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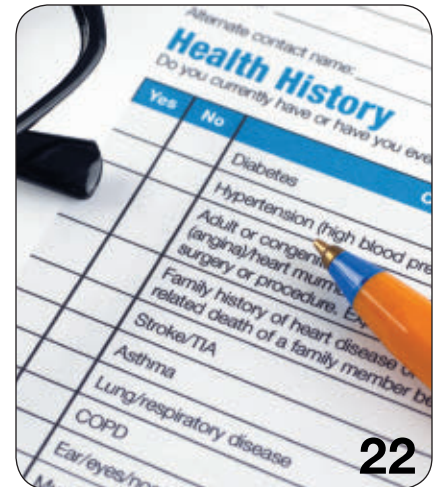
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*Membership Matters* is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

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PUBLISHED SEPTEMBER 2019/ODA-M0919/4451 *Membership Matters* (ISSN 1082-4111) (USPS-905060) is published monthly (except January, July and October) by the Oregon Dental Association, 8699 SW Sun Pl, Wilsonville, OR 97070. All statements of opinion and of alleged fact are published on the authority of the writer under whose name they appear and are not to be regarded as the views of the ODA or its subsidiaries or affiliates. Subscription to *Membership Matters* is a member benefit of the Oregon Dental Association. The annual subscription rate for nonmembers is \$40. Single copies may be purchased for \$5 each.

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Periodicals postage paid at Wilsonville, Oregon, and at additional mailing offices. POSTMASTER: Send address changes and all correspondence to: 8699 SW Sun Pl, Wilsonville, OR 97070; 503-218-2010 or 800-452-5628 (toll-free in Oregon).

Published by **NAYLOR** 5950 NW First Place, Gainesville, FL 32607 Phone: 800-369-6220 Fax: 352-332-3331 [www.naylor.com](http://www.naylor.com), **Publisher** Bryan Metcalfe **Editor** Russell Underwood **Marketing Associate** Larissa Flores **Project Manager** SaraCatherine Goodwin **Book Leader** Robyn Mourant **Sales Representatives** Brian Agnes, Krys D'Antonio **Project Coordinator** Bridgette Jones **Layout and Design** Manish Dutt Sharma

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# A Closer Look at Group Practice & Emerging Trends

GUEST  
EDITORIAL

By Conor McNulty, CAE – Executive Director

**I ENJOY OPPORTUNITIES TO SPEAK WITH MEMBERS** around the state in a variety of settings. Each conversation provides unique insight and perspective, while frequent topics and similar questions tend to surface quickly:

- What does the future of private and group practice look like?
- How can members keep pace with the demands of practice management, with a primary focus on patient care and outcomes?
- How can members compete when reimbursement levels are often lacking and inadequate?

While the answers are nuanced and changing with the landscape of health care integration, one thing remains constant: ODA strives to support *each* of its members in providing optimal health care to his or her patients in whatever practice environment he or she chooses. We also fundamentally believe that non-dentist third parties — whether they be dental benefits carriers, venture capital funds, corporate managers, or something else — should not interfere in the doctor-patient relationship.

We are committed to a deeper exploration of types of dental practice models and support services that provide dentists with the potential benefits of scale while still maintaining dentist-only ownership and clinical autonomy. ODA's Endorsed Programs aim to provide members with exclusive discounts, services and resources to help manage your practice and life. But we know there is more to learn and much to be done to

help navigate a changing landscape. We are continually exploring innovative group practice trends, and drawing upon research conducted by the ADA Health Policy Institute ([ADA.org/HPI](http://ADA.org/HPI)) and other thought leaders around the country. We believe all ODA members will benefit from a deeper understanding of the nuances of these specific practice models and the future of dental care delivery.

The phrase “group practice” has been used to refer to many types of practice models over the years. Some in the dental community have misunderstood the term group practice as any practice model other than a “traditional” solo practice. This is an oversimplification that does not account for the diversity of practice models outside of solo practice, such as employment at Federally Qualified Health Centers, hospitals, or academic institutions.

So, what is a group practice? Typically, it is a practice with multiple provider owners under one entity (in Oregon, typically a professional corporation or professional limited liability company) with a single tax identification number. These provider owners can practice in the same location or across multiple offices. While members of the group forego a certain degree of autonomy and become answerable to their partners, there are benefits to this model with many variations as we see across Oregon and throughout the country. A group practice can take advantage of economies of scale with

operational costs (i.e., equipment, supplies, employee benefits, etc.) and potentially be better positioned to negotiate reimbursement contracts for the entire group.

In October, ODA leadership will be joining forces with our counterparts at the Washington Dental Association (WSDA) to host a summit meeting to talk with large group practice leaders who have applicable experience and insights. We hope to learn about experiences in this type of practice in both dentistry and medicine. Additionally, we plan to learn more about how these emerging groups balance autonomy and clinical independence within the framework of a large group, how they can be formed, and the hurdles that must be overcome to be successful.

ODA and WSDA will be working together to explore development of educational materials for dentists across the Pacific Northwest. In a future issue of this magazine (and through other communications channels), we will discuss the findings of our review and provide more information about issues individual dentists should consider before deciding which practice model is right for them. We hope this closer look and information can help our members make informed decisions about what practice model is the right fit in the near-term and over the course of their entire careers.

If you have any information that would be beneficial to this topic and future issues, please let us know by emailing [info@oregondental.org](mailto:info@oregondental.org). 

