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Membership Matters

A publication of the Oregon Dental Association • December 2017

DR. RICKLAND ASAI —
Your Advocate & Ambassador

Page 19

Dr. Rickland and Betsy Asai

Also Inside **Board Highlights,** page 7 **Peer Review Council Spotlight,** page 17

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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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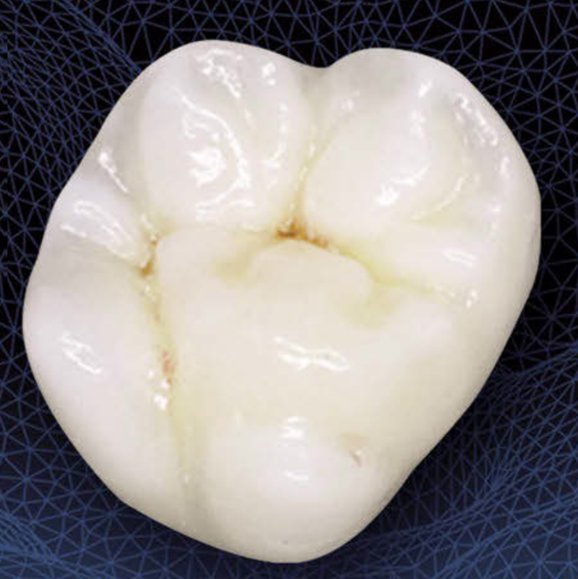
Aesthetic



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FROM THE EDITOR

Associations and Democracy

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

Editor, *Membership Matters*

barrytaylor1016@gmail.com

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.

IT BEING ELECTION DAY AS I WRITE this editorial, I feel inspired once again by Alexis de Tocqueville to think about the importance of an association such as the American Dental Association to our democracy. While I have not read Tocqueville's 19th century examination of the revolution in the United States — *Democracy in America* — I do know that within that two-volume tome, he made some poignant observations about the role of civic associations in American society.

While Tocqueville extolled the virtues of people being able to "guard against such democratic perils as excessive individualism, the tyranny of the majority, and the stifling effects of administrative centralization simply by 'constantly joining together in groups,'" I was just trying my best to wade through the "unofficial report of actions" of the American Dental Association's 2017 House of Delegates, which recently concluded in Atlanta. The summary of actions is a snapshot of what matters to members who make up our association.

There are always a few dominating issues when the house meets, and this year the gorilla in the room was the recognition of dental specialties. In the past, a dental specialty that sought ADA recognition had to receive house approval after meeting stringent ADA guidelines. The problem that arose was that a group would meet all the guidelines yet still be denied recognition by the ADA house on multiple occasions.

This scenario became a legal risk for the ADA because it was a perceived that the association was controlling markets, which drew the attention of the Federal Trade

"The 2017 House of Delegates demonstrated that the ADA is being progressive in doing what is best for our profession and what is best for consumer dental care."

Commission. (Maybe our friend Tocqueville was referring to the FTC when he used the term "administrative centralization"?) It also created an environment in which state dental boards could start recognizing specialties regardless of whether the ADA recognized them.

This year's house approved the creation of the National Commission on Recognition of Dental Specialties and Certifying Boards, which means that the house will no longer be the determining body in granting specialty recognition. While there are still possible legal issues in regard to specialties, it is hoped that this move will create some sense of independence so that there isn't a perception of a conflict of interest.

So why would this matter to a member? The recognition of a specialty should have to meet a very high standard, yet it should also be a fair process. The creation of the commission keeps the process within the ADA and hopefully isolates the issue of conflicts of interest. If the ADA were to lose its authority in recognizing specialties, you very well could see a plethora of specialties being recognized by state boards.

The other issue that garnered great attention at the house was the funding

Continued on page 29

UP FRONT

Welcome
New ODA Members!

