Membership Matters

A publication of the Oregon Dental Association • September 2020

SLEEP APNEA AND DENTISTRY: Where We Are Now

Also Inside **CE Calendar,** page 7 **Dental Foundation of Oregon,** page 24

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Volume 25, Issue 9 | September 2020

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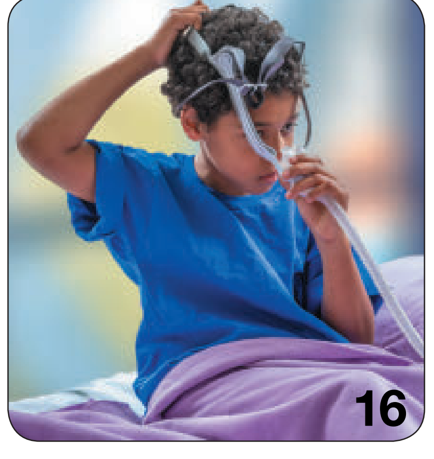

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GUEST EDITORIAL

Dental Sleep Matters

By Dr. Keith Valachi

HOW FORTUNATE WE ARE TO BE DENTISTS in the modern era, with technological advancements that allow us to optimally restore dentitions with highly esthetic and functional restorations. Perhaps of even greater significance is the emergence of the understanding of the intricate oral-systemic health connection, solidifying our roles as "physicians of the oral cavity" instead of merely being "molar mechanics." This is already evident with our clinical screening for hypertension and management of periodontal disease, with connections to multiple medical conditions.

One still relatively untapped role for our profession is helping to manage the ongoing healthcare crisis of obstructive sleep apnea (OSA), with oral appliance therapy (OAT). Sleep apnea has become a unifying diagnosis in medicine, as it can affect virtually all the systems of the body. The most common (and effective) treatment for OSA is PAP (positive airway pressure), which currently accounts for ~95% of treatment cases vs. ~5% with OAT. The American Academy of Sleep Medicine (AASM) estimates that OSA affects ~30 million adults (or ~26% of the adult population) with >80% undiagnosed and untreated — a number that's remained static for the last 20 years — with untold impacts on personal health and an estimated $150 billion annual economic burden in the U.S. alone. A dental practice with 1,000 adult patients may then have ~260 potential OSA patients x 80% = 208+ undiagnosed OSA cases! The true "low hanging fruits" are among the 20% who are diagnosed but may be PAP non-compliant, now ripe to be managed with OAT as second-line therapy. The ongoing COVID-19 crisis provides an additional opportunity in that the AASM recommends patients with upper respiratory infections should not use PAP machines, which suggests they should *also* have an oral appliance to be used when necessary, to provide continuous therapy. There is a compelling opportunity for our profession to expand our role in this critical arena, especially since dentists occupy a unique gatekeeper position: Many people visit the dentist more frequently than their physician.

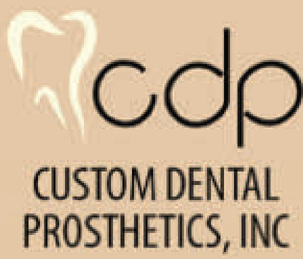
Enter the ADA: In 2017, guidelines were released (**https://www.ada.org/en/member-center/leadership-governance/councils-commissions-and-committees/dentistry-role-in-sleep-related-breathing-disorders**) that advise dentists to screen all patients for OSA and refer those at risk to our sleep medicine colleagues for formal diagnosis. While this is currently only a recommendation, it may one day be the standard of care for dental practices, just as screening for oral cancer has become.

While the upper airway is clearly an area within our scope of practice, it remains merely a dark and mysterious hole for many of us, lurking just behind our primary area of focus — the dentition — just a slippery crown or rubber dam clamp away. I feel it is imperative that the profession focuses not only on those "little hard white things" but also encompasses the airway, and the enigmatic TMJs so commonly affected by sleep-related problems.

Barriers exist to dentists more actively managing OSA: lack of adequate education, difficulty developing effective screening and referral protocols, sleep physician resistance to OAT, and clinical challenges of managing OAT side effects and treating patients with a sometimes less effective therapy vs. PAP. At the same time, the emerging DSM field is changing rapidly, due to CPAP dissatisfied patients becoming more aware of the benefits of OAT, and more sleep medical providers beginning to accept OAT as a viable treatment. New technology such as MATRx Plus that helps predict OAT response and target therapeutic mandibular position may also help pave the way for greater dentist participation in managing OSA, by allowing us to focus on cases with the highest likelihood of success.

I've heard frequently that the "golden days" of dentistry are behind us. But to appropriate a famous quote from Mark Twain, "The reports of our death are greatly exaggerated." Emerging opportunities to meld our dental skills with management of associated medical problems will continue to have a profound effect on our profession and, ultimately, on our patients' health and well-being.

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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CONTINUING EDUCATION

Events & Education Component CE Calendar

Calendar provided by Mehdi Salari, DMD

Due to the COVID-19 pandemic, events may be altered or postponed. Please visit the host dental society website for the most up-to-date information.

