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Oregon Dental Association
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Blog  www.TheToothOfTheMatter.org

Letters to the editor are welcomed.

Letters to the Editor
barrytaylor1016@gmail.com

Are you interested in contributing to Membership Matters?
For more information, please contact editor, Dr. Barry Taylor:
barrytaylor1016@gmail.com.

SEF 5  12 NOON  Executive Committee meeting
(Sunriver Resort)

SEP 6–7  ODA House of Delegates
(Sunriver Resort)

SEP 27 10:00 AM  Board of Trustees meeting (ODA)

NOV 16 8:00 AM  Board of Trustees meeting (ODA)

NOV 24–27  Oregon Mission of Mercy IV
(Orgeon Convention Center—Portland)

JAN 10 10:00 AM  Board of Trustees meeting (ODA)

MAR 7 9:00 AM  Leadership Seminar (ODA)

MAR 8 8:00 AM  Board of Trustees meeting (ODA)

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For more information, please contact editor, Dr. Barry Taylor:
barrytaylor1016@gmail.com.

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TUES, SEP 10  Marion & Polk  CE HRS: 2
Teenagers: What Their Mouths are Telling You But They Aren’t
Lisa Copeland, RDH, of Philips Sonicare
LOCATION: Salem (Boys & Girls Club)
INFO: www.mpidentalce.com, mpidentalce@qwestoffice.net

TUES, SEP 10  Washington County  CE HRS: 1.5
Part I: Head & Neck Cancer, 2013 Update
Dr. Peter E. Andersen, Dr. Neil D. Gross
LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org, wcidskathy@comcast.net

WED, SEP 18  Multnomah  CE HRS: 1
Tax Planning Strategies for Dentists
Kristy Harris, CPA
LOCATION: Milwaukee (Moda Plaza, formerly ODS Plaza)
INFO: www.multnomahdental.org, lora@multnomahdental.org

FRI, SEP 20  Lane County  CE HRS: 6
Multidisciplinary Approach for Diagnosis, Treatment & Prevention of Dental Trauma
Nestor Cohenca, DDS
LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsoociety.org

TUES, OCT 8  Marion & Polk  CE HRS: 2
Ergonomics in the Office: How to Prevent Back Pain and What to do When it Hits
Jeff Blanchard, PT, MS, of Therapeutic Associates
LOCATION: West Salem (Roth’s)
INFO: www.mpidentalce.com, mpidentalce@qwestoffice.net

TUES, OCT 8  Southwestern Oregon  CE HRS: 1.5
Update of Various Medications which Contribute to Osteosclerosis
Drs. Cook & Cherry (hematologist, oncologist)
LOCATION: Coos Bay (Red Lion Hotel)
INFO: Dr. Roger Sims: roger@rgsims.com

TUES, OCT 15  Washington County  CE HRS: 1.5
Part II: Dental Mgt. & Reconstruction of the Head & Neck Cancer Patient
Dr. Tuan G. Bui
LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org, wcidskathy@comcast.net

WED, OCT 16  Multnomah  CE HRS: 1
How to Avoid Getting Bitten and Other Tips from a Pediatric Dentist, Michelle Stafford, DDS
LOCATION: Portland (McMenamins Kennedy School)
INFO: www.multnomahdental.org, lora@multnomahdental.org

THUR, NOV 7  Southern Oregon  CE HRS: 1.5
Machu Picchu & Dentistry in Peru
Dave Allen, DDS
LOCATION: Medford (Sunrise Café)
INFO: www.sodsonline.org

TUES, NOV 12  Marion & Polk  CE HRS: 2
Business Identity Theft, Warren Franklin
LOCATION: West Salem (Roth’s)
INFO: www.mpidentalce.com, mpidentalce@qwestoffice.net

TUES, NOV 12  Washington County  CE HRS: 1.5
Options & Rationale for Managing Affected Pulp of Primary Teeth, Dr. John E. Peterson
LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org, wcidskathy@comcast.net

For more House of Delegates information, please visit www.oregondental.org.

DBIC RISK MANAGEMENT COURSES
DEC 6  9:00 AM  Multnomah (Portland)  INFO: Lora Mattson, 503.513.5010

DEC 13  9:00 AM  Central Oregon (Bend)  INFO: www.centraloregondentalsociety.org

ODA House of Delegates meeting
Sept. 6–7, 2013
Sunriver Resort

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Portland, Oregon

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An Unethical Humanitarian Dental Trip?

LEADING A GROUP OF STUDENTS on an international dental humanitarian trip presented me with a treasure trove of ethical questions that I was not anticipating at the outset.

When I first agreed to accompany some students to the Dominican Republic and Haiti, I received many positive comments about what a nice thing I was doing. However, before I was done polishing my halo, another colleague asked the first question about the ethics of such a trip. By the time I returned home from the trip, I was pondering similar questions myself. While I do not believe such trips are truly “unethical,” the matter is not black and white, and they do present topics for discussion and thought.

In the early planning stages, I was asked by Dr. Eli Schwartz, Chair of Community Dentistry at OHSU, if our group had received any type of licensure to practice dentistry in either the Dominican Republic or Haiti. Consider that in Oregon we recently had to alter our state’s statutes to allow out-of-state dentists to volunteer for MOM, and we have other guidelines as to what level of patient care visiting clinical instructors can provide. How would any of us feel if a group of dentists from Canada opened up a free, one-day clinic in downtown Portland? In traveling abroad, we assume that our quality of care will be superior to that of any local dentist. Does that make it acceptable to ignore local laws governing dentistry, in the name of altruism?

It is common for dental students to go on these trips. At OHSU School of Dentistry, this year alone has seen such travel to the Philippines, Honduras, the Dominican Republic, and Haiti. While there, students provide a varying degree of care. Some may question if it is ethical for students (unlicensed dentists) to provide the degree of care that they do in these situations. But, in their fourth year of dental school, the students start community rotations at local clinics like Russell Street, where they provide care to the general population. Each of the overseas trips finds students working under the supervision of a licensed general dentist, just as they would here at home.

From a clinical standpoint, these trips can be stressful, because you are typically operating in conditions that would be unacceptable in Oregon. Dental vans and MOM clinics are luxurious by comparison. There is frequently no electricity, or your electrical source may be a 20-year-old borrowed gas generator that was started with a pull-rope. Your operatory is often outdoors, with a standard of sterilization we would consider subpar. Our host in Dajabon told us that the dental clinic we set up had better sterilization than the local hospitals.

At what point does providing less than ideal care become unethical?

Dentistry aside, there is the constant reminder that you are in a third world country. On the way to the clinic, you drive on dirt roads, past brightly colored, one-room houses. You see children playing in the street as motorcycles with three passengers—none wearing helmets—zip past; for a moment, you think, “How cool...it’s like National Geographic.” Then you realize it is what a friend of mine termed “poverty tourism,” and it doesn’t feel quite as interesting. You remind yourself that ten people may live in that house with no electricity, no potable water, and no indoor plumbing. No, it is definitely not cool. To us it is poverty. To the people living there, it is everyday life.
On our one-day side-trip to Haiti, from the Dominican Republic, we took great care to protect ourselves from a fungal infection that was common among the orphans that we treated. I had taken my oral typhoid vaccine and was also taking medication to prevent malaria. In Haiti, I found myself questioning to what point I put my own health at risk or that of my family (knowing that I could transmit a disease to them upon my return home). In all honesty, I was happy to leave Haiti. I discovered there is a limit to the amount of risk I will undertake.

Some people questioned the ethics of spending a great deal of money to travel to a faraway country, when there is such great need right here in Oregon or even other parts of our own country. However, it has been my experience that the same people that make the effort to go overseas are the same individuals that show up at MOM, help on the dental vans, and volunteer in the clinics for the underprivileged here at home. For example, colleagues of mine such as Drs. David Dowsett, Steven Beadnell, Scott Barry, David Kreutzer, and Paul Brent, as well as dental companies, the OHSU School of Dentistry Alumni Association, and others were all quick and generous with donations to support our trip; I know that the same individuals and groups support many such local efforts. These endeavors, whether domestic or foreign, to me show the best side of dentistry.

At the end of the day, the ethical assets of such a trip are greater than the ethical losses. In the ideal world, such endeavors would be partnered with dental schools in the region so that rather than feeding them fish for one day, we could help teach them to fish for a lifetime. That is when change could really make a difference.
Be Sure to Update Your Notice of Privacy Practices

Everyone is familiar with the HIPAA regulation that requires you to distribute a Notice of Privacy Practices to all patients, who then sign an Acknowledgement indicating they have received and reviewed the Notice. HIPAA requires that certain content be included on your Notice.

Published on January 25, 2013 and in effect on March 26, a new HIPAA Final Rule was passed. Referred to as the Omnibus Rule, these new regulations include required changes to the wording of your Notice of Privacy Practices. Dental offices have until September 23, 2013, to comply.

One change to the Notice involves fundraising and marketing. The Notice must now indicate if the patient’s Protected Health Information (PHI) is used for fundraising and give the patient the right to opt out. If there is a disclosure of PHI for marketing purposes or the sale of PHI, a written authorization must first be obtained from the patient.

The Breach Notification Rule was part of the HITECH Act that passed back in 2009. The new Notice must now inform the patient of the dental office’s obligation to notify patients in the event of a breach of unsecured PHI.

Furthermore, the Notice must state that in the event a patient pays in full for a service out of pocket, the patient now has a right to request the dental office not to disclose treatment information for this service to a health plan.

Lastly is a change to the patient’s right to a copy of their health records. If applicable, a patient now has a right to an Electronic copy of their records if they prefer. The patient must be notified of this right in the Notice of Privacy Practices.

While it is a violation of HIPAA Security to send a patient’s PHI over normal email without any type of encryption or security measures, a dental office is allowed to send regular email containing PHI directly to the patient, but only if the patient requests this, their email address is verified, and the patient is informed of the possible security risks of emailing sensitive information. However, secure emails are always recommended if possible when sending PHI.

The Notice of Privacy Practices should contain an effective date of when the office first started distributing the new Notice. Distribution is only required to patients as they come in for appointments, and only new patients who have not yet signed an Acknowledgement of Receipt Privacy Practices Notice are required to sign a new Acknowledgement. No changes are required to the Acknowledgement form.

If a dental office has a website, as of September 23, they are required to post their updated Notice of Privacy Practices to the website.

For more information or to receive a copy of a new and compliant “Notice of Privacy Practices,” available on paper or electronically, please call The Dental Record at 800-243-4675 or visit www.dentalrecord.com. The Dental Record is endorsed by the ODA. Please review the full details of HIPAA regulations and contact your attorney for legal advice.

Have you complied with the Omnibus Rule? Deadline is September 23!

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The leadership positions detailed below are currently open for nominations. All ODA members are encouraged to participate in the leadership of this organization.

Please submit your nomination 45 days prior to election. Interested applicants should submit a letter of interest and a one-page resume to:

ODA Leadership Development Committee, Jim Smith, DMD
Chair, Nominating Sub-Committee
PO Box 3710, Wilsonville, OR 97070
or email: leadership@oregondental.org

In addition to the elected positions at the right, there are also voluntary spots available on the following ODA Councils and Committees:

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

For more information, please call 503.218.2010.

