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April 2013







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# MEMBERSHIP matters



Official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

## OREGON DENTAL ASSOCIATION

PO Box 3710, Wilsonville OR 97070

503.218.2010 • www.oregondental.org



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## CONTACT US

### Letters to the Editor

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

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### Articles

Are you interested in contributing to Membership Matters?

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

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Dentistry's Professional Social Network

### Twitter

Follow ODA President, Jill M. Price, DMD: @ODAPrez

**Blog** [www.TheToothOfTheMatter.org](http://www.TheToothOfTheMatter.org)

<b>MAY 31</b>	7:00 AM	<b>Executive Committee meeting</b> (The Allison Inn—Newberg)
<b>JUN 1</b>	7:30 AM	<b>Board of Trustees meeting</b> (The Allison Inn—Newberg)
<b>JUN 21</b>	3:00 PM	<b>Executive Committee meeting</b> (tbd)
<b>JUL 27</b>	8:00 AM	<b>Board of Trustees meeting</b> (ODA)
<b>SEPT 5</b>	12 NOON	<b>Executive Committee meeting</b> (Sunriver Resort)
<b>SEPT 6–7</b>		<b>ODA House of Delegates</b> (Sunriver Resort)
<b>SEPT 7</b>	12 NOON	<b>Board of Trustees meeting</b> (Sunriver Resort)
<b>NOV 16</b>	8:00 AM	<b>Board of Trustees meeting</b> (ODA)
<b>NOV 24–27</b>		<b>Oregon Mission of Mercy IV</b> (Oregon Convention Center—Portland)

## ODA CALENDAR EVENTS & MEETINGS

For more information on these and other upcoming events, visit [www.oregondental.org](http://www.oregondental.org), and click 'Calendar' at the top of the page or call ODA at 503.218.2010.



Volunteer registration for Mission of Mercy IV now open. Register online at [www.RSVPbook.com/OrMOM2013](http://www.RSVPbook.com/OrMOM2013)

## SAVE THE DATE

### ODA House of Delegates meeting

Sept. 6–7, 2013  
Sunriver Resort

## NEW LOCATION!

For more information, visit [www.oregondental.org](http://www.oregondental.org)



## COMPONENT CE CALENDAR

compiled by Mehdi Salari, DMD  
Send your component's CE courses to [bendsalari@yahoo.com](mailto:bendsalari@yahoo.com).

**TUES, APR 23** Clackamas County **CE HRS: 1**

### TMD & Complicated Oral/Facial Pain Diagnosis & Treatment Considerations

Dr. Kim Wright

**LOCATION:** Oregon City (Providence Willamette Falls Community Center)

**INFO:** [www.clackamasdental.com](http://www.clackamasdental.com)

**TUES, MAY 7** Rogue Valley **CE HRS: 2**

### Occlusion

Dr. Larry Over

**LOCATION:** Grants Pass Country Club

**INFO:** [ian.m.erickson@gmail.com](mailto:ian.m.erickson@gmail.com) or [dr.sten.erickson@gmail.com](mailto:dr.sten.erickson@gmail.com)

**TUES, MAY 7** Lane **CE HRS: 2**

### Total Hip & and Knee Replacement and Dental Treatment Implications

Steven N. Shah, MD

**LOCATION:** Eugene (Downtown Athletic Club)

**INFO:** [www.lanedentalsociety.org](http://www.lanedentalsociety.org)

**TUES, MAY 14** Marion & Polk **CE HRS: 2**

### Techniques & Trends in Dental Materials

Jon Fundingsland of 3M/ESPE

**LOCATION:** West Salem (Roth's)

**INFO:** [www.mpdentalce.com](http://www.mpdentalce.com), [mpdentalce@qwestoffice.net](mailto:mpdentalce@qwestoffice.net)

**TUES, MAY 14** Washington County **CE HRS: 1.5**

### Using Online Marketing for your Practice

Ian McNickle of WEO Media

**LOCATION:** Beaverton (Stockpot Broiler)

**INFO:** [www.wacountydental.org](http://www.wacountydental.org), [wcdskathy@comcast.net](mailto:wcdskathy@comcast.net)

**WED, MAY 15** Multnomah **CE HRS: 1**

### Table Clinics – Annual Meeting

**LOCATION:** Portland (Multnomah Athletic Club—MAC)

**INFO:** [www.multnomahdental.org](http://www.multnomahdental.org), [lora@multnomahdental.org](mailto:lora@multnomahdental.org)

**TUES, MAY 28** Clackamas County **CE HRS: 1**

### Pharmacy: Top 25 drug update

Speaker to be determined

**LOCATION:** Oregon City (Prov. Willamette Falls Community Ctr.)

**INFO:** [www.clackamasdental.com](http://www.clackamasdental.com)

## DBIC RISK MANAGEMENT COURSES

**MAY 14** 6:00 PM Southwestern OR (Coos Bay)

**INFO:** Anne Mills at Dr. Roger Sims' office, 541.267.5867

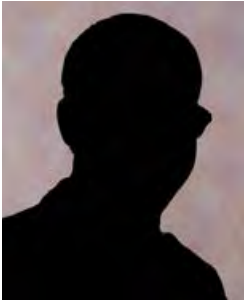
**DEC 6** 9:00 AM Multnomah (Portland)

**INFO:** Lora Mattson, 503.513.5010

**DEC 13** 9:00 AM Central Oregon (Bend)

**INFO:** [www.centraloregondentalsociety.org](http://www.centraloregondentalsociety.org)



Should it be **PRISONER 24601** or Jean Valjean?

Anonymous

**W**HEN I OPENED the most recent issue of the Oregon Board of Dentistry *Bulletin*, I am sure I heard “On Parole/The Bishop” playing in the background. This song from *Les Misérables* describes the protagonist’s (Jean Valjean) argument with antagonist Javert. The characters alternate between using “Prisoner 24601” or “Jean Valjean” to identify the criminal.

This made me think about the difference in listing disciplinary actions of the board compared with listing actual doctor names. While I certainly believe in the value of having “transgressions” available to the public, I do not believe there is value in naming names.

Apparently the *Bulletin* published names until 1988. Only by reading the minutes from a 1992 board meeting, do we find that two members requested, for one issue, that names

not be listed. Nobody seems to know the full story, but the result is that until 2013, cases were printed just by case numbers, not with discipline names. Full information about doctors (by name) has always been—and still is—available to the public.

I have yet to hear a convincing argument as to the value of listing the name of the dentist or hygienist in the *Bulletin*. I consider the *Bulletin* to be required reading, and I see each case as a case study about the standard of care we are

expected to provide. There is good to be had in that. However, we all know the gray in this area. Who among us has not read the *Bulletin* and felt a knot in the stomach thinking that he or she may have also been in a similar situation? Similarly, there are times we read reports and wonder if it really could have happened. Reading each case reminds us to remain diligent, and this reminder is easily achieved *sans* provider names being included.

It is important for the public to have information about individual providers, and this is already possible without it being in the *Bulletin*. The current system whereby a person

can obtain details either online or by calling the Board directly is more than fair and set up well for the public. The public, however, is not the *Bulletin*’s audience, so I question the importance of having this information included in a publication intended for our colleagues.

I was disappointed with the Board’s decision to print the name of a licensee who was disciplined for an alcohol-related problem. I understand the situation and agree wholeheartedly with discipline in this case. Had the licensee self-reported, s/he could have maintained their anonymity. Broadcasting the name of the provider, however, does not help him or her get the support s/he needs or do anything to rectify the situation. It does nothing more than pin a scarlet letter on the licensee. There is a place for professional confidentiality to exist, while still allowing appropriate discipline to take place.

As a state regulatory agency, the Board is often in the unfortunate position of appealing legislatures or taking preventive actions to avoid harsher decisions in the future. The legislature, for example, mandated the Board to make malpractice suits available to the public.

Twelve of the 17 Oregon health regulatory boards list names in their newsletters. Similarly, in approximately 22 states, dentist names are published in state newsletters.

The Board was in a bind of choosing to do something proactively or run the risk of having even stricter reporting imposed on it from legislatures. This is the reason that we will now have this level of information made public among our colleagues. While I will never know the exact situation, and can sympathize with the Board’s position, I will never be convinced that there is actual value in printing the names of my colleagues in the *Bulletin*. ●




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**There is a place  
for PROFESSIONAL  
CONFIDENTIALITY  
to exist, while  
still allowing  
APPROPRIATE  
DISCIPLINE to  
take place.**

---

Barry J. Taylor, DMD, CDE,  
is editor of *Membership  
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reached via email at  
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## Stepping Up for Board Service



Don Bretthauer, CAE

**L**AST SEPTEMBER, the ODA House of Delegates approved significant changes to the ODA bylaws, affecting the structure and number of representatives on the ODA's governing board. These changes will take effect with the election at the 2013 House of Delegates. The most significant modification was to decrease the Board of Trustees' size from 34 members to 18, consisting of 12 at-large members, one student member, plus five ex-officio members (of whom only the Secretary-Treasurer has a board vote).

