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September 2012

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the 9th Annual PROH Conference
November 2, 2012

from the 2011 PROH Conference

ENROLL NOW in the National Dental Practice-Based Research Network

Evidence-Based Dentistry and the selection of Oregon Dental Conference speakers

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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:
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Wilsonville, OR 97070-3710
info@oregondental.org

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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2012—2013 DBIC RISK MANAGEMENT COURSES

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Dental research needs some love

Oral, dental, and craniofacial research is not glamorous—breakthroughs usually don’t make headline news or win major awards. Dentists need to be advocates for this research, and, just like the public, we need to be aware of the reach and the effect of dental research. It is more than just the wear factor of a composite or the strength of porcelain.

As Dr. Martha Somerman, the Director of the National Institute of Dental and Craniofacial Research (NIDCR), stated recently, dental research includes “developmental genomics of the human head and face, engineering replacement tissues, developing saliva-based tests to detect disease, targeting therapies to directly halt head and neck cancer, tracking the structural dynamics of the microbial communities that inhabit the mouth, developing better pain management, regenerating bones and teeth, exploiting our natural immunity to fight infection and inflammation, and conducting high quality translational, clinical, and behavioral research. And those are just a few of the opportunities before us.”

Research at dental schools is not just limited to oral health but promotes a “more fundamental level of understanding how biological systems function,” according to a correspondence about research by David Morton, PhD, Professor of Integrative Biosciences, and Associate Dean at the OHSU School of Dentistry.

Dr. Morton makes the point that it is important in dental schools that students are exposed to as much research science as possible so they have an increased awareness of evidence-based healthcare. Yes, students are exposed to evidence-based dentistry in classes, but an opportunity to also be exposed to it through hands-on research dramatically reinforces its importance.

Despite this, according to a report published on July 11, 2011, in the Journal of Dental Research, NIDCR funding to dental schools decreased 10% between 2005 and 2009, and “grants to U.S. dental institutions comprised 50 percent or less of total NIDCR awards globally from 2005 through 2009.” ODA member and Director of the Practice-Based Research in Oral Health Network at OHSU, Tom Hilton, DMD, MS, pointed out that “institutions other than dental schools and researchers outside the U.S. are getting the majority of NIDCR research funds.” Some funding does also come from corporations, but in a challenging economy these dollars are also stretched.

Whether from corporate funding, school funds or from National Institute of Health (NIH) grants, dental schools need to recruit and retain researchers. An active research community in the dental schools has many positive benefits. In addition to the exposure to evidence-based healthcare that Dr. Morton mentions, research also brings prestige to a dental school. Many dental schools operate as OHSU does—as part of a larger university healthcare campus and not always the primary focus. An active successful research community generates much-needed dollars for the university. A dental school that has prestige and money to attract top researchers also has clout within the larger university system, which has many schools competing for a limited amount of funding. A stronger dental school means the students are getting a better education and, in the long run, will be providing a higher quality of care to their patients. Students will graduate with the level of skill necessary to provide top clinical healthcare.

What matters most is that research leads to new advances and discoveries in healthcare, and, in turn, this means better healthcare for patients. As a profession, that is what we are all about. In our current society, “access to care” and “quality of care” have become common buzzwords. Let us put some meaning behind those terms.
Evidence-Based Dentistry

In direct terms, evidence based dentistry (EBD) enables the dental profession to advance dental care by identifying clinically relevant information which results in procedures with the most predictable outcomes for patients.

EBD has three major components:
1. The best scientific evidence;
2. The knowledge, skill and judgment of the dental professional; and
3. The needs, wants and desires of the patient.

The best scientific evidence is determined from systematic reviews of randomized controlled clinical trials, those individual trials, non-randomized trials, cohort studies, cross-sectional studies, case reports, or in absence of evidence, based on opinions of recognized experts in the field. The dental professional relies upon their experience, knowledge and judgment in this model, but personal experience alone is subject to bias and should not be the sole factor in weighing treatment decisions. Lastly, when the patient is given valid options for care, along with advantages and potential complications or risks of each option their preference becomes the final piece of the EBD system.

... when the patient is given valid options for care, along with advantages and potential complications or risks of each option ... their preference becomes the final piece of the EBD system.

Dr. V. Kim Kutsch completed his DMD at University of Oregon School of Dentistry in 1979. With expertise in dental caries, he maintains a private practice in Albany, Oregon, and acts as CEO of Oral BioTech.

One significant challenge in EBD is that researchers and educators view the scientific evidence differently from the practitioner. While researchers and educators examine cross-sectional studies of large populations and make recommendations based on how a material or procedure would affect a population, the practitioner is faced with a longitudinal perspective of an individual patient. The practitioner appropriately makes decisions based on the individual patient sitting in their chair, and considers what the outcome will be over the next 10 or 20 years. The practitioner is responsible for the patient longitudinally. A recent survey in JADA highlights this discrepancy.

In a survey, general and pediatric dentists were shown pictures of occlusal fissures and asked if they would seal over the enamel lesion if there was or wasn’t radiographic evidence of a lesion. While the scientific evidence is clear that it is appropriate to seal over non-cavitated occlusal lesions, few practitioners are actually following the recommendation. The reason being, that while it might make sense at the population level, the practitioner makes the final decision based on not only the scientific information, but their personal experience and history with the patient, the patient’s carries risk and adherence to a recare schedule. Then the practitioner decides will a sealant in this particular instance be successful in this patient for 10 years, or 20 years? Because the patient will hold the practitioner responsible if it fails.

