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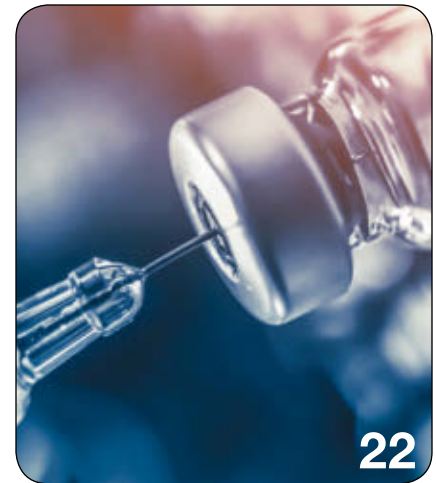
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-  **Oregon Dental Association (private group)**
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# Who is Organized Dentistry For?



By Alayna Schoblaske, DMD  
Editor of *Membership Matters*

## I GOT OFF THE BART AND

**WALKED** the short distance to my hotel. I was tired from my 5 a.m. flight that morning and dressed in my comfy travel clothes. I walked into the hotel lobby and was greeted by an overwhelming number of people. Many were wearing suits. Most were men. And they all seemed to know each other. I was in San Francisco for my first ADA meeting as an Alternate Delegate for Oregon. And the first thought that came to mind was, “I don’t belong here.”

As I spent the next few days delegating, I reminded myself frequently that I was a dentist and I *did* belong there. Some people would call it a wicked spat of imposter syndrome. I wouldn’t argue with them. I also think my gut reaction gets to the heart of a question that organized dentistry is trying to answer...Who is the American Dental Association for? How do we serve dentists who find themselves in an ever-growing variety of practice modalities? How do we celebrate the diversity of new members while also celebrating the commitment of long-time members? How do we advocate for dentistry in a health care landscape that seems to change every month?

We start by listening, and by choosing issues that impact our members’ lives and practices. Some of these issues were discussed this past September at Oregon’s House of Delegates (you can read more about the House later in this issue). We discussed third-party reimbursement. We discussed midlevel providers. And we discussed practice ownership. It’s this third issue that I want to spend the rest of my editorial talking about.

Currently, under Oregon state law ORS 679.020, “only a person licensed as a dentist by the Oregon Board of Dentistry may own, operate, conduct or maintain a dental practice, office or clinic in this state.” There is an exception that allows some nonprofit clinics, OHSU’s School of Dentistry, and other unique clinics to be owned by a non-dentist but have a dental director who oversees dental operations. Around the country, however, ownership laws look different in each state. In 2017, Washington state passed Senate Bill 5322, which limits the involvement of a dental support organization (DSO) to business support and management services. In Pennsylvania, by contrast, there is currently no law defining who can and cannot own a dental practice. The Pennsylvania Dental Association is currently working to create legislation that supports its position that “...the health interests of patients are best protected when dental practices and other private facilities for the delivery of dental care are owned and controlled by dentists licensed in Pennsylvania.”<sup>1</sup> The landscape of dental practice ownership is changing, and we can expect the conversation to be coming to our state as soon as next year.

Why does this matter in Oregon, and why does it matter to Oregon dentists? It matters because, as we practice in an increasing number of settings, ownership looks different for everyone. A solo practitioner’s relationship with ownership is unique from an employee dentist in a corporate office. Some owners are skilled businesspeople who are able to treat their staff and patients with respect, but this cannot be said of all dentist owners. As an organization that advocates for all dentists, the ODA must also advocate for fair treatment of all practice owners, employee dentists, and our patients. On its own, being a dentist does not make you a good owner, and not all dentists aspire to be owners. We need to set more comprehensive and flexible expectations for what makes a good leader of a dental practice that still allows for quality patient care, provider autonomy, and ethical business practices.

This, of course, is an ongoing issue, and we will continue to see it unfold. Each of you has a unique perspective to share when it comes to your experience with practice owners and/or ownership. I would love to hear your thoughts! Feel free to submit letters to the editor on this topic or anything else you are passionate about to [aschoblaske@gmail.com](mailto:aschoblaske@gmail.com) and I will make every attempt to highlight your thoughts in a future issue. 🍷

## Reference

1. Pennsylvania Dental Association. “Dental Practice Ownership.” Accessed 29 September 2019. [http://padental.org/Online/Advocacy/SBOD\\_Regulatory\\_Issues/Dental\\_Practice\\_Ownership.aspx](http://padental.org/Online/Advocacy/SBOD_Regulatory_Issues/Dental_Practice_Ownership.aspx)