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MEGAN L. NEVILLS, DMD
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JOSEPH YOUNG, DMD
Portland
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☑ Election in November, 2013
Elected by ODA Board of Trustees

ODS Board of Directors
TERM 2014 – 2017

POSITIONS OPEN Three

INCUMBENTS
G. James Darke, DMD
David W. Howerton, DMD
Patrick M. Nearing, DMD

DECLARED CANDIDATES
G. James Darke, DMD
David W. Howerton, DMD
Patrick M. Nearing, DMD

Materials due to LDC by Sept. 11, 2013.

☑ Election in November, 2013
Elected by ODA Board of Trustees

DFO Board of Directors
TERM 2014 – 2016

POSITIONS OPEN Five

INCUMBENTS
Michael J. Goger, DMD
Weston W. Heringer, Jr., DMD
Patrick M. Nearing, DMD
Thomas S. Tucker, DMD
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Invite a non-member to lunch and discuss the benefits of ODA membership. The ODA will reimburse you for lunch up to $50*.

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ADDITIONAL REWARDS

There are additional incentives and prizes from ADA’s Member-Get-A-Member Campaign, thru 9/31/13. Find resources to assist your recruiting efforts, plus information incentives and prizes, and complete rules at www.ADA.org/MGAM.

Bounty Claim Form

Member/Recruiter Information

NAME

PHONE NUMBER

ADDRESS

CITY, STATE ZIP

EMAIL

* Completed membership application, reimbursement form, and payment of new member’s dues are required for $100 check and/or $50 lunch reimbursement.

For more details, new member applications, reimbursement forms, or for a full list of non-member dentists, please contact Margaret Torgeson at mtorgeson@oregondental.org or 800.452.5628, ext. 108.

Applicant Recruited

NAME

PHONE NUMBER

How would you like your $100 bounty distributed?

___ Please send the $100 check to me.

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A CALL TO SERVE

By Barry & Melody Finnemore

ODA members volunteer locally and internationally to help people in need.

“We make a living by what we get, but we make a life by what we give.”
– Sir Winston Churchill

Whether it’s providing pro bono care at a Mission of Mercy, offering free or reduced-fee services at their practices, or improving oral hygiene and education in foreign countries, scores of Oregon dentists regularly give back to individuals and families in need.

The following vignettes offer a window into the volunteer experiences of a handful of our members, who say their charitable work is at the core of who they are and what they do, and has profoundly influenced the course of their careers.

Melody and Barry Finnemore are freelance writers for ODA and partners in Precision Communications (www.precomwords.com). They can be reached at precisionpdx@comcast.net.
“What is this new tropical disease? Why do our children have problems with their teeth?”

Tim Richardson, DDS, heard these questions from parents while volunteering in Kenya, spending three weeks during dental school educating residents of a fishing village about oral health care.

The organization for which he volunteered had established a medical clinic there, and Dr. Richardson raised money to pay for his travel and other expenses. After his arrival, many adults asked him about their kids’ oral health challenges. It turned out that, because soda pop and sweetened, prepackaged foods were available in village shops, many youngsters who indulged had tooth decay, a challenge not seen among many of the older residents.

Dr. Richardson shared with tribal elders, parents, and schools the causes and what could be done about it. “I was amazed at how many adults were hungry for education about what was happening and how to address it,” he said.

He brought American hygiene supplies, but the toothbrushes he packed weren’t needed. That’s because Kenyans use charcoal and a fibrous twig from what they refer to as the “toothbrush tree” to clean their teeth, a traditional and more sustainable approach.

“Though the presence of sugary foods can be common today in both the U.S. and developing countries, such as Kenya, a major difference is access to care,” he said. “In the U.S., those without insurance can be seen at, say, a free clinic. Dental services simply do not exist for a vast majority of Kenyans, particularly in rural areas, and even if they did, most couldn’t afford the transportation.

“Instead, they just have to live with it,” Dr. Richardson said. “I still have vivid images of kids with full-face abscesses because of infections, which then affect their whole body.”

Dr. Richardson encourages students to volunteer, because it can influence the practice area they pursue. “The experiences helped move me into pediatric dentistry,” he said.

Dr. Richardson traces his ethic of volunteerism to his upbringing. Service to others was instilled by his dad. “He definitely influenced me a lot,” Dr. Richardson said. “One of his favorite quotes is, ‘To whom much is given much is required.’”

His volunteer work has made a difference in the lives of people both at home and abroad. He participated in the 2012 Oregon Mission of Mercy, in Medford, mostly assisting with extractions and restorative work.

“People were very grateful, and it was fun to interact with so many people volunteering at the same time.”

In addition, Dr. Richardson’s Eugene practice participates in National Children’s Dental Health Month by providing a day of pro bono services, each year seeing upwards of 30 youngsters.

The biggest need? “Educating parents about proper hygiene and nutrition. If that was followed through on, we wouldn’t have the huge need we have,” he said.
LIKE THEIR JOINT PRACTICE
in Tualatin, Travis Evans, DMD, and Rick Evans, DDS, approach volunteering as a family affair. Dr. Rick Evans began 25 years ago by reaching out to local schools to provide oral hygiene education and care to children. Now aided by his son, the duo helps treat 600 to 800 children each year.

Dr. Travis Evans spends each Monday in February visiting as many classrooms as possible in Tigard, Wilsonville, and West Linn schools, along with several preschools and private schools. He hands out toothbrushes and activity packets provided by Crest, and shares tooth care tips.

“Teachers really appreciate it because the kids hear it from someone else, and we make it fun,” he said. “I’ve got four kids of my own, and they go to these schools, so we want to make sure we reach out and give back to our community.”

An added bonus is that he builds relationships with the teachers and students, and he enjoys the feedback he receives from both. Often, students will create booklets to reflect what they learned and express their thanks.

Dr. Travis Evans speaks fluent Spanish and also provides dental services to remote towns in Mexico where there is no access to care. He inherited his passion for volunteerism from his father, who for many years has provided free dental care through the state’s Donated Dental Services program.

“We feel it’s important to be involved in our community, and our skills are dentistry so we use those to help,” Dr. Travis Evans said. “A lot of us do things on our own, and it’s pretty significant, because that’s a lot of hours and manpower and cost. I love being a dentist, I love the profession, and I’m hopeful that dentists continue to seek opportunities to help other people.”

continues on next page
EVEN BEFORE SHE STARTED DENTAL SCHOOL, Melodee Tran, DMD, knew she wanted to participate in dental missions overseas. She said her motivation for volunteering stems from something higher than civic duty. “Since I was a young person, I believe God has called me to serve. I believe that He opened a door to dentistry to allow me to do that,” Dr. Tran said. “Volunteering for me is an opportunity to show people how much God loves them by physically meeting their needs.”

With a commitment to helping people who cannot afford care, she has traveled to Indonesia to treat people rescued from sex trafficking, their immediate families and the staff of Compassion First, the organization that helps them. “I have a heart for these young girls who may have been ‘sold’ or coerced into this lifestyle because of poverty or unhealthy family situations,” Dr. Tran said. “I get to make a connection with them, and they are more likely to trust me, because I am a woman. The organizations that take care of these girls often have so many other expenses that being able to provide dentistry free of charge is a huge relief for them financially.”

Her husband, Duy Anh Tran, DMD, also has long known he wanted to serve others. His volunteer work has led him to provide free dental care—from the Beaverton community where he practices, and Oregon MOM in Portland, to Haiti and Morocco. “It’s always been in my heart and my faith to do volunteer work and mission work overseas. When you go overseas, you connect with different cultures. But I believe in giving back in our dentistry, whether it be locally or overseas,” he said.

The Trans have volunteered separately and together. Both can attest to the positive influence an American dental team can bring in helping international churches and organizations improve communities. These days, they’re preparing for a 10-day trip to Cambodia in September.

As part of their investment in volunteerism, the Trans purchased their own portable dental equipment to transport overseas, so they can treat more patients. And they leave their practices—and income—for days at a time to serve others. They do so with gratitude for the rewards they receive in return. “It gives us more of an appreciation for the ability to practice; it keeps us humble, and it allows us to work hard,” Dr. Duy Anh Tran said. “When we go overseas we have to support ourselves. So, during the time we do work, we know it goes beyond the practice. That is rewarding in itself, but I know my vision is beyond just going to work.”
DURING A HIKE to the top of Half Dome in Yosemite National Park, Hai Pham, DMD, learned that one of his fellow hikers co-founded Give Hope—Give a Hand, which provides prosthetic hands at no cost to recipients. Last February, Dr. Pham closed his office for two weeks, paid his own way to Vietnam, and, through that organization, was trained to fit prosthetics for youngsters and adults who had lost hands to landmines, accidents, or birth defects.

The opportunity struck a chord with Dr. Pham, who is of Vietnamese heritage, because of the chance to profoundly change lives. As it turned out, the experience did change lives, including his own.

“What hit me the most was some of the people were double amputees and blind, and they learned to use the prosthetic hands in a couple of hours,” he said. “We would ask what they planned to do with their new hands, and a lot of them said they’d be able to live with more dignity, and do things we take for granted.”

Dr. Pham also realized he could have been among the Vietnamese receiving prosthetics, if not for his parents leaving the country when his mom was pregnant with him. Dr. Pham was born in a refugee camp in Malaysia. Eventually, his family, sponsored by a Corvallis church, emigrated to the U.S.

He said two experiences motivate his desire to volunteer: the help Dr. Pham’s family received when first in the U.S., including from a dentist who provided treatment when they couldn’t afford it; and being diagnosed with leukemia in 2007, right before he started his pediatric dental residency. The leukemia is in remission, and Dr. Pham said he “got a second chance at life.”

“I want to pay it forward,” he said.

Dr. Pham’s first experience with volunteering overseas was a trip to Romania where, with Dr. Weston Heringer, Jr., and Dr. Lorin Rice, he treated special needs children. His enduring memory was how happy the youngsters were despite having so little.

Dr. Pham also has volunteered with the Oregon Mission of Mercy and the Tooth Taxi. As part of his Aloha and Cedar Hills practices, he provides pro bono or reduced-fee services to families in need. “It’s doing the right thing,” he says. “Whatever I can do to help will come back around in other ways.”

Whether volunteering stateside or internationally, Dr. Pham said a similarity is recipients’ gratefulness and how well organized the volunteer efforts are. A big difference is that overseas, volunteers sometimes lack tools, materials and technology, such as X-rays, that are available in the U.S.

“You make do with what you’re presented with,” he said. “It made me appreciate my dental training a lot more.”

Hai Pham, DMD
WHEN HE FIRST MOVED TO PORTLAND in 2003, the first job Al Saber, DDS, took was as a part-time staff clinician for the Creston Children’s Dental Clinic. Located in Southeast Portland’s Creston Elementary School, the clinic provides free dental care for students in Portland Public Schools, from kindergarten through 12th grade.

Dr. Saber ultimately left the clinic to practice full time, yet he continues to volunteer there. He and his wife, Patricia DeMasi, DDS, take shifts at the clinic. Dr. Saber said the first priority is to relieve children of tooth pain, identify why the pain occurred, and then teach them about basic hygiene, diet, and their overall health.

