OREGON DENTAL ASSOCIATION

December 2013

MEMBERSHIP matters

RISK MANAGEMENT

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.

Member Publication AADE American Association of Dental Editors

OREGON DENTAL ASSOCIATION
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Letters to the Editor

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

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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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Twitter
Follow ODA President, Judd R. Larson, DDS: *@ODAPrez*

Blog www.TheToothOfTheMatter.org

ODA CALENDAR
EVENTS & MEETINGS

JAN 10	9:30 AM	**Board of Trustees meeting** *(ODA)*
MAR 7	9:00 AM	**Leadership Seminar** *(ODA)*
MAR 8	8:00 AM	**Board of Trustees meeting** *(ODA)*
APR 3–5		**Oregon Dental Conference** *(Oregon Convention Center—Portland)*
APR 6	8:00 AM	**Board of Trustees meeting** *(DoubleTree Hotel By Hilton—Portland)*
MAY 31	7:30 AM	**Board of Trustees meeting** *(Salishan)*
JUL 11–12		**Oregon Mission of Mercy V** *(Salem)*
JUL 25	10:00 AM	**Board of Trustees meeting** *(Medford)*
SEP 5–6		**ODA House of Delegates** *(Riverhouse—Bend)*
SEP 26	9:00 AM	**Board of Trustees meeting** *(Portland)*
NOV 1	8:00 AM	**Board of Trustees meeting** *(ODA)*

For more information on these and other upcoming events, visit *www.oregondental.org*, and click 'Calendar' at the top of the page or call ODA at 503.218.2010.

COMPONENT CE CALENDAR

compiled by Mehdi Salari, DMD

Send your component's CE courses to *bendsalari@yahoo.com.*

THUR, JAN 9 Southern Oregon **CE HRS: 1.5**
Dentistry & Your Eyes, Paul Imperia, MD
LOCATION: Medford (Sunrise Café)
INFO: www.sodsonline.org

TUES, JAN 14 Clackamas County **CE HRS: 1.5**
First All Women's Meeting
INFO: www.clackamasdental.com

TUES, JAN 14 Marion & Polk **CE HRS: 2**
Business Identity Theft, Warren Franklin
LOCATION: West Salem (Roth's)
INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

TUES, JAN 14 Washington County **CE HRS: 1.5**
Sedation for Children:
An Anesthesiologist's View, Dr. Jeffrey L. Koh
LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org, wcdskathy@comcast.net

TUES, JAN 14 Southwestern Oregon **CE HRS: 1.5**
Wealth Management for Dentists
Jake Paltzer
LOCATION: Coos Bay (Red Lion Hotel)
INFO: Dr. Roger Sims, roger@rgsims.com

WED, JAN 15 Multnomah **CE HRS: 1**
Identifying & Managing Disturbances of Eruption, Rebecca Kuperstein, DDS
LOCATION: Troutdale (McMenamins Edgefield)
INFO: www.multnomahdental.org, lora@multnomahdental.org

FRI, JAN 24 Lane County **CE HRS: 4**
OSHA and Infection Control
Leslie Canham, CDA, RDA
LOCATION: Eugene (Valley River Inn)
INFO: www.lanedentalsociety.org

FRI, JAN 24 Southern Oregon **CE HRS: 5**
Building a Winning Team
Brent Ericksen & Associates
INFO: Amanda Davenport, sodentalsociety@yahoo.com

TUES, JAN 28 Clackamas County **CE HRS: 1.5**
Strategic Planning, Dr. Teri Barichello
INFO: www.clackamasdental.com

THUR, FEB 6 Southern Oregon **CE HRS: 1.5**
Managing the Challenging TMJ: What to look for, what to do, Bill Esser, MS, PT, CCTT & Justin Carson, DPT, CSCS, OCS
LOCATION: Medford (Sunrise Café)
INFO: www.sodsonline.org

FRI, FEB 7 Southern Oregon **CE HRS: 4**
Do it Yourself Finance! Doug Carlsen
INFO: Amanda Davenport, sodentalsociety@yahoo.com

TUES, FEB 11 Lane County **CE HRS: 1.5**
Financial Principles for Dentists, Jake Paltzer
LOCATION: Eugene (Downtown Athletic Club)
INFO: www.lanedentalsociety.org

TUES, FEB 11 Marion & Polk **CE HRS: 2**
A Day in Endodontics
Tuong Nguyen Nguyen, BDS, MSD
LOCATION: West Salem (Roth's)
INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

TUES, FEB 11 Southwestern Oregon **CE HRS: 1.5**
Endodontics Update
Dr. Keith Kano
LOCATION: Coos Bay (Red Lion Hotel)
INFO: Dr. Roger Sims, roger@rgsims.com

It doesn't matter until it matters

Barry J. Taylor, DMD, CDE

IT CANNOT BE OVEREMPHASIZED ENOUGH the importance of keeping good chart notes as the best prevention to avoiding not just a complaint with the Board of Dentistry but also with the legal community.

Two years ago I was contacted by an attorney's office in Dallas, Texas. They wanted to fly to Portland to take a deposition from me in regards to a previous patient of mine. Receiving such a request gave me cold sweats and a palpating heart—not related to a cardiac or thyroid problem. I initially didn't recognize the patient name, but after a brief search, I discovered that I had last seen the patient in 2004 for an extraction. At first glance, the extraction appeared to be without incidence, but she came back for several visits, complaining that the extraction site wasn't healing; we referred her to an oral surgeon to get a second opinion. The last entry in the chart read, "Oral surgeon's office called; patient has osteonecrosis of the bone." The cold sweats and palpations stopped, and were replaced by intense stomach pain caused by the proverbial kick to the gut. An internet search turned up the obvious—the Dallas law office that was coming to depose me specialized in Fosamax lawsuits.

With every chart I write...I think: What will the chart look like when an attorney reads it seven years from now? Have I covered all my bases?

Just as we were taught from day one of our dental education, the patient was going for the deep pockets. She had filed a lawsuit against the drug manufacturer, not the providers. Despite knowing logically this was the case, I still searched the *Journal of the American Dental Association* archives to see just what I was expected to know in 2004, in regards to dental extractions and bisphosphonates. This is the curse of the internet age—we can both relieve and increase our anxiety with the click of a button.

Whew; the first article in regards to the issue was in January of 2005 (*JADA* Jan. 2005, 136(1):36), and a position paper wasn't published until December of that year (*JADA* December 2005, 136: 1658-1668). Walking into the deposition, I did my best to believe that, in 2004, it was only beginning to be an issue and certainly I had done nothing wrong.

The lesson about chart-keeping came when I was in the room with attorneys from both sides of the lawsuit. I was handed the original paper chart from my office. Much to my relief, the patient's every visit had been well documented. Starting with the updated medical history taken on her intial visit, for a "tooth ache," in which we noted she had had chemotherapy (although we did not note bisphosphonate) recently. Every visit followed the SOAP format, and every phone conversation was summarized in the chart. When you are being questioned by an attorney, having that well-documented chart in your hand is like taking an open book quiz. I answered every question just by reading what was written in the chart. It was also important that the oral surgeon's office had been great in their communication, as well; they not only called me with the diagnosis, but they followed it up with a letter.

It was approximately six years between the time of the patient's first visit and when I was contacted by the Dallas law firm. When I was taking those chart notes in 2004, I had no idea that the fact that she had recently taken a medication for her cancer was of great significance. I also admit that when the oral surgeon called to say that the patient had osteonecrosis, I didn't give much thought as to why that happened after an uncomplicated extraction. I was just relieved that we had made the right decision to refer to a specialist, and I appreciated them getting back to me with the follow-up.

With every chart I write, to this day, I think: What will the chart look like when an attorney reads it seven years from now? Have I covered all my bases? ●

Barry J. Taylor, DMD, CDE, is editor of *Membership Matters*. He can be reached via email at *barrytaylor1016@gmail.com*.

The opinions expressed in this editorial are solely the author's own, and do not reflect the views of the Oregon Dental Association or its affiliated organizations.

