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OrMOM 2015 treated 1,090 patients over two days in November at the Oregon Convention Center.

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Membership Matters
Volume 21, Issue 8 • January 2016

Membership Matters is a monthly 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.

Membership Matters
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Dentist Health & Wellness Hotline: Support for a dentist in crisis, regardless of membership status: 503-550-0190

Hillsboro dentist, Dr. Greg Hartman, treats a patient at the 2015 Oregon Mission of Mercy in Portland.

Dr. Peterson retires from the DFO Board of Directors after a lifetime of service

Dr. Ramos organized a fun run in Prineville to support the Tooth Taxi

In your practice:
Learn about Oregon’s new statewide sick leave law

Oregon Dental Conference
ODC Speaker Highlight Sedation in dentistry
ASDA Vendor Fair
Dental Foundation of Oregon
Classifieds
THE NEED FOR AN ASSOCIATION MADE UP OF ACTIVE MEMBERS TO REPRESENT THE DENTAL PROFESSION was made evident at the American Dental Association House of Delegates in Washington D.C. this Fall. It would be delusional to not acknowledge that members question the financial cost of being a member of the tripartite system, and non-members have cited cost as the reason for not joining. Herein lies the problem; it is not that membership is too expensive, it is that dentists don’t realize the value and importance of membership.

What if your state dental board passed new regulations that would severely impact how you practiced dentistry? Specifically how you use moderate sedation in your practice. When you call the Board to find out why they made the changes, they state that they made their decisions based on policy approved by the ADA. The worst case scenario is that you discover that the staff at the ADA came up with a policy with input from a few dentists. Luckily what happened in Washington D.C., at the ADA House of Delegates was a demonstration of the importance of participation by active members. Resolution 77 would have made significant changes to the “ADA Sedation and Anesthesia Guidelines and the Teaching Guidelines.” If the delegates had passed the resolution, then the continuing dental education in the guidelines for moderate sedation would have increased from the recommended 24 hours to 60 hours. There were other changes as well, in regards to assessment of the patient, and also for patients under the age of 12.

This editorial isn’t about whether the proposed new guidelines were correct or not; this is about why it is important to have a member-driven association. As painful as the House of Delegates process was at times, it does work. So how does a resolution become a policy? The process starts at ADA Council on Dental Education and Licensure (CDEL), which is made up of ADA members as well as ADEA and ADDR members. Under that council is the Committee on Anesthesia which is also made up of ADA members. The Committee on Anesthesia crafted new guidelines which were then approved by the CDEL and moved forward to the ADA Board of Trustee as Resolution 77 (revision of Guidelines for the Use of Sedation and General Anesthesia by Dentists and

As a member of organized dentistry, you play a role in SHAPING POLICIES THAT AFFECT HOW WE PRACTICE DENTISTRY. The Guidelines for Teaching and Pain Control...) The Board then forwarded the resolution to the 2015 House of Delegate for debate and a vote. We all are clear now to see how ADA policy is set, right?

What transpired at the House of Delegates was what amounts to hours of debate in regards to the resolution. A town hall meeting devoted exclusively to the resolution, a lively reference committee debate, and then more hours of discussion in each of the 17 ADA district caucuses. Over 400 delegates and an equal number of alternate delegates deliberated over the resolution. What happened when it finally came time to vote? It was referred back to the council for reconsideration and revision. It will be presented again to the House of Delegates in 2016.

As arduous as the process was, it was very democratic; ADA guidelines were vetted by a representative group within the association. The guidelines are being crafted by dentists, not by staff. When the guidelines were forwarded to a larger body of members it was evident that maybe not all the guidelines were palatable to enough of the members. So our representative body voted by a majority to send the resolution back for revision, and it will be presented for another vote at the 2016 House of Delegates.

By not being a member of the ADA, some dentists are leaving it to others to represent their best interests. The reality is that state boards and other regulatory agencies do use ADA policy as a guideline for rules and regulations that can and do affect how we can practice dentistry.

You can choose to leave that policy up to others to decide, or you can be a member of the ADA in order to shape those policies. That is where there is huge value to being a member.

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 are subject to change. Please consult the sponsoring group to confirm details.
To add your component’s continuing education event, please email bendsalari@gmail.com.
Please send all other events to Cassie, cleone@oregondental.org.

February 2016
- Continuing Ed., 6 Hrs: “Contemporary Esthetic Dentistry,” Presented by Roberto P. Macedo, DDS, PhD.
  Fri, Feb 5, Valley River Inn, Eugene. Info: www.landelindsay.org/programs.
- Continuing Ed., 1.5 Hrs: “Cardiology & Dentistry,” Presented by Priya Kansal, MD.
  Tues, Feb 9, Roth’s, West Salem. Info: www.mpdentalce.com.

ODA Board of Trustees Nominations
Nominations are now open for the following offices, to be elected by the ODA House of Delegates, Oct. 7.
- LDC (three positions, 3-year term)
- BOT At-Large Member (three positions, 4-year term)
- Speaker of the House (3-year term)
- Editor (3-year term)

All ODA members are encouraged to participate in the leadership of this organization. For more information about any of these positions, call 503-218-2010 or email cleone@oregondental.org.

Interested applicants should submit a letter of interest and a one-page resume, by the deadlines listed for each position.
Email your materials to leadership@oregondental.org, or mail to: ODA Leadership Development Committee, Jim Smith, DMD, Chair, Nominating Sub-Committee
PO Box 3710, Wilsonville, OR 97070

March 2016
- ODA Board of Trustees Meeting:

April 2016
- ODA Board of Trustees Meeting: Sun, April 10, DoubleTree, Portland. Info: 503-218-2010.

May 2016

June 2016

September 2016

October 2016

November 2016

2015–2016 Board of Trustees

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- Maureen Gierucki DDS, Harrison, MI

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Twenty-seven (or so) reasons to Love Dentistry Right Now

Earlier this year, I was reading an article in the Willamette Week titled “Twenty-seven Reasons to Love Portland Right Now”. As a happy 6-year resident of Stumptown, PDX, River City, or whatever your favorite moniker for Portland is, I didn’t find it hard to buy into this list and even come up with a few reasons of my own to add. Even the most die-hard of Portlandia-hating Oregonians would surely find a few items on the list to love about our state’s largest city. And so that article got me thinking.

If we can come up with a list of 27 things to love about Portland, then it should be a piece of cake to come up with a similar list of things we love about the dental profession. After all, dentistry is way too hard a profession to do it and not love it. And so with that spirit in mind, I present to you the list of 27 (or so) things to love about dentistry right now.

 Cast Gold
All patients want tooth-colored restorations and the price of gold is sky high, so cast gold restorations are dead, right? I suppose it depends on your point of view. When the DL cusp of a short lower second molar breaks off, there is only a small occlusal amalgam in the tooth, and the patient is a bruxer who wants longevity over esthetics, what restoration is better than a cast gold onlay? Need more convincing? What material would dentists choose in their own mouths?

 Endodontists
It’s 3 PM on a Friday afternoon and you’re trying to get out of the office early to kick off your weekend fly fishing on the Deschutes. Just then, one of your favorite patients walks in with a toothache in #15. You take a radiograph, determine it needs endodontic treatment, and see three, maybe four, canals and a severely distally curved root. Which are you going to pick up: your handpiece or the telephone? And for the endodontist who bailed you out, stayed late on Friday for your patient, and then handled their emergency call on Sunday morning, don’t forget to bring him or her a few steelhead filets from your weekend haul (or if you caught zilch, the best bottle of Dundee Pinot you can afford).

