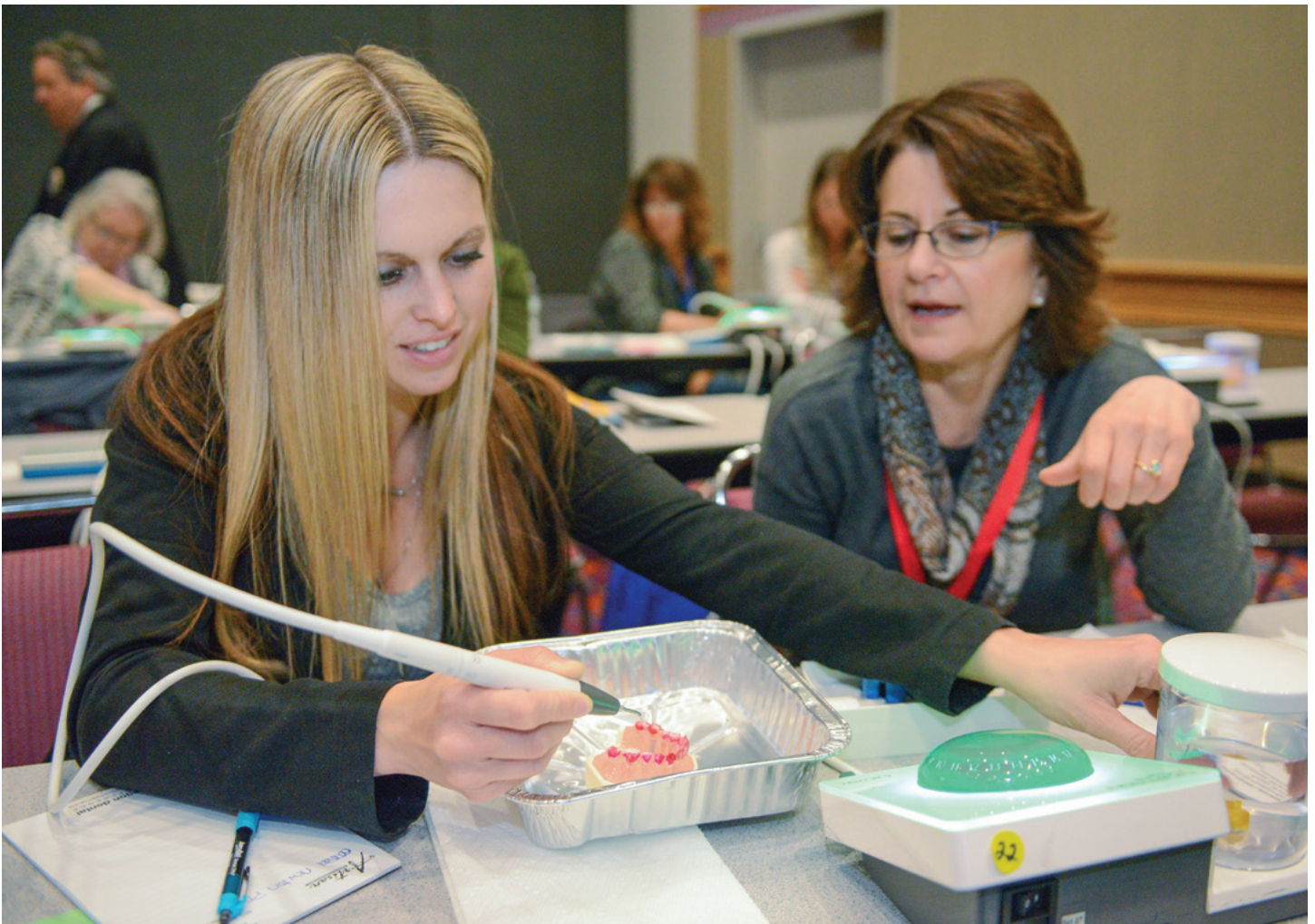
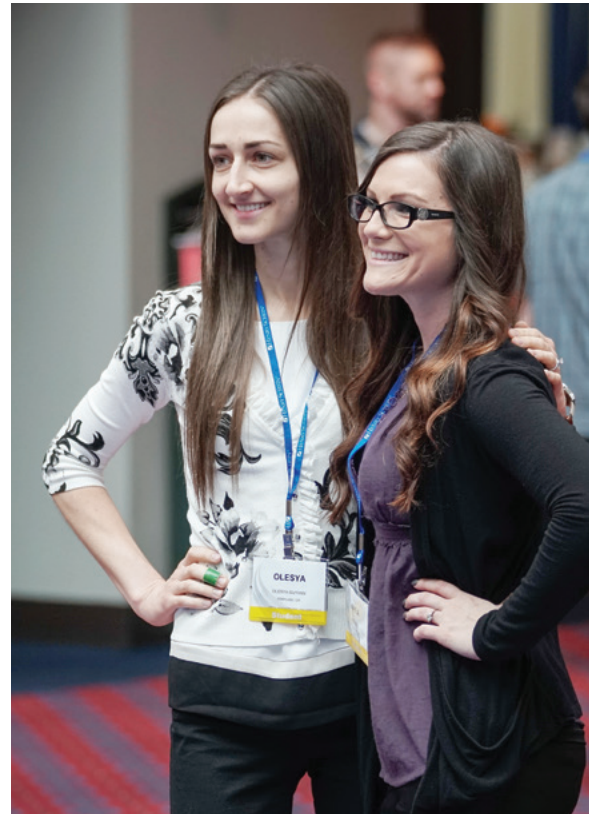






A Red Cross blood drive in the Exhibit Hall on Friday collected 22 pints of blood to help people in need!