Jack L. Ferracane, PhD (left) received an Honorary Fellowship from the American College of Dentists.

Lane County Dental Society presents

Leslie Canham, CDA, RDA

OSHA and Infection Control

"You can Think your Practice is Safe or You can Know it"

Friday, January 24, 2014 8:00 a.m. – 12:30 p.m. – breakfast included
Valley River Inn, 1000 Valley River Way, Eugene - 4 CE credits
Non-ADA Dentists $200 - Dental Staff $60 - Students/Nonprofit Staff $30
Free Tuition for Lane County Dental Society Members/Associate Members
Recommended for all oral health care providers,
including general dentists, specialists, hygienists and staff members.
Conflict of Interest Disclosure: None

Understand what training OSHA expects dentists to provide to employees. This course will cover: required bloodborne pathogen training, changes to the Hazard Communication Standard, Infection Control, and how to make sure your practice is SAFE and OSHA compliant. Learn how to update existing infection control protocols to meet the current CDC Guidelines. Examples of infection control "DON'Ts", "hands on" demonstrations, and step by step checklists provide you with tools to tune-up and confirm that your practice is safe for patients and dental team. Today, every dental practice must strive for infection control excellence.

LEARNING OBJECTIVES:

- Explain how to manage an exposure incident
- Understand how to update and maintain the office OSHA manual
- Understand the new Hazard Communication Standard label and SDS requirements
- Develop and implement an office infection control program using current CDC Guidelines

Register at: **lanedentalsociety.org/programs**

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Lane County Dental Society designates this activity for 6.5 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

Lane County Dental Society is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of AGD approval extends from 1/15/2010 to 1/14/2014.

For more information: (541) 686-1175 or info@lanedentalsociety.org

Congratulations to Oregon's ACD inductees.

From left:

Jack Ferracane, PhD
Walter R. Manning, DMD
Denice C. Stewart, DDS
J. Kyle House, DDS
Steven M. Murata, DMD
James A. Katancik, DDS
Rickland G. Asai, DMD

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App Store

Google play

WELCOME NEW ODA MEMBERS!

Congratulations to Oregon's newest ICD Fellows!

Sean A. Benson, DDS, and **Teri L. Barichello, DMD** were inducted into the International College of Dentists, while in New Orleans for the 2013 ADA Annual Meeting.

AMY K. ANTHONY, DMD
Beaverton • Washington County

ERIC D. BERKNER, DMD
Oregon City • Clackamas County

GEOFFREY W. BLATTER, DMD
Eugene • Lane County

JEFFREY S. CASEBIER, DMD
Eugene • Lane County

AMANDA E. DAY, DDS, MS
Eugene • Lane County

ROBERT H. KELLY, DMD
Welches • Clackamas County

BRIAN J. KITCHELL, DMD
Ashland • Southern Oregon

HIRAL M. SHAH, DMD
Beaverton • Washington County

GEOFFREY H. WANG, DDS
Portland • Multnomah

Volunteers NEEDED

The ODA councils and committees listed below currently have volunteer opportunities. **All ODA members are encouraged to participate in the leadership of this organization.**

Interested applicants should submit a letter of interest and a one-page resume to:

Mail: ODA Leadership Development Committee
Jim Smith, DMD, Chair,
Nominating Sub-Committee
PO Box 3710
Wilsonville, OR 97070

Email: *leadership@oregondental.org*

ODA Councils and Committees:

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

For more information, please call 503.218.2010.

☑ Election held April 6, 2014
Elected by ODA Board of Trustees

ADA Alternate Delegate at Large
POSITIONS OPEN Four
TERM 1 Year
DECLARED CANDIDATES

☑ Election held Nov. 1, 2014
Elected by ODA Board of Trustees

Health Services Group Board of Directors
• • If interested, the deadline to submit materials is July 31, 2014. • •

POSITIONS OPEN Two dental directors
Two non-dental directors
TERM 4 Years
INCUMBENTS Michael L. McKeel, DMD; Michael E. Biermann, DMD
DECLARED CANDIDATES

☑ Election held Sept. 6, 2014
Elected by ODA Board of Trustees

ODA Trustee
POSITIONS OPEN Three
TERM 4 years
INCUMBENTS Fred A. Bremner, DMD
Richard L. Garfinkle, DDS, MS
DECLARED CANDIDATES

ODA Secretary Treasurer
POSITIONS OPEN One
TERM 3 years
INCUMBENTS Sean A. Benson, DDS
DECLARED CANDIDATE

ADA Delegate at Large
POSITIONS OPEN Two
TERM one 1-year term; one 3-year term
INCUMBENTS Rickland G. Asai, DMD
David J. Dowsett, DMD
DECLARED CANDIDATES

Leadership Development Committee
POSITIONS OPEN Four
TERM three 3-year terms; one 1-year term
INCUMBENTS Kevin J. Kwiecien DMD, MS, FAGD
William F. Warren Jr., DDS
Renee R. Watts, DDS
DECLARED CANDIDATES

MEMBER BENEFIT OF THE MONTH

InTouch Practice Communications

Save $300 on an InTouch System—an exclusive price for ADA members only.

intouchdental.com

877.493.9003

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*

TURN ON-HOLD TIME INTO PATIENT EDUCATION TIME. A personalized on-hold message not only promotes your practice, it also builds good will and appreciation among the patients who benefit from your messages. InTouch Practice Communications make it so easy.

Their telephone message on-hold programs are fully customized for your practice and allow you to highlight your services and expertise and support your passion for the art of dentistry.

With a team of dental industry scriptwriters, InTouch will work with you—from first draft to final recorded program—to make a product that promotes your practice's offerings and personality in a positive and proactive fashion. By having the opportunity to create changes through regular communication with a scriptwriter, until you are completely satisfied, you will see that their expertise with thousands of dental programs will make the message creation process extremely efficient. The majority of their projects are completed in less than three weeks from purchase to installation.

Contact InTouch today to find out more about their plans and the benefits available to ODA and ADA members.

Have a patient dispute?

Refer your patient to ODA Peer Review before they file a complaint with the Oregon Board of Dentistry.

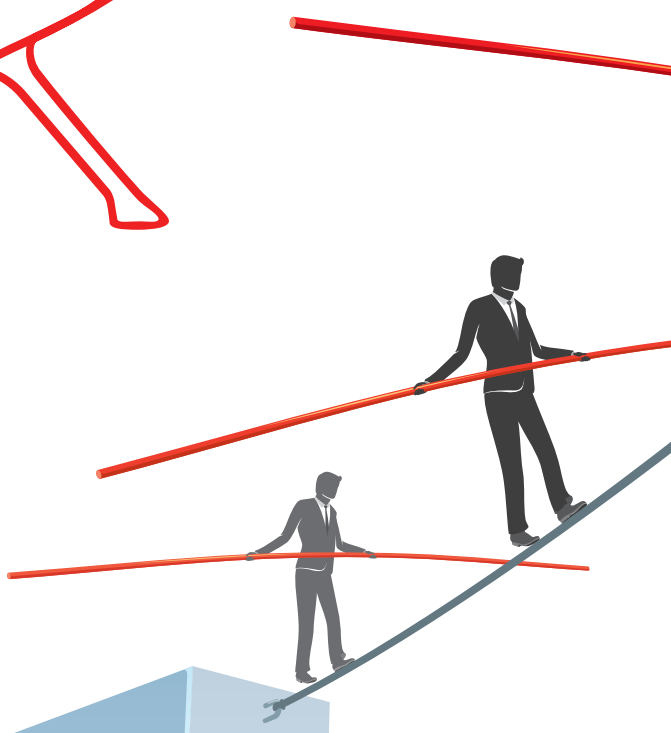
Peer Review is available only to ODA member dentists and their patients. It **ENSURES FAIRNESS TO ALL PARTIES** through individual case consideration and a thorough examination of records, treatment procedures and results.