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*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.*



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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   |
|----------|---------------------|---|--|----------|--|--|
| 09/10/19 | Marion & Polk       | Social Media — How to Benefit my Office                                       | Stew Bartlett & Ian McNickle             | 1.5      | Salem (Boys & Girls Club)                              | Contact Teri B. — marionpolkdentalsociety@gmail.com              |
| 09/19/19 | Central Oregon      | Implant Supported Overdentures  | Dr. Sam El Ebrashi                       | 2        | Bend (Riverhouse Convention Center)                    | www.centraloregondentalsociety.org                               |
| 10/08/19 | Marion & Polk       | The Restoration of Endodontically Treated Teeth and Color & Shade Selection   | Larry Over, DMD, MSD                     | 1.5      | West Salem (Roth's)                                    | Contact Teri B. — marionpolkdentalsociety@gmail.com              |
| 10/15/19 | Lane                | Temporomandibular Joint Disorders   | Dr. James X. Rapson                      | 2        | Eugene (LCC Main Campus)                               | www.lanedentalsociety.org or office@lanedentalsociety.org        |
| 10/16/19 | Multnomah           | Digital Dentistry   | Samantha Jones & Kristen Minto           | 2        | Milwaukee (MODA Plaza)                                 | multdental@aol.com or lora@multnomahdental.org                   |
| 10/22/19 | Clackamas           | Data Breach Prevention  | Harris Bio-Medical                       | 2        | Oregon City (Providence Willamette Falls Comm. Center) | www.clackamasdental.com or executivedirector@clackamasdental.com |
| 11/08/19 | Lane                | New Generation of Hybrid Dentures   | Dr. Marco Brindis                        | 6        | Eugene (LCC Main Campus)                               | www.lanedentalsociety.org or office@lanedentalsociety.org        |
| 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. — marionpolkdentalsociety@gmail.com              |
| 11/19/19 | Clackamas           | Oral Surgery  | Dr. Phil Mann                            | 2        | Oregon City (Providence Willamette Falls Comm. Center) | www.clackamasdental.com or executivedirector@clackamasdental.com |
| 12/06/19 | Multnomah           | Risk Management & Medical Emergencies   | Chris Verbiest & Normund Auzins, DDS, MD | 7        | Portland (McMenamins Kennedy School)                   | multdental@aol.com or lora@multnomahdental.org                   |
| 12/10/19 | Marion & Polk       | To Extract Teeth or Not to Extract? The Power of Alveolar Development         | Reid Amborn, DMD, MS                     | 1.5      | West Salem (Roth's)                                    | Contact Teri B. — marionpolkdentalsociety@gmail.com              |
| 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. — marionpolkdentalsociety@gmail.com              |
| 01/15/20 | Multnomah           | Botox and TMD/TMJ   | Akshay Govind, DMD, MD                   | 2        | Portland (OHSU School of Dentistry)                    | multdental@aol.com or lora@multnomahdental.org                   |
| 01/28/20 | Clackamas           | Wealth Creation   | Joe & Ted Furgeson                       | 2        | Oregon City (Providence Willamette Falls Comm. Center) | www.clackamasdental.com or executivedirector@clackamasdental.com |
| 02/11/20 | Marion & Polk       | Marijuana & Oral Health   | Barry Taylor, DMD                        | 1.5      | West Salem (Roth's)                                    | Contact Teri B. — marionpolkdentalsociety@gmail.com              |
| 02/18/20 | Lane                | Infection Control   | Dr. Monica Monsantoifils                 | 2        | Eugene (LCC Main Campus)                               | www.lanedentalsociety.org or office@lanedentalsociety.org        |
| 02/25/20 | Clackamas           | ODA Ambassador Program  | TBA                                      | 2        | Oregon City (Providence Willamette Falls Comm. Center) | executivedirector@clackamasdental.com                            |
| 03/17/20 | Clackamas           | Dental Team Ergonomics  | Sarah Stuhr                              | 2        | Oregon City (Providence Willamette Falls Comm. Center) | executivedirector@clackamasdental.com                            |
| 03/18/20 | Multnomah           | 3D Bioprinting/Biomaterials and Tissue Engineering                            | Luiz Bertassoini, DDS, PhD               | 2        | TBD  | multdental@aol.com or lora@multnomahdental.org                   |
| 03/10/20 | Marion & Polk       | Individual and Household Preparedness   | Gregory Walsh                            | 1.5      | West Salem (Roth's)                                    | Contact Teri B. — marionpolkdentalsociety@gmail.com              |
| 04/28/20 | Clackamas           | Endo  | Dr. Salwan Adjaj                         | 2        | Oregon City (Providence Willamette Falls Comm. Center) | executivedirector@clackamasdental.com                            |
| 05/12/20 | Marion & Polk       | Oral Cancer/Oral Pathology  | Daniel Petrisor, DMD, MD                 | 1.5      | West Salem (Roth's)                                    | Contact Teri B. — marionpolkdentalsociety@gmail.com              |
| 05/20/20 | Multnomah           | Table Clinics   | TBA                                      | 2        | TBD  | multdental@aol.com or lora@multnomahdental.org                   |
| 05/26/20 | Clackamas           | Perio   | Drs. Tran/Nguyen                         | 2        | Oregon City (Providence Willamette Falls Comm. Center) | executivedirector@clackamasdental.com                            |
| 10/27/20 | Clackamas           | Risk Management   | Chris Verbiest                           | 3        | Oregon City (Providence Willamette Falls Comm. Center) | executivedirector@clackamasdental.com                            |

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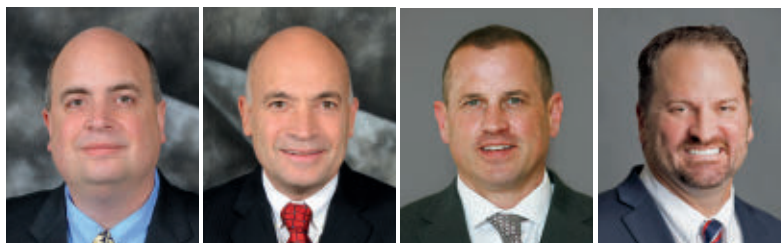


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# Impression Coping Misuse

Implant Specialist Alex Rugh, CDT  
O'Brien Dental Lab

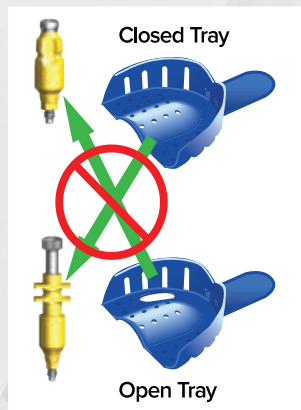


At O'Brien Dental Lab, a common mistake we see with implant impressions is the incorrect use of impression copings which can lead to inaccurate models. In this article, I'll explain the error so that inaccuracies can be avoided.

Implant impressions can be taken using the closed-tray or open-tray technique and a specific type of impression coping is required to pair with each application. Something we often observe is open-tray impressions taken with closed-tray impression copings and vice versa.

