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**ODA House of Delegates**

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  - Page 12
- Governance restructure resolution proposal  
  - Page 14
- House of Delegates candidates profiles  
  - Page 20

**CCOs: Oregon’s new integrated health care structure**  
  - Page 24

**Member Profile**

**Dr. John Snyder**  
  - Page 29

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**EVENTS & INFORMATION**

**CONTACT US**

**Letters to the Editor**
Letters to the editor are welcomed. All letters and other submissions to this publication become the property of the Oregon Dental Association. Send submissions to:

Editor, Membership Matters
Oregon Dental Association
PO Box 3710
Wilsonville, OR 97070-3710
beavertondentist@yahoo.com

**Articles**
Are you interested in contributing to Membership Matters? For more information, please contact editor, Dr. Barry Taylor: beavertondentist@yahoo.com

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**Oregon Dental Association**
503.218.2010 • 800.452.5628 • Fax: 503.218.2009
www.oregondental.org • info@oregondental.org

**Mailing address**
PO Box 3710, Wilsonville, OR 97070-3710

**Street address**
8699 SW Sun Pl, Wilsonville, OR 97070

**Dentist Health & Wellness Hotline** 503.550.0190


**Social networks**
Look for the Oregon Dental Association group on:

- Facebook
- LinkedIn
- NewDocs

**Twitter**
Follow ODA President, Gregory B. Jones, DMD: @ODAPrez

---

**ODA CALENDAR**

**EVENTS & MEETINGS**

**SEPT 6** 12:00 PM  
Executive Committee meeting (Eagle Crest)

**SEPT 7–8** 
ODA House of Delegates (Eagle Crest)

**SEPT 8** 12:00 PM  
Board of Trustees meeting (Eagle Crest)

**SEPT 13–16** 
Oregon Mission of Mercy III (Medford)

**NOV 3** 8:00 AM  
Board of Trustees meeting (ODA)

**DEC 7** 1:00 PM  
Executive Committee meeting (ODA)

**JAN 18** 1:00 PM  
Executive Committee meeting (ODA)

**FEB 2** 8:00 AM  
Board of Trustees meeting (ODA)

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**2012–2013 DBIC RISK MANAGEMENT COURSES**

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<tr>
<th>DATE</th>
<th>TIME</th>
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<td><strong>2012</strong></td>
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<tr>
<td>Oct 26</td>
<td>8 AM</td>
<td>Southern Willamette (Corvallis)</td>
<td>O’Brien Dental Lab, 541.754.1238</td>
</tr>
<tr>
<td>Nov 13</td>
<td>5 PM</td>
<td>Washington County (Beaverton)</td>
<td>Kathy Reddicks, 503.848.5605 or <a href="mailto:wcdskathy@comcast.net">wcdskathy@comcast.net</a></td>
</tr>
<tr>
<td>Dec 7</td>
<td>9 AM</td>
<td>Marion &amp; Polk (Salem)</td>
<td>Lori Lambright, 503.581.9353 or <a href="mailto:mpdentalc@qwestoffice.net">mpdentalc@qwestoffice.net</a></td>
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<tr>
<td><strong>2013</strong></td>
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<tr>
<td>April 6</td>
<td>9 AM</td>
<td>Oregon Dental Conference®</td>
<td><a href="http://www.oregondental.org">www.oregondental.org</a></td>
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<tr>
<td>May 14</td>
<td>6 PM</td>
<td>Southwestern OR (Coos Bay)</td>
<td>Anne Mills at Dr. Roger Sims’ office, 541.267.5867</td>
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<tr>
<td>Dec 6</td>
<td>9 AM</td>
<td>Multnomah (Portland)</td>
<td>Lora Mattson, 503.513.5010</td>
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<tr>
<td>Dec 13</td>
<td>9 AM</td>
<td>Central Oregon (Bend)</td>
<td><a href="http://www.centraloregondentalassociation.org">www.centraloregondentalassociation.org</a></td>
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**COMPONENT CE CALENDAR**

**compiled by Mehdi Salari, DMD**
Send your component’s CE courses to bendsalari@yahoo.com.

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<td><strong>Magnentic Resonance Imaging of the Temporomandibular Joint</strong></td>
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<td>Ed Wang, MD (Salem Imaging)</td>
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<td><strong>CE HRS:</strong></td>
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<td><strong>Lane County</strong></td>
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<td><strong>Hot Topics in Aesthetic and Restorative Dentistry</strong>, David S. Hornbrook, DDS</td>
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<td><strong>LOCATION:</strong></td>
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<td><strong>The Teachable Moment</strong>, James Beckerman, MD (cardiologist)</td>
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<td><strong>Malamed Technique of Local Anesthetic Delivery: Common Errors &amp; Best Use Protocols</strong></td>
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<td>Gail Aas mond, RDH, MS</td>
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<td><strong>Offense, Defense &amp; Special Teams: Financial Strategies for your Dental Career</strong></td>
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<td>Jake Pfaltzer, CFP</td>
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<td><strong>How to Evaluate the Face—6 Elements of Orafacial Harmony</strong>, David Baker, DMD</td>
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<td><strong>Substance Abuse, Dr. Lant Haymore</strong></td>
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<td>Clayton Chan, DDS &amp; Joseph Willardsen, DDS</td>
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<td><strong>Enhanced Diagnosis &amp; Treatment Planning with the Aid of Cone Beam Computed Tomography</strong></td>
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<td><strong>Dentures: Common Problems, How to Diagnose and Correct Them</strong>, DeWin Harris, DMD, MAGD</td>
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Some thoughts regarding the Board of Dentistry

The Oregon Board of Dentistry holds dentists to a very high standard of care, as well it should. Their mission is “to protect the public by ensuring that the citizens of Oregon receive the highest quality oral health care.” It is a noble and appropriate mission—one that, as professionals, we should support. One would assume a mutual respect would exist between the Board and dentists. We are held to a high standard and, in return, the Board maintains a high standard when making decisions to protect the public. Just as dentists’ standards of care are based on solid evidence, one would expect the Board to make its decisions based on solid evidence.

Unfortunately, many dentists feel that the Board is not making decisions based on actual evidence. To dentists, the Board seems to operate with a double standard—holding us accountable to a standard that they are not, themselves, abiding by. Two recent topics at their August 3 meeting are prime examples of the Board not following or maintaining the importance of evidenced-based dentistry.

Placing posterior composites
First, the Board sent to hearing a proposed rule allowing restorative assistants and hygienists to place posterior composites. Despite opposition from the ODA and additional letters from approximately 40 individual dentists (a very high number of letters to receive either in support of, or against, any issue), the Board agreed to move the rule forward. The concern of the ODA and among the dental community is the level of training in placing difficult restorations for auxiliary staff. There is a reason dentists receive training for this technique-sensitive procedure; allowing patients to be treated by providers with a far lower level of education puts the public at risk.

Such a decision goes directly against the Board’s mission by opening the public to harm. Certainly the Board knows the difference in the level of training and education in this area between dentists and auxiliary providers as well, as the importance of providing proper care for these procedures.

Use of silver nitrate as an antimicrobial
In another situation, the Board approved further study of the use of silver nitrate as an antimicrobial by sending the topic to the Board Rules Committee for further review. One must wonder how the Board could believe such a decision was in the best interest of the public, given the lack of evidence to support the use of this material and the fact that the material is not FDA approved for dental use. Silver nitrate is a band-aid fix for decay. True, some patients who opt against a composite filling may opt for silver nitrate due to the lower cost. However, that does not make silver nitrate truly in the public’s best interest nor is it providing the “highest care possible.” The Board has a responsibility to hold our profession to a higher standard, educating the public and assisting them in making the right, longer-lasting decisions in their health care.