This **CONFIDENTIAL, FREE DISPUTE RESOLUTION** system often results in solutions which are satisfactory for both parties.

Call ODA at 800.452.5628 for more information.

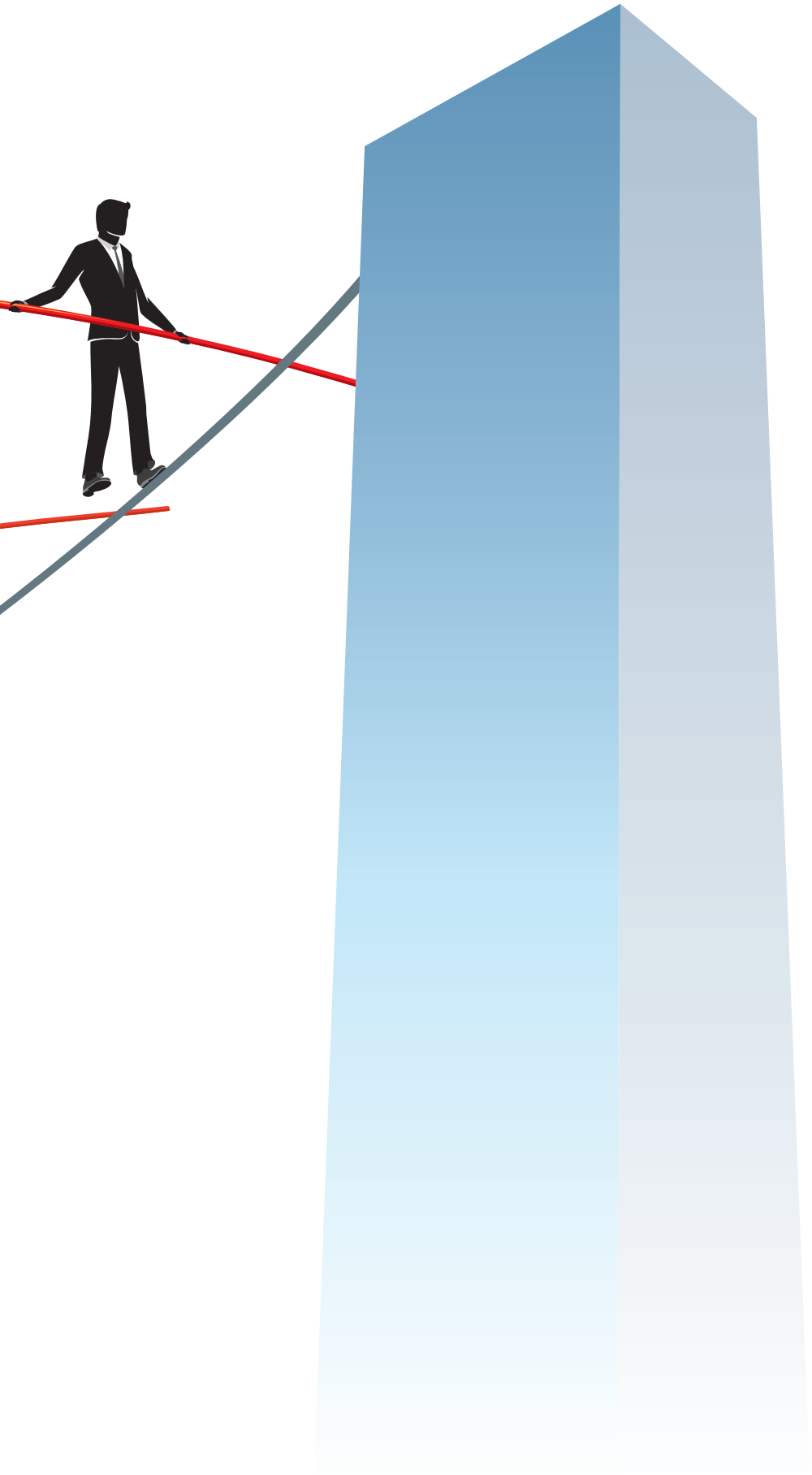
Managing RISK in your Practice

By Melody Finnemore



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*.

Tips to help you avoid patient complaints



As a leader of a company that provides professional liability insurance for dentists, Christopher Verbiest knows that he is sometimes at polar ends with the Oregon Board of Dentistry's punitive decisions. Yet Verbiest, vice president of the Dentists Benefits Insurance Company, and Patrick Braatz, the Oregon Board of Dentistry's executive director, agree on this: communication—or the lack of it—is the leading reason patients file complaints against their dentists.

"Most (complaints) deal with quality of care issues, and communication with the patient is truly the number one item that is a cause for the complaints. Licensees are not clearly communicating the options available and the outcomes," Braatz said.

Verbiest described a common scenario in which a patient may be in pain after a treatment and call their dentist with questions or concerns. Most dentists are not immediately available to answer patient calls, because they are treating other patients, so front office staff members—who may not be trained in customer relations—take a message.

"The patient feels a little abandoned. They have a problem, and they want to get an answer," he said. "In our risk management classes, we tell people to let the patient know that the doctor is treating other patients and that he returns calls during a specific time period. As long as the doctor calls back within a reasonable amount of time—and sometime that day is fine—most patients tend to be satisfied with that protocol."

continues

MANAGING RISK
continued

Braatz noted that the expense of treatment is another source of frequent complaints with the Oregon Board of Dentistry. "Cost plays a major role in a patient's decision regarding treatment; however, licensees should not allow a patient to direct a treatment where the licensee knows the outcome will not be acceptable or will end with a bad result," he said.

"Another issue we see is complaints where patients have seen multiple licensees, and the problem only gets worse with each new licensee involved," Braatz added.

From Verbiest's perspective, charting is a recurring source of complaints for many dentists. Specifically, a diagnosis is often missing from patient charts, and many dentists rely solely on x-rays to communicate treatment needs.

Informed consent presents a frequent problem as well. Dentists must obtain a patient's informed consent before beginning treatment, and it can be as simple as a PARQ stamp on a patient's chart, Verbiest noted.

- P — Problems, Procedures, and treatment Plan
- A — Alternative treatment plans
- R — Risk
- Q — Questions

While communication, charting, and informed consent net their fair share of complaints, there is another issue that has recently started generating punitive action from the Oregon Board of Dentistry.

In 2004, the Oregon Board of Dentistry approved a rule that requires dentists to perform weekly spore testing on sterilized equipment (see sidebar on opposite page). Verbiest said that many of the dentists he talks to are not doing spore testing on a weekly basis, though they do regularly sterilize their equipment.

However, that distinction is not made on the Oregon Board of Dentistry's website, where disciplinary measures are made public. Patients may not understand the difference between punitive measures taken regarding spore testing regulations versus the perception of a dental office that doesn't sterilize its equipment, Verbiest said.

As customary when issues come up that affect members, ODA is actively working on solutions to this challenge, as it has already started to affect the business of dentistry and could potentially compromise access to care.

From communication and charting, to informed consent and sport testing, this varied collection of complaints has stacked up at the Oregon Board of Dentistry due to the increasing complexity of the complaints and mandated furlough days for the Board's staff.

"We are addressing this with the addition of another consultant investigator and hope to have most of those cases resolved in the next six to eight months," Braatz said.

Despite sometimes being on opposing sides of complaints against dentists, both Braatz and Verbiest are working to help dentists avoid patient complaints and the resulting disciplinary procedures and fines. Along with the Oregon Board of Dentistry's efforts to clear out the backlog, the Dentists Benefits Insurance Company offers a series of risk management courses that can help dentists avoid patient complaints to the Board. Verbiest said he supports the Oregon Dental Association's efforts to craft a compromise in which punitive actions related to spore testing would be re-evaluated by the Board.

Verbiest said the Dentists Benefits Insurance Company offers some basic tips to help dentists avoid patient complaints.