## Closed-tray copings

Closed-tray impression copings are designed to be easily removed from the impression after it has set up. They have shallow retention features with soft edges that allow the coping to softly snap in and out of the impression without tearing the impression material.



They are also designed with flat sides or "indexes" so that it's easy to re-insert them back in the correct alignment. Some impression copings are designed so that they can only be re-inserted in one specific orientation while others can be re-inserted in several rotations that are all accurate.

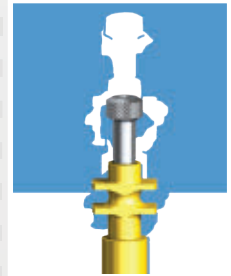
One thing that almost all closed-tray copings have in common is the reliance on the bottom of the tray as a vertical stop. If a hole is created in the tray, that vertical stop is removed, and we lose vertical accuracy.



## Open-tray copings

Conversely, open-tray impression copings are designed so that they are not easily removed from the impression. They have hard edges and deep features that provide retention and allow the impression material to lock them into place.

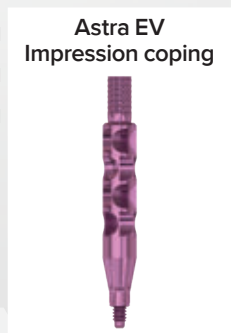
If an open-tray impression coping is used with a closed-tray technique, the coping will rip through the impression material when the impression is pulled. This reduces the accuracy of the impression when the lab tries to re-insert the impression coping to pour up the model.



Open tray coping using a closed-tray technique

Additionally, many open-tray copings are designed in a way that makes it possible to re-insert the impression coping in the wrong orientation. An example is the Astra EV impression copings that have identical anti-rotation slots all around them and yet there is only one correct rotational orientation. Once these are removed from the impression, it is impossible to determine which way they should be re-inserted.

And so, the bottom line is, always pair the correct impression coping with the correct tray technique to achieve the most precise and predictable results.



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

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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 May 2019, there are 196 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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# Join Us at the 2019 ODA House of Delegates!

**BASED ON FEEDBACK FROM LAST YEAR'S PARTICIPANTS**, the 2019 ODA House of Delegates will once again utilize a single-day format. A social event will be held the evening of Friday, September 27th, with the formal business of the House scheduled on Saturday, September 28th at the DoubleTree Hotel in Portland. Interested in serving as a delegate? Contact your local component society or [cleone@oregondental.org](mailto:cleone@oregondental.org) to learn more!

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# Oregon Dental Association End of Session Report

LEGISLATIVE  
UPDATE

By Jen Lewis-Goff, Government Affairs Director  
and George Okulitch, Contract Lobbyist

PHOTO BY AMY NICOLE



## ON JUNE 30TH, THE OREGON LEGISLATURE

**ADJOURNED** (*sine die*), finalizing a long and difficult session, much more contentious than in years past. With a super majority in both the Senate and the House, Democrats passed a list of priority legislation including: creation of a new business tax to raise a billion dollars for public schools (Student Success Act), establishing a paid family and medical leave program, raising Oregon's earned income tax credit, adopting new affordable housing and tenant regulations, and sending an increase of the tobacco tax to voters. Many of these proposals passed in the final weeks of session, upon Senate Republicans returning to the Capitol after leaving the building (and the state) to prevent the Senate from obtaining a quorum. They did so in return for Democrats agreeing to stop the cap-and-trade (climate change bill), from moving forward.

**For ODA members, 2019 was a legislative success.** While tracking more than 129 applicable bills this legislative session, member-led advocacy efforts were successful at:

- **Increasing scope of practice for dentists**
- **Strengthening liability protection for dentists**
- **Paving the way for licensure reform and modernization in Oregon**

A key part of the success was an effective lobby day in February, with dentists and dental students attending from all areas of the state. Legislators commented on how impactful it was for them to meet and hear directly from member dentists and students to discuss issues affecting dentistry. ODA's legislative success was dependent on member involvement at all stages during the legislative process: from lobby day, individual testimony on ODA bills, to email and other correspondence with legislators. A special thank you to all members who participated in any of these important activities – you made a difference.

Our Legislative Task Force directed ODA's work during session. Made up of generalists and specialists practicing in a variety of settings around the state, this group reviewed each of the bills ODA followed, developed recommendations, and provided direction on action for each bill.



# 2019 ODA Legislative Agenda: Oregon Action for Dental Health, Dentists Making a Difference

## *ODA introduced key pieces of legislation*

### **HB 2220: Dentists and Vaccines: Integrating Dentistry into Primary Care**

HB 2220 allows dentists to administer vaccines, with no limit on age of the patient or type of vaccine. The law requires providers to take a Board of Dentistry-approved course prior to administering vaccines and follow all storage and reporting requirements as defined by the Oregon Health Authority. Oregon becomes the first state in the country to pass legislation as expansive as HB 2220, and ODA received numerous inquiries from local and national media and other state dental associations on the issue.

Of note, ODA passed our vaccine bill during the heated controversy surrounding HB 3063 (removing the religious exemption from vaccine requirements), that caused an earlier walk out by Senate Republicans. Second to the climate change bill, this exemption removal vaccine bill was one of the most controversial bills of the session. For many legislators opposed to HB 3063, being able to support HB 2220 was a difficult policy choice. ODA successfully argued that allowing dentists to administer vaccines was about access, and for rural Oregon, many dentists are the primary provider for those citizens.

**Status:** The bill was signed into law. The Board of Dentistry is currently undergoing rulemaking to ensure practitioners can begin this new scope in 2020. OHSU is working on developing CE courses and integrating vaccine-related education into dental school curriculum.

### **SB 824: Licensure Reform**

SB 824 clarifies that the Oregon Board of Dentistry may accept alternative examinations (such as the OSCE: objective structured clinic examination) as minimum requirements for licensure for dentists and hygienists. The language will allow the OBD to consider new tests like the OSCE as they are developed, with the goal to move away from live patient exams that present ethical issues and are not necessarily the best test of competency.

**Status:** SB 824 was signed into law by the governor and becomes effective on January 1, 2020. Oregon awaits finalization of an OSCE-like test, expected in the next few years.

