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Cover Story

Oregon Mission of Mercy is heading to Medford!

On the Cover: Marcus G. Stones, DMD, of Salem, works with a patient at the 2011 Mission of Mercy.

Features

Member Profile
Alberto Ambard, DDS, MS, authors a book about his native Venezuela

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Dental Classifieds
Letters to the Editor
Letters to the editor are welcomed. All letters and other submissions to this publication become the property of the Oregon Dental Association. Send submissions to:
Editor, Membership Matters
Oregon Dental Association
PO Box 3710
Wilsonville, OR 97070-3710

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

Articles
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Social networks

For more information, please send your component’s CE courses to bendsalari@yahoo.com.

TUES, SEPT 11 Marion & Polk CE HRS: 2
Magnetic Resonance Imaging of the Temporomandibular Joint
Ed Wang, MD (Salem Imaging)

LOCATION: West Salem (Roth’s)
INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

FRI, SEPT 14 Lane County CE HRS: 7
Hot Topics in Aesthetic and Restorative Dentistry, David S. Hornbrook, DDS

LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsociety.org

TUES, SEPT 18 Washington County CE HRS: 1.5
The Teachable Moment
James Beckerman, MD (cardiologist)

LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org, wcddskathy@comcast.net

WED, SEPT 19 Multnomah CE HRS: 1
Malamed Technique of Local Anesthetic Delivery: Common Errors & Best Use Protocols
Gail Aasmoed, RDN, RDH

LOCATION: Milwaukee (ODS Plaza)
INFO: www.multnomahdental.org, lora@multnomahdental.org

TUES, OCT 9 Marion & Polk CE HRS: 2
Offense, Defense & Special Teams: Financial Strategies for your Dental Career
Jake Paltzer, CFP

LOCATION: West Salem (Roth’s)
INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

FRI, OCT 12 Lane County CE HRS: 7
How to Evaluate the Face—6 Elements of Orafacial Harmony, David Baker, DMD

LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsociety.org

WED, OCT 17 Multnomah CE HRS: 1
An In-Depth Discussion about the Patient Medical History Form, Russel Lieblick, DMD

LOCATION: TBD
INFO: www.multnomahdental.org, lora@multnomahdental.org

FRI, NOV 9 Lane County CE HRS: 7
Gneuromuscular Occlusion (GNM)
Clayton Chan, DDS & Joseph Willardsen, DDS

LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsociety.org

TUES, NOV 13 Marion & Polk CE HRS: 2
Enhanced Diagnosis & Treatment Planning with the Aid of Cone Beam Computed Tomography
Dr. Truong, Stearns, Eyre, Seifert & Wylam

LOCATION: West Salem (Roth’s)
INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

WED, NOV 14 Multnomah CE HRS: 1
Dentures: Common Problems, How to Diagnose and Correct Them, DeWin Harris, DMD, MAGD

LOCATION: TBD
INFO: www.multnomahdental.org, lora@multnomahdental.org

TUES, DEC 11 Marion & Polk CE HRS: 2
Tipping the Scale, Cindy Towne (Burkhart)

LOCATION: Salem (Boy’s & Girls Club)
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Electronic records—financial help to providers

Forty-four dentists have taken advantage of the Oregon Medicaid EHR Incentive Program and are receiving financial support for investing in electronic health records in their practices. The state has currently provided $935,000 to dentists for a variety of EHR systems.

Check out the current newsletter from the state at http://tinyurl.com/HITOCnewsMay2012

X-rays standards for patients misunderstood

The Board of Dentistry and ODA have received many inquiries and concerns from the public and dentists since the Board’s newsletter article on patient x-rays. At its recent meeting, the Board provided clarification indicating that the ADA/FDA guidelines for dental x-rays are the professional standard of care to follow.

There is no “law” as many dental offices tell patients, but there is a “professional standard of care.”

Not all patients require x-rays every six months or every year. The guidelines also address issues relating to extenuating circumstances (as in the case patients with cancer or other health conditions).

Licensees should review the guidelines and adjust any orders for x-rays for patients accordingly.

To see the ADA/FDA chart on “Guidelines for Prescribing Dental Radiographs,” visit http://tinyurl.com/ADA-radiography

Happy Anniversary to Dentists

The Dental Foundation of Oregon is the charitable arm of the Oregon Dental Association. We were founded by dentists, and we remain committed to helping underserved children get the dental care and oral health education they deserve.