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# Welcome

## *New ODA Members!*

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Southern Oregon

**Carly Christoferson, DMD**  
Multnomah

**Kevin Chung, DDS**  
Multnomah

**Khanh Huynh, DMD**  
Multnomah

**John Le, DMD**  
Multnomah

**Michael Khairallah, DDS**  
Multnomah

**Joseph Jamus, DMD**  
Washington County

**Bruce Zhou, DMD**  
Multnomah

**Robert McCashew, DDS**  
Multnomah

**Kristy Lin, DMD**  
Washington County

**Austin Lundin, DMD**  
Lane County

**Steven Mee, DMD**  
Lane County

**Emily Monroe, DMD**  
Clackamas County

**Alaine Prevish, DMD**  
Southern Willamette

**Ahmed Elhamady, DMD**  
Yamhill

**Debra Willis, DMD**  
Central Oregon

**Catherine Koto, DDS**  
Central Oregon

**Eric Alston, DMD**  
Central Oregon

**Julie Strauss, DDS**  
Clackamas County

**Scott Rooker, DDS**  
Central Oregon

**Robert McCollough, DMD**  
Washington County

**Sam Bae, DDS, MD**  
Washington County

**Megan McLean, DMD**  
Klamath County

**Anna Schwam, DMD**  
Multnomah



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Grant Gerke is the founder and president of Mountain Top Practice Transitions. He has 25 years experience in the dental industry and personally services the Western United States. Grant regularly publishes articles & conversations around dental practice transitions. Visit his website for industry news, current listings and associateship opportunities.  
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# Events & Education Component CE Calendar



CONTINUING  
EDUCATION

Calendar provided by Mehdi Salari, DMD

Date	Host Dental Society	Course title	Speaker	Hours CE	Location	More Information
11/08/19	Lane	New Generation of Hybrid Dentures	Dr. Marco Brindis	6	Eugene (LCC Main Campus)	<a href="http://www.lanedentalsociety.org">www.lanedentalsociety.org</a> or <a href="mailto:office@lanedentalsociety.org">office@lanedentalsociety.org</a>
11/12/19	Marion & Polk	Dental Profession's Role in Managing the Patient with Diabetes	Jaime Collins, RDH	1.5	West Salem (Roth's)	Contact Teri B. — <a href="mailto:marionpolkdentalsociety@gmail.com">marionpolkdentalsociety@gmail.com</a>
11/19/19	Clackamas	Oral Surgery	Dr. Phil Mann	2	Oregon City (Providence Willamette Falls Comm. Center)	<a href="http://www.clackamasdental.com">www.clackamasdental.com</a> or <a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a>
12/06/19	Multnomah	Risk Management & Medical Emergencies	Chris Verbiest & Normund Auzins, DDS, MD	7	Portland (McMenamins Kennedy School)	<a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a>
12/10/19	Marion & Polk	To Extract Teeth or Not to Extract? The Pursuit of Face-Driven Orthodontics	Reid Amborn, DMD, MS	1.5	West Salem (Roth's)	Contact Teri B. — <a href="mailto:marionpolkdentalsociety@gmail.com">marionpolkdentalsociety@gmail.com</a>
12/13/19	Central Oregon	Risk Management and Medical Emergencies	Chris Verbiest and TBA	3 + 4	TBD	<a href="http://www.centraloregondentalsociety.org">www.centraloregondentalsociety.org</a>
01/14/20	Marion & Polk	Review of CDC Guidelines for Infection Control in Dental Health Care Settings	Samuel Barry, DMD	2	West Salem (Roth's)	Contact Teri B. — <a href="mailto:marionpolkdentalsociety@gmail.com">marionpolkdentalsociety@gmail.com</a>
01/15/20	Multnomah	Botox and TMD/TMJ	Akshay Govind, DMD, MD	2	Portland (OHSU School of Dentistry)	<a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a>
01/28/20	Clackamas	Wealth Creation	Joe & Ted Furgeson	2	Oregon City (Providence Willamette Falls Comm. Center)	<a href="http://www.clackamasdental.com">www.clackamasdental.com</a> or <a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a>
02/11/20	Marion & Polk	Marijuana & Oral Health	Barry Taylor, DMD, FAGD, FACD, CDE	1.5	West Salem (Roth's)	Contact Teri B. — <a href="mailto:marionpolkdentalsociety@gmail.com">marionpolkdentalsociety@gmail.com</a>
02/18/20	Lane	Infection Control	Dr. Monica Monsantoifils	2	Eugene (LCC Main Campus)	<a href="http://www.lanedentalsociety.org">www.lanedentalsociety.org</a> or <a href="mailto:office@lanedentalsociety.org">office@lanedentalsociety.org</a>
02/25/20	Clackamas	ODA Ambassador Program	TBA	2	Oregon City (Providence Willamette Falls Comm. Center)	<a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a>
03/17/20	Clackamas	Dental Team Ergonomics	Sarah Stuhr	2	Oregon City (Providence Willamette Falls Comm. Center)	<a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a>
03/18/20	Multnomah	3D Bioprinting/ Biomaterials and Tissue Engineering	Luiz Bertassoini, DDS, PhD	2	TBD	<a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a>
03/10/20	Marion & Polk	Individual and Household Preparedness	Gregory Walsh	1.5	West Salem (Roth's)	Contact Teri B. — <a href="mailto:marionpolkdentalsociety@gmail.com">marionpolkdentalsociety@gmail.com</a>
04/28/20	Clackamas	TBD	TBA	2	Oregon City (Providence Willamette Falls Comm. Center)	<a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a>
05/12/20	Marion & Polk	Oral Cancer/Oral Pathology	Daniel Petrisor, DMD, MD	1.5	West Salem (Roth's)	Contact Teri B. — <a href="mailto:marionpolkdentalsociety@gmail.com">marionpolkdentalsociety@gmail.com</a>
05/20/20	Multnomah	Table Clinics	TBA	2	TBD	<a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a>
05/26/20	Clackamas	Perio	Drs. Tran/Nguyen	2	Oregon City (Providence Willamette Falls Comm. Center)	<a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a>
10/27/20	Clackamas	Risk Management	Chris Verbiest	3	Oregon City (Providence Willamette Falls Comm. Center)	<a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a>