 Ceramics
All patients want tooth colored restorations and the price of gold is sky high, so all ceramic restorations are the material of choice, right? I suppose it depends on your point of view. It’s tough to keep up with all the options for ceramic restorations today. Zirconia, lithium disilicate, monolithic, layered, milled, pressed? While confounding, the good news is that there is an option for almost every situation. With esthetics and strength improving with every passing year, and data now available showing longevity comparable to metal based restorations, is there any reason to consider anything other than ceramics? (See Cast Gold!)

 The Oregon Dental Conference (ODC)
World class continuing education, an extensive exhibit hall where you can see and hold the latest dental products, camaraderie with your colleagues from all over the state, and the chance to write off a weekend in Portland (you better make your dinner reservations at Ava Gene’s, Grüner, or Beast well in advance!). Why wouldn’t you take advantage of the Pacific Northwest’s best dental conference?

 The ADA
Criticize the ADA all you want, but simply said, the ADA is the embodiment of the dental profession. They represent you to the world in many positive ways whether you’re a member or not so if you’re not a member, shame on you. And if you are a member, and think the ADA needs to do things differently, get into leadership and make the changes yourself. You are the ADA, and the ADA is the reason we are able to practice dentistry the way we do today.

 Implants
Oh osseointegration, how do we love thee, let us count the ways. 1) No grinding down of perfectly good teeth adjacent to an edentulous space. 2) Not having to say “removable” to a patient ever again. I guess we don’t have to count any higher than 2, do we?

 Dental hygienists
In case you haven’t noticed, today’s dental hygienists are better than you are at cleaning teeth. Oh and by the way, they know that we don’t say “cleaning teeth” anymore. They are also trained to evaluate the patient’s periodontal condition, discuss treatment, identify restorative treatment needs and help us treatment plan. Sure they want to be paid handsomely, but with all the extra money you’ll be
In My Opinion

making doing the restorative treatment they are finding for you and not prophies, you can and should pay them.

➢ Oregon Board of Dentistry
No it’s not a typo or a mistake that the OBD made the list. Not picking on Oregon, but all state dental boards are like the J.R. Ewing of the profession—the guy we love to hate. What you may not realize is that in its mission to serve and protect the public, the Board actually helps dentists. Of the 250–300 cases that are opened annually by the Board, surprisingly only about 15% of cases result in disciplinary action! That means 85% of the cases are dismissed. Furthermore, there are members of our profession on the board—good, hard working members. And who would you rather have directing the process when a patient makes a complaint, these colleagues or the patient’s attorney?

➢ Oral Pathologists
Dentists unanimously are thankful to have escaped Oral Pathology class in dental school, and even more thankful to have passed the OPATH section of the National Boards. A slightly smaller number—say 99.5%—were really thankful that we never had to look at another slice of stained tissue and tell with any certainty whether it was a giant cell granuloma, an ossifying fibroma or a compound odontoma. What on earth, then, would possess the other 0.5% to declare, “I want to identify pathology in tissue specimens for a living!”? We will likely never know the answer to that. To do so would be to understand the mind of an oral pathologist, a task as daunting as understanding string theory. One thing is for certain: we’re eternally grateful oral pathologists exist, so we can sit our patient down and tell him with confidence that the bump he had cut off his tongue last week isn’t cancer.

➢ CAD/CAM
Remember 15 or 20 years ago, the first time we saw a CAD/CAM unit take a digital impression and mill a restoration in a half an hour. We no doubt said that’s the coolest thing ever, even as we assumed that the restoration it was churning out was just a glorified provisional. But those restorations have turned out to no be just glorified provisionals, and the research is showing this. On a daily basis, CAD/CAM doubters are becoming believers. So it looks like we’re back to CAD/CAM being just the coolest thing ever.

➢ Dental Assistants
Dental assistants do way more than we realize, on a regular basis. But if you need a simple way to remember how grateful you are for them, try doing four-handed dentistry two-handed…while running a load of instruments through the sterilizer. Then clean up after yourself.

➢ Our Patients
The reason we do what we do. They become more than the people we treat. They become the family who give us the privilege to care for them.
What would you do with 23 extra days?

Digital Impressioning is changing the face of dentistry and giving you more time to do what you love...

In a statistical analysis, dental practitioners and researchers determined Digital Impressioning can be up to 23 minutes faster than conventional impressions, when taking the total time needed for preparation and clean up into consideration.*


What is Digital Workflow Worth?

Save 23 minutes per impression

$23 minutes x 2 impressions per day = 46 minutes saved

$23 minutes x 240 workdays a year = 11,040 minutes saved

11,040 minutes / 60 = 184 hours saved

184 hours / 6 hour workdays = 23 DAYS

The average cost of Digital Impression materials + trays according to the ADA = $30 per impression

The average practice performs 2 impressions/day = 40 per month

Material costs saved by using Digital Impressioning = $1,200 per month savings

$1,200 savings per month x 12 months = $14,400 a YEAR

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Membership Matters is seeking your assistance!
In an upcoming issue of Membership Matters, we will be celebrating the 150th Anniversary of the ADA’s Principles of Ethics and Code of Professional Conduct. We are seeking contributors who would like to write an essay (maximum word count 600) about ethics and/or professional conduct.

Join the Molar Movement
#FightEnamelCruelty
Post your photos to Facebook or Twitter and tag the ODA, and you may be featured in a future Membership Matters!
For more information, or to email your photo to us, contact ODA Membership Specialist Kristen Andrews at 503.218.2010 x110 or kandrews@oregondental.org.

Leah Hickson, DMD, and John Robinson, DMD, show their respective school and ODA pride at the 2015 Civil War at Autzen Stadium in Eugene, Oregon.

Need a Scarf?
Call ODA membership specialist, Kristen Andrews, at 503.218.2010 x110.

Want to see your picture here?
Email kandrews@oregondental.org.
Compliance Corner

Anesthesia Rule Changes

Are there any new rule changes regarding anesthesia that took effect this year?

The Oregon Board of Dentistry voted to make seven rule changes to anesthesia, effective January 1, 2016.

1. Presumption of Degree of Central Nervous System Depression (818-026-0020)
2. Nitrous Oxide Sedation (818-026-0040)
3. Minimal Sedation Permit (818-026-0050)
4. Moderate Sedation Permit (818-026-0060)
5. Deep Sedation (818-026-0065)
6. General Anesthesia Permit (818-026-0070)
7. Office Evaluations (818-026-0110)

Lori Lambright
ODA Member
Compliance Coordinator
503-218-2010, x104
llambright@oregondental.org

Find this information online at: http://bit.ly/ODAcompliance

View the details of these changes online:

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We are proud to be an equal opportunity workplace.
Giving back within your profession

Being a member of the ODA makes it easy to give back to the community through your profession. Whether by hosting projects like Oregon Mission of Mercy, by connecting our members to affiliated groups that provide care, like the Tooth Taxi, or by connecting local dentists with projects in their own communities, organized dentistry has a long history of giving back.

Oregon Mission of Mercy
www.oregonmissionofmercy.org
Mission of Mercy is a dental clinic with portable dental stations set up in a large public arena. Dental screenings and services are provided on a first-come, first-served basis, at no charge to those who attend. MOM combines the donated services of hundreds of dentists, dental hygienists, dental assistants, dental lab technicians, and an array of other volunteers to provide these free dental services.