The future holds significant challenges for EBD. Funding cuts to NIH and NIDCR will result in fewer randomized controlled clinical trials. The cost of these studies continues to increase, making it more difficult to conduct independent research as well. We have grown accustomed to having numerous random controlled trials, and even multiple systematic reviews, from which to make decisions and recommendations. As the cost of healthcare continues to escalate, those days are probably gone and are not coming back. The dental profession needs to adapt to being able to make the best clinical recommendations based on fewer but perhaps more relevant and targeted studies. The Practice Based Research Network offers a significant opportunity to collect valid scientific data in a practice based setting. This real-world scientific data can bridge this research gap and provide the profession with vital information from which to make reliable recommendations.

These are the challenges of applying EBD in practice today. But with these challenges come opportunities. The dental profession will adapt our research models and will continue to apply EBD in practice. We will constantly improve the level of dental care, ultimately for the benefit of the people we serve—our patients.
There's a reason
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“My patients expect the highest quality modern dental care can provide. If I deliver anything short of that, my patients will not come back. So every part of my practice must be able to achieve that same level of service and quality. That's why I use O'Brien Dental Lab. Everything about O'Brien, from the way they dress, to their expertise, to the service they provide – always going the extra mile – is above the industry standard. The details matter and nobody understands that better than O'Brien.”

- Gerald Fujii, DMD, Portland, OR

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NEWS BRIEFS

Please welcome our newest ODA members!

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KEITH W. DOTY, DDS
Portland • Washington County

MICHAEL K. SETTER, DDS, MSD
Portland • Multnomah

STEVENSON S. SMITH, DMD
Eugene • Lane County

CHRISTINE A. WOODWARD, DDS
Salem • Marion & Polk

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:

ODA Leadership Development Committee
Chair, Nominating Sub-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 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

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.
Race the Reaper
Benefitting Mission of Mercy

You don't have to fear the Reaper—just outrun him—with the dental heart-pounding deal: Get $10 off your entry to Race the Reaper, held on October 6 and 7.

At this frighteningly fun outdoor challenge course, held at the Flying M Ranch in Yamhill, you'll put everything you've got on the line over the course of six obstacle-packed miles.

Put yourself to the test in challenges like rope climbs, pipe-shimmying, and mud crawls. Crossing the finish line is reason enough to celebrate, but even better is the fact that part of your registration fee supports Oregon Mission of Mercy, providing dental care to uninsured Oregonians.

Don't wait too long: The Reaper is coming soon, and you don't want to come in dead last. Use the code ‘DNTORRE106’ for the dental discount.

Race the Reaper
October 6 & 7
Yamhill, Oregon

Register online at:
www.racethereaper.org

Want more? Check out
Race the Reaper on Facebook.

The Oregon Dental Executives’ Association proudly presents
FALL FORUM 2012
October 19, 2012

DOCTORS: Have you considered all the possible ramifications of improper billing and coding? The consequences range from wasted time and money to mistakes that are considered fraud and are actionable by law. BIG changes are afoot in 2013 and you need to know about them!

- Learn about the 35 NEW CDT Codes, the 38 CDT Codes REVISED, and 11 DELETED CDT Codes effective Jan. 1, 2013.
- Review of the Evaluation codes. Is it an evaluation or a consultation?
- Caries risk factors: Why certain codes require a caries risk assessment.
- Problematic hygiene codes – SRP, D4910, D4355, D4381, etc.
- Common dental coding errors and how to avoid them.
- Non-covered Services Law: what does it really mean and when does it apply? How does it affect cosmetic services and upgrades on crowns?
- Reporting some common procedures billed to Medicare and the options
- Pecos—what it is and why you need to enroll.

Be forewarned and forearmed! This is information that you and your team need to know. Register online at www.oregondentalexecutives.org to reserve your spot today!

2012 ODEA FALL FORUM: Friday October 19, 2012
8 AM to 5 PM, followed by a networking social
Embassy Suites Portland, Washington Square
9000 SW Washington Square Rd, Tigard, OR 97223

Dentist Health & Wellness Hotline

503.550.0190

ODA volunteers are on call 24 hours a day to provide confidential, caring assistance for help in dealing with substance abuse and addiction, disability, litigation stress, and mental health challenges.
Newly Revised!

ADA Practical Guide to Effective Infection Control

Protect your patients and staff from the spread of disease with the newly revised ADA Practical Guide to Effective Infection Control. This comprehensive, easy-to-follow 40-minute DVD and corresponding workbook offer:

- What to do in case of possible exposure to a bloodborne pathogen
- Updated guidelines on the safe handling and disposal of needles and other sharps
  - Infection control guidelines for radiographic procedures
  - Self-assessment checklists to see where your staff needs improvement
  - Eight hours of CE credit

This effective resource provides a convenient, self-paced learning experience for all members of the dental healthcare team. Ideal for both the seasoned professional and the new practitioner, it is a must have for all dentists.

P692 The ADA Practical Guide to Effective Infection Control
Member Price: $135 / Nonmembers: $202.50

Visit the online ADA Catalog for all your patient education, professional resource and personalized product needs! Smart changes and streamlined navigation make shopping faster and easier with more search options and fewer links: www.ADACatalog.org.

The ODA Match
2nd Annual Speed Interviewing Event

The Oregon Dental Association cordially invites you to participate in an evening of fast paced networking!

The event will be a structured format with each candidate spending 6–7 minutes with each hiring dentist. More in-depth interviews can be scheduled by interested parties.