If the Board has decided to address the issue of access to care—an issue that is not part of their mission—then they should, at a minimum, have sound scientific evidence that their decisions would indeed make a difference. As demonstrated by a recent survey deployed by the Board, this decision making process seems to be based on anecdotal stories and incomplete evidence.

Decisions such as these need to be based on peer-reviewed, published evidence. It is disconcerting that the regulatory body which is charged with protecting the public makes decisions not based on sound footing, but on gut reactions. It appears that the Board is too easily swayed by any hint that a rule change will improve access to care. •
We’d love to have you join us in Medford!

Volunteers needed!
Over 350 dental shifts still available!

Mission of Mercy III
September 13–16, 2012

Central High School
815 S Oakdale, Medford, Oregon

A collaboration of the Klamath County, Rogue Valley, and Southern Oregon component dental societies.

Register at

For more information: www.oregondental.org
(go to the Oregon MOM section)
NEWS BRIEFS

Friday September 14, 2012
David S. Hornbrook, DDS
Hot Topics in Aesthetic and Restorative Dentistry
Optimizing success through materials choice, proper diagnosis and planning.
8:30 a.m. - 3:30 p.m. 7 CE credits

Friday October 12, 2012
David Baker, DMD
How to Evaluate the Face
Using the Six Elements treatment philosophy to aid in making a correct diagnosis.
8:30 a.m. - 3:30 p.m. 7 CE credits

Register at
lanedentalsociety.org

Downtown Athletic Club, Eugene
Breakfast & Lunch included

Please welcome our newest ODA members!

PATRICIA A. BENTON, DMD
Beaverton • Washington County

ARON T. GEELAN, DMD
Hood River • Mid-Columbia

MICHAEL L. MATSUDA, DDS
Hillsboro • Washington County

Free lunch on ODA!

Do you know someone who’s not yet a member of ODA? Just take a non-member dentist to lunch to promote membership in the Association and file a completed application form for the new recruit. ODA will reimburse your lunch expenses up to $50.

Contact Margaret Torgeson at the ODA office for further details: mtorgeson@oregondental.org or 800-452-5628, x108.

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Confidential, caring assistance for help in dealing with substance abuse and addiction, disability, litigation stress, and mental health challenges.

Dentist Health & Wellness Hotline:
503.550.0190

ODA volunteers are on call 24 hours a day to provide confidential assistance.
OHSU School of Dentistry Graduates 90

ODA President Gregory B. Jones, DMD presented Class of 2012 President Charlie Muraki, DMD, with the ODA Leadership Award, for his outstanding ability as a strong leader among his peers.

“What an EXCITING TIME to move from a school setting to all the different possibilities a dental career can provide,” said Dr. Jones, who delivered greetings to the Class of 2012.

“This graduation day, this graduation, is not a pinnacle of your career, but merely A STEP INTO YOUR PROFESSIONAL FUTURE.”

Call to Volunteer

These leadership positions are open. To be reviewed by the nominating committee prior to election, please submit materials 45 days prior to election. Interested applicants should submit a letter of interest and a one-page resume to:

Weston W. Heringer, Jr., DMD
Chair, Nominating Committee
PO Box 3710, Wilsonville, OR 97070
or email: leadership@oregondental.org

Please cc: William E. Zepp, CAE
Executive Director, at bzepp@oregondental.org

Elections held Sept. 9, 2012
Elected by ODA House of Delegates

- **PRESIDENT-ELECT** TERM ENDS 2013
  (The vice president automatically stands for election to this position.)
  INCUMBENT: Jill M. Price, DMD
  DECLARED CANDIDATE: Judd R. Larson, DDS

- **VICE PRESIDENT** TERM ENDS 2013
  INCUMBENT: Judd R. Larson, DDS
  DECLARED CANDIDATE: Steven E. Timm, DMD

- **ADA DELEGATE AT LARGE**
  TERM 2013–2015 ADA HOD
  INCUMBENT: Rickland G. Asai, DMD
  DECLARED CANDIDATE: Rickland G. Asai, DMD

- **LEADERSHIP DEVELOPMENT COMMITTEE**
  TERM 2012–2015
  AVAILABLE POSITIONS: 3
  INCUMBENTS: Wayne R. Barichello, DMD
              Weston W. Heringer, Jr., DMD
              Kimberly R. Wright, DMD
  DECLARED CANDIDATES: Greggery E. Jones, DMD
                        Patrick M. Nearing, DMD
                        Kimberly R. Wright, DMD

Elections held Nov. 3, 2012
Elected by ODA Board of Trustees

DENTAL FOUNDATION OF OREGON BOARD OF DIRECTORS
TERM 2013–2015
AVAILABLE POSITIONS: 2
INCUMBENT: Steve Simmons, DMD
DECLARED CANDIDATE: Thomas D. Pollard, DMD

Councils & Committees

The following ODA Councils and Committees need volunteers:

- Annual Meeting Council
- Membership Council
- New Dentist Committee
- Public and Professional Education Council
- Publications Advisory Committee

For more information, please call 503.218.2010.
Teach Me How To Brushy

Produced by: Grady Britton  Performed by: Young Fiyah

Aye! Aye!
Teach me how to brushy
They be like mouth (whut?)
Can you teach me how to brushy?
You know why?
‘Cuz I need all my teeth to love me
All I need is a brush in good condition
And for you, you, you, to use toothpaste and brush it
Put your arms out front
Brush it up and down
Germs be leavin’
When they see you on that brushy ride
Ain’t no plaque & tartar livin’ in my mouth tonight
You gotta brush it right, until the morning light
(okay)
Pull out the string and it’s time to get your flossy on

Get at that food, make your gums grow up nice-n-strong
I floss in public and the people sometimes stare at me
But you just do you, and I’m a floss like me
I brush and floss every night, baby if you please
So I grow up healthy, no sign of gum disease

(Chorus)
Teach me how to brushy
Teach me, teach me how to brushy
Teach me how to brushy
Teach me, teach me how to brushy

All my teeth love me
All my, all my teeth love me
All my teeth love me
All because I do the brushy

(Chorus)
Teach me how to brushy
Teach me, teach me how to brushy

(repeat)
**ODA wants to teach you how to ‘Brushy’**

Dance video promoting good dental health gets over 565,000 hits

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<th>Value</th>
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<td>National conversations about ODA’s message</td>
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<td>Oregon conversations about ODA’s message</td>
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<td>Increases in likes to ODA Facebook page</td>
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**WHAT’S THIS NEW DANCE CRAZE**, started by the ODA and designed to inspire families to brush, floss, and rinse their way to a super fly mouth? It’s the “Brushy!” Working from a grant from American Dental Association State Public Affairs, ODA developed the “Teach Me How to Brushy” campaign as a fun way to teach children and parents about healthy dental hygiene habits. Since the video launched, there have already been over 500,000 views!

“Teach Me How to Brushy” is not your ordinary public service announcement. The plan was to do something that was both different and a little out of the norm, in order to catch people’s attention with our message. “We wanted to create a fun, interactive tool that parents can use to get their kids excited about good dental habits,” said ODA President-elect, and one of the stars of the video, Jill M. Price, DMD. “But rather than lecture parents and expect that lecture to reach their kids, we wanted to create a hub for good facts that families will actually want to check out.”