Dental Foundation of Oregon
Tooth Taxi
www.smileonoregon.org
The Tooth Taxi is a 38' state-of-the-art dental office on wheels with two dental chairs and a full-time dentist and staff. It visits schools throughout Oregon to provide free dental care and oral health education to uninsured and underserved children.

MTI Mobile Dental Program
www.medicalteams.org
The Mobile Dental Program provides free or low-cost urgent dental care services to patients who lack dental insurance or any realistic way to pay for dental treatment. Fully-equipped vans are staffed by licensed dentists, hygienists and dental assistants who generously volunteer their time, MTI partners with over 300 community partners to arrange urgent care dental services.

Compassion Connect
www.compassionconnect.org
A Compassion Clinic typically offers medical, dental, and chiropractic care. Certain clinics may also provide vision and other forms of physical care such as foot and nail care. There are also social service fairs where organizations and churches are able to network with guests to show what is offered in the area.

Give Kids a Smile
www.adafoundation.org/give-kids-a-smile
Many of ODA’s local component societies host Give Kids a Smile events every February in honor of National Children’s Dental Health Month, reach out to see what your local component is planning.

We work hard to raise awareness of the great programs dentists participate in, in addition to the free care many of you provide in your own offices.

Please consider helping the ODA collect that information by reporting your charitable care with our anonymous Charitable Care Reporting form.
Continuing the tradition of service

Since 2010, Oregon Mission of Mercy events have provided over $5.5 million in free dental care to nearly 9,000 patients.

By Melody and Barry Finnemore
Volunteers for Oregon Mission of Mercy turned out in force November 23 and 24, as they have done each year OrMOM has been held since 2010. Hundreds of dentists, hygienists, assistants, lab technicians, translators and an array of other volunteers gathered at the Oregon Convention Center in Portland to provide free dental care to people who cannot afford treatment.

The marked difference this year was the decrease in the number of patients, but that lower figure created an unexpected opportunity to perform a greater number of procedures for many patients, organizers said. Even with fewer patients, volunteers provided 1,090 people with $857,092 worth of free dental care—making longtime leaders and volunteers such as Weston Heringer Jr., DMD, pleased that so many received such an extensive array of care.

The 6,519 procedures performed this year included cleanings, endodontic treatment, lab work, oral surgery, restorative care and X-rays, as well as oral exams, fluoride varnish, medications and other services.

Among them was Daniel Gallagher of Portland, who attended the event’s first day and received four fillings. He also had two teeth pulled and replaced with temporary partial dentures. He planned to return the following day for additional work.

Gallagher said he had a negative experience with a dentist three decades ago and suffered the consequences ever since, ranging from pain from abscesses to embarrassment about decaying teeth. But the MOM event turned all that around to the positive.

“Thank you for bringing back my smile.”
—Vincent, Happy Valley

“This event was a blessing to me. I thank all the staff, volunteers, and donations that made this possible.”
—Anna, Portland

“So blessed to have this service. All staff was very kind and professional. Thank you!”
—Kathy, Portland

“On a very small fixed income on Medicare disability with no dental coverage, my treatment has gone by the wayside. I cannot tell you or thank you enough for your generosity and help. Thanks all of you!”
—Patty, Tigard

“Great program. Wonderful volunteers. Wonderful services.”
—Laurinda, Walla Walla

“This was a true blessing. Everyone was amazing. Thanks to all the doctors and volunteers.”
—Ashley, Portland
“I get to smile again for the first time in 30 years,” he said. Gallagher’s sister, Beverly, noted that both she and her brother benefited from the kindness and expertise they experienced during MOM. “It will help him (Daniel) because he doesn’t want to smile. He has social anxiety issues and it took quite a bit to get him here, but every single person here was awesome and compassionate,” she said.

Beverly Gallagher said her dental insurance did not provide coverage for extractions or a “flipper,” and poor dental health had a far-reaching impact on the life challenges she was experiencing. “I had a big custody hearing and I was looking for a job and I was missing a tooth. I didn’t want to go to court with a missing tooth,” she said, adding she had a cleaning and two teeth pulled and replaced during MOM.

Before MOM, Sandi Martin of Portland had a tooth pulled but not replaced. At the convention center, she received a partial denture—and restored pride in her smile. “It bothered me and the holidays (were) coming up. I had braces when I was younger and my teeth were perfect. Then I lost my dental insurance and I started having problems,” she said.

For some, the MOM events are the only place where they receive oral health care. For others, it is a critical supplement to their care.

Bill Jordan, DMD, who was volunteering with his wife Janet, said he’s donated his time and expertise to all of the Portland MOM events, saying his motivation derives from his Christian faith that calls him to love his neighbor. “It’s a joy to serve,” Dr. Jordan said, noting the camaraderie among volunteers. “We all know we can count on each other.”

This year, MOM was a one-stop shop for families, as the event’s dental vans served children and their parents simultaneously. The Dental Foundation of Oregon’s Tooth Taxi and Medical Teams International had vans at the MOM event. Children went to the two vans designated...
for pediatric care, while the adults were treated in the two other vans.

“It fast-tracked the parents because they could get their treatment at the same time,” said Andrea Beltzner, DMD, who worked in the “Kids Town” area.

Dr. Beltzner has volunteered for three Portland MOM events. This year, her youngest patient on the first day was three years old, and it was the child’s first visit to any dentist; the youngster had one tooth pulled and another filled. Dr. Beltzner said it was heartening to see the entire dental community come together to serve.

“It’s fun to be a piece of that, to care for people who wouldn’t get care,” she said.

Hai Pham, DMD, agreed, calling the opportunity to volunteer at MOM “humbling.” Citing the need, he recalled that last year a patient bicycled to Portland from Seattle for care.

“It’s very humbling and it’s such a privilege to be here,” said Dr. Pham, who has volunteered at two Portland MOM events and one in Salem. “These people get up early and take the day off from work to come here. And it was cold last night and this morning.”
Derrick Luksch, CDT, owner of O’Brien Dental Lab Inc., which had eight employees serving as MOM volunteers, said his staff looks forward to the event, in part because they have the rare opportunity to meet the people they help. He’s seen MOM patients cry tears of joy because of the care they’ve received.

“For (O’Brien employees), that’s what makes it for them,” said Luksch, who has volunteered at the event each year since it started. “[They] sit in a room every day working on cases that change people’s lives, but they never get to see it. Here we always have these monumental, life-changing cases.”

As at past OrMOMs, November’s event included outreach to various ethnic groups, with interpreters helping those who spoke numerous languages negotiate the many stages of care. Scores of patients filled out comment cards, noting everything from the compassion of volunteers to how positive their overall experience was.

Melody and Barry Finnemore are freelance writers for ODA and partners in Precision Communications. They can be reached at precisionpdx@comcast.net.

There’s more OrMOM on the next pages.
Oregon Mission of Mercy 2015

1,090
Patients treated

$857,092
Value of care provided

$786.32
Average value of care per patient

6,519
Total procedures

540  CLEANINGS
57  ENDODONTIC CARE
108  LAB WORK
901  ORAL SURGERY
948  RESTORATIVE CARE
1,713  X-RAYS

Total procedures also includes oral exams, fluoride varnishes, medications, and other services.
Thank you to all MOM supporters!