Matthew Anderson, DDS
Lane County Dental Society

Nathan Anderson, DMD
Lane County Dental Society

Andrew Ballard, DDS
Washington County Dental Society

Luke Barsalou, DMD
Southern Oregon Dental Society

Peter Bergeson, DDS
Lane County Dental Society

Natasha Bramley, DMD
Multnomah Dental Society

Ryan Carpenter, DMD
Clackamas County Dental Society

Gurmeet Case, DDS
Washington County Dental Society

Randy Castle, DMD
Multnomah Dental Society

Tyler Clark, DMD
Lane County Dental Society

Emily Crosby, DMD
Clackamas County Dental Society

Alexander Dunkin-Moscato, DDS
Washington County Dental Society

Jason Ellis, DDS
Lane County Dental Society

Paul Fairbanks, DMD
Washington County Dental Society

Rebecca Flaiz, DDS
Mid-Columbia Dental Society

Adam Fox, DMD
Southern Oregon Dental Society

Ida Hazeem-Layous, DMD
Multnomah Dental Society

Georgana Jamison, DDS
Clackamas County Dental Society

Noor Khaki, DMD
Multnomah Dental Society

Stephen Kim, DDS
Washington County Dental Society

Alexis Kleinman, DMD
Washington County Dental Society

Vivian Lam, DMD
Washington County Dental Society

Jeremiah Leary, DMD
Multnomah Dental Society

Nathan Lenox, DMD, MD
Central Oregon Dental Society

Matthew Myers, DMD
Southern Oregon Dental Society

Christine Nguyen, DMD
Marion and Polk Dental Society

Vanessa Olson, DDS
Washington County Dental Society

Aaron Omura, DMD, MDS
Southern Oregon Dental Society

Ian Pham, DMD
Washington County Dental Society

Thasanavadee Phromcotikul, DMD
Washington County Dental Society

Sita Ping, DMD
Washington County Dental Society

Dana Schmidl, DDS
Southern Oregon Dental Society

Joseph Sharon, DDS
Central Oregon Dental Society

Ericka Smith, DMD
Washington County Dental Society

Lauren Smith, DMD
Rogue Valley Dental Society

Kevin Sweeney, DDS, MD
Lane County Dental Society

Eric Tutt, DMD
Clackamas County Dental Society

Lin Zhu, DDS
Clackamas County Dental Society

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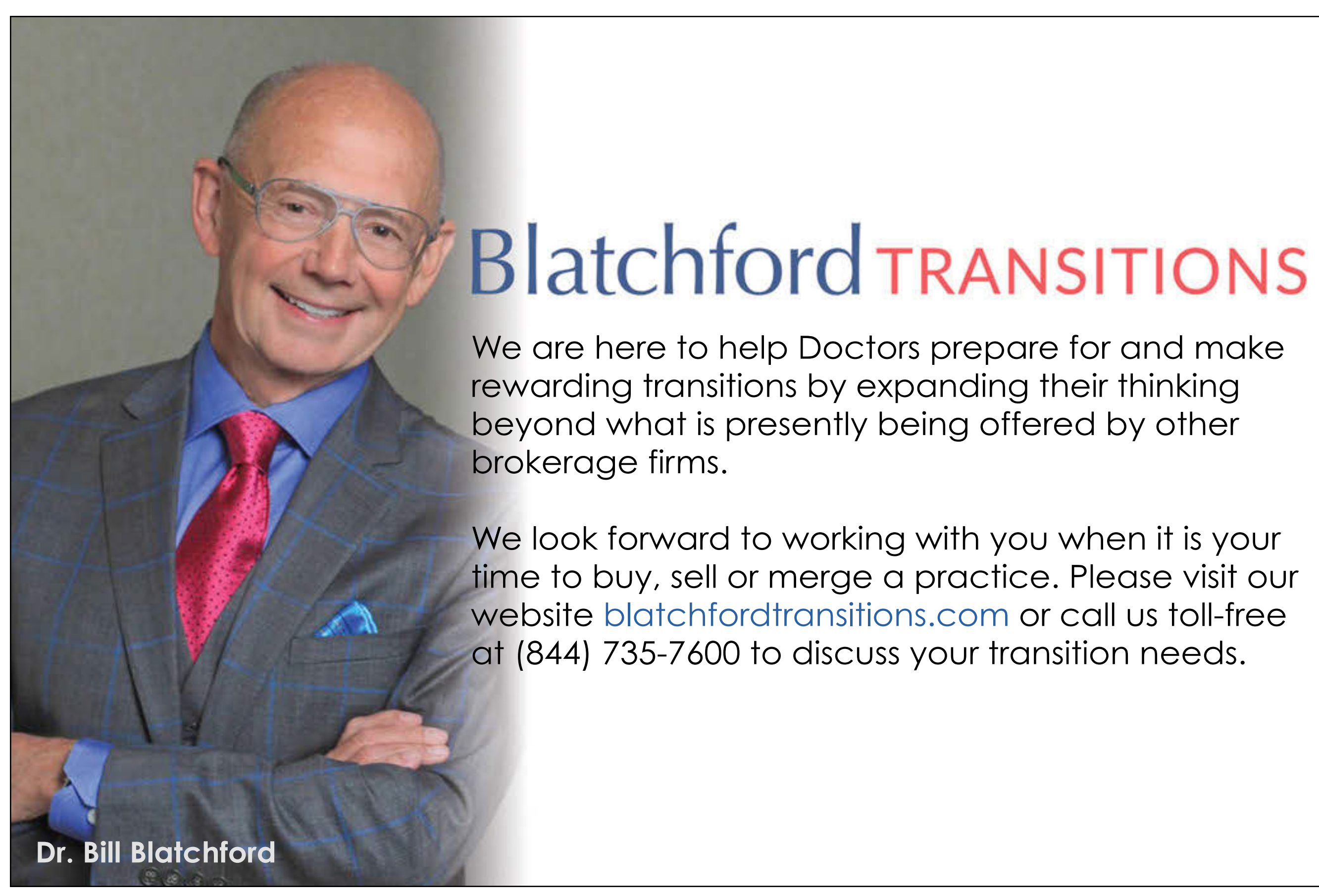
UP FRONT

Board Highlights

BELOW ARE KEY ACTIONS from the Oregon Dental Association Board of Trustees meeting held Friday, September 15.

- Dr. David Howerton, Dr. Patrick Nearing and Dr. Daniel Miller were each appointed to four-year terms on the Moda Health Board of Directors.
- The Board of Trustees reviewed the resolutions that will be brought to the 2017 House of Delegates in November.
- The Board of Trustees approved meeting dates for the 2018 calendar year.
- Dr. Casey Norlin was appointed to the New Dentist Council.
- The Board of Trustees approved subsidizing one new dentist delegate for each component outside of the tri-county area for the 2017 House of Delegates.



UP FRONT

Oregon Dental Association Inductees

Oregon Dental Association members Bruce Burton, DMD; Hai Pham, DMD; and Barry Taylor, DMD, were inducted into the International College of Dentists USA Section during its meeting in Atlanta in October.

Gregg Jones (second from left) and Olysya Salathe (fourth from left) were inducted as Fellows in the American College of Dentists in Atlanta in October. They are shown with ACD Fellows (from left) Connie Masuoka, DMD; Mark Mutschler, DDS; and Noel Larsen, DMD.

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Frances Sunseri, DMD, MAGD
Clackamas County

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Hai Pham, DMD, Washington County

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Barry Taylor, DMD, CDE, Multnomah
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Brian Goff, CDT

