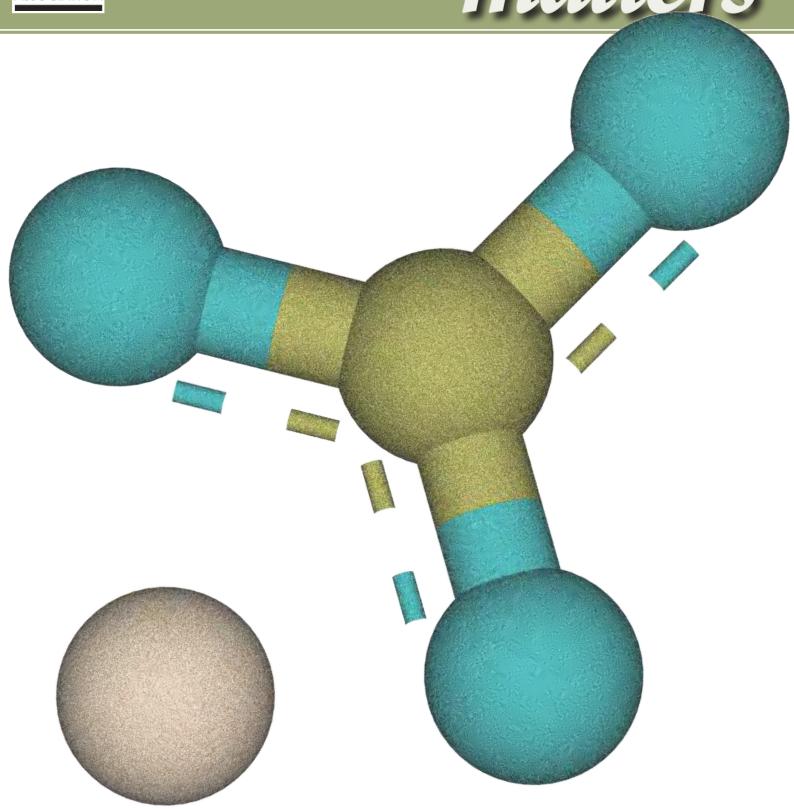


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Official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

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# TABLE OF CONTENTS

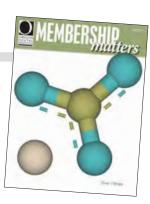
Volume 19, number 1 May 2013

ON THE COVER

# Silver nitrate

A Silver Lining? The trend of increasing cavities among children propels conversation about silver nitrate's role in treatment.

**Plus:** Research involving silver diamine fluoride gains momentum as FDA considers its approval....13



page



2013 Oregon Dental Conference® Wrap-Up

page



#### **Member Profile**

George McCully, DMD page 18

#### ALSO INSIDE...

- 3 From the Editor Barry J. Taylor, DMD, CDE
- 4 News Briefs
- **Benefit of the Month** ADA Center for Evidence-Based Dentistry
- **20** Oregon Board of Dentistry Meeting Report, April 19, 2013
  - **Dental Foundation of Oregon**
  - **OHSU School of Dentistry**
- 28 Dental Classifieds

## **EVENTS & INFORMATION**

# 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:

Editor, Membership Matters Oregon Dental Association PO Box 3710 Wilsonville, OR 97070-3710 barrytaylor1016@gmail.com

#### **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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#### Social networks

Look for the Oregon Dental Association group on:







**ODA CALENDAR** 

EVENTS & MEETINGS

www.oregondental.org, and

click 'Calendar' at the top

ODA at 503.218.2010.

For more information

upcoming events, visit

on these and other

of the page or call

#### Twitter

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

Blog www.TheToothOfTheMatter.org

### MAY 31 7:00 AM Executive Committee meeting (The Allison Inn—Newberg)

### JUN 1 7:30 AM Board of Trustees meeting (The Allison Inn—Newberg)

### JUN 21 3:00 PM Executive Committee meeting

(Langdon Farms Golf Club—Aurora)

JUL 27 8:00 AM Board of Trustees meeting (ODA)

#### g.,

SEPT 5 12 NOON Executive Committee meeting (Sunriver Resort)

#### **SEPT 6–7 ODA House of Delegates** (Sunriver Resort)

**SEPT 7** 12 NOON **Board of Trustees meeting** (Sunriver Resort)

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

tor 10 0.00 /iiii Board of Haddood modding (08/1)

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



### 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

### COMPONENT GE GALENDAR

compiled by Mehdi Salari, DMD

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

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, mpdentalce@qwestoffice.net

TUES, MAY 14 Washington County CE HRS: 1.5 Using Online Marketing for Your Practice

lan McNickle of WEO Media **LOCATION:** Beaverton (Stockpot Broiler)

INFO: www.wacountydental.org, wcdskathy@comcast.net

WED, MAY 15 Multnomah

CE HRS: 1

#### **Table Clinics—Annual Meeting**

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

INFO: www.multnomahdental.org, 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

### **DBIC RISK MANAGEMENT COURSES**

**DEC 6** 9:00 AM Multnomah (Portland) INFO: Lora Mattson, 503.513.5010

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

### SAVE THE DATE

# ODA House of Delegates meeting

Sept. 6–7, 2013 Sunriver Resort

# NEW LOCATION!

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

# FROM THE EDITOR

### **Switzerland Diamine Fluoride**



Barry J. Taylor, DMD, CDE

sk someone about switzerland, and they will rave about the beauty of the Swiss Alps, or they will reference the Swiss reputation for always being diplomatically neutral. I have never met an individual who did not care for something Swiss. This is my analogy for silver nitrate; my colleagues are either passionately in support of it, or they are adamantly neutral on it until we have more evidence. Unlike fluoride, it is difficult to find someone who is completely anti-silver nitrate.

If organized dentistry is going to preach about evidence-based dentistry, then we need to be consistent with that message. We can't criticize the opponents of fluoridated water for not believing the volumes of literature that have been published about fluoride's

> safety and efficacy, and then turn around and advocate for a material that has had little research published in peer-reviewed journals. We have committed ourselves, rightly so, to the high road of evidence-based dentistry.

My experience with silver nitrate, used in conjunction with a fluoride varnish, is limited to what amounts to a case report. I was not involved with the application of the material so I can't report how it handles, applies, etc. My first encounter with

the patient was more than two years after the application, and it was a dental assistant who gave me a report of the situation in conjunction with the patient's chart notes.

The patient apparently had been an uncooperative two-year-old at his first visit, with no apparent caries. Six months later at a recall exam it was noted that he had caries on all his maxillary anterior teeth, due in part to his constant companion of a sippy cup filled with juice or milk. The patient was still uncooperative, and the family could not afford dental care in the hospital. They were presented with a treatment plan to use silver nitrate followed by 3-month recalls to apply fluoride varnish. The mother consented to the

treatment, with the understanding the caries would take on a black stain.