80 people
Traveled more than 50 miles to get to OrMOM

59 patients
had NEVER been to the dentist before

Of the 461 patients who were in pain before coming to the clinic,
259 patients had been in pain for 6 months or more

85% of patients had NO dental insurance
Giving Back
The Most Powerful Marketing Tool

By Anthony Ramos, DMD

You have more to give than just dentistry.

Ever wonder what “giving back to your community” really means? Is it giving money, or time, or service? Does it mean making a contribution without expecting a thank you, or expending personal time at meetings to discuss next year’s “pet parade”? How do you do something meaningful and fulfilling within your scope of knowledge and budget? Why give back at all when you don’t feel appreciated? Why give back if you’re not being supported?

The answer... You are a LEADER, you are PRIVILEGED, and it is your DUTY... and by the way, giving back is your lifeline to a meaningful and prosperous future.

There is no denying the efficiency and power of social media. However these technologies are becoming impersonal as they become ubiquitous. We all truly seek the same thing - genuine care and personal touch. You and your business will thrive when you support your community in a meaningful and personal way. People will literally line up to see you as their dentist if you show you care and are serving the greater good, and I don’t mean by writing a check. Giving back is personal, it is action, and it is the analog solution to a digital problem. The trick is maximizing the impact of your gift.

STEP 1. Ask yourself what you truly enjoy doing for fun or what you are involved with outside of the office.

STEP 2. Explore ways you can share your passions with others.

STEP 3. Throw a fun community event for a cause.

Give your community something it desperately needs: leadership in face-to-face interaction, hand-in-hand cooperation, human touch, and tangible fun. Get out of your comfort zone behind your loupes and step into your running shoes, or a costume, or anything besides your scrubs. Organize a thoughtful community event, and show that dentists are more than tooth nerds, sadists, or lion hunters. We support a broader purpose, community health, and the greater good. We respect our position in the community and use our influence to positively impact families and youth. We are healers and givers.

This is who the community wants to support. We need to be the professionals that our community wants to support.

Here is an example of such a community event: “The Prineville Paddy Pint Run.” I enjoy running, so we put together a simple fun run. Now, is this event unique? Hardly. However, this is a smaller town, with a big need for fun. (Your towns’ need may be different).

To maximize the fun, we choose St. Patrick’s Day, and encouraged costumes. We invited other businesses to participate to maximize involvement. Finally we chose a cause: support for the Tooth Taxi and the Dental Foundation of Oregon. We used a Facebook post to advertise our event and let the magic of word-of-mouth do the rest.

With minimal effort, in one year, we jumped from 50 participants to a modest 220. The buzz and excitement of the event seemed to snowball as the date approached. The Zumba-style warmup was hardly needed to put this raucous race crowd into a frenzy. We did not understand how much the community appreciated the event until the following weeks/ months when the office phone seemed to ring incessantly. These people couldn’t care less how clean I cut a proximal box, or the extra time spent shaping a provisional crown.

You have more to give than just dentistry.
But by golly, put on a shamrock vest, tromp through the cold streets, and slug down a green beer in the name of caries prevention, and you’ve got new friends (and patients) for life. Once they tell their friends how well you take care of them in the dental chair, now you’ve got a genuine rodeo in your appointment book. Look your scheduler square in the eye, wink and say, “giddy-up,” because they’ve got some work to do.

Will we do it again? Hell yeah! Will I spend another dollar on other advertising? What do you think?

As a board member of the Dental Foundation of Oregon, I personally invite you to join me in the fight for a healthy community, state, and nation. You have talents, interests, and passions that your community will adore. With help and support from the DFO, we can turn your ideas into reality. We offer sponsorship support, web support, registration pages, marketing know-how, and genuine elbow grease to help get the job done. If you like, you can even join the “Paddy Pint Run” collaboration. We’ll just put your community’s name in front.

You have a more to give than just dentistry. It’s time to show it. It’s time to live it.

Contact the DFO at 503-594-0880 or foundation@smileonoregon.org.
Those of us who came of age in the ’60s have a hard time forgetting the idea that **if we aren’t part of the solution, we are part of the problem.**
Jan Peterson, DMD

Part of the Solution

By Melody Finnemore

For Jan Peterson, DMD, it was never a question of whether she would get involved in organized dentistry, but how much she could do to support it while also running her Corvallis practice and raising a family.

Her father was a physician who was active in professional societies, and her mother was involved in an auxiliary of doctors’ wives. The example they modeled through their commitment to the medical profession encouraged Dr. Peterson to follow suit in her own career.

“I think it’s a way of trying to steer the profession rather than just let it happen,” she said.

Dr. Peterson also realized soon after graduating from dental school that there are many ways a new dentist could get into trouble, ranging from adherence to the Board of Dentistry’s regulations and employment laws to keeping up with advances in dental techniques and learning how to attract and retain patients.

“Organized dentistry—local, state and national organizations, as well as general and pediatric dental associations—filled those needs with meetings, publications, classes and face-to-face contacts with dentists in all stages of their careers, most of whom were happy to share their learning moments,” she said. “As I progressed in my career, it just seemed right to take on some of the work to keep these opportunities available to all in our profession. Those of us who came of age in the ’60s have a hard time forgetting the idea that if we aren’t part of the solution, we are part of the problem.”

Dr. Peterson served as the Oregon Dental Association’s first woman president in 2004, and she has volunteered countless hours to help lead the association. When she retired from her practice, she joined the Dental Foundation of Oregon Board of Directors, which allowed her stay in touch with colleagues while working firsthand to address the issue of access to care.

“I’ve always been interested in access to care, and the Dental Foundation of Oregon really is the profession’s way to direct that. Since it was founded, they’ve given grants for local organizations that provide direct care and education,” Dr. Peterson said.

“The Tooth Taxi was started several years ago, and that’s kind of the poster child of direct care. Even though there are services available to kids, they often can’t be used because parents can’t get off work or don’t have transportation. The Tooth Taxi is great because it goes right to the schools,” she noted.

As a DFO board member, Dr. Peterson quickly learned how important coordination is in ensuring the mobile dental clinic effectively and efficiently serves the many children in Oregon who need free oral health care.

“The Tooth Taxi works because of the Oregon Education Association and Moda Health. Both of those groups have capabilities and insights that we dentists really don’t have,” she said. “The education association can get right into the schools and get help to certain areas. Once that is set up, it takes a lot of investment of time and energy to make sure it keeps going with the amount of enthusiasm and excitement that it started with, and I think that’s important.”

In addition to promoting organized dentistry and improved access to care, Dr. Peterson volunteered on Medical Teams International dental vans twice a month. The vans provide a much-needed service to people who cannot otherwise access dental care, and Dr. Peterson said MTI continues to search for dentists, assistants, and hygienists who can volunteer once or twice a year to staff the vans.

“I had the opportunity to spend three weeks serving native Alaskans in remote villages in the Arctic Circle out of Kotzebue, Alaska. I also helped set up a new dental clinic to serve Medicaid patients when the Affordable Care Act went into effect,” she said.

Though she recently retired from the Dental Foundation of Oregon’s board, Dr. Peterson continues to manage a bustling schedule. She and her husband, Gary, divide their time between Corvallis and Bend. She has joined a master gardener’s group in Central Oregon, which involves providing advice to people about plants that are unique to the region. And, with four grandchildren under the age of 5, family gettogethers are one of the best perks of retirement, she said.