### **SB 834: Improving Patient and Provider Transparency**

To ensure transparency and communication between patients and

**SB 824:** ODA employed a new member engagement system, which facilitated 225 individuals writing 307 letters to their legislators encouraging passage of this bill. ODA will continue to use this system in future sessions for membership engagement.

providers, SB 834 extends current provisions afforded to licensees under the Oregon Medical Board, allowing any expression of regret or error from a dentist or hygienist to their patient without the threat of that disclosure being used in litigation. In simple terms, SB 834 allows an Oregon Board of Dentistry licensee to explain an error to a patient without the threat of that conversation being used against them in court. Apology laws do not limit the patient's rights to pursue legal action against the provider. However, data from other states suggest that similar legislation has prevented many civil cases from being filed by allowing a dentist and a patient to find an acceptable solution outside the courthouse.

**Status:** SB 834 was signed into law and becomes effective on January 1, 2020.

PHOTO BY AMY NICOLE



SOURCE: ODA

## 2019 ODA Legislative Task Force Members

*Dr. Scott Hansen (Chair)*

*Dr. Lisa Bozzetti*

*Dr. Ken Chung*

*Dr. Stacy Geisler*

*Dr. Pat Hagerty*

*Dr. Phillip Marucha*

*Dr. James McMahan*

### A Note from Chair Hansen

*As chair of the Legislative Task Force, I want to thank all those dentists who participated in this important work. We need and value the opinions and insights that you brought from your varied practice settings and locations throughout the state. It is so important that member dentists get involved like you did to help the ODA represent all dentists, no matter how we practice or where we live, and to ensure that we undertake those issues in Salem that affect how we deliver quality care to the citizens of Oregon.*

*– Dr. Scott Hansen*



### SB 836: Patient Protections in Dental Pilot Projects

ODA believes patients served within Dental Workforce Pilot Projects deserve the same standard and quality of care that Oregonians would receive from any other dental practitioner in the state. To ensure this safety, ODA introduced SB 836, which would allow the Oregon Board of Dentistry (OBOD), which regulates dental professionals and promotes high-quality oral health care, to review patient charts within a pilot project and share any concerns with the Oregon Health Authority (OHA), which maintains complete statutory authority over the projects. As the only regulatory and investigative body in dentistry, the OBOD should monitor dentists and any dental auxiliaries created by the legislature.

**Status:** The bill died in committee. While the bill did not progress, ODA believes the introduction of the legislation helped push policymakers to consider the chart review process more seriously. As a result, OHA retained a third-party chart reviewer and engaged the Board of Dentistry in a more deliberative role within pilot projects. While still not a perfect solution, ODA remains committed to ensuring any new workforce model envisioned through the pilot projects maintain a high

level of quality patient care and transparency.

### Oral Health School Screenings

ODA sought a budget note in 2019 to improve and clarify the current statute requiring oral health school screenings for students entering public school for the first time. Increased data collection will allow oral health stakeholders and policymakers to better direct limited resources to areas most in need of dental care. While the budget note was unsuccessful due to session time constraints, ODA initiated a legislative directive to the Oregon Department of Education ensuring it continues forward movement in improving oral health school screenings, data collection, and analysis.

Along with our budget note request, ODA spent time this legislative session with the Oregon School Boards Association, educating them about the need for comprehensive oral health screenings in schools. As public schools struggle to identify strategies to address major problems with chronic absenteeism, data suggests that oral pain and cavities are a frequent reason for missed school days. ODA will continue to advocate for improved oral health for kids so they can be successful in school.

PHOTO BY AMY NICOLE



SOURCE: ODA

# Other Key Bills of Interest

## *Bills that Passed into Law*

### **SB 249 Prior Authorization:**

Specifies requirements for insurer determinations regarding requests for prior authorization for coverage of health care items, services, procedures, and settings.

The bill was introduced by the Department of Consumer Business Services (DCBS), at the request of Governor Brown, to address changes in prior authorization and consumer protection. Although the bill specifically involves medical procedures, ODA expressed to DCBS the need to ensure the same protections for patients covered under dental insurance. After several meetings, DCBS agreed to apply the same provisions for dental. ODA will be following the rulemaking work on this bill carefully.

### **SB 835 Advertising as a**

**Specialist:** In order to advertise as a specialist, a dentist must meet one of three criteria: (a) Have completed a post-doctoral residency program that is at least two years in length and is accredited by the Commission on Dental Accreditation or its successor organization and approved by the board by rule; (b) Be a specialist as defined by the National Commission on Recognition of Dental Specialties and Certifying Boards or its successor organization and adopted by the board by rule; **or** (c) Have completed an advanced dental education program that is at least two years in length and is recognized by the United States Department of Education and approved by the board by rule.

While not an ODA bill specifically, SB 835 was brought forward by several specialty groups in dentistry. The Oregon Society of the Oral and Maxillofacial Surgeons, the Oregon Society of Periodontists, the

Oregon Society of Orthodontists, the Oregon Academy of Pediatric Dentists, and the Oregon Association of Endodontists, all worked in partnership to lobby and advocate for the bill. While the bill does *not* change the scope of practice for any dentist, it does specify that a person must complete at least an additional two years in a recognized program to be able to advertise that they are a “specialist.”

### **SB 854 Federally Issued ID in lieu**

**of SSN:** Directs professional licensing boards, in certain circumstances, to accept an individual taxpayer identification number or other federally issued identification number in lieu of a Social Security number on applications for issuance or renewal of authorization to practice an occupation or profession.

Note: The OBOD already accepts an individual taxpayer ID# and other federally issued ID number in lieu of a Social Security number.

### **SB 855 Foreign Trained**

**Professionals:** Directs professional licensing boards to study the manner in which persons who are immigrants or refugees become authorized to practice an occupation or profession.

### **HB 2005 Family Medical Leave**

**Act:** Creates an insurance program to provide employees with a portion of their wages while on family, medical, or safety-related leave. Authorizes a maximum of 12 weeks of insurance benefits, with total paid and unpaid leave capped at 18 weeks. Requires collection of contributions beginning January 1, 2022, with benefits payable beginning January 1, 2023. Exempts employers with fewer than 25 employees from the obligation to pay contributions.