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CONTINUING EDUCATION

Events & Education Component CE Calendar

Calendar provided by Mehdi Salari, DMD

Date	Host Dental Society	Course Title	Speaker	Hours CE	Location	More Information
12/12/17	Marion & Polk	HIPAA/OSHA	Chris Verbiest	2	Salem (West Salem Roth's)	Contact Sabrina H. - mpdentalce@qwestoffice.net
01/09/18	Marion & Polk	Interdisciplinary Orthodontics: The Reward of Dental Teamwork	Reid Amborn, DMD, MS	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentalce@qwestoffice.net
01/09/18	Washington	Infection Control	Phil Porer	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
01/17/18	Multnomah	Practice Management Course	Brad Larsen, DMD	2	Milwaukie (Moda Plaza)	multdental@aol.com or lora@multnomahdental.org
01/23/18	Clackamas	Endodontics	Dr. Tselnik	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@ clackamasdental.com
01/25/18	Southern Oregon	Dental Unit Water Lines Update	John Neilsen (Neilsen Research)	1	Medford (Los Arcos)	Contact Jana - sodentalsociety@gmail.com
01/26/18	Lane County	Risk Management	Chris Verbiest	3	Eugene, Center for Meeting & Learning	lanedentalsociety.org
02/13/18	Marion & Polk	Prosthodontic Principles to Maximize Results in the Esthetic Zone	Lauren Manning, DDS, DMSc	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentalce@qwestoffice.net
02/21/18	Multnomah	Cannabis and Oral Health	Barry Taylor, DMD & Dr. DeVencenzi	2	TBD	www.multnomahdental.org or lora@multnomahdental.org
02/27/18	Clackamas	ODA Update	Conor McNulty	1	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@ clackamasdental.com
03/13/18	Marion & Polk	Getting to & Through Your Retirement	Larry Hanslits, CFP	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentalce@qwestoffice.net
03/13/18	Washington	You, the Law and the Board	Grant Stockton, JD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
03/16/18	Southern Oregon	Early Detection of Oral Cancer	Dr. Cindy Klienegger	2	Medford (TBD)	Contact Jana - sodentalsociety@gmail.com
03/21/18	Multnomah	Search Engine Optimization	Scott Hendison	2	Moda Plaza, Milwaukie	multdental@aol.com or lora@multnomahdental.org
03/20/18	Clackamas	Oral Surgery	Dr. Brett Sullivan	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@ clackamasdental.com
04/24/18	Clackamas	Tooth Wear: Diagnosis & Treatment	Dr. Silvia Amaya Pajares	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@ clackamasdental.com
05/08/18	Marion & Polk	TADs & Mini Implants	David Swiderski, DDS, MD	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentalce@qwestoffice.net
05/08/18	Washington	TBA	David Petrisor, DMD, MD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
05/10/18	Southern Oregon	Are You Prepared for Retirement?	Shannon York (Edward Jones)	1	Medford (Los Arcos)	Contact Jana - sodentalsociety@gmail.com
05/21/18	Multnomah	Annual Awards Dinner/Table Clinics	Multiple	2	Multnomah Athletic Club	multdental@aol.com or lora@multnomahdental.org
05/22/18	Clackamas	Pedo/Ortho Panel	TBD	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@ clackamasdental.com
12/11/18	Marion & Polk	Risk Management	Chris Verbiest	3	Salem (West Salem Roth's)	Contact Sabrina H. - mpdentalce@qwestoffice.net

Find this calendar online at **www.oregondental.org**. Click "Meetings & Events" > "Calendar of Events".

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COMPLIANCE CORNER

Requesting Patient Records

Q How quickly must a dental office provide diagnostic dental records upon request, and who can receive them?

A While federal HIPAA law requires a provider to forward records to the patient, or to any other designated party of their choosing, within 60 days of a written request, in Oregon, HIPAA is superseded by a more stringent Oregon Board of Dentistry rule: Physical or digital records must be provided within 14 calendar days of receipt of a written request.

Records covered by this rule:

- **Physical** diagnostic records, including silver emulsion radiographs, physical models, paper charting and chart notes.
- **Digital** diagnostic records, including any patient diagnostic image, study model, test result or chart record in digital form.

An office should accept a request for records in writing, dates of service, and the designated party's name and address for delivery. If a patient is changing to a new dental provider, the existing office should send all records, not just the current year, and in that case would not be required to keep the originals. Requested records should be of diagnostic quality either in physical or digital form. The Oregon Dental Practice Act also gives clear guidelines as to what fees an office can charge for copies.

For more information, see:

- The Dental Practice Act – **http://www.oregon.gov/dentistry/docs/DPA_August_2014.pdf.**
- HIPAA information on health information access – **http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html.**

ADVOCACY IN ACTION

Oregon Action for Dental Health – Listening and Learning

WHILE THE FACTORS PREVENTING PEOPLE FROM GOING TO THE DENTIST are varied and complex, everyone needs good dental health. To help meet that need, the ODA is committed to improving access across the state to ensure that all Oregonians have access to a high-quality, licensed provider regardless of their race, income or where they live.

To improve oral health across the state, we must first have a better understanding of the unique challenges each diverse community faces. The ODA continues its outreach to Oregon's nine federally recognized tribes, with the goal of listening and learning about the needs of these communities.

In September, ODA staff met with dental clinic staff and Tribal Council Member Gloria Ingle at the Siletz Tribal Community Health Clinic, located between Corvallis and Newport. The Siletz dental clinic is led by Dental Director Jeremy Vistica, DMD, and Gordon Stanger, DDS.

The following week, ODA staff traveled south to visit the Cow Creek Tribal Clinic located just off of I-5 in Canyonville. The Cow Creek Tribal Clinic does not yet have a dental clinic on-site, but they hope to incorporate dental care in the future.

The ODA appreciates the time of all the staff we met with who carefully outlined the unique dental needs of tribal populations. Both clinics are beautiful and true assets to their communities. The ODA hopes that these meetings are the first of a long and productive relationship, furthering the oral health of all Oregonians.

Pictured are the Siletz Tribal Dental Clinic Staff (in alphabetical order): Teresa Carpenter, RDH; Bobbi Foley, CDA; Gloria Ingle – Tribal Council, Confederated Tribes of Siletz; Alison Noble, RDH; Misty Reed, CDA; Gordon Stanger, DDS; and Jeremy Vistica, DMD.

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Peer Review Council Spotlight

ODA MEMBER DENTISTS PARTICIPATE IN A PEER REVIEW PROCESS for equitable resolution of patient complaints about dental treatment. Peer review ensures fairness to all parties through individual case consideration and a thorough examination of records, treatment procedures and results. This free dispute resolution system often results in solutions that are satisfactory for both parties.

Below, members of ODA's Peer Review Council share why they find volunteering so fulfilling. If you'd like to volunteer for the Peer Review Council, submit a letter or interest and a one-page resume to **leadership@oregondental.org**.

James Krippaehne, DMD, MAGD, Chair

What I like best about being on the council is being part of the process that leads to successful mediation outcomes. Fortunately, there is not a great preponderance of cases, and the peer review members don't have to decide equivocally who is right or wrong. But helping to facilitate an outcome that keeps an issue from becoming a larger and more costly matter while promoting trust and integrity for our profession is rewarding.