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Case image courtesy of Dr. Peter Auster,  
Pomona, NY



Case image courtesy of Dr. Allan Mohr,  
Massapequa Park, NY



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# Board Meeting Highlights

Friday July 26, 2019

- The 2020 budget was reviewed and approved.
- Dr. Connie Masuoka was chosen as the recipient of the 2019 Tom Tucker Humanitarian Award, to be presented at the 2019 House of Delegates.
- The Board reviewed the resolutions that will be brought to the 2019 House of Delegates in September.
- Dr. Tyler Fix was appointed to the New Dentist Council.
- Dr. Tom Pollard was appointed to DOPAC.
- The Board approved meeting dates for the 2020 calendar year.
- ODA's 2020 House of Delegates will be held September 26, at Riverhouse on the Deschutes in Bend, Oregon. 📍



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# Important Compliance Information: Prescription Drug Monitoring Program Registration

**ALL OREGON LICENSED DENTISTS WITH A DEA** number are now required to be registered with the State's Prescription Drug Monitoring Program (PDMP). In order to ensure that ODA members are in compliance with this new law, ODA worked with PDMP staff to identify which Oregon dentists have not yet registered. As of August 2019, there are 112 ODA members who are currently out of compliance with the law. The ODA strongly encourages all dentists who hold an active DEA license to ensure that their PDMP registration is up to date.

***I am retired or about to retire — do I still need to register?***

Yes — state law does not at this point have an exception for retired licensees. If your DEA license is active, state law requires that you register with the program.

***I don't prescribe often/ever — do I still need to register?***

Yes — according to state law, all providers with an active DEA number are required to register, regardless of your actual opioid prescription rate.

***I hold multiple DEA licenses — do I need to register all of them?***

While you do not need separate

accounts for each DEA number, you must add all of your DEA numbers to your existing account. You can do this under the "My Profile" tab.

If you have not yet registered with the PDMP, please do so as soon as possible. You can access the registration portal at <http://www.orpdmp.com>. If you need assistance in confirming your registration, or have issues with the registration process, please contact PDMP staff at [pdmp.health@state.or.us](mailto:pdmp.health@state.or.us) or 971-673-0741. 📞

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# Creating a Partial Clasp Index

Technical Specialist Tony Megale, CDT  
O'Brien Dental Lab



Patients with partials in need of a crown are often understandably reluctant to give up their partials while the fabrication of the crown is taking place. Creating a partial clasp index is an easy way to replicate the clasping arms of the partial so the lab can create the crown without the patient's partial.



This technique can be used for conventional type clasping arms and occlusal rests. However, we do not recommend it for precision type attachments.

## Step One – Check for Clearance

After your preparation is complete, place the partial back in the patient's mouth and make sure that you have proper clearance on the occlusal, buccal, and lingual for the fabrication of the crown.

## Step Two – Take Initial Impression

After verifying proper clearance, remove the partial from the patient's mouth and take a standard polyvinyl impression of the preparation. Once this is complete, clean up and prepare to make the actual index.

## Step Three – Create the Index

Take medium-viscosity polyvinyl material and inject it over the preparation, building up a cone that is about the same size as or slightly larger than the original tooth. Then, place the partial back in the patient's mouth and have the patient lightly close to load it. This is to ensure that the positioning of the partial is correct and fully seated.



## Step Four – Trim Excess Impression Material and Remove Index

Once the polyvinyl material sets up, remove the partial from the patient's mouth. The index will come out with the partial. Take a surgical blade and remove any excess material that has overlaid the buccal clasp, lingual bracing arm, or bracing arm on the outside surface. Also, remove any excess material from the occlusal rest so that it is clearly visible. Now, pop the index out of the partial, being careful not to tear it. The lab needs to be able to place it back on the model exactly



as you have taken the impression from the mouth. Place the index into a container marked "Partial Index" and also add a note to your Rx indicating the same.

We hope you found this article helpful. If you have any questions or comments, please email [tony@obrientalab.com](mailto:tony@obrientalab.com). To subscribe to our educational videos and articles, please visit [obrientalab.com/subscribe](http://obrientalab.com/subscribe) or scan the QR code below.

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# House of Delegates Recap

**THE 2019 ODA HOUSE OF DELEGATES WAS** held on Saturday, September 28, 2019, at the DoubleTree by Hilton Hotel Portland. At the event, 70 delegates, ODA Board of Trustees members, and special guests discussed important issues impacting the Oregon Dental Association and the profession of dentistry.