If you’re transitioning, have a position to offer, or seeking an associateship, we hope you’ll consider joining us.

This is a member benefit and registration is required. Please RSVP by October 19th. Spots are limited.

All inquiries are strictly confidential.

Thursday, November 1, 2012
6:45 – 8:45 pm
Oregon Dental Association
8699 SW Sun Place, Wilsonville, OR 97070

For more information or to RSVP, contact Margaret Torgeson:
503.218.2010, ext 108
mtorgeson@oregondental.org

Need a new employee?
Looking for work?
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MEMBERSHIP matters
We’re looking for YOUR help!

Membership Matters will be publishing our Reception Room issue this coming January, and we would love to have your contribution.

This issue will have a special pull-out section to be placed in your reception area.

If you would like to contribute an article about your specialty or area of interest to patients, please contact our editor, Barry Taylor, DMD, at beavertondonist@yahoo.com.

THANK YOU!

ADA New Dentist Conference

The ADA New Dentist Committee honored dentists for their achievements at the 26th New Dentist Conference in Washington, DC.

The honorees were: Dr. C. Brad Adams, North Carolina Dental Society, for organizing and leading a number of popular social and educational programs for students and new dentists. Dr. David M. White, Nevada Dental Assn. for a variety of activities, including urging the UNLV School of Dental Medicine and the Univ. of Nevada—Reno’s Pre-Dental Society to create an early-admission program to identify gifted students who would stay in Nevada to pursue their education. Dr. Ross A. Bennett, Missouri Dental Assn. for his political activities on behalf of dentists.

In addition, the Colorado New Dentist Committee was honored for its “Surviving the First Ten Years” practice management lecture series. The Arkansas State Dental Association was also honored for its programs and activities.

The ADA 27th New Dentist Conference is scheduled for July 18–20, 2013, in Denver.

For more information:
• www.ADA.org/newdentistconf
• 800.621.8099, ext. 2779
• Facebook: “ADA New Dentist Conference”
• Twitter: @ADAnewdentists

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EVIDENCE BASED DENTISTRY

Research FOR & BY Private Practitioners

By
Thomas J. Hilton, DMD, MS
Jack Ferracane, PhD
Cindy Barnes, BSDH, MBA, CCRP
Have you ever thought about all of the treatment decisions you make based on anecdotal information as opposed to evidence gathered through research? OHSU’s Practice-based Research in Oral Health (PROH) network is trying to change all of that. The purpose of PROH is to promote evidence-based dentistry by working with a cadre of private practitioners in Oregon and southwest Washington to investigate common topics impacting the practice of dentistry.
Since 2003, PROH has conducted the following six research projects:

1. **Cracked tooth survey.** A preliminary evaluation of various factors associated with cracks in teeth. Data indicate that posterior teeth with amalgams and composites are 7.7 times and 4.0 times, respectively, more likely to have a crack than an unrestored tooth.

2. **3M temporary crown clinical trial.** A clinical evaluation of the Protemp temporary crown system. Of the eleven characteristics evaluated, only three were statistically significant. Marginal discoloration increased between insertion and post-op appointments. While 80 percent of the temporary crowns were successfully seated on the first attempt, there was a significant increase in the odds of re-cement as the difficulty of placement increased. Forty-eight percent of practitioners rated the ease of placement to be comparable to their normal temporary crown technique, 27 percent rated it better than their normal technique and 25 percent rated it worse than their normal technique.

3. **Kerr Premise posterior composite clinical trial.** A clinical evaluation of Premise composite and Optibond All-in-One adhesive. Eight characteristics were assessed clinically over two years with four characteristics being statistically significant, though the results from this practice-based study were consistent with university-based studies. Subjective cold increased in direct correlation to restoration width (but not depth). Surface roughness and marginal discoloration increased significantly and marginal integrity decreased significantly over time. There was an increase in average wear from baseline to year one and year two. The new material performed at an acceptable level.

4. **Effects of eugenol concentration in ZOE.** A study evaluating the effects of eugenol concentration in ZOE provisionals on dentin bond strength of composites and assessing dentists’ opinion of potential ZOE effects before and after seeing study results. Bond strength was not affected by prior exposure of dentin to ZOE, even when eugenol concentration was three times that recommended by the manufacturer. After seeing the results and being presented with a supporting literature review, 82% of dentists said they would be less concerned about using eugenol prior to dentin bonding.

5. **Unmet dental needs screening.** A dental screening examination by physicians at a rural medical clinic and a patient survey in Baker City to determine unmet dental problems. Half of the patients who were screened (46.0%, n = 310) had oral health conditions detected, including partial edentulism (24.5%), dental caries (12.9%), complete edentulism (9.9%), and cracked teeth (8.9%). Twenty-eight percent of the patients reported experiencing unmet dental needs.

6. **School of Dentistry curriculum survey.** A request from the department of restorative dentistry for practitioners to provide input on topics that should be included in the undergraduate curriculum. Preventive/conservative topics were uniformly rated as essential or important. The same can be said of the general topics, with developing critical thinking skills and specific training in ethics and professionalism scoring highest in the survey as being essential to the curriculum.

In addition to conducting research, PROH also promotes evidenced-based dentistry through its annual conferences, which are designed around the theme of “myths and controversies.” Each year, network members are surveyed to identify myths, controversies, and clinical questions that arise in the daily practice of dentistry. The survey results are used to identify speakers with the expertise to address six topics.