Date	Host Dental Society	Course Title	Speaker	Hours CE	Location	More Information
09/16/20	Multnomah	Table Clinics	—	2	Portland (MAC Club)	multdental@aol.com or lora@multnomahdental.org
10/21/20	Multnomah	3D Printing Techniques-Biometric Tissue Engineering	Luis Bertassoni, DDS, PhD	2	Portland (OHSU — SOD)	multdental@aol.com or lora@multnomahdental.org
10/27/20	Clackamas	Risk Management	Chris Verbiest	3	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@ clackamasdental.com
11/17/20	Clackamas	Dental Team Ergonomics	Sarah Stuhr	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@ clackamasdental.com
12/02/20	Multnomah	Restorative Course	Carmen Pheifer, DDS	2	Portland (OHSU — SOD)	Portland (OHSU — SOD)
01/20/21	Multnomah	Periodontal Presentation	Ted Weesner, DDS	2	TBD	multdental@aol.com or lora@multnomahdental.org
01/26/21	Clackamas	Medical Emergencies & Nitrous Oxide	Dr. Erik Richmond	4	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@ clackamasdental.com
02/23/21	Clackamas	Cultural Competency	Carol French	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@ clackamasdental.com
03/16/21	Clackamas	Endodontic Presentation	Dr. Geoff Clive	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@ clackamasdental.com
03/10/21	Multnomah	Prosthodontics	Dr. Larry Over	2	TBD	multdental@aol.com or lora@multnomahdental.org

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

Due to the COVID-19 pandemic, many component meetings were canceled or postponed. Looking for additional ways to get CE? The American Dental Association has a large collection of webinars and on-demand video learning opportunities available, many of which are free to members. Visit **adaceonline.org** to catch up on the latest offerings on your own schedule.

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MEETING HIGHLIGHTS

Oregon Dental Association Board of Trustees Meeting

Saturday July 25, 2020

- The 2021 ODA Legislative Agenda was approved.
- iCoreRx was approved as a new ODA endorsed service.
- Dr. Jim Smith was chosen as the recipient of the 2020 Tom Tucker Humanitarian Award, to be presented at the 2020 House of Delegates.
- The Board reviewed the resolutions that will be brought to the 2020 House of Delegates in September.
- The Board approved meeting dates for the 2021 calendar year.

RESUBSCRIBE NOW!

Are you receiving the most current ODA information? Frequent updates, action items, and important resources are emailed to all current ODA members. If you are not receiving these updates, you may have unsubscribed from ODA emails. If you would like to resubscribe to ODA emails, please contact Melissa Juenger, ODA Membership Specialist, at **mjuenger@oregondental.org** to learn how.

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Here are the top 10 languages that are requested for interpretation in Oregon:

Language	Percentage
Spanish	**75.16%**
Russian	**5.25%**
Armenian	**3.70%**
Vietnamese	**3.30%**
Korean	**2.37%**
Arabic	**2.29%**
Japanese	**2.21%**
Farsi/Persian	**2.11%**
Mandarin	**1.91%**
American Sign Language VRI	**1.70%**

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Alex Rugh, CDT
Implant Specialist, O'Brien Dental Lab

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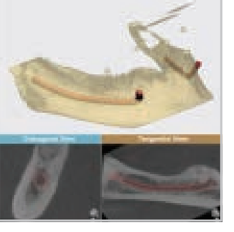
- A CBCT scan of the patient wearing the radiographic denture
- An extraoral CBCT scan of the radiographic denture resting on foam

To get started, you'll need a denture with a minimum of three radiographic markers. We recommend using the VF-20 marker stickers from suremark.com to place on the patient's current denture. Then, you'll need to take two separate CBCT scans, one of the patient wearing the denture, and another of the denture by itself resting on a piece of foam.



Setting up the Case

First, we will isolate the denture from the foam base with software and then use the radiographic markers to line up the two scans. We then set the panoramic curve, creating a path for our software to use when moving through slices of the image. If we are working with the mandibular arch, we will also locate the mental foramen and map the inferior alveolar nerve.

The Planning Process

We'll begin by adding implants to the requested positions, and include a comment in the preliminary surgical report if we see any issues such as inadequate bone or limited space. If requested, we'll also add anchor pins to the guide to stabilize it during implant placement.

Once we complete this, we will contact you to do the final planning. We'll set up a time for you to log in and remotely control the design software, which will allow you to adjust the placement of the implants as well as make any desired changes to the implant sizes.

The Final Product

Once you have completed the implant planning, you'll receive a final surgical report for your signature and return. At this point, the acrylic guide is printed and is essentially a duplicate of the denture used to take the CBCT scans. Finally, we will add the master and guide pin sleeves to the guide before delivering it to your office.

We hope you found this article helpful. If you have any questions or comments, please email us at implants@obriendentallab.com. To subscribe to our educational videos and articles, please visit obriendentallab.com/subscribe.

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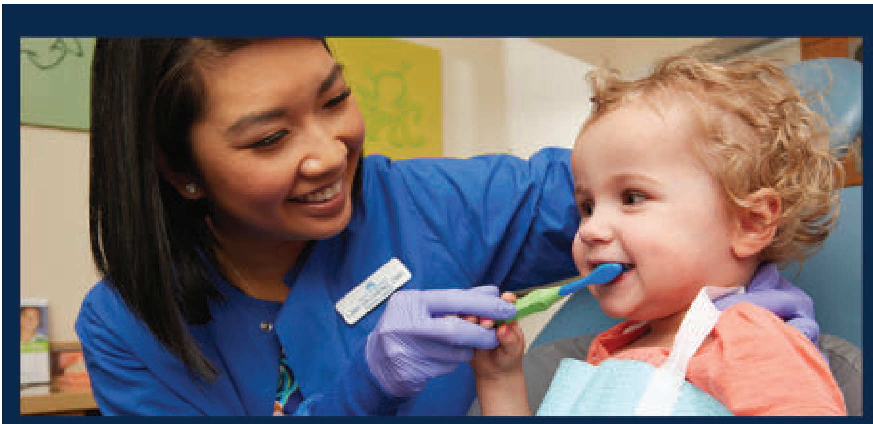

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COMPLIANCE CORNER

Prescription Drug Monitoring Program

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 June 2020, only 92% of dentists required to register have done so. 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** or 971-673-0741.

SLEEP APNEA

Sleep Apnea in Children… What Is Different? What Is the Same?

By Tom Walker, DMD, D. ABDSM

AS YOU HAVE LIKELY NOTICED BY NOW, diagnosis and treatment of obstructive sleep apnea (OSA) in the dental setting is a common topic of continuing education in our current dental landscape. What is often missed is the unique area of pediatric OSA. This article will highlight unique differences in detection, symptoms, and treatment in children versus adults.