Over the next two years, the family missed only one of the three-month recall visits for the application of the fluoride varnish, and at the one-year recall exam, silver nitrate was applied in conjunction with fluoride varnish again, because decay had been noted on the primary first molars.

When I met the patient, he was a more cooperative four-year-old, and we were able to provide restorative care for him. As is often reported, the decayed areas were black, firm but not hard, and we were able to remove the areas of decay without the use of anesthetics. My anecdotal conclusion for this case was that the silver nitrate and fluoride varnish arrested the decay. But it concerned me—although it certainly had helped me—that the patient had no sensation in any of the treated teeth. I also was aware that this had been an ideal situation; the parents had been cooperative and reliable, returning for the three month recall to apply the fluoride varnish.

Lecturing clinicians often remark "You don't want to be the first to use a material, nor the last." But until we have more published research on silver diamine fluoride, it does not meet the standard for evidence-based dentistry. We just don't know yet if it is going to be the multi-functional Swiss Army knife, or the poorly designed, dysfunctional knife that slices your finger when you close the blade.

**Coming up in Membership Matters** 

# Have you volunteered internationally?

We'll be profiling members who have donated their time practicing dentistry abroad.

Email barrytaylor1016@gmail.com if you're interested in being a part of this upcoming issue.

We just don't know yet if silver diamine fluoride is going to be the multi-functional Swiss Army knife, or the poorly designed, dysfunctional knife that slices your finger when you close the blade.

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

### **NEWS BRIEFS**

### Oregon Prescription Drug Monitoring Program

#### What is the PDMP?

The Oregon Prescription Drug Monitoring Program (PDMP) is a Web-based data system that contains information on controlled

prescription medications dispensed by Oregon-licensed retail pharmacies. Pharmacies are required by law to submit data weekly for all Schedule II– IV controlled substances dispensed.

Controlled substances reported include opioids, sedative hypnotics, benzodiazepines, stimulants, and other drugs. Legislation for the PDMP was passed in 2009.

#### How does it work?

Authorized system users can logon to the PDMP web-based system and request a report of the controlled substance medications dispensed to their patients. The patient report is a line list of prescriptions dispensed. Prescription records include information on the dispenser, prescriber and name and quantity of drug.

#### What is its purpose?

The primary purpose of the PDMP is to provide practitioners and pharmacists a tool to improve health care. These medications place patients at risk for overdose, side

effects, increased effect when combined with alcohol and/ or other drugs, risk for physical dependence, and risk for developing patterns of drug abuse. The PDMP provides

practitioners and pharmacists a means to identify and address these problems.

# Who can access PDMP information?

Access to PDMP information is regulated by law—ORS 431.966. Prescribing health care practitioners and pharmacists are encouraged to apply for an account. Approved applicants have 24-hour, 7-day-a-week online access to the PDMP. All others including patients—may submit request forms to obtain a patient report. A patient report includes a list of anyone who queried the patient's information to ensure proper access. Law enforcement requests must be pursuant to a valid court order. Health care regulatory board requests must be certified by the executive director.

#### Is patient privacy protected?

PDMP patient information is protected by law—ORS 431.966.

For more information, visit www.orpdmp.com

#### **Basic Facts\***

- The PDMP system became operational in September 2011.
- Approximately 7,000,000 prescription records are uploaded into the system annually.
- More than 98 percent of pharmacies required to participate are reporting.
- More than 5,200 practitioners and pharmacists have PDMP accounts.
- In 2012, more than 280,000 queries were made by practitioners and pharmacists.
- Opioids combined with benzodiazepines increase the risk of overdose

- Opioids account for more than 55 percent of the prescriptions in the PDMP data system.
- Sixty percent of the prescriptions in the PDMP are prescribed by a cohort of 2,000 practitioners; 59 percent of these prescribers have PDMP accounts.
- Opioids are the class of medications that has the highest potential for overdose, misuse, dependence, and abuse.
- Benzodiazepines are the second most often prescribed class of medication in the PDMP data system.

# Call to Volunteer

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

### **ODA Leadership Development Committee**

Chair, Nominating Sub-Committee PO Box 3710, Wilsonville, OR 97070 or email: leadership@oregondental.org

Please cc: Don Bretthauer, CAE Executive Director, at 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

#### **Leadership Development Committee**

TERM 9/2013 – 9/2016
POSITIONS OPEN Four
INCLIMBENTS Tari I Baria

INCUMBENTS Teri L. Barichello, DMD Bruce A. Burton, DMD James A. Smith, DMD Jay M. Wylam, DMD

DECLARED CANDIDATE

#### **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

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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

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

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
   Public and Professional
  Education Council

  For a second secon
- Membership Council
- New Dentist Committee
- Education CouncilPublications Advisory
  - Committee

For more information, please call 503.218.2010.

<sup>\*</sup>Data content source: Oregon PDMP Data System

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

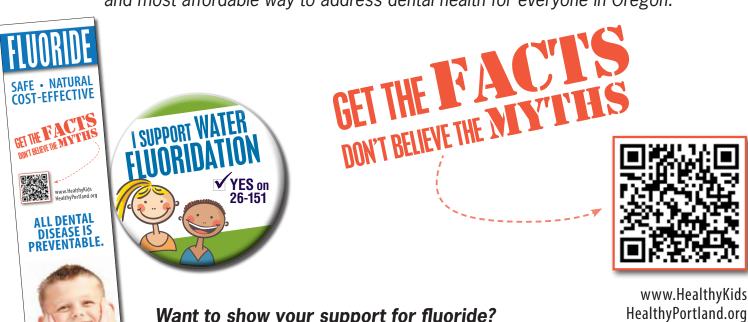


Calling all Portland area dentists!

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.



www.HealthyKids

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.

### **NEWS BRIEFS**

#### OHSU School of Dentistry Announces New Dean

Following a national search, Phillip T. Marucha, DMD, PhD, has been named dean of Oregon Health & Science University's School of Dentistry. Dr. Marucha is expected to join OHSU in September.



Phillip T. Marucha, DMD, PhD

Dr. Marucha currently serves as associate dean for research and director of graduate studies at the University of Illinois at Chicago College of Dentistry. He replaces Dean Emeritus **Jack W. Clinton, DMD,** who retired in 2012 to help coordinate the school's transition into its new facility in 2014. **Gary Chiodo, DMD, FACD**, has served as interim dean.