Haven’t seen **The Brushy** yet? Visit [www.TeachMeHowToBrushy.com](http://www.TeachMeHowToBrushy.com) for oral health FAQs and to upload your own brushy video!
The “Teach Me How to Brushy” video features a hip-hop, tooth brushing-inspired song and dance that kids can do to get the freshest mouth in town. It’s a fun parody of Cali Swag District’s “Teach Me How To Dougie,” and features local kids and celebrities. We were so fortunate that some of our community partners and political representatives were willing to come out and support this public service announcement.

This video is all about helping parents and kids to recognize the importance that brushing, flossing, and rinsing have, not only in preventing dental disease, but in whole body health. A healthy mouth is a healthy body. The Facebook page (www.TeachMeHowToBrushy.com) includes some quick facts, FAQs, and links to more information that can help families understand the importance of a healthy mouth. Families can also upload their own video to show ODA how their family does the Brushy, which will be shared on ODA’s Facebook wall.

When we first launched The Brushy video, our hope was that we’d get a good following among friends, ODA members, their patients, and the community. But the campaign has gone viral! The video was featured on both Good Morning America and the TODAY Show, as well as on TV stations across the country. It has also been shared across Facebook.

“When you start healthy dental habits early, you’re setting your kids up for better overall health as they grow up,” said Bill Zepp, ODA Executive Director. “There’s no better way to get kids interested in their health than to make it fun.”

1. **JEROME KERSEY** is a retired professional basketball player and Portland Trail Blazer. In the 1987–88 season he averaged 19.2 points and 8.3 rebounds. He was part of the nucleus of a strong Portland team—along with Clyde Drexler, Terry Porter, Buck Williams, and Kevin Duckworth—that made it to the NBA Finals two out of the next three years (in 1990 and 1992).

2. **BLAZE THE TRAIL CAT** is the official mascot of the Portland Trail Blazers. The Trail Blazers introduced Blaze as their first mascot in 2002, saying that he is a “unique mountain lion species” born in the Oregon Cascades. According to his biography, Blaze then came to Portland where he ended up at the Oregon Humane Society and was adopted for the Blazers by, then-Blazer superstar, Scottie Pippen.

3. **DR. BRUCE GOLDBERG** is the Director of the Oregon Health Authority (OHA). The Mission of OHA is helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care. Dr. Goldberg is a graduate of the Mount Sinai School of Medicine in New York City and completed his family medicine training at Duke University.

4. **GRADY BRITTON** is a creative agency focused on building business and brands for companies that have a will to be great. A full-service integrated agency, they provide market research, brand strategy and implementation, advertising, media planning and buying, online strategy and public relations to clients who want to stand out in their categories and meaningfully connect to customers.

5. **OCKLEY GREEN SCHOOL DRAMA STUDENTS** Ockley Green is a K-8 school in North Portland.

6. **BILL SCHONLEY** was the first play-by-play announcer for the Portland Trail Blazers. He called the play-by-play on 2,522 Blazers radio and television broadcasts, from Portland’s very first preseason outing (1970) to the team’s appearance in the 1998 NBA Playoffs. Locally known as “the voice of the Blazers,” Bill is now a Blazer Ambassador, and was recently inducted into the Blazer Hall of Fame.
YOUNG FIYAH. Ricky Coleman, aka Young Fiyah, is the hip hop artist for ‘Teach Me How to Brushy.’ He is from Richmond, Calif., and has been rapping for about eight years. After surviving a tough childhood, Young Fiyah focuses his art on positive messages to inspire youth.

REPRESENTATIVE TINA KOTEK is serving her third term in the Oregon House. She is the House Democratic Caucus Leader and the Co-Chair of the House Committee on Rules. She is a board member for the Dental Foundation of Oregon and a champion for oral health in the state legislature.

DR. JILL PRICE is the ODA President-Elect. A 1992 graduate from the OHSU School of Dentistry, she is a general dentist in SE Portland.

FRUIT AND FLOWERS DAYCARE is a NW Portland daycare center.
Momentum continues to grow for a significant change to the Oregon Dental Association’s governance structure, which supporters say will help the organization operate more efficiently, and enhance its relevance for members.

During a July 28 meeting, the ODA’s Board of Trustees voted to recommend that the ODA House of Delegates approve a governance restructuring resolution proposed by the Leadership Development Committee that would allow the House of Delegates to designate all trustees. Currently, each of the state’s dental societies chooses their representative(s) to serve as trustee(s).

The change would reduce the Board of Trustees to 18 members—14 voting members and four non-voting members—with 12 of the trustees selected in accordance with geographic representation and term limits. A student trustee elected by OHSU–ASDA and a treasurer appointed by the House of Delegates would make up the other two voting members.

Two trustees voted against supporting the resolution and one abstained. The majority of the board approved it with some minor adjustments in language that relate to changes in the bylaws.

“The biggest goal is making ourselves nimble enough so we can focus our attention on meeting the needs of our members,” said Dr. Burton, who presented the proposed resolution. “It’s really all about how we can do the best job possible for our members.”

Another change included in the resolution would allow the Board of Trustees to elect the president and president-elect. Kimberly R. Wright, DMD, a member of the Leadership Development Committee, called it a significant change that is intended to further enhance the association’s leadership.

“We all know that when you work side by side with a group of people, you know who can lead an organization the best,” she said. “We know the Board of Trustees will do a really good job of electing the president and president-elect.”

Dr. Wright said she was impressed by the good questions and positive discussion that emerged during the Board of Trustees’ meeting about the resolution.

“The trustees recognized the work and time we put into making decisions. We went back and forth several times in our committee about certain aspects, and I think they realize that it was well thought out,” she said. “There are always a few who have more challenges with change than others, but I think it was a fairly good indication of the representative feelings of the House. I think this might be the year that some changes happen.”

While the discussion about restructuring the governance structure has spanned more than a decade, this most recent effort gained traction because of several coinciding factors. Books like 2011’s Race for Relevance generated a national discussion among association leaders. Meanwhile, attendance to ODA’s Board of Trustee meetings peaked at 80 percent, with one component leaving its trustee position vacant for over a decade.

“The inability of the Board of Trustees to establish a quorum for the summer budget

HOW DOES Oregon Compare?

According to a 2009 a survey conducted by the American Society of Constituent Dental Executives (ASCDP):

61% of reporting state constituent dental societies had a Board of Trustees size between 14 and 20 members, with a median of 17.

By February 2012, the median was 16 trustee members.

ODA’s Board of Trustees size was exceeded only by:

- CALIFORNIA 43 trustees 22,241 members
- KANSAS 42 trustees 1,240 members
- OKLAHOMA 40 trustees 1,538 members
- NEW YORK 37 trustees 13,008 member
- ALABAMA 34 trustees 1,728 members

It should be noted that Kansas and Oklahoma were both initially organized by county components, with 42 and 40 counties respectively.
and House of Delegates review meeting led to an amendment to redefine quorum requirements,” the resolution states. “Every discussion conducted by the LDC suggests that there is significant agreement that the ODA Board of Trustees should be reduced in size for increased relevance and efficiency. While much attention has been focused on the issue of component or geographic representation, recent Board mega-issue discussions have also introduced the concept of a competency-based Board.”

“The key to moving this restructuring proposal forward was buy-in from a range of stakeholders,” said Jeffery C. B. Stewart, DDS, MS, a member of the Leadership Development Committee and Speaker of the House of Delegates.