Symptoms

There are certainly differences between the symptoms of OSA in adults and children. In adults, you may recognize some of the common symptoms: snoring, excessive daytime sleepiness, witnessed apnea, neck size (17" in men and 16" in women), and craniofacial insufficiency. In children, however, the symptoms vary greatly:

- Snoring (9-10% of children are habitual snorers, but a polysomnography test is important to identify pathologic snoring.)
- Attention problems
- Behavioral issues
- Academic underperformance
- Weight issues
- Nocturnal enuresis (bed wetting)
- Large tongue size
- Large tonsil size
- Mallampati class III or IV
- TMD symptoms without other clear etiology
- Maxillary and/or mandibular constriction

Small changes to your patient questionnaire may help identify pediatric patients that could be struggling with OSA. Mayour Patel, DDS, recommends asking parents the following questions:

- Does your child…
  - …snore?
  - …exhibit heavy or loud breathing?
  - …appear to struggle to breathe?
  - …tend to breathe through the mouth during the day?

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- ❍ …have a dry mouth on waking up?
- ❍ …have morning headaches?
- ❍ …ever wet the bed?
- ❍ …wake feeling unrefreshed or appear to be sleepy during the day?
- ❍ …appear to be easily distracted?
- ❍ …have trouble performing tasks in school?

Affirmative answers to any of these questions could be an indicator to examine further, as your pediatric patient may have OSA.

Treatment

It is important to treat OSA in children early to prevent effects that airway obstruction may have on their development. Just like full mouth rehabilitation in adults, collaboration with pediatricians and otolaryngologists is critical when treating OSA in children. In a presentation titled "Simplifying the Pediatric Airway Exam," Tracy Tguyen, DMD, outlines some helpful basics on treatment of OSA in children. Once a diagnosis is confirmed with a sleep test, the first line of treatment is an adenotonsillectomy with post-operative monitoring. If symptoms persist, further treatment such as palatal expansion may be required. Other treatment modalities may include a CPAP machine or weight loss if a child's body mass is affecting his or her airway.

Treating children with appliances is very difficult because their growth ebbs and flows. If an appliance is used, it will need to be altered on a regular basis.

Why Treatment Matters

The consequences of untreated airway obstruction can be significant. Preliminary research shows that lack of sleep can impact everything from a child's immune system to their mental health. Some resources that may be helpful in understanding the importance of treating OSA in children have been ASAP Pathway (**www.asappathway.com**) and *Why We Sleep*, a book by Dr. Mathew Walker, PhD. In the book, Dr. Walker shares a study where subjects were exposed to a common cold virus with differing levels of sleep. Subjects who slept five hours or less the week before being exposed became sick 50% of the time, while subjects sleeping seven hours or more per night the week prior to the exposure got sick only 18% of the time. During the COVID-19 pandemic, our children's immune systems are even more important than ever!

Hopefully, these tips help you feel more confident spotting OSA in your pediatric patients and connecting them with proper treatment so that their airway obstruction does not negatively impact their development into healthy adults.

Gender Differences in Presentation & Treatment of Sleep Apnea

By Reva Malhotra Barewal, DDS, MS

IMAGINE THIS SCENARIO: A LONG-STANDING PATIENT of yours in her 50s starts telling you at her recall exam that she is experiencing irritability, headaches, and a mood change. She wakes up a lot at night and is restless. Immediately you connect those symptoms with known hallmarks of depression. She is advised to see her primary care doctor, who might also think the same thing and prescribe anti-depressants. Unfortunately, her real primary condition is obstructive sleep apnea (OSA), and although the symptoms mimic depression, the treatment is vastly different. The truth behind her symptoms remains hidden for years, with

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growing risks of negative impact on her cardiovascular, metabolic, and mental health.[1, 2, 3]

OSA falls into the broader category of sleep disordered breathing (SDB), which includes central sleep apnea and sleep-related hypoventilation. SDB has traditionally been assumed to be a condition occurring in men. The stereotypical overweight, snoring, middle-aged, sleepy male was an easy identifier to clinicians. Epidemiological studies, however, show that SDB may be more prevalent in women than we knew. Ultimately, the recognition of gender differences in symptoms could improve screening and early diagnosis. Prior to 1993, women with SDB were not reported in the literature simply due to lack of awareness that this condition could exist in the female population. Over the past two decades, new research has shed a light not only on the existence of this condition in women but differences in risk factors, presentation, and outcomes.[4] This article briefly highlights gender differences in this condition and provides dentists insights in how they can contribute to early diagnosis and improve lives for their female patients.

Prevalence

In a Swiss study comparing the prevalence of SDB in a general population ages ≥ 40 to < 60 versus ≥ 60 years, it was found that the younger age group was positive for SDB in 11.7% of men and 4.3% of women and increased to 21.1% of men and 10.8% of women in older age groups.[5]

The increase in sleep disturbances with age in women has been studied according to stages of menopause. In the perimenopausal period, there is an increase in sleep fragmentation, increased awakenings, and poorer sleep quality.[6] Chronic insomnia may develop in as many as 31-42% of perimenopausal women with increasing prevalence in the later stages of perimenopause.[7] With transition from premenopause to postmenopause, the severity of SDB, as measured by AHI, increases independent of chronologic age and body size.[9] Interestingly, the prevalence of OSA is reduced in menopausal women on hormone replacement therapy, suggesting a hormonal effect on risk for sleep apnea independent of age and BMI.[10]

There are also distinct changes in sleep characteristics between the first and third trimester of pregnancy. Not only are there shorter sleep durations, more awakenings, poorer sleep efficiency, and less REM sleep in the late stages of pregnancy, but there is an increase in sleep apnea severity.[11] Risk factors for SDB during pregnancy are high BMI and increased age.[12] It has been demonstrated that SDB during pregnancy increases a woman's vulnerability to pregnancy-induced hypertension and gestational diabetes.[13]

Because the consequences can be serious for untreated SDB in the pregnant woman, our awareness should be heightened. However, the current screening tools for SDB are not targeted to the pregnant population and can have poor predictive ability.[14] Improvement in screening tools and awareness among providers treating pregnant women needs to occur to better identify and manage maternal and fetal well-being.