Melody Finnemore is a freelance writer for ODA and a partner in Precision Communications. She can be reached at precisionpdx@comcast.net.
Effective January 1, 2016, all Oregon employers must provide sick leave to employees who perform work in Oregon.

Sick leave must be paid for employers with 10 or more employees (6 or more in Portland). Employees must accrue at least 1 hour for every 30 hours worked, and they must be able to accrue at least 40 hours per year.

Eligibility, Accrual and Pay
Employees begin accruing sick leave immediately, but an employer can require an employee to work up to 90 days before becoming eligible to use accrued sick leave.

Employees must be able to accrue at least 40 hours of sick leave per year at a rate of 1 hour for every 30 hours worked. For employers with 10 or more employees working in Oregon, sick leave must be paid at the employee’s regular rate of pay.

If an employer is located within a city in this state with a population of 500,000 or more (currently only Portland), employers with 6 or more employees—regardless of where in the state those employees work—must provide paid sick leave. For employers with fewer than 10 employees (or fewer than 6 in Portland), an employer must provide unpaid protected sick leave in accordance with the rules of the ordinance.

Employers may cap an employee’s total accrued sick leave at 80 hours.

An organization may not deny the use of sick leave, nor discipline the employee for use of sick leave. That means that the employee still gets to take the time off, and get paid for it (if you are required to offer paid time). It also means that the organization and its managers/supervisors cannot use the absence against the employee under its attendance policy, or interfere/retaliate against the employee in any way for its use. Employers may, however, discipline the employee under your call-in/ notification policies.

Use and Carryover
Employees must be allowed to use at least 40 hours of sick leave per year for any qualifying reason. Qualifying reasons include: the illness or injury of the employee or a family member, any OFLA-qualifying reason, any reason for leave under Oregon’s Domestic Violence leave statute, and certain public health emergencies.

Sick leave typically must be used in increments of no greater than 1 hour, unless it would be an undue hardship. If an employer provides at least 56 hours of sick leave per year, the employer may require use in increments of no greater than 4 hours.

Employees must be allowed to carryover at least 40 hours of sick leave each year, unless an employer frontloads sick leave at the beginning of a leave year and pays the employee for the sick leave that is not carried over.

Notice and Medical Verifications
Employers may request medical verification of the need for leave for absences of more than three consecutive days, or if the employer suspects an employee is abusing sick leave.

Employers may not request medical verifications if leave is being taken for a reason under Oregon’s Domestic Violence leave statute.

For foreseeable leave, an employee must request leave as soon as practicable, but an employer may not require more than 10 days of notice.

An employer may generally require an employee to return the medical verification prior to going on foreseeable leave, unless that is not practicable.

For unforeseeable leave, an employee must request leave as soon as practicable, and an employee has 15 days to return a medical verification after it has been requested by an employer.
Other Provisions

A summary of the other significant provisions of the final rules are as follows:

The definition of medical provider has been synched with OFLA.

Employers who frontload may pro-rate based on hire date. While this provision is not new, the provided example is. For instance, if you frontload 40 hours of sick leave to all employees on January 1, 2016, and you hire a full-time employee on July 1, 2016, you need to frontload only 20 hours of leave upon hire. This seems odd because a full-time employee would accrue more than 20 hours over the course of six months based on the 1 for 30 accrual rate. However, despite this odd interpretation, it is clearly written into the rules, so employers can feel safe making this proration.

Employers may frontload for certain employees and accrue for others, so long as it is based on customary employee classifications and/or length of service.

If an employer’s number of employees fluctuates so that sometimes it is required to provide paid leave and other times unpaid leave, an employee’s right to take the time as paid or unpaid depends on the employer’s number of employees when the time was accrued. For example, if an employer has more than 10 or more employees in January, and an employee accrues 4 hours of leave, that time will still be paid whenever the employee takes it, even if the employer has fewer than 10 employees at that time.

The rule provides examples of how to change from an accrual to frontload system. If you are on an accrual, and then change to frontload, you would need to frontload the difference between 40 hours (or whatever amount of sick leave that you choose to frontload) and what the employee has already accrued.

More BOLI Interpretations

The statute says an employer may cap the total amount of an employee’s sick leave at 80 hours or the employer may cap annual use of sick leave to 40 hours. BOLI has acknowledged that the “or” should not be there. Therefore, it is acceptable to impose an absolute cap on sick leave of 80 hours and have a 40-hour annual limit on use. This means that even if an employee’s balance is 80 hours, you do not have to let them use more than 40 hours.

There has been some confusion about whether an employer is required to carryover 40 hours of sick leave if they frontload. There is a provision of the statute that says to avoid carryover, an employer must (1) pay the employee for any unused hours of sick leave at the end of the year; (2) frontload the employee 40 hours for the next year; and (3) the employee must agree to waive his/her right to carryover. BOLI has taken the position that if an employer frontloads an employee at least 40 hours a year, it does not need to carryover any time, and it does not need to meet the three requirements listed above. Essentially, it is use it or lose it.

Despite BOLI’s position, it is advisable that you still follow the three requirements listed in the statute. BOLI’s position—while it makes a lot of practical sense—does not appear to be supported by the language of the statute. This is important because while BOLI is responsible for enforcing this law, employees can also bring a civil suit for sick leave violations, and their attorneys could make a persuasive argument that carryover must occur unless those three requirements are met.

Transition Pointer

SW Portland Suburb — Collecting about $1,500,000 with an excellent net income. Upscale 3,000 sq. ft. office with 7 operatories. Digital imaging and paperless charting. 37% hygiene, 31% crown & bridge, and 4-5 implant restorations per month. Dr. relocating.

Lake Oswego — Collecting about $600,000 with excellent net income. Nicer 1,350 sq. ft. office with 3 operatories. 50% hygiene and exams. Dr. retiring.

Lake Oswego/West Linn Area — Collecting about $700,000 with good net income. Five plus Pelton & Crane and Adoc equipped operatories in a 2,400 sq. ft. office. Fully computerized with digital imaging and paperless charting. 40% hygiene and exams. Dr. retiring.

Woodburn/Silvertown Area — Collecting about $750,000 with good net income. Modern, up-to-date 3,000 sq. ft. office with 6 Adoc equipped operatories. Digital imaging and charting. 39% hygiene and exams. Nice location with excellent visibility to traffic flow. Dr. relocating.

Salem — Collecting $650,000 with excellent net income. Modern, up-to-date 2,100 sq. ft. 4 operatory office with excellent visibility to high traffic flow. 60% hygiene and exams. Most endo and oral surgery referred out. Digital imaging. Dr. retiring.

Roseburg — SALE PENDING Practice collecting $500,000+ on three days per week.

Southern Oregon — Practice collecting almost $1,000,000. High visibility traffic location, 4 operatories. 40% hygiene, no endo. Digital x-ray. Buyer not after debt service over $300,000.

Astoria — SOLD Collecting $420,000 with good net income. Dr. retiring.

Perio Practice Hawaii — Exceptional ocean views from operatories. Contact me for details.

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Modern dentistry. With its biomaterials, advanced implant techniques, cosmetic emphasis, state of the art laboratory procedures, beauty, function, pain control, pharmacology, drugs, patient management, smiles, local anesthesia sophistication, products, adjuncts, medical wonder drugs ... is one any more important than the other? Yes. But it’s not in this list.