- Richard Meltebeke, DMD - Lane County Dental Society
- Kimberly Ross, DDS - Marion and Polk Dental Society
- Chester Stevenson, DMD - Lane County Dental Society
- Richard Synowski, DDS - Marion and Polk Dental Society

## *In Memoriam*



The Oregon Dental Association expresses regret at the passing of the following members since August 2018. In some cases, where the date of death was prior to August 2018, the ODA was notified after the 2018 House of Delegates.

- Dalton Cooley, DMD - Southern Willamette Dental Society
- Mark Francis, DDS - Central Oregon Dental Society
- Paul Kunkel, Jr., DMD - Multnomah Dental Society
- Ronald Leinassar, DMD - Multnomah Dental Society
- John McBee, DDS - Eastern Oregon Dental Society

## *Election Results*



The following individuals were elected by the House of Delegates to serve on the Board of Trustees, Leadership Development Committee, and as Speaker of the House. Congratulations on your appointments!

- Rick Asai, DMD: ODA Speaker of the House, three-year term
- Jared Adams, DDS: ODA Trustee, four-year term
- Amberena Fairlee, DMD: ODA Trustee, four-year term
- Dennis Nicola, DDS: Leadership Development Committee, three-year term

## *Presidential Citations*







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

- James Smith, DMD
- Kimberly Wright, DMD

### *Tom Tucker Humanitarian Award*



The Tom Tucker Humanitarian Award is the highest humanitarian and service award for the dentists of Oregon, awarded to those who mirror the image of Dr. Tom Tucker

with a can-do attitude and a genuine desire to serve the common good. The 2019 Tom Tucker Humanitarian Award was presented to Dr. Connie Masuoka. Thank you for your contributions and service to the dentists of Oregon and your community!

### *2019 Oral Health Legislative Champion Award*

The inaugural Oral Health Legislative Champion Award was awarded to Representative Cedric Hayden, who was instrumental in passing ODA's 2019 legislative agenda. Thank you for all of your work advancing efforts in the 2019 legislative session to further the dental profession!

### *Leadership and Service Pins*

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

- Rick Asai, DMD: ODA Speaker of the House
- Matthew Biermann, DMD: ODA Board of Trustees
- Kent Burnett, DDS: Leadership Development Committee Chair
- Scott Hansen, DMD: Legislative Task Force Chair
- James McMahan, DMD: ODA President



- Tom Pollard, DMD: DOPAC Chair
- Bryan Schofield: ODA Board of Trustees
- Barry Taylor, DMD: ODA President Elect  
Service Pins were presented to the following individuals completing a term as a council, committee, or task force member.
- Lisa Bozzetti, DDS: Legislative Task Force
- Allen Cheng, DDS: Annual Meeting Council
- Ken Chung, DDS: Legislative Task Force
- Dennis Clark, DMD: DOPAC
- Stacy Geisler, DDS, PhD: Legislative Task Force
- Patrick Hagerty, DMD: Legislative Task Force
- Weston Heringer, DMD: DOPAC
- Gregg Jones, DMD: Leadership Development Committee
- Philip Marucha, DMD, PhD: Legislative Task Force
- Nalani Oda, DDS: New Dentist Council
- Sita Ping, DMD: New Dentist Council
- Parisa Sephiri, DDS: Annual Meeting Council
- Theresa Tucker, DDS: DOPAC

### *Congratulations to the 2019 Leadership Academy Class*



Over the course of the past year, the 2019 Leadership Academy participants have completed a series of immersion experiences and leadership trainings to gain a better knowledge of themselves as leaders and leadership opportunities within the ODA—thank you for your participation in the Leadership Academy!

- Tyrel Finmor, DMD – Washington County Dental Society
- Tyler Fix, DMD – Central Oregon Dental Society
- Rakesh Gadde, DMD – Lane County Dental Society
- Michael Hatfield, DDS – Klamath County Dental Society

- Leah Hickson, DDS – Lane County Dental Society
- Cyrus Javadi, DDS – Clatsop County Dental Society
- Seth Monson, DMD – Multnomah Dental Society
- Jay Slater, DMD – Washington County Dental Society
- Colin Taggart, DMD – Mid-Columbia Dental Society

### *House of Delegates Resolution Report*

#### **BOT-1-19: PASSED WITH AMENDMENT**

With the ODA's revamped Wellness Committee and focus on supporting overall wellness within dentistry, the Board recommended that approval of a permanent dues waiver be modified to a blind process, with all identifiable information redacted prior to the information being shared with the local dental society for review and approval. Following onsite discussion and testimony, the House proposed and passed an amendment to BOT-1-19, approving the blind process proposed, but moving approval authority to the Board of Trustees instead of the local dental society.

#### **BOT-2-19: PASSED**

Based on increasing ODA membership numbers and the American Dental Association's delegation allocation methodology outlined in the ADA Bylaws, the number of Oregon delegates at the ADA's House of Delegates meeting has increased from six to seven for 2018-2021. With the passage of BOT-2-19, moving forward, the ODA Speaker of the House will be moved from a bylaws-dictated alternate to delegate, rounding out the Oregon delegation at the ADA House of Delegates.