“We’ve been working hard to build consensus and gather ideas and information from all of the various stakeholders, not only Board and House members but also component leaders and members of the association,” he said. “We didn’t want this to be a surprise to anyone, and we tried to be as inclusive as possible.”

Dr. Burton noted that, though the resolution must still be considered by the House of Delegates in September, the Board of Trustees’ recommendation to approve the resolution was a major milestone.

“It’s been a 12-year process to get to this point. Many leaders in the past have worked toward trying to make us more relevant and nimble and put our best leaders at the table,” he said.

Melody Finnemore is a freelance writer for ODA and a partner in Precision Communications (www.precomwords.com). She can be reached at precisionpdx@comcast.net.
Background

While recent governance discussions have been influenced by various association management texts, including The Will to Govern Well, Good to Great, 7 Measures of Success and 2011's Race for Relevance, the Oregon Dental Association has been considering its governance structure for over twelve (12) years. In 1999–2000, the ODA significantly reduced the size of the House of Delegates, eliminated what were considered to be nonessential councils and committees, and introduced the task force concept to address strategic issues. In November 2000, then ODA President, Dr. Chuck Wingard, established the first Strategic Governance Task Force (SGTF). The Task Force, chaired by Dr. Hank Windell, met periodically during 2001 and presented a report to the 2001 ODA House of Delegates. Based on studies of dental association governance throughout the country, the SGTF presented a series of options to the House of Delegates to restructure the Board of Trustees. The Board of Trustees resisted any change to its structure, and the House of Delegates rejected the proposals of the SGTF.

ODA Leadership reappointed the SGTF in 2002–2003 under the leadership of Dr. Mark Jensen. During this time period, ODA contracted with Tecker Consultants to perform a long-term project on knowledge based governance. Tecker Consultants met with the ODA Executive Committee, the ODA Board of Trustees, the ODA staff, as well as a general planning session of 150–200 members which included representatives from every ODA component. The year-long study culminated in a session with the 2003 House of Delegates during which time the ODA Strategic Plan was initially proposed. The Strategic Long-Range Plan was approved in May 2004 by the ODA Board of Trustees.

The Strategic Long-Range Plan has been revised by the Board of Trustees annually since that time. In addition, the Board of Trustees has included specific work with the plan goals as a part of its agenda.

The ODA continued to work on the governance question, including the establishment of a Leadership Development Task Force in 2005. This group initiated “Project Energize” which addressed concerns in Nominating/Governance, Leadership Development, and Membership. The Task Force recommendations resulted in the development of the Leadership Development Committee (LDC). The LDC functions as the Nominating Committee, analyzes the current governance structure, identifies future ODA leaders, and assists those individuals with appropriate resources. The LDC reports to the ODA House of Delegates.

The LDC, at the direction of both the Board of Trustees and the House of Delegates, has continued to study effective governance structures and practices. They have made various presentations to the Board of Trustees and the House of Delegates, including mega-issue discussions (in both 2009 and 2011), surveys, and interviews. Following the 2011 House of Delegates Mega-Issue discussion, How do We Best Govern Ourselves?, the House of Delegates requested that the LDC continue its research and discussions and present a resolution regarding governance restructure to the 2012 House of Delegates.
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- Gerald Fujii, DMD, Portland, OR

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GOVERNANCE RESTRUCTURE PROPOSAL
continued from page 14

In 2009, a survey conducted by the American Society of Constituent Dental Executives (ASCDE) indicated that 61% of reporting State Constituent Dental Societies had a Board of Trustees size between 14 and 20 members, with a median of 17. ODA's Board of Trustees size was exceeded only by California (43 trustees with a membership size of 22,241), Kansas (42 trustees with a membership size of 1,240), Oklahoma (40 trustees with a membership size of 1,538), New York (37 trustees with a membership size of 13,008), and Alabama (34 trustees with a membership size of 1,728). It should be noted that Kansas and Oklahoma were both initially organized by county components, 42 and 40 counties respectively.

A subsequent ASCDE study in 2010, involving 49 Constituent Societies, resulted in a median of 17.5 trustee members. By February 2012, the median was 16 trustee members. At this time, 15 Constituents are actively involved in governance restructure efforts, focused primarily on reduction in the size of the Board.

Board of Trustees meeting attendance has been problematic over the past decade, averaging between 70–80%. One ODA component has not filled its trustee position for approximately 10 years. The inability of the Board of Trustees to establish a quorum for the summer budget and House of Delegates review meeting led to an amendment to redefine quorum requirements. Every discussion conducted by the LDC suggests that there is significant agreement that the ODA Board of Trustees should be reduced in size for increased relevance and efficiency. While much attention has been focused on the issue of component or geographic representation, recent Board mega-issue discussions have also introduced the concept of a competency based Board.

The LDC has conducted significant research and discussions with all sectors of the ODA leadership and membership. In accordance with said research and discussions, and as reflected by the above mentioned summary, the LDC respectfully presents the following resolution to the 2012 House of Delegates for its consideration. Upon approval of this resolution, additional bylaws and policy revisions will be necessary.

Resolution

Resolved, that:

- The size of the Board of Trustees shall be 14 voting members, with an additional 4 non-voting members, for a total size of 18 members.

- Voting members of the Board of Trustees shall include:
  - 12 Trustees (elected by the HOD) in accordance with geographic representation and term limits
  - President (elected by the BOT)
  - President-Elect (elected by the BOT)
  - 1 Student Trustee (elected by the OHSU ASDA Chapter)
  - Treasurer (elected by HOD) (Ex Officio)

- Ex Officio non-voting members of the Board of Trustees shall include:
  - Speaker of the House (elected by the HOD)
  - ADA Delegate at Large (2) (elected by the HOD)
  - Editor (elected by the HOD)

- Ex Officio non-voting members of the Board of Trustees shall include:
  - Speaker of the House (elected by the HOD)
  - ADA Delegate at Large (2) (elected by the HOD)
  - Editor (elected by the HOD)

- The size of the Board of Trustees shall be 14 voting members, with an additional 4 non-voting members, for a total size of 18 members.

- The twelve (12) positions on the Board of Trustees will include six (6) members from the tri-county components (Clackamas County, Multnomah, Washington County) and six (6) members from outside the tri-county components (Central Oregon, Clatsop County, Columbia County, Eastern Oregon, Clamath County, Lane County, Mid-Columbia, Marion and Polk, Rogue Valley, Southern Oregon, Southern Willamette, Southwestern Oregon, Umpqua, Yamhill County). No more than three (3) members can be from the same tri-county component. No more than two (2) members can be from the same component outside of the tri-counties.

- In addition, one (1) student elected by the OHSU ASDA Chapter will serve on the Board of Trustees. The student is not included in geographic representation.

- The Treasurer, Speaker of the House, ADA Delegates at Large (2) and Editor are elected by the House of Delegates and can be from any component. Their designated component does not factor into the Board’s geographic requirements.

- Trustees will serve four (4) year terms, with a maximum of two consecutive terms (8 years of service). Initially, some terms will be abbreviated one year, two year, and three year. An abbreviated term counts as a first term. Any Trustee serving an abbreviated term is only eligible to serve one additional four (4) year term, regardless of the length of the first term. If a trustee is elected by the board as President-Elect in the fourth year of the first term, the trustee will automatically be renewed for an additional four year term.