In another key decision, due to the size of the board, component societies are no longer guaranteed a trustee position. However, no more than three of the primary trustees

may be a member of the same component organization. Just as the board size has been reduced, the former Executive Committee will be dissolved.

Board governance experts have urged nonprofits and professional societies (like ODA) toward smaller boards.

This change provides a greater

opportunity for participation by those elected, and creates a smaller, more nimble board room dynamic. At-large positions—as opposed to regional representation—also create more competitive elections. In September, ODA will elect ten at-large candidates with differing term durations, to initiate staggered trustee terms. As these changes are implemented, things may be a little confusing. Given the changes and potential confusion, there is a critical desire to have a strong field of candidates to begin this new chapter of ODA's history.

### Why Step Forward?

There are different reasons why members of an organization choose to step up and compete for a board governance role. The most common one is to further the profession and to have a greater impact on the direction of the association. I would like to proffer that there are additional—perhaps not as obvious—benefits in serving on a professional society board. Volunteerism at this high level will

not only assist the organization, but develops essential skills and qualities that benefit both one's professional and personal life.

Let's review the list:

- **Collaborating as a team with your peers.** Developing team skills and solving problems with a group of dedicated volunteers can provide both satisfaction and skill development that can be used throughout your professional career.
- **Experience dealing with difficult situations and handling conflict.** There is such a thing as healthy conflict, but practice in a safe and collegial setting in dealing with both conflict and difficult issues will help you in your practice and at home.
- **Heightened networking opportunities with peers and other volunteer leaders.** Having face-to-face interaction with top level peers helps develop long lasting relationships and bonds you can't achieve in any other setting.
- **Getting industry trend information first.** This includes legislative and regulatory rule making developments, as well as products and procedures.
- **Exerting fiduciary responsibilities.** Overseeing budgets, policies, and programs makes you a better business person, and will increase your professional acumen.
- **Leaving the profession better off than you found it.** For those who have daughters and sons who may want to follow in your footsteps, what better way to preserve the profession than taking an active role in leading it while you are a practicing professional.

During my 22 years of association management experience, I have worked with 22 different boards, each having their own dynamics and personality. But every one of the members who participated on those boards were better individuals as a result of their service. Any association is only as strong as the volunteers who serve in a leadership capacity. The more individuals who compete for this opportunity, the better the chances the organization will be successful in the long-term. I urge you to take a chance, step forward, and lead. ●

---

**For more information on getting involved in ODA governance, please see the 'Call to Volunteer' box on page 10.**

---

Don Bretthauer is the executive director of the Oregon Dental Association. Contact him at [dbretthauer@oregondental.org](mailto:dbretthauer@oregondental.org) or 503.218.2010.

# WELCOME NEW ODA MEMBERS!

## KENNETH F. CASTLE, DDS

Grants Pass • Rogue Valley Dental Society

## JOSHUA P. EUBANKS, DMD

Beaverton • Washington County Dental Society

## ROXANE E. KOTZIN, DMD

Portland • Multnomah Dental Society

## GARY J. MENCL, DMD

Klamath Falls • Klamath County Dental Society

## LOAN B. NGUYEN, DMD

Beaverton • Washington County Dental Society

## TRISTAN J. PARRY, DDS

Lebanon • Southern Willamette Dental Society

## AARON L. POGUE, DMD

Gresham • Washington County Dental Society

## MICHAEL J. SPARROW, DMD

Portland • Multnomah Dental Society

## KELLY THOMAS, DMD

Beaverton • Washington County Dental Society

## ANGELA J. TOY, DDS

Salem • Marion & Polk Dental Society



Lane County Dental Society  
presents



## Steven N. Shah, M.D.

### Total Hip and Knee Replacement and Dental Treatment Implications

The history, evolution and techniques of total hip and knee replacement including the rationale and treatment protocols that can impact dental treatment.

Tuesday, May 7, 2013 5:30 p.m. - 8:00 p.m.

Downtown Athletic Club, Eugene

dinner included

Recommended for: Dentists, Hygienists, Assistants,

Course Type: Lecture - 2 hours CE credit

Conflict of Interest Disclosure: None

Complete program details and registration at  
**[lanedentalsociety.org](http://lanedentalsociety.org)**

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# PORTLAND: Don't Forget To Vote For Fluoride!



Yes on 26-151

Calling all Portland area dentists!

Don't forget to vote on ballot measure 26-151  
in the **May 21, 2013** election!

## **Yes for Community Water Fluoridation:**

*Let's make Portland the tipping point for providing the simplest, most effective, and most affordable way to address dental health for everyone in Oregon.*



**GET THE FACTS  
DON'T BELIEVE THE MYTHS**



[www.HealthyKids  
HealthyPortland.org](http://www.HealthyKidsHealthyPortland.org)

## **Want to show your support for fluoride?**

Call ODA for buttons, bookmarks, and posters you can display in your office to educate patients: 503-218-2010.

### Dental Care in the Spirit of Aloha

At the February 2013 meeting of the Affiliated Tribes of Northwest Indians, a connection was made between the Confederated Tribes of Siletz Indians and native Hawaiians. Gerna Manuia Benz, president/director of the non-profit Alii Group and a member of the Royal Order of Kamehameha I, is working to improve dental care for under-served native Hawaiians.

Native Hawaiian communities are not served by the Indian Health Service. But, the Queen Liliuokalani Foundation has funded a new, committed facility, which will care for both young and elderly members of the Hawaiian communities of Makaha, Nanakuli, Waianae and Maili (the densest population of Hawaiians on the planet).

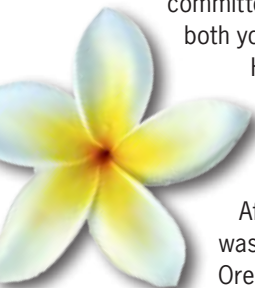
After a beautiful new tribal clinic was completed recently in Siletz, Oregon, we were left with some surplus dental office equipment, ready to donate to Hawaiians in need.

We have been fortunate to partner with Army and

Air Force Reserves personnel who are not only providing direct dental care to needy Hawaiians, they are helping to ship the surplus equipment from Oregon to serve the native Hawaiian communities.

We are planning to have at least a 40' shipping container for sending equipment, and we need your help filling it. **Do you have surplus equipment in good condition that you can donate to bring dental services to native Hawaiian children and elders? Please join our project!**

Your donated items would be put to good use. If you have surplus dental equipment you would like to donate to this project, please contact Pam Lind, Tribal Planner, Confederated Tribes of Siletz Indians at [pamelal@ctsi.nsn.us](mailto:pamelal@ctsi.nsn.us), 541.444.8361; or Gerna Manuia Benz at the Alii Group, [theamericangroup@msn.com](mailto:theamericangroup@msn.com), 253.906.5668.



### Save the Date Friday June 21, 2013 Chip! for Teeth

Langdon Farms Golf Club  
Have fun and help low-income children get free dental care.

For sponsorship and player information call or visit

DFO 503-594-0880

[www.SmileonOregon.org](http://www.SmileonOregon.org)



Some people are just more committed to the game.







## New Dentist Committee Winter Mentor Dinner

The 2013 ODA Winter Mentor Dinner was held January 31 at the OHSU School of Dentistry Second Floor Student Lounge. Sponsored by the ODA New Dentist Committee, and hosted by **Dr. Justin Gonzales**, chair of the ODA New Dentist Committee, the evening gave dental students a chance to meet 10 mentor dentists. Mentors attended the event to help answer students' questions about practicing "real world dentistry."

About 35 dental students attended, most of them were third year students, though there were some DS2s and DS4s as well. All dental students were invited to attend. Students received handouts with brief bios on each mentor dentist, so they could visit dentists whose background interested them most.

**If you are a dental student interested in forming a connection with a mentor dentist**, the ODA can match you with dentists from a particular community or with specific practice experience, such as military or public health background. Contact Margaret Torgeson, ODA Director of Membership at [mtorgeson@oregondental.org](mailto:mtorgeson@oregondental.org), or 800.452.5628, ext. 108, for information on accessing the database of mentor dentists.