"I am very excited about the opportunity to work with the many excellent faculty, students, staff and alumni that make up the OHSU community," said Dr. Marucha. "As we complete the new building, I would like to see us build on the history of outstanding

clinical education to become extraordinary in all facets of dental education and research. This will take the collaboration of our colleagues from the other health sciences to develop interdisciplinary patient care as well as research. My goal is to facilitate the ideas of and mentor the faculty, students and staff to help the school become pre-eminent. I see this as a great opportunity to forge this new exciting relationship to train excellent dentists, scientists and future educators for Oregon and beyond."



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#### **Dues Payment Plans**

It seems early to think about paying your 2014 dues, but one of the ODA payment plans involves pre-payment of annual dues. Sign-up sheets will be mailed in May, so we wanted to make sure all members are informed of the three options we have available for Tripartite membership dues payment.

According to the Oregon Dental Association bylaws, membership dues are to be paid before January 1st of each year. In order to make your dues payment more convenient, we offer these options:

- 1. **'EZ PAY' PLAN:** Under the EZ Pay plan, participants authorize the Oregon Dental Association to automatically charge their credit card in three equal installments that are billed on July 15, September 15, and November 15, 2013. The payments are based upon your 2013 dues amount. A letter will be sent to you in May with instructions on how to opt in to this plan.
- 2. 12-MONTH PLAN: Under the 12-month payment plan, participants authorize the ODA to, on a monthly basis, charge their credit card or deduct from their checking account their 2014 dues in 12 equal installments from January 2014 thru December 2014. Members may opt in to this plan when they receive their 2014 dues invoice in October.
- **3. STANDARD PAYMENT:** Under the standard plan, members are invoiced in October for dues that are to be remitted, in full, by January 1, 2014.

Contact Jennifer Webster at *jwebster@* oregondental.org with any dues-related questions.

### **NEWS BRIEFS**



#### Phone Calls for Fluoride

Thanks to those who volunteered to make phone calls for Healthy Kids Healthy Portland.

From left: Tetsuji Z. Watari, DDS; Deepak Devarajan, DMD; Eli Schwarz, DDS, MPH, PhD; Jim A. Smith, DMD; Jill M. Price, DMD; Kurt L. Ferré, DDS; John J. Snyder, DMD; Connie L. Masuoka, DMD; Greg P. Stafford, DDS; Rick G. Asai, DMD; and Barry J. Taylor, DMD

# NEW ODA MEMBERS!

#### SHEEVA AZIMI, DMD

Portland • Washington County Dental Society

#### CHRISTOPHER A. BUTLER, DMD

Corvallis • Marion and Polk Dental Society

#### RENATO DE LUNA, DMD

Portland • Multnomah Dental Society

#### DANIEL A. FREDRICKSON, DMD

Junction City • Lane County Dental Society

#### MEHDI L. GHAVAM. DMD

Talent • Southern Oregon Dental Society

#### LISA K. JENSEN, DMD

Portland • Multnomah Dental Society

#### BYUNG-IL LEE. DMD

Portland • Multnomah Dental Society

#### CAROLINE M. MAY, DDS

Medford • Southern Oregon Dental Society

#### RENEE M. ROBERTSON, DMD

Portland • Multnomah Dental Society

#### MELISA T. SUSANTO. DDS

Hood River • Mid-Columbia Dental Society

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

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for more information, contact:

Josh Bean jbean@dougbean.com Tom Secolo

tsecolo@dougbean.com

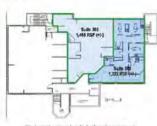
503.222.5100 1211 SW 5th Ave • Ste 1440 • Portland, OR 97204

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



# New ODA Members

# \$100° REWARD

For each non-member recruited, the ODA will write you a \$100 check\*.

You may keep the check, apply it towards the new member's dues, or donate it to the Dental Foundation of Oregon—it's your choice.

# REWARD: Free Lunch

Invite a non-member to lunch and discuss the benefits of ODA membership.

The ODA will reimburse you for lunch up to \$50\*.

# D: Trip to Santa Fe,

The ODA member who recruits the most new, active members into membership by September 30, 2013, will receive a luxurious 4-night getaway to Santa Fe, New Mexico!

up to \$500 in AmEx gift cards

The package is worth over \$6,000 and includes round-trip airfare for two, lodging at The Residence Club at El Corazon de Santa Fe, and more!

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



### **Bounty Claim Form**



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NAME

PHONE NUMBER

**ADDRESS** 

CITY. STATE ZIP

#### EMAIL

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

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

#### **Applicant Recruited**

NAME

PHONE NUMBER

#### How would you like your \$100 bounty distributed?

- ☐ Please send the \$100 check to me.
- ☐ Apply \$100 to the new member's dues
- ☐ Donate \$100 to the Dental Foundation of Oregon

#### Please submit bounty form to the ODA office:

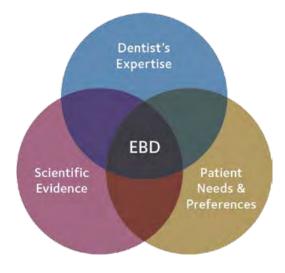
PO Box 3710. Wilsonville, OR 97070 Ph: 503.218.2010 • Fax: 503.218.2009

# BENEFIT OF THE MONTH

# **ADA Center for Evidence-Based Dentistry**

RE YOU BETWEEN PATIENTS and have only five minutes to do a quick search for the latest clinical evidence? Start with the ADA Center for Evidence-Based Dentistry's website at <a href="http://ebd.ada.org">http://ebd.ada.org</a>. It's a free online tool that will help you find the latest available evidence.

Evidence-based clinical recommendations are a product of the Center for Evidence-Based Dentistry (EBD). The ADA created the Center for EBD to connect the latest research findings with the daily practice of dentistry. The EBD website provides on-demand access to systematic reviews, summaries and evidence-based clinical recommendations that translate the latest scholarly findings into a user-friendly format that dentists can use with



their patients. (http://ebd.ada.org/ClinicalRecommendations.aspx)

Evidence-based clinical recommendations are intended to provide dentists and other health professionals with a review of the latest scientific evidence on particular topics and are not considered a standard of care. Rather, health care professionals can consider clinical recommendations, patient preference, and their own clinical judgment when diagnosing and treating patients.

Evidence-based dentistry (EBD) is an approach to practice—an approach to making clinical decisions—and scientific evidence is just one tool an informed dentist uses to arrive at the best treatment decision. EBD integrates three important aspects of clinical practice:

- 1. A dentist's clinical skill and judgment
- 2. A patient's needs and preferences
- 3. The best available scientific evidence

But with such a large volume of published studies, how do you easily find the latest evidence to help in your clinical decisions? A quick search on *ebd.ada.org* will yield systematic reviews from several resources and critical summaries for some of the reviews. A systematic review identifies and evaluates all of the evidence to answer a specific, narrowly-focused clinical question, while a critical summary is a one- to two-page summary and discussion of a systematic review.