“It’s a great clinic, and I feel pretty strongly that kids should be taken care of,” he said. “We don’t get to pick our parents. As grown-ups, we make our own decisions, but kids don’t get to do that.”

Dr. DeMasi said the clinic gives her the opportunity to spend time with children and help relieve their tooth pain, which is one of the leading reasons why children are absent from school. She said it has been rewarding to see improvements at the clinic since Multnomah Dental Society took over its operations.

“We’re able to do really great care for them. We’re seeing them all year long now instead of just during the school year, and we’re seeing them healthier, which is really exciting,” she said.

Dr. Saber used to live and practice in New York and recalls a father bringing his teenage daughter in for a full set of dentures. The dentures were her birthday present. While situations involving children with poor oral health can be daunting, Dr. Saber noted that judgment and frustration have no place in the treatment plan.

“You can’t get frustrated. You need to work through it. The parents aren’t bad people—they just don’t know,” he said. “The kids come here in pain, and they leave happy. That’s the best thing. Sometimes they come in as a total disaster, and then later you see them and they are happy kids.”

Few of the children are afraid of the treatment because they have no expectations, he noted. Dr. Saber still eases the experience by introducing kids to his office, describing the treatment they will receive, and engaging in a “show and tell” that helps reduce the mystery involved.

“The kids who come through Creston are troopers. They withstand some serious treatments,” he said.

Dr. Saber said he appreciates being a dentist because it’s a field that challenges him each day and gives him a chance to meet wonderful people. He encourages other dental professionals to consider donating their time and expertise to help others.

“You just do as much as you can. I’m only one person, and there is only so much I can do, but it’s something,” he said. “I think if everybody was a little more responsible and gave a little back to the community, we’d all be much happier and the community would be a better place.”

Dr. DeMasi agreed, noting that “everybody should treat every child as if they are their own.”

“I would love to have more of our dental community volunteering. I think our local programs are just as valuable as those overseas, and, even if you can just do one day a year, I would encourage every dentist to find the time to volunteer,” she said.
The 2013 Oregon Mission of Mercy free dental clinic is taking place in Portland, at the Oregon Convention Center, Monday and Tuesday, November 25–26. We will set up the 100-chair mobile dental clinic on Sunday, the 24th. We need you and your staff, and your friends and family to volunteer to make a difference in the lives of many people. It’s a great way to kick off Thanksgiving week!

Mission of Mercy IV
Portland, Oregon
November 24–27, 2013

Are you registered?
Are you bringing your staff?

“I had a patient that started crying when we started treating her. I asked if she was in pain. She said no, that she had been for a year but now we were taking care of her. She was very emotional and appreciative.”
– Dentist, volunteered Monday and Tuesday mornings

“Working as an exit interviewer, I was able to hear firsthand how thankful the patients were to have this dental care. Many were working poor; many women put their children before themselves for dental services and appreciated the ‘whole family’ approach MOM took.”
– Community Volunteer, volunteered Tuesday afternoon

“My entire staff and I felt uplifted by this amazing experience in giving back to our community with our dental skills. It was an exceptional experience to be a part of and we will continue to volunteer every year for the MOM!”
– Dentist, volunteered Monday morning

“It was a great experience for our office and family, as we all volunteered. The patients were wonderful and we appreciated the opportunity to be able to help them.”
– Dental Assistant, volunteered all day Monday

You can help ODA and the dental profession by recording the charitable dental care that you provide on this form.

Are you Oregon Health Plan/OMAP Patients?

Possible responses:
- Yes
- No

If yes, what group?

Date of Care: ________________________

Zip Code of Treatment: ____________

Number of Patients Seen:
__________Children__________Adults

Was the care part of an event?

Possible responses:
- Yes
- No

Amount of Care Provided:

Total hours: ________________

Type of Care $ Amount

Possible responses:
- Preventative
- Restorative
- Emergency
- Other

Other description:

Comments: ____________________________________________

__________________________________________

Please fax or mail completed form to:
503-218-2009
PO Box 3710, Wilsonville, OR 97070
Attn: Charitable Care
This form can also be found online at www.oregondental.org.
Can’t Get Enough of **MOM**?

Join the ADA in New Orleans at the first-ever Mission of Mercy held in conjunction with the Annual Session. With your help, we hope to treat 1,000 local residents without access to care in a special one-day clinic.

We need you to contribute your talents and experience to make this program a success.

**Come for Annual Session, Stay for Mission of Mercy**

Attend the ADA Annual Session and stay through Sunday to join your colleagues from across the nation in bringing big easy smiles to New Orleans.

To learn more and sign up to volunteer, visit [ADA.org/MOM](http://ADA.org/MOM).
WE HAVE TALKED MANY TIMES, over the past few years, about governance changes at the Oregon Dental Association. We are moving towards a competency-based board, with the only geographical requirement being that no component dental society can have more than three at-large trustees on the board. At this year’s House of Delegates meeting, in Sunriver, delegates will elect a new board for the Association, along with an editor, speaker of the house, and four members of the Leadership Development Committee.

The composition of the new board will be as follows:

**14 Voting members**

- Twelve at-large trustees (from which, in future years, the president and president-elect will be elected. In 2013, Judd R. Larson, DDS, and Steven E. Timm, DMD, will be grandfathered in as president and president-elect, respectively)
- Secretary-treasurer: Sean A. Benson, DDS
- ASDA student trustee: Margaret Campbell, DS3

**4 Non-voting members**

- ADA delegates-at-large: Rickland G. Asai, DMD, and David D. Dowsett, DMD
- Speaker of the House
- Editor

### Candidates

**At-Large Board Members (10 Open Positions)**

- **Matthew C. Biermann, DMD, MS**: Washington County Dental Society
- **Fred A. Bremner, DMD**: Clackamas County Dental Society
- **K. David Carneiro, DMD**: Clatsop County Dental Society
- **Kae S. Cheng, DMD, MD**: Washington County Dental Society
- **Richard L. Garfinkle, DDS, MSD**: Multnomah Dental Society
- **Scott S. Hansen, DMD**: Multnomah Dental Society
- **Greggery E. Jones, DMD, MAGD**: Central Oregon Dental Society
- **James G. McMahand, DMD**: Eastern Oregon Dental Society
- **Thomas R. Madison, DDS**: Multnomah Dental Society
- **Allen R. Methven, DDS**: Yamhill County Dental Society
- **Mark D. Mutschler, DDS**: Multnomah Dental Society
- **J. Lee Sharp, DDS**: Umpqua Dental Society
- **Roger G. Sims, DDS**: Southern Oregon Dental Society
- **Thomas S. Tucker, DMD**: Klamath County Dental Society
- **Joni D. Young, DMD**: Marion & Polk Dental Society

**Leadership Development Committee (4 Open Positions)**

- **Weston W. Herinre, Jr., DMD**: Marion & Polk Dental Society
- **Kevin J. Kwiecien, DMD, MS, FAGD**: Multnomah Dental Society
- **James A. Smith, DMD**: Multnomah Dental Society
- **Speaker of the House**
  - **Jeffery C.B. Stewart, DDS, MS**: Multnomah Dental Society
- **Editor**
  - **Barry J. Taylor, DMD, CDE**: Multnomah Dental Society

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What do you think the ODA needs to do to **INCREASE OUR MEMBERSHIP MARKET SHARE**?

Gone are the days when the new graduate feels the need to join their local dental associations. Today we all feel a high demand for our time. Choices will need to be made where time will be given based on many factors. Value received for time given is one of the most important determinants use to decide between competing demands for our time. The component and constituent societies need to focus on increasing the value to individuals who are asked to give their time. I suggest the ODA join forces with the constituents societies and find way to increase value from belonging to the ADA tripartite organization. Most new members join because of a personal relationship with a member. I have found it easier at the component level to hold social events that non-members will attend rather than ODA level. I have organized 3 social events for Clackamas County that attracted non-members and a few who attended became members. The ODA needs to target specific demographic groups that have low market share and sponsor events for these individuals. Female dentists who are wives and mothers have different needs and values that events can be sponsored that would be attractive for them.

What do you see as the **MAIN ISSUE(S) THE ODA MUST ADDRESS** over the next few years?

Develop the governance structure and role of competency-based board of trustees; Increase membership market share; maintain current doctor/patient relationship in light of Affordable Health Care Act; access to care for underserved; mid level provider.

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**FRED A. BREMNER, DMD**

**PRACTICE LOCATION** - Milwaukie

**HOMETOWN** - Lake Oswego

**DENTAL SCHOOL** - Univ. of Oregon Dental School, 1964

**HOBBIES/ACTIVITIES** - Cooking, photography, backpacking, studying history, traveling

**WHY ARE YOU SEEKING THIS POSITION?**

I thrive on change; I enjoy the challenge of change, and I am looking forward to the change that is coming with the formation of the newly configured Board of Trustees. As a candidate, I feel I bring qualifications, from my diverse background in leadership responsibilities in the ODA and other organizations, which will contribute to the development and success of this new governance concept.

One example is the formation of a coalition of groups and individuals who are working to solve the problem of access to dental care for adults in Clackamas County. My abilities to direct the effective use of financial resources is demonstrated by being elected and serving as treasurer of many different local and national organizations. I have read the Commitment of an ODA Trustee list of activities published in the Board of Trustees Candidate Guide and agree to participate in all the activities.

In September 2013, the ODA will start down this new road of governance principles that will help guide our association to be relevant and effective as we meet the ever-changing new normal of the future. I have the desire and skill set to be part of creating that new cutting edge governing process for the ODA.

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**MATTHEW C. BIERMANN, DMD, MS**

**PRACTICE LOCATION** - Beaverton

**HOMETOWN** - Portland

**DENTAL SCHOOL** - OHSU, 2003, Marquette (orthodontics), 2006

**HOBBIES/ACTIVITIES** - Golf, racquetball, reading, good food, wine, beer

**WHY ARE YOU SEEKING THIS POSITION?**

Having been a trustee off an on since 2000, I have been intimately involved in bringing about the change to process of electing and the makeup of the board. I would relish the opportunity to be part of the board in its new form, from the outset. I’m excited by the prospect of a new, more nimble, and the proactive board, which is able to anticipate issues and respond more quickly to developing ones. With each member having a greater part in the decision-making process, based on more information and in a timely manner. I realize this will require greater dedication and more of my time, and I am thoroughly prepared for this at this point in my career. I bring dedication to the association, experience as a trustee, the ability to synthesize disparate information to come about with solutions, and a strong work ethic.

What do you think the ODA needs to do to **INCREASE OUR MEMBERSHIP MARKET SHARE**?

Increase the perceived value of membership. A concerted effort with employee dentists could help immensely.

What do you think the ODA needs to do to **ENCOURAGE MORE MEMBERS TO VOLUNTEER**?

I believe that reaching out and directly asking dentists to volunteer could increase the number of involved members. Many may not be active participants because “no one ever asked.”

What do you see as the **MAIN ISSUE(S) THE ODA MUST ADDRESS** over the next few years?