**If you are a dentist who would like more information on being added to the mentor dentist database**, please contact Margaret Torgeson at the Oregon Dental Association: [mtorgeson@oregondental.org](mailto:mtorgeson@oregondental.org), or 800.452.5628, ext. 108.

## 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**



## OrMOM Registration Now Open!

ODA will host our fourth Oregon Mission of Mercy (OrMOM) free dental clinic at the Oregon Convention Center in Portland, November 25–26, 2013.

Volunteer registration is now open.  
Have you and your office signed up yet?

It takes a lot of people of different talents to execute an OrMOM clinic.

Please register online at: [www.RSVPbook.com/OrMOM2013](http://www.RSVPbook.com/OrMOM2013)

## Proposed Board of Dentistry changes to sedation permits

Your input is requested!

Dear Editor,

PLEASE CIRCULATE THIS INFORMATION.

The last mailing from the Board of Dentistry stated that, due to lack of space, proposed rule changes would only be summarized, and Oregon dentists were referred to their website ([www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)) for more detailed information. I feel that greater attention should be given to these proposed changes.

Of interest to all dentists with Sedation permits are proposed changes to the Oregon Dental Practice Act, to be discussed at **7 PM on Thursday, April 18**, at OHSU Center for Health and Healing, 3303 SW Bond Ave, in the South Waterfront area of Portland.

Dentists with Minimal Sedation permits will **NOT** be allowed to use benzodiazepines or narcotics on children age six or younger. This ruling will require Oregon dentists to get Moderate sedation permits if they want to sedate children.

Dentists with Moderate Sedation permits will be **required** to use capnography (End-tidal CO<sub>2</sub>) monitors instead of having the **option** of using precordial stethoscopes. Because CO<sub>2</sub> detection requires new monitors that use disposable capnography tubing and modification of existing Nitrous Oxide nasal hoods, appreciable costs will be added to providing sedation services.

I believe there is no documented need for this additional monitoring other than an excess of caution.

This added cost and difficulty in obtaining new monitors can be expected to reduce the number of dentists providing Moderate Sedation services. This will in turn reduce the public's access to in-office sedation dental care as a lower cost and lower risk alternative to hospitalization. Finally, it may add to the public cost of child dental care hospitalization covered by the Oregon Health Plan.

I have excerpted the following relevant sections of Division 26 Anesthesia [in the proposed rule making document].

Minimal Sedation:

- 40 **(4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit**  
41 **may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in**  
42 **children under 6 years of age.**

Moderate Sedation:

The following facilities, equipment and drugs shall be on site and

- 70 available for immediate use  
71 during the procedures and during recovery:  
90 (h) Sphygmomanometer, precordial/ pretracheal stethoscope [**"or"** is deleted to **require** a capnograph] capnograph, pulse oximeter,  
91 oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration  
92 equipment, automated external defibrillator (AED);

Moderate Sedation:

- 112 (7) The patient shall be monitored as follows:  
113 (a) Patients must have continuous monitoring using pulse oximetry **and End-tidal CO<sub>2</sub>**  
114 **monitors.**

Deep Sedation:

- 203 The patient shall be monitored as follows: (a) Patients must have continuous monitoring  
204 using pulse oximetry, **electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors.**

**IF THESE PROPOSED CHANGES CONCERN YOU, THE BOARD OF DENTISTRY WOULD LIKE TO KNOW WHAT YOU THINK.**

Sincerely,

**Mark Mutschler, DDS, MS**  
*Pediatric dentist, orthodontist, and Oregon Board of Dentistry Anesthesia Committee member*

## Call to Volunteer

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

### ODA Leadership Development Committee

Chair, Nominating Sub-Committee  
PO Box 3710, Wilsonville, OR 97070

or email:

[leadership@oregondental.org](mailto:leadership@oregondental.org)

Please cc: **Don Bretthauer, CAE**

Executive Director,  
at [dbretthauer@oregondental.org](mailto:dbretthauer@oregondental.org)

### ☒ Election held July 27, 2013

Elected by ODA Board of Trustees

#### 11th District Trustee to the ADA Board

TERM 10/2014 – 10/2018

INCUMBENT Roger L. Kiesling, DDS (Montana)

DECLARED CANDIDATE Rickland G. Asai, DMD

Nominations due Wednesday, June 12, 2013.

### ☒ Election held Sept. 7, 2013

Elected by ODA House of Delegates

#### ODA Speaker of the House

TERM 9/2013 – 9/2016

INCUMBENT Jeffery C.B. Stewart, DDS, MS

DECLARED

CANDIDATE Jeffery C.B. Stewart, DDS, MS

#### ODA Editor

TERM 9/2013 – 9/2016

INCUMBENT Barry J. Taylor, DMD

DECLARED CANDIDATE Barry J. Taylor, DMD

#### ODA Board of Trustees

POSITIONS OPEN Ten

ONE-YEAR TERM (9/2013 – 9/2014) Two open

TWO-YEAR TERM (9/2013 – 9/2015) Two open

THREE-YEAR TERM (9/2013 – 9/2016) Three open

FOUR-YEAR TERM (9/2013 – 9/2017) Three open

DECLARED CANDIDATES

Matthew C. Biermann, DMD  
Fred A. Bremner, DMD  
Tyler M. Bryan, DMD  
Kae S. Cheng, DMD, MD  
Richard K. Garfinkle, DDS  
Greggery E. Jones, DMD  
James G. McMahan, DMD  
Mark D. Mutschler, DDS  
J. Lee Sharp, DDS  
Joni D. Young, DMD

*We'd love to see contested elections. Submit your nomination by Tuesday, July 23, 2013.*

#### **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.



## Digital Marketing Benefits for ODA Members

**T**HE OREGON DENTAL ASSOCIATION HAS partnered with Dental Optimizer to provide a new member benefit that helps dentists leverage the power of digital marketing to grow their practices.

In an evolving health benefits landscape in which individuals are bearing more of the financial burden for their care, it is essential that dentists be able to connect to patients directly—when and where they’re looking for information. Today, for a majority of Americans, searching the internet is the way they access information about their health and their care providers.

Dental Optimizer has created a platform that promotes the value of dentistry and helps connect the 130 million underserved Americans with access to the dentists, useful information, and affordable resources they need to improve their oral health. One of the ways Dental Optimizer does this is by providing dentists with a suite of online tools that helps them reach local patients who don’t have an existing relationship with a dental care provider.

As a benefit of ODA membership, you will have discounted or free access to Dental Optimizer’s premium features. As an ODA member:

- You will be able to create free webpages in the dentists-only directory that’s tied to hundreds of articles on oral health and the importance of ongoing dental visits. You’ll also receive a badge identifying you as an ODA member—one of the many search parameters patients can use to find you.
- You’ll also receive free advertising promoting your webpage profile on the Best Dentist Finder landing page that will be displayed to people in your area when they visit the site.
- You will be able to download free cavity risk assessment and perio risk assessment “widgets” to add to your website—tools that make your website more interactive, and capture patient information to generate a qualified lead for your practice.
- You will be able to receive notifications when Dental Optimizer users in your area post questions in the Ask-A-Dentist forum, and directly connect with patients who are seeking care.
- You’ll be able to access additional benefits such as generating a free online coupon for your services, or discounts to select dental-related products sold through our online store.

To access the ODA member benefits, simply go to [www.dentaloptimizer.com](http://www.dentaloptimizer.com) and click “Are you a dental professional?” This will take you to the dentist portal landing page. Once there, you can create an account by clicking “Get Free Instant Access” When your account is created, an easy-to-use wizard will walk you through all the steps you need to use the Dental Optimizer digital marketing tools. Use the code “ODA\_ROCKS!” to receive your ODA membership discounts. ●

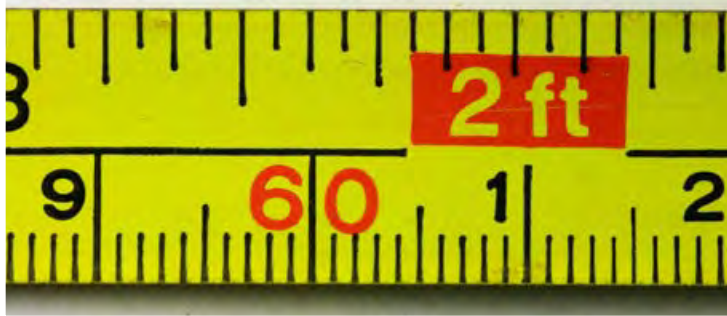


[www.dentaloptimizer.com](http://www.dentaloptimizer.com)  
Code: ODA\_ROCKS!

This column is intended to acquaint you with the benefits that you receive as a member of the Tripartite (ODA, ADA, and your component dental society).