Timothy Edvalson, DMD

I've found over the years that peer review is one of the hidden values of being a part of the ODA. We are able to address perceived issues of quality of care within members of our society and to the public at large in the least confrontational manner possible and without involving other paths of resolution that can seem more daunting (such as the Board of Dentistry or legal channels).

I've had the privilege of associating with and learning from some great mentors and colleagues. Don Sirianni, Daren Goin, Candace Krause and Jim Krippaehne are all caring and compassionate dentists, and I've broadened my appreciation for the kind of leaders we have in the ODA. I come away being grateful to work with these members as we try to represent the ideals that the ADA Code of Ethics asks us to strive for.

Daren Goin, DMD

I consider serving on the Peer Review Council a high honor. I am by nature a peacemaker and had success with mediating peer review cases. Peer review is a behind-the-scenes operation, and that is where I am most comfortable.

My favorite aspect of being on the council is the collegiality with the fine folks who have served with me. This appreciation of association certainly extends to the ODA staff with whom I've thoroughly enjoyed working. Three executive directors and five staff peer review directors have been a blessing to me. Serving on the state council allowed me to develop and maintain a relationship with our central ODA office and the greater ODA "nation" without undue commitment of time away from family, practice and community. As I look back on many years of peer review service, I would gladly do it again.

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Candace Krause, DMD

I strongly support the peer review process. It is a valuable part of our membership. I have served as a member and the chairman of the Clackamas County peer review, so when asked to be part of the council I was eager to continue my service.

Don Sirianni, DMD

As a member benefit, peer review provides an excellent system for ODA members to resolve patient/dentist disputes. I began my peer review experience early on in my dental career as a member of the Clackamas Dental Society Peer Review Committee, gaining valuable experience helping solve a variety of disputes. After chairing the county committee for several years, I was invited to serve on the state committee, serving as its chairman for many years. I believe that my many years of dealing with PR matters bring useful knowledge and history to the council to help solve current issues.

I like reviewing cases and helping both the dentist and patient come to a mutual settlement. I enjoy talking to both parties and discussing the cause for the complaint and suggesting a solution.

AMERICAN
DENTAL
ASSOCIATION

Dr. Rickland Asai Sees Oregon as a National Leader

By Melody Finnemore

RICKLAND ASAI, DMD, HAS LONG BEEN COMMITTED TO ORGANIZED DENTISTRY, and that commitment has only grown going into his final year as the ADA 11th District Trustee.

Dr. Asai has served in several officer positions for the ODA, including trustee from Washington County, speaker of the house, vice president, president-elect and, in 2009-2010, as president. In addition to the ODA and ADA, he is a member of the Academy of General Dentistry, Academy of Laser Dentistry, Pierre Fauchard Academy, Omicron Kappa Upsilon, American College of Dentists, and the International College of Dentists. He served as regent for the American College of Dentists from 2011 to 2015.

On the national level, Dr. Asai has served on the ADA's CERP committee and the Council on Ethics, Bylaws and Judicial Affairs, which he chaired in 2006-2007. He now serves as the 11th District Trustee for the ADA.

"After serving on the ADA's Board of Trustees, you get to see a lot of things and learn a lot of things," he said. "The organization is so big that one person can't realistically bring about a lot of change, but I think there are some ideas and concepts we need to confront if we want to remain relevant to our membership."

With changes in the country's economic and professional environment occurring more rapidly, Dr. Asai said, dental associations will fall even further behind if they don't adopt governance structures that are nimbler. He hopes to continue working on that plan with the ADA's House of Delegates, with the specific goals of helping members save time and money.

"The ODA has made some significant improvements in governance structure already, and that has made it a better organization and generated more energy and enthusiasm within the membership," Dr. Asai said, noting the ODA can serve as a national model. "I'm hoping to be able to bring that viewpoint home to the ADA nationally by being a change agent and having had a little bit of experience in our state."

Dr. Asai added that he believes the ADA must continue to be a significant promoter of the profession and advocate for rigorous standards.

"The ADA historically is and continues to be a powerful organization that acts on behalf of its members," he said. "I think we need to continue to focus on our membership and how we can help them be successful as clinicians."

In addition to participation in organized dentistry, continuing education is essential for Dr. Asai, who earned a degree in pharmacy from Oregon State before graduating from the OHSU School of Dentistry with honors in 1981.

Dr. Asai has taught dental hygiene and dental assisting courses at two local community colleges, and continues to have dental assisting student externs train in his office. He also has Beaverton High School health career students and Portland State University pre-dental students

observe his Portland general practice as they explore opportunities in the dental field.

Recognizing that not everyone has access to affordable care, Dr. Asai donates free and reduced-cost dental services through programs such as Dental Lifeline, Give Kids a Smile, Senior Smile and Christina's Smile. He serves on the board of the Dental Foundation of Oregon, the ODA's charitable arm, and was instrumental in helping to establish the ODA's first Mission of Mercy (MOM) clinic in 2010.

Dr. Asai and his wife, Betsy, have two adult children and two grandchildren. They enjoy vegetable gardening, hiking, snowshoeing, cycling, fishing and golfing. Traveling and dining out also are favorite indulgences.

EDUCATION

OHSU Considering Changes to Curriculum Based on Shifts in Dentistry

By Blake Ellington

DENTISTRY COULD BE ENTERING A PERIOD OF GREAT CHANGE due to a variety of external factors ranging from new technology, to changing demographics, to new practice models. As both the general population and population of dentists across the country shifts, the profession may need to make changes to dental education and the delivery of oral health care.

The profession is going through a change in its traditional business model while seeing significant changes in technology. In addition, the services dentists regularly provide are changing. From 1994 to 2014, the number of restorations placed decreased by 30 percent, the number of extractions performed decreased by 20 percent, the number of root canals decreased by 30 percent and the number of prostheses decreased by 50 percent. These statistics come from published reports from the American Dental Education Association and ADA.

Bill Knight, DDS, MS, MS — the senior associate dean of Academic Affairs at the OHSU School of Dentistry — elaborated on these statistics: Of the 5,900 national dental graduates in 2015, only 103 established private practices, and the number of practitioners entering large, multi-office practices was about 40 percent.

"The profession is going through a change in its traditional business model while seeing significant changes in technology."