Continuing to be sure our voice is heard in political spheres with the potential changes with shrinking membership. Larger dental clinics. Dental therapists. Somehow, we need to impress upon the younger generation that membership matters. I have found greater willingness for members to volunteer when the purpose of the activity is outward focused to the public rather than inward focused to the organization. I have observed that many non-member dentists will volunteer for projects like MOA and others that provide free dental care to the underserved. I find a different mix of members volunteering for committees and task forces that are designed to solve community problems that serve others. The tripartite organization should work together to create service projects for the public so that when individuals volunteer they will receive a positive emotional payback for their time spent.

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**K. DAVID CARNEIRO, DMD**

**PRACTICE LOCATION** - Astoria

**HOMETOWN** - Astoria

**DENTAL SCHOOL** - OHSU, 1994

**HOBBIES/ACTIVITIES** - Running, biking, hiking, star gazing

**WHY ARE YOU SEEKING THIS POSITION?**

I am seeking a position as a trustee in the ODA because I feel I offer a different point of view, and I enjoy the interaction with fellow dentists on the ground floor of issues affecting the ODA.

What do you think the ODA needs to do to **INCREASE OUR MEMBERSHIP MARKET SHARE**?

Somehow, we need to impress upon the younger generation that membership matters. Starting with students is essential. I feel we have done an adequate job of appealing to the folks who want easier and faster interaction involving dental topics.

What do you think the ODA needs to do to **ENCOURAGE MORE MEMBERS TO VOLUNTEER**?

Show people how much fun and fulfillment one can get from volunteering for a worthwhile organization.

What do you see as the **MAIN ISSUE(S) THE ODA MUST ADDRESS** over the next few years?

Shrinking membership. Larger dental clinics. Dental therapists.
The diverse opportunities for volunteers need to be clearly presented. Once volunteers are accepted, they would be offered with well developed, creative, comprehensive, value-added assignments which can be carried out by volunteers training other volunteers. I think it is important to consider and respect the diversity of individuals who volunteer and be aware of community demographics and volunteer trends. Also, it is important to emphasize to potential volunteers the reasons what makes ODA a special or attractive organization for the volunteers to participate, in such as to establish friendships, develop skills, rewards of involvement, education opportunities, training opportunities, personal development and growth, social interaction, and the feeling of self worth. I believe that volunteer recruitment is an active process. To make volunteering appealing I would suggest the following: 1. Put some splash into recruitment ads. 2. Promoting Volunteer Day. Holding recruitment meetings. 3. Preparing volunteer position descriptions to include sporadic, short, and/or long term goals. 4. Making clearly defined volunteer information readily available. 5. Maintain an ODA volunteer center, internet volunteer website, with up-to-date information about volunteering in our organization. A user-friendly website with an easy sign-up would be convenient. 6. Identifying target groups and how to market them. 7. Creating a volunteer speakers department by training volunteer recruiters to give presentations. 8. Planning and marketing bring a friend social events, i.e., teas, breakfasts, lunch, etc. 9. Planning programs and events to attract younger members. 10. Designing opportunities for volunteers to share positive experiences with prospective volunteers. Asking volunteers to share positive experiences when speaking to component societies about volunteer opportunities. 11. Developing a volunteer shadow, tag-a-long, or mentoring process for new volunteers. 12. Collaborating with another community organization on a project.

What do you see as the MAIN ISSUE(S) THE ODA MUST ADDRESS over the next few years? Membership, technology, diversity, and governance.

What do you think the ODA needs to do to INCREASE OUR MEMBERSHIP MARKET SHARE? I believe that the best way to increase our membership market is to adopt a “reach out” approach. By that I suggest the following: 1. Express a warm and welcoming attitude: take a pro-active approach in meeting and greeting potential new members. 2. Make everything we do a “media event”: take pictures of all events—keynote speaker at the monthly meeting, new member inductions, awards, prizes, etc. We are in the digital age which makes everything so easy to do. 3. Get the media more interested in what we are doing to improve our media coverage. 4. Get to know our members. A member needs to feel that he or she is a valued part of the organization regardless of how much service or volunteers hours are contributed. 5. Maintain and update the website regularly. It is a valuable resource to our members and/or non-members, who need to find timely information quickly and easily. 6. Have a membership contest! For instance, any member who brings in one or more new member(s) during the year gets rewarded by some “x” amount of dues reduction. 7. Identify and send postcards to local new dentist(s) or dental practice(s) with congratulations and invite them to come to a meeting or become a member. 8. Challenge every member to bring a colleague to at least one meeting per month. 9. Get new members involved on committees and special projects. 10. Make use of other non-profit organizations in our community to “spread the word” about our organization and learn how they approach their own membership market share issues.

At-Large Board Member Candidates

KAE S. CHENG, DMD, MD

PRACTICE LOCATION – Hillsboro and Portland
HOMETOWN – Portland
DENTAL SCHOOL – Harvard School of Dental Medicine, 1995
HOBBIES/ACTIVITIES – Golf, running, swimming, travel, spending time with my family

WHY ARE YOU SEEKING THIS POSITION?
I would like to continue to be a trustee, because I strongly support ODA’s mission of advancing the dental profession and promoting the highest standard of oral health and oral healthcare. I believe that the governing board plays an important role in the preservation of goals set about by ODA, and I would like to contribute to this purpose. The past two years as a trustee was an invaluable experience. It strengthened my interest in ODA’s affairs, and it gave me a first hand opportunity to learn about its function and be part of the process, offering tangible feedback. In recent years, I have been involved with the Washington County Dental Society and served in many capacities. I have gained a great deal of understanding about membership, governance, education, and leadership. As a Board Member of WCDS, I learned about our grassroots interests and the ways in how our component dental society governance body could fulfill them. I believe that my familiarity, skill, and unique position would allow me to continue providing helpful input as a trustee to the ODA’s day to day operations in the years to come. Practicing in Oregon with a very supportive dental community has been a formative and life changing experience for which I will always be grateful. To be able to serve and volunteer as a trustee is a way of showing for this gratitude. I would be thrilled to renew and maintain my connection to ODA with a regular commitment of time as a member of the Board of Trustees.

What do you think the ODA needs to do to ENCOURAGE MORE MEMBERS TO VOLUNTEER? First, ODA would need to assess its internal and membership needs. Once identified, it would need to create a mission and vision statement that clearly ties into the mission of the ODA. The volunteers would collaborate with ODA’s staff towards the needs of its day to day operations. The diverse opportunities for volunteers need to be clearly presented. Once volunteers are accepted, they would be offered with well developed, creative, comprehensive, value-added assignments which can be carried out by volunteers training other volunteers. I think it is important to consider and respect the diversity of individuals who volunteer and be aware of community demographics and volunteer trends. Also, it is important to emphasize to potential volunteers the reasons what makes ODA a special or attractive organization for the volunteers to participate, in such as to establish friendships, develop skills, rewards of involvement, education opportunities, training opportunities, personal development and growth, social interaction, and the feeling of self worth. I believe that volunteer recruitment is an active process. To make volunteering appealing I would suggest the following: 1. Put some splash into recruitment ads. 2. Promoting Volunteer Day. Holding recruitment meetings. 3. Preparing

At-Large Board Member Candidates

RICHARD L. GARFINKLE, DDS, MSD

PRACTICE LOCATION – Portland and Woodburn
HOMETOWN – Portland
DENTAL SCHOOL – UCSF, 1969, DDS; UW 1971, MSD and Orthodontic certificate
HOBBIES/ACTIVITIES – Family (five grandchildren living locally), gardening, walking, music, travel, Hillsdale community leader and volunteer

WHY ARE YOU SEEKING THIS POSITION?
I can help the ODA remain Oregon’s strongest, most respected advocate for Oregonians’ Dental Health and for Oregon’s Dentists. I bring to the ODA and to you, its members: 1. A strong sense of the Oregon dental community. 2. An understanding of Dentistry’s relationship to the bigger Oregon health care picture. 3. A personal long history of support and participation in organized dentistry; both locally and nationally. 4. I have built long standing personal relationships with our elected state and national senators as representatives. I have participated in several Health Care Round Table discussions with them and their staffs. 6. My current service on the ODA Board of Trustees has been that of an independent, open, and candid participant. I work to increase constructive dialogue, to stimulate the Trustees thought juices, to be creative, and to offer new perspectives, ideas, and solutions to the every day recurring problems we share in common, as well as being prepared for our next, as yet unforeseen, challenges. 7. Creativity. Thinking outside the old line angles and margins. 8. I make a huge effort to work by consensus; always looking for win/win/win outcome. 9. Lastly, I have a son in dentistry and want to help ensure that you and he have the same opportunities to be successful in the private, fee for service practice of dentistry that I have enjoyed!

What do you think the ODA needs to do to INCREASE OUR MEMBERSHIP MARKET SHARE? Communicate! Communicate! Communicate with all the dentists in Oregon. Who we are. What we do. Why.

What do you think the ODA needs to do to ENCOURAGE MORE MEMBERS TO VOLUNTEER? Communicate! Communicate! Communicate benefits/rewards of volunteering. Beg for help! What do you see as the MAIN ISSUE(S) THE ODA MUST ADDRESS over the next few years? 1. Educate! Educate! Educate! ... Dental disease is preventable. 2. Create and promote a new dental auxiliary: dental disease prevention educator. 3. Better access to care for our indigent populations. 4. Corporate, for-profit, non-dentist ownership of dental practice: A real threat to individual private practice and a related threat to the highest and best level of care we can deliver.

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At-Large Board Member Candidates

SCOTT S. HANSEN, DMD

PRACTICE LOCATION – Gresham
HOMETOWN – Gresham
DENTAL SCHOOL – OHSU, 1987
HOBBIES/ACTIVITIES – Church, traveling to see grandkids, snow-skiiing, scuba diving, water skiing, golf

WHY ARE YOU SEEKING THIS POSITION?
I have been involved with various dental groups over the years and have always enjoyed serving and trying to improve my profession and the environment in which we work. The times that I have served on boards, both for the Dental School Alumni Association and for the Oregon Academy of General Dentistry, I have been asked to serve as president. I feel I have the ability to work well on boards and councils, to get along with other members of those boards or committees, and to see things in common sense ways and relate that to others. I am not afraid to speak my mind but know the value of supporting what ever decision is made. If you are looking for a “yes man”to serve, I am probably not the one.

What do you think the ODA needs to do to INCREASE OUR MEMBERSHIP MARKET SHARE?
I think members need to feel they are getting more value for their dues dollar. ADA/ODA dues are the highest professional dues any of us pay. Many members don’t feel it is a great value and many non-members don’t join because the cost is high and the perceived value is low. I think ODA needs to represent the dentists of Oregon better in the legislature and fight harder to protect our patients and our profession. And then, ODA needs to do a better job of letting the member dentists know what they have bought for and the efforts ODA has made.

What do you think the ODA needs to do to ENCOURAGE MORE MEMBERS TO VOLUNTEER?
Serving needs to accomplish two things, in my mind. One, the volunteer has to feel like the time they are giving actually accomplishes something positive. No one likes to attend meetings or serve in any capacity if they don’t feel like they are needed, they are listened to, and they can make a difference. So the ODA needs to ensure that those who serve actually have a voice that matters and duties that are relevant and meaningful. Two, volunteers need to have fun while serving. It makes it so much more enjoyable, and therefore easier to get people to volunteer, if they have a good time while serving. So the ODA needs to make serving fun experience. This can be done through social gatherings after meetings, some humor and good natured banter allowed during meetings, and a fun environment created by staff.