More information on member benefits can be found at <http://bit.ly/ODAbenefits>.

# THE OTHER MEMBER DENTAL TEAM





## AN OVERVIEW

### Building, Leasing, Financing

By Tom Secolo

**W**hen searching for a new location for your dental practice, it pays to have some knowledge of the process. This entails a combination of many things; determining location, site, space, financing (if necessary), lease terms, and the physical aspects of your space and interior build out, conducting a coordinated search, and navigating through the negotiation process.

#### Build your team

It is very helpful to consult with various professionals who have experience in the required disciplines. Think of this as your professional team. You may need to include an equipment vendor, a designer to help in designing your space plan and layout, a lender, a construction company to bid and build out your space, a real estate broker to find the space and negotiate the lease, and an attorney and accountant to review the lease and your business plan. Having your team in place will save you time and, probably, money in the process.

Many dental equipment suppliers, in addition to selling equipment, offer assistance in designing your space and managing your practice. Interview a few and choose one that best fits your goals, as they can be an asset to you now and in the future. If you will need financing, start that process early on, so you know you are approved, and have a good idea of what amount you are able to borrow. This also helps with the lease negotiations, as landlords will generally require proof of your finances.

#### Contemplate your criteria

Where do you envision your practice geographically? Consider what type of environment best suits you and your practice: professional building, strip mall, free standing building, or high rise. How much parking will you need? How many square feet does your space need to be? Are there specific amenities in a building that are important to you? Listing your wants and needs can be helpful, so you can keep a log, as these most likely will change and fluctuate as you refine and narrow your search.

At this point, your real estate broker can conduct a search to guide you to the properties that are most suitable and in line with your wants and needs. This will save you time and avoid you from having to spend endless hours searching the internet and scouring the papers attempting to find them on your own. It is advisable to do a “windshield” tour of the properties that look most promising, thereby narrowing and refining your search even more.

Once you’ve found a space that you are interested in, your broker will prepare a proposal to the landlord of the building, outlining economic and other basic terms that you desire for leasing the space. This is a good time to consider how long of a lease term that you need/want, how much capital you are willing to put into the space versus how much you are going to require the landlord to contribute, if you desire renewal options, what is included and what is not, etc. This usually will go back and forth ➔



## Overview, cont.

several times between you and the landlord until the terms are agreed upon. Once they are, the landlord and the landlords' representative will prepare lease documents for your review. Your broker, attorney, and accountant should all review the documents and assist through the entire lease negotiation process. The timing of these negotiations may take several days or several weeks, depending on the situation. Patience is a virtue here, as it is critical to get the lease the way that you want it and be certain that all the "i"s are dotted and "t"s are crossed. It is very important that everything is in writing.

Securing the services of a professional dental office designer who has specific experience with dental office construction and design is important. This knowledge will carry through during the life of your lease term and omit aggravation for you and your staff down the line.

Obviously it is difficult to point out all of the factors that specifically go into the process of evaluating and negotiating your lease space. My intent is to hopefully shed some light on those aspects that are more commonly dealt with in the industry. Your office lease is one of the biggest and most important decisions, both financially and professionally, that you potentially will have to make in your career. It is my goal, and it should be the goal of your team, to get it right the first time. Planning as thoroughly as possible, making your wants and needs list, employing and engaging your team of professionals will all make a significant impact on the entire process. And how the lease is designed and agreed to will affect your business throughout the duration of the lease term.

### Be realistic

It is important to allow yourself the time it takes to successfully and realistically achieve your goals. One year is a good benchmark for this. It may seem like a long time but you may be surprised how time flies when taking the journey to locating your new space. ●

## FINANCES: A LE

By John Campbell

**From a financial perspective,** commercial construction projects generally fall into one of three categories: ground-up construction, existing commercial building purchase and related tenant improvements, or tenant improvements within a leased space. Initiating a commercial project can be daunting at face value. But, with prudent budgeting, forecasting and planning, the risk of potential challenges can be mitigated.

A critical initial step requires interviewing and selecting a team of experienced professionals to help determine project feasibility. Team members may include a commercial leasing/real estate agent, architect, contractor, designer, equipment vendor, accountant, advisor, attorney, practice consultant and/or banker. This team will assist in navigating the myriad of project stages, details, and set realistic expectations from a timeline perspective.

Budgeting is key when weighing pros and cons of project initiatives. In addition to project expenditures, practice profitability and cash flow surplus should be reviewed to ensure the net income of the borrower is sufficient to cover ongoing business expenses. Being mindful of current lease versus new loan payments for commercial mortgages, or additional month-to-month lease cost for added space, is another important component to consider when developing the project



**DOUGLAS C. ALEXANDER** works at Saalfeld Griggs, a respected business law firm with dental clients throughout Oregon and the Pacific Northwest. The firm is large enough to handle complex litigation and business transactions, we are small enough to develop close working relationships with our dental clients. It is our goal to develop practical and cost-effective legal solutions for your dental practice. You can find more information about the firm at [www.sglaw.com](http://www.sglaw.com), or call 503.399.1070.



## CONTRIBUTORS



**JOHN CAMPBELL** is Vice President, Business Development Officer at Pacific Continental Bank. He has 12 years of industry-specific financing experience combined with an additional ten years of dental equipment sales expertise. He serves as a consultative partner for Pacific Continental Bank clients, providing customized financing and business banking solutions for key practice initiatives. You can reach John at [john.campbell@therightbank.com](mailto:john.campbell@therightbank.com).



# ERS OF YOUR DENTAL TEAM

## ENDING PERSPECTIVE

budget. Additionally, current practice debt, equipment needs and improvement costs to be financed via a practice loan, not absorbed by the building loan, will need to be accounted for in the initial planning stages. Your team will ultimately determine whether the project is globally affordable.

Once budget and project viability is resolute, short- and long-term growth objectives should be defined to ensure a suitable number of operatories are constructed within the usable space.

Design and layout configuration should be defined for maximum efficiency and productivity. Additionally, appropriate space should be allocated for administration, reception, a private office, sterilization/lab, mechanical/utility, bathrooms, and a staff lounge. These considerations are complex and require your involvement to ensure an end result that is on par with your vision.

A synopsis of each lending category is detailed below.

### Ground-up construction

This is the most ambitious type of project to undertake. Mapping a plan in the pre-construction phase of the project can pay off during the construction and post-construction phases. Consistent team communication is essential for success. City planning and zoning requirements should be understood, and usage permits obtained prior to project initiation.

It is important to review construction plans and bids. Generally, these should be cushioned by ten percent for potential cost over-runs and change orders. Detailed bids are more likely to enable you to stay on budget. Cost-per-square-foot estimates can be misleading, as they do not typically provide sufficient insight as to what is included.

Therefore, this type of project works best if you plan for worst-case scenarios.

At this stage, “cushioned” construction costs and equipment totals can be combined and submitted for loan approval consideration. This will allow you to arrive at a budgetary conclusion and determine project feasibility.

The lending process for ground-up project financing is staged. A project commences with a land loan, followed by a construction loan to build the structure to house the practice. When the building is complete and appraised, both the land and construction loans will be absorbed into a permanent mortgage loan.

Anticipate injecting 10–25 percent of the total project cost. In some cases a portion or all of the down-payment cost can be obtained by utilizing a separate loan product via practice equity. Practice loans can also be utilized to cover internal build-out costs not absorbed by the building loan and/or new equipment purchases. It's best to budget 18–24 months from initial conversation to project completion.

### Commercial building purchase and conversion projects

These projects require similar due diligence to ground-up construction projects. In most cases, however, known limitations and capabilities are evident for the building in question. Blueprints, current planning and zoning restrictions, environmental history, and usage feasibility are generally available. An inspection of the property is paramount prior to proceeding with an existing building purchase.

Cushioning construction estimates is applicable and recommended in tenant improvement projects and existing building-purchase scenarios. Building improvements may be placed within one of three loan

*continues on page 17* ➔



**DUANE LINK** is a senior broker specializing in office sales and leasing. He has successfully completed over 110 transactions the past two years and was awarded the Norris & Stevens Office

Broker of the Year for 2011 and 2012. He can be reached at 503.225.8465 or [duanel@norris-stevens.com](mailto:duanel@norris-stevens.com).

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**RICK SHANDY** is senior project manager at BnK Construction. Visit BnK's website at [www.BnKconstruction.com](http://www.BnKconstruction.com), to see a portfolio of their projects. You

can reach Rick by email at [shandy@bnkconstruction.com](mailto:shandy@bnkconstruction.com) or call him at 503.557.0866.