A sample clinical question is, "How effective is fluoride varnish?" The answer can be found in three simple steps.

STEP 1 Go to ebd.ada.org

STEP 2 Enter search terms "fluoride varnish"

STEP 3 Review results

The query returns 24 systematic reviews related to fluoride varnish and six of those include a critical summary.

With more than 500 clinical trials per dental specialty published every year, *ebd.ada.org* can give you a quick look at the latest available evidence.

The ADA Center for Evidence-Based Dentistry has a two-fold vision: to disseminate the most current scientific evidence and to help dentists implement the current best evidence in practice. The Center has several ongoing programs to help dentists implement EBD, including the EBD Champion Program and the ADA Evidence Reviewer Workshop. For more information, visit <a href="http://ebd.ada.org">http://ebd.ada.org</a>. •

This column is intended to acquaint you with the benefits that you receive as a member

http://ebd.ada.org

of the Tripartite (ODA, ADA, and your component dental society).

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



Silver compounds, which have reemerged on the dental landscape, are generating intense conversation within the profession.

Opinions vary about their use, with some practitioners taking the position that compounds such as silver nitrate used with fluoride varnish don't address underlying dental disease and others arguing that it may be an affordable treatment option that opens up access to care.

Melody and Barry Finnemore are a freelance writers for ODA and partners in Precision Communications (www.precomwords.com). They can be reached at precisionpdx@comcast.net.





"I work in the frontier area with a significant **Native American** population, and I usually see

young children who don't have working care because the next dentist is 400 miles away. I've felt the pressure of that, and I've strongly considered using silver nitrate with a fluoride varnish. I struggle with the lack of controlled trials around that technique, although, intuitively, I think it probably is safe."

-Jane Gillette, DDS, a nationally recognized expert in science-based dentistry who treats underserved populations in Montana

John Engle, DDS, a longtime pediatric dentist who now chairs OHSU's Department of Pediatric Dentistry, and is an assistant professor there, said that from the department's perspective, silver nitrate may stop dental decay, but is not capable of restoring damage, and therefore "never has caught on as a mainstream treatment regime."

"As a trained pediatric dentist, I would say we try to preserve function, integrity, and the growth and development of the jaw, so we try to take whatever disease process has occurred and restore that to its normal function," Dr. Engle said. "The downside of silver nitrate for patients is that it turns teeth black, and doesn't repair the damage that has been done." (Dr. Engle is not an ODA member.)

At the other end of the spectrum is Steven Duffin, DDS, who, nearly a decade ago, grew frustrated as he saw the number of young patients with oral health problems increase. He began delving into caries prevention and treatment, and came upon research about silver nitrate that

showed its use by dentists to arrest caries as far back as the 1800s and up through the 1950s.

Dr. Duffin made a priority of treating children on Medicaid when he started his Tigard practice. "I did that on purpose because I really wanted to confront the problem head-on," he said.

Trained as a microbiologist before dental school, Dr. Duffin, who is not an ODA member, began treating patients with caries using a combination of silver nitrate and fluoride varnish, repeating the application at intervals over 12 weeks. He kept a database and, in his words, found the findings "remarkable."

"I had some patients who disappeared from my practice for a few years and came back and there was no decay," he said, noting the time has come for the return of silver nitrate as a tool in the dental toolbox to fight caries.

After falling out of favor as a caries treatment by the mid-20th century, in part because local anesthetics meant

continues =



"Right now we're developing quite a few studies, and a couple are related to silver nitrate as a caries treatment and prevention strategy. We're excited about those because there seems to be a lot of interest in the network about it."

-Jeffrey Fellows, PhD, director of the National Dental Practice-Based Research Network's Western Region and an investigator at the Center for Health Research at Kaiser Permanente Northwest

painless tooth removal, and the advancement of toothcolored filling materials, silver nitrate has re-emerged on the dental landscape.

While the conversation about silver nitrate is occurring on the regional and national level of evidence-based dentistry, some practitioners, such as James Tyack, DMD, a Clatskanie general dentist, caution against a quick acceptance of silver compounds and stress that more study is needed. Dr. Tyack believes they have promise to "become another useful tool for dentists, not a panacea," adding that other options such as conventional fillings are as good or better than silver compounds.

"First, let's make sure it is safe and effective," he said, noting silver compounds should at this point be considered experimental and used judiciously by dentists until evidence justifies expanded use. "Then let's come up with some targeted applications where it makes sense."

#### **HERC** recommends silver treatments not be added to prioritized list

Silver products have long been a common antimicrobial, used in such things as sutures, catheter linings and hospital gowns and for water purification. The term "silver compounds" is sometimes used as a catch-all term for silver nitrate/fluoride varnish and silver diamine fluoride (SDF), which are distinctly different but are said to accomplish the similar goal of arresting tooth decay.

SDF is not approved by the U.S. Food and Drug Administration, but its longtime use in some countries, and growing use in others, has produced evidence that it can successfully treat and prevent caries. (See related sidebar on page 13.) Although silver nitrate is FDA approved, its use to treat dental carries is considered "off label."

Earlier this year the state's Health Evidence Review Commission (HERC), armed with a report from OHSU's Medline Project, an evidence-based review group, and data and information from trusted sources and professional organizations, recommended that silver treatments not be added to the prioritized list of health services under the

Oregon Health Plan. It stated that "this appears to be an experimental treatment at this time, and more research demonstrating efficacy and safety is required prior to allowing OHP patients to have this procedure done."

The HERC noted that there is "evidence in resourcepoor countries that silver diamine fluoride is effective at preventing and arresting caries. However, there is no evidence of the effectiveness of silver nitrate (and) fluoride varnish which is what would be used in the U.S. (because the FDA has not approved silver diamine fluoride) and there are no U.S. studies of either type of treatment."

The HERC also expressed concern about the "costs of repeated visits when restoration is still required and there is no data supporting that delayed restoration compared to immediate restoration is beneficial. Cosmetic concerns about permanent black staining in the teeth exist. Although the international studies are promising, no U.S. major dental organizations currently recommend the use of silver compounds."

Indeed, questions about silver compounds linger among practitioners such as Dr. Tyack—including whether some patients treated with silver nitrate would require greater dental care down the road given that it is applied only to visible caries, not those between teeth.