- The Board of Trustees will be responsible for electing the President and President-Elect from the twelve trustee positions. Ex officio trustees, the student trustee and the Treasurer are not eligible for election. Initially, the President and President Elect in office at the time of the first Board of Trustees election at the House of Delegates will automatically be elected to the Board and remain in their current offices. As vacant positions arise, it will be the Board’s responsibility to elect a member into each office.

NOTES

1 The House of Delegates will elect all Board of Trustee members (12 trustees, the Treasurer, the Speaker of the House, the two (2) ADA Delegates at Large, and the Editor). Initially, to elect the twelve (12) available Trustee positions and to accommodate abbreviated terms, the three (3) candidates with the most votes will be elected to a four (4) year term, the three (3) candidates with the second most votes will be elected to a three (3) year term, the three (3) candidates with the third most votes will be elected to a two (2) year term, and the remaining candidates will be assigned a one (1) year term. Grandfathered positions (current elected officers with incomplete terms) will reduce the number of elected Trustees accordingly.

2 The twelve (12) positions on the Board of Trustees will include six (6) members from the tri-county components (Clackamas County, Multnomah, Washington County) and six (6) members from outside the tri-county components (Central Oregon, Clatsop County, Columbia County, Eastern Oregon, Clamath County, Lane County, Mid-Columbia, Marion and Polk, Rogue Valley, Southern Oregon, Southern Willamette, Southwestern Oregon, Umpqua, Yamhill County). No more than three (3) members can be from the same tri-county component. No more than two (2) members can be from the same component outside of the tri-counties.

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The following candidates are up for election at the 2012 ODA House of Delegates. We previously profiled Dr. Price (running for President), and Dr. Larson (running for President-Elect).

If you’d like to learn more about them, please visit the Membership Matters archive on our website, www.oregondental.org, and look at the August 2011 issue.

Jill M. Price, DMD

OFFICE SEEKING President

COMPONENT Multnomah Dental Society
DENTAL SCHOOL OHSU, 1992
SPECIALTY General dentistry
PRACTICE LOCATION SE Portland

Judd R. Larson, DDS

OFFICE SEEKING President-Elect

COMPONENT Southern Oregon Dental Society
DENTAL SCHOOL University of Nebraska, 2001
SPECIALTY General dentistry
PRACTICE LOCATION Central Point
What experience and expertise would you bring to your leadership role with the ODA?
My experience includes board and officer service to the Central Oregon Dental Society, board service to the Oregon AGD, advisory board service to Dentists Management Corporation (ODS) for multiple terms, multiple terms as Central Oregon trustee to the ODA, as well as serving two terms on the ODA Executive Committee of the Board of Trustees.

Do you think the proposed resolution which would change our governance structure is a good idea?
The proposed change to the ODA’s governance structure is a well-thought out plan to move our association into the current concept of association function. The key concepts of the plan are to involve members who have the commitment, talent, and responsibility to serve, to reduce the size of the Board of Trustees to be able to act and react in a more efficient manner, and during this ‘new economic time’, be more fiscally responsible.

In your opinion, what is the state of the ODA today?
I believe the ODA is in a good position today. Our association has come to be recognized as the representative of the dentists of Oregon, and as such, we are being included in and have a say in most—if not all—of the issues that affect the practice of dentistry. Our member support of DOPAC has made us a significant player in the political arena. Our great staff is very involved in many different arenas to promote and protect dental health and the practice of dentistry. And, we have one of the most successful ‘small’ annual meetings in the nation!

What do you see as being the main issues that the ODA must address over the next few years?
I see the access to care issue continue to be a concern for dentists of Oregon, as well as it should be. We need to continue to be involved in the discussion and solution to the problem. The ‘new economic time’ may be here with us for some time, so we must all work together—dentists, government, insurance, patients—to be able to provide adequate oral health to the best of our abilities. Our association has and will continue to play a crucial role in the process. The decisions affect us all—that is why it is important for our association to continue to bring more of the dentists of Oregon together in membership of the Oregon Dental Association.
Meeting report—August 3, 2012
By Jeffery C. B. Stewart, DDS, MS, ODA Speaker of the House, attending for Judd R. Larson, DDS, ODA Vice President, Board of Dentistry Liaison and Beryl B. Fletcher, Director of Professional Affairs, Staff Liaison

Dental Hygiene Committee
The Dental Hygiene Committee met Friday July 20, 2012. The Committee reviewed several issues and sent recommendations to the Board.

1. Public health continuing education credit recommendation: The Committee recommended that that the presentation by Dr. Eli Schwarz on public health curricula and CE be used by staff as a guideline and resource for evaluating public health CE.

2. Silver nitrate application by dental hygienists and dental assistants: In response to Dr. Steven Duffin’s request to the Board, the committee recommended that the Board allow dental hygienists and dental assistants to apply silver nitrate and fluoride varnish under general supervision of a dentist after the dentist has made the diagnosis and documents the treatment plan for arresting caries.

3. Silver nitrate as an antimicrobial: The committee recommended the Board consider adding silver nitrate to the list of antimicrobials that dental hygienists are permitted to utilize while treating patients.

Board actions on the committee recommendations

1. Public health CE approval: Dr. Paul Kleinstub reviewed the information and meeting tapes where Dr. Eli Schwarz gave a presentation on public health curricula. Dr. Kleinstub stated that his previous recommendations for courses presented for public health CE remain the same. Many of the courses are practice management courses and not specifically clinical courses. If changes are implemented in acceptance of these courses as public health courses, dentists should also be allowed this option.

The Board chose to have a discussion at another time about continuing education for public health dentistry and all CE, in general. The issue of CE has been sent to the Licensing, Standards and Competency Committee for review and further discussion.

2. Silver nitrate application by dental hygienists and dental assistants and silver nitrate use as an antimicrobial: The Board decided to send this issue to the Board Rules Committee for further review and recommendation.

Rules Committee and Board of Dentistry actions:
The following rule proposals were approved to go to rules hearing: (hearing to be held at a later date either this fall/winter or next year).

- OAR 818-0042-0090 Additional Functions of EFDAs. EFDAs providing sealants can be supervised by dental hygienists
- OAR 818-035-0020. Changes in dental hygiene rules. Removes references in rule that are redundant as they relate to dental hygienists since they can diagnose and treatment plan for dental hygiene services.
- OAR 818-035-0072 and 818-042-0095. Rule proposals to allow dental hygienists and dental assistants to place posterior composites, under the indirect supervision of a dentist, by a dental hygienist with a restorative function endorsement and a dental assistant with a restorative function certificate. In this situation, the dentist must prepare the tooth for restoration and check the final restoration. The patient must be provided informed consent approval for these auxiliaries to make these placements. The board received numerous letters from Oregon dentists opposing this being approved. Comments regarding technique sensitive placement were raised. Dentists may again voice their concerns at the, yet to be scheduled, rules hearing.

Correspondence to the Board
Request from Dr. Steve Duffin, re: Silver Nitrate placement by dental hygienists and dental assistants under general supervision. As stated above, the request and discussion of this issue has been sent to the Board Rules Committee for further discussion and recommendation. Dr. Brandon Schwindt, Chair of the Rules Committee asked for information on studies, efficacy and background on this material before it is approved for use by auxiliaries. Questions about how this might improve access were raised as patients would need to return several times to apply this material rather than complete a restoration on one visit. Questions regarding patient compliance and willingness to follow through with numerous appointments were raised.