These include:

- **Do not allow office staff to send a patient's bill to collections:** "Any decision to take something to collections should be made by the dentist," Verbiest said. "If something goes to collections, the chances of that turning into a board complaint are high. Dentists have to look at the math, and evaluate how much hassle they want and whether it's worth it."
- **No good deed goes unpunished:** "I think part of the reason dentists are keeping more treatments in-house is due to economics, but do not let a patient dictate care to you. If there is a procedure that you don't want to do, that you are not comfortable doing, or don't know how to do, don't do it—refer it out," he said.
- **Don't throw fellow practitioners under the bus.** Verbiest said that, over the years, he has seen a growing number of cases in which dentists point their finger at a pre-treating dentist for what they consider to be inferior treatment. "I would carefully consider all of your options before recommending that a patient file a complaint or sue their dentist," he said.
- **Know when to dismiss a patient:** Verbiest said that non-compliant patients tend to be most difficult and most often don't want to have x-rays or screenings. Therefore, dentists should be wary of patients who waive their rights for treatment, and should make every attempt to take x-rays every year or two. ●

Spore testing, CO_2 monitoring rules compliance

By Melody Finnemore

Oregon's spore testing rule, passed in 2004, states: "Heat sterilizing devices shall be tested for proper function on a *weekly* basis by means of a biological monitoring system that indicates micro-organisms kill." (OAR 818-012-0040(4) of the Dental Practice Act)

This rule, implemented to ensure the proper sterilization of instruments, follows the infection control guidelines of the Centers for Disease Control and Prevention. And, though it was enacted a decade ago, the case against W. Scott Harrington, the Tulsa, Okla., dentist who exposed thousands of patients to HIV and hepatitis B and C after failing to sterilize his instruments and other unsanitary practices, has heightened public awareness, wrote **Jonna Hongo, DMD**, president of the Oregon Board of Dentistry, in the November 2013 edition of the Board's newsletter.

"With the mission of protecting the public in mind, the Oregon Board of Dentistry has responded by requesting the documentation of proper and timely testing results of sterilizers in the course of our investigations. Surprisingly, and sadly, a significant number of cases have uncovered the lack of adherence to this rule," she continued.

"There are numerous testing modalities available to today's practitioner. The important thing to remember is that the results are documented, compiled and retained in your records," Dr. Hongo noted.

Another rule that took effect in January requires Oregon dentists to monitor "end tidal" carbon dioxide, or etCO2, because of the breathing changes that occur when patients are under sedation. The Oregon Board of Dentistry amended Section 26 of the Oregon Dental Practice Act to improve patient safety by requiring capnography monitoring.

The Oregon Board of Dentistry joined the American Association of Oral and Maxillofacial Surgeons (AAOMS), the American Society of Anesthesiology, the American Heart Association, and other state and federal organizations in enacting the requirement.

According to AAOMS, capnography monitoring equipment, long a standard of care in hospital operating rooms, has been improved and now offers real benefits in outpatient surgeries, such as those performed by oral and maxillofacial surgeons. Following are the standards outlined by the AAOMS:

- During moderate or deep sedation and general anesthesia, the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide, unless precluded or invalidated by the nature of the patient, procedure, or equipment; and
- Improvements in monitoring exhaled CO2 during anesthesia continue to evolve. Beginning in 2014, AAOMS Office Anesthesia Evaluations will require capnography for moderate sedation, deep sedation, and general anesthesia, unless precluded or invalidated by the nature of the patient, procedure, or equipment.

These standards appear in the *2012 Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare 12), version 5.0*, which is also a component of the revised *Office Anesthesia Evaluation Manual, 8th edition*.

Recap from the 2013 ADA House of Delegates

Dental Education and Related Matters

By Jill M. Price, DMD
2013 Delegation Chair

THIS YEAR SEEMED TO HAVE THE SAME FOCUS AS THE LAST FEW, mostly drilling in on the cost of dental education, and how it affects the decisions of the practicing dentist. The resolutions had little debate in reference committee, and many of the resolutions were passed on the consent calendar.

A recap of the resolutions follows:

Res: 33H, adopted. Amendments to the requirements for recognition of dental specialties and national certifying boards for the specialties. Much of the focus was on the "sponsoring organization." The organizations must submit to the ADA Council on Dental Education and Licensure (CDEL) a program scope that meets the requirements. The programs have until 2015 to comply and a report will be given at the 2015 House of Delegates (HOD).

Res: 50H, adopted. This resolution charged CDEL with monitoring the Dental Board of California in the development and implementation of a portfolio-style licensure exam and report its findings annually to the HOD.

Res: 53H, adopted. Recommended that the ADA Advocacy Agenda include, for dental education and recent graduates, such things as dental schools approved as Federally Qualified Health Centers (FQHCs), increase in Medicaid fees, increase the number of loan forgiveness programs at the state and national level, and increase the eligibility for all health professional loan forgiveness programs, and student loan interest rate reform.

Res: 54 and 54S-1, referred. These two resolutions were piggy-backed. The resolution was asking for the development of a "robust information portal" that would help students and prospective students be fully informed on numerous issues. Again, these issues were not new. Financial issues, workforce forecasting, student debt, expected income, and loan/tuition relief programs were at the forefront. Due to the cost of such a study, a collaboration with other communities will be needed to fund this project. This was sent back to CDEL for consideration and charged with reporting back to the 2014 HOD.

Res: 55, adopted. Allows for the ADA Health Policy Resource Center (HPRC) to research more areas in the dental education financing with regard to impact on student debt and other career factors.

Res: 56H, adopted. Allows for a comprehensive study on the current education model. $80,000 was provided to look into the real cost for the study. The study would look at the sustainability of dental schools, delivery models, impact of debt on career choice and determination of whether dental schools are meeting the appropriate level of scholarship to ensure dentistry remains a learned profession. A report will be given to the 2014 HOD.

Res: 57H, adopted. Urged Commission on Dental Accreditation (CODA) to revise accreditation standards to include education in personal debt management and financial planning.

Res: 91, referred back to CDEL. To look into having schools do exit interviews to gather data on actual incurred student debt.

If you read through these, you can see the reoccurring theme. Dental education is at a tipping point for cost to educate and the debt load that is being incurred by all students. All studies seemingly will focus on this for the next few years. This was my seventh year participating and listening in the Council of Dental Education reference committee. I think I can say I finally understand what is being discussed, and have gotten a handle on the many acronyms. Since the HOD, I have been appointed to the ADA Council on Dental Education and Licensure and have been on a few conference calls and attended my first council meeting.

2013 Budget, Business, and Administrative Matters

By Rick G. Asai, DMD,
ADA Delegate at Large

I HAVE SERVED ON THE ODA DELEGATION TO THE ADA HOUSE OF DELEGATES FOR SEVERAL YEARS, and attended most of the various reference committees. I have previously only had a cursory understanding of the budget, as it was presented in such volume and detail that it was overwhelming.

I volunteered this year to sit through the Budget Reference Committee hearing, which, in the past, usually started early and ran over the two-hour time allotment. The previous years' budgets have been quite laborious to ramble through and tedious to understand. This year was the first year of progressing to implement the changes specified in 44H-2011 and 52H-2011. Res. 44H-2011 asked the Board of Trustees to develop a set of universal assessment criteria to evaluate its programs, and 52H-2011 specifically directed the Board to develop and follow a set of short and long-term financial strategies to identify existing programs, services, and products to be sunset so that existing finite human and financial resources may be redeployed for new initiatives that align better with the Strategic Plan of the ADA, delivering greater member value and/or public health impact. No programs were sunset this year.

All ADA programs were rated by their respective councils and the Administrative Review Committee against one set of criteria, through a tool called Decision Lens. This led to the relative ratings of each program against each other, and most closely reaches towards a "zero based" budget. This was done largely by a Council Budget Group of senior leaders from each council that set out to rate all programs. Additional information could be obtained from council chairs and ADA staff to discuss factors that fell outside of the universal assessment criteria. The budget process started earlier than previous years, and better, more consistent data was collected from all areas. The disadvantage of starting earlier is that assumptions and estimates could change more dramatically.