# Looking for a new dental office or location to practice?

## WORKING WITH A TENANT REP CAN HELP!

By Duane Link

**W**ith maintaining your busy practice, managing staff, patients, juggling a home life, and, God forbid, a workout, do you really have time to search and negotiate for a new office?

If you are approaching a lease renewal or contemplating a new dental space it would be worth your time to have a conversation with a commercial real estate broker. Here is what a professional can bring to the table:

### **A tenant representative works for you...**

...not the property management or the owner of the building. Getting you the best location and best deal are the rep's first and foremost goals.

Along with exclusive representation, you will receive *no bias* evaluating your options. Your representative has no interest in one property or another, just finding you the space that fits your geography, budget, parking, and improvement needs. They are free from conflict of interest.

**Tenant reps know  
the market, the  
key owners, their  
motivations,  
and other  
competitive offerings.**

Taking an established practice with the possibility of a long-term lease provides you with more leverage in negotiations, especially if there are multiple options, as there are today. Would you rather have a one-time patient visit or maintain the relationship for 10 years?

Your representative can obtain more reliable insider information, since they are perceived as deal makers. In addition to contacts and market information, they know the inner workings of the buildings and deals that have been made. Tenant reps know the market, the key owners, their motivations, and other competitive offerings.

You can obtain more concessions, greater lease or contract flexibility, and minimize hidden costs.

Are you aware of the various pass-through expenses that could hit you at the end of the year?

The most common leases have adjustments (meaning you pay extra) for tax adjustments, cost of living adjustments, and operating expenses. These generally get reconciled and billed at the end of the year. The pass through expenses are calculated based on the tenant's proportionate share of the building.

For example, if the building is 10,000 square feet and you occupy 1,000 square feet, you would pay a proportionate share of any increase over the negotiated base year in the amount of 10% of the increase. If taxes go up \$1,000 dollars, you would pay an additional \$100 based on your 10% *pro rata* share.

Another confusing issue with the lease centers on the actual square footage you use (usable square feet) and what you pay for (rentable square feet). Your actual footprint may be 4,000 usable (USF), but you are paying for 4,600, assuming the rentable square feet (RSF) has a "load factor" of 15%. Load



# THE OTHER MEMBERS OF YOUR DENTAL TEAM



factor generally includes a percentage of common area, including all hallways, main lobbies, bathrooms, telephone closets and elevator shafts. This is a standard, accepted, and legal way of doing business in office leasing.

A tenant representative will also analyze and present all the costs so you can have a financial comparison. Costs can vary widely, as they are based on a requirement for you to pay via check for a portion of the improvements vs. paying through an amortized expense added to the per square foot cost spread out over the term of the lease.

With tenant representation, you will have a single point of coordination for all data and search efforts. This frees up your management to focus on your business. Do you really want your business manager saddled with one more task on their to-do list?

Please keep in mind it takes longer than you expect. One year out is not too early to begin looking. The available

space is specialized as second generation with upgrades required, or the space will need to be improved to meet industry and your standards. Permitting alone could take months, with another three to four months for the work to be completed.

A tenant representative can save you the time of implementing and coordinating an office search, setting up the tours, sending proposals back and forth multiple times, negotiating the improvements and lease. Plus, a tenant representative does not cost you anything out-of-pocket. The fees and commissions are paid by the landlord! The continuity alone gives you peace of mind. ●

## **A Lending Perspective, cont., from page 15**

options. Purchase price versus appraised value of a building will dictate whether improvements can be placed within a commercial mortgage loan, practice loan, or combination thereof.

Injecting 10–25 percent of the total cost is also applicable for this type of project. Remember, practice equity can potentially be tapped to cover needed down-payment(s), build-outs, and equipment. It's important to allow 12–18 months for project completion.

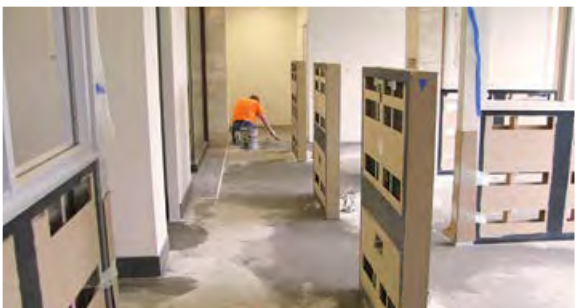
### **Tenant improvements**

This type of project requires little to no out of pocket expense for the borrower, as 100 percent financing

is often available. A leased space can be covered via practice loans, frequently financed alongside new equipment purchases. Construction cushions are recommended here as well. Seeking assistance of a leasing agent to negotiate favorable and competitive terms for landlord tenant improvement contributions is recommended. A four to six month window is often needed for completion.

Don't underestimate the importance of selecting experts to assist you in planning an effective project. Make the experience of creating your vision enjoyable by enabling your team to educate you and lead the project while you remain focused on what's most important—practice production. ●

# THE OTHER MEMBERS OF YOUR DENTAL TEAM



## The Value of a **GENERAL CONTRACTOR**

By Rick Shandy

**N**early all successful endeavors are the result of the combined talents of a great team.

Your dental construction project is no exception. You will require the services of a team of professionals specializing in fields as accounting, banking, leasing, architectural, dental equipment, and more. You would never consider signing a lease or purchasing a piece of property without consulting your CPA or broker. However, there is another member of your team who should be consulted before you ever commit yourself—your contractor.

Many doctors embark on their lease or purchase convinced that the contractor is one of the last people they need to add to their team, having never been taught to understand the value that a dental contractor brings to the very start of the process. A considerable amount of money can be lost on a project because a poor lease or purchase agreement was signed and committed to before a contractor was consulted.

### **The value and cost of involving a contractor in your pre-construction process**

First, the value a contractor offers is the ability to place a true value on a potential space or piece of property. He/she can identify deficiencies, added values, and potential costs or savings.

That is, when evaluating whether Space A or Space B is a better fit for your practice, you should consider such things as demographics, accessibility, proximity to your competitors, etc. But an often overlooked factor is the difference in cost between building out the two spaces. That difference can sometimes be measured in tens of thousands of dollars. That is a significant consideration for a start-up practice or an additional office. This can, and should, dramatically alter how you negotiate with the property owners, and it may change your perception as to which space is the more viable option for you.

You cannot overestimate the value of being able to negotiate a lease or purchase from a position of true knowledge. The property owner likely has all this information but will not necessarily share it. Or, conversely, the property owner has no idea what they have, and the





# RAL CONTRACTOR

value they are placing on their property—not based upon actual conditions—is inflated. It is simply good business to be able to negotiate terms with the same, or more, information as the person with whom you are negotiating. This is what a dental contractor can bring you: knowledge. And, as we all know, knowledge is power.

Here is a sampling of some of the specific items that a contractor can determine for you. It is, by no means, a comprehensive list.

**ADA Compliance.** In Oregon, you are required to spend a minimum of 25% of your overall construction budget on ADA compliance, unless you can clearly demonstrate that the space is already in complete compliance. Your contractor can help you determine if you are in compliance, or the cost it would take to make the space so, which can add up to a significant amount of money. This is critical information to have as you negotiate responsibility and tenant improvement allowances with the lessor/seller.

**Electrical.** What size is the current service? Is it sufficient to meet your needs? If not, can it be enlarged? Based upon current electrical codes, almost all dental spaces calculate out to just above 200 amps. That means you are required to bring in a minimum of 300 amps of service into your space. There have been many occasions where my clients have found that amount of amperage is simply not available to the space unless the entire building service is upgraded. This is do-able, but for how much and at whose expense? This is critical for you to have clearly defined in your lease or purchase agreement before you sign it.

**Heating & Air Conditioning.** Knowing the size and capacity of your heating, ventilation, and air conditioning (HVAC) units is essential. Not only can you have too little HVAC, but you can experience just as many difficulties if you have too much. Knowing the age of the units is also imperative. In almost all lease situations, if the units fail, it is the tenant's responsibility to repair and/or replace the units. An HVAC unit typically has a lifespan

**There is nothing worse than underfunding your project and having to come up with personal money to make up the difference.**

**KNOW YOUR COSTS BEFORE YOU COMMIT.**

of 15 years. Knowing how far (or near) that is into the future should be a factor in how you negotiate your terms.

**Permit Fees.** There are more types of these than you could probably imagine. Your contractor is familiar with all of these and can cost them out for your specific project.

These are just a few of the potential costs that your contractor can help you identify before you agree to financial terms in any agreement. If you are purchasing a piece of property, your experienced dental contractor can accurately budget the entire cost of your building project to see if it is feasible within your budget.