We educate and advocate for children’s oral health and we take care directly to children who need it most on our free mobile dental clinic, the Tooth Taxi.

Our sincere thanks to the donors and volunteers who make our work possible.

Happy Anniversary to us all.

Find out more about us at www.SmilerOregon.org.

New reporting requirements on services by Expanded Practice Dental Hygienists

All health insurers authorized to transact health insurance who provide coverage for dental services in Oregon are now required to report to the Department of Consumer and Business Services information pertaining to reimbursement for dental services provided by Expanded Practice Dental Hygienists to Oregon residents.

This requirement was established in Senate Bill 738, as passed by the 2011 Oregon legislature.

These reports are required in even-numbered years. For this first year, the requirement will apply to claims received from January 1, 2012 through June 30, 2012. In future years, the reporting requirement will be for a full 24 month period prior to June 30 of the reporting year. The information to be reported is specified in OAR 836-011-0600 (2).

As indicated, this information must be reported to the Insurance Division by August 1, 2012.

Entities reporting this information should submit this electronically in Excel format to the Market Surveillance Unit general email box at ins.mrktsurv@state.or.us.

If you have any questions concerning this reporting requirement, please contact Chief Market Analyst Cliff Nolen at 503-947-7221 or Market Analysis Coordinator Carla Wagner at 503-947-7268.
Oregon has a new FREE program for providers to help send secure messaging of healthcare information on patients. Sending healthcare information on patients securely is required by HIPAA.

CareAccord, Oregon’s Health Information Exchange, is administered by the Oregon Health Authority. CareAccord facilitates the secure exchange of health information between Oregon’s health care organizations and providers, enabling the coordination of care for better health, better care and lower cost.

Oregon has received federal funding to plan and begin implementation of statewide health information exchange services through the Office of the National Coordinator for Health Information Technology’s (ONC) State Health Information Exchange Cooperative Agreement Program.

CareAccord may be able to help—whether the dentist has electronic records systems or not. CareAccord is free to providers through September 2012.

To review their program and sign up, please visit www.CareAccord.org.
Call to Volunteer

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

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

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

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

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

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

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

- **LEADERSHIP DEVELOPMENT COMMITTEE**
  TERM 2012–2015
  AVAILABLE POSITIONS 3
  INCUMBENTS Wayne R. Barichello, DMD
  Weston W. Heringer, Jr., DMD
  Kimberly R. Wright, DMD
  DECLARED CANDIDATE Kimberly R. Wright, DMD

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

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

Councils & Committees

The following ODA Councils and Committees need volunteers:

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

For more information, please call 503.218.2010.

Mission of Mercy receives award from Travel Portland

The ODA was honored to receive Travel Portland’s Spirit of Hospitality award for Oregon Mission of Mercy.

Drs. Rick Asai, Jill Price and Teri Barichello joined executive director, Bill Zepp, in accepting the award from Travel Portland board chair, Steve Jung, and CEO, Jeff Miller, on May 10, 2012, at the annual Travel Portland awards breakfast.

Photo by Naim Hasan
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**2012 OHSU Student Table Clinic Competition**

Every year at the Oregon Dental Conference (ODC) OHSU Dental Students have the opportunity to compete in a student table clinic competition for cash prizes and the chance to compete nationally at the annual ADA meeting.

This April, ten students displayed their tabletop demonstrations in the ODC Exhibit Hall. Each competing student showcased either their clinical application & technique or their scientific investigation and research.

Seven volunteer judges attended the demonstration to review each presentation and determine who would be representing Oregon at the ADA meeting in San Francisco. To eliminate any bias from the competition, judges were not OHSU faculty, but local practitioners.

After three hours of demonstrations, the seven judges determined the top three presentations to be announced at the OHSU Research Day event in May. ODA President Elect, Dr. Jill Price, had the honor of presenting the checks to the top three winners.

Third place was awarded to Margaret Campbell for her presentation on Visualization of Spatial and Temporal Patterns of Mouthrinse Activity on Oral Biofilm. Second place was awarded to Jia Ooi for his presentation on Non-Visual CT Data Useful in the Differentiation of Mandibular Lesions. First place was awarded to Nathan Risley for his presentation on Ultrasonic Scalers: A Couple of Tips for your Practice.