Board staff: Daryl Ross, investigative staff person, has suffered a heart attack and is currently under doctor’s care. Stephen Prisby has been hired as office manager to replace a staff member who retired.
Board cases are running eight months to one year to investigate and complete. Economic conditions, staff shortages, and state mandated furlough days are cited as some of the reasons for longer times to complete cases. Many patients are also seeing five or more dentists when they have a concern about a dentist’s treatment which lengthens the investigation, since all records and subsequent dentist treatment must be reviewed.

Board members asked about ODA Peer Review and how some cases might be more suited for Peer Review. Further discussion with Peer Review was proposed. ODA will send a piece on “Communication is the KEY” used in Peer Review training to the Board. Communication with patients appears to be a large part of the issues coming to the Board.
Dental care to make up second phase of Oregon’s CCO implementation

By 2014, oral health practitioners expected to participate in Oregon’s integrated care structure

By Melody Finnemore

As the U.S. Supreme Court was hearing arguments on the federal Affordable Care Act in late June, Oregon was implementing its own new, patient-centered model designed to provide more integrated health care to patients while saving money at the same time.

Starting Aug. 1, patients covered by the Oregon Health Plan (OHP) and Medicaid will be treated by Coordinated Care Organizations (CCOs). CCOs are health plans that bring a range of practitioners—including oral health professionals—from a particular community together to provide more comprehensive care for low-income patients. The objective is to improve health and lower costs by emphasizing prevention, reducing waste, improving efficiencies, and eliminating disparities in quality of care and outcomes.

Under the program, OHP benefits will remain the same and people covered under the plan will continue to see their same providers. As CCOs continue to form and gain certification, more OHP patients will be enrolled between Sept. 1 and Nov. 1. The Oregon Health Authority, recognizing that Oregon is home to a diverse group of communities, noted that CCOs have the flexibility to accommodate their specific region and the cultural diversity of OHP members.

Barney Speight, special assistant to the director of the Oregon Health Authority, said the reform movement gained momentum in 2009 as the Legislature sought ways to cap skyrocketing health care costs. The Oregon Health Policy Board began crafting the statewide CCO system, and the Legislature passed it as House Bill 3650 during the 2011 session. The CCO model is unique to Oregon, but builds on the underlying fundamentals of Medicaid and managed care, he said.

Speight said the first wave of reform under the CCO model is to integrate mental and physical health care. “Prior to the CCOs, there were mental health organizations and fully capitated health plans that provided physical services. The first job of the CCO is to put together an integrated care model at the community level that takes these two services and brings them together for greater coordination of care for the patient,” he said.

The next step involves integrating dental care, and by 2014 the CCOs will be working collaboratively with dental care organizations. Speight said an example of this coordination would be a woman receiving not only physical checkups during her pregnancy, but dental checkups as well. The woman’s child also would receive regular physical and dental checkups through the CCO.

“We want to avoid using the emergency room for dental pain, because it’s very expensive,” he said. “The main thing dentists will see as they participate in the CCOs is a lot of emphasis on getting data about

What is a CCO?

Coordinated Care Organizations (CCOs) have one budget that grows at a fixed rate for mental, physical and, ultimately, dental care. They are accountable for health outcomes of the population they serve.

CCOs are governed by a partnership among health care providers, community members, and stakeholders in the health systems that have financial responsibility and risk.  

– From the Oregon Health Authority
patient behavior and an effort to provide more coordinated care.

“The CCO and the care team involved with the patient will ultimately be on the alert that if dental care is needed, they need to make contact with the dental care organization or the primary care dentist to make sure those appointments happen, and vice versa,” Speight added. “The dental care organization will have an interest in watching subsets of patients who may not go to the dentist but have some underlying issues, and showing them the importance of making those appointments and following through with dental care.”

Speight said that while the details of financial integration are still being worked out, it is expected that dental care organizations that serve OHP and Medicaid patients will no longer contract directly with the state. Instead, they will contract with their community’s CCO.

“That will happen somewhat incrementally based on mutual agreement from both parties,” he said.

Speight noted that another benefit for dentists who participate in the CCOs is a more complete and thorough transparency in patient care data, clinical outcome data and clinical performance data as the CCOs strive for improved outcomes. Better outcomes will be rewarded with higher reimbursement levels under the CCO model.

According to the Oregon Health Authority, a third-party analysis found that CCOs could help Oregon save $1 billion in health costs over the next three years and more than $3.1 billion over the next five years. The state received $1.9 billion in federal funding earlier this year to implement the CCOs.

For more information on CCOs, please visit the Oregon Health Policy Board at www.health.oregon.gov.
An interview with OHSU’s new provost, Jeanette Mladenovich

New Collaborative Life Sciences building provides ‘unprecedented opportunity to advance interprofessional education’

The OHSU School of Dentistry has launched an exciting new era for dentistry with its new facility on Portland’s South Waterfront, the Skourtes Tower. OHSU’s new provost Jeanette Mladenovic, MD, MBA, MACP, will play an important role in guiding the process, and is keenly interested in collaborating with the dental community to ensure that the dental school can continue its legacy of excellence. The following is a short Q&A in which the provost answers some questions that have emerged from recent meetings with the dental community.

What is your role as the provost at OHSU?
As provost, I serve as OHSU’s chief academic officer, reporting to OHSU President Dr. Joe Robertson. In conjunction with Joe and in cooperation with faculty, my charge is to provide the overarching vision and strategic leadership for all of the missions of OHSU. One of the projects that I greatly look forward to working on is the new OHSU/OOU Collaborative Life Sciences Building— including the Skourtes Tower—which will house our dental education program on Portland’s South Waterfront. This is an incredibly unique opportunity to work with four nationally ranked professional schools and our academic and research partners to better prepare our future health care workforce.

What is your vision for the School of Dentistry?
OHSU’s School of Dentistry has graduated our region’s best dentists for generations, and we want to sustain that momentum for generations to come. Going forward, we will continue to pursue our primary mission of providing an outstanding clinical education for our students. To achieve this goal, we will be increasing the number of full time faculty, while continuing to engage part time clinical faculty from the community. We appreciate the real world connection that practicing dentists bring to our students’ education and the value of dentists teaching dentists. To support our clinical focus, we also plan to increase the quantity and quality of patient encounters. The Skourtes Tower will allow us to expand clinical services with extended hours and a much more convenient location.

The school will balance its clinical mission with the pursuit of innovation in research and clinical care. In addition, the school remains committed to advancing oral health care throughout Oregon, particularly in our rural communities.

What’s the latest news on the new School of Dentistry in the Skourtes Tower?
The Skourtes Tower is under construction and visible just to the south of the Marquam Bridge. This will be a tremendous new platform upon which to build the future of dentistry in our region. The new School of Dentistry will enrich the overall learning experience with operatories that will be nearly twice as large as the ones in the current building, a full-spectrum dental clinic designed to serve more patients with broader services, a dental simulation center convenient to the clinic and space dedicated to continuing dental education.

While building an exciting new learning environment, we are also committed to a financially sound business model for the school. We have carefully examined throughput and refined space planning to build a sustainable operation.

What is the status of the Dean search?
The search is well under way. I selected the executive search firm, Isaacson, Miller, from a pool of contenders. They are a highly regarded firm that has conducted more than 4,700 searches nationally, including those for leading academic medical centers. I have worked with them before and know that they achieve outstanding results by approaching the process with discipline and collaboration. They have interviewed key stakeholders to develop an understanding of our School of Dentistry, finalized the position description with the search committee and are developing a pool of potential candidates. We hope to interview finalists on campus this fall.

About Dr. Mladenovich
Jeanette Mladenovic, MD, MBA, MACP, joined OHSU in October 2011 as Provost & Vice President for Academic Affairs.