This information is not only essential for your negotiations, but for securing your financing as well. There is nothing worse than underfunding your project and having to come up with personal money to make up the difference. Know your costs before you commit.

Finally, what will this service cost you? Nothing. A reputable dental contractor can (and should) help with your evaluation, and he/she should budget your project at no cost. This is part of doing business and building relationships. You are not under any obligation to negotiate your project with a contractor, just because they have performed this service. If you still feel that you need to bid your project out, simply be upfront with your contractor, and let him or her know that. A good contractor will understand and work hard to earn your trust and business.

Teams are critically important to your ultimate success. Surround yourself with qualified professionals. Ensure that one of them is an experienced dental contractor. It is guaranteed to save you money and frustration. ●

Special thanks to Rick Shandy and BnK Construction for providing the photos used on the cover and on page 18.

# THE OTHER MEMBERS OF YOUR DENTAL TEAM

## Short Lease? . . . **NO SALE!**

By Douglas C. Alexander

**While you are busy practicing dentistry, one of the last things you might be thinking about is how much longer your lease will run.**

The length of your lease, however, is more important than you may realize. Your landlord may be interested in keeping you in the premises as long as it suits them, but you may want to maintain the flexibility to move.

The reasons for needing that flexibility abound. You may want to be able to leave if the landlord proves to be unreasonable or unresponsive in dealing with building maintenance and repairs. You could be considering building or purchasing a space and moving out. Expansion plans can also give rise for a need to stay flexible. You may need the ability to expand at your current location or, perhaps, move to another space to accommodate a growing patient base and house more dentists. Ultimately, you may not even know why you don't want to make a long term commitment, but just have this nagging feeling that it may be safer in the long run.

Of course, like most things in life, there are both effective and ineffective ways to deal with this lease issue. We have seen some practices that operate on a month to month verbal lease. Does it work? Sure; and the benefit as the tenant is that you can pick up and move on only 30 days notice. Is it risky? Absolutely; the landlord can also ask you to move on the same 30 days' notice, and, thus, your business may be jeopardized, because you suddenly have no place to practice.

### **How about a three- to five-year lease?**

You will be making a longer commitment, and if you want to leave, you may, depending upon the language of the lease, be able to sublease the property or assign your lease. If you can't find a tenant to take over for you, the good news is that the remainder of your term is not excessively long. However, when your lease term expires, you are at the mercy of the landlord in terms of renegotiating the lease for the next three to five years. Does the landlord know that it is costly to relocate a dental office? Does that give the landlord some leverage in the negotiations, because he or she will presume that you will reluctantly pay higher rent to save the cost of relocation? Of course the answer to both questions is a resounding, "Yes."

One solution, that enables you to maintain flexibility and protect your ability to extend your occupancy of the premises, is to include one or more options to renew. Typically, options address not only the term of the extension but also how the rent will





be determined during the extended term. In some cases, rent during the extended term is the same as the prior term, but adjusted by changes in the consumer price index. Alternatively, the landlord may want to reset the rent to "fair market" rates, which is determined by mutual agreement, or, in the absence of an agreement, by a qualified appraiser. The key, however, is that there must be a method of determining rent. If the agreement simply says that it will be as agreed upon, then the agreement may not be enforceable.

### What if you are looking to sell your practice?

How does any of this have an impact on an eventual sale of your practice? Do you need to worry about this beyond the time you want to be there? The answer is that your buyer will not want to be forced to move either. Stable practices are more valuable practices. Furthermore, the bank which lends the purchase money to the buyer will insist that the buyer be able to remain at the current location for the term of the loan, which is typically 10 years. Thus, when you negotiate renewal options, you should consider the needs of the eventual buyer of your practice. If your lease term, including options, expires fewer than 10 years after you plan on selling, you may find that your practice is less marketable or, perhaps, not marketable at all. A bad lease or a short a lease can kill a sale.

Thus, the lesson to be learned is to take seriously all aspects of your lease. Consider its long term implications for you as both a tenant and an eventual seller of the practice. Seek sound legal advice before accepting lease terms to ensure that your interests are protected. Practicing a bit of prevention will yield far fewer headaches in the long run. ●



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## Dental Day at the Capitol 2013 Giving Oral Health a Voice in Salem

On February 27, 2013 a group of over 45 devoted dentists and dental students, from around the state, joined together in Salem for a common purpose: educating our elected officials on the importance of oral health.

Kicked off by a welcome from Speaker Tina Kotek, ODA dental advocates visited with over 40 legislators throughout the day.

In addition to the legislative meetings, the Capitol Galleria was filled with tables providing the general public with oral health information, toothbrushes, and information about how to become a dentist. The DFO Tooth Taxi was parked on the Capitol steps and provided care throughout the day to the children from the Salem Boys and Girls Club. ●



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## My thoughts on “Best Dentists,” “Top Dentists,” etc.



Rickland G. Asai, DMD

**I**N RECENT MONTHS I have been besieged with multiple promotions offering fabulous marketing services for my practice, as I am deemed to be a “top dentist.” While each of us may come to a different conclusion on how to respond to these offers, I wanted to share with you my views and thoughts on why I have chosen not to participate in them.

Advertising for professional services is not new. However, until the FTC rulemaking proceeding, in the 1970s, on restraints on advertising in optometry<sup>1</sup>, it was not acceptable to advertise. The FTC ruling made it clear that advertising was allowed if it was helping patients to identify sources of care, what services a dental office offered, and even

fees for services. The intent was to increase competition and lower fees. The practical basis was that the information must be truthful and not misleading to the reader (prospective patient).

Each call from these advertising firms began with a very flattering statement—something like “You have been selected by our research department as a top dentist in your area, and, because of that, we are prepared to help you market your practice.”

Certainly there may be some initial pride that one may feel, perhaps even a heady feeling or a chest swelling sense of accomplishment.

After this initial moment, I did however ask each caller how they determined me to be a “best dentist.” They respond that their company had collected patient reviews from online surveys and other websites that established that I was a “top dentist.” I pointed out that it was difficult for patients to compare quality of dental care provided, but rather were basing their opinions on factors extrinsic to the quality of care. Some responded—to their credit—that they were not making any statement about the quality of care! Huh?! I mean, we are all flattered to receive such high marks from our patients, but in my opinion, this is not a scientific basis to establish distinction as a “top dentist” to which they are marketing.

These companies are marketing what is already online. So what is wrong with that you might ask? I feel that allowing a marketing firm to use such information as the basis of promoting you/your practice as a “best dentist” is disingenuous, because there is no scientific basis to substantiate superiority of care provided, which is implied. The claim of superiority by inference without that scientific substantiation is unethical and—in my opinion—untruthful, as well. Their response is that the company has fully vetted me, and they stand behind their “research.” Then the sales call begins, ignoring my questions and concerns. They continue by explaining that “this will be an offer limited to only a few select practices/practitioners in your area. By that I mean we will limit the advertising/promotion to a select few. If you don’t sign up, we will offer this to others who have met our criteria.”

So I wonder how many other “top dentists” have declined to participate. By “top dentists,” they are really offering their services to the first few “top dentists” to sign up. They apparently don’t see the conflict or inaccuracy in their promotion. If we want truthfulness in advertising, there should be clear data as to how a top dentist is selected. Companies should list how high (or far down) the list these dentists fall on the scale(s). They should state what date surveys were taken. Without such transparency, there is a lack of truthfulness to the consumer.

I was curious about what the ADA Principal of Ethics and Code of Professional Conduct had to say about this. Pay particular attention to d) below:

### 5.F.2. Examples of “false or misleading.”

The following examples are set forth to provide insight into the meaning of the term “false or misleading in a material respect.”<sup>2</sup> These examples are not meant to be all-inclusive. Rather, by restating the concept in alternative language and giving general examples, it is hoped that the membership will gain a better understanding of the term.

With this in mind, statements shall be avoided which would:

- a) contain a material misrepresentation of fact,
- b) omit a fact necessary to make the statement considered as a whole not materially misleading,

**There should be clear data as to how a “top dentist” is selected...**

**Without such transparency, there is a lack of truthfulness to the consumer.**

Dr. Rick Asai is a past-president of the ODA, and served on the ADA Council on Ethics, Bylaws, and Judicial Affairs (CEBJA), including time as council chair from 2006–2007, and on the Oregon Board of Dentistry Rules Committee. He is currently on the Board of Regents of the American College of Dentists. He practices general dentistry in Portland and can be reached at [drasaidmd@frontier.net](mailto:drasaidmd@frontier.net).



c) be intended or be likely to create an unjustified expectation about results the dentist can achieve, and

d) contain a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.<sup>3</sup>

The American College of Dentists has focused on ethics, professionalism, leadership, and excellence since 1920, as the first and oldest honorary dental organization. Pay particular note to item seven.