The format has proven to be very popular. The speaker first introduces the myth, controversy or clinical question and states two opposing viewpoints. Then the audience votes anonymously on one or two multiple choice questions, which gives everyone an idea as to where they stand or what they believe is the correct take on the issue. The speaker then presents the evidence from the literature relative to the topic. At the end of the presentation, the original question(s) are asked again of the audience and the results are displayed so the attendees can see how their opinion has been affected by the evidence presented. The speaker often wraps up by giving their personal opinion based on the available evidence.

Each presentation lasts 30 minutes followed by a 10 minute question and answer period. This format makes for an interesting, dynamic, fast-paced and wide-ranging CE course that has been very popular with dentists and staff alike.

The 2012 PROH Conference is scheduled for Friday, November 4, 2012, in Portland. See information to the right for topics, speakers, and how to register. Also see page 15 for a recap of what was covered at the 2011 PROH Conference.
Join PROH for an exciting, fast-paced morning with six speakers addressing some of those confusing and contentious myths and controversies that face us in dentistry today.

Select faculty from OHSU and the University of Washington will each introduce their topic, identify the opposing viewpoints, review the relevant research, present their position on the topic based on their understanding of the evidence, and answer your questions.

**DETAILS**

**Fees**

$150 Dentist  $130 Staff  ($10 off if registered by October 2)

**Registration**

Online  http://PROHannualConference.EventBrite.com

Phone  503.494.8857

CE Credits  5 hours

**AGENDA**

7:15  Registration and Continental Breakfast

8:00  Welcome by Tom Hilton, DMD, MS

8:05  Greeting from Interim Dean Gary Chiodo, DMD, FACP

8:10  Introduction and network update by Tom Hilton, DMD, MS

8:25  “New kid on the block: Are all-ceramic restorations ready to replace traditional metal-based indirect restorations?”

by Steven Gold, DDS  assistant professor, Department of Restorative Dentistry and Group Practice Leader at OHSU

9:05  “Perio and cardiovascular disease: Is this a chicken or the egg story?”

by Jim Katancik, DDS, PhD  associate professor and chair, Department of Periodontics at OHSU

9:45  Break

10:00  “Pulpotomy and restoration of primary teeth: What goes in them and what goes on them?” by Elizabeth Palmer, DMD  assistant professor, Department of Pediatric Dentistry at OHSU

10:40  “Do fiber posts provide adequate support for restoring root filled teeth?”

by Roberto Macedo, DDS, PhD  assistant professor, Department of Restorative Dentistry at OHSU

11:20  Break

11:35  “You’re under arrest! Halting and preventing caries: Topical fluoride or silver nitrate?” by Steve Duffin, DDS, MBA  affiliate assistant professor at OHSU and private practice in Keizer, Oregon

12:15  “I can't eat ice cream…or can I? Treatment of dentin hypersensitivity”

by John Wataha, DMD, PhD  professor and chair, Department of Restorative Dentistry at the University of Washington

12:55  Conclusion
When Pacific Continental bankers Amanda Mombert, Scott Beard and Chris Kane talk to their dental-banking clients, they know the difference between a pano and an intraoral camera. Whether helping to grow a practice with a line of credit or just financing a digital x-ray, their dental knowledge makes a world of difference. At Pacific Continental, our bankers not only speak dental, they’re experts in delivering the financial services you need, when you need them... on your terms.
Implant supported RPDs: Valuable treatment option or outdated modality?
Scott Dyer, DMD, MS, PhD

Options reviewed for replacing missing teeth were 1) do nothing, 2) removable partial denture, 3) fixed partial denture, and 4) implant with removable partial denture. After taking all factors into account, it is accepted that no partial can be designed/constructed that will not be destructive in the mouth, and it is not possible to control all forces, but the proper distribution of forces leads to clinical success. Strategic implant placement replaces key missing abutments (canines and first molars), decreases cantilever (distal position), decreases stress on remaining dentition (mesial position), and supports prosthetic occlusion. Endosseous implants result in the best survival rates for teeth adjacent to an over-partial.

Should every extraction site be grafted? Brad McAllister, DDS, PhD

Dr. McAllister discussed many of the considerations the clinician must take into account when trying to decide if an extraction socket should be grafted. CBCT studies that demonstrate how thin the buccal plate typically is in the anterior maxilla were reviewed and how this can impact the amount of bone remodeling with and without bone grafting. How bone grafting can be helpful in implant cases was also reviewed, with an emphasis on the anterior maxilla where having insufficient bone buccal to the implant was shown to result in more gingival recession.

Cold sores: Preventable, treatable, or inevitable?
Cynthia Kleinegger, DDS, MS

Approximately one third of the US population suffers from recurrent herpes labialis, typically experiencing 1 to 6 episodes per year. A variety of topical and oral antiviral medications are available to treat this problem. Numerous research studies have attempted to determine the efficacy of these treatments. The majority have compared an individual drug to a placebo rather than two or more drugs to each other. The results have been mixed and it is difficult to compare studies due to variations in study designs and outcomes measured. Additionally, results that may be statistically significant do not necessarily translate into clinical significance. It does appear that some patients can be expected to benefit from antiviral therapy, although it is not possible to predict which patients will benefit and to what degree. In general, research indicates that oral medications are more effective than topical medications and that topical medication is more effective in a cream base than in an ointment base.