**Congratulations winners!**
Mission of Mercy III
September 13–16, 2012

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Register at

For registration questions, please contact Kim Rogers at OrMOM2012@gmail.com.
A process, a message and a promise

A process is defined as a series of actions or steps taken in order to achieve a particular end. In public policy and legislative arenas, the process can be quite convoluted and therefore the vision of the end can be particularly murky. The process of creating “mid-level” dental providers in Oregon is a perfect example, and one that hits close to home. It began with a growing awareness and concern over untreated dental disease in certain vulnerable populations in our state; specifically those with geographic or financial challenges to receiving dental care. In response to that concern, the Oregon legislature passed SB-738 in June 2011. This law rather loosely outlines a process for “the development of innovative practices in oral health care delivery systems.” The bill further states that these “innovative practices” would manifest themselves in dental “pilot projects” that would be approved by a government agency, the Oregon Health Authority. These pilot projects could include the development of new categories of dental personnel (mid-level providers) or expand the scope of practice of existing categories of dental personnel.

The Oregon Health Authority subsequently convened the SB-738 Rule-Making Committee to provide the details to the bill. It is in this committee that important specifics such as scope of practice and dentist oversight of mid-level providers will be worked out. This committee is composed of both dentists and non-dentists.

We have become aware of some incorrect assumptions that have been drawn surrounding organized dentistry’s role in the mid-level provider issue. Let’s examine a few of those assumptions.

- Some dentists incorrectly assumed that the dental profession was asleep at the wheel and allowed SB-738 to pass without our input. The reality is that the Oregon Dental Association was actively involved in crafting SB-738 and was able to minimize the negative impact it could have had on the practice of dentistry and the health of Oregonians had we not been involved. SB-738 was destined to pass with or without the input of the dental profession. We should be thankful for the hard work of those individuals who made sure we were at the negotiating table.

- Some members have assumed that dentists who serve on the SB-738 Rule-Making Committee are, by default, supportive of and intent on creating a class of mid-level providers who would be allowed to deliver irreversible dental care with little to no dentist oversight.

The reality is that dentists make up only part of this committee. Furthermore, those dentists on the committee would likely be the most outspoken voices against unrestricted dental practice by non-dentists.

- Some members believe that mid-level providers are soon to be a permanent reality in Oregon, and they will forever and negatively change the landscape of dental practice.

In reality, this is not a foregone conclusion. New classes of providers would be created only under the format of pilot projects, which first, must be approved. These projects will have a clearly defined, limited time of operation, and upon their conclusion will be scrutinized as to their impact, whether it is positive or negative. A project could fail initial approval or may prove to have no benefit or a negative impact and therefore would not be continued. The Rule-Making Committee is prospectively determining what outcomes data must be collected so that the effect and effectiveness of this pilot project phase may be accurately assessed. In the age of evidence-based health care, this is essential.

Let’s remember the process; the movement toward exploring mid-level providers came from outside our profession in response to the growing concern over our nation’s unmet dental needs. The dental profession continues to be very much involved in ensuring the safety of our citizens and the well-being of our profession. The more we understand the process and support our leaders’ efforts, the stronger their message will be when they sit at the decision making table. So what message can we give to those charged with

The views and opinions expressed in this column are those of the of Dr. Gold, and do not necessarily reflect the views and opinions of the Oregon Dental Association.

Dr. Gold maintained a private practice in Santa Monica, Calif., for 16 years. He currently practices at the OHSU School of Dentistry where he holds a full time appointment as assistant professor. He can be reached at goldst@ohsu.edu.
defining the role of future mid-level providers?

Our message is simple. Dental treatment in the form of irreversible procedures such as extractions or restorative treatments must be solely the responsibility of dentists. To provide this level of care, one must possess an understanding of the stomatognathic system and its diseases, as well as skills in the surgical treatment of hard and soft tissues that comes only through the rigorous training of dental school. To circumvent this process would do nothing short of putting the health and lives of Oregonians at risk.