What do you see as the MAIN ISSUE(S) THE ODA MUST ADDRESS over the next few years?
Mid level providers and the health care transformation legislation that has come out of Salem these past few sessions.

GREGGERY E. JONES, DMD, MAGD

PRACTICE LOCATION – Redmond
HOMETOWN – Eugene
DENTAL SCHOOL – OHSU, 1976
HOBBIES/ACTIVITIES – Living in Central Oregon, I enjoy outdoor activities; hiking, biking, and kayaking. I also have two orchards.

WHY ARE YOU SEEKING THIS POSITION?
Our profession is full of demands that are constantly changing. The Legislature, Board of Dentistry, and educational requirements are constantly evolving. I have had the opportunity to be an active participant with organized dentistry in Oregon, all within some short 35+ years. Having been a trustee for seven years, and serving on the Executive Committee for four years, I bring a sense of what the entire working package the organization the ODA is. I have first hand experience thru serving as chair, and being a member of several councils /committees. I am well “versed” on how the ODA functions. I am a firm believer of the ODA needing to be progressive, and dynamic for our profession of today and the future. We can ill afford to be static. To that, I will be an active participant of the Board of Trustees, and look forward to representing Central Oregon.

What do you think the ODA needs to do to INCREASE OUR MEMBERSHIP MARKET SHARE?
The ODA needs to market what a value it is. Case in point, our annual dental conference. This conference is without a doubt one of the best, and for the amount of tuition and the exposure to some 60+ speakers. It is a tremendous value, not to be matched!

What do you think the ODA needs to do to ENCOURAGE MORE MEMBERS TO VOLUNTEER?
I regularly volunteer with Medical Teams NW, and find it very rewarding. I believe nothing works as well as a colleague on a personnel level recommending one to volunteer. The appreciation one receives is well worth your efforts, and you have that “sense” of wellness coming from within.

What do you as see the MAIN ISSUE(S) THE ODA MUST ADDRESS over the next few years?
I have concerns of the “standards” for dentistry of the future. The ODA needs to address the issue of access to care, and the mid level providers. The ODA needs to be VERY progressive with the BOD, Legislature, and OHSU, in regards to help formulate direction, and the final approach and impact it will have to the public, and our fellow members.

THOMAS R. MADISON, DDS

PRACTICE LOCATION – Portland
HOMETOWN – Portland
DENTAL SCHOOL – SUNY-Buffalo, 1979; OHSU (periodontics), 1991
HOBBIES/ACTIVITIES – Flyfishing, fly tying, hunting, skeet shooting, golf, travel, cooking, reading, motorcycling, and jogging

WHY ARE YOU SEEKING THIs POSITION?
I would like to be considered for a position on the Board of Trustees. I believe my experience as a clinician, consultant, academician, board examiner researcher, mentor, committee member, officer in our state specialty society, and director and founder of a hospital residency would help me better serve as a member.

I grew up in a small town in upstate New York and had the good fortune of being brought up by great parents in an atmosphere that fostered a close knit family, lasting friends, and a livable, supportive community. Because of this background, I can appreciate how a small group of dedicated people (like our board of trustees) must work closely together to maintain its focus and reach goals that benefit all.

As our memberships and organizations have grown, also have the challenges of coping with an ever changing world. There are greater challenges, more complicated situations, a more sophisticated social media, escalating costs, legal challenges and a greater public need for better and more affordable care. Our dental association is highly regarded. This standard didn’t happen by chance; it was created by the sweat and efforts of individual committed to the task.

I believe I have the skills, knowledge, experience and dedication to make a positive contribution to our Board of Trustees. It would be an honor to serve as a member. Thank you for this opportunity. I look forward to your consideration in this matter. Please let me know if I can provide any further assistance in this decision.

JAMES G. McMahan, DMD

PRACTICE LOCATION – La Grande
HOMETOWN – La Grande
DENTAL SCHOOL – OHSU, 1982
HOBBIES/ACTIVITIES – Bicycling, golf, water & snow skiing, camping, travel, church, grandchildren, Rotary, Eastern Oregon University Foundation.

WHY ARE YOU SEEKING THIS POSITION?
I have been active in the ODA since entering practice in La Grande in 1982 because of the example and mentoring of my peers. People like Ken Peterson, John McBee, Russ Kilpatrick, Denny Turner, and many others encouraged and recruited new dentists to become active in the Eastern Oregon Dental Society, and, therefore, I have always understood and valued the ODA in advocating for patient care by advocating for our profession. I now have 31 years of experience and believe I can continue to make a significant impact as a trustee because of my history and background. I care deeply about the future of dentistry and want to do as much as I can to help shape the future of one of the greatest professions on earth.

What do you think the ODA needs to do to INCREASE OUR MEMBERSHIP MARKET SHARE?
To increase our market share, the ODA needs to continue to seek to add value to our membership that is easily defined and recognized by potential members. We need to
communicate the benefits that members enjoy more effectively, as well as add significant “perks” to membership that dentists need and value. We need to talk to the younger members and find out what prompted them to join, as well as younger dentists who have not joined and find out why not. Ideally we need to offer member benefits that dentists need and cannot get anywhere else. I became involved because my peers recruited me, and I think the most effective way to get new members is still one-on-one contact and invitation. Increasing membership needs to be one of our highest priorities.

What do you think the ODA needs to do to ENCOURAGE MORE MEMBERS TO VOLUNTEER?
I think the ODA already does a pretty good job of encouraging volunteerism, in spite of the fact that people are busier now with greater life demands than ever. The challenge is the business factor. It is really an economy of time. There will always be competition for people’s time, and we need to recognize that and, in fact, embrace it by spreading the load out over a larger number of people. The natural response to that is how do we get even more people to volunteer, and the answer lies in encouraging component societies to be more active and nurture young members into leadership roles. Volunteerism is always stimulated by having a passionate, well articulated cause. So we are back to the same theme of developing benefits for members that have value and cannot be easily or cheaply obtained anywhere else, and better articulating our cause and value. That should be our main focus in the future.

What do you see as the MAIN ISSUE(S) THE ODA MUST ADDRESS over the next few years?
The greatest challenges in the next few years are the topics we have been asked to address here. Increasing membership is crucial for us to be able to accomplish our mission. Unmentioned so far but not forgotten are the implications of healthcare reform on the practice of dentistry and quality of care. The ODA needs to have a strong voice in the transitioning delivery system, the economic models for reimbursement, and having strong ties to the legislature and supporting our lobbying efforts will continue to be crucial. So the two biggest issues I see are increasing membership and involvement in the ODA, and to advocate for quality patient care in the transition to the Affordable Care Act through lobbying efforts as well as education of the public.

MARK D. MUTSCHLER, DDS

PRACTICE LOCATION – Portland and Oregon City
HOMETOWN – West Linn
DENTAL SCHOOL – UCLA, 1990
HOBBIES/ACTIVITIES – Running, biking, hiking, kayaking, motorcycle riding, building, reading, art

WHY ARE YOU SEEKING THIS POSITION?
My youngest son just graduated from high school and will be going to college in the fall, so I have more time to spend on ODA business. I believe that organized dentistry provides the best way for individual dentists to stand up to big insurance companies and government interference in our practice lives.

What do you think the ODA needs to do to INCREASE OUR MEMBERSHIP MARKET SHARE?
Publicize in realistically scary detail what our profession would be like, and will be like, without the intervention of the ODA.

What do you think the ODA needs to do to ENCOURAGE MORE MEMBERS TO VOLUNTEER?
Pay better. If that does not work, then have very structured commitments of short duration. Multiple-year monthly commitments discourage younger dentists with family time needs. One time volunteer opportunities of a few hours up to a day (like GKAS or MDI) may be more attractive to our younger, more diverse, and more heavily female constituency.

What do you see as the MAIN ISSUE(S) THE ODA MUST ADDRESS over the next few years?
Relevancy. With more and more dentists coming out of dental school with huge student loan debt and looking to large dental corporations for jobs, what do we have to offer them? Should we narrow our focus to only represent “Boutique Dentistry” and leave “Corporate Dentistry” to fend for itself, as there are some conflicts of interest, or do we find common ground and only advocate for what we all can agree on?

J. LEE SHARP, DDS

PRACTICE LOCATION – Roseburg
HOMETOWN – Roseburg
DENTAL SCHOOL – Univ. of California at San Francisco, 1984
HOBBIES/ACTIVITIES – Boating, flying, camping, and puzzles

WHY ARE YOU SEEKING THIS POSITION?
I believe that rural Oregon representation is vital to quality that the ODA can benefit its members. I believe that I can be a good balance for the board. As a successful practitioner, I can benefit the board in vital future decisions.

What do you think the ODA needs to do to INCREASE OUR MEMBERSHIP MARKET SHARE?
The ODA needs to increase its value to its members. Direct benefits need to be added and promoted to its members to increase awareness internally and to be able to share with potential members. Increasing personal contact with non-members needs to be expanded to promote and maintain membership.

What do you think the ODA needs to do to ENCOURAGE MORE MEMBERS TO VOLUNTEER?
Incentives need to be an integral part of volunteer encouragement. They may include tax incentives, recognition, monetary offsets for dues, discounts, CE fees, etc.

What do you see as the MAIN ISSUE(S) THE ODA MUST ADDRESS over the next few years?
Membership declines, dues stabilization, budget trimming, organizational efficiency with smaller representation and leadership.
What do you think the ODA needs to do to **INCREASE OUR MEMBERSHIP MARKET SHARE**?

To have each dental society encourage all dentists to become members of ADA/ODA to be appropriate representatives and supporters of their dental society and state (Oregon).

What do you think the ODA needs to do to **ENCOURAGE MORE MEMBERS TO VOLUNTEER**?

To pursue each dental society to encourage all non-members to support their dental society and Oregon Dental Association which will aid in the ability to serve their county and state in an appropriate manner.

What do you see as the **MAIN ISSUE(S) THE ODA MUST ADDRESS** over the next few years?

To work efficiently on encouraging all non-members to move forward to becoming active members to better support their dental society and state (ODA)!

**ROGER G. SIMS, DDS**

**PRACTICE LOCATION** – Coos Bay
**HOMETOWN** – Coos Bay
**HOBBIES/ACTIVITIES** – Hiking, rafting, swimming, weightlifting, singing in Broadway Classics and Opry in Coos County

**WHY ARE YOU SEEKING THIS POSITION?**

To collaborate with colleagues in our dental society as well as all ODA members and representatives. Desire to address and solve all conflicts as well as exerting fiduciary responsibilities and dealing with difficult situations.

**JONI D. YOUNG, DMD**

**PRACTICE LOCATION** – Salem
**HOMETOWN** – Salem
**DENTAL SCHOOL** – OHSU, 1988
**HOBBIES/ACTIVITIES** – Swimming, scrap-booking, watching sports—especially my kid’s, traveling

**WHY ARE YOU SEEKING THIS POSITION?**

I have been on the Board of Trustees, and am just ending the being on the last executive committee, which gives me insight into what has been going on within the ODA and allows me to help others understand what we, on the governance level, are trying to do. Also it helps me stay connected to what the membership wants when I serve as Alternate Delegate to the ADA. I would consider moving up through the offices of the ODA. Thank you for the consideration.