A strangely bipartisan bill this session (Democrats introduced

## 2019 ODA Oral Health Legislative Champion Award

*ODA would like to extend its sincere gratitude to Member Dentist Representative Cedric Hayden (R-Roseburg) for his work on dental issues this last session. Dr. Hayden is one of two dentists in the Legislature and the only dentist in the House. His peers often rely on him for guidance on oral health care public policy. Further, Dr. Hayden sponsored ODA's vaccine bill and helped pass other ODA legislative agenda items. ODA appreciates Dr. Hayden's leadership on advancing bills to further the oral health of all Oregonians. Dr. Hayden will be honored at ODA's House of Delegates in September as our inaugural recipient of ODA's Oral Health Legislative Champion Award.*



SOURCE: ODA

similar legislation in years past to no avail), many businesses and non-profits openly supported the bill, and Republican Senators conditioned its passage as a requirement for them to return after the walkout. Small companies found they could be more competitive with the bill's passage with larger employers who already offer similar benefits.

**HB 2011 Cultural Competency:**

Requires professional licensing boards, including the Board of Dentistry, to include cultural competency requirements into CE requirements for license renewal. Proposed Board of Dentistry rule-making includes at least 1 CE hour dedicated to cultural competency.

**HB 2270 Cigarette Tax:** Refers a cigarette tax increase to the ballot. HB 2270 raises taxes on cigarettes from \$1.33 per pack to \$3.33 per pack, eliminates the 50-cent cap for cigars and subjects e-cigarettes and other vaping products to the 65% wholesale tax currently imposed on other non-cigarette tobacco products. The bill is a key component in Governor Brown's efforts to address an \$830 million Medicaid shortfall for the 2019-2021 budget cycle.

Note: The California Dental Association was a key funder in efforts to increase the tobacco tax in California. However, unlike the Oregon bill, some of the funds raised in California from the tobacco tax were designated for oral health initiatives. ODA tried unsuccessfully to have similar provisions added to HB2270.

**HB 2609 PDMP:** Allows dental directors to access the Prescription Drug Monitoring Program. A priority bill for one of our member dentists in the Oregon Legislature, Rep. Cedric Hayden (R-Roseburg), the bill allows dental directors to ensure any dentist operating within their practice or organization is registered with the PDMP.

ODA supported this concept, as it allows for a dental director or owner of a multi-dentist practice to make sure every provider is registered with the PDMP to ensure compliance with the new statute.

**HB 2706 COFA Dental:** Directs the Department of Consumer and Business Services to determine the feasibility of providing oral health care to low-income citizens of Pacific Islands in Compact of Free Association (COFA) who reside in

Oregon and lack access to affordable dental coverage.

ODA continues to advocate for the oral health needs of our patients and community. ODA acknowledged the efforts of the COFA population in Oregon to get dental coverage and submitted supportive testimony on the bill.

**HB 3030 Professional Licensing of Military Spouses:** Allows professional licensing boards to issue nonrenewable temporary authorization to the spouse of a member of the Armed Forces of United States stationed in Oregon who holds eligible out-of-state authorization to provide occupational or professional service.

**HB 3427 Education Funding; Business tax:** Businesses pay a tax of .057% on sales inside Oregon above \$1 million; Businesses can subtract 35% of their labor or capital costs from total sales; .25% points reduction in personal income tax for the lowest three of the state's four tax brackets. This bill likely will affect some Oregon dental practices. ODA worked with a local CPA firm to better understand the tax implications for dental practices. **See ODA's website ([www.oregondental.org/](http://www.oregondental.org/)) for examples and analysis of how this new tax may affect your practice.**

PHOTO BY AMY NICOLE



## Bills that Died

Below are key bills that would have affected dentistry but did not advance this session.

**SB 293:** Establishes the Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students to OHSU programs in exchange for student commitment to work at tribal service site after graduation.

ODA believes that tribal communities need and deserve high-quality dental services. ODA also understands that tribes wish for dentists and dental auxiliaries to be members of their own tribe. SB 293 allows tribal members interested in becoming dentists to be able to attend OHSU free of charge with the understanding that they will work to benefit tribal members (their own or other tribal members) after graduation.

**HB 2014:** Increase non-economic damages cap in wrongful death circumstances. ODA is a member of the Oregon Liability Reform Coalition, which actively opposes any measure that increases non-economic damage limits or other liability changes that could harm a provider, including this bill.

**HB 3106 and HB 3107:** Requires a coordinated care organization that manages its own dental program to have a licensed dentist on site at least one day each week. Also, requires a coordinated care organization that manages its own dental program to have a dental clinical advisory group.

These bills were introduced to address some concerns with

Southern Oregon CCOs. ODA was consulted early in the process and had questions about their intent. We were assured they would not move forward, and the bills died. ODA offered to work with any CCO and its dental benefit to ensure it was beneficial for patients.

**HB 3353:** Creates an exemption in the dentist-ownership statute by allowing a nonprofit corporation that provides reduced-cost dental services to underserved populations, including individuals 55 years of age or older or individuals who require accessible facilities, to own, operate, conduct, or maintain a dental practice. The clinic that requested the legislation is a non-profit corporation, serving geriatric patients, and currently operating outside of Oregon ownership statute requirements.

ODA appreciates and values the services provided by geriatric clinics. However, we remain concerned when profit motivates care and other incentives become interchanged in a dentist and patient relationship. ODA reached out to the clinics involved in this legislation and asked them to come to an ODA Regulatory Affairs Council meeting in hope that we can jointly find a solution that allows them to continue serving a population in need of dental services, while maintaining the dentist-patient relationship without outsider influence.

**For a full list of all of the bills ODA tracked this session, visit our website at [www.oregondental.org/](http://www.oregondental.org/).** 📄

## 2020 and 2021 Legislative Sessions: Have an Idea?

ODA now turns to future legislative sessions. If you have ideas on legislative changes or an issue that you would like to see addressed, now is the time to share them! Contact ODA Government Affairs Director Jen Lewis-Goff.

# Avoid Medication-Related Tragedies with Comprehensive Health History Forms

By TDIC Risk Management Staff

**TAKE TWO OF THESE AND CALL ME** in the morning. That may have been sage advice a generation ago, but today, dispensing medication requires much more scrutiny. Americans are taking more prescription drugs than ever before, meaning health professionals, including dentists, must use extra precaution when dispensing and prescribing routine medications as part of an overall treatment plan.