She received her bachelor’s and medical degrees from the University of Washington, completed training at Johns Hopkins Hospital and Stanford Univ. and obtained her MBA at the Univ. of Miami.

Prior to her arrival at OHSU, she served as the Senior Associate Dean at the University of Miami Miller School of Medicine.

She has also served in administrative roles in the State University of New York (SUNY) system, the University of Colorado, and the University of Minnesota.

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That said, we aren’t going to rush this process. I am fully committed to finding the right person to take the School of Dentistry to the next level. This is, after all, the opportunity of a lifetime for someone to lead our School of Dentistry, with its new building, a collaborative educational environment, in a world-class academic health center.

In the meantime, I remain grateful to Jack Clinton, DMD, Dean Emeritus, for his dedication to completing the Skourtes Tower and Gary Chiodo, DMD, Interim Dean, for managing the day-to-day operations of our school.

**Will you be initiating a program to train mid-level providers?**

We have no plans to initiate such a program. Our commitment is to providing an outstanding education in general dentistry and the dental specialties.

**How does dentistry fit into OHSU’s interprofessional education vision?**

I took the position at OHSU in great part because of the unprecedented opportunity to advance interprofessional education—and transform the patient experience. Interprofessional teams—health care professionals from different disciplines coordinating care for patients—are the future of health care, and OHSU is on the vanguard.

I am excited about the opportunities for collaboration and partnerships with the School of Dentistry as OHSU leads the revolution to make collaborative practice the new standard of health care everywhere. As your members well know, the health care community continues to expand its awareness of the connection between oral health and diabetes, heart disease and other health risks—another way in which interprofessional health care teams will improve future health outcomes for us all.

Our new facility rising on the South Waterfront will be key. The OHSU/IOUS Collaborative Life Sciences Building is a joint venture of the state, OHSU, Portland State University and Oregon State University and, as the name implies, a building that will foster interaction between students from all of our professional health care programs, including dentistry.

The Skourtes Tower, within the CLSB, will provide an amazing opportunity for dental students to learn in a state-of-the-art dental school that is aligned with what will become one of the most progressive settings for collaborative education anywhere in the world. ●
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As a new dentist following in his grandfather and great-grandfather’s footsteps, John Snyder, DMD, knew he wanted to gain the broadest practice experience possible. After graduating from OHSU School of Dentistry in 1986, the St. Helens native headed to Connecticut for a year-long general practice residency at Hartford Hospital.

It not only gave Dr. Snyder a chance to learn about East Coast care philosophies, but the hospital’s status as the only Level 1 trauma center in the area introduced him to an unpredictable array of cases, including patients who had broken jaws from fistfights, gunshot wounds or severe injuries from car accidents. “That experience really helped me be more comfortable and confident in treating complex injuries and medical emergencies in general,” he said.

When he returned to Portland, Dr. Snyder joined Permanente Dental Associates, PC, a professional corporation owned, governed and managed by 130 dentists located in 17 offices between Salem and Longview, Wash. Since 1974, PDA has contracted exclusively with Kaiser Foundation Health Plan to operate and jointly manage the Kaiser Permanente Dental Care Program, which is unique to Kaiser Permanente’s Northwest region.

Dr. Snyder, dental director and chief executive officer of PDA, is celebrating his 25th anniversary with the organization. The father of two young adults recently shared his thoughts on the group practice model, mid-level providers and how he escaped the teenage trauma of berry picking.

Why do you prefer working in a group practice to having your own?
I enjoy the dynamics of a group practice model, and it helps you grow because you have professional interactions, and you can review cases with other dentists. It really improves the quality of care because you have more insights into how to handle complex cases. My work is also rewarding, because it allows me to develop my clinical skills while filling leadership roles within the organization.

What are some of the challenges that go along with your work?
The challenges are really related to this economic environment, and the pace of the economic recovery has challenged patients, employers and health care providers to reduce costs. Oral health is often thought of as discretionary, and the economic constraints are impacting the market. The recovery has been so slow that it becomes more difficult to get employers and patients to understand the value of oral health when they are struggling to do the basics for their business. But delaying care often means more invasive and more expensive care down the road.

How do you feel about mid-level providers in the profession?
The whole dialog occurring around the mid-level provider issue is a distraction in that it limits our ability to look at innovative care models that will help our communities have a greater quality of oral health. I’m really excited about the new dental school because it’s sort of like a group practice model of education. I believe the next generation of providers will have a much different view of how health care is really a team of people working together. That integrated learning model opens up the possibilities for a lot of innovative thinking, and we are uniquely positioned to define the role of the dentist as part of the larger health care team.

How do you enjoy spending your time when you’re not at the office?
My interests are pretty seasonal and they all have to do with outdoors. In the winter I enjoy snowboarding and in the summer I like to go backpacking. I also build ponds, decks, arbors, fences and anything related to landscape design.

As a kid, I hated berry picking so much that I took the first different job I could get, and that was gardening for a pair of sisters. I worked for them all through college and they had these big, wonderful vegetable and flower gardens. I still enjoy gardening.

Melody Finnemore is a freelance writer for ODA and a partner in Precision Communications (www.precomwords.com). She can be reached at precisionpdx@comcast.net.
On June 20, Community Connect—a one day resource fair—was held as part of the Yamhill County’s 10-year plan to end homelessness. A variety of free goods and services were provided to over 600 fair attendees. Services provided included medical screenings, dental treatment, hair cuts, bike repair, pet care, along with helpful state and county information.

Yamhill Community Action Partnership (YCAP) shared sponsorship of the event with the Housing Authority of Yamhill County, Work-Source Oregon’s Yamhill Center, McMinnville area Habitat for Humanity, and Waste Management, Inc. The Red Cross, staffed by the McMinnville Kiwanis Club, collected 37 units during an onsite blood drive. YCAP’s Americorps volunteer, Megan Paterson, coordinated the event and was excited about the larger role that dentistry played in this year’s event.

The Yamhill County Dental Society (YCDS) recruited 12 dentists and their staff to provide dental care for the attendees. Michelle Bleth-Weber, RDH, BSDH, played an integral role in the planning of the event, collecting equipment, and organizing a team of dental hygiene students from Pacific University. Special thanks to the following dentists and staff who volunteered their time and efforts: Mark Barnard, Gayle Bizeau, Brian C. Bomberger, DMD, Marco Gutierrez, Randy T. Heiman, DMD, Debi Huyssoon, Todd C. Hyder, DMD, Thomas A. Kolodge, DDS, MD, Mark A. Miller, DMD, Marilyn Switzer, DMD, Scott P. Thomas, DMD, and Ingrid M. Viljak, DDS. YCDS executive director, Heather Miller, coordinated the scheduling and was a key player in the success of the day. Sue Lavier, RDH, dental director for Love, Inc., also spent the day at the event helping wherever needed, even assisting Dr. Miller with dental treatment! She also provided four A-dec portable dental chairs that were used in the triage and screening areas.

Medical Teams International brought two mobile dental vans, each fully equipped with two dental operators, and Pacific University provided six portable chairs and hygiene units for teeth cleanings. Over 100 people received dental treatment, with most getting cleanings plus other work, including root canals, fillings, extractions and partial dentures. O’Brien Dental Lab donated all partial denture services. Over $41,000 worth of dental services were provided.

As Megan Paterson stated, “It’s about community. We’re celebrating summer, celebrating giving back and making sure we’re taking care of the community as best we can.”