What do you think the ODA needs to do to **INCREASE OUR MEMBERSHIP MARKET SHARE**?

Always trying to find new benefits and ways to reach the newer doctors so that we stay relevant. The most important way to increase market share is through our existing members. Any help with ideas and dialogue could come from the ODA.

What do you think the ODA needs to do to **ENCOURAGE MORE MEMBERS TO VOLUNTEER**?

We must continue to be relevant to our members. We must communicate to our members what we are doing as the leaders of each council, board, etc. It is our duty to reach out to others at the component level and encourage involvement. Also, if we can keep most of these volunteer positions of short duration and not too time demanding, it is easier to get someone to step up, especially for the first time.

What do you see as the **MAIN ISSUE(S) THE ODA MUST ADDRESS** over the next few years?

Membership share, of course, and governmental regulations/interference in the dental practice.

**THOMAS S. TUCKER, DMD**

**PRACTICE LOCATION** – Klamath Falls
**HOMETOWN** – Klamath Falls
**HOBBIES/ACTIVITIES** – Skiing, mountain biking, fly fishing, camping, wine collecting and enjoying, travel

**WHY ARE YOU SEEKING THIS POSITION?**

I have been a member of the Oregon Dental Association for my entire practicing career. I have held all of the offices at the component level, as well as being a trustee from our component for a number of years. I have practiced in the military, both active duty and Air National Guard, and have been in private practice in Oregon since 1982. I currently practice with my daughter-in-law, Theresa Tucker, a 2007 graduate of Creighton University and Daniel P. Galis a 2008 graduate of OHSU. My diverse practice experience and current association with recent graduates affords me the opportunity to look at dental practice from multiple perspectives. As a member that is nearing the end of active practice, my needs from the association will and do differ greatly from those of a relatively new practitioner. I know that, because of my practice associates’ perspectives, I am able to approach the opportunities and challenges that face dentistry with a greater understanding of the implications of our decisions. I cannot imagine what the practice of dentistry would be like without the unified voice and representation of our association. I believe that my many years of service to the association has given me the perspective and experience to continue to contribute. I would be honored to continue as trustee to the ODA.

What do you think the ODA needs to do to **INCREASE OUR MEMBERSHIP MARKET SHARE**?

We must continue to be relevant to our members. We must communicate to our members through all forms of media in a manner that is concise and easily available. We can only expect to increase our membership if our services are perceived by all Oregon dentists as having value and being a good return on investment. We, as representatives of the association, must take it upon ourselves to reach out to new or non-member dentists in our communities and make them feel welcomed. I believe that if we are able to develop a relationship with a non-member we can then have a greater ability to communicate the many benefits of becoming an ODA member.

**ODA House of Delegates meeting**

**Sept. 6–7, 2013**
**Sunriver Resort**

Talk to your component leaders now, if you’d like to participate!

For more House of Delegates information, please visit www.oregondental.org.
Continued on next page

What do you think the ODA needs to do to encourage more members to volunteer? Define and limit time requirements for specific projects, committees, and positions.

What do you see as the main issue(s) the ODA must address over the next few years? Developing strong and informed leadership. Continue strong political presence in Salem. Continue educational-based ODC. Continue MOM projects.

Kevin J. Kwiecien, DMD, MS, FAGD

Practice location: Portland
Hometown: Reno, Nevada
Dental School: OHSU, 1995
Hobbies/Activities: Hiking, cycling, snowboarding, reading, anything outside and with my kids

Why are you seeking this position?
I have always been passionate about organizational leadership, working with the Nevada Dental Association, Oregon Academy of General Dentistry, American Equilibration Society, Pankey Institute, and OHSU. I have recently completed a master’s degree in healthcare management, which had an emphasis on leadership, organizational culture, marketing, and the future of healthcare in the US.

What do you think the ODA needs to do to increase our membership market share? This has been the million dollar question for as long as I have been in dentistry. Recently, we have looked at it in the AADP, Pankey, and AES. There is not one golden answer. We need to look specifically at what the ODA is (or wants to be) at its core, the culture of dentistry in Oregon, the future of dentistry in Oregon, and they will support each other.

What do you think the ODA needs to do to encourage more members to volunteer? Create a safe place for volunteers to learn and grow in a non-exclusive, non-clique environment. We all want to be part of something great which supports a collaborative egalitarian environment. This needs to be developed and supported with intention.

What do you see as the main issue(s) the ODA must address over the next few years? Embrace and be a leader in the new dental model that is evolving within our national and state healthcare system. Dentists of all ages and experience will need guidance and support in every model of dental practice, even as they develop organically.

Weston W. Heringer, Jr., DMD

Practice location: Retired
Hometown: Salem
Dental School: OHSU, 1971
Hobbies/Activities: Grandkids, boating, working in woods, traveling

Why are you seeking this position?
I have experience and feel I can still contribute.

What do you think the ODA needs to do to increase our membership market share? Work to educate young dentists about the benefits of ODA.

What do you see as the main issue(s) the ODA must address over the next few years? What do you think the ODA needs to do to encourage more members to volunteer? Require the LDC to be very active in engaging the untapped talent across our organization and support them as they take on the responsibilities of leadership.

What do you think the ODA needs to do to increase our membership market share? To increase our membership market share, we have to continue to focus on attracting and engaging our newer dentists as they work to balance a demanding practice with their personal lives. Social media and other electronic communications allow timely and convenient interactions with large or targeted audiences and could serve as a means to meet more individualized needs and desires. With the diverse types of practices in which potential members are engaged, we need to tout the value ODA membership adds to each practice model and the crucial role that our association plays in influencing changes in dental care issues in Oregon.

What do you think the ODA needs to do to encourage more members to volunteer? I think that the ODA has been very effective in highlighting many of the community outreaches sponsored by the ODA, such as Give Kids A Smile and Oregon Mission of Mercy. I think that we have opportunities to spotlight the personal and professional satisfaction and achievement experienced by individuals involved in governance, as well as ODA sponsored community outreach activities. With challenges to effectively integrate practice and personal lives and the geographic diversity of our state, when practical, we need to continue to expand our use of virtual meetings and conferences to allow members to fit volunteer activities into already busy lives.

What do you see as the main issue(s) the ODA must address over the next few years? The ways in which dental health care is delivered and access to care are issues that continue to evolve and are concerns for all of the dentists in Oregon. The ODA has been and needs to continue to be the voice for our members in discussions with government, industry, and insurance companies, and the public to ensure that decisions made are in the overall best interest of the citizens of Oregon. We need to maintain our seat at the table during these decisions, seeking opportunities to constructively engage and influence decisions that will affect all of us as we seek improve access to quality dental services in our communities.
Speaker of the House Candidate

JEFFERY C.B. STEWART, DDS, MS

PRACTICE LOCATION – OHSU School of Dentistry
HOMETOWN – Portland
DENTAL SCHOOL – Univ. of North Carolina at Chapel Hill, 1981
HOBBIES/ACTIVITIES – Traveling, cooking, running, opera

WHY ARE YOU SEEKING THIS POSITION?
I have been a member of organized dentistry for 32 years, having been an active member of the Oregon Dental Association and Multnomah Dental Society for the past 14 years. During that time, I believe that I have demonstrated the skills and perspectives that will permit me to continue to serve effectively in this position, which will include service on the newly restructured Board of Trustees, as an ex-officio member. Specifically, along with many other leaders of the organization, I contributed to the recent governance analysis and development of the proposal for restructurings of the Board of Trustees that was recently approved by our House of Delegates. I believe that I have been an engaged representative to the ADA House of Delegates and 11th District Caucus in my role as current Speaker of the House. I stand willing and able to devote the necessary time and effort, alongside the leaders and members of the ODA, as we face the opportunities and challenges that are before us.

What do you think the ODA needs to do to increase our membership market share?
The ODA has always provided a tremendous return on investment for members through the many member benefits, both tangible and intangible. However, we must continually listen to members and especially non-members regarding those issues and services that they regard as being most important to them individually and to the profession in general. We need to connect with our younger dental professionals and be sure that we are providing modern, innovative benefits that are of importance to them. The expanded use of technology and social media in strategic ways might extend our ability to communicate with new dentists in meaningful and efficient ways.

What do you think the ODA needs to do to encourage more members to volunteer?
Everyone has significant demands on their time, not only in their personal lives, but also from our professional organizations and interests other than the ODA. We must actively learn from our members what their professional passions and competencies are and more deliberately and skillfully match these to the volunteer opportunities in the ODA in a manner that allows efficient yet effective use of our members’ volunteer time.

What do you see as the main issue(s) the ODA must address over the next few years?
Membership recruitment and retention.

Editor Candidate

BARRY J. TAYLOR, DMD, CDE

PRACTICE LOCATION – Portland
HOMETOWN – Portland
DENTAL SCHOOL – OHSU, 1995
HOBBIES/ACTIVITIES – Running, biking, swimming, music

WHY ARE YOU SEEKING THIS POSITION?
I have always enjoyed writing, and serving the past six years as editor of Membership Matters has been very rewarding for me. It is important for our members to be informed of the changes in our profession and the activities of the ODA.

What do you think the ODA needs to do to increase our membership market share?
The best recruitment of members comes from personal contact among colleagues. We need to find ways to motivate our current members to encourage others to join, just as we encourage our current patients to refer new patients to our offices. It would also help if the ODA was able to market itself more to nonmembers in an effort to increase membership.

What do you think the ODA needs to do to encourage more members to volunteer?
The ODA needs to create a rewarding and fun atmosphere for our members to join councils and other leadership positions. Members do have the time to volunteer, but, if they find the volunteer role unrewarding or stressful, they will find other organizations to volunteer with.

What do you see as the main issue(s) the ODA must address over the next few years?
Large group practices whether in the form of a corporate office or a DMO will continue to proliferate. The ODA will need to address the needs that these doctors if they want to attract these doctors into membership in the ODA. The ODA has many successful programs and has been very active in advocacy, but without membership these will become more difficult because of a lack of volunteers and dues dollars.

Membership Directory

The online ODA Member Directory is now available to ODA members in two formats:
• A searchable database
• A downloadable PDF

Log in to the ODA website now to check it out and find your colleagues!
(www.oregondental.org > Member Resources > Membership Directory)
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The Oregon Legislative Assembly has adjourned Sine Die for the 2013 Regular Session

ODA Post-Session Wrap-Up

The 71st Oregon Legislative Assembly adjourned on July 8, several days before the constitutional required deadline. Overall, they tackled PERS reforms, corrections reforms, increasing the school budget by $1 billion, invested more money in infrastructure and construction, and continued efforts to provide Oregonians with affordable, quality healthcare. They also took critical steps to protect and sustain Oregon’s natural beauty, including passage of bills that promote energy efficiency and protection for rivers from excessive mining. While many legislators considered the 2013 session a success, others thought the session fell short, failing to pass the “grand bargain,” a combined comprehensive PERS reform and revenue package that legislative leadership and Governor Kitzhaber negotiated over the last 6 months.