"Substituting (silver nitrate with fluoride varnish) for quality restorative care is a step backward," Dr. Tyack said, stressing that while he is a HERC member, his comments for this article reflect his own opinions. "It may be a useful adjunct, if proven to be safe and effective."

Silver nitrate proponents attempted to advance its use through an administrative rule and the Oregon Legislature. The Oregon Board of Dentistry declined to expand the duties of dental hygienists and assistants to apply the treatment to patients, and an amendment regarding this issue was added to an unsuccessful House bill. The amendment ultimately could be added to another bill wending its way through the legislative process. In addition, the Board of Dentistry has voted to make the issue the focus of a future public hearing. continues on page 14

# Research involving silver diamine fluoride gains momentum as FDA considers its approval

Silver diamine fluoride (SDF) first grabbed the attention of Peter Milgrom, DDS, when he began treating a man in his 40s who was battling mouth cancer. The man had had part of his tongue removed and had undergone radiation therapy, which led to decay in every tooth he had. Understandably, the man was afraid of the amount of work that needed to be done on his teeth, so he turned to Dr. Milgrom, who specializes in treating fearful patients.

Dr. Milgrom, DDS, a University of Washington professor of dental public health sciences and pediatric dentistry and director of the Northwest Center to Reduce Oral Health Disparities, said the damage done by the radiation made it impossible to remove the man's decayed teeth. He turned to SDF as an alternative.

"I have followed him now for five years and I haven't done a filling yet. It completely arrested his decay," Dr. Milgrom said.

SDF has long been used to fight cavities in Japan, Mexico, Australia and other countries. Nepal, Cuba, Argentina and

Brazil use it extensively for oral health care. The University of Hong Kong dental school has conducted large-scale trials showing that SDF is safe and effective in arresting tooth decay. Evidence also shows it helps protect the surrounding teeth, which Milgrom says is a "gift that keeps on giving."

In the United States, however, SDF has not been approved by the federal Food and Drug Administration. "The U.S. is very slow on the uptake. The predominant method for applying topical fluoride is fluoride varnishes, and it took from the mid-1960s to the 1990s to become available in the U.S. even though they were developed and tested extensively in Europe," Dr. Milgrom said.

A review of a multitude of clinic trials, published in the Journal of Dental Research in 2009, concluded that the evidence available so far shows that SDF can have a "significant and

substantial benefit" in treating and preventing caries. "Application is simple, the solution is low-cost, and application does not require complex training of the health professionals," states the review, co-authored by Richard Niederman, DMD, director of the Center for Evidence-Based Dentistry at The Forsythe Institute in Cambridge, Mass.; Aronita Rosenblatt, of The Forsythe Institute and the University of Pernambuco School of Dentistry in Brazil; and T.C. Stamford, also with the dental school in Brazil.

Dr. Milgrom said the FDA is closer to approving SDF now that it is seeing some research being done on its safety and effectiveness. He is writing a proposal to the agency requesting a pilot test of SDF on children with cancer.

"Children who get cancer treatment also get gross tooth decay, so imagine a 5 or 6 year old who has gone through cancer treatment, and has almost died, and now they have to have extensive work done on their teeth," he said.

Dr. Milgrom also has authored research about how much SDF enters a patient's bloodstream during treatment and has demonstrated that it has no adverse effects. He acknowledges that SDF has fallen out of favor among some dental professionals because of the staining factor, which for many people with severe tooth decay is a minor concern compared to the benefit of not only keeping their teeth but restoring them.

"This is a humanitarian issue for me, and I think that's being lost sometimes in the discussion. There are many, many potential patients in the U.S. and in Oregon who would really benefit from us developing new strategies, and the things we've relied upon for many years are no longer really adequate," he said.

**EDITOR'S NOTE:** Dr. Peter Milgrom is a principal in Dental Silver Arrest LLC, a company working to get FDA approval for silver diamine fluoride in the U.S.

"I think the most important thing is to recognize that this is part of the development of our field and it shouldn't be controversial. We're learning what is being done in other countries, we're learning how to address the problems we face, and this isn't just an issue that affects children."

 Peter Milgrom, DDS, University of Washington professor of dental public health sciences and pediatric dentistry and director of the Northwest Center to Reduce Oral Health Disparities



"As a trained pediatric dentist, I would say we try to preserve function, integrity, and the growth and development of the jaw, so we try to take whatever disease process has occurred and restore that to its normal function. The downside of silver nitrate for patients is that it turns teeth black and doesn't repair the damage that has been done."

–John Engle, DDS, chair of OHSU's Department of Pediatric Dentistry

# **Great interest in silver nitrate research**

Jane Gillette, DDS, a nationally recognized expert in science-based dentistry who treats underserved populations in Montana, said there is plenty of need for something as inexpensive and easy to use as silver nitrate. But, the jury is still out on its safety and effectiveness, she noted.

"I work in the frontier area with a significant Native American population, and I usually see young children who don't have working care because the next dentist is 400 miles away. I've felt the pressure of that, and I've strongly considered using silver nitrate with a fluoride varnish," she said. "I struggle with the lack of controlled trials around that technique, although intuitively I think it probably is safe."

Though silver nitrate has been criticized by some as merely a

"Band-Aid" for caries, there are circumstances in which even that is a welcome solution, Dr. Gillette said.

"There are rural areas with severe access problems to dental care and populations with a high disease rate, like Hispanics and Native Americans. Those populations get cavities way beyond what you and I get; it's really severe," she said. "To do the Band-Aid is sometimes where we're left because there are so many teeth to fill."

Noting that the public health community is very interested in research related to silver nitrate, Dr. Gillette said randomized trials provided some meaningful data. Still, when it comes to health care issues, evidence needs to solidly exist that shows a particular procedure is effective, cost-efficient, and, most importantly, doesn't have any adverse effects for patients.

"There's just that unknown. We believe it's safe, but we just don't have the studies to prove it," she said. Dr. Gillette added that she applauds dentists like Dr. Duffin for encouraging the research community to expand its thinking.

"We have a need, we have a problem here and we need to ask the research community, 'Why don't you help us solve this problem?"" she said. "He has challenged the research community about the direction it should go. Let's test it and find out. The research community will meet that challenge."

Jeffrey Fellows, director of the National Dental Practice-Based Research Network's Western Region and an investigator at the Center for Health Research at Kaiser Permanente Northwest, said the network is keenly aware of the interest in research involving silver nitrate, both regionally and nationally.

"Right now we're developing quite a few studies, and a couple are related to silver nitrate as a caries treatment and prevention strategy," he said. "We're excited about those because there seems to be a lot of interest in the network about it."

Fellows added that later this year, the network expects to begin recruiting practitioners around the country to participate in those studies.