Further, statistics from the ADA Health Policy Institute show that the profession is aging: In 2001, 27 percent of dentists were 55 or older. In 2016, that number jumped to 39 percent. Meanwhile, the number of dentists 44 or younger decreased from 41 percent to 39 percent over that same period. The profession is also deeper in debt. In 2000, the average dental graduate debt was $105,969, and in 2015, that figure rose to $247,227, according to ADEA.

This are just a few pieces of the changing professional landscape current and future dentists are navigating.

In a June 2017 article in the *Journal of Dental Education*, the ADEA Commission on Change and Innovation identified five broad global constructs, or domains, that it will use as a baseline to shape the future of dental education — technology, education, demographics, health care and environment.

"The ADEA CCI 2.0 believes that each academic dental institution holds the capacity to investigate, discuss, and debate how its community will accommodate, innovate or simply remain unperturbed by changes in these domains," the ADEA CCI article states. "In other words, each dental education institution will have the opportunity to determine how to respond — or not respond — to changes."

OHSU is acting on these changes and is in the preliminary stages of investigating areas where its curriculum may need adjustment. A recent OHSU faculty conference focused on the topic, and the first meetings of the OHSU committee tasked with this challenge began in October. While no specific changes have been recommended yet, faculty are taking the opportunity seriously in hopes that the school will graduate "life-long learners" who will be able to adapt to the ever-changing landscape of the profession.

Some key factors OHSU is taking into consideration fall in line with the domains mentioned above. Specifically, technology, the rise of corporate dentistry, changes in health care, the increase in mid-level providers and shifting demographics are all playing roles.

Changing Practice Models and Health Care Shifts

The ADEA CCI has outlined how patients will become more engaged with greater access to their health care. A large shift is already in motion as the profession moves away from reactive care and toward preventive care. As a result, health care policy, big data and collaborative practices will become larger pieces of the puzzle.

As students graduate with more debt, many can't afford to open a solo practice or buy an established practice, Knight said. Thus, multi-office practices, or corporate dentistry, have become a more realistic option for dental student graduates.

"I think the collaborative, team-based practice is going to

become the norm," said Agnieszka Balkowiec, MD, PhD, associate professor in the Department of Integrative Biosciences at OHSU, as well as an ADEA CCI liaison. "We need to make sure we prepare our graduates to become not only great dentists, but also team leaders."

Knight points out that the average medical practice has more than 500 physicians, and because of that, and the fact that these large offices may offer recent graduates more flexible work hours, he thinks there will be more and more of the "large, multi-office practices" employing recent dental graduates.

"Today's young practitioners really do value a good blend of work-life experiences, and I think that's a very healthy thing to engage in," Knight said.

Knight referenced how large, multi-office practices have some economies of scale in the business sense, and they also have the capacity to serve the needs of patients more broadly under one roof, which brings up another shifting model of care: having physicians and dentists working together in the same office. The Cedar Hills Dental-Medical office, a Kaiser Permanente dental-medical clinic in Beaverton, is currently operating this way. The clinic houses four general dentists, one pediatric dentist, one physician, one nurse practitioner, three licensed practical nurses and two hygienists. The dental clinic is full-service, and its patients can also get blood draws, immunizations, and treatments for sports injuries, ear infections and sore throats from medical professionals in the same office.

"People are looking for efficiency and ease of care, so it makes good sense to have the most efficient health care system possible," Knight said. "The idea is that our patients will have the expectation of one-stop shopping for their health care needs. And let's face it, the head and neck

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is connected to the thorax, which is connected to the abdomen. It's one beautiful system that interacts with itself. So, it makes exceedingly good sense to be patient-centric and to combine the idea of physician and dental care under one roof, or one office."

Dental Health Aide Therapists (Midlevel Providers)

The Oregon Health Authority is currently overseeing two dental pilot projects involving midlevel providers. One program trains dental hygienists to place interim therapeutic restorations in children in rural area schools. The other program is placing dental health aide therapists in Oregon tribes, where they will provide oral health education and routine dental services. The model is based on the Alaska dental therapist model, which was established in 2004 and sends DHATs into Alaska native communities.

DHATs work as a member of an oral health care team that is led by a dentist. They deliver defined scope of preventive and restorative oral health care services, while being supervised by the team-lead dentist. Typically, DHATs are utilized in rural, underserved areas.

During OHSU's recent faculty conference, a question was posed asking whether DHATS will become part of the practicing workforce in half of the states in the U.S. soon, and a majority of the faculty (around 64 percent) said yes, according to Balkowiec.

"The question is: Do all the procedures that licensed dentists are doing now need to really be done by licensed experts? Or, can you have paraprofessionals doing them?" Balkowiec said. "We can fight this trend, or we can shape it to the advantage of the profession."

Currently, Minnesota, Alaska, and Maine have practicing DHATs, according to Knight. Vermont, New Mexico, Kansas and Washington are currently considering them, and Oregon is conducting its pilot program. In addition, Lane Community College in Eugene recently was awarded a $100,000 W.K. Kellogg Foundation grant to study the development of DHATs.

Technology

Knight, who practiced for 42 years, more than 30 of which were in private practice, has seen major shifts in the profession before. He saw the air turbine handpiece become mainstream. He also experienced the rise of dental insurance. Each of these landmarks on dentistry's historical timeline changed the profession dramatically. Today, dentists are facing a future where technologies

such as bio-printing, virtual workspaces, virtual reality simulators, routinization via automation and crowdsourcing are coming into play.

The ADEA CCI identified other trends including salivary diagnostics, sensors, electronic health records and communication methods such as social media and telecommunications as factors dentists should also be aware of.

Students at OHSU are already utilizing CAD/CAM technology, and Knight believes 3D printing could be how dental restorations are created in the future. OHSU students also take initiative in this area as some come into contact with sponsors and organize technology fairs. These fairs bring people into the school to discuss new technology.

Demographics

The ADEA CCI also predicts a shrinking middle class and global aging as factors that will affect dentistry. And the general population of the U.S. and of Oregon continues to increase. The U.S. population, for example, jumped from 281 million in 2000, to 323 million in 2016, according to the U.S. Census Bureau. In Oregon, there were 3.42 million people in 2000, and 4.09 million in 2016.

In 2012, for the first time, there were more non-Caucasian babies born than Caucasian. Therefore, cultural competency and an understanding of how to communicate with a variety of different cultures so they can get the most out of their oral health care is important, Balkowiec said.