Dr. Mark Miller, YCDS president, sends out a huge thank you to all who volunteered their time and efforts at Community Connect. It was a fantastic team effort and we look forward to Community Connect 2013!

Mark A. Miller, DMD is president of the Yamhill County Dental Society. He is a general dentist in Carlton and can be reached at rhinodmd@gmail.com.
DFO Helping Children Statewide

Although your ODA Charity is small, its impact is tremendous—helping thousands of low-income children across Oregon through programs like the Tooth Taxi and the DFO Community Grants Program.

Since its inception, ODA members have helped provide over one million dollars to nonprofit dental clinics, serving over 200,000 Oregonians, and sending a powerful message that dentistry cares about those less fortunate.

For more information, visit www.SmileOnOregon.org.

Community Grants Awarded

The Foundation recently awarded small grants to eight worthy organizations.

2012 grantees include:

- **Advantage Smiles for Kids, Redmond** ($3,000) to provide dental care and orthodontic services
- **Assistance League of Eugene Children’s Dental Center** ($5,000) to provide free care to K-12 public school children
- **Boys & Girls Club of Albany** ($5,000) to help purchase disposable dental supplies for the free clinic
- **Boys & Girls Club of Salem, Marion, Polk Counties** ($3,000) to help purchase five laptop computers to use within the clinic for education activities and to access Oregon Health Plan resources
- **Deschutes County Healthy Beginnings, Bend** ($8,000) to support 19 free dental screenings for low-income children from birth to five years-old
- **Friends of Creston Children’s Dental Clinic** ($6,500) to help cover operating expenses for their first summer program at the free clinic
- **Multnomah Dental Society, Portland** ($2,000) to support their Children’s Health Fair and subsidize the use of three mobile dental vans
- **Southern Oregon Mission of Mercy, Medford** ($10,000) to help fund a two-day free dental clinic for low-income Oregonians

Our congratulations to these grantees, and our heartfelt thanks to them for all they do to improve the oral health of Oregon children. And thank you to all the ODA members whose continued support allows us to improve the oral health of Oregon children.

Support oral health education with a Library Pack!

Order your Back to School Tooth Taxi Library Pack of four colorful children’s books about oral health now. Show your support to local schools and children by purchasing a Tooth Taxi Library Pack for just $50. Your name will appear in the front of each book, and the Library Pack will be delivered to schools the Tooth Taxi visits by our staff.

Visit the DFO website at www.SmileOnOregon.org where you can download an order form or call the office at 503-594-0880 to place your order.
Chip! Raises $54,000 for DFO

The 2012 Chip! for Teeth Golf tournament was held on Friday, June 22 at Langdon Farms Golf Course where 33 teams helped raise over $54,000 to support DFO programs like the Tooth Taxi.

Golfers enjoyed a delicious lunch while scores were tallied, and over $9,200 in prizes were given away during the DFO raffle that included golf trips, casino weekends, hotels, restaurants and much more.

Winner of the KP $1,000 prize (sponsored by Consani Seims) was Mike Coppedge. Men’s Long Drive champion was Johnny Coppedge, and Women’s Long Drive was won by Betty Worster.

Thanks to all sponsors and players!
For a complete list of sponsors, teams and players visit the DFO website at www.SmileOnOregon.org. And save the date for next year’s Chip! for Teeth, which will be held on Friday, June 21, 2013, at Langdon Farms.

Thank You, Dr. McLeod!

Our sincere thanks to Dr. Jennifer McLeod who officially retired from the Tooth Taxi in July after serving nearly two years with the program.

Dr. McLeod has traveled thousands of miles to put healthy smiles on the faces of low-income children. We will miss her dedication to the Tooth Taxi program, her professionalism and her love of the children we serve. We wish her well on her next journey into private practice.

Thank you, Dr. McLeod, for making a difference for so many children.

New Tooth Taxi dentist

We are pleased to welcome Dr. Joshua Moffitt to the Tooth Taxi as our new full-time dentist. Dr. Moffitt, a 2004 graduate of the OHSU School of Dentistry, has worked in public health at the Blackfeet Community Hospital in Montana, which provides healthcare services for members of the Blackfeet tribe. Most recently, he worked with Permanente Dental Associates and has also volunteered on the Tooth Taxi. Dr. Moffitt is very excited to be working with children and serving on the Tooth Taxi.

Welcome aboard Dr. Moffitt.
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EXCEPTIONAL OPPORTUNITY IN SALEM, OREGON. Dental West Associates is a multi-doctor practice with nine operatories, currently seeing 100+ new patients per month. We are interested in the continued growth of our dental practice and are currently seeking a board certified dentist with the opportunity leading to partner. Contact Raleigh Pioch at 503-867-7179 or at drraleigh@salemdentist.com.

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TEMPORARY DENTIST—SALEM, OREGON. SEEKING experienced General Dentist for a temporary position. Position is 2 (10-hr) days/week (Tuesday/Wednesday). Send CV to hr@rowhumanservices.org.

DENTAL OPPORTUNITIES

GENERAL DENTISTRY

NORTHWESTERN WASHINGTON—SEEKING EXPERIENCED DENTIST FOR busy, established rapidly growing, fee for service, group dental practice. Excellent immediate income opportunity ($180,000 to $375,000 + per year) depending on productive ability and hours worked. Secure long term position. You can concentrate on optimum patient treatment without practice management duties. Newly equipped, modern office with excellent staff and lab services provided. If you are bright, energetic with a desire to be productive, very personable, and people oriented, and have great general and specialty clinical skills, fax resume to Otto J. Hansen, DDS at 425-484-2110.

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SALEM – Wonderful opportunity to acquire this G/P, overhead, family practice collecting $1.5M+.

S. OREGON COAST – Excellent family G/P collecting $500K+. Very nice office with newer equipment, including Eagle Soft & Schick.

N. OREGON COAST – G/P established 35 years with a very nice, 4-op office, collecting about $400K.


S. OREGON COAST – Great start-up opportunity! Building and part time practice with 3 equipped ops.

SOUTHERN OREGON PEDO – Wonderful 30+ year practice with collections of $550K+ and low overhead. Excellent, easy access location. Great growth potential!

NEW-N OR COAST – Progressive, high profit, Biological practice collecting $350K+. This amalgam free/safe office features 3-ops and digital X-rays. Flexible lease makes this a wonderful merger possibility!

VANCOUVER, WA – Large G/P collecting around $775K. Attractive newer office with 6-ops, digital X-rays, patient monitors, pano, and a laser. Great access and parking.

CAMAS, WA – Very large G/P collecting around $1MM with associate and wonderful newer office with state of the art equipment.

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RURAL GENERAL DENTAL PRACTICE FOR SALE IN HAWAII. Profitable office with assured patient base, excellent staff, doing all phases of dental care including pedo, oral surgery, endo and prosthetics. Full time practice (4 days) with full time hygienist. Have time to enjoy golfing, outdoor and ocean sports in paradise! Must have Hawaii license. Serious inquiries may contact hident1218@yahoo.com.

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MODERATE SEDATION COURSe INSTRUCTOR: Steven Ganzberg, DMD, M.S. Dates: April 19–21 at UCLA and May 15–19 at Wendel Family Dental Centre (Vancouver, WA), 2013. Cost: $11,995. A deposit of $5,000 due by February 1, 2013. Course is 80+ hours with 20 patient cases. Contact: Lori, 360-944-3613 or loris@wendeldental.com. Space is limited. AGD #218643.

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