The Dentists Insurance Company reminds dentists that the greatest ally in preventing negative drug interactions, allergic reactions,

or other adverse effects is a patient's health history form. An accurate, up-to-date, comprehensive health history gives dental practitioners the data they need to make informed treatment recommendations — including those that incorporate medication or prescription-strength dental products.

Unfortunately, incomplete, outdated, or missing health history forms can lead to tragedy. In one case reported to TDIC's Risk Management Advice Line, an 11-year-old patient died after suffering an allergic reaction to a prescription-only toothpaste



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dispensed by the dentist. The patient had come in for a routine exam and teeth cleaning. The dentist noticed the presence of extensive decay throughout her mouth, so he dispensed a prescription-strength toothpaste to use at home. Two days later, the dentist learned the patient had suffered from anaphylactic shock and died.

The patient's medical doctor alleged that the milk-based proteins in the toothpaste contributed to the patient's death, as she had a lactose allergy. However, her parents had not disclosed the lactose allergy to the dentist at the time of the appointment. The patient had not been seen in five years, and her previous health history could not be located after the practice transitioned to a digital record-keeping system.

Senior Risk Management Analyst Taiba Solaiman said this tragic case is a reminder that a patient (or a patient's parent, if the patient is a minor) should review, update, and sign a health history form at every appointment. Dentists should then review the form prior to treatment. If the form is missing, a new form should be filled out and signed prior to initiating treatment.

"The patient's signature serves as evidence that the information is current and the patient's health was discussed," Solaiman said.

Health history forms should contain questions about over-the-counter medications, prescribed medications and supplements, among others.

TDIC provides sample health history forms in English and Spanish at [tdicinsurance.com/sampleforms](http://tdicinsurance.com/sampleforms).

Dentists should verify the information in the patient's chart by speaking to the patient directly. Often, patients don't recognize the link between overall health and oral health, nor do they recall every medication they take, especially if they haven't been seen recently. The following questions should be asked when updating a patient's health history form:

- Have you sought care from other health care providers since our last visit?
- Have you visited the emergency room or been hospitalized since our last visit?

- Have you begun, discontinued, or changed the dosage of medications (prescribed or over-the-counter)?

A complete health history reveals crucial information about health conditions and medications that could affect dental treatment. It could also alert a dentist that dental treatment could affect a patient's health condition.

Additionally, staff should immediately inform the dentist of any changes to a patient's health. Attention to a patient's medical and dental condition shows concern for their well-being and thus strengthens patient confidence in a dental practice's treatment ability.

If dentists are dispensing medication, it's essential they are familiar with the medications (and products) they are dispensing and know the interactions, side effects, and contraindications of each. Patients may not always be aware of the ingredients contained in dental products (such as milk proteins in a toothpaste), so the onus is on the dentist to educate them. For example, some dental products, such as prophy paste and fluoride gel, contain gluten and may cause a reaction to gluten-sensitive patients.

"Dentists should take dispensing and prescribing medication seriously," Solaiman said. "Adverse reactions can and do occur, and even something as seemingly benign as toothpaste can have a devastating outcome."

Typically, pharmacists advise patients of the possible side effects and contraindication of medications. In-office dispensing takes the pharmacist out of the review process. Before prescribing or dispensing any medication, dentists should review a patient's current medications and existing medical conditions. They should review health history along with the patient to identify known allergies and to avoid contraindications. This review process and discussion should then be documented and included in the patient's record. Dentists should not rely on patients to determine whether they are allergic to a drug or a derivative of a drug. Rather, they should refer

to the Prescribers' Digital References at [pdr.net](http://pdr.net) or consult with the patient's treating physician to ensure appropriate medications are prescribed.

"The more time you take to research medication, the less likely you will be called upon to defend your prescribing decisions and protect yourself from allegations of negligence," Solaiman said.

Clear guidelines on dispensing should be established, and staff should be educated on these guidelines. Dentists should also use caution not to dispense or prescribe medications beyond their scope of practice and instead consult with the patient's physician.

In addition, TDIC recommends adhering to the following health history guidelines:

- If a patient is not certain about his or her medications, ask the patient to bring all medications to the dental appointment. Document all medications, including dosage and associated health conditions.
- Ensure that the form is legible and writing is not crowding into the margins. Attach an additional form if necessary.

- If it has been two to three years since treatment, consider asking the patient to complete a new health history.
- Obtain a new health history on minor patients once they turn 18.
- Attach new forms to the old health history. Do not discard the previous health history.
- Every two years, check with your local dental society or professional liability carrier for any required changes to the form.

Although adverse reactions to medication and dental products can and do happen, there are preventative measures to take to limit their occurrence. The most effective way to keep patients safe is by keeping thorough health history forms and holding open, face-to-face conversations with patients. Doing so gives dental practitioners the information they need to make the right treatment decision based on individual need. ●

*If you need to schedule a confidential consultation with an experienced risk management analyst, visit [tdicinsurance.com/RMconsult](http://tdicinsurance.com/RMconsult) or call 800-733-0633.*



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## 16th Annual PROH Conference

### MARK YOUR CALENDAR FOR THE 16TH ANNUAL PROH

Conference — “Dental Myths and Controversies,” to be held on Friday, October 18, 2018, at the World Trade Center in downtown Portland.

Join us for an exciting and informative morning with six speakers addressing some of those confusing and contentious myths and controversies that face dental practitioners on a daily basis. Our program provides an evidence-based review of topics of interest previously suggested by our PROH members and meeting attendees. Speakers will introduce their topic, identify the opposing viewpoints, review the relevant research, present their position on the topic based on their understanding of the evidence, and answer your questions.

This year our experts will discuss the following topics:

- The reality of digital impressioning for dentures (Despoina Bompolaki, DDS, MS)
- Best options for managing patients with xerostomia (Dave Chandra, DMD, PhD)
- Effective non-surgical treatment of peri-implantitis and periodontitis (Panagiota Stathopoulou, DDS, DMD, MS, PhD)
- A critical assessment of the expanding world of orthodontic aligners (Laura Iwasaki, DMD, PhD)
- The exciting future of dental pulp regeneration (Luiz Bertassoni, DDS, PhD)

A special addition this year will be a keynote address by John A. Sorensen, DMD, PhD, FACP, professor, Department of Restorative Dentistry and director, Biomimetics Biomaterials Biophotonics Biomechanics & Technology Laboratory, from the University of Washington. His talk is entitled “Digital Prosthodontics — Ready For Routine Private Practice?”