We dentists, dental hygienists, expanded duties practitioners, dental assistants, office managers, registered nurses must never lose track of the fact that we are treating real people—not actors, in TV commercials. Dentists approach me at the podium, by e-mail, or at a reception and they state something like:

“I've never needed to use sedation for my patients. I'm a gentle, patient, communicative person and use tender loving care (TLC) to get my patients through.”

To get them through? That’s the key phrase.

“I've only ever referred one difficult-to-manage child in 30 years of practice.”

That’s admirable. Sooner or later if an individual practices long enough, a patient has an indication for referral.

“I have a lot of senior citizens in my practice with a variety of heart problems, diabetes, and physical and mental challenges. They just don't need sedation.”

The stress of a dental appointment and myocardial compromise don’t go well together. Cardiac patients, high blood pressure individuals, and, of course the apprehensive patient, benefit from a reduced stress level.

I’m not here to sell sedation. I don’t need to. Some 85 million Americans avoid the dentist out of dread, according to the Journal of the American Dental Association (JADA). The ADA has stated that a significant percent of the population still avoids dental treatment due to fear. It’s ranked up there with public speaking, heights, flying, snakes, claustrophobia and crowds. As with any therapeutic treatment modality, patient management by sedative inhalational gases, oral or IV medications such as midazolam (Versed®) will or could help the patient feel better towards dentistry, help the appointment time pass faster or provide memory gaps of points in the appointment which really don’t need to be remembered.

Dentists who use sedation say it may be the only way to get certain patients into the dental chair at all. Moms and Dads who parent uncooperative, caries-ridden children say it may be the only way their child can be managed. So how does a practitioner deal with the major disadvantages of oral sedation, namely the “guessing” at a dose because titration is impossible. What if you’re wrong? How does one minimize the time of onset? Doesn’t waiting for it to work just exacerbate the already existing apprehension?

Minimizing the Oral Route Disadvantages

How do you choose a dose? The first appointment is, in part, a guessing game but the guesswork can be successfully reduced by employing a few practical (and rational) rules.

Adult Dose Determinates:
1. Level of apprehension
2. Drug experience, prescription drugs, OTC medications (e.g. cough medication DM), tolerance, dependence, chronic prescribed medications (benzodiazepine history), liver enzymatic induction.
3. Age (If patient is a child, then body weight becomes the primary dose determinate.)
5. Difficulty of dentistry
6. Time required (appointment length)

What to use, and effects thereof:
Using a prototype: Triazolam, Halcion®, these are our primary therapeutic effects (desirable):
- Anxiolysis
- Mild, pleasant sedation --> euphoria
- Amnesia as dose increases, usually around level 2
- Muscle relaxation also varies as to the benzodiazepine choice

Amnesia is Conditional!
What do I mean “amnesia is conditional”? Isn’t that why a benzodiazepine is administered? Yes, but there are two overriding events that negate amnesia: trauma/pain and audio comments.

In other words, anything that stimulates a physical reaction (pain) or emotional reaction (anger, envy, insult) from the patient, for example:

- Elevating a lower third molar which is not adequately anesthetized. “It’s just pressure, it’s just pressure”, while thinking, “they won’t remember it anyway”. That’s not true. It hurts and they do remember it.
- “Don’t you love my new Porsche? I’m going to Hawaii for a month”. Don’t say it!

**Patient Consent**

There are many consents out there and sedation consent forms yet one more category. The first interview question should be, “Is English your first language?” or “Is English your preferred language of discussion?” If it’s not, it will be a very short appointment, ending now, for today. They must then arrange to bring an interpreter for the consultation and consent appointment.

I have experienced occasions, where, during a consultation I believed that a patient while nodding “yes” at almost every point, and ultimately had understood virtually nothing! Their first language was an East Asian dialect.

The most important point after communication confidence has been established is for the patient to 100% understand: They are not to drive a motor vehicle, operate machinery or use sharp objects (i.e. in the kitchen, for example), and not to make any important decisions for 24 hours. Yes, they may go back to work, but must sign off on the above!

The most important points for the dentist to adhere to are:

- Although the initial question and answer format can initially be conveyed in the printed word, consent must be discussed verbally with an adequate time allowed for questions and answers. Note that obtaining consent is not a single event, but rather a process that occurs over time.
- You must get consent prior to administering the oral sedative. You cannot operate on the belief that because the onset of the drug effects will not occur for a few minutes, “we may as well not waste time”. Why must you do all the consents first, and then administer the tablets/pills/capsules, and then wait even longer? Answer: Because you must.

- **Never** change the treatment plan while the patient is under the influence. For example, patient consented for you to initiate endodontic therapy on a tooth, then see what happens. Instead, you find a crack, determine that the tooth is obviously doomed. You may not take it out without permission, or with “permission” from the intraoperatively sedated patient, or even worse, you may not get permission from the spouse, which, of course, is not permission at all.

**Fees, Values, and Responsibilities**

What is the criteria for assessing a professional fee for the reimbursement of a 25¢ tablet (or two or three)? Of course, this is not about the cost of the medication. It is very much about the education and expertise of the dentist, the time and money expended to do so, the responsibility of administering and monitoring the drugs involved, pre-op and post-op, the ability to manage side effects including a medical crisis, the challenge of managing not only an uncooperative child but also a parent or guardian who may be equally as challenging, demanding or skeptical. In other words, “What’s it worth?”...or “Should it be free as it simply allows the dentistry to be more efficient?”

**In Conclusion**

Sedation is a wonderful adjunct to the practice and delivery of modern day dentistry. Not only is the apprehensive individual a prime indication for consideration, but also longer, more sophisticated and intricate procedures necessitate a cooperative and relaxed patient. The relaxed dentist and dental office environment form the third point of the treatment triangle and as a comprehensive treatment plan is extended to our patients, perhaps a comfortable, safe, and time-efficient consideration should be offered simultaneously.
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- Are you having trouble finding and training the right team?
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- Are you frustrated with the direction Dentistry is going & need help?

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Dear Doctor,

If you answered “YES” to any of the quiz questions, take action now to request your FREE, no-obligation copy of “The Starting Secret Consultants & Industry Gurus Hope You Never Learn.”

This free report is a shocking exposé on how an industry has turned on its own, feeding off the struggling solo practitioner. More than just exposé, inside this special report you’ll learn how to battle back and retain your autonomy. Plus, ways to position your practice to survive and thrive despite the commoditization challenges we’re all facing.
Membership Manager, Kristen Andrews, used the ODA table at the 2015 ASDA Fair in November, to teach students about the benefits of membership through a fun trivia game!

The class of 2019 took home glory after an intense final battle with the class of 2018!

Can you answer these ODA trivia questions correctly?

How much of a discount do dental students in their first year out of dental school receive from the ADA?

- a. 25% discount
- b. 50% discount
- c. 75% discount
- d. 100% discount

How many courses does the Oregon Dental Conference offer?

- a. 50
- b. 60
- c. 70
- d. 80+

If you answered D for both, you are correct!

The OHSU School of Dentistry can be found online at www.ohsu.edu/sod.

OHSU ASDA is on Facebook: www.facebook.com/ohsuasda
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DFO’s Annual Giving Campaign gives Oregon’s children something to smile about.

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Together with your help, we have:

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- **Screened over 17,000 children**
- **Given over $5.2 million worth of value in free dental services**

**Total Raised**
$137,371!

We exceeded our initial goal of $125,000!