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



# OREGON DENTAL CONFERENCE® 2013

# It's a Wrap!

HE OREGON DENTAL CONFERENCE® was held April 4-6 at the Oregon Convention Center in Portland. Conference courses offered a vast array of dental and dental-related topics. More than 1,100 exhibitor personnel showed off the latest in equipment and services at the trade show. ODA was joined by its partner groups: The Oregon Academy of General Dentistry, Oregon Academy of Pediatric Dentistry, Oregon Society of Oral & Maxillofacial Surgeons, Oregon Society of Periodontists, Oregon State Association of Endodontists, Oregon Dental Hygienists' Association, Oregon Dental Assistants Association, and Oregon Dental Executives Association.



#### **General Session**

Over 850 people attended the general session on Friday morning to hear Eddie Slowikowski deliver a riveting keynote address. The morning began with **Dr. Roger Sims** (left), from Coos Bay, singing the national anthem.

After that, Mr. Slowikowski took the stage for an inspiring presentation about creating success. As a three-time NCAA All American and sub-4 miler, he was great at sharing what it takes to be a winner and make your move in life.

#### **Presidents' Dinner**

On Thursday, April 4, ODA president Jill M. Price, DMD, and all past presidents of the association were honored, along with a special presentation to retiring executive director, Bill Zepp, CAE, at the Embassy Suites Downtown Portland. The evening brought together 20 past presidents, the Annual Meeting Council, guests from the ADA 11th District and the specialty societies, as well as management of The ODS companies.





#### **President's Party**

On Friday, April 5, over 200 people joined ODA president, Dr. Jill Price, at the Double Tree by Hilton Hotel, for a fun night of dinner, drinks, and dancing to the music of Hit Machine.







#### **Exhibit Hall**

This year's Exhibit Hall was a busy place, featuring over 227 companies offering goods and services for virtually every aspect of dentistry. The grand opening reception on Thursday afternoon, and the new dentist reception on Friday evening, were hugely successful. Attendees flocked into the hall following classes to enjoy appetizers, drinks and one-stop shopping.

New this year were product demonstrations by Patterson Dental and EveryDay Health, during the lunch breaks on Thursday and Friday.

The free attendee massage area continued to be very popular. Many attendees received a ten minute, complimentary head and neck massage.

The Red Cross held its sixth annual ODC Blood Drive inside the exhibit hall on Friday and Saturday. Thank you to all those who helped the Red Cross collect 41 units of blood. With these collections, up to 123 people's lives will be impacted.

The OHSU Student Table Clinic was held Saturday morning. The event is sponsored by the ODA and Dentsply. Winners, to be announced at a later date, will win a \$500 check and a chance to compete nationally during the ADA Meeting in New Orleans.

The Oregon Dental Assistants Association hosted poster demonstrations in the exhibit hall on Friday.









### **Congratulations to the Prize Winners**

#### **Grand Prizes**

Dr. Bob Ferek iPad

Lori Hamilton iPad

#### **Door Prize Winners**

Leigh Armijo \$100 Nordstrom gift card
Shea Donaldon Scentsy gift basket
Alma Gonzalez Skil Saw power tool
Tiffany Hanks Complimentary CPA services

**Dr. Ian Pham** 18 holes of golf Hannah Solesbee Scentsy gift basket Carrie Stisser Everett iPad Mini Nicole Ulrich \$100 gift card

MEMBERSHIP MATTERS • MAY 2013

# MEMBER PROFILE

# George McCully, DMD

# On being appreciative and giving back

By Barry Finnemore



#### Dr. George McCully

**HOME** Eugene

FAMILY Wife, Diane;

two children: Sarah, 38, a stay-at-home mom, son-in-law Mick Posner and 5-year-old grandson Finn; son Sean, 35, a general surgery resident at OHSU, and daughter-inlaw Belinda

HOBBIES Sailing, flying his airplane, snow skiing, and woodworking

FTER GEORGE McCULLY, DMD, graduated from dental school and spent a year as a public health resident, he had the opportunity to join a group dental practice in Portland.

He chose instead to open his own office in Eugene, his hometown. He decided to strike out on his own, partly because he wanted to live in that Willamette Valley city, and partly because he sought the control that comes with owning a practice.

He was only able to open his own practice, however, because it was financially possible for him to do so. Dr. McCully, now approaching four decades in the field, worked as he progressed through dental school to recoup some costs but laments the fact that opening a practice is far from reality for many of today's dental school graduates, who carry crushing student debt.

For Dr. McCully, that was the driving force in establishing an endowed scholarship at his alma mater, the University of Oregon Dental School (now OSHU School of Dentistry). He says many in the profession take the important step of giving back to dental schools, and helping aspiring professionals avoid a mountain of debt before their careers even start is his way of doing so. This is the first year the scholarship has been awarded.

"I consider myself to be really, really fortunate, and to be really lucky," Dr. McCully says. "At this point



in my life, so much of what I have is the result of me going to dental school. And it's important for me to give back. I want to encourage more people to do it."

Dr. McCully figures a combination of things led him into dentistry. When he was 12 or 13 he decided it was the profession for him, perhaps because a close friend of his mom was a dentist. Maybe it also was because of his childhood dentist, Dr. Vern Whittaker, who McCully described as compassionate and caring.

"I felt like he just took care of me," Dr. McCully says. "I didn't like having fillings, but I felt like I was in good hands."

Born and raised in Eugene, Dr. McCully says his father—who worked in a cannery—made enough money for the family to live on. They may have eaten casseroles by the end of the month, but the kids always had new shoes each year. In elementary school, Dr. McCully began delivering papers, a job he held through high school, so that he had a bit of spending money.

Dr. McCully says he has always put a premium on work-life balance, blocking out several weeks a year to be away from the office and rekindle the soul. "My time is much more important than making more money," he says.

Dr. McCully, named 2003 Oregon Dentist of the Year, says he's also been guided by a desire to make the world a better place, a philosophy passed down from his grandfather and father. As he was building his practice, he recalls, "I wanted to make sure every person who came to see me had their expectations exceeded. Every person has worth. If you take care of people, they take care of you."

He says he's very close to his patients, enjoys building relationships and treating generations of families, and even now he worries about what will happen to his patients when he someday decides to retire. "What makes dentistry fun for me is being with people, talking with people that interaction."

Barry Finnemore is a freelance writer for ODA and a partner in Precision Communications (www.precomwords.com). He can be reached at precisionpdx@ comcast.net.