Symptoms

Diagnosis of SDB in women may often be missed because the clinical presentation is different than the traditional presentation in men, and women under-report their symptoms.[15] In the literature, an opinion has been formed that there are female distinctive symptoms of OSA as well as some that are gender neutral.[8,16,18-22] These symptoms and their gender association are presented below.

The clinical under-recognition of the disorder in women is due to clinicians' inability to isolate and identify symptoms associated with OSA among women. The following reasons have been identified as barriers to diagnosis:

1) Daytime sleepiness can be incorrectly associated with depression, poor sleep quality from pregnancy, or other illnesses.
2) Women might be more reluctant to report snoring due to lack of awareness from their bedpartner or an opinion of it being a masculine symptom.
3) Men might have more "classic" symptoms and increased severity of AHI, which can allow them to move quickly in pathways to treatment.

Table 1
Sleep Apnea Presenting Symptoms

Higher Prevalence in Women	Equal Prevalence by Gender
Non-restorative sleep, fatigue	Snoring
Morning headache	Daytime sleepiness
Insomnia	
Mood changes, irritability (features of depression)	
Sleep fragmentation; frequent awakenings	

4) Women come to clinical interviews alone more frequently than men, possibly leading to under-reporting of sleep sounds.[18]
5) Bedpartners of female patients don't complain of snoring or observed apneic episodes.

Treatment

There are no reports in the literature of gender-specific CPAP treatment preferences for OSA. Oral Appliance Therapy (OAT) has also been effective versus placebo to reduce AHI.[17,23,24] The success rates have been reported between 14%-78%. The wide variance can be partially attributed to the percentage of milder forms of OSA in their subgroups as greater efficacy of treatment has been reported in milder cases of OSA.[25-27] This would align well with female predispositions for milder forms of OSA.

Summary

There are notable differences in the frequency and severity of OSA by gender. Although the prevalence in women is lower than men in middle-aged and older populations, the consequences of the disease are similar if not worse. The age of onset of the disease in women is later and is more closely related to key events in their reproductive life span: pregnancy and menopause. Based on the literature, women tend to present with milder forms of OSA. However, it is believed that the incidence of OSA may not be accurately reported. Without an awareness of these differences in presentation of the disease, women can remain unrecognized and undiagnosed. Female-specific screening questionnaires should be developed and used in medicine and dentistry. The importance of dentists contributing to this change could potentially improve the quality and length of life for their female patients.

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CARE TEAM

Maximizing the Dentist-Physician Care Team from a Dentist Perspective

By Keith Valachi, DDS

Author's Note: *Drs. Hutchison and Valachi recognize and acknowledge the varying perceptions of the meaning of "working cooperatively" between our professions and individual providers. These essays are intended to be a springboard toward an expanded conversation and collaboration between the medicine and dentistry in our attempts to better manage the OSA epidemic.*

DENTISTS WILL PLAY AN EXPANDED ROLE in the management of obstructive sleep apnea, as a superficial understanding of the scope of the problem substantiates that the medical profession cannot solely manage this epidemic. But because only a boarded sleep physician can diagnose OSA and dentists are prohibited from treatment without a Rx from a physician, all roads now, and for the near future, ultimately lead through our physician colleagues. Like it or not, we must approach our medical colleagues with respect and deference to gain their trust.

Cooperation between our professions is improving, but significant barriers remain, largely due to a lack of coordinated collaboration between our professions. Dentists who have chosen to focus our practices on managing OSA can confirm the multi-level challenges involved in developing trusted and cooperative relationships with our sleep medicine colleagues.

What can we dentists do to address these challenges? A recent survey (*Sleep Review,* Jan. 5, 2016) elicited the following responses from sleep physicians regarding why they do not always refer CPAP non-compliant patients for OAT (in descending order of importance):

"I want to try other strategies to get the patient CPAP adherent."

"The patient won't be able to afford the oral appliance."

"The oral appliance may not be efficacious."

"The oral appliance won't record the patient's adherence with the therapy."

"The patient may develop side effects from using the oral appliance."

"I worry dentists are acting outside of the scope of practice in all or in part when treating OSA."

"Patients 'disappear' when I refer them to a dentist."

"I don't know a local dentist who I trust with my patients."[1]

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These issues can largely be summarized as issues with **efficacy, affordability**, and **trust** (or lack thereof). I won't address the concern over side effects other than to state that ALL therapies have potential side effects — *including CPAP and no therapy* — and that side effects from OAT are generally easy to manage.

1) **Efficacy:** With multiple studies confirming that CPAP generally provides a more effective reduction in AHI vs OAT, how can we blame sleep providers for recommending the BEST treatment first, considering the pathway to CPAP is often smoother and easier than OAT, from their perspective? In-lab titration of CPAP or use of APAP (Auto-titrating PAP) ensures the patient's airway is optimally managed immediately, whereas OA fitting and titration can take weeks to months to accomplish, and variable levels of training of dentists can negatively impact overall efficacy rates. This may lead to prescription of CPAP for even the mildest of cases of OSA. Skepticism of OAT therefore persists despite studies that confirm high levels of efficacy when *properly managed*, and overall higher compliance vs. CPAP.

Tip #1: Communicate effectively with physician partners regarding the clear evidence that MADs can provide

effective management of OSA and be willing to bend toward the specific protocols of each individual sleep doctor or clinic with which you partner. Incorporating technology such as MATRx Plus will improve confidence that OAT success rates are improved.