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GENERAL DENTIST ASSOCIATESHIP FOR 2 DAYS A WEEK, if you have worked for a corporate dental practice and want to transition to private practice, we can help you make the change you have been waiting for. If you just purchased a new practice and want to supplement your income and earn great $, work with awesome people and learn management skills/practice development we will help you gain that knowledge. Email for an interview. Desired exp. 2-10 yrs. Office locations: Salem and Sherwood. Questions? Email: wscott@wscott.com

PRACTICE IN LINCOLN CITY OREGON SEEKING ASSOCIATE DENTIST 32 HOURS/WK. Pay to be 35% of production. Minimum one year work experience required. Please e-mail resume to: jimransom2@yahoo.com

THE NATIVE AMERICAN REHABILITATION ASSOCIATION (NARA) IS PRIVATE NON-PROFIT that provides culturally appropriate physical and mental health services and substance abuse treatment for American Indians, Alaska Natives and other vulnerable peoples. We are seeking motivated and dynamic individuals who preferably have prior experience with Native American communities/people and vulnerable populations. We have an immediate need for an experienced Clinical Dentist. RESPONSIBILITIES: Ensures culturally appropriate dental services; Maintains relationship with the 9 Oregon tribes, other tribes across US, and other healthcare entities; Ensures Native community’s involvement in program design and operation; Represents NARA as needed; Participates in agency events; Develops and implements integrated system of care for dental services; Works collaboratively with all components of NARA; Ensures dental programs meet client needs; Ensures client utilization of services is appropriate; Develops/monitors client outcomes; Ensures consultation between all disciplines and external sources. REQUIRED QUALIFICATIONS: A Doctor of Dental Medicine degree or a Doctor of Dental Surgery degree accredited university; Valid license to practice dentistry issued by State of Oregon. Have or be able to obtain a Controlled Substance Registration Certificate; One year of dental clinic or professional work experience. To apply, please respond to this posting with your cover letter, resume, and salary requirements to jobs@naranorthwest.org or by fax to 503-224-4494. Requires a minimum of two years sobriety and clean time; employees are asked to commit to modeling a drug and alcohol free life. All potential hires are required to pass a pre-employment (post-offer) drug screen and criminal background check. Our agency is fully committed to supporting sobriety and as such it is a requirement that all new hires agree to model non-drinking, no illicit drug use or prescription drug abuse behavior. EOE: Within scope of Indian Preference, all candidates receive equal consideration. Preference in hiring is given to qualified Native Americans in accordance with Indian Preference Act (Title 25, US Code, Section 472 and 473). We are mission driven and dynamic individuals who preferably have prior experience with Native American communities/people and vulnerable populations. We have an immediate need for an experienced Clinical Dentist. RESPONSIBILITIES: Ensures culturally appropriate dental services; Maintains relationship with the 9 Oregon tribes, other tribes across US, and other healthcare entities; Ensures Native community’s involvement in program design and operation; Represents NARA as needed; Participates in agency events; Develops and implements integrated system of care for dental services; Works collaboratively with all components of NARA; Ensures dental programs meet client needs; Ensures client utilization of services is appropriate; Develops/monitors client outcomes; Ensures consultation between all disciplines and external sources. REQUIRED QUALIFICATIONS: A Doctor of Dental Medicine degree or a Doctor of Dental Surgery degree accredited university; Valid license to practice dentistry issued by State of Oregon. Have or be able to obtain a Controlled Substance Registration Certificate; One year of dental clinic or professional work experience. To apply, please respond to this posting with your cover letter, resume, and salary requirements to jobs@naranorthwest.org or by fax to 503-224-4494. Requires a minimum of two years sobriety and clean time; employees are asked to commit to modeling a drug and alcohol free life. All potential hires are required to pass a pre-employment (post-offer) drug screen and criminal background check. Our agency is fully committed to supporting sobriety and as such it is a requirement that all new hires agree to model non-drinking, no illicit drug use or prescription drug abuse behavior. EOE: Within scope of Indian Preference, all candidates receive equal consideration. Preference in hiring is given to qualified Native Americans in accordance with Indian Preference Act (Title 25, US Code, Section 472 and 473). We are mission driven and spirit led! Check out our website: www.naranorthwest.org

PRIVATE PRACTICE ASSOCIATE NEEDED, ALOHA, OREGON. Starting May/June, 2016, 4 days per week, $600 min per day or 30% of collections (whichever is greater). General Dentistry (no specialists required), mentoring from experienced Dentists, contact Jon Schatz at jon@onsitehealth.com or by phone: (503) 349-1600.

PEDiatric DENTISTRY DYNAmically GROWing DENTAL ORGANIZATION IS SEEKING AN ASSOCIATE. Full-time or part-time. High-energy organization with a reputation for providing excellent care and patient service. Our beautiful, state-of-the-art dental offices are located in scenic Portland, OR. Very competitive compensation and benefits. Applicants are invited to send C.V. to (360) 573-4022, email ledf@dentalserviceinc.com or call (360) 571-8181 x201.

SUPPORT STAFF OPPS DENTAL ASSISTANTS THE NATIVE AMERICAN REHABILITATION ASSOCIATION (NARA) IS PRIVATE NON-PROFIT that provides culturally appropriate physical and mental health services and substance abuse treatment for American Indians, Alaska Natives and other vulnerable people. We have the need for an experienced Dental Assistant: RESPONSIBILITIES: Assist Dentist. Keep operation area clean; Retract tissue, tongue, and cheek; Maintain aseptic conditions; Check for patient distress; Place/remove rubber dam, apply topical fluoride; Operate dental x-ray equipment, develop/mount/store film; Complete required sterilization; Maintain dental equipment, operators, and lab area. Provide/sterilize instruments; Change sterilization/disinfectant; Change x-ray solutions, clean developer; Clean/sterilize hand pieces; Maintain patient charts/records; Record information; Help compile pre-authorization documents; Provide estimates; Assist with wellness/community activities; Assist with screenings; Instruct basic dental care or post-operative care; Participate in dental hygiene education. REQUIRED QUALIFICATIONS: Graduation from an accredited Dental Assistant trade program; Certified Dental Assistant certificate; Radiology/Food Infection Control certificate; Minimum of 1 year of work experience as Dental Assistant; First aid/CPR; Knowledge of disease prevention/basic dental techniques; Knowledge of various dental instruments and machines; Familiarity with Native American culture preferred. To apply, please respond to this posting with your cover letter, resume, and salary requirements to jobs@naranorthwest.org or by fax to 503-224-4494. Requires a minimum of two years sobriety and clean time; employees are asked to commit to modeling a drug and alcohol free life. All potential hires are required to pass a pre-employment (post-offer) drug screen and criminal background check. Our agency is fully committed to supporting sobriety and as such it is a requirement that all new hires agree to model non-drinking, no illicit drug use or prescription drug abuse behavior. EOE: Within scope of Indian Preference, all candidates receive equal consideration. Preference in hiring is given to qualified Native Americans in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). We are mission driven and spirit led! Check out our website: www.naranorthwest.org

continues on page 38
WESTERN OREGON OMS – Dr. retiring from 30+ years serving the community. He is flexible to the transition needs of the new owner. High profit practice with average collections of $1.3M for the last 5 years, on 170 days/year in office. Strong referral base serving a population of about 250k. Exceptional 5-year old, spacious 5-op office with state of the art equipment, including a Carestream 3DCTscan connected to all work stations.

EUGENE, OR – Excellent, high profit G/P in a very good area collecting $700K+ for the last several years.