#### **BOT-3-19: PASSED**

The House passed BOT-3-19, adopting a new ODA Diversity and Inclusion Policy listed below:

The Oregon Dental Association strives to support diversity and inclusiveness in all our endeavors. We believe that these principles foster an innovative and dynamic culture and lead to sustainable results. They allow us to advance the dental profession and promote the highest standard of oral health and oral health care.

As a result, we serve and support the different identities, beliefs, perspectives, leadership, workforce and staff, as well as a wide range of communities and organizations. The objective of an inclusive experience in the ODA is to create comprehensive programs that are reflective of the diversity of our profession and communities served. It should aim to engage members and nonmembers in Association affairs; reducing oral health disparities across population groups; leadership development; diversity education for ODA leaders; and encouraging under-represented students from diverse backgrounds to pursue dental careers.

**BOT-4-19: PASSED**

BOT-4-19 passed, approving housekeeping ODA Bylaws modifications clarifying terms of graduate student qualifications, to reflect current practices and recognizing organizations.

**BOT-5-19: PASSED**

Since 2012, the ODA Board of Trustees has submitted an annual dues increase based on the Portland CPI for the House of Delegates' consideration in order to be able to continue to provide the same level of valuable programs, with the rising cost of doing business. The House passed BOT-5-19, increasing the 2020 ODA annual dues by \$20. 🗳️

**Save the Date**

The 2020 ODA House of Delegates will take place Saturday September 26, 2020, at the Riverhouse in Bend. Mark your calendars and plan to serve as a delegate for your component society. We look forward to seeing you there!



# Patients, Pills and Pathologies



By Amber D. Riley, MS,  
RDH, FAFS

**TODAY IT IS MORE IMPORTANT THAN EVER** that dentistry and medicine integrate. We must remove patient-perceived distinctions between oral and systemic health. A thorough medical history is the single most important first step to providing comprehensive dental care. Dental emergency management and mitigation of adverse treatment outcomes both begin with preventing either from occurring.

From first contact of a new or established patient on the telephone or from our website, quickly we glean the most immediately necessary information from them: What kind of dental needs do you believe that you have? Are you experiencing any pain right now? How long have you been experiencing the symptoms? These questions are generally enough to dictate how soon and with which provider an appointment should be scheduled per the standard of care.

When a new patient arrives for their appointment, we are more conscientious of what findings are disclosed on the medical history questionnaire, and our line of questioning during our intake interview evidences this. Every practice has its own protocol; often, it is the dental hygienist making first contact with a new patient and conducting, at minimum, a preliminary medical interview before the doctor meets with the patient. This process of care is certainly much more universal with our established patients in general dentistry, and it is upon them, our established patients, that I wish to cast renewed attention—the patients who have been in our care for years, even decades.

Life expectancy has increased, and with this longevity, we also see the increase in disease incidence and systemic conditions that cause both acute and chronic illness and disability. The result: medically

compromised patients sitting in your dental chair more frequently than you realize. The interrelationship between general health and oral stability does involve most, if not all, organ systems. Hematologic, autoimmune, and infectious diseases strike young and old alike; however, as we increase in age, the likelihood of experiencing disease also increases.<sup>1</sup> What is critical for dental providers is that the condition is recognized and managed to avoid or at least reduce complications when providing dental treatment and prescribing drugs. We are ethically and professionally obligated to keep a practical and refreshed working knowledge of the pathophysiology of common medical diseases and conditions, and know the potential risks or complications associated with dental procedures and services.

For instance, fifteen of the top twenty drugs prescribed in the United States list xerostomia as a side effect.<sup>2</sup> It should be no astonishing revelation to realize that these drugs are used to treat the diseases and systemic conditions occurring most frequently in adults. Stop for a moment and think of how many times in a week you treat a patient with at least one of these conditions: hypertension, hypercholesterolemia, ischemic stroke, chronic pain, depression and anxiety, insomnia, or gastroesophageal reflux.

When discussing with your patients about their medical history, ask specific questions such as, “Do you take drugs, medicines or pills of any kind?” Patients often do not report OTC drugs and nutritional supplements. The inclusion of these drugs on your medical history can provide clues to unreported medical disorders. Patients frequently respond, “*I didn’t know that would be important to a dentist,*” and such a statement is a prime opportunity to explain



why first, YES it is very important, and second, how the union of dentistry and medicine is inseparable. Follow up this intake process by taking a blood pressure reading on your patients routinely and before the delivery of local anesthetic drugs of any type, and document the reading in the patient record. The ADA recommends deferring elective dental treatment for readings at or above 180/110 mmHg.<sup>3</sup> It is good practice to make a full written update of every patient's medical history at least every other year, but conduct verbal interviews and updates at every appointment. Keeping a previous medical history form for comparison of changes is a good idea. You may discover a patient with a previous medically managed condition has discontinued taking a prescribed drug (with or without the prescriber's consent) for costs or personal reasons. By questioning your patient about the change, you may uncover risks that were previously not as concerning.