“Patients coming from different backgrounds have different preferences of communication, and the ability to access information,” Balkowiec said.

In addition, as people age, they tend to use more medications, some of which may complicate dental treatment.

“These patients are using prescriptions that impact the oral cavity, but dental education must ensure the learning of the skills and precautions in treating those patients,” Knight said.

Compounding all of these factors that will affect the dental profession, Knight said, is the fact that by 2040, there are expected to be 240,000 practicing dentists, while the estimated number needed is projected to be 80,000.

Potential Changes to OHSU’s Curriculum

To account for these outside forces that will affect the dental profession, OHSU has tasked a committee to review its curriculum. Though nothing has been recommended and it will take some time to determine specifics, Knight and Balkowiec offered these preliminary suggestions as possible changes:

- Broadening the scope of understanding diagnosis and treatment of thoracic and abdominal disease, and the impact of craniofacial diseases on those systems.
- Developing learners who can be future leaders and active participants in analyzing and developing sound health policy.
- Teaching dental students to be data-savvy, flexible, resilient and communication experts.
- Teaching students how to become collaborative members of a health care team in a multi-professional team-based practice.
- Removing older technology and adding new technology.
- Potentially adding more medicine into the dental curriculum.
- Developing more patient-centric education.

“We as a profession must face these challenges proactively and not ignore or deny issues we ought to be addressing,” Knight said.

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EDUCATION

High School Programs Attract Next Generation of Oral Health Professionals

By Melody Finnemore

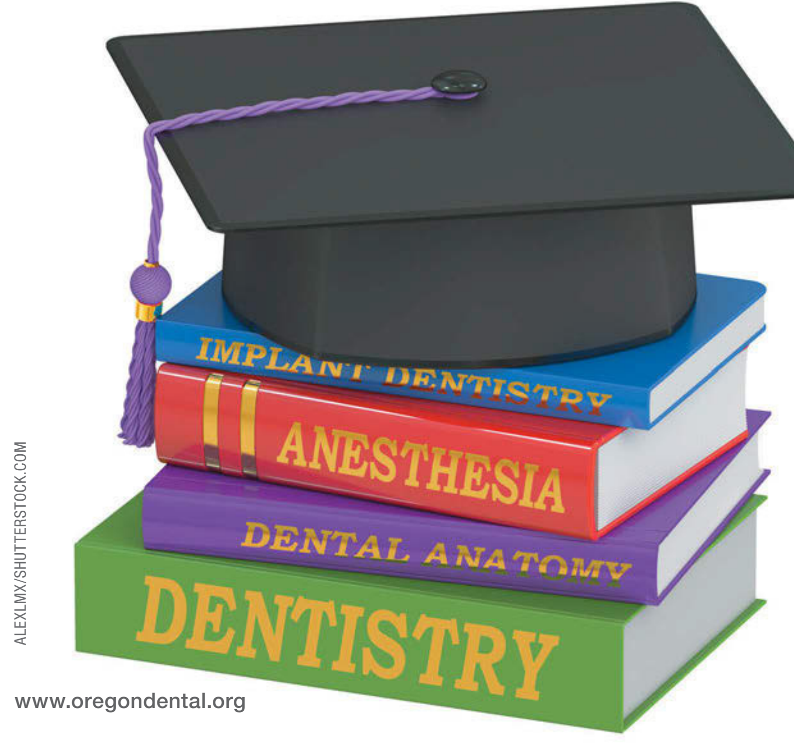
"The Health Careers Program is seeking not only to increase the number of students who participate, but also the real-world experiences it can provide."

ONE OF THE MOST REWARDING ASPECTS of Paula Jacobs' job is receiving emails and visits from former students who, upon graduating from high school, go on to study dentistry-related professions in college.

"This is sort of their home base, and they let us know how they are doing," said Jacobs, an instructor with the Beaverton School District's Health Careers Program. "We love getting updates."

Health Careers is a magnet program that attracts students from several high schools. Established 47 years ago, it has grown from about 30 students its first year to 300 this year. Students can start during their junior year, and the first year — the year Jacobs teaches — is about exploration.

"A lot of kids come in and know they want to be part of medicine, so we try to get kids to look at all aspects of health care to find their areas of interest," she said, adding students learn about medical terminology, ethics, HIPAA, first aid and CPR, and begin researching colleges as well.



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Students who meet the criteria to move on to the second year of the program have the opportunity to gain more than 60 hours of training in local clinics. They can also participate in the Dental Molars Club, where students can engage in hands-on learning activities and hear from guest speakers who can share their experiences and advice as dental professionals.

Jacobs said partnerships with local dentists and clinics are essential to the Health Careers Program's success. "All of the dentists we partner with love what they do, and then that passion is projected onto the kids. Some kids learn that this is absolutely perfect for them; and others learn that it is not, and that's good, too."

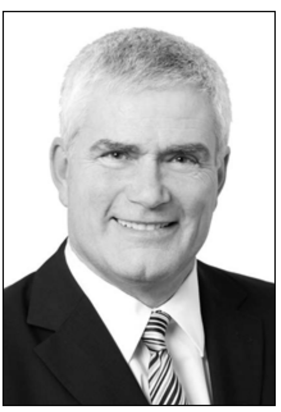
She noted that the program is seeking not only to increase the number of students who participate, but also the real-world experiences it can provide. "We're always looking at other options about how we can incorporate more dental assisting, but we come into a facilities issue. We need more space, we need more instructors and things of that nature," Jacobs said.

Benson Polytechnic High School also offers a pre-dental and dental assisting program through its Health Sciences program. In February 2016, a new 1,400-square-foot health clinic opened on the high school's campus, providing a training grounds for students who want to become health care providers. The clinic is staffed by residents from OHSU and faculty from the Family Medicine Department.