2) **Affordability:** CPAP is almost always covered as an in-network benefit resulting in lower initial costs to patients versus OAT, although long-term costs are comparable. It may be surprising to learn that cost is a *primary concern* of many physicians with whom I've spoken. Some believe dentists manage OSA cases as a profit center first, instead of focusing primarily on patient care, reinforced when they may hear that Dr. Sleep Dentist has just charged their patient $6,000-$7,000 for a MAD.

Tip #2: DO NOT overcharge for OAT! A fair fee (global or per appointment) should reflect the cost of doing business plus your degree of training and level of care provided to the patient. There are DSM consultants who teach ways to gain large reimbursements from medical insurance, but just because you CAN do something, doesn't mean that you SHOULD.

3) **Trust:** Some sleep physicians don't fully trust dentists at large to manage this complex, chronic medical condition. OAT takes more time, patience, and coordination with medical colleagues than the acute dental problems we have mastered. It is also rather easy to bypass our local physician colleagues: screen our own patients of record, dispense a home sleep test (HST), and rely on a remote diagnosis and Rx for a dental device. This problem is compounded if we practice a "fit it and forget it" protocol that doesn't include a post-titration sleep test to confirm OAT efficacy.

Regardless of how negatively our medical colleagues may view this, consider the possible consequences of going it on our own, particularly for patients with complex medical histories — on what leg could we stand on if a patient has a stroke while using a MAD prescribed by a doctor they never met, and that has not been confirmed to be effective?

Tip #3: Allow your trusted medical partner to make the determination of whether OAT is appropriate — this is truly not our call to make. Provide assurance that mutual patients will always be sent back for "consideration of follow-up efficacy sleep testing."

Better communication between medicine and dentistry is essential to breathe new life into a cooperative treatment model that has a greater impact on the ongoing OSA epidemic than now exists. While the situation may evolve with time, the onus is currently on us dentists who wish to manage OAT cases to assure our medical colleagues we can be trusted to provide effective and affordable therapy for our mutual patients.

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Maximizing the Dentist-Physician Care Team from a Physician Perspective

By Kim Hutchison, MD

DENTISTS PLAY AN IMPORTANT ROLE IN THE treatment of sleep-related breathing disorders. This truth is accepted by most physicians, and most of us would agree that our reliance on each other is only growing. As our population's awareness of sleep health intensifies, the number of patients with OSA who require or prefer an alternative to CPAP therapy is also increasing. Therefore, it is imperative that a comprehensive sleep medicine program include relationships with multiple dentists who are experienced in oral appliance therapy. The keys to making this relationship successful are not unlike other relationships: **quality communication** and **quality work**.

Quality Communication:

- Request an in-person meeting to introduce yourself and your services to the sleep medicine providers. Be prepared to answer questions regarding insurance coverages and out-of-pocket expenses. If your key administrative staff can join you, bring them along to connect with the sleep clinic's staff.

Insider's tip: Medical assistants and referral coordinators often make referral decisions on their own, and a personal relationship with staff members can be a huge advantage,

- Spend time up front creating a simple referral process for the medical provider. Most physicians will prefer to create a generic referral document that can be used for all dental clinics. Requiring your own form adds extra work for providers and can be a barrier in a busy clinic.

Insider's tip: Offer to help create a referral system that includes all the

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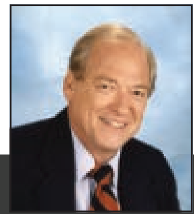

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information you need and is easy for the medical office to use.

- Once you have fully advanced a patient with OAT, emphasize the importance of returning to their medical provider to determine if follow-up testing is needed. Fax your visit note and be available to discuss further adjustments after this visit.

Insider's tip: If patients aren't routinely coming back for follow-ups, referrals will drop off,

- Regular check-ins with the medical office is my best piece of advice! The "squeaky wheel gets the oil" holds true here. Offer to provide in-service presentations reviewing recent data regarding OAT therapy, drop off some brochures or ask to bring by some new sample devices. Check in at least every 6 months.

Insider's tip: Physicians love data, and a comment about a recent study such as, "hey, did you see the article about OAT + positional therapy in the journal *SLEEP* last month?" will gain respect. Providing a copy of the article is an added bonus.

Quality Work

- Reach out to patients right away after receiving a referral, and be familiar with the insurance coverage and out-of-pocket expenses before scheduling.

Insider's tip: Medical patients are used to being contacted by referring offices and the faster the better.

- Be familiar with some high-quality but lower-expense devices. The expense of OAT therapy is the biggest barrier to this treatment for most physicians. Many of our patients cannot afford large co-pays, and we are used to third-party payers covering most (if not all) costs. It reflects negatively on a provider if we refer a patient for a treatment that has high out-of-pocket expenses.

Insider's tip: Accepting Medicare and Medicaid patients can earn much respect from sleep medicine clinics and will increase the number of referrals from both public and private insurances. There are relatively few dentists currently participating in these plans.

- Understand the limits of home apnea tests, especially auto-scored reports. Variables such as time in position, amounts of alcohol consumed, medications and amounts of REM sleep can all affect the AHI. Additionally, frequent movement, sighs, body habitus, and poor circulation can result in artifact that is often scored as respiratory events or oxygen desaturations. Without a skilled review and interpretation, you could be spreading fake news. Base OAT success on a patient's symptoms such as snoring and side effects. Oximetry or HST data may be used with the agreement of your partner physician. Always refer back to the sleep clinic for a reliable sleep study and let us determine when this is appropriate.

Insider's tip: Physicians like to view their own sleep study raw data and have little trust in auto-scoring.

- Include positional therapy devices as within your scope of practice. Many patients that benefit from OAT therapy also gain additional benefit from concurrent positional therapy.

Insider's tip: Devices such as the Slumberbump, Night Shift, Night Balance, or the classic "tennis ball technique" should be encouraged for most patients.