#### ACD Policy on Advertising

While the practice of advertising is considered acceptable by most professional organizations, advertising, if used, must never be false or misleading. When properly done, advertising may help people better understand the dental care available to them and how to obtain that care. Advertising by a dentist must not:

1. Misrepresent fact;
2. Mislead or deceive by partial disclosure of relative facts;
3. Create false or unjustified expectations of favorable results;
4. Imply unusual circumstances;
5. Misrepresent fees;
6. Imply or guarantee atypical results;
7. Represent or imply a unique or general superiority over other practitioners regarding the quality of dental services when the public does not have the ability to reasonably verify such claims.

#### Disclosure and misrepresentation

Dentists should accurately represent themselves to the public and their peers. The dentist has an obligation to represent professional qualifications accurately without overstatement of fact or implying credentials that do not exist.<sup>4</sup>

The Oregon Board of Dentistry has rules regarding advertising as well. In ORS 679.140 Discipline of licensee; grounds; procedure; sanctions:

(2) "Unprofessional conduct" as used in this chapter includes but is not limited to the following: ....

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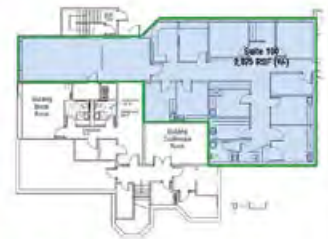
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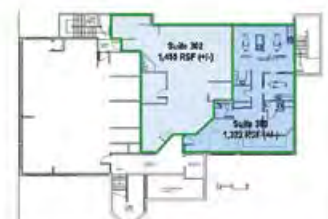
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Information contained herein has been obtained from others and is considered to be reliable. However, a prospective purchaser or lessee is expected to verify all information to his own satisfaction

first floor plan



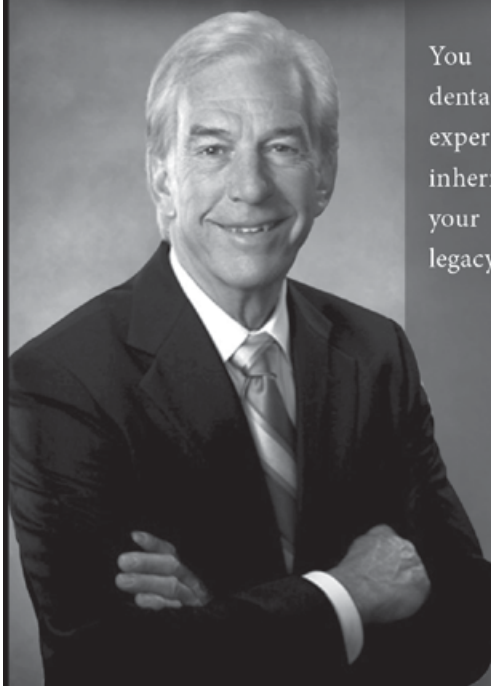
third floor plan



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continued from page 25

**By "top dentists," they are really offering their services to the first few "top dentists" to sign up.**

(d) Making use of any advertising statements of a character tending to deceive or mislead the public or that are untruthful.<sup>5</sup>

In Division 15, Advertising,  
818-015-0005 General Provisions:

(2) Advertising shall not be false, deceptive, misleading or not readily subject to verification and shall not make claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof.<sup>6</sup>

As a profession, serving the patient is our highest duty. Each dentist and clinic must decide on how to promote their practice to the public. Word of mouth, in my opinion, has been and continues to be the best referral source. It is our responsibility to be truthful in all dealings with patients, colleagues, and the community at large. ●

## Endnotes

- 1 Correspondence to James R. Anliot, Esq., April 20, 1993, from Michael O. Wise, Acting Director, Office of Consumer and Competition Advocacy, FTC, [www.ftc.gov/be/healthcare/docs/AF%208.pdf](http://www.ftc.gov/be/healthcare/docs/AF%208.pdf)
- 2 Advertising, solicitation of patients or business or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any ADA Principles of Ethics and Code of Professional Conduct or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. Any provision of an ADA constituent or component society's code of ethics or other standard of dentist conduct relating to dentists' or dental care delivery organizations' advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the ADA Principles of Ethics and Code of Professional Conduct.
- 3 ADA Principles of Ethics and Code of Professional Conduct, [www.ada.org/1383.aspx](http://www.ada.org/1383.aspx)
- 4 ACD Ethics Handbook for Dentists, [www.acd.org/ethicshandbook.htm](http://www.acd.org/ethicshandbook.htm)
- 5 Oregon Board of Dentistry Statute, [www.leg.state.or.us/ors/679.html](http://www.leg.state.or.us/ors/679.html)
- 6 Oregon Board of Dentistry Statute [http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_818/818\\_015.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_818/818_015.html)

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- Paul Turgesen, DMD, Independence, OR

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## Meeting Report—February 15, 2013

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

### Board Committee Meeting Reports and Rule Proposals

The following proposals were moved to go to a hearing sometime this spring:

- **OAR 818-001-0002 Definitions – Definition of “dentist of record”**

(3) For purposes of ORS 679.020 (4) (h), the term “dentist of record” means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in ORS 679.020 (3)

This change would allow individual dentists who work in university and other school clinics to be responsible for the treatment provided under their supervision. Many of these schools have a number of dentists who work in the clinics on different days and it is constantly changing. The proposed rule clarifies who is responsible in the event that the Board must investigate and keeps the Board within the requirements of the law.

- **OAR-818-012-0005 – Scope of Practice for oral surgeons**

(1) Changes in this section specify treatments that dentists may not provide unless they have received specific training (CODA accredited) and clinical fellowship as listed in the proposal and have privileges at JCAHO accredited hospital or ambulatory surgical center. This is the training and privileges that typically oral surgeons receive.

- **Scope of practice allowing all dentists to provide Botox**

(2) “A dentist may utilize Botulinum Toxin A to treat a condition that can be treated only within the scope of the

practice of dentistry after completing a 16 hour course approved by ADA CERP or AGD.

- **OAR 818-026-0000 Purpose**

The rule proposal removes language which years ago made sense but now does not. This was originally written for individuals practicing in hospitals to allow them to provide anesthesia without a permit since the hospitals had specific accreditations. Now that care is being provided in attached facilities or other places that are not within the hospital, this rule will require all licensees to have a permit regardless of where they are providing treatment.

- **Anesthesia Rules 818-026-0020**

This rule proposal adds a requirement that a licensee must have at least a moderate sedation permit (can also have a Deep Sedation or General Anesthesia Permit) in order to administer Benzodiazepines or narcotics in children under six years of age.

- **818-026-0060 Moderate Sedation Permit**

The rule proposal adds End-tidal CO<sub>2</sub> as additional patient monitoring for Moderate Sedation Permit holders.

- **818-026-0065 Deep Sedation Permit**

The proposal spells out the names of the types of anesthesia permits as these permits used to be classified by number but now have specific names. This proposal also adds patient monitoring using ECG and End-tidal CO<sub>2</sub> monitors.

- **818-026-0070 General Anesthesia Permit**

The proposal would require additional monitoring using pulse oximetry, ECG and End-tidal CO<sub>2</sub> monitors.

- **818-042-0110 Certification – Expanded Functions Orthodontic Assistant**

The proposal adds additional requirements for testing when seeking Orthodontic Assistant certification through DANB or any other testing entity. Additional requirements include: fit and adjust headgear, remove fixed orthodontic appliances and taken impressions for four (4) patients.

- **818-001-0087 Fees**

Changes in fee structure for specialty exams in this proposal will allow the Board to collect exam costs up front when receiving the application. The Board has had some instances where the applicant drops out prior to the exam and the Board must still pay for the examiners and costs of the exam, which is not part of the Board budget. This will eliminate un-budgeted expenses.

- **818-035-0066 Additional populations for Expanded Practice Permit (EPPs) Dental Hygiene Holders – HPSA (Health Professional Shortage Areas)**

This proposal would allow EPPs to provide treatment on specific population groups defined by the Federal Dental Health Professional Shortage Areas that lack access to care and that are underserved.

The following two proposals were not approved and will not go to hearing in the spring.