Over-the-counter dental products: Do they work? (Part 2)
Erinne Lubisich, DMD

Xylitol: There is strong evidence supporting the use of xylitol to prevent dental caries. More research is needed to determine optimal dosing. Mouthrinses for halitosis: Rinses containing chlorhexidine, cetlypyridinium chloride, and chloride dioxide/zinc are effective in reducing halitosis. Mouthrinses for gingival inflammation: Chlorhexidine, cetylpyridinium chloride (Crest ProHealth, Cepacol, and Breath Rx), and essential oils (Listerine) are effective agents in rinses to reduce plaque and inflammation. Fluoride Mouthrinses: Regular supervised use of fluoride mouthrinse by children reduces tooth decay, even if they drink fluoridated water and use fluoridated toothpaste. More research is needed on adverse effects and acceptability of fluoride mouthrinses. Research evaluating a relationship between mouthwash use and oral cancer is inconclusive.

Which endodontic rotary system works best? Brian Whitten, DDS

The most extensively studied aspects of what is “best” are shaping ability and avoiding instrument fracture. All NiTi rotary instrument systems shape canals well and better than hand instruments, all are subject to cyclic fatigue and all have torsional load limits. Evidence to incorporate electropolishing or M-Wire as standard procedures is inconclusive. Dr. Whitten emphasized that it is not the instrument chosen to use that is important but rather how the instrument is used. Important technique factors are straight-line access, glide path, early coronal flaring, crown down preparation, following the manufacturer’s recommendations (speed, torque, and sequence), pecking/brushing motion, use of NaOCl (lots of it!), maintaining patency, light apical forces, being considerate of anatomy, replacing files often, considering hybrid techniques, and, most importantly, the training period/experience. The majority of US endodontists use rotary NiTi in 100% of cases, torque-control motors at 300 rpm, crown-down technique with NaOCl, and discard instruments after 2–4 patients or after even a single use in challenging canals.

Caries prevention in a “green” world: Is fluoride a toxin or a treatment?
Eli Schwarz, DDS, MPH, PhD

As with all substances, dosage determines toxicity. The probable toxic dose (PTD) of fluoride is 5 mg/kg body weight. The new recommended level of fluoride in drinking water is 0.7 parts per million. Fluoride remains the cornerstone of modern non-invasive dental caries prevention and management. The most cost-effective and equitable population preventive measure is still water fluoridation. The multiple sources of fluoride and expansion of fluoride therapies have created a complex scenario for evaluating total fluoride ingestion and isolating the beneficial effects of water fluoridation. Dental professionals must use available evidence about fluoride benefits and adverse effects to balance their own use and what they recommend to the public.
Perception.

Like many others, is this what your consultant/management services experiences have been like?

Not quite what they seemed?
Reality.

It’s time to believe:
There is a real solution for results generating management services
A management services delivery system with provable value
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A 10 minute introductory call will allow you to finally see how you can achieve your personal, professional and financial goals

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The National Dental Practice-Based Research Network is enrolling dentists and dental school faculty to participate in a nationwide research program. The goal of the “nation’s network” is to address important oral health questions affecting everyday patient care. This effort is supported by a seven-year grant from the National Institute of Dental and Craniofacial Research (NIDCR) (www.NIDCR.nih.gov), part of the National Institutes of Health. The network will conduct national oral health studies on topics of importance to practitioners and their patients, provide evidence to improve routine dental care, and facilitate movement of the latest evidence into routine clinical practice. Most participating dentists are general practitioners; however, we are also establishing specialty subgroups (e.g., pediatrics, orthodontics, endodontics). We focus on “practical science” done in, and for the benefit of, “real world” clinical practice. We have shown that this approach makes a difference in treatment decisions and patient care.1,2

Practitioners can choose how much or little to participate, depending on their individual interests. As part of the nation’s network, dental practitioner-investigators can propose research studies, be part of study teams that develop research protocols, conduct clinical research, review and disseminate research results, and serve in leadership positions. Focusing on study questions proposed by dentists helps ensure the research best serves the patient care needs of practitioners. We involve practitioners in the protocol development phase to help minimize the impact of studies on clinic operations and patient flow.

Participating on study teams helps balance the competing needs of research and practice, and expands practitioners’ clinical research knowledge and skills.

Research questions are primarily submitted by dentists in the network, although ideas from academic faculty are welcome. Study staff work with practicing dentists from each region to make sure that the study questions, data forms, and procedures make sense to clinicians and can be implemented without disrupting existing clinic operations and patient flow. We have found that including practitioners in the study development phase of the research is critical to the long-term success of the network.

When practitioners are involved from the beginning, research stays focused on efficient methods to collect only those data that are critical to achieving the study aims.

The primary focus of network activities is on clinical studies. Practitioner-investigators may take part in a wide-range of studies, including surveys of practice patterns and treatment decisions, observational studies of clinical practice decisions such as cohort and case-control designs, and randomized clinical trials. Examples of observational studies conducted by the dental PBRNs include evaluations of restorative treatment decisions and cracked tooth syndrome.3,4 The network conducted two studies of the risk factors for osteonecrosis of the jaws, including a large retrospective study using electronic health records, and a case-control study involving dentists from three regional networks.5,6 The national network also can evaluate issues related to the dental-medical care integration. Network dentists conducted a successful pilot study of blood glucose testing and medical referrals for patients at risk for diabetes.7

Practitioner-investigators also take an active role in the evaluation and dissemination of results. Soon after study completion, dentists involved in data collection receive research summaries comparing their individual results to results of other dentists in each region. Practitioner-investigators may present results at regional meetings (Figure 1) and lead discussions with colleagues about the implications of the research for routine patient care (Figure 2). Network dentists are encouraged to present
Evidence-based Dentistry plays role in SELECTION OF Oregon Dental Conference speakers

By Melody Finnemore

In planning the Oregon Dental Conference, the Annual Meeting Council strives to ensure that conference speakers address topics that are interesting, relevant, and, sometimes, even a bit controversial. At the heart of the selection process is evidence-based dentistry.