When the clinic opened, Paul Anthony, a member of the Portland Public Schools Board of Education, said plans for the clinic included allowing participants in the dentistry program to care for students, as the leading cause of unexpected absences in the district was tooth pain, according to an article in *The Portland Tribune.*

SLEEP

Airway Trumps Occlusion, Periodontics, Decay and Everything



By Mark T. Murphy, DDS, FAGD

YOU WILL SURVIVE ONLY UP TO 3 MINUTES without air but much longer with a poor bite, attachment loss and decay. In fact, humans can live quite well without teeth. Our profession has evolved from the court day extraction mill that drove Dr. L.D. Pankey from New Castle, Kentucky, to Coral Gables, Florida, in search of a way to save teeth. Gradually, the understanding of periodontics refocused our attention from drill and fill to the bone and gums surrounding the teeth. Then force management weighed in (pun intentional) as occlusion took center stage. Now it is the airway's turn to breathe fresh ideas and screening protocols into our daily regimen. Obstructive sleep apnea is a major health concern and has several life-shortening co-morbidities that cannot be ignored (**Figure 1**).

The American College of Prosthodontics' recent white paper suggests that making a bite splint or night guard in the patient's usual bite or centric relation without evaluating the airway is harmful to a significant percentage of the population of TMD and bruxism patients. That is true because opening the vertical dimension of occlusion in that mandibular position would close the airway. A patient with a compromised airway would require an appliance that is down and forward from maximum intercuspation or centric relation.

The ADA last fall had a resolution before the House of Delegates stating that all dentists should be screening for airway issues in their patients. We should embrace screening for airway issues for those in our care. Treating them is of course optional like other procedures that we opt in or out of. Not every dentist does extractions, periodontics, treats TMD or endodontics, but we all must evaluate and refer if we choose not to become adept at those disciplines. The same is true for dental sleep medicine. Screening is a must; treating is optional.

It is estimated that 20 percent to 25 percent of your patient population has some level of sleep disordered breathing or obstructive sleep apnea. If you have the ADA average 1,600 active patients, you would have approximately 400 such patients in your care. According to multiple sources, 85 percent of obstructive sleep apnea patients remain undiagnosed. That math indicates the average practice has about 340 undiagnosed patients. Treating these patients in maximum intercuspation or centric relation (splints or restoratively) without putting their airway first could have dire consequences on their systemic health. It is imperative that we take a proactive role and at least screen for and refer these patients rather than wait for litigation to drive change.

Often change does not become broadly accepted until the winds of lawsuits and settlements blow free. Until the courts

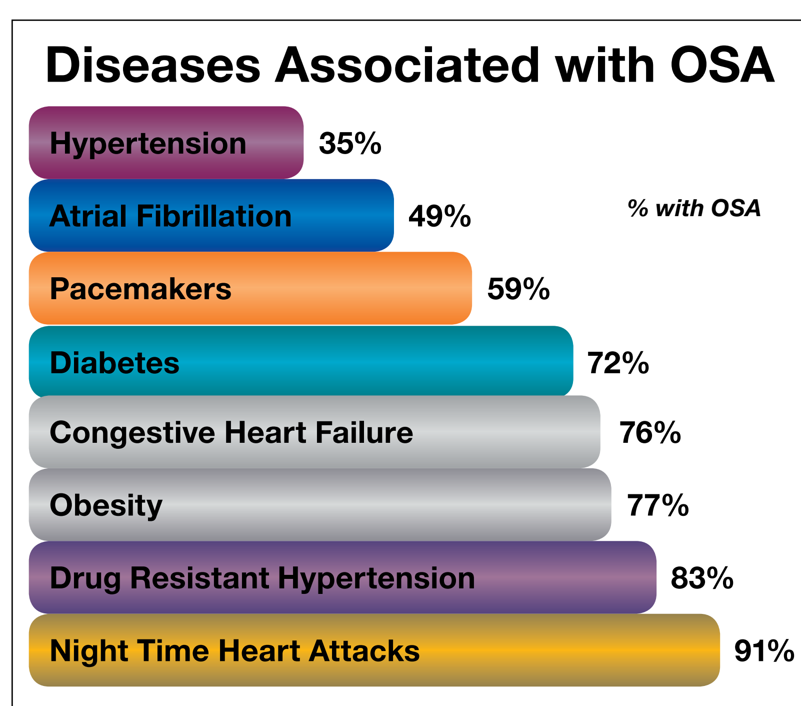


Figure 1. *Diseases associated with obstructive sleep apnea.*

established a new “standard of care,” dentists did not probe every patient in search of the elusive periodontitis diagnosis. Similarly, treating TMD and bruxism was left for the well-trained few until lawsuits drove our profession to attend to those joints like we did the teeth. The courts have often served to accelerate closing the gap between what is known and what is practiced. (**See box.**) This is true across broad parts of our lives, not just dentistry. Standard operating procedures for medicine have evolved in large part due to the courts determining after the fact what should have been done.

Let’s not become complacent when it comes to airway screening and treatment in dentistry. Traditional continuous positive airway pressure therapy, long the gold standard in medicine for obstructive sleep apnea, has come under attack because compliance and mean disease alleviation are so poor. Oral appliance therapy is gaining ground in North America much as it has in Europe because efficacy is quite good and there is excellent compliance. Payers are slowing moving toward this as a first line of treatment, and there will be greater attention on dentistry, oral appliance therapy and patient health. We will be in the spotlight soon, and that is both good and bad.

So where does that leave us, and what should we do? Today, approximately 6,000 of the 180,000 dentists in the U.S. treat obstructive sleep apnea patients with oral appliance therapy. From 250 to 400 dentists have restricted their practice to sleep, and some include TMD. Medicine and dentistry together are falling behind in treating this population. The need is growing, and the supply of dentists and physicians is insufficient to meet demand. To provide the best care for your patients in this area, consider:

1. Taking courses and learning about obstructive sleep apnea;
2. Screening your patients and practicing dentistry in an airway-centric manner; and
3. Treating your patients for obstructive sleep apnea.

If you choose to treat obstructive sleep apnea using oral appliance therapy in your practice, you will help your patients have healthier lives, you and your team will get to do some very fulfilling dentistry and you will augment your annual revenue with a non-dental insurance procedure that is well-reimbursed by medical payers. Do not mishear me; this is not as easy as it sounds. You must train well, understand the different sales cycle that medical procedures entail and find your peace with a different billing paradigm. The American Academy of Dental Sleep Medicine, the Pankey Institute, Sleep Apnea 101, Dr. Kent Smith, Dental Sleep Solutions Software, Sleep Group Solutions and others are sources of continuing education that will help you down this path.

It is a worthwhile journey.