The proposed budget, after Board input came in at $122.244M in revenues, versus expenditures of $123,687, the net deficit budget presented was $1.443M. This results in no increase of dues, stabilized at $522. The current reserve, as percent of budget, is at 46.78%, just shy of the 50% goal.

The big news this year was from the Council on Member Insurance and Retirement Programs, which recommended payments to the ADA of $6.1M from the 2012 unallocated surplus from the Great-West Life, Term Life Plan—funds outside of the Premium Credit program. And the House directed in Res. 84RC-2013 that this money be set aside in a designated reserve account for study on how best to allocate disbursement of these funds.

This was a record-setting year in the budget reference committee, concluding less than 20 minutes after beginning its deliberations. It would seem that the new method of determining the budget, explaining it, and presenting it, met the needs of the delegates in attendance.

Dental Benefits Reference Committee

By Thomas S. Tucker, DMD,
ADA Alternate Delegate at Large

THE 2013 ADA HOUSE OF DELEGATES ACTIONS ON MEMBER BENEFITS CAN PRIMARILY BE SUMMED UP AS HOUSEKEEPING. There were, however, three resolutions that generated some additional debate and discussion.

The sale of dental equipment to non-dentists was accepted, with the goal of making it harder for illegal or unlicensed dentists to purchase items to practice illegally.

Recognition of certified Dental Laboratories was also approved. An ever increasing number of foreign laboratories are producing prosthesis, with no control of material quality or content, this could potentially be harmful to patients.

Finally the rule of 95 was debated and referred for further study to be considered at next year's House. This would allow a dentist to attain life membership status if the total of age plus number of years practiced equals 95. This resolution was sponsored by our Eleventh District, and the fact that it is being considered at the next House will allow the additional time needed to garner more support, with hopefully, eventual adoption.

2013 Committee on Membership and Related Matters

By David J. Dowsett, DMD,
ADA Delegate at Large

SEVERAL MEMBERSHIP ISSUES/ RESOLUTIONS WERE CONSIDERED BY THE ADA HOUSE IN 2013. Our own Eleventh District put forth the lone resolution that was extensively discussed, considered and voted upon during the session. Resolution 86—conceived and written by the Idaho State Dental Society—aimed at solving the issue for those near or at

2013 Committee on Membership and Related Matters, cont.

retirement who are not yet age 65. Currently, a practitioner needs to, not only be an ADA member for 30 consecutive years, but also must be age 65. Resolution 86 proposed to combine the two numbers—30 and 65—and eliminate the consecutive requirement.

Thus, a member would be eligible for retired life membership if the sum of the member's chronological age as of January 1 of the membership year, and the number of years the member has been an active and/or retired member in good standing of the Association, equals or exceeds 95.

The Eleventh District was supported by many other districts, but in the end, the majority of the House—confused by some of the details—voted to refer the matter for further consideration. As a district, we felt that this was a good learning process in presenting significant action for the House to consider. Lessons were gleaned on how better to strategize, present, and gather support for a concept that was liked by many.

In addition, the House considered several changes to the student and graduate student dues structure and to which governing body could most effectively monitor and set such structure. As neither group has had a dues increase in decades, the Council on Membership, and the Board of Trustees felt that the time had come to raise the dues in each category, as well as entrust the Board of Trustees to make adjustments as deemed appropriate. Passionate, vigorous discussion over each concept occurred and resulted in no action. These decisions fell under the umbrella of the greater philosophical debate of the session: which group is better able to make financial and strategic decisions for the ADA—the House of Delegates or the Board of Trustees. Who should have control of budget approval? Broadly speaking, those in favor of keeping the House in control believe that more heads at the table make for better representation of the whole, will tend to be more cautious and thereby make fewer errors. Those in favor of turning financial control over to the Board cite far greater understanding of the financial and operational workings of the ADA, offering greater flexibility, and the ability to act quickly. At the end of the day, the House spoke and said 'We think we trust the Board, but not enough, yet, to give up our control'. ●

Find more information on the ADA website:

ADA House of Delegates
www.ada.org/houseofdelegates.aspx

2013 recap, and a look forward to the 2014 ADA Annual Session: *www. ada.org/session*

Meeting highlights—November 16, 2013

- **David W. Howerton, DMD; George J. Darke, DDS**; and **Patrick M. Nearing, DMD** were elected to the HSG Board of Directors.
- The 2014 ODS Board of Directors will be comprised of Molly Bordano; **George J. Darke, DDS**; Jill Eberwein; **David W. Howerton, DMD; Mark E. Jensen, DMD**; George Passadore; and Robert Gootee.
- **Hai T. Pham, DMD,** and **Anthony L. Ramos, DMD** were appointed to the Dental Foundation of Oregon Board of Directors.
- **Paul S. Hansen, DMD; Weston W. Heringer, Jr., DMD**; and **Theresa K. Tucker, DDS,** were appointed to the Dentists of Oregon Political Action Committee Board of Directors.
- **David A. Renton, DMD,** was appointed to the Dentist Health & Wellness Committee.
- **Mark D. Mutschler, DDS,** was appointed to the Leadership Development Committee.
- The DOPAC Bylaws were updated to reflect the current governance structure of the ODA and the recent elimination of the Executive Committee.
- ODA will bring four alternate delegates to the 2014 and 2015 ADA meetings. Elections will be held at the March Board meeting.
- Board member component, council, and activity appointments were announced. Board members should act in an advisory role to ensure the Board is kept up to date on these different aspects of the ODA.

Meeting highlights—October 17, 2013

The Oregon Board of Dentistry held a public rulemaking hearing Thursday, October 17, 2013.

The Board voted to make the following rules effective January 1, 2014:

- A dentist may utilize Botulinum Toxin Type A to treat a condition that is within the scope of practice of dentistry after completing a minimum of 16 hours in a hands on clinical course(s) in which the provider is approved by AGD PACE or ADA CERP.
- Dental Assistants may now use digital radiographs to show radiologic proficiency to the Board of Dentistry.
- As of 2004, heat sterilizing devices shall be tested for proper function on a weekly basis by means of a biological monitoring system that indicates micro-organisms kill. The recently passed update requires that testing results shall be retained by the licensee for the current calendar year and the two preceding calendar years.

In addition, make sure you are in compliance with other administrative rules:

- Starting January 1 2014, patients under moderate, deep, or general anesthesia must have continuous monitoring using pulse oximetry *and* End-tidal CO_2 monitors.
- Service records for amalgam separators, that have been required since Jan 1, 2010, must be kept for three years.

Other News

The Oregon Board of Dentistry office has moved their office to 1500 SW 1st Ave, Ste 770, Portland 97201.

Their mailing address, however, will remain the same: Unit 23, PO Box 4395, Portland, OR 97208

The next Oregon Board of Dentistry meeting is scheduled for February 28, 2014.

For more information, please visit the Board online at *www.oregon.gov/dentistry*

Upcoming Oregon Board of Dentistry Meetings

February 28, 2014

April 25, 2014

June 27, 2014

August 22, 2014

October 17, 2014

December 19, 2014

CPR course to be offered six times at the 2014 Oregon Dental Conference

Be sure to register early, as CPR courses fill up fast!

Registration will open the beginning of January at *www.oregondental.org.*

Preregistration deadline: March 3

CPR for the Health Care Provider continues to be one of the most popular offerings at the Oregon Dental Conference. At the 2014 ODC, this course will be offered six times, with a limit of 50 attendees in each session. New this year, all course attendees will receive a copy of the American Heart Association's required textbook, *BLS for Healthcare Providers Student Manual*. In order to cover the cost of this textbook, each CPR course will have an additional fee of $15.

Please note, the textbook will only be distributed on-site at the Oregon Dental Conference. There will be no exceptions.