The fundamental question we must ask ourselves as providers is, "Does the benefit of treatment outweigh the risk of a medical complication occurring either during, or as a result of treatment?" When we conclude that yes, benefit outweighs the risk, then we choose what, if any, modifications to treatment planning and treatment delivery should be made. An adjustment to chair position and the use of a plain local anesthetic may be all that is necessary to properly manage a patient living with symptomatic heart failure, more notably one taking digoxin for their chest pains or arrhythmia and non-selective beta-blockers

to control the often associated hypertension.<sup>4</sup> Ask asthmatic patients, "What type of asthma do you experience and when was your last asthmatic attack? Do you carry a rescue inhaler, and if yes, do you have it with you right now?" Patients taking warfarin (*Coumadin*) the anti-coagulant drug indicated for several medical conditions should not be prescribed metronidazole or fluconazole (*Flagyl*, *Diflucan*) for bacterial or fungal infections as they can have a life-threatening interaction with the liver protein instrumental in metabolism of warfarin. INR levels can rise so high and so fast that even after a single dose of these drugs, multiple ecchymoses, swelling, nose bleeds and cerebral hemorrhages have been reported in the literature.<sup>5,6</sup>

Our goals are providing the best treatment to our patients and doing it safely. We not only insulate ourselves from the menace of litigation by taking a few extra minutes to document a comprehensive review of our patient's health status before we begin treatment, but we do justice to our profession by closing the gaps still held in our patient's beliefs that dental care is not health care. ●

## References

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## Want to Learn More?

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# To Treat or Not To Treat? Unvaccinated Patients Create Ethical Dilemmas

By TDIC Risk Management Staff

**DENTISTS HAVE AN ETHICAL AND LEGAL OBLIGATION** to do no harm and to protect the health of their patients. But what happens when their patients put others at risk?

Such is the dilemma faced by some practice owners who have called The Dentists Insurance Company's Risk Management Advice Line with questions regarding their obligation to treat unvaccinated patients. At the core of this dilemma is the return of a disease previously believed to have been eliminated: measles. Between January and June 2019, more than 1,000 new cases had been reported in 28 states nationwide, including California, Idaho, Illinois, Nevada, New Jersey, Oregon, Pennsylvania, Tennessee, and Washington, according to the Centers for Disease Control and Prevention (CDC).

The transmission of measles is especially concerning in the pediatric setting. Because the measles vaccine is administered to young children in two doses — the first at 12 to 15 months of age, the second at 4 to 6 years of age — they are not always fully protected.

Immunocompromised patients are another consideration, such as those with cancer or HIV. These patients depend on a circle of protection, otherwise known as herd immunity, to keep them safe from disease. But when the strength of the herd begins to dwindle, their risk increases.

These factors can place dentists in a precarious position. Should they — and can they — refuse to treat unvaccinated patients?

Attorney Arthur Curley of the firm Bradley, Curley, Barrabee and Kowalski PC provided clarity on the issue. Curley stated that



dentists are generally not legally obligated to accept unvaccinated patients into their care, nor are they required to retain them. Unvaccinated individuals are currently not a protected class under federal or state law, nor is being unvaccinated a recognized religious tenet, so practitioners are not prohibited from dismissing them.

“Bottom line, so long as there is no other protected classification in which the patient falls, and the doctor gives adequate notice and an opportunity to find other dentists, a dentist may dismiss unvaccinated patients,” Curley said.

In addition, Curley noted that the American Academy of Pediatrics issued a clinical report that stated it is an “acceptable option for pediatric care clinicians to dismiss families who refuse vaccines.” Of the people who have contracted the virus so far, the majority were unvaccinated, according to the CDC.

The ADA Code of Ethics, Section 4 (Code of Professional Conduct) provides guidance on patient selection. It reads as follows: “While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient’s race, creed, color, gender, sexual orientation, gender identity, national origin or disability.”

Unvaccinated patients are not considered disabled, which is defined as a physical or mental impairment that substantially limits one or more major life activities, Curley said.

He notes that dentists must provide patients adequate notice and follow a formal dismissal protocol when dismissing those patients from their practices. Dentists must also remain available for emergency treatment (for a minimum of 30 days) until the

patient finds care through another practitioner.

While there are no clear legal guidelines on accepting or refusing unvaccinated patients, there are ethical ones. Dental practitioners are obligated to protect their patients’ health, but that obligation extends to those who may be exposed to a communicable disease — and unvaccinated patients are the most at risk.

“What is interesting about this debate is that the unvaccinated patient is the one at risk, not those other patients who are vaccinated,” Curley said.

Dentists are advised to screen patients for such diseases prior to providing treatment. Asking patients about their vaccination status or any recent international travel is a reasonable measles screening procedure. Evidence of immunity includes written documentation, laboratory evidence of immunity, laboratory confirmation of measles, and birthdates prior to 1957, according to the CDC.


Dentists should also be aware of protecting their employees from unnecessary exposure. In many states, employment regulations require dentists to screen for measles and other infectious diseases. In California, the Division of Occupational Safety and Health has established Aerosol Transmissible Disease (ATD) Standards to protect workers from infectious diseases. The standard applies to all workplaces at a high risk for infections. However, because outpatient dental clinics and offices generally do not treat symptoms caused by ATDs nor perform procedures that the CDC considers cough-inducing, they are conditionally exempt from these requirements if the following four conditions are met:

- Dental procedures are not performed on patients identified as ATD cases or suspected ATD cases.