Held each April at the Oregon Convention Center, the Oregon Dental Conference is a concurrent meeting of the ODA, the Oregon Society of Oral and Maxillofacial Surgeons (OSOMS), the Oregon State Association of Endodontics (OSAE), the Oregon Society of Periodontists (OSP), the Oregon Academy of General Dentistry (OAGD), the Oregon Academy of Pediatric Dentistry (OAPD), the Oregon Dental Assistants Association (ODAA), the Oregon Dental Executives’ Association (ODEA), as well as a forum for hygienists and laboratory technicians from throughout the Northwest to meet.

The 120th annual session set a record last April by drawing nearly 5,600 oral health professionals and students from across the region. More than 70 presenters spoke during the three-day conference, providing a broad array of information that ranged from how to protect one’s dental practice from fraud and ethics in the business of dentistry to the latest techniques and tools being used to treat patients and what types of treatment are appropriate for patients facing serious health issues.

“We certainly are interested in people who are doing new, cutting-edge things, because that’s always interesting,” said Stacy A. Geisler, DDS, PhD, a member of the council who practices oral and maxillofacial surgery in Lake Oswego. “And sometimes it’s good to have controversial topics, like oral surgery. There is a real debate about how to treat certain kinds of conditions.”

Dr. Geisler noted that sessions about anesthesia and sedation also generate strong discussions during the conference.

“Some clinicians feel one way about a certain technique and others may have opinions about another technique, so it can be very educational and enriching to hear those opinions. But it has to have some kind of science behind it,” she said.

Council members place a priority on topics they know are of interest to oral health professionals in Oregon, and its members rely on feedback from those who attend the conference, along with ODA staff and volunteers who help with conference planning.

“We can have an opinion and think, ‘Yes, this is a great speaker,’ but if the people in the state don’t like it then that’s a real problem,” Dr. Geisler said. “We take it very seriously if someone tells us a particular speaker made them uncomfortable or didn’t seem credible.”
As a specialist, Dr. Geisler looks for speakers who graduated from a specialty program accredited by the American Dental Association, are certified by a specialty board, and are in good standing with that board.

“They must have integrity and be honest in their presentations,” she added. “In using evidence-based dentistry to evaluate speakers, we look for flags that signal people we don’t want, like speakers who are sponsored by a certain company or product and really are just trying to sell something.”

Dr. Geisler noted that using evidence-based dentistry as a selection technique sometimes takes people aback, but she pointed out that science is just one element. A dentist’s clinical judgment and experience and a patient’s expectations are complementary components.

“No one thing takes precedence over another, so it’s not a dictatorial kind of thing,” she said. “We’re taking the best science we have at the time, which is constantly changing over time, and then the dentist’s experience and patient’s expectations are just as important.”

Larry R. Franz, DMD, a Portland general dentist, chaired the Annual Meeting Council for the 2012 Oregon Dental Conference and said he enjoys scouting potential speakers by attending other dental conferences across the country.

“You get to meet a lot of dental colleagues, and the people who run the meetings are great to associate with. There are other scouts at the meetings and we all help each other by telling each other about good speakers,” Dr. Franz said.

Dr. Geisler said she also enjoys the scouting process and is looking forward to hearing some new speakers at the ADA’s meeting in San Francisco in October.

Once potential speakers are identified, the council invites them to provide additional information on the presentation, including the research behind it, so they can evaluate the lecture and make their decision.

Kent D. Burnett, DDS, a Corvallis general dentist and council chair for the 2013 conference, said that collegial decision-making process has been invaluable to him as the council determines speakers for the next event, scheduled for April 4–6.

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.

Mark Your Calendar!
ODC 2013
April 4–6
Oregon Convention Center, Portland

NATIONAL DENTAL PRACTICE-BASED RESEARCH NETWORK, cont. from page 19

study results at professional meetings (Figure 3) and serve as co-authors on manuscripts. Attending annual network meetings and conferences provides opportunities to expand personal and professional connections with fellow dentists and researchers. The network provides travel support for dentists who present network research at national meetings.

Enrolling in the network is easy. If you have an email address, enroll online by following the directions on the home page, or by entering your name and email address at www.ndpbbrn-research.org/enrollment. An email will be sent to you with a link to the enrollment questionnaire. Once completed, regional staff will contact you with more information about network participation. More information is available at www.NationalDentalPBRN.org, or contact us directly. Enroll today and help make this your network.

Jeffrey L. Fellows, PhD, Director
Daniel J. Pihlstrom, DDS, Deputy Director
Walter R. Manning, DMD, Practitioner-Investigator and Executive Committee Representative

For more information, visit www.nationaldentalpbrn.org or contact Jeffrey L. Fellows at Western Region, National Dental Practice-Based Research Network—Center for Health Research, 503.335.6784 or jeffrey.fellows@kpchr.org.

References


As you may have seen in the news recently, a new effort for community water fluoridation in Portland is underway. The Oregon Dental Association has long been an advocate of community water fluoridation, and finally, we are not in this fight alone. A founding member of the Everyone Deserves Healthy Teeth Coalition, made up of dental and medical professionals, children’s advocates, business leaders, and Portland citizens, are calling for the Portland City Council to fluoridate Portland’s water as a safe, effective and affordable way to increase the oral health of our community.