CPR for the Health Care Provider

RECOMMENDED FOR Everyone CE CREDITS 3.5 COURSE LIMIT 50 participants (per session)
ADDITIONAL FEE $15

Thursday, April 3:	9 AM - 12:30 PM	COURSE CODE F5003
	1:30 - 5 PM	COURSE CODE F5004
Friday, April 4:	9 AM - 12:30 PM	COURSE CODE F5008
	1:30 - 5 PM	COURSE CODE F5009
Saturday, April 5:	9 AM - 12:30 PM	COURSE CODE F5011
	1:30 - 5 PM	COURSE CODE F5012

This is an American Heart Association class emphasizing the CABs of resuscitation, including rescue breathing, use of bag-valve mask, AED, CPR and foreign body airway removal for all age groups. The workshop will include written and skills evaluations. Re-certification is for two years.

Course attendees will receive a copy of the American Heart Association's required textbook, *BLS for Healthcare Providers Student Manual*. Please note, this text will only be distributed on-site. No exceptions.

Presented by:

Mary Ann Vaughan, RN, CEN, BSN

Ms. Vaughan is currently AHA regional faculty in BLS, ACLS and PALS. She has taught for more than 30 years and is an adjunct professor, as well as the clinical educator, for a level II trauma hospital.

CONFLICT OF INTEREST DISCLOSURE: None

Oregon Dental Association is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The Oregon Dental Association designates this activity for a maximum of 18 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at *www.ada.org/cerp.*

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The Oregon Dental Association designates this activity for a maximum of 18 continuing education credits.

A sampling of our course offerings:

- Bill Blatchford, DDS — Practice Management
- Lee Ann Brady, DMD — Practice Management and Restorative
- Anthony Cardoza, DDS — Forensic Dentistry and Lasers
- Steve Carstensen, DDS — Sleep Apnea
- Ryan Cook, DDS, MS — Periodontics and Prosthodontics
- Karen Davis, RDH — Hygiene
- John Droter, DDS — TMJ
- Ann Eshenaur Spolarich, RDH, PhD — Pharmacology
- Paul Feuerstein, DMD — Technology
- Noel Kelsch, RDH — Hygiene
- James Kessler, DDS — Restorative
- Paul Levi, DMD — Periodontics
- Dale Miles, DDS, MS,FRCD(C) — Radiology
- Shannon Pace Brinker, CDA, CDD — Dental Assisting
- Karan Replogle, DDS, MS — Endodontics
- David Rothman, DDS — Pediatric Dentistry
- Jay Smith, DDS — Oral Surgery
- Mark Storer, DDS — Substance Abuse
- John Svirsky, DDS, MEd — Oral Pathology

As well as required courses:
Medical Emergencies, Risk Management and CPR

Earn up to 18 CE credits!

The HIPAA Final Omnibus Rule: 9 things you need to know

By Shawn M. Lindsay, JD, CIPP/US

ON JANUARY 25, 2013, the U.S. Department of Health and Human Services Office for Civil Rights published the HIPAA Final Omnibus Rule (Final Rule), which affects nearly every aspect of patient privacy and data security. The Final Rule became effective March 26, 2013, and enforcement for most provisions began September 23, 2013. The following summarizes nine major changes of the 500+ page Final Rule that, as dentists, you need to know.

1. The definition of "Business Associate" has expanded.

Business Associates are now defined to include a broader array of contractors and vendors that store and touch protected health information (PHI), including, for example, document storage companies and other contractors that "maintain" PHI, even if they do not actually view the information in their possession. As such, Business Associates are now held to the same strict standards as Covered Entities (i.e., dentists/providers), and they are now directly responsible for compliance with HIPAA, not just responsible for signing a business associate agreement.

2. Business Associate Agreements must be reevaluated.

Business associate agreements in force prior to January 25, 2013 (and that did not come up for renewal before March 26, 2013) may be grandfathered until September 23, 2014. All other business associate agreements must specify compliance with the HIPAA Security Rule and specify to whom the business associate provides electronic access to PHI.

3. Breach notification rules have changed.

What is a data breach? It happens any time unencrypted or unsecured PHI is shared, used, or disclosed in violation of the HIPAA Privacy Rule (e.g., losing a laptop with patient records on it). A breach is assumed to require notifications unless proved to be a "low probability" of risk. A breach assessment must be completely documented, and dentists and business associates have the burden of proof that notifications to affected individuals were made as required.

4. Use of Protected Health Information for marketing has been limited.

Dentists may not send marketing materials to patients on behalf of third parties if the communication is paid for by a third party whose products or services are being promoted. Further, PHI may not be sold, licensed, or accessed in exchange for giving anything of value—with a handful of exceptions.

5. Use of Protected Health Information for fundraising has been limited.

Dentists may use an individual's demographic information and dates of care for fundraising efforts *so long as* fundraising material includes information about how that individual can opt out of further fundraising communications (opt out options must be easy and simple).

6. Use of Protected Health Information for research has been simplified.

A single patient consent for release of PHI in connection with research study participation can now cover future studies done using the same data.

7. Patients may now access Protected Health Information in different ways.

Upon request, dentists must provide a patient a copy of a requested medical record, *in the format requested*, within 30 days. Further, PHI may be disclosed to friends and family who are involved in the care and payment for care of a deceased person.

Shawn M. Lindsay, JD, CIPP/US, is an attorney and certified information privacy professional at Harris Berne Christensen LLP. He can be reached at 503.968.1475 or shawn@hbclawyers.com.

8. Patients may restrict disclosure of some Protected Health Information.

If a patient pays for a particular service out of pocket, he or she may require that the dentist not disclose any information about the service to the patient's health plan.

9. Because of all these above changes, dentists should publish new and compliant notices of privacy practices.

Notices of Privacy Practices must reflect the changes to policies noted above. The revised notices should be prominently displayed on websites and made available to patients in both electronic and paper versions.

On top of all of the above changes, the Office for Civil Rights will be stepping up its enforcement of willful neglect, which is defined to be "conscious, intentional failure, or reckless indifference" to the obligation to comply with the Final Rule. If willful neglect is found, the penalty is a whopping $10,000 per violation . . . if it is corrected within 30 days. If it's not corrected with the 30 days, it's $50,000 per violation.

Now that you're aware of the changes, here are a few things to note: (1) the Final Rule is here to stay, and it's serious, so understand it and comply with it; (2) "Encrypting" electronic PHI is the most effective measure to secure PHI and avoid violations, so do it; and (3) purchasing cyber risk insurance can help you *when* (not *if*) you experience a data breach. ●

Oregon Donated Dental Services (DDS)

Dental Lifeline Network • Oregon
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DENTAL LIFELINE NETWORK OREGON partnered with the Oregon Dental Association in 1988 in developing a Donated Dental Services (DDS) program to help people with disabilities or who are elderly or medically fragile and have no other access to comprehensive dental care. Since inception, Oregon dentists and labs have donated over $7.4 million dollars in comprehensive dental care. Many thanks to the dedicated Oregon volunteers who have changed the lives of almost 2,500 patients since inception!

Currently, however, there are 279 patients who are waiting for care. Although 294 dentists participate in the program, additional DDS volunteers are needed. If you are not a volunteer, please consider volunteering today.

Oregon Donated Dental Services (DDS) through Fiscal Year 2013

PATIENT TREATMENT

Number of Patients Treated	174
Number of Applications Received	290
Number of Volunteer Dentists	302
Number of Volunteer Labs	148

FINANCIAL

Value of Care to Patients Treated	$524,308
Average Value of Treatment/Case	$3,013
Value of Donated Lab Services[1]	$50,594

SINCE OREGON PROGRAM INCEPTION (1988)

Total Patients Treated	2,404
Total Value of Care to Patients Treated	$7,294,208

[1] Value also included in Value of Care to Patients Treated

By volunteering for DDS, you can restore the oral health and change the lives of patients like Jacksonville resident, Steve, who is a Vietnam veteran with post-traumatic stress disorder, Hepatitis C, chronic pain and spinal arthritis. He needed extensive dental treatment that he could not afford. Oral surgeon **James D. Savage, DDS**, donated an extraction and a Tori removal, and **Eugene V. Meyerding, DMD**, volunteered to provide Steve's dental care, including full upper and lower dentures. Denture fabrications were donated by Warrender Dental Lab.