The ODA's Annual Meeting Council works year round to assemble an outstanding program with courses for the entire dental team. Photo left to right: Jack Rocheld, DDS; Allen Cheng, DDS, MD; Joe Jensen, DMD; Keith Doty, DDS; Robert Stephenson, DDS; Parisa Sepheri, DDS; Kim Kutsch, DMD.







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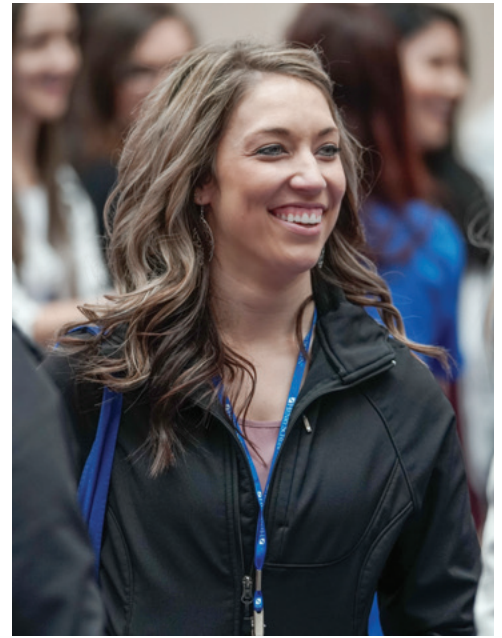


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- 316** Dental Students
- 272** Assistant Students
- 200** Hygiene Students
- 145** Guests
- 52** Pre-Dental Students
- 35** Lab Techs
- 24** Residents
- 21** Other
- 13** Lab Tech Students

**6302 Total**





# *Save the Date*

Thanks to all who attended the 2017 Oregon Dental Conference. Don't forget to mark your calendars for next year!

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- Midwest/Star Highs/slow handpieces
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- Demetron Ultra Curing (1)
- LightCelalux curing light (1)
- Air Techniques Air star compressor
- Somatrex Amalgam Separator
- Ramvac dryvac pump
- Statum Bravo (1)
- Statum Sterilizer 2000 (1)
- Statum 900 (1)
- Morita Root apex locator (1)
- Oasis EZ-Kleen (1)
- EMS AirFlow polisher/scaler/ultrasonic
- EMS MasoPiezo 400
- RDH Dental Hygiene Handpieces (3)
- Assistina (1)
- Veloplex and air techniques processors

The estimated value of the entire equipment package is \$80,000, but we will consider all offers. The sale is "as is, where is, with no warranties". The purchase must be fully paid in cash before any equipment can be removed, as we are not in a position to finance the sale. Please call for further information or to set up a time to view these items. Contacts are:

**Richard Blaser**

541-858-5894

richardblaser@charter.net

**Deb Silva**

541-941-6485

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# Motor Mouth Car Raffle Winner!

**CONGRATULATIONS TO DR. MARK JENSEN** of Bend, Oregon for winning the 2017 Motor Mouth Car Raffle at the Oregon Dental Conference. He will be choosing from one of three Toyotas: 2017 Camry, 2017 RAV4 or 2017 G86 provided by Gresham Toyota. A huge thank you to Gresham Toyota for sponsoring the car raffle this year. 🎉



*Gresham Toyota Consultant Lonnie Timmons at the Dental Foundation of Oregon booth at the 2017 ODC.*

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

For more information, visit [www.SmileOnOregon.org](http://www.SmileOnOregon.org).



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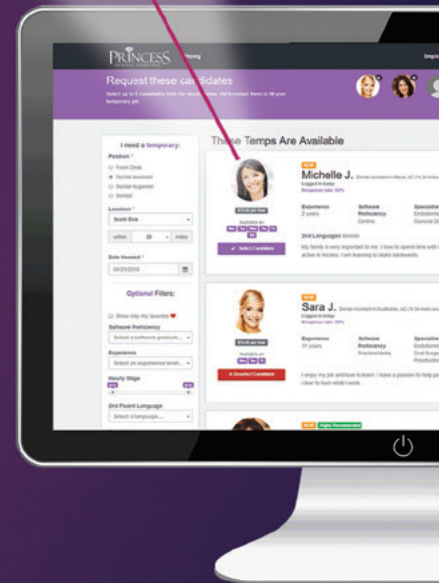


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Please submit all questions and articles to *Membership Matters* Editor, Barry Taylor, DMD, FAGD, CDE, at [barrytaylor1016@gmail.com](mailto:barrytaylor1016@gmail.com) by May 17.



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