For the ODA, the 2013 legislative session was a continued success in furthering oral health for all Oregonians. On February 27, 2013, a group of over 45 devoted dentists and dental students from around the state, joined together in Salem for Dental Day and were able to educate our elected officials on the importance of oral health. Kicked off by a welcome from Speaker of the House Rep. Tina Kotek in the morning, ODA dental advocates visited with over 40 legislators over the course of the day. In addition to legislative meetings, the Capitol galleria was filled with tables providing the general public with oral health information, toothbrushes, and information on how to become a dentist. The DFO Tooth Taxi parked on the capitol steps and provided care all day to kids from the Salem Boys and Girls Club.

Thank you to all member dentists, who participated in Dental Day and provided testimony on behalf of the ODA in the 2013 Legislative Session, without you the following bills would not have passed.

ODA Priority Bills

House Bill 2946. In 2010, the Oregon Dental Association introduced House Bill 3665, a bill to prevent dental insurance carriers from capping fees on non-covered services. Previously a non-covered service provision contractually capped the fees that participating dentists may charge beneficiaries for treatment, even though the plan doesn’t provide coverage or share risk. The bill passed through both the House and Senate unanimously. Unfortunately, because it passed during the February Special Session, a concern was raised about unintended consequences in passing a bill through both chambers in less than three weeks. Therefore, it was agreed that we sunset the bill in January, 2015. House Bill 2946 removes the sunset and makes current non-covered services provisions permanent. A majority of states in the United States contain similar provisions in law. The bill passed both the House and Senate and takes effect immediately.

House Bill 2947. In 2011, the Oregon Dental Association, along with the Oregon Oral Health Coalition, successfully passed legislation allowing the Oregon Health Authority to create dental pilot projects. Several years ago, the American Dental Association developed a new member of the oral health team, a Community Dental Health Coordinator (CDHC), to help expand access to high quality dental care. This is what the ODA tried to achieve in SB 738. CDHCs go into areas of need, provide preventive services like screenings, cleanings, fluoride treatments, and placement of sealants, while focusing on education, prevention, and patient navigation (helping people find the oral health services they need). Unfortunately, during the rule making process, we learned there was a mistake in the drafting of the language. In the specific language of the bill, SB 738 states “community dental health coordinators educate the community.” This provides for an education component, but not for the clinical side of this new provider. As it is an unusable section of statute that a alternate statute. HOUSE BILL 2948. HB 2948 authorizes dentists licensed in other countries to participate in educational activities related to dentistry by allowing them to give a “hands-on” presentation to dentists. Many members of the Oregon Dental Association participated in a variety of ongoing continuing education programs. These are required courses, volunteer study groups, and opportunities up at OHSU, etc. As technology changes and we connect to other parts of the world, we hear about skills and practices that international dentists perform that could educate and contribute to dentistry in Oregon. Currently, foreign dentists can come to the state to lecture and teach, but can’t
show or demonstrate these procedures on live patients. With HB 2948, dentists licensed, and in good standing, in another country, can apply to the Board of Dentistry and be approved to provide clinical procedure for educational purposes. The bill passed the House and Senate and takes effect January 1, 2014.

**SENATE BILL 2.** This bill establishes the Scholars for a Health Oregon Initiative at the Oregon Health and Science University (OHSU). The program will pay the entire cost of tuition and fees in exchange for a commitment from students to work, after graduation, in medically underserved communities in Oregon. Oregon residents entering OHSU programs leading to degrees as physicians, dentists, nurse practitioners, physician assistants, and certified registered nurse anesthetists will be eligible for the program. Priority is to be given to students from a rural heritage, first generation college students, or students from diverse or underrepresented communities.

Students enrolled in the program will commit to work in full-time practice at a site designated as a critical need area, seeing patients regardless of ability to pay. Designated service sites are those in which the geographic area, population make-up, or facility site is within a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population, as designated by the U.S. Department of Health and Human Services. Designated service sites also include rural health clinics, federally qualified health clinics, and rural clinical hospitals.

After graduation, health care practitioners will be required to practice in a designated service site for one year longer than they participated in the health care program (e.g. dental school). Failure to meet this commitment will require a student to repay the full cost of their tuition and fees plus an additional 25 percent penalty. The repayment amount is reduced proportionately for each year the participant serves in a designated area.

The Joint House and Senate Ways and Means Committee appropriated $2,500,000 from the General Fund to implement the Scholars of a Healthy Oregon Initiative in the 2014–15 academic year. This level of funding is expected to fund approximately 21 students.

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**Other Dental Bills of Interest**

**SENATE BILL 802.** This bill was brought forward by the Oregon Community Colleges Association (OCCA) to define the term “dentist of record,” and specifies that educational institutions and programs maintain a list of “dentists of record” and that the list be provided to the Board of Dentistry upon request. OCCA stated that most of the dentists who work in their clinics are not willing to take on the liability of being named “the” dental director of the clinical program, and they simply don’t have the ability to add a position due to limited resources. SB 802 clarifies that a community college would not be required to have a full time “dentist director,” but that each individual “dentist of record,” would be accountable for the students and patients they oversee in the clinic. The bill passed the House and the Senate and goes into effect on January 1, 2014.

**SENATE BILL 373.** This bill requires coordinated care organizations (CCOs) to provide oral health care through contracts with dental care organizations (DCOs), unless no dental care organization would provide care in the geographic area served by the CCO. Additionally, it prevents a CCO from developing a DCO until a CCO has contracted with all local DCOs or there was a mutual agreement signed between the DCO and CCO. Two or
more DCOs would also be allowed to form a limited liability corporation. The bill remains highly controversial and it did not pass this session. ODA expects some form of the bill to come back in 2014.

**SENATE BILL 440.** This creates a primary care provider loan repayment program and establishes the Primary Care Provider Loan Repayment Fund through the Oregon Health Authority, for the purpose of supporting the implementation of the Affordable Care Act and Oregon health system transformation. The program is designed to ensure an adequate supply of primary care providers to serve the Medicaid population in Oregon through loan repayment support to primary care providers who commit to serving Medicaid patients in underserved areas of the state.

**Moving Forward**

With the conclusion of the 2013 session, the GRC is already looking forward towards the 2014 session. Although only 35 days long, the GRC is already actively working on our next legislation agenda. If you have an idea for legislation, send it to Christina Swartz, cswartz@oregondental.org, for discussion.

Additionally, strong personal relationships are the best means of ensuring our message is strongly considered by legislators. It takes time and careful effort, but it the most effective way to shape the thinking of those who decide public policy. We continue to ask that dentists reach out to their local legislators. ODA can help familiarize you with each legislator, set up meetings, and provide background and talking points. What we do during the interim best position ourselves for session. Remember, nobody understands dentistry like a dentist.
National Signing Day at OHSU

On May 30, 2013, ODA presented a one hour “Lunch & Learn” for senior dental students to highlight the value of participating in the tripartite and local dental society after graduation, and of taking advantage of the reduced dues arrangement.

Congratulating the class of 2013 on graduating from dental school, on behalf of the ODA, Margaret Torgeson, Director of Membership and Consumer Affairs, introduced the purpose of the program and the lead presenter, Dr. Vanessa Browne:

“You are the future of dentistry and you are the future of the tripartite of organized dentistry, which needs involvement and participation by our members to help us remain relevant to our members. Our lead presenter for this event, Dr. Vanessa Browne is a good example of this type of enthusiastic participation and leadership. A 2012 graduate of Loma Linda University School of Dentistry, while in dental school, Dr. Browne was an active participant in the California Dental Association, including a very successful 2012 National Signing Day. Now a resident in the OHSU School of Dentistry orthodontics specialty residency, which she’ll complete in December 2014, Dr. Browne introduced herself to the ODA, and offered her time and enthusiasm to present today’s program.”

Before her presentation, Dr. Browne introduced student leaders who took time to attend: past ODA Student Trustee, Iraj Kasimi (Class of 2013); current student trustee, Karley Bedford (Class of 2014); and trustee-designee Margaret Campbell (Class of 2015). Karley and Margaret shared what they most valued about involved in organized dentistry as students.

Dr. Browne also introduced Sam Bobek, DMD, MD, a member of the ODA New Dentist Committee. Dr. Bobek explained why he is involved new Dentist Committee, citing collegiality and conversation (both fun and professional), as one of the primary reasons he became involved.

The presentation highlighted the strength in numbers of organized dentistry, and the support of the association in protecting the profession. Dr. Browne also emphasized that membership gives access to events and leadership opportunities which help new dentists connect with valuable resources, including collegiality, mentors, building a network of contacts in the profession. Dr. Browne included special thanks to Iraj Kasimi, for his leadership as ODA trustee.

While there were other events that were DS4s could have attended during the same lunch hour, 34 membership applications were turned in to the ODA as a result of National Signing Day. Students received a Starbucks gift card as a “thank you” for completing their application, so they could remember to “take a free sip” of membership (ADA, ODA, and many local societies waive dues for “first year out” for new dentist members who join the Tripartite the year after they graduate).
Meeting Report: June 21, 2013

Steven E. Timm, DMD, ODA Vice President, Board liaison • Beryl Fletcher, Director of Professional Affairs

**New Board member**
John “Matt” Tripp, RDH, EPP, attended his first Board meeting since his appointment May 1. Mr. Tripp is a former marine, and was in law enforcement for nine years prior to becoming a dental hygienist. He replaces Jill Mason.

**Temporary Rule: Implementation of End-Tidal CO2 for Moderate Sedation, Deep Sedation and General Anesthesia**
The Board adopted a temporary rule extending the date to January 1, 2014, for the required implementation of End-Tidal CO2 monitoring for the above mentioned anesthesia permits. Equipment shortages and high costs for some offices to implement by July 1 were mentioned as the primary reasons for the need to adopt a temporary rule.

**Legislative update**
**Board Budget.** The Board’s budget for the next biennium has passed both the House and the Senate and is on its way to the Governor for signature.

**Board office lease**
The Board is still finalizing negotiations, but it is likely that the Board office will move to the Crowne Plaza Hotel Portland Downtown/Convention Center by November 1. More details will follow.

**Board radiologic proficiency exams:**
**Digital option or traditional only**
The Board discussed whether they could move to allowing digital radiographs to be submitted to DANB for the radiologic exam and certification. DANB has indicated they could accommodate this change, but the cost would increase due to software needed to grade the digital radiographs. Oregon is the only state that requires an examination.

**HB 2215A.** Relating to persons holding appointive office in state government. The Board is not quite sure how or if this would affect them.
A decision to move to allowing digital x-rays is not one the Board can make on its own. Radiation Protection Services (RPS) determines what is allowed for x-ray certification in Oregon. RPS will need to be contacted and discussion about acceptability and if they will accept a digital exam and also if they would allow certification for both digital and traditional x-ray regardless of which x-rays were submitted. While the Board feels this should be allowed, RPS will need to weigh in and agree.

Infection Control
The Board will discuss, in executive session, protocols for spore testing weekly, which has been required since 2004. We can expect to hear more about these protocols soon.