To volunteer for the DDS program go to: *www.nfdh.org/images/stories/oregon_application.pdf* or contact DDS Coordinator Dawn Zuvich at: *dzuvich@DentalLifeline.org*, 503-594-0837; or fax 503-218-2009.

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Our Appreciation!

Thank You ODA Members!

Our sincere thanks to all the ODA members who have supported the Dental Foundation of Oregon in 2013. Many of you volunteered on the Tooth Taxi and made financial contributions which helped provide free dental care and oral health education to thousands of low-income Oregonians. You are helping many more people through the DFO (the ODA's charity) than you can as an individual dentist in your office. The DFO is good for Oregonians, and it is good for dentistry. If you haven't made a contribution to the DFO this year, please do so. Your support is critical to the success of our charity, and it helps us leverage additional funding from corporations, foundations and individuals outside our professional community. Let's stand up for the ODA's charity!

Thank You to our Outgoing DFO Board Members

Special thanks to the four Dental Foundation of Oregon board members who are rotating off the board this year: **Dr. Mike Goger, Dr. Pat Nearing, Dr. Renee Watts** and Mr. Keith Lovett. They have helped make the ODA's charity stronger while helping improve the oral health of underserved children in Oregon. We are very grateful for their leadership and support. Please thank your colleagues for their selfless service to the ODA's charity.

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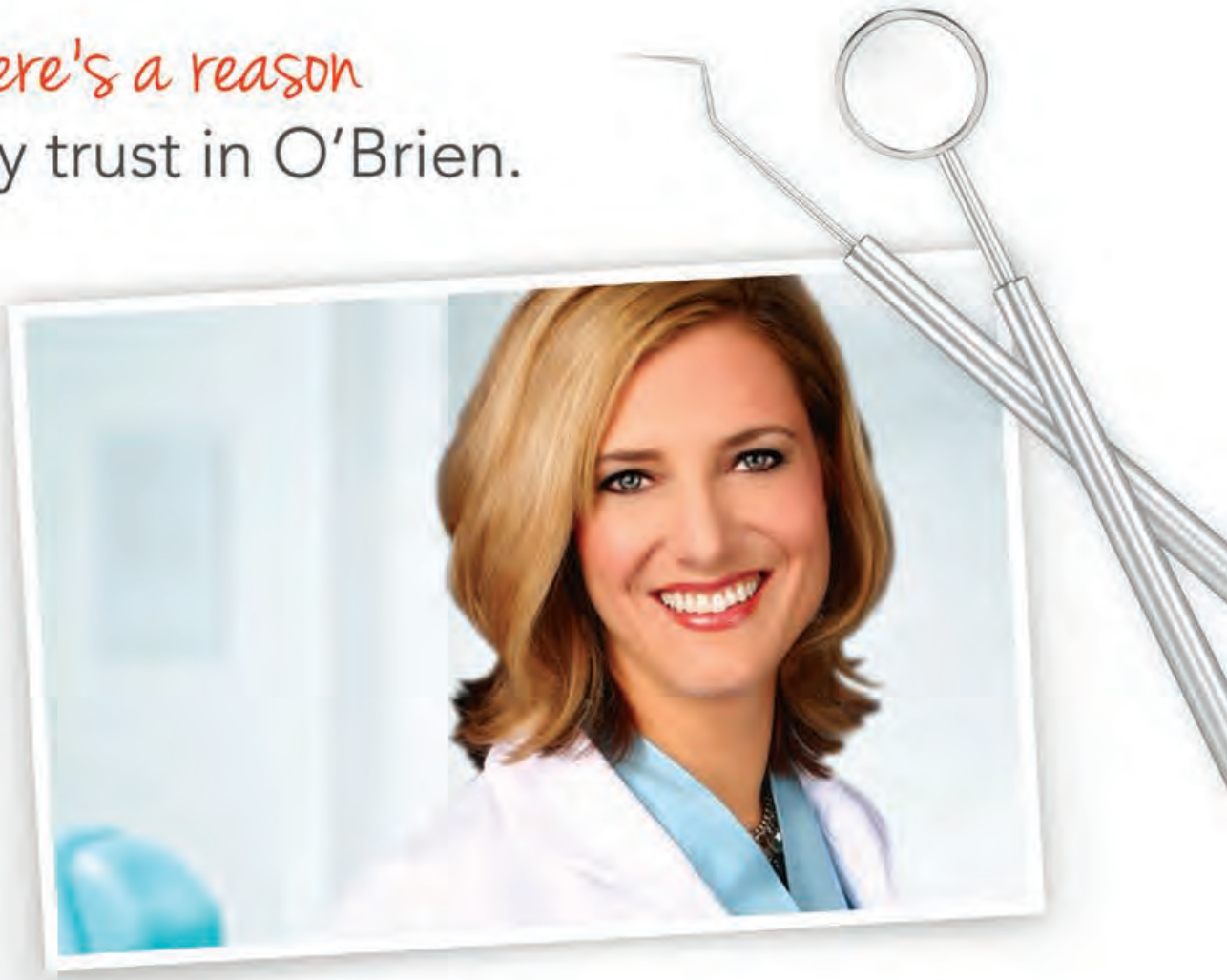

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- Wanda E. Palena, DMD, PC, Vancouver, WA

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OHSU Dental Students in the Community

By Sydney Clevenger

OHSU SCHOOL OF DENTISTRY STUDENTS are continuing to make their presence known in the community! In addition to their required two-week community rotations in rural and underserved areas of the Northwest, dental students are lending a hand at events where people need oral care and instruction.

This winter, about 50 students volunteered at a Tigard Compassion Clinic, and another approximately 150 received permission to be excused from classes to volunteer at Oregon Mission of Mercy.

Compassion Clinic

The October Compassion Clinic at Tigard High School drew hundreds of people who are uninsured and needing dental care. In one day of volunteerism, first- through fourth-year dental students, faculty, and alums were able to provide oral care for 262 people inside the high school and on the Medical Teams International vans.

OHSU School of Dentistry Dean **Phillip Marucha, DMD, PhD,** was also on hand to provide support. "Community care opportunities are so important for students," he said. "It is great to see so many students giving back."

Mission of Mercy

Dozens of dental students were excused from class to volunteer at the fourth annual Oregon Mission of Mercy, the large-scale free oral health care event presented by the ODA. This year's event was held Nov. 25–26 at the Oregon Convention Center. Despite freezing temperatures, there was a line of people waiting for free oral care more than 24 hours before the doors opened.

Dental students are not allowed to provide patient care at Mission of Mercy. So students

First-year dental students got a taste of community service by helping at the Oregon Mission of Mercy. From left: **John Trimble**, **Vincent Kirse**, **Eric Gerlach**, and **Anna Hildenbran**. (Photo Sydney Clevenger)

Second-year dental student **Lisa Anderson-Pietz** (left) and third-year dental student **Jacob Kirchhofer** (center) volunteered at the recent Tigard Compassion Clinic, with faculty leader **Dennis Nicola, DDS**, assistant professor of restorative dentistry, and dozens of their fellow students, as well as other faculty and alumni.

from all four dental classes worked in such areas as patient education, biohazardous waste, and post-operative care, said fourth-year dental student **Karley Bedford**, who helped coordinate the dental student volunteers, and was troubleshooting on Nov. 25 looking for extra mouth mirrors and coordinating recycling.

"The school was good about making sure dental students were able to take time off from class to volunteer," said Karley. "We gave each class a time slot in which they could volunteer so there were only a few classes that needed to be cancelled over the two-day event. MOM was very organized and everyone was helpful."

Dental students said it felt good to make a difference. "I am interested in doing community service," said first-year dental student **Anna Hildebran**. "I wanted to help out."