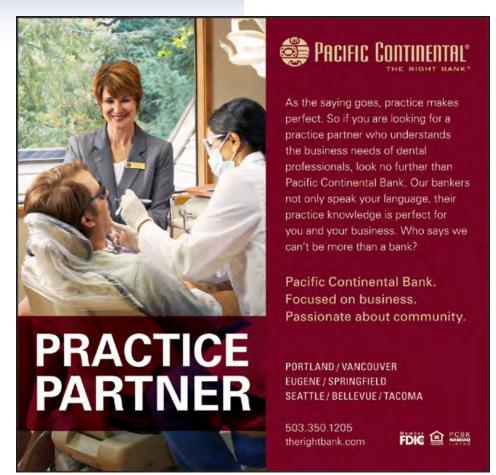
Dr. McCully on ski patrol at Mt. Bachelor, with his wife and a staff member.

Dr. McCully enjoys advanced restorative dentistry, noting how satisfying it is to improve how a person feels about their smile, and how important it is for an individual's growth and fulfillment. "The truth is, if you don't feel comfortable with yourself or how you look, you won't realize your full potential."

Another avenue in which Dr. McCully, past president of the Oregon Board of Dentistry, gives back is through the Western Regional Examining Board, serving as a grading examiner. He's been involved in professional licensing for more than a decade. "I hope I'm giving back a little to the profession, but that's not the only reason I do it. The people I work with are, without question, the most dedicated group of dentists I have ever associated with."

Dr. McCully is quick to emphasize the opportunities he's had, including spending a summer between his junior and senior years of dental school and, for a year after graduating, working with the Indian Health Service, significantly broadening his education in myriad aspects of dental and medical care. He credits invaluable mentors—among them Dr. Jack Mitchem; Harry Albers, DDS; Dr. Bill Blatchford; and Bernie Taylor.

"All of those folks have had a huge affect on me and way more to do with my success than I have," he says. "Any of the accolades or accomplishments that might have come my way are only in small part my doing."





MEMBERSHIP MATTERS • MAY 2013

# OREGON BOARD OF DENTISTRY

### Meeting Report—April 19, 2013

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

#### **New Board members**

Two new members have been appointed to the Board. **Dr. Todd Beck**, general dentist from Portland has replaced **Dr. Darren Huddleston**, who has served two terms on the Board. Mr. James Morris has been appointed as the new public member of the Board, replacing Mr. David Smyth, who resigned from the Board after completing two terms.

Another appointment is slated for the end of April of a dental hygienist, John Tripp, who will replace Jill Mason, who also has served two terms on the Board.

#### **Board election of officers**

The Board elected **Dr. Jonna Hongo** president, and **Dr. Brandon Schwindt** vice president.

#### **Legislative Update**

The Board is tracking a number of bills. The CE requirement for cultural competency CE is still alive but has some amendments. A complete listing of the bills the Board has been tracking is available on their website in the April 18 Board meeting materials. <a href="https://www.oregon.gov/dentistry/docs/Board\_Agendas/Public\_Packet\_April\_19\_2013.pdf">www.oregon.gov/dentistry/docs/Board\_Agendas/Public\_Packet\_April\_19\_2013.pdf</a>

# Proposed rule decisions by the Board following Board hearing

• BOTOX The proposed rule to allow <u>all</u> dentists to provide Botox within the scope dentistry. FAILED. The issue will go back to the Board rules committee for further discussion of rule language, which would specify that the 16 hours of continuing education must be "hands-on" clinical training. This addition to the proposed language would be considered a substantial change to the rule, so it would be necessary to have a new hearing to add this language. It was suggested that the Board review allowing dentists to provide Botox anywhere as they are already providing cosmetic treatments many of which require more difficult and pose irreversible consequences. Botox is reversible. The Board rules committee may discuss this issue at their next meeting.

#### **Adopted Rule Changes**

The following rule changes were adopted with a target effective date of July 1, 2013. Full rule language is available on the Board website at <a href="https://www.oregon.gov/dentistry">www.oregon.gov/dentistry</a>.

#### **DIVISION 1—ADOPTED**

- 818-001-0002. DEFINITIONS, "DENTIST OF RECORD." This clarifies that institutions described in ORS 679.020 (3) must have a dentist of record who either authorizes treatment for, supervises treatment of, or provides treatment for the patient in clinical settings. This allows the Board of Dentistry access to clinical records and the investigative process, when a complaint has been filed by patients who have received treatment at colleges and other institutions. There is a similar bill in the legislature that has not passed yet.
- 818-001-0087. FEES. SPECIALTY EXAM FEES. This
  rule specifies exam fees based upon the number of
  candidates taking the exam and requires fees with
  application for the exam.

#### DIVISION 12—STANDARDS OF PRACTICE. ADOPTED

• 818-012-0005. SCOPE OF PRACTICE. Treatments and training typical of oral surgeons. This is a clerical fix in the re-numbering of the rules.

#### DIVISION 26—ANESTHESIA. ADOPTED RULE PROPOSALS

- 818-026-0000. PURPOSE. Requires all dentists who provide treatment in hospitals and affiliated facilities to have appropriate anesthesia permit. This previously was not required when dentists were working in hospital settings as hospitals covered them, which is no longer standard practice. Therefore, either the dentist would need to have an appropriate permit from the Board of Dentistry or an anesthesiologist may provide anesthesia.
- 818-026-0020 PRESUMPTION OF DEGREE OF CENTRAL NERVOUS SYSTEM DEPRESSION.
   (4) adds requirement that a licensee must have a Moderate, Deep, or General Anesthesia Permit to administer benzodiazepines or narcotics to children under age six.
- **818-026-0060. MODERATE SEDATION PERMIT.** Adds End-tidal CO<sub>2</sub> as additional monitoring required

- 818-026-0065. DEEP SEDATION PERMIT. Spells out that not more than one person may be under deep sedation, moderate sedation, minimal sedation, or nitrous at the same time. Also adds ECG and End-tidal CO<sub>2</sub> monitors to required monitoring during deep sedation.
- 818-026-0070. GENERAL ANESTHESIA PERMIT. Proposal requires patients to be continuously monitored using pulse oximetry, ECG, and End-tidal CO<sub>2</sub>.