- The Workplace Injury and Illness Prevention Program includes a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the CDC for infection control in dental settings and that should be followed to determine whether a patient may present an ATD exposure risk before any dental procedure is performed on that patient.
- Employees have been trained in the screening procedure in accordance with the Cal/OSHA Workplace Injury and Illness Prevention Program (Section 3203 of the California Code of Regulations, Title 8).
- Aerosol-generating dental procedures are not performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

Practice owners are advised to check with their dental societies and state occupational safety divisions for infectious disease regulations specific to their state.

While it is the ultimate goal of every dental professional to protect the oral health of all patients, choosing whether to treat unvaccinated patients is a personal decision. Finding a balance between legal and ethical obligations can be challenging, but protecting your patients, your practice, and yourself should be a guiding force.

Read more of the CDC’s measles resources for health care professionals at [cdc.gov/measles/hcp/index.html](https://www.cdc.gov/measles/hcp/index.html). 

*TDIC’s Risk Management Advice Line is a benefit of membership. If you need to schedule a confidential consultation with an experienced risk management analyst, visit [tdicinsurance.com/](https://www.tdicinsurance.com/) **RMconsult** or call 800.733.0633.*



# The Dental Foundation of Oregon

## RAIN OR SHINE! The Tooth Taxi Traveled Across Eastern Oregon with the Portland Trail Blazers and Moda Health for the 7th Annual Rip City Rally

Building healthier communities together across Oregon, the Tooth Taxi hit Oregon's open roads with the Trail Blazers and Moda Health for the 7th Annual Rip City Rally series of community events beginning September 9th. With a team of Trail Blazers personalities, Moda Health experts, and the Tooth Taxi staff, the group embarked on a journey that connected Blazers fans in local communities while raising awareness about healthy activities for the whole family. The weeklong sweep of community visits took everyone to Baker City (9th), LaGrande (10th), Hermiston (11th), The Dalles (12th), and Sandy (13th). The family-friendly events included basketball, healthy family activities and games for all ages. They celebrated physical fitness and honored local leaders, while building healthier communities together. Here are photo highlights from the week-long activities, including a photo that helped launch the start of the five-day rally at Baker City's Brooklyn Primary School with an assembly for more than 300 students!



PHOTOGRAPHY BY TOOTH TAXI STAFF



## Let's make a difference together!

Recently, the DFO received a generous \$5,000 grant from the Kelley Family Charitable Fund in advance of the upcoming end-of-year giving season. The DFO is also one of 125 Portland area nonprofits currently participating in the 2019 Willamette Give Guide fundraising initiative. Please be sure to visit our website to learn more on how you can participate, and take a look at our giving menu below to see how you may support the DFO as a volunteer, sponsor, or in-kind donor!

- **General donation gifts** of any amount help support the Dental Foundation of Oregon and the Tooth Taxi, while raising awareness of our mission to advance oral education, provide charitable care, and coordinate resources for Oregon's children and vulnerable communities.
- **Get involved with DFO led events** including our Chip for Teeth Golf Tournament, Motor Mouth Car Raffle or Wall of Wine.
- **Host a third-party event** where you and/or others collaborate to hold a birthday fundraiser through Facebook, host a dinner, garden party, movie night or trivia night to help raise funds for the DFO. The ideas are endless!
- **Honor a friend, loved one, employee, or referring dentist.** Make a gift in the name of someone you care about. An acknowledgement card is sent on your behalf to honor the memory of a departed loved one, celebrate a special occasion, or recognize a valued employee or business partner.
- **Get your company involved and include the DFO in your employee giving campaign.** Companies often match employee contributions, and this is a great way to involve employees and demonstrate your commitment to our community.
- **Get your school involved** with help from teachers and students who can create their own school project for the Tooth Taxi, such as collecting toothbrushes, toothpaste, and floss to create oral hygiene kits for kids. Or put on a poster contest to raise awareness of the importance of good oral and dental health in your school.
- **Donate your old (and beloved) car** to help the DFO and receive a tax deduction! It's easy because we have partnered with Center for Car Donations, and they handle all the details, even picking up the car from your home or place of employment. And the best part: It doesn't even have to be running! Learn more at [www.SmileOnOregon.org](http://www.SmileOnOregon.org) under the Give to the DFO tab.
- **Volunteer dental professionals can join us on the Tooth Taxi.** Donate a day, or even half a day to help deliver oral health education to children in classroom settings in schools.
- **Everyone can volunteer to help promote or serve at one of the many DFO events** including registration at our golf tournament, wrapping bottles of wine for the Wall of Wine, or even selling Motor Mouth Raffle tickets.
- **Join the DFO's Cornerstone Society!** Join other like-minded individuals who have remembered the Dental Foundation of Oregon in their estate plans, ensuring the future of the foundation and leaving a true legacy for Oregon's children and vulnerable communities.
- **Shop and give to the DFO every time you shop.** At no cost to you, you can contribute by quickly registering the DFO as your beneficiary through the AmazonSmile program, which donates 0.5% of the price of your eligible AmazonSmile purchases to the foundation, and then registering your free Fred Meyer Community Rewards card to the DFO #81176 with a percentage of your purchases donated quarterly to the foundation.
- **Gifts to the DFO include charitable annuity, securities, or monthly gifts** through a planned account with drawl system support the DFO throughout the year.
- **Corporate partnerships** in support of DFO events are always welcome, and we can tailor a sponsorship package to help meet your organizational aspirations.