Registration and Continental Breakfast: 7:15-8:00 am; Course: 8:00 am-1:00 pm

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Let the Oregon Dental Association guide you on your journey in continued excellence and leadership growth. Apply today to be part of the 2020 Leadership Academy. This program provides you with a unique backstage pass to ODA offerings and experiences, while developing and enhancing your leadership and interpersonal skills. Customized to each participant, depending upon the indicated area of interest, the Academy guarantees a deeper understanding and growth where it matters most to you!

For additional information on the Academy and how you can be part of the 2020 program visit <http://tiny.cc/ODALeadership>

“The Leadership Academy provides an opportunity for anyone ready for growth in personal and professional leadership. As dentists, we know that the day-to-day care we provide for our patients is both beneficial and rewarding. Seeing this same vision for care projected to a larger scale — at the state level — is nothing short of inspiring. Academy participants get to experience firsthand the multi-faceted committee work being done to benefit our profession and our patients. Even so, the best part of the Academy is getting to meet incredible individuals who share a commitment to better the lives of our colleagues and our communities. If you have even a slight interest

in leadership growth or have been waiting for an opportunity to become more involved with organized dentistry, the ODA Leadership Academy is an excellent place to start.”

— Jordan Anderson, DDS

“Being a new dentist, originally from out of state, I often felt segregated from my local dental community. As part of the leadership academy I now feel more connected to not only new dentists like myself, but also to the dentists who are helping guide the future of the Oregon Dental Association. I have now found a new understanding of my dental community and deepened my passion to be part of organized dentistry’s future.”

— Megan Hays, DMD

# The Dental Foundation of Oregon

## Thank You to Delta Dental of Oregon & OEA Choice Trust

The DFO staff, its board of directors, and Tooth Taxi team members are delighted to share with our readers that Moda Health/Delta Dental of Oregon and OEA Choice Trust each recently provided generous gifts of \$150,000 to support the Tooth Taxi for 2019-2020. This important funding greatly contributes to our ability to achieve our mission of advancing oral health education, providing charitable care, and coordinating resources for Oregon's children and vulnerable communities. In addition, the Tooth Taxi team and the services they provide allow us to travel throughout Oregon connecting with community and education partners and serve to inspire others as we work together to improve the oral health of Oregon's underserved children.



## GuideStar USA Awards the DFO Platinum Seal of Transparency

We are also delighted to share with you that after many months of work with GuideStar USA, Inc., The Dental Foundation of Oregon has attained Platinum status—a level that only 2% of America's nonprofits have achieved.

GuideStar is an information service specializing in reporting on U.S. nonprofit companies. In 2016, its database provided information on 2.5 million organizations, is one of the first central sources of information on U.S. nonprofits, and is the world's largest source of information about nonprofit organizations.

Reporting metrics about the DFO's work demonstrate the progress we are making to fulfill our mission to advance oral health education, provide charitable care, and coordinate resources for Oregon's children and vulnerable communities.

Achieving the Platinum seal is also important to show our partners, funders, and stakeholders we are intentional about qualitative and quantitative measurement and to give funders information they need about our progress and results; demonstrate programmatic growth year over year; and to differentiate our organization from similar groups.



## Join Us October 24th for Our Fall Giving Celebration

Save the Date for Thursday, October 24th as the DFO hosts the 2019 Fall Giving Celebration at House Spirits Distillery! House Spirits Distillery is the home to Westward Whiskey and Aviation American Gin — the latter of which was purchased by actor Ryan Reynolds in 2016. More information is on our website ([www.smileonoregon.org](http://www.smileonoregon.org)), and event highlights will include a bottle signing by Westward Whiskey founder Christian Krogstad, distillery tours, mini-cocktails featuring a variety of distilled spirits, an array of delicious appetizers from Olympia Provisions, torch-fired artisanal s'mores (an American classic) from 1927 S'Mores Company, a visit from the Franz Bakery "Grilled Cheese Machine," whose staff will make hot-off-the-grill and ever-so-yummy grilled cheese sandwiches, non-alcoholic beverages including Steven Smith Teamaker, mixology classes so our guests can learn how to make the evening's signature cocktail (just in time for the upcoming holiday season), and of course, the famous Westward Whiskey "face-in-hole" photo wall where guests can take pics and post to their Instagram and Facebook accounts!

Come meet and mingle with friends and colleagues, and help us celebrate the DFO's continued success of advancing oral health education throughout Oregon!



WESTWARD WHISKEY AND 1927 S'MORES

## The Tooth Taxi Hits Oregon's Open Roads with the Portland Trail Blazers and Moda Health for 7th Annual Rip City Rally Series

Building healthier communities together across Oregon, the Tooth Taxi hits 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. A team of Trail Blazers personalities, Moda Health

experts, along with the Tooth Taxi team will embark on a journey to connect with Blazers fans in new communities and raise awareness about healthy activities for the whole family. The week-long sweep of community visits will take everyone to Baker City (9th), LaGrande (10th), Hermiston (11th), The Dalles (12th), and Sandy (13th). These are free family-friendly events of basketball, healthy family activities and games for all ages and we celebrate physical fitness, honor local leaders, and build healthier communities together. We look forward to sharing photos from these community events in a future issue of *Membership Matters*!



Presented by moda

### Tooth Taxi Statistics (September 2008-July 19, 2019)

**22,475** Students received **dental screenings**

**13,062** Students received **dental appointments** on the Tooth Taxi

**23,849** Students received **oral hygiene education** in the classroom

**\$7,552,285** Value of **free dental care** provided

### Social Media

Find Us. Follow Us. Like Us.