One in three Oregon children has untreated cavities, jeopardizing their health and educational success. Financially, dental decay accounts for 30 percent of all health care costs for children. Dental-related emergency room visits by Oregon’s Medicaid enrollees jumped 31 percent in the past few years, taking a tremendous toll on healthcare costs.

Fluoridating Portland’s water is affordable and will save money. Initial start-up costs are estimated to be about $5 per person with an annual cost of $0.61 per person, based on average water use. That is less expensive than providing fluoride treatments in dental offices and schools. The return is very high: every $1 invested in fluoridation saves $38 in decreased treatment costs for fillings and more serious dental work.

On September 6th, the city council held a colorful hearing on water fluoridation that lasted over 6.5 hours. Then on September 12, they unanimously voted in favor of fluoride. A wrap up of the campaign and next steps will be provided in the November Membership Matters.

Visit www.EveryoneDeservesHealthyTeeth.org to learn more.
EVERYONE DESERVES HEALTHY TEETH COALITION
coalition partner list current as of 8/29/2012

African American Health Coalition
African Partnership for Health
African Women’s Coalition
Albina Head Start
American Medical Student Association, OHSU Chapter
Asian Health & Service Center
Asian Pacific American Network of Oregon (APANO)
Capitol Dental Care
Causa
Center for Intercultural Organizing
Central City Concern
Children First for Oregon
Coalition of Communities of Color
Coalition of Community Health Clinics
Component Dental Societies
Dental Foundation of Oregon
Familias en Acción
Friends of Creston Children’s Dental Clinic
Health Share of Oregon (Tri-County CCO)
Kaiser Permanente Northwest
Knowledge Universe
Latino Network
Legacy Health
Lutheran Community Services Northwest
Native American Youth Association (NAYA)
Northwest Health Foundation
Medical Teams International
OEA Choice Trust
OPAL Environmental Justice Oregon
Oral Health Outreach
Oregon Academy of Family Physicians
Oregon Community Foundation
Oregon Dental Association
Oregon Dental Hygienists’ Association
Oregon Dental Services Companies
Oregon Head Start
Oregon Health & Science University
Oregon Latino Agenda for Action
Oregon Latino Health Coalition
Oregon Medical Association
Oregon Nurses Association
Oregon Oral Health Coalition
Oregon Pediatric Society
Oregon Primary Care Association
Oregon Public Health Association
Oregon Public Health Institute
Oregon School Nurses Association
Oregon School-Based Health Care Network
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Philippine American Chamber of Commerce of Oregon
Physicians for a National Health Program, OHSU Chapter
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Rogue Valley Dental Society

Busy year of continuing education and Mission of Mercy

By Melody Finnemore

President of the Rogue Valley Dental Society, Ian M. Erickson, DMD, acknowledges that things are a little crazy for the component. While preparing for September’s Mission of Mercy (MOM) in Medford, the component continued to hold its monthly clinical presentations.

The group meets the first Tuesday of each month, with dinner accompanied by clinical presentations that provide two CE credits. The gatherings also offer treasured opportunities to connect with other dentists who practice in Grants Pass and the surrounding area, Dr. Erickson said.

“I think it’s incredibly valuable to sit at a table with your peers and hear the problems or issues others are dealing with in their dental office,” he said. “It’s nice to have a little assurance that you’re doing everything possible in your dental practice to do things right. It’s also really nice to have that networking opportunity with specialists.”

Dr. Erickson, who graduated from OHSU School of Dentistry in 2008, is in his fourth year of general practice in Grants Pass. As a fairly new practitioner with two young children—a 2-½-year-old and a three-month-old—Dr. Erickson said he appreciates the support he receives from the component’s 30-plus members.

“It’s been really valuable to me to get to know my colleagues so that if I ever do get into trouble or need help, I have a network of people I can call,” he said.

It helps, too, that Dr. Erickson practices with his father, Mart D. Erickson, DDS, a well-established general practitioner in the Grants Pass community. In fact, the majority of the Erickson family is immersed in the dental field. Dr. Erickson’s mother, Linn, is a dental hygienist and his wife, Nicole, practices in Medford. His younger brother, Sten M. Erickson, DMD, is in general practice at Siskiyou Community Health Center in Grants Pass. The youngest brother, Brent Erickson, is finishing his second year at OHSU School of Dentistry. ●

Rogue Valley Dental Society

NUMBER OF MEMBERS 42

PRESIDENT Ian M. Erickson, DMD

Rogue Valley Dental Society Schedule 2012–2013

Oct. 2 Dr. Larry Over
All in 4 Implant Technique

Nov. 6 Dr. Chun-Han Chou
Practical Periodontology

Dec. 4 Dr. Bruce Logan
Oral Maxillofacial Surgery

Feb. 5 Dr. John Washack
Pediatric Dentistry

Mar. 5 Dr. John Robinson
Indications For Early Ortho Intervention

May 7 Dr. Larry Over
Occlusion

All lectures will be held at the Grants Pass Country Club. Refreshments start at 5:30 PM and lectures start at 6:00 PM.

Non-members are always welcome but will be charged a $25 fee.

For more information, email ian.m.erickson@gmail.com or dr.sten.erickson@gmail.com.
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No summer break for the Tooth Taxi

THE TOOTH TAXI visits public schools throughout Oregon during the school year providing free dental care and oral health education to thousands of low-income and uninsured children.