SALEM, OR – Wonderful 4+ op G/P collecting $500K+. Excellent, high traffic location with good parking.

BEND, OR PEDO – Pedodontist retiring after 15+ successful years. Very nice area in a great location.

N. OREGON – Wonderful G/P opportunity producing $500K+, less than 1 hour from Portland.

S. OREGON COAST – Excellent family G/P collecting $500K+. Very nice office with newer equipment.

S. OREGON ORTHO – Wonderful, long established practice collecting $600K+. Very nice office!

VANCOUVER, WA – Excellent, quality driven G/P collecting $600K+, in a wonderful, high traffic location.

TACOMA, WA PROSTH – Well established practice collecting $400K+ in 2014. 7 ops, digital x-rays and a full denture lab. Building also available!

WEST PUGET SOUND PERIO – Great practice with an emphasis on implants, collecting almost $450K. 4 ops, Pano and more!

KAILUA-KONA, HI – Fee-for-Service G/P collecting about $400K. Come live, work and play on the Big Island! Motivated Seller!

ANCHORAGE, AK – Excellent practice collecting $900K. Practice and orthodontic emphasis but the production mix is varied.

KETCHIKAN, AK – 100% fee-for-service G/P collecting $600K. 4 ops updated about 5 years ago.

FAIRBANKS, AK – Associate wanted for busy Endo practice!

NEW! ANCHORAGE AREA – Long-established G/P collecting around $800K annually. Highly profitable, low overhead office has 7 ops (6 equipped) and runs Eaglesoft. Seller willing to work back for purchaser if desired. Call Today!

MAT-SU VALLEY, AK – High volume G/P seeking a full-time associate with possibility to purchase. Position is 5 days per week; pays 35% of collections. Great opportunity!

ANCHORAGE, AK – Excellent G/P collecting around $1M annually. Seller is retiring and relocating; desires to sell office condo too. Recently converted to Dentrix and boasts newer equipment. Call today!

ANCHORAGE, AK – Well established G/P collecting $500K annually. Real estate also available. Excellent opportunity to purchase a moderately sized practice! Possible merger opportunity.

NEW! KENAI PENINSULA, AK – Wonderful rural G/P collecting around $1M annually. This low overhead practice is amazingly profitable! Digital x-rays, laser, pano and newer equipment throughout. This is an exceptional opportunity to live and work where you love to play!

NEW! ALASKA OMS – Long-established, highly profitable, OMS practice collecting over $2.8M. Beautiful, spacious, modern office and excellent staff. Seller is well respected and willing to transition.

BOISE AREA – Partner wanted for wonderful G/P. Collected $500K in 2014. 5 ops, digital x-rays and more. Associate is working the practice; poised for growth!

SUN VALLEY AREA – Part-Time practice with great potential as a satellite! Close to world class skiing and excellent recreation!

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Aaron@PracticeSales.com RandyH@PracticeSales.com
Please call for a Complimentary, Confidential Consultation
THE NATIVE AMERICAN REHABILITATION ASSOCIATION (NARA) IS PRIVATE NON-PROFIT that provides culturally appropriate physical and mental health services and substance abuse treatment for American Indians, Alaska Natives and other vulnerable people. We have an immediate need for an experienced Dental Receptionist: RESPONSIBILITIES: Reception for the dental clinic; Schedules all dental appointments using Dentrix; Obtains basic patient information; Records patient information; Ensures patient eligibility; Ensures patient charts are prepared; Assists patients with insurance benefits; Determines patients benefits by contacting insurance company, collecting uncovered portions from patient or setting up payment plans in coordination with the billing department; Determines and collects payments; Maintains a receipt/log of money collected; Ensures patient treatment information is accurately and timely entered into Dentrix system or patient chart; Ensures dental staff schedules are accurate; Provides administrative/clerical support; Orders supplies; Prepares Material Requisitions; Prepares correspondence; Maintains/prepares weekly/monthly dental report; Ensures confidentiality; Restocks patient rooms; Other duties assigned; QUALIFICATIONS: Minimum of two years specialized job skills/training. First aid/CPR; Knowledge of office systems; Prefer knowledge of RPMs or Dentrix; Knowledge of Native American culture preferred; To apply, please respond with your cover letter and resume jobs@naranortheast.org or by fax to 503-224-4494. Requires a minimum of two years sobriety and clean time, employees are asked to commit to modeling a drug and alcohol free life. All potential hires are required to pass a pre-employment (post-offer) drug screen and criminal background check. Our agency is fully committed to supporting sobriety and as such it is a requirement that all new hires agree to model non-drinking, no-illicit drug use or prescription drug abuse behavior. EOE. Within scope of Indian Preference, all candidates receive equal consideration. Preference in hiring is given to qualified Native Americans in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and473). We are mission driven and spirit led! Check out our website: www.naranortheast.org

SPOKANE DENTAL OFFICE FOR SALE OR LEASE. EQUIPMENT AVAILABLE. Professional Dental Office Building centrally located in the Spokane Valley. The building is surrounded by a beautiful park-like medical campus containing a total of eight medical related structures. The building has on street visibility and signage exposure with more than ample parking. Within just minutes of I-90 at Pines and the Spokane Valley Hospital medical campus. The main floor is 2,450 sf with 5 fully equipped operatories. All operatories are identical with Adec 1040 dental chairs, Planmeca pro style intraoral x-ray units, Knight track lights, Adec side delivery units, Petron Spirit 12:00 o’clock units, built in side cabinetry and one radius mount/pneumatic. All operatories benefit from great natural light from windows facing the park like setting. The building benefits from a spacious reception area, which includes a children’s play area and a large built-in fish tank. The furnished private doctor’s office with bathroom and the furnished staff lounge with private bathroom are conveniently located adjacent to a large business office area. The building also includes an additional 2,450 of daylight lower level including a large lab space, staff lounge area, Air Techniques Airstream 50 compressor and Apollo ultra vacuum, conference room area, utility area plumbed for a washer and dryer, staff locker and changing area, and ample general storage. The building has full telecom services including CAT-5 computer networking. The Building is available for sale at $560,000 or for Lease at $4,900/mo. NNA. A lease with option to purchase may be considered. The equipment is available for lease or purchase separately. Contact: Gary Kuster, kuster@dowersgroup.com Dowers Commercial Real Estate Group, 505 W Riverside Avenue, Suite 539, Spokane WA, 99201 (509)-869-8100.

GENDEX and DEXIS INTRAORAL X-RAY SENSOR REPAIR. We specialize in repairing Genex and Dexis dental X-ray sensors. Repair and save thousands over replacement cost. We purchase old/broken Sensors! www.RepairSensor.com / 919-924-8559.


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DENTIST NEEDED FOR A METHODIST 10 DAY MISSION TRIP ON A MEDICAL/DENTAL BOAT IN THE BRAZILIAN AMAZON. May 27, 2016 to June 5, 2016. We will be providing basic medical and dental care to small villages providing basic medical and dental care to small villages along the Amazon River in the Manaus, Brazil area. Contact leader Elaine Jones RN at elainejones1213@hotmail.com, or 503-703-5932.

SPRING 2016 DENTAL CONFERENCE – WASHINGTON D.C. May 20–22, 2016. This conference is hosted by the Washington DC District Dental Society and features many speakers on a variety of topics in just 3 days. A huge opportunity to learn, network and have a fun time! www.waddc.org.
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