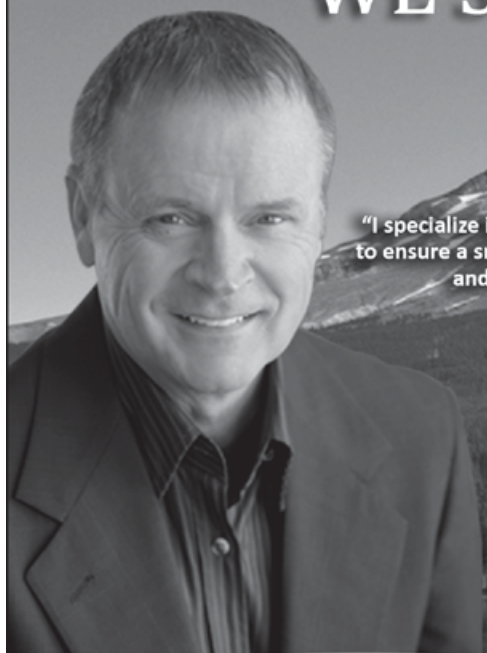
- **818-035-0030 Additional Functions of Dental Hygienists – Silver Nitrate application**

- **818-042-0040 Dental Assistants – Silver Nitrate application**

continues on page 30 ➔



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Mark Donaldson BSP, RPH, PHARM D, FASHP, FACHE

*"Better Medicine, Better Dentistry," 6 CE Credits*

Scott Henderson

*"Digital Dental Photography," 3 CE Credits*

Chris Verbiest

*Risk Management, 3 CE Credits*

### Friday

David Doernbach, Ed.D.

*"OMG...What Do I Do Now?," 6 CE Credits*

Susan Gunn, CFE

*"Embezzlement: For Your Eyes (and Ears) Only!," 3 CE Credits*

Paul Consani & Wendy Hirai

*"Current Trends in Dental Practice Sales," 6 CE Credits*

Arthur DiMarco, DMD & Kathy Bassett, BSDH, RDH, Med

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continued from page 28

## Correspondence

- **Dr. John Krump**, regarding implant records and length of time to keep records

The Board Rules Committee will review this issue at its next committee meeting. They asked that the Board staff draft a rule that would require dentists to provide this information to the patient in lieu of requiring dentists to retain implant records longer than the current seven years record retention requirement.

- **Kristi Jacobo, DMAP** request for clarification of new ADA code D0191 use by dental assistants and/or dental hygienists.

The board discussed the request for clarification and determined that the Board does not have any authority over billing codes. The Board will respond with clarification on what is within the scope of dental hygienist practice.

## Executive Director's Report

- **Dentist renewals 03/31/2013**

1,815 renewal notices have been sent out to dentists as a reminder to renew their license by March 31. Renewal must be completed online at the Board's website at [www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

- **EPP (Expanded Practice Permit Dental Hygienist) Report**

There are 4,035 licensed Oregon dental hygienists—3,180 are in-state. There are 298 with EPP designations. Of those EPPs, most are working in major metropolitan areas in Clackamas, Multnomah, Washington, and Lane counties.

The Board has reports on specifics of where they are practicing and is available by contacting the Board office, 971.673.3200.

- **Board member appointments**

The Governor has submitted **Dr. Jonna Hongo** and **Dr. Brandon Schwindt's** names to the Senate for reappointment for a second term. He has also submitted Dr. Todd Beck for appointment to replace Dr. Darren Huddleston, who has completed two terms on the Board.

- **Board seminar will be presented at the 2013 ODC**

The Board will present with DBIC at the risk management course on April 4 and offer two other courses for Recordkeeping from the Board's Perspective.

- **Smoking Cessation Prescriptions**

Jill Mason asked that the Board review its policy on smoking cessation prescriptions. Currently the Board allows dentists to prescribe a couple of medications for smoking cessation. This issue will be sent to the Board's Licensing Standards and Competency Committee for further discussion and review.

## WREB

New volunteers are being encouraged to replace those who may retire from serving. Oregon typically has had many examiners for WREB.

## NERB

NERB is asking other states and entities whether there is a centralized background checks service. **Dr. Julie Ann Smith** volunteered to be on a steering committee for NERB, which will review the credentialing and training processes for NERB Examiners and make recommendations to the NERB Board. The Steering Committee will also hear all appeals of the decisions of the Credentials, Discipline and Grievance Committees. ●

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**ASSOCIATE GENERAL DENTIST PART-TIME SALEM** Bright Now! Affiliated Dental office. New Graduates with an Oregon state license will be considered as well as experienced dentists. Must enjoy working in a busy office with a large patient base. Requires the ability to do Molar Endo and surgical extractions. Schedule is Thursday and Sunday, occasional Saturdays. This practice provides care to the entire family. As an Associate Dentist you will examine, diagnose, and provide treatment counseling to patients in a comprehensive manner. The professional staff allows a doctor to focus solely on dentistry. 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](mailto:sherrie.dean@smilebrands.com) or visit our website [www.jobs.smilebrands.com/careers](http://www.jobs.smilebrands.com/careers).

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**GROWING DENTAL PRACTICE IN EUGENE,** Oregon looking for an associate dentist, full time schedule, \$150K Base Pay Plus collections incentive, health benefits, two weeks accrued vacation, 401K Plan, and opportunities for International dental service in Micronesia two weeks per year. To apply send your information to: [dentaleugene@gmail.com](mailto:dentaleugene@gmail.com).

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

**PERMANENTE DENTAL ASSOCIATES—OREGON/WASHINGTON** Our mission is to provide the best oral health care to every patient through evidence-based dentistry within a group practice setting. Excellent opportunities offered to skilled Dentists, including Specialists. For additional information, please visit: [pda-dental.com](http://pda-dental.com), or for current practice opportunities: [pda-dental.com/practice-opportunities/how-to-apply/how-to-apply](http://pda-dental.com/practice-opportunities/how-to-apply/how-to-apply). Contact us, phone: 503-813-4915 or email: [pdajobs@kp.org](mailto:pdajobs@kp.org).

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**SEEKING FULL-TIME & PART-TIME DENTISTS** at a dental office in Tigard, Oregon. Must be proficient with Molar Endo & 3rd Molar Extractions. A GPR or AEGD is a big plus! Well compensated plus a guarantee of \$500 per day! This is an exciting opportunity, you don't focus on office administration—your focus is patient care and treatment! Email your CV to [emergencydentalportland@gmail.com](mailto:emergencydentalportland@gmail.com).

## DENTAL OPPORTUNITIES

### PERIODONTICS

**PERMANENTE DENTAL ASSOCIATES OREGON—FULL-TIME PERIODONTIST**—Our mission is to provide the best oral health care to every patient through evidence-based dentistry within a group practice setting. We have a current opportunity for a full time Periodontist at our Aloha Dental Office in Beaverton, Oregon. Our recruitment team would love to hear from well qualified applicants who have successfully completed their U.S. residency program in Periodontics. To learn more and apply, please visit our career site: [pda-dental.com/practice-opportunities/how-to-apply/how-to-apply](http://pda-dental.com/practice-opportunities/how-to-apply/how-to-apply). You may also find additional information about PDA on our website: <http://pda-dental.com>. Contact Us: Phone: 503-813-4915, Email: [pdajobs@kp.org](mailto:pdajobs@kp.org).

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**DENTAL OFFICE SPACE FOR LEASE—IDEAL LOCATION,** 504 Villa, Newberg, OR, 1350 sq feet (4 ops) plus shared reception area with Endodontist and General Dentist. Favorable population to dentist ratio in a growing community 22 miles from downtown Portland. Buy equipment and move in. Contact Dr. Lance Rosenau 503-803-8099 or [lancerosenau@gmail.com](mailto:lancerosenau@gmail.com).

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### PRACTICES FOR SALE

**G/P PRACTICE FOR SALE—ESTABLISHED DENTAL** practice for sale in Southern Oregon. Annual collections over \$828,000/year. Very active and productive hygiene program. Both hygiene operatories have recently been completely remodeled and updated. 2,700 SF free-standing building with a total of 8 operatories. Great location with plenty of parking and fabulous visibility on a very busy street. Above average discretionary earnings. Current staff will stay with the practice. Contact Buck Reasor at Reasor Professional Dental Services. 503-680-4366, [info@reasorprofessional dental.com](mailto:info@reasorprofessional dental.com), [www.reasorprofessional dental services.com](http://www.reasorprofessional dental services.com).

### MISCELLANEOUS

**MODERATE SEDATION COURSE—INSTRUCTOR: STEVEN GANZBERG, DMD, MS.** Dates: April 19-21 at UCLA and May 15-19 at Wendel Family Dental Centre (Vancouver, WA), 2013. Cost: \$11,995. A deposit of \$5,000 due by February 1, 2013. Course is 80+ hours with 20 patient cases. Contact: Lori, 360-944-3813 or [loris@wendeldental.com](mailto:loris@wendeldental.com). Space is limited. AGD #218643.

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