A positive working relationship with local sleep dentists is a necessary component to an effective sleep medicine clinic. Because many physicians are overwhelmed with work, it may not appear that they prioritize this relationship. However, having trusted hands to assist with non-CPAP therapies is vital to providing comprehensive care and is in the best interest of our patients, our ultimate priority.

Please help us welcome Dr. Ralph M. (Mike) Shirtcliff of Redmond, Oregon to the Consani Associates Brokerage Team. Dr. Shirtcliff direct: (541) 680-9028

I hope this message finds you and your family well. We are advising buyers to take this time to find an opportunity that looks to be of interest then visit the practice and the community. If the practice looks like it is a good fit, many of our selling dentists are willing to structure a sale, including financing, leases and closing documents, and then wait to close when you say that you are ready.

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The Dental Foundation of Oregon

Special Thanks to OEA Choice Trust & Moda Health/ Delta Dental of Oregon

Each recently and generously provided $150K of funding for the Tooth Taxi for the remainder of 2020 and the first half of 2021. Our sincere thanks to Holly Spruance, OEACT executive director, and the OEA CT board leadership for their support, and to Robert Gootee, CEO to Moda Health and fellow DFO board member, for their continued support of this important program.

The Tooth Taxi Team Volunteers to Support Solve

Helping keep Oregon green, the Tooth Taxi team joined other SOLVE volunteers in the Portland-Metro area on July 8th and spent nearly 3 hours helping pick up trash near the Pearl District and around Jamison Square. This was one way the team could participate in a team-building activity while practicing social distancing.

THE TOOTH TAXI TEAM

Word Find Winner

Congratulations to Melanie Grant, the winner of The Dental Foundation of Oregon's Word Find! Melanie won a custom-made DFO cork board along with an Oregon wine experience from Alexana Estate Vineyard and Winery for the complimentary tasting for four guests hosted by one of their estate wine educators in the Dundee Hills.

The Salem & Prineville Paddy Pint Races Went Viral!

Even COVID-19 could not keep the dedicated event organizers and participants from joining in for the 2020 races, which were held virtually this year. Following the cancellation of the March fundraiser events due to Governor Brown's Stay Home, Stay Safe order, the leadership teams of both the Salem and Prineville events made the important decision to proceed with virtual races. Organizers said they were influenced by the hundreds of participants who voiced their desire to continue helping Oregon's vulnerable populations with their dental needs, which have not subsided even due to a global pandemic.

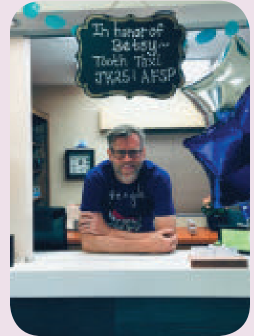
DR. KRISTEN SMITH'S OFFICE

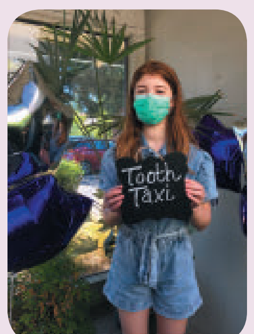
PRINEVILLE PADDY PINT RUN

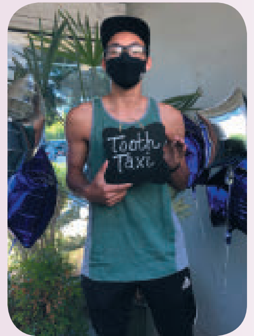
Complete Health Dentistry's 5th Annual Give a Grin A Success

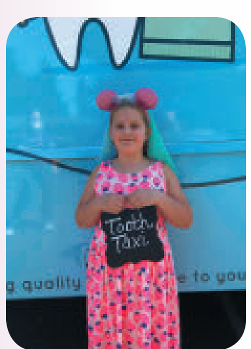
Dr. David Dowsett and the team at Complete Health Dentistry of Portland hosted their 5th annual charity outreach event on June 26th in honor of Betsy Burton. A teacher, Betsy touched the lives of countless children, showed them hope, joy, and success and made their lives better in countless ways.

The Dental Foundation of Oregon remains deeply appreciative of Dr. Dowsett and the Complete Health Dentistry of Portland's support and wanted to share the following from Dr. Dowsett's Facebook page: "From the bottom of my heart, I want to thank all of you — in person and from afar — who helped make last Friday's Give A Grin a success. Over $2,700 was raised that day, and the event so far has raised over $3,750 for the Tooth Taxi and the American Foundation for Suicide Prevention."









DR. DAVID DOWSETT

NEW DENTIST CORNER

Being Present in Your Community

By Tyler Fix, DMD, ODA New Dentist Council Member and Central Oregon Dental Society Member

2020 HAS PRESENTED A MYRIAD OF OBSTACLES, regardless of whether we are a new or a seasoned dentist. Our hurdles are diverse, but we are all seeking ways to survive—and I even propose the word "thrive"—amid a shaken landscape.

I was on a Zoom meeting that discussed challenges we currently face within the context of leadership skills. Speakers expressed many thoughts and sentiments; however, it was the following piece of advice that really stuck with me. It was optimistically incisive, and they did not demean or make jest of the pandemic.

One of the speakers shared, with a positive challenge in their voice, "Never waste a good crisis."

I took this in. I digested it. I ruminated on what that meant for me, the young professional. As a new dentist, I asked myself how I might be able to use this crisis as a positive time for my self-growth and for the wellness of those around me.

"In this edition of the New Dentist Corner, I hope to inspire others to find the value of reaching into your community, now more than ever."

In this edition of the New Dentist Corner, I hope to inspire others to find the value of reaching into your community, now more than ever. I have intentionally invested time and energy into my city, even in this crisis, and I found that my involvement, service, and giving have been more than reciprocated—without my asking or expecting.

I have been in practice for less than three years, but I have sought to grow my identity as a dentist and a leader through deliberate immersion in my community. Social media is one of many tools of outreach. However, in my opinion, it lacks the potency of being present in your community—even if that presence is at a creative, social distance these days.