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## Tooth Taxi Statistics (September 2008-July 30, 2019)

**22,600** students screened





**13,118** appointments in the van

**23,945** students received oral hygiene education in the classroom

**\$7,591,851** value of free dental care provided

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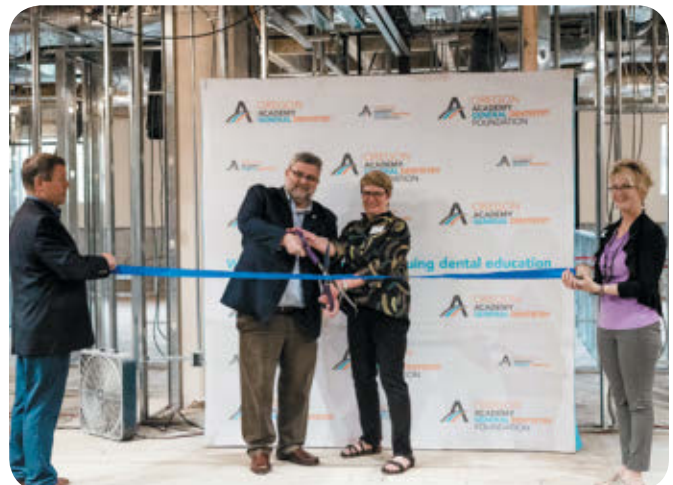
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# OAGD Foundation Center Ribbon Cutting

**THE OREGON ACADEMY OF GENERAL DENTISTRY FOUNDATION (OAGDF)** celebrated the construction of its OAGD Foundation Center with a ribbon-cutting ceremony on August 7, 2019, providing the media, community partners, and city and state dignitaries a sneak peek at the construction of this new facility. The facility is in Tigard, Oregon, and is expected to open in October 2019. The Foundation Center will offer a clinic with twelve dental chairs, an auditorium with seating for 100, a dental

simulation laboratory, and administrative offices. Planned collaboration with the Oregon Dental Association, local study clubs, and other stakeholders will help shape the programming, which will complement the Oregon Academy of General Dentistry's (OAGD) comprehensive, continuing education events. In addition to continuing education, the Center will allow the Academy of General Dentistry Foundation (OAGDF) in collaboration with the Oregon Academy of General Dentistry (OAGD) to conduct charitable dental services and fundraise to support the OAGDF mission: *to improve dental healthcare delivery and the treatment and prevention of dental disease by conducting community programs and charitable initiatives.* In addition to the immediate benefit to dentists and patients, the Oregon workforce also stands to gain, as a dental assistant training program is slated to begin in the facility in Fall of 2020. The Oregon Dental Association is proud to be a community partner on this new exciting endeavor benefiting the dental community. Congratulations, OAGD! 🎉



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1. Publication Title: Membership Matters  
 2. Publication Number: 1 0 8 2 - 4 1 1 1  
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 Managing Editor (Name and complete mailing address): Conor McNulty, 8699 SW Sun Place, Wilsonville, OR 97070

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 14. Issue Date for Circulation Data Below: October 2019

15. Extent and Nature of Circulation

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b. Paid Circulation (By Mail and Outside the Mail)	(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	X	X
	(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	1768	1806
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	(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	61	50
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f. Total Distribution (Sum of 15c and 15e)		1829	1856
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		29	27
h. Total (Sum of 15f and g)		1858	1883
i. Percent Paid (15c divided by 15f times 100)		100	100

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16. Electronic Copy Circulation

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d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c x 100)	97	97

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 If the publication is a general publication, publication of this statement is required. Will be printed in the October/November issue of this publication.  Publication not required.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner: Conor McNulty Date: 9/24/19

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# Volunteer as an ODC Speaker Host and receive FREE ODC Registration!

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

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**Location:** ODA Building, Wilsonville

Register with Margy Simco at [msimco@oregondental.org](mailto:msimco@oregondental.org) or 503-218-2010 x104. Speaker Host positions are available to ODA Member Dentists, and members of the dental team.

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Southern OR Dental, Denturist Practice, Building for sale. Mostly C/B, extractions, bone grafts, dentures. 6 ops. CBCT, 2 soft tissue lasers. 1900sf building, large parking lot. Contact [megan@omni-pg.com](mailto:megan@omni-pg.com), 503-830-5765. (OD127)

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**NE Portland** — Charming and impeccably maintained 1 story wood free standing building with parking lot. Great visibility, right off I-84. Currently used as dental practice with 3 operatories. Could be 5 exam rooms or offices. Contact Megan Urban at Omni Healthcare Real Estate, [megan@omni-pg.com](mailto:megan@omni-pg.com); 503-830-5765. (OR102)

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

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