Furthermore, dental disease, except in very rare instances, is preventable. Any new class of dental providers, or expanded duties of existing classes of providers, should be aimed at primary prevention, not treatment. This would in no way limit the importance and effectiveness of mid-level providers. Prevention of dental disease remains, perhaps, the greatest frontier in the improvement of dental health for all people, especially those in at-risk or under-served populations. Achieving this requires overcoming a complex mix of cultural, educational and economic obstacles. Yet, it is precisely here where a new class of providers could most effectively direct their efforts.

As dentists, we should continue to remain abreast of the facts surrounding the mid-level provider issue and avoid drawing premature and erroneous conclusions. Lending both our voice and support to our profession’s leaders will help fulfill our promise to keep the best interests of the public as our highest priority.
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One of the greatest gifts I have received was given to me 36 years ago. It was the opportunity to attend dental school and join the dental profession. This has defined a large portion of my life, and has created so many opportunities that I would not have had otherwise.

With that gift came a duty and a responsibility—a duty to perpetuate that same opportunity that I had been given to attend dental school. And a responsibility to strengthen and support the dental profession I had joined.

Challenges to the profession abound. We must counter attempts to commoditize our profession. We are colleagues, not competitors. As colleagues we must establish and maintain standards that exceed public expectations.

The winds of change to healthcare are upon us. They are social, political, and economic. We cannot stand before them and stop them. We cannot bury ourselves and let them blow over us. We must get ahead of them and help to guide them.

I propose we approach these changes with what I call the 3 Hs and a W.

Using our HEADS.
We must bring to bear all our intellectual capital, support education, research (both pure and applied), continue to advance the science of dentistry and enhance academic and educational development.

Using our HEARTS.
Be passionate about dentistry; carve out strong ethical positions. Provide and develop our leadership within the profession and our communities.

Using our HANDS.
We must be involved, volunteer, work on projects, join associations and participate.

Finally, the judicious use of our WALLETS.
Everything takes economic “inertia.” We must support programs, causes, and institutions that matter.

There are no free lunches here; we must support our schools and our profession with our Heads, Hearts, Hands, and our Wallets.

Jay C. Lamb, DMD
Dr. Alberto Ambard explores Venezuela’s past in historical novel

By Melody Finnemore

Alberto Ambard, DDS, MS, has discovered that author Thomas Wolfe was right: You can’t go home again. A native of Venezuela who practices in Beaverton, Dr. Ambard explored that life lesson in a historical novel released in late June.

“High Treason” describes the drastic social and political changes that occurred in Venezuela as Dr. Ambard and his generation witnessed their homeland change from a wealthy country, with what Dr. Ambard called an unsustainable quality of life, to a tumultuous climate that forced most of its educated citizens to leave. He added a fictional assassination attempt against Venezuela’s president to give the story some added intrigue. (The novel is available at amazon.com and barnesandnoble.com.)

Dr. Ambard’s own journey has been as much of an adventure as his fictional account. He was born in Caracas and went to dental school at the Universidad Central de Venezuela. When he was 27, Dr. Ambard moved to the U.S. and completed his master’s in clinical dentistry and a certificate in prosthodontics at the University of Alabama at Birmingham in 2001. The following year, Dr. Ambard moved to Chicago to finish a certificate in maxillofacial prosthetics at the University of Chicago Hospitals.

Dr. Ambard, who specializes in maxillofacial prosthodontics at his Beaverton practice, moved to Portland in 2003 and soon began teaching part time at Oregon Health & Science University School of Dentistry. He has done research focusing on dental implants, and lectured both locally and nationally. He has written numerous articles in the dental field and currently directs the implant program at Permanente Dental Associates, mentoring and overseeing the implant education of about 90 dentists.

He recently took time to discuss his novel, his practice, and why he can’t go home again.

Why did you decide to move to the U.S. to study?
I was enrolled in a prosthodontic residency program in Venezuela, but I wanted to learn about implants, which were not as common as they are now. In Venezuela, there is not much of a middle class. In the university, because you’re mainly treating poor people, they don’t often use implants.

What was it like for you to move from Caracas to Alabama?
I chose Alabama because its program was more clinical than research oriented. I am grateful since indeed the program was excellent, but there was a big contrast in cultural differences.

Do you miss Venezuela?
You tend to remember the good things and not the bad things, and you have this idea that you’re going to have the same friends and the same life. Of course, that is not possible because everyone grows older, gets married, has kids and their lives are completely different. I miss some people, but when I visit my parents I don’t get to see those friends much anyway. I do miss the beaches and the food—you just can’t get some of the same ingredients here.