During June, July and August, the van visited 11 summer school programs and served children of agricultural workers including children from the Townsend Farm Labor Camp in Fairview.

At the Townsend Farm Labor Camp, we treated both young adults who were working in the fields during the day as well as their younger siblings who were in a camp program. Our dental screenings and “classroom educational services” took place outside at picnic tables in the camp (see photo at left).

“There is a tremendous need for oral health care and education in this community,” said Mary Daly, Tooth Taxi Program Manager. “So many of these children have no access to dental care and often don’t understand the importance of basic oral hygiene. What we are doing is making a huge difference.”

In addition to the Townsend Farm Labor Camp, the Tooth Taxi visited North Gresham Grade School, Nellie Muir Elementary...
School in Woodburn, Witch Hazel Elementary and Century High School in Hillsboro, Gervais Middle School, Joan Austin Elementary School in Newberg, Friends of the Children in Portland, Salem Boys & Girls Club and the Tigard School Based Health Center. We screened 477 children, delivered oral health education sessions to 573 kids, treated 259 on the van and provided $122,674 in donated dental care.

“The Tooth Taxi is incredible,” said Julie Conroy, Coordinator Migrant Summer School Programs for North Gresham Grade School. “Many of our students have never seen a dentist.”

Special thanks to all of our summer volunteers including Marcia Nado, RDH; Cecilia Alvarado, RDH; Renee Olsen, RDH; Dr. Jan Peterson; Dr. Nick Mellum and his assistant, Kristy Campbell.

What we believe
“Dentistry has been very good to us and it is important that we give something back. Every dentist should support The Dental Foundation of Oregon. It’s our charity, and it is working hand over fist to improve the oral health of Oregon’s children.”

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For more information about the DFO Cornerstone Society, contact Judy Edgerly at foundation@SmileOnOregon.org. Call us at 503-594-0880 or visit www.SmileOnOregon.org.
FOURTH-YEAR DENTAL STUDENT Geoff Peterson will never forget one of his first patients in the OHSU School of Dentistry pre-doctoral clinic. “I really liked him,” said Geoff. “He was a good guy, and he needed $300 to finish a crown he needed.”

“Even after selling some of his stuff, he still couldn’t come up with the cash for the procedure, and I felt bad for him. This light went off in my head and I thought it was time to make a Student Patient Assistance Program (SPAP) happen to help people who are low-income, have no or little insurance, and who are serious about their oral health care.”

Geoff, a Montana native who intends to go into prison dentistry upon graduation, decided to work with classmate Erica Coe, who has a lengthy background in community service dental work, particularly patient screening.

OHSU dental students, Geoff Peterson and Erica Coe created the Student Patient Assistance Program to help patients who are in need of financial assistance.

Students reignite patient assistance program

The two approached Interim Dean Gary T. Chiodo, DMD, F.A.C.D, and Senior Associate Dean for Clinical Affairs Denice Stewart, DDS, MHSA, F.I.C.D, and received the go-ahead for fall term.

“Apparently, the school used to have a patient assistance program, but it had lapsed many years ago,” said Geoff. “Our SPAP will be entirely student run, which makes it a little different.”

Geoff and Erica developed a mission statement, criteria for patient funding, and a patient screening form, and then appointed a nine-member committee comprised of eight fourth-year dental students and Kathleen Birchfield, DMD, assistant professor of restorative dentistry, who was one of the program’s early financial supporters.

“We will rely on our classmates to do the legwork in finding patients they think will qualify for the program, and then the students will be responsible for helping their patients.
to fill out the screening form,” said Geoff. “The student also has to write an essay on why their patient needs help, with information about the patient’s appointment attendance record, and their commitment to pay half the cost of treatment.”

The SPAP committee will meet monthly to review applications and select those patients for oral care funds. “We want to be able to fund as many patients as we can,” said Erica. “All of the funds provided will be matching funds up to $500. So, if a patient needs a $100 filling, they will pay $50 and the SPAP will match that amount.”

Geoff noted that the emphasis will be on patients whose dental needs urgently require management. “We want this to be a one-on-one, case-by-case basis,” he said. “The key for us is that the program is empowering, not enabling.”

Geoff and Erica have opened an account through the OHSU Foundation, and are looking for SPAP donors. “The SPAP is a work in progress, but we hope to get to the point where the program is financially self-sufficient,” said Geoff. A crew of third-year dental students already are lined up to take over the SPAP when the fourth-year dental students graduate, he said.

“I feel like we need to make a better commitment to the community,” said Geoff. “That’s why we’re doing this.”

Community Dentistry Professor and Department Chair Eli Schwarz, DDS, MPH, PhD, FHKAM, FACD, FRACDS, said OHSU dental students have a great social commitment through various outreach programs with homeless, children, and the Native American communities. “This program, however, is almost an intramural outreach program with the triple strength of increasing access to dental care for the underserved, supporting the dental school’s mission, and furthering the dental education of our students while treating needy patients who otherwise could not afford dental care,” said Dr. Schwarz, the SPAP committee’s faculty advisor. “I truly commend the students for organizing and structuring this effort.”

Sydney Clevenger is Communications Coordinator for the OHSU School of Dentistry. She can be reached at clevenge@ohsu.edu.

Interested in donating?

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KENT, WA - G/P collecting $350K on 3-days per week. Nicely appointed office features 4-ops, pano, and newer cabinetry.

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