Community service at OHSU School of Dentistry has been on the rise in the past decade. A required two-week community rotation—in place since 2010—has extended the school's reach beyond the classroom. During the 2012–2013 academic year the OHSU School of Dentistry Class of 2013 provided nearly 190 weeks of oral health care to rural and underserved populations at 25 sites not only in Oregon, but Washington, Montana, and Colorado, as well.

The dental school also is working to increase extramural patient care opportunities for dental students, with a Wallace Clinic (Gresham) relationship likely to be the first of several Federally Qualified Health Care Center (FQHC) sites. Additional clinic sites are being explored in Albany, La Grande, Baker City, and Port Orford, Wash.

And to extend community outreach beyond the Northwest, the Dean's Office, in 2012–2013, funded dental faculty/student oral health missions to Guatemala, the Dominican Republic, Kenya, and The Phillippines. ●

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

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DENTIST: THE ROSEBURG VA IS RECRUITING for a Fee Basis Dentist. Fee Basis appointments are contracted positions with payment based on a per procedure basis. Fee basis positions are funded per year and do not include benefits. Please contact Sheila at 541-440-1242.

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DENTAL OPPORTUNITIES

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ORAL SURGEON PARTNERSHIP AVAILABLE. GROUP PRACTICE is looking to start a specialty clinic in Portland/ Tualatin, OR. We would like to find a group of like minded specialists who would like the camaraderie and benefits of a group practice with cross referrals. Please email resumes to *drgkang@sunrisedental.com.*

ORTHODONTICS & DENTOFACIAL ORTHOPEDICS

PERMANENTE DENTAL ASSOCIATES, OREGON—ORTHODONTIST — Our mission is to provide the best oral health care to every patient through evidence-based dentistry within a group practice setting. We are currently hiring an Orthodontist to provide care up to full-time at our Skyline Dental Office in Salem, Oregon. Our recruitment team would love to hear from well qualified applicants who have successfully completed their U.S. residency program in Orthodontics. To learn more and apply, please visit our career site: *pda-dental.com/practice-opportunities/how-to-apply/how-to-apply.* You may also find additional information about PDA on our website: *pda-dental.com*. Contact Us: Phone: 503-813-4915 Email: *pdajobs@kp.org.*

SPACE AVAILABLE/WANTED

FOR LEASE: DENTAL OFFICE IN FREESTANDING BUILDING. Four operatories with 1400 SF. Located in Albany, Oregon near the hospital. Previous history of being used as a satellite office for orthodontist and periodontist. Please contact 541-926-4039 or *wmanning@peak.org*.

DENTAL OFFICE IN STAND-ALONE BUILDING FOR SALE/LEASE. A beautiful fully digital, modern office in a stand-alone building located in Beaverton/Portland area on Beaverton-Hillsdale Highway. Great exposure and ample parking. There are 5 operatories; 3 of which are fully equipped. The office has a history of success for every dentist who has occupied the building in the last 30 years. All major equipment required to run a dental office are included such as computers, digital-x-ray system, x-ray units, dental chairs, and furniture are all available as a part of the lease. For further information regarding this unique opportunity please email *drrima@dentaldynamics.co.*

EXISTING DENTAL BUILD-OUT SPACE FOR LEASE. 5,070 SF located in newly remodeled shopping center on Scholls Ferry Rd in Beaverton. *www.newneville.com/property/parkside-plaza.*

SPACE AVAILABLE/WANTED

FOR SALE OR LEASE WITH OPTION TO PURCHASE; First Class 5000+/- SF building in NW Corvallis with high visibility and signage. Class A Office. Orthodontic, Periodontal, and General Dentistry Offices in the complex. Highly favorable demographics for General Dentistry, Pedodontist, Oral Surgeon, Periodontist or a combination of all. This building is perfect! 3000+/- SF on main level with 7 operatories (One designed for pediatric patients). Doctor's private office, laboratory, consultation rooms, large sterilization room. Spacious reception and waiting area, children's play room. Lower level is 1980+/- SF with staff area, meeting rooms, storage areas, double car garage with utility. For a full packet of information, contact: Lanny Zoeller ALC, CRS, GRI, Principal Broker, Town & Country Realty, Corvallis OR. Email *zoellerl@proaxis.com* or call 541-753-0880 ext. 231.

DENTAL OFFICE SPACE FOR LEASE—IDEAL LOCATION, 504 Villa, Newberg, OR. 1350 SF (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.*

MISCELLANEOUS

MODERATE SEDATION COURSE INSTRUCTOR: STEVEN GANZBERG, DMD, MS. Dates: April 11-13th at UCLA and May 14-18th at Wendel Family Dental Centre (Vancouver, WA), 2014. Cost: $12,500. A deposit of $5000 due by January 15, 2014. Course is 80+ hours with 20 patient cases. Contact: Lori, 360-944-3813 or *loris@wendeldental.com.* Space is limited. AGD#218643.

HAVE SEDATION—WILL TRAVEL! MAKE FEARFUL PATIENTS COMFORTABLE with IV Conscious Sedation. I am set up to come to your office and sedate your patients so that you can perform needed treatments the patients avoid due to fear. I have 18 years experience providing safe IV Conscious Sedation. Serving Washington & Oregon. Richard Garay, DDS. 360-281-0204, *garaydds@gmail.com.*

VOLUNTEER OPPS

PORTLAND RESCUE MISSION: www.pdxmission.org

NEED VOLUNTEERS (DENTISTS, HYGIENISTS/ASSISTANTS) for charity clinic in Salem - SimonkaPlace for Women. Call Dr. Bell 503-881-7206 for details.

PROFESSIONAL PRACTICE SPECIALISTS, INC.

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Specializing in the Sale, Transition and Appraisal

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EUGENE, OR – Exceptional, high profit G/P collecting $1M+. Very nice, easy access, 4-op office.

ENDODONTIC OPPORTUNITY Excellent, high-profit endo practice collecting $[illegible]M+. Beautiful state-of-the-art office and equipment. SOLD

WILLAMETTE VALLEY, OR – G/P and building opportunity in a beautiful rural setting about an hour from Portland.

WILLAMETTE VALLEY, OR – G/P collecting $1.2M+ in a very nice office in an excellent location. Very good access and off-street parking. SOLD

NORTH PORTLAND– Established G/P poised for growth in a very nice 4-op office w/Dentrix.

EAST PORTLAND – Great growth potential in this G/P producing $500K+. Excellent high traffic area.

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

PORTLAND AREA - Exceptional, high profit G/P collecting $1M+! Excellent high traffic location with great off-street parking. SOLD

CENTRAL OREGON – Long time, high profit G/P collecting $300K+. Excellent high traffic location.

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

N. OR COAST – Excellent, well established, fee-for-service G/P collecting $1M+ with high profit. SOLD

WESTERN OREGON OMS – Excellent, high profit practice with tremendous growth potential. Great location close to a major hospital.

N. OR COAST – Progressive, high profit, Biological practice collecting $350K+. This amalgam free/safe office features 3-ops and digital X-rays. Wonderful merger possibility! SOLD

SW WASHINGTON – Wonderful G/P collecting $400K+. Very nice office in a great location.

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

JUNEAU, AK – G/P collecting around $1 Million. Great location with plenty of parking and good access. Beautiful office boasts 5 ops, digital x-rays, pano, and plenty of space. Seller is willing to work back as needed!

FAIRBANKS, AK – Exceptional G/P collecting $1.8+ Million. 100% fee for service! [illegible] CT scanner and more! Seller is open to several transition options. SALE PENDING

RURAL ALASKA – High profit practice collecting $350K+ working only 10 weeks per year! Office includes small apartment and SUV. Perfect satellite practice!

SW ALASKA – Looking for adventure? Great G/P situated in a sportsman's paradise! Collections of $700K+ working only 37 weeks per year! Associateship also available!

ANCHORAGE, AK – Exceptional G/P collecting $1.2 Million with low overhead! 5 ops, digital x-rays, pano and [illegible] throughout. Wonderful South Anchorage location with great visibility in a developing area. SALE PENDING

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MEMBERSHIP matters
December 2013
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