Top Dental Lawsuits Categories

1. Orthodontics
2. Supervised neglect
3. Endodontic therapy
4. Oral and implant surgery
5. Crown and bridge treatment

Other recurring themes are adverse drug reactions, sedation and anesthesia complications, injection-related paraesthesia, instrument ingestion and inhalation and soft tissue injury.

Dr. Murphy is the principal of Funktional Business Consulting, lead faculty for clinical education at ProSomnus, serves on the guest faculty at the University of Detroit Mercy and is a regular presenter on business development, practice management and leadership at the Pankey Institute. He lectures internationally on leadership, practice management, communication, case acceptance, planning, dental sleep medicine, occlusion and TMD.

Want to Learn More?

Dr. Murphy is presenting on **Saturday, April 7,** at the 2018 Oregon Dental Conference.

DENTAL FOUNDATION OF OREGON

The Tooth Taxi Visits the Community Transitional School

By Andrew Zufall, Dental Assistant

WORKING WITH KIDS IS WHAT MAKES ME LOVE MY JOB with the Tooth Taxi. Their funny questions, love of the prize box, and high-fives in the hallways make it a lot of fun. Because of this experience, I've put a lot of value on the child-focused mission of the Tooth Taxi.

Our visit to the Community Transitional School in Northeast Portland made an impact on children who are struggling with homelessness and the insecurities that come with that situation. A parent came to pick up her three children from school and was so thankful for the care we had provided for her family. She told us that she didn't own a car, so getting around is challenging for her. The family is without dental insurance, and the kids have not been able to see a dentist in over a year, but thanks to the Tooth Taxi they all were able to receive the care they needed. The daughter had a badly decayed tooth that had to be removed before it became infected. Both boys needed several fillings on teeth that had been impacting their ability to eat. The whole family left the Tooth Taxi happy and healthier than when they arrived.

Andrew Zufall, left, and Dr. Sita Ping with a Tooth Taxi patient.

The same situation applies to nearly every student we have seen this week. The work we do is life-changing, and we reach more children because we are able to be on-site where the kids are in school. This removes the challenge of transportation for these families. I'm thankful we helped these children and glad to be reminded that part of what makes this program so special is our ability to go where the need is and help children who wouldn't receive care otherwise.

Please get involved with The Dental Foundation, and join us for our fun events.

- **Willamette Week's Give!Guide** November 2 through December 31, 2017 – Look for the Willamette Week's Give!Guide and encourage your patients, friends and family to donate. **https://giveguide.org/#!/section:nonprofits,category:health,org:toothtaxi**.
- **BnK/DFO Texas Hold'em Annual Poker Tournament January 27, 2018** Join us for a good old fashion Texas Hold'em Poker Tournament complete with dinner, drinks and prizes. Proceeds go to support The Dental Foundation of Oregon programs such as the Tooth Taxi. A $25 buy-in gets you into the tournament, and a $100 donation to the DFO is strongly suggested. Register for the tournament online at **http://bit.ly/2018BnKTexasHoldem**.
- **Motor Mouth Car Raffle** – Raffle sales have started, and tickets are $45. The raffle winner will be chosen at the Oregon Dental Conference April 7, 2018, at 12:45 p.m. This year, we are raffling a 2018 Toyota Camry and a 2018 Toyota Rav4 AWD. Thank you to Gresham Toyota for providing the cars. Purchase tickets online at **http://bit.ly/2goq06Z**.

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The Annual Meeting Council is holding the annual Speaker Host Dinner & Training on Thursday, January 11, 2018, at 6:30 p.m. at the ODA building in Wilsonville.

Attendees will learn the responsibilities and benefits of hosting, and have the opportunity to select which speaker(s) they would like to host. For a list of 2018 ODC speakers, visit **www.oregondentalconference.org.**

Please note: Speaker host assignments will not be made prior to this event.

If you are unable to attend, but would still like to host a speaker at the 2018 ODC, please notify Christine Vaughan at cvaughan@oregondental.org. She will contact you after the January 11 event if speaker host opportunities are still available.

DATE:
January 11, 2018

TIME:
6:30 p.m.

LOCATION:
ODA Building,
8699 SW Sun Place, Wilsonville, OR 97070

REGISTER:
Christine Vaughan at cvaughan@oregondental.org
by January 8, 2018

Can't attend in person? No problem. You can join the meeting remotely. Ask Christine for more information when you RSVP.

Continued from page 5

of the ADA's Find-a-Dentist campaign, which began last year after approval by the 2016 house. A dues assessment was being proposed to fund the second year of the campaign. Because the ADA was fortunate enough to have an increase in reserve funds courtesy of our current bull market, the program could be funded from those reserve funds and thus no dues assessment was necessary. (If you need to update your contact information as displayed in the Find-a-Dentist resource, you can do so here: **https://ebusiness.ada.org/Myada/updateprofile.aspx**.).

Busyness is a problem across the country, and the ADA addressed this issue by initiating a broad concerted digital campaign and upgrading the ADA Find-a-Dentist website. So far, the effort has been very successful, but it is still in its infancy. Such a project requires considerable resources, particularly in the initial three years. By drawing on reserve funds, the ADA has shown both a commitment to financial responsibility and an awareness that members are conscious of dues increases. As a result, there will be no dues increase this year.

From a policy standpoint, the house approved policies related to some current common dental concerns, such as do-it-yourself orthodontics. It also passed a policy emphasizing that dentists are the best-educated health care professionals to provide sleep apnea appliances and that these should be made only after proper diagnosis. In addition to several policies passed in regard to third-payer issues, there was also a request for a report on the feasibility of an ADA-sponsored association health plan for members.

Often the question is asked: What is the ADA doing for me, and why should I be paying these dues? The 2017 House of Delegates demonstrated that the ADA is being progressive in doing what is best for our profession and what is best for consumer dental care. All of the aforementioned policies will affect your practice of dentistry, and many will be of great benefit for you. That is your association — and democracy — in action.

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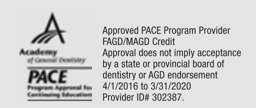

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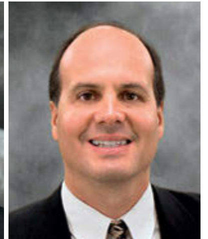
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