- Twitter — [www.twitter.com/ToothTaxi](http://www.twitter.com/ToothTaxi)
- Facebook — [www.facebook.com/DentalFoundationofOregon](http://www.facebook.com/DentalFoundationofOregon)
- Instagram — [www.instagram.com/toothtaxi](http://www.instagram.com/toothtaxi)

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### ASSOCIATES WANTED

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

Endo associate needed in sunny southern Oregon. Long-standing endo practice with plenty of room and microscopes. For information, contact Megan Urban at [megan@omni-pg.com](mailto:megan@omni-pg.com) or call 503-830-5765. (OD126)

ASSOCIATE SALEM, OREGON Associate position. Large free-standing building with 1 GP, 1 endodontist, and 1 periodontist. Has been a dental office for 40 years. Tiered compensation package and potential equity interest. Contact Megan Urban, 503-830-5765, [megan@omni-pg.com](mailto:megan@omni-pg.com). (OD117)

ASSOCIATE SOUTHERN OREGON Larger, established practice looking for associate with future buy-in potential. Ideal candidate would be able to do most Endo procedures. Owner was a Spears Mentor for 10 years and Cerec is available. Benefits: malpractice/medical insurances, 401K, CE allowance. Contact Megan Urban at 503-830-5765, [megan@omni-pg.com](mailto:megan@omni-pg.com). (OD116)

### PRACTICES FOR SALE

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

Endo Practice for sale in Southern Oregon. Annual collections of \$600,000 on 100 days of work. Incredible potential for growth. Doctor will introduce you to all referrals. Asking \$300,000. Email [Megan@omni-pg.com](mailto:Megan@omni-pg.com) for info. (OD105)

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

Large general practice and building for sale in Lincoln County. Well-loved, long standing practice collecting over \$1.3M with overt 40% profit with 6 weeks vacation. On main road with 5 ops, around 2,000 sq ft. CBCT, Dentrix, Dexis. Long term team expected to continue. Contact [megan@omni-pg.com](mailto:megan@omni-pg.com), 503-830-5765. (OD133)

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

Portland building and fee for service oral surgery practice for sale collecting about \$860,000 on 2 days per week. Building newly remodeled. Contact Megan at 503-830-5765; [megan@omni-pg.com](mailto:megan@omni-pg.com). (OD125)

Coos Country Practice and Building for sale. Beautiful 3,200 sq ft building with good visibility and 6 equipped ops. Collections average over \$729,000 per year. All endo and oral surgery is referred out, so great growth potential. No OHP, 18-20 new patients per month. Contact Megan at 503-830-5765, [megan@omni-pg.com](mailto:megan@omni-pg.com). (OD134)

Vancouver practice for sale. Great location with excellent visibility close to the highway exit. Collections average over \$455,000 in 1,850 sq ft and 3 ops. No DSHS and all endo and oral surgery is referred out, so great growth potential. Contact Megan Urban, 503-830-5765, [megan@omni-pg.com](mailto:megan@omni-pg.com). (WD294)

Hazel Dell — Dental Building with fully equipped practice for sale. Busy street, great visibility across from Ace Hardware, Les Schwab & other retailers. Approx 2,800 sf, 5 equipped operatories, Turn-key practice, no patients. Contact 206-979-2660; [rod@omni-pg.com](mailto:rod@omni-pg.com). (WR123)

Columbia River Scenic Area — General Practice available for purchase on track to collect \$877K in 2019 working only 3 days per week. This busy 3 Op practice with updated equipment and an above average net (44%) has a lease available with future expansion opportunities. Contact Lynne or Donna at Practice Management Associates [info@practicemanagementassociates.org](mailto:info@practicemanagementassociates.org) or give us a call at 503-912-5160 [www.practicemanagementassociates.org](http://www.practicemanagementassociates.org).



## SPACE AVAILABLE/WANTED

NE Portland/Montavilla Dental, Dental Lab, Denturist or Vet building for sale 1,652 sq ft on Glisan at I-205, great visibility 4 ops/exam rooms, very large lab 4,268 SF lot. Contact Megan Urban at [megan@omni-pg.com](mailto:megan@omni-pg.com); 503-830-5765 for details. (OR101)

**LIST OF MEDICAL/DENTAL BUILDINGS FOR SALE OR SPACE TO LEASE**  
We have an updated list of medical/dental buildings for sale in Clackamas, Multnomah, Washington, Yamhill, Marion and Polk Counties. Building sizes range from 2,000 sq. ft. to 20,000 sq. ft. Some have existing dental space already plumbed. Contact Megan at [megan@omni-pg.com](mailto:megan@omni-pg.com).

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)

Associate positions in Salem, Albany and Roseburg. FFS, well-established 2 locations expanding the brand to Salem, Albany, and Roseburg. Beneficial to confidently perform endo, oral surgery, and surgical implants. Contact [Megan@omni-pg.com](mailto:Megan@omni-pg.com), 503-830-5765. (OD122)

North Bend, Oregon — Medical, Dental, Veterinary Building for Sale. 3850 square foot building built to withstand earthquakes! 2-story 3263 sq ft on the main floor with 587 sq ft upstairs. Upstairs employee breakroom (kitchen/half bath). Currently occupied — do not disturb tenant. Call Megan Urban at 503-830-5765. (OR103)

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- My **accurate & comprehensive practice appraisal** is the foundation for a successful transition.
- **Recruiting the perfect associate and/or buyer** is the key to the continuity of your patients' dental care.
- **If you already have a potential buyer or associate** for a buy-in, then my transition services coordination can complete your sale or buy-in.
- Negotiating a **Letter of Intent** completes the major details of your sale, such as:
  - Sale price
  - Financial terms
  - Timing
  - Covenant-not-to-Compete
  - Future employment contract, partnership, or expense sharing details (if any).
- My **liaison with your attorney and CPA** enhances the legal and financial planning.
- My qualified **Financial Resources** insures that the buyer can obtain 100% financing.
- My **49 Point Transition Checklist**, reviewed with yourself, your staff, and the buyer details the administrative and clinical tasks necessary for a successful transition.
- Sample **Patient & Referral Source Letters of Introduction** assist you in writing your own letter.
- If you are to be employed by the buyer in the future, my **Employment Agreement Questionnaire** will outline specific details.
- If this is to be a partnership or solo/group practice entity, my **Management Operating Agreement Questionnaire** outlines management roles and how income will be shared.

**If a practice transition is in your future, give the expert a call.**



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