How do you step into your community? I encourage you to enroll in professional events and leadership development programs, take the time to establish a personal connection with business owners, and partake in volunteer opportunities. In doing so, you grow your professional network and, ultimately, grow your referral base. If you are trying to make a name for yourself as a new doctor, do so with a simple positivity and a willingness to "leave the operatory." With good community rapport, I have received many recommendations and referrals born from these organic interactions.

Your community involvement can be accomplished in ways large and small; find something that speaks to you, personally. I will close by sharing one example of a way in which I stepped out and into my community over the last year, in hopes that it may inspire you to think about what your own methods of outreach may look like.

I completed "Leadership Bend" in June 2020, an intensive one-year leadership development course that teaches about the facets and functions of a city. All of the participants were from a vast array of businesses, backgrounds, and professions. Not only did I gain a robust understanding of the town in which I practice, I also developed a network of professional connections that generated positive traction for my identity as a dental provider. Additionally, It is has catapulted my interest in service on a nonprofit board in town, which would further connect me with my community. I encourage you to investigate leadership programs that are available in your respective Oregon locations.

Stay well, and stay present in your community, fellow new dentists.

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RISK MANAGEMENT

Speak Up! Open Communication Strengthens Employer-Employee Bonds

By TDIC Risk Management

IT'S BEEN SAID THAT THE ART OF communication is the language of leadership. In the dental office, open communication between practice owners and staff ensures an efficient workplace, reduces employee turnover, and helps mitigate potential employment-related claims.

Communication is at the heart of maintaining a cohesive team, thus improving job satisfaction and reducing employee turnover. There are many factors that go into job satisfaction. Some are obvious, such as pay and benefits, while others less so, such as opportunities for advancement, feeling of belonging, and being professionally challenged.

One of the most important aspects to job satisfaction is a positive working environment. Positive working environments are those that embody fair policies and practices, good leadership and strong relationships among colleagues and supervisors.

In one case reported to The Dentists Insurance Company's Risk Management Advice Line, an employee was hired as a full-time registered dental assistant. She was instructed to write down eight hours on her timecard, regardless of the actual hours worked. She was also asked to report 15 minutes prior to the start of her shift for a mandatory daily huddle.

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Although the employee was not happy about these requests, she complied because she needed the job. Ultimately, the employee became fed up with not being paid for the actual hours worked. After a few months, she began to record her accurate hours on the timecard. Payroll denied the overtime. The employee questioned the dentist about the missing overtime on her paycheck and was told that his office policy is not to pay overtime unless prior approval is obtained. However, he had not previously informed her of his office policy regarding overtime.

To make matters worse, the office manager changed the employee's schedule, resulting in a reduction of hours. The manager also changed her position from RDA to DA without prior notice. The employee contacted the office the following week and informed them that she would not be returning to work. Two months later, the office received a letter from an attorney representing the former employee, who alleged a hostile work environment and failure to pay overtime. Eventually, the case was settled through mediation for a high five-figure amount.

When communicating with employees, TDIC recommends that practice owners be clear, direct, and decisive. This should begin with employee onboarding and continue through the duration of employment. A good starting point is a comprehensive and up-to-date employee manual. In addition, new employees must clearly understand the practice vision, goals, policies, and procedures.

It's also a leadership best practice to clearly outline each employee's role and responsibilities. Each position should have a written job description and written expectations, and these expectations should be discussed with the employee in person to ensure understanding. This establishes accountability and increases motivation and performance for each member of the team.

How you communicate is often as important as *what* you communicate. The following tips can help:

Be authentic. Being honest and approachable helps build relationships. Sharing personal stories, finding common ground, and asking open-ended questions creates a connection with the team, thus establishing trust.

Be positive. Approaching challenges with a can-do attitude works wonders on employee morale. Letting staff know you're in it together creates a camaraderie that leads to buy-in from the entire team. Focus on successes and learn from failures.

Be consistent. Nothing kills employee morale faster than employees who feel they are treated differently or unfairly. Maintaining consistent policies in all aspects of practice management, from dress codes to time off, ensures each staff member feels respected.

Be concise. A lack of clear instructions is one of the greatest causes of lackluster performance in the dental office. Giving directives and using straightforward language illustrated with cause-and-effect examples can help in understanding. Practice owners are advised to conduct regular performance evaluations and morning huddles. Employees should also be asked whether they have follow-up questions.

Listening

It's not enough to simply talk to your employees. Listening is arguably the most important skill in effective communication, and too often people listen only with the intent to reply. Instead, effective communication means listening with the intent to understand. To ensure goals and policies are clearly understood, practice owners are advised to encourage employees to provide feedback and comments, which can identify weak spots and provide valuable information for improvement. Simply asking the team "how can we improve communication in the office?" or "what would be one thing that you would like to change in the office?" can provide valuable insight and solutions that may not have previously been considered. Open-door policies encourage employees to speak their minds and further promote the team mindset.

Communication Channels

Using the right communication channel for the message is also important. While email and texting have become commonplace in our society, they are not appropriate for sharing information in the workplace. Having face-to-face conversations with employees, whether individually or during morning huddles or meetings, builds relationships and trust in a way that sending a group email can't. It also provides the opportunity for employees to ask clarifying questions, thus ensuring everyone is on the same page. Texting is especially detrimental to workplace communication as it decreases professionalism and makes it difficult, if not impossible, to deliver clear, concise information. Similarly, it's a communications best practice to require employees to call in sick, rather than emailing or texting.

Naturally, the focus of most practice owners is on clinical care. But brushing up on basic leadership skills, such as communication, can do wonders for improving the workplace. Open dialogue between practice owners and staff establishes clear responsibilities and expectations, builds relationships, and improves employee morale. Not only does an efficient workplace improve employee morale, it can help mitigate potential claims in the long run.