How long did it take you to write High Treason?
It took three years to write the Spanish version and four years to write the English version. The extra year was the editing and translating. A lot of the stories are real and the historical facts are there. What appears to be fiction in a lot of cases are memories of things that happened to me or people I know, and I just applied them to the characters. It is an entertaining yet very informative novel. I hope people will enjoy it.

What do you enjoy about your practice?
I enjoy the clinical challenges and the intellectual planning. It is nice to resolve a very difficult case. Both the patient and the referring doctor appreciate the hard work. There is a high degree of emotion in the work I do because the patients’ clinical status and quality of life are not always the best, especially when it comes to cancer. The most challenging area is also the most rewarding one because when you can improve the quality of life for someone who has cancer, they really appreciate it.
What do you like about teaching?
From a selfish standpoint, I like the fact that you learn a lot by teaching. You prepare well and do research and read different resources. You learn from the students as well. I also enjoy the human interaction when somebody really wants to learn and you can help them. Between family and work, it’s difficult for dentists to make time for formal education. When they come to you, it’s with a trust that you will give them good information and that is invaluable.

What do you enjoy doing in your free time?
I enjoy playing with my sons, who are 8 and 10, writing, and playing and listening to music. I play classical guitar—I’m not very good at it, but I do enjoy it. I also play tennis—again, not very well.

Melody Finnemore is a freelance writer for ODA and a partner in Precision Communications (www.precomwords.com). She can be reached at precisionpdx@comcast.net.
Meeting highlights
May 19, 2012

• The 2012 ODA Accomplishments video was shown to trustees. It can be seen on the ODA’s YouTube channel at http://bit.ly/2012ODA.
• The 2013 ODA House of Delegates meeting will be held in Sunriver and the 2014 and 2015 meetings will be held at the Riverhouse in Bend.
• The Board held a mega-issue discussion on Membership Trends.
• ODA staff will send out an RFP to consulting companies who can effectively market ODA membership and present proposals at the July 28 Board meeting.
• ODA received the ‘Spirit of Hospitality’ award for Oregon Mission of Mercy from Travel Portland at their recent annual awards ceremony.
• The ODHA has been reinstated as an Oregon Dental Conference partner group.
• Elections for the at-large members of the 2012–2013 ODA Executive Committee will be held at the July 28 Board of Trustees meeting. Trustees may serve up to two consecutive terms on the Executive Committee. There are four open positions; Drs. Asai, Tucker and Young have served one term, and Dr. Bremner has served two terms.
• Trustees were reminded that their component House of Delegates delegations are due July 2.
• Planning for the 2012 OrMOM in Southern Oregon continues. It will be held September 13–16, 2012 in Medford.
• The Executive Committee approved the name change of the ODA Relief Fund to the ODA Charitable Activities Fund. ●

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Some 450 dentists, state dental staff, and guests from 49 states, the District of Columbia and Canada canvassed the Hill during the May 7-9 Washington Leadership Conference for policy discussions and social engagements with House and Senate members who represent them in Congress and congressional staff. Forty-seven of these attendees reported that it was their first Washington Leadership Conference.

This year’s Oregon delegation included ODA President Gregory B. Jones, DMD and DOPAC Chair Weston W. Heringer, Jr., along with Michael E. Biermann, DMD; Rickland G. Asai, DMD; Craig C. Ben Ben, DMD; Executive Director, William E. Zepp, CAE; and Managing Director of Public and Professional Education, Christina Swartz.

“These are dentists active in their communities and with their profession, members and leaders of ‘action teams’ organized in congressional districts throughout the country. It’s not what we are, but rather who we are,” Dr. William R. Calnon, ADA president, said in his WLC welcome.

He continued, “Professionals and legislators meet at the intersection of increasingly heavily traveled two-way streets. And you are leaders in your profession and your communities. Work with all the stakeholders out there because we’re in this together, profession, legislature, media and public and you are our message bearer.”

This year’s conference was shorter than in previous years, cutting down from three days to just two. There were still plenty of speakers sharing their thoughts, including Sen. Debbie Stabenow (D-MI), Rep. Michael Burgess (R-TX), Rep. Diana Degette (D-CO) and Stu Rothenberg a polling and elections expert.