Washington County Clean Water Services:
Dental office inspections
The Board sent an email to those Washington County licensed dentists for whom they had email addresses, to let them know that Clean Water Services will be inspecting their offices for Best Management Practices and amalgam separator installation and maintenance. Most large water municipalities are now doing inspections due to requirements placed by DEQ on the water municipalities. This is a mechanism for the water municipality to document and validate preventive efforts.

Board re-validation of Board staff to approve licensure
The Oregon Secretary of State’s office is reviewing licensure boards to ensure that licensees may obtain a license appropriately and in a timely fashion. The Board several years ago approved Board staff could approve licenses with two staff approving. The Board reaffirmed this approval mechanism to avoid delay and ensure appropriate approval of licensees.

WREB
WREB is making changes to the Patient Assessment & Treatment portion of the exam. This will be changed to a Comprehensive Treatment Planning. No details or specifics of this change area available yet.

AADB
Dr. Patty Parker has been appointed to the Joint Commission on National Dental Exams.

The AADB is still looking at the issue of continued competency guidelines. No details or drafts have been provided.

Approved Expanded Practice Dental Hygiene CE Providers
The Hygiene ADE (Advanced Dental Education) Study Club and the Oregon Health Authority have been approved as Expanded Practice Dental hygiene CE Providers.

Board Standing Committees
The Board Standing Committees were published and are available on their website.

Lane County Dental Society presents
Nestor Cohena, D.D.S.
Director of Endodontics and Traumatology
The Center for Pediatric Dentistry, University of Washington

Multidisciplinary Approach for Diagnosis, Treatment and Prevention of Dental Trauma
Friday, September 20, 2013 8:00 a.m. - 3:00 p.m.
Downtown Athletic Club, Eugene

Recommended for: Dentists, Hygienists, Assistants,
Course Type: Lecture - 6 hours CE credit
Conflict of Interest Disclosure: None

Complete program details and registration at lanedentalsociety.org

Facing Addiction?
You’re not alone.
We can help.

Dentist Health & Wellness Hotline
Confidential, caring assistance for help in dealing with substance abuse and addiction, disability, litigation stress, and mental health challenges. Available to all Oregon dentists and OHSU dental students in need of help, regardless of their affiliation with the ODA.

503.550.0190
24-hour support
Kristi Harris took a long look down the fairway at Hole #6 before she hit her tee shot during the Chip! for Teeth Golf Tournament on June 21st at Langdon Farms Golf Club. She hit a long, high shot that landed gently on the green and began rolling toward the pin.

“I held my breath,” said Kristi. “And watched it roll slowly into the cup.”

Kristi, who works for Fluence, an accounting and consulting firm with a long history of supporting the dental community and the DFO, had just won the Hole in One and Closest to the Pin prizes.

“It was the highlight of a fantastic tournament,” said Charlie LaTourrette, DFO Executive Director. “It was a beautiful day, and we are very thankful for the outstanding support of our sponsors and players who help make this our most important fundraising event of the year.”

Thirty-one teams helped fill the field of golfers who enjoyed breakfast sponsored, again, by Willamette Dental Group. Golfers warmed up at the Columbia Community Bank driving range, and enjoyed beverages throughout the day from the Patterson Dental Beverage carts.

Following the morning of play, golfers attended an awards ceremony and luncheon generously sponsored by US Bank.

Congratulations to the Low Gross Winning team of Steven Hval, Gary Tucker and Eric Fenton who each received $100 and will have their names included on the highly coveted Chip! for Teeth Tournament trophy.

Members of the Low Net Winning team, including Michael Murphy, Tracie Murphy, Dr. Pat Nearing and Dr. Dennis Reed, received $100 each, and their names on the trophy.

See more photos and a complete list of tournament and prize sponsors, and golf teams on the DFO website at www.SmileOnOregon.org.
The Legacy of Dr. Oscar and Delila Smith

A remembrance by Dr. Steven E. Smith, DMD

MY PARENTS, OSCAR AND DELILA SMITH, like many in their generation, were raised in very humble circumstances. Poverty and going without was the norm for many during the difficult years of the Great Depression.

As they reached adulthood, Dad and Mom knew education and hard work was likely a ticket to a better life for themselves and their family.

As a young man, Oscar saved enough money to attend flight school in Washington in the Tri-Cities area. After receiving his wings, he became an Army Air Corp pilot, and then flight instructor in Pensacola, Florida, during World War II. He logged over 10,000 hours as a pilot, and was offered a position with Eastern Airlines as their #3 Captain (very prestigious). He was offered the route flying from Shannon, Ireland, to New York City, but he turned them down. He often told us, “I can land a plane anywhere, except in the ocean!”

Following his service in the Army Air Corp, Dad decided to return to the Northwest and attended the University of Oregon. After his four years, and then four children, he was convinced for the need to help others. Becoming a dentist seemed like a good and noble profession, and becoming a “professional” in the health care field was attractive to him and to our mother.

Dad graduated in 1953 from North Pacific Dental School in Portland (the precursor to OHSU), but it sure wasn’t easy! Both of my parents worked during his time in dental school, and now there were five kids to take care of! My mom worked as an in-home beautician and seamstress, while Dad worked in the canneries in Portland, and taught private flying lessons, allowing them to finish dental school debt-free.

After further schooling, dad became a pediatric dentist, and the family moved to Eugene, now with seven children! He practiced dentistry until 1980, when he was forced to stop because kidney failure required him to be on dialysis. He continued dialysis for 13 years until his death in 1992.

The last 10 years of his practice, Dad provided $5,000 of free dental services to the needy in the Eugene area.

Dad and Mom were very appreciative of what dentistry had done for them and their children. Dentistry provided an avenue to success in life, the opportunity to help those in need, and the expertise to advance the cause of dental health.

They both inspired me, and greatly influenced my decision to become a dentist. In fact, they inspired all seven of their children: they produced three physicians, one RN, one dentist, and two Masters or PhDs. My parent’s commitment to others also influenced my daughter, Jessica, and my son, Stevenson, to study dentistry. I am so proud that we are able to practice together in our dental office in Eugene. Dad’s dental license is still proudly on display in the office.

When Mom passed away this past year, she wanted to help some of the organizations that she and my father had supported over the years. That is why they left a gift to the Dental Foundation of Oregon through their estate. Giving a gift to the DFO through the Cornerstone Society allowed them to leave a lasting legacy to help others and gave them a way to honor the dental profession. Dad would have loved that.

We miss Dad and Mom very much, and we consider ourselves lucky to have had such wonderful, loving parents. They were remarkable people, and an inspiration to many, many others.

If you would like information about leaving a legacy through the DFO Cornerstone Society contact Judy Edgerly, Coordinator of Planned Giving and Development, at 503.594.0880 or email judy.edgerly@SmileOnOregon.org.

Learn more about planned gifts at www.dfoLegacy.org and about the foundation at www.SmileOnOregon.org.
**OHSU School of Dentistry Graduates 92**

The OHSU School of Dentistry graduated 92 new dental professionals in June. There were 75 individuals receiving doctor of dental medicine degrees, and 17 receiving advanced specialty certificates (pediatric dentistry, 5; oral and maxillofacial surgery, 2; endodontology, 3; periodontology, 3; orthodontics, 4). Two of the specialty graduates also received master’s degrees.

“It feels good today,” said Jill Pollard, DMD, who is the daughter of former ODA president Tom Pollard, DMD. “I know I got a great education.”

Current ODA President, Jill Price, DMD, discussed the many changes underway in dentistry—from the simple, like dentists going from using gold to porcelain, to the more regulatory changes, like OSHA and HIPAA—and advised the Class of 2013 to rely upon organized dentistry for guidance. “This is the first day of a career that will be rewarding, frustrating, humbling, and fun, and this can happen all in the length of one day,” she said. “Each day is new and different with technical challenges, staff challenges, clinical challenges, and the challenge of adapting to each individual that sits in your chair.

“Whether it is here in Oregon or anywhere across the nation, there are a wealth of tools and people to help you get started in your practice, and to continue to advocate for you in your profession throughout your years in practice,” said Dr. Price. “We are looking forward to having you as a member if you haven’t already joined. We need your voice as the practice of dentistry continues to evolve.

“We all wish you the best in your new endeavors in this wonderful profession of dentistry.”

Sixty-two of the graduates (83 percent) plan to practice general dentistry, including private practice, associateships, group practices, the military, and public health. Twelve graduates from the Class of 2013, or 16 percent, will pursue advanced specialty training at such institutions as Case Western University, Temple University, and University of Colorado. Two graduates will remain in Portland for their advanced training, one at OHSU; the other at the Portland Veterans Affairs Medical Hospital.

Thirty-one awards were presented to 2013 doctor of dental medicine graduates. John Koski, DMD, received the prestigious Stephen Peglow (DMD ’77) Award for possessing the qualities most desirable in a dentist including humility, compassion, skill, and sensitivity to patient needs. Iraj Kasimi, DMD, received the ODA Leadership Award from Dr. Price.

Nineteen from the Class of 2013 graduated with honor, with nine from the class inducted into the national
dental honor society, Omicron Kappa Upsilon, Delta Chapter.

Of the 75 doctor of dental medicine graduates, eight had relatives who graduated from OHSU School of Dentistry, or its precursor, University of Oregon Dental School.

OHSU School of Dentistry Interim Dean Gary Chiodo, DMD, FACP, extolled graduates to keep learning. “Your education must not stop as you walk across this stage today,” said Dr. Chiodo. “You must commit yourself to being a lifelong learner, lest you resign yourself to being left behind in the wake of technology.

“Congratulations, Class of 2013, on a well-chosen career,” said Dr. Chiodo. “I am extremely proud to count you among my colleagues.”
ENDODONTIST PART-TIME SALMON CREEK VANCOUVER

Washington Bright Now! Dental Affiliated office. New Graduates and experienced Endodontists with a Washington state license will be considered. Schedule is 1 day per week/4 days per month. Our approach offers significant advantages to both dentists and patients. Come join the team and share in the success! Malpractice Insurance covered. Equal Opportunity Employer. Please email your resume to sherrie.dean@smilebrands.com or visit our website www.jobs.smilebrands.com/careers.

OREGON—PORTLAND: OUR DYNAMICALLY GROWING DENTAL organization is seeking an associate Endodontist. This position is part-time (possibly leading to full-time) and provides an opportunity for an Endodontist to stay busy with both outside referrals and referrals from our own 10 general practice doctors. We offer very competitive compensation and benefits. Applicants are invited to send C.V. to ted@gentdentist.com.

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ALASKA CENTER FOR DENTISTRY, PC is seeking a full time associate dentist in our Wasilla location. Enjoy all that Alaska has to offer. This position has opportunity for financial growth and potential to buy into our practice. This is a full time position with a few double doctor days with the owner. Our staff is hard working and well trained. If you want to be a part of an awesome team please contact Dr. Sage @ 907-529-2462. Visit our website: www.alaskacenterdentistry.com.

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continues on next page

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

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NEW! KENAI PENINSULA, AK - Wonderful rural G/P collecting around $500K in 2012. Long established practice includes a great staff, digital x-rays, laser, and piano.
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MISCELLANEOUS

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