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MEMBER RESOURCES

COVID-19 Resources

IN AN EFFORT TO KEEP MEMBERS INFORMED during these uncertain times, the ODA has compiled a list of COVID-19 resources on our website. We have information on a wide variety of COVID-19 topics including:

- Guidance from the Oregon Health Authority and the Centers for Disease Control and Prevention
- Access to ODA's COVID-19 Hot Topics webinar series
- Access to free ADA Webinars
- CARES Act resources
- Wellness tools and resources
- Human Resources and Business Management

The ODA continues to update these resources are the COVID-19 situation develops. Visit **oregondental.org/government-affairs/regulatory-information/coronavirus** for a full list of updates and resources.

ODA Wellness Initiative

With increasing professional and personal demands, the overall well-being of dentists in the Oregon community is more important than ever. The ODA's Wellness Program offers a robust network of compassionate Wellness Ambassadors armed with resources to help support colleagues dealing with wellness issues, including, but not limited to: stress management, practice issues, debt, fraud, family obligations, illness, injury, depression, loss, grief, and addiction. Wellness Ambassadors are available to assist dentists at all levels of their career, including dental students. Learn more about serving as a Wellness Ambassador or request support at **http://bit.ly/ODAWellnessInitiative.**

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ASSOCIATES WANTED

DO YOU LOVE EDUCATING YOUNG ADULTS?
Are you an enthusiastic, compassionate dentist who loves working with young adults?

We provide a positive environment within our modern, digital, patient-centered dental office. Our busy group practice needs a part-time general dentist to specifically work in the Young Adult and Teen Office focusing on prevention and education with an emphasis on hygiene services and minor restorative treatment. Must have Oregon Dental License, DEA License and Nitrous Permit. Part-time position with set schedule of Monday, Wednesday and Friday. NEW GRADS ENCOURAGED!! Compensation: Daily Rate during probationary period and then % of Production.

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PRACTICES FOR SALE

PROFESSIONAL PRACTICE SPECIALISTS has general and specialty practice opportunities across Oregon, including Portland, Eastern Oregon and the coast. Their collections vary from about $500K to $1.5M+. The opportunities change frequently so visit our website, PRACTICESALES.COM for the most recent information, or contact Randy Harrison, 503-807-0009, Randy@PracticeSales.com. Thank you!

Southern Oregon General Practice for Sale
New to the market is a gorgeous general practice in southern OR, located in a newly renovated medical park. The current doctor is interested in partnership or a straight buy-out. With five operatories and collections over $1.3 million, it is thriving. Adjusted EBITDA of $230,000 and 26 new patients per month. The real estate is also for sale. Learn more, contact Kaile Vierstra with Professional Transition Strategies to receive the prospectus. Email: kaile@professionaltransition.com or give us a call: 719-694-8320. We look forward to hearing from you!

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Beautiful 1600 sq ft office in Medford near RVMC
Address is 2937 Siskiyou Boulevard
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DENTAL CLASSIFIEDS

ASSOCIATES WANTED

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, 401 K, CE allowance. Contact Megan Urban at 503.830.5765, megan@omni-pg.com (OD116)

Associate dentists or Partners! Great opportunities in beautiful Pacific Northwest. Select the option that works best for you-associate or partner. Enjoy doing dentistry and leave much or all of the headaches to the experts. Contact megan@omni-pg.com, 503.830.5765. (OD138)

PRACTICES FOR SALE

Mostly fee-for-service, well-maintained, long-standing dental practice for sale in Salem. 4 ops with room to lease more. Last 2 years collections averaged over $550,000 with 30% hygiene. Most endo, implants, oral surgery, removable, ortho and perio referred out. Great opportunity to grow this solid practice. Contact megan@omni-pg.com, 503.830.5765 (OD142)

Beautiful Clackamas dental practice for sale. 5 ops, CBCT. 2019 collections around $1.0M and adjusted net income 50%. Building can be purchased. Contact Megan@omni-pg.com, or call 503.830.5765 (OD143)

Coos Bay Area Dental Practice and Space For Sale Long time reputable dental practice collecting over $680,000 with 43% operating income. 3 ops. 33% hygiene. All endo, ortho, 3rd molar ext, and perio surgeries referred out. Contact Megan@omni-pg.com; 503.830.5765. (OD135)

General Practice and Condo for Sale on Southern OR Coast. This practice was established over 35 years ago. The area boasts awesome outdoor activities at the beach and world class golfing. Working 3 days per week and collecting over $640,000. No OHP. Refers out molar endo, 3rd ext, perio, so room to grow. Condo space also for sale. Contact megan@omni-pg.com, 503.830.5765. (OD144)

SE Portland (Gateway) Practice For Sale. 2014 remodel, 1440 sq. ft. 3 ops, room for one more. On track to collect about $487,000. Great opportunity to grow, as endo, OS, removable, implants and implant restorations, & ortho are all referred out. Contact megan@omni-pg.com, 503.830.5765. (OD137)

Dental Practice for Sale in the Gorge - Enjoy the lifestyle of the Gorge with Cascades, Columbia River, and wineries. Well-established practice with collections over $800,000, low rent, clean AR, CBCT, new computers. Contact Megan@omni-pg.com, 503.830.5765. (OD139)

SPACE AVAILABLE

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 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.

Dental building for sale in southern Oregon. 1200 sq. ft., 3 op building available in beautiful rural area near CA. Very few other dentists in this area. Contact Megan Urban for information: 503.830.5765; megan@omni-pg.com. (OR104)

Central Oregon Coast Veterinary/Medical building for sale, 3850 sq. ft. Prime location for any commercial business! High traffic flow, convenient parking, solid brick built, ample storage room, territorial views out back. Beautiful coastal community. Open to offers. Contact Jim at jim@omnipg-vet.com or call 877.866.6053 ext 2. (OR103)

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