The message taken to Capitol Hill varied among Washington Leadership Conference state delegations, but for the Oregon delegation included:

- S. 1878/H.R. 4091 Coordination of Pro Bono Medically Recommended Dental Care Act which creates a grant program ($2 million per year for 5 years) that supports the coordination of medically recommended dental care for low income individuals provided by volunteer dentists.
- H.R. 436/S. 17 Medical Device Access and Innovation Protection Act which repeals the excise tax on medical devices.
- A Senate Companion bill for the “Competitive Health Insurance Reform Act of 2011 (H.R. 1150) that does away with the McCarran-Ferguson Act.
- Retaining the rank of the Chief Dental Officer of the US Army and US Air Force Dental Corps as a Major General instead of the proposed cut to a Brigadier General.
- The importance of continued support for community water fluoridation in communities of Oregon and to expand communities served by community water fluoridation.

ODA representatives were able to meet with the offices of all seven members of the Oregon Congressional Delegation. Congressmen Bonamici, DeFazio, Walden, Blumenauer, Schrader and Senator Wyden were with the Congressmen in person, others were with staff.
Meeting report—June 1, 2012

By Judd R. Larson, DDS, ODA Vice President, Board of Dentistry Liaison and Beryl B. Fletcher, Director of Professional Affairs, Staff Liaison

Board Committees

LICENSING STANDARDS AND COMPETENCY COMMITTEE. The Board sent the committee rule proposal which would allow dental hygienists and dental assistants to provide posterior composites to the Board Rules Committee for review.

The Licensing Standards and Competency Committee met on May 17. This committee sent rule proposals to the Board for further discussion (OAR 818-035-0072 and OAR 818-042-0095) which would allow dental hygienists and dental assistants to provide posterior composite restorations rather than just anterior composite restorations. The Board moved this recommendation to the Board Rules Committee for review and recommendation before coming back to the Board for final approval to go to a hearing.

DENTAL HYGIENE COMMITTEE

EPP Survey. The Dental Hygiene Committee met on May 21. The committee discussed the EPP survey requirements.

Public Health Continuing Education Recommendation. Many ODHA CE courses offered at the 2012 Expanded Practice Dental Hygiene Conference on May 4–5, 2012, were not approved by the Board for credit as clinical or dental public health CE. Many of the courses were related to practice management and patient relations, and not directly related to clinical patient care. Some committee members contended that the courses represented were related to dental public health. Dr. Eli Schwarz, Chair of Community Dentistry at OHSU attended the Board meeting to share information about the public health curriculum and what constitutes Public Health Dentistry. Dr. Schwarz indicated that some of the areas in CE courses are mushy but many are covered in the curriculum. Many of the courses are practice management and that is important to learn about these areas in dental public health. Dr. Schwarz left a course syllabus with the Board. The materials will be reviewed by Dr. Kleinstub when he returns in conjunction with the course offerings again. Dr. Kleinstub will bring his review back to the board.

The Board, as a policy, does not approve specific courses and has left that for staff review and determination based upon their expertise and review of the Board rules. The Board may choose to change and approve all CE courses in the future or they may choose to give further direction to staff regarding CE.

New Rule Proposals

The Board approved moving two rule proposals from the Oregon Dental Hygienists Association to the Board Rules Committee for review and recommendation to the Board. The two proposals include:

1. Proposal to allow Dental Hygienists to supervise EFDAs when applying dental sealants under indirect supervision. (OAR 818-042-0090 Additional Functions of EFDAs)

2. Proposal to change the wording in the dental hygiene rules for regular dental hygienists (not EPPs) under the supervision of a dentist to “diagnose, treatment plan and provide dental hygiene services.” The proposal also removes some specific language in OAR818-035-0020 (6) which would require the dentist to examine the patient and diagnose the condition to be treated before the dental hygienist would perform periodontal procedures. The patient would still need to have an exam scheduled with the dentist within 15 days of the hygiene services being performed.

Board Rules Hearing Decisions

Division 12. Standards of Practice regarding Botulism A Toxin—which would prohibit any dentist that had not received oral surgeon training to administer Botox. Not Adopted. The Board sent this issue back to the rules committee to take a look at other states, what they are doing as well as to find out what courses other states are approving. The ODA brought in Dr. Warren Roberts from British Columbia, Canada, for the Board hearing the night before. Dr. Roberts teaches Botox courses to many different medical providers as well as dentists. He gave the Board more information this subject as well as information on his 16-hour CE course.

Division 21. Application for reinstatement of license if expired. Adopted. Currently the Board has rules that allow for reinstatement of a license if the licensee does not renew on time. This new language clarifies that continuing education during the time the license was expired is required.

Division 26. Anesthesia—rule proposals provide further clarification for obtaining permits. Adopted.

The Board adopted a portion of the proposed rule but not all of it. “Low-Income persons, as defined by earning up to 200% of the Federal Poverty Level” was adopted as a population that may be treated by an Expanded Practice Permit Dental Hygienist. In addition, the Board moved the suggestion to review Federal Dental HPSAs (Dental Professional Health Shortage Areas) to the Board rules committee for consideration.

Division 42. Dental Assisting—Orthodontic Assistants

Adopted. The Board adopted the proposed changes to orthodontic assistant rules. The changes specified the type of supervision required and include defining duties allowed that were not mentioned previously in rule. These include:

Under indirect supervision, but does not require that the dentist must check before patient leaves (with one exception—see below):

- Remove orthodontic bands and brackets and attachments with removal of the bonding cement.
- Select or try for the fit of orthodontic bands
- Place or remove orthodontic separators
- Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/or retainers after their position has been approved by the supervising licensed dentist
- Fit and adjust headgear
- Remove fixed orthodontic appliances
- Remove and replace orthodontic wires. Place and ligate archwires. Place elastic ligatures or chains as directed
- Cut archwires
- Take impressions for study models or temporary oral devices such as but not limited to space maintainers, orthodontic retainers and occlusal guards.

The Board also kept rules pertaining to duties that allow EFODA’s to provide some services under general supervision. To review all new rules check the Board website for the new rules in Division 42 OAR 818-042-0100.

Board votes to include licensee names in Board minutes and Board newsletter. The Board approved allowing names of licensees to be published in their newsletter and in the minutes of their meetings. These items are available on the Board’s website as well in consent orders currently.

Board approved American Dental Hygienist Association and Procter & Gamble Company as two new continuing education providers for Expanded Practice Dental Hygiene CE. The Board only approves the provider, not the specific
June 1 Meeting Report, cont.

courses. The courses would still need to be within the parameters of “directly related to clinical patient care or dental public health.”

X-rays standards for patients misunderstood—dentists indicate it’s the law! The Board has received inquiries and concerns from dentists and the public since the Board’s newsletter article in February. The Board clarified their standard for x-rays on patients at the meeting as one particular patient came to the meeting to address the Board following his communications with the Board. Dr. Parker explained that the professional standard of care for dental x-rays is that which is published by the ADA and FDA. There is no “law” requiring x-rays but there is a “professional standard of care.” That standard is the ADA/FDA guidelines for dental x-rays according to the Board. Dentists should review them to determine what is appropriate for each patient. Not all patients require x-rays every six months or every year. The particular patient who addressed the board has a brain tumor and does not wish to have x-rays. The guidelines address issues relating to extenuating circumstances and the Board would certainly take that into account.

Licensees should review the guidelines and adjust any orders for x-rays on patients accordingly. www.ada.org/sections/professionalResources/pdfs/topics_radiography_chart.pdf

Volunteer application for Licensed Dentists and Dental Hygienists outside of Oregon. In response to ODA’s legislation passed last session, the Board has a new volunteer application available for those out-of-state licensees who would like to volunteer in Oregon. The application for a temporary volunteer license can be found at http://bit.ly/VolunteerLicense.

Oregon Academy of Pediatric Dentistry (OAPD) Specialty Exam. The leadership of the OAPD sent a request to the Board asking for an additional pathway for pediatric examination other than the NERB exam. They asked for the American Board of Pediatric Dentistry Examination to be approved as an alternative pathway for licensure along with a few other criteria. The Board chose to send this request to the License Standards and Competency Committee to review along with all specialty exams.

WREB exam concerns. To address concerns of cheating on exams, WREB is looking at improving security provisions for the exam.

Board Standing Committees. The Board has set their standing committee assignments for the 2012–2013 fiscal year. Committee rosters are available on the Board website, www.oregon.gov/dentistry.

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