#### **DIVISION 35—DENTAL HYGIENE.** ADOPTED RULE PROPOSALS

- 818-035-0020. AUTHORIZATION TO PRACTICE. Changes in this (1) (e) and (f) area, eliminate the wording "to perform a prophylaxis" as dental hygienists may already do this, and allow them to "provide" dental hygiene services as well as diagnose and treatment plan for dental hygiene services.
- (6) This change eliminates the requirement that a dental hygienist may not perform periodontal treatment unless the supervising dentist has examined the patient and diagnosed the condition to be treated.
- Renumbering rule # (7) to (6) is a clerical revision and will still require a new patient to be examined by the

- dentist prior to further dental hygiene services being provided.
- OAR 818-035-066. ADDITIONAL POPULATIONS FOR EXPANDED PRACTICE DENTAL HYGIENE **PERMIT HOLDERS.** A dental hygienist with an Expanded Practice Permit may practice without supervision at locations and on persons as described in ORS (680.205 (1) (a) through (e) and on the following additional populations: Low income persons, as defined by earning up to 200% of the Federal Poverty level or on specific population groups designated by the Dental health Professional Shortage Areas (DHPSA) that lack access and that are underserved.
- OAR 818-035-0072. RESTORATIVE FUNCTIONS OF DENTAL HYGIENISTS. POSTERIOR COMPOSITES. The change in this rule allows dental hygienists to do posterior composite restorations. This rule requires the dentist to allow this, and must prep the restoration, and check it before the patient leaves. The patient must be given informed consent for placement of the restoration by a restorative function endorsement dental hygienist. (According to the Board, approximately 319 dental hygienists have a restorative function endorsement.)

continues on page 23



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21 MEMBERSHIP MATTERS • MAY 2013



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

S. OREGON COAST – Great startup opportunity! Building and part time practice with 3 equipped ops. N. OR COAST – Excellent, well established, fee-for-service G/P collecting \$1M+ with high profit.

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

NEW! BELLEVUE, WA – Biological dental practice collecting \$500K+ annually. This amalgam free/amalgam safe office features 7 ops (5 equipped), digital x-rays and new pano.

NEW! REDMOND, WA = Established G/B collecting SV/0K in 2014. Err strong hygiene programs 4 ops and laser. Lots of potential!

FAIRBANKS, AK – Exceptional G/P collecting \$1.8+ Million. 100% fee for service! Newer facilities, CT scanner and more! Seller is open to several transition options.

NEW! ANCHORAGE, AK – G/P collecting \$550K in 2012. Nicely appointed office boasts 6 ops, pano, and plenty of space. Excellent opportunity to merge your existing practice into a beautiful office and add patients!

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# OREGON BOARD OF DENTISTRY

#### Meeting Report, April 19, 2013, cont.

#### DIVISION 42—DENTAL ASSISTING. ADOPTED RULE PROPOSALS

- OAR 818-042-0090. ADDITIONAL FUNCTIONS OF EFDAs. Dental hygienists will be allowed to supervise EFDAs under indirect supervision to provide sealants and apply temporary soft relines.
- OAR 818-042-0095. **RESTORATIVE FUNCTIONS** OF DENTAL ASSISTANTS— POSTERIOR COMPOSITES. The change in this rule allows dental assistants to do posterior composite restorations. This rule requires the dentist to allow this, and must prep the restoration and check it before the patient leaves. The patient must be given informed consent for placement of the restoration by a restorative function dental assistant. (According to the Board, fewer than 20 dental assistants have a restorative function certificate.)
- OAR 818-042-0110.
   CERTIFICATION, EXPANDED
   FUNCTION ORTHODONTIC
   ASSISTANT. Adds additional
   requirements for Orthodontic
   Assistant Certification test (fit and
   adjust headgear, remove fixed
   orthodontic appliances and take
   impressions).

#### **Other News**

- ODHA announced an Expanded Practice Permit Dental Hygienist CE event to be held in Springfield, May 3–4.
- WREB Restorative Exam for Dental Hygienists – Failure of Exam Remediation. WREB has made changes to the remediation requirements for dental hygienists failing the restorative exam. Previously remediation was required after three failures of the exam. The new requirement

- will require remediation after two failures. Pacific University has developed a new course to fulfill this remediation requirement.
- Licensee Names in Board
  Newsletter. A motion was made
  to return to putting case numbers
  rather than licensee names in the
  Board newsletter. After much
  discussion, the Board voted to keep
  the names in the newsletter.
- Silver Nitrate rule proposal to allow dental hygienists and dental assistants to apply this material. Dr. April Love and Dr. Steven Duffin submitted letters to the Board requesting they review their decision not to send this issue to rule hearing. The Board voted to send this issue to the next rule hearing.

- Board meeting dates for 2014. The Board approved the following meeting dates for 2014: February 28, April 25, June 27, August 22, October 17 and December 19, 2014.
- Approved Expanded Practice

  Dental Hygiene CE Providers. The

  Oregon Oral Health Coalition and

  Pacific University were approved as

  CE providers.
- Board Standing Committees. The Board Standing Committees were published and are available on the Board's website.

For more information on the Oregon Board of Dentistry, please visit www.oregon.gov/dentistry.

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MEMBERSHIP MATTERS • MAY 2013

# THE DENTAL **FOUNDATION OF OREGON**

# DENTAL FOUNDATION OF OREGON

# **ODC a Success!**

#### **Motor Mouth Car Raffle**

John R. Chirgwin, DMD, from Portland, was the lucky winner of the 2013 Toyota Camry Hybrid, awarded on Saturday, April 6, at the Oregon Dental Conference.

> Five hundred and five raffle tickets were purchased—before and during the ODC—helping to raise \$50,500 for DFO programs, like the Tooth Taxi.

"Our congratulations to Dr. Chirgwin," said Charlie LaTourette, executive director of the Dental Foundation of Oregon. We are happy for him, and very grateful to everyone who purchased a ticket."

Special thanks to Lonnie Timmons, Gresham Toyota, for

his help obtaining the car and promoting it at the event. The Motor Mouth Car Raffle has become an annual event at the ODC, and an important part of the Dental Foundation's fundraising program, which helps us serve so many low-income children across Oregon.



Dr. Chirgwin, winner of the Motor Mouth raffle, sits in his 2013 Toyota Camry Hybrid. Charlie LaTourette, executive director of the Dental Foundation of Oregon, congratulates him. (photo by Fred Bremner, DMD)

With Judy Edgerly and Charlie

LaTourette from the DFO.

Dr. Fred Bremner (center)

chooses a bottle from the

raise nearly \$6,000 for the

Wall of Wine at the ODC.

The Wall of Wine helped

Foundation.

#### Wall of Wine

The Wall of Wine at the ODC raised nearly \$6,000 for the Foundation. Participants paid \$20 to select a pre-wrapped bottle of wine; many bottles were worth \$20, and several valued at hundreds of dollars.

donors including these wineries and vineyards: Bradley Vineyards; Brandborg Winery & Vineyard; Cameron Winery; Casa Bruno, LLC; Henry Estate Winery;

Our sincere thanks to our wine

Oregon Dental Association; River's Edge Winery; Rocky Knoll Winery; Wild Rose Winery; and Willamette Valley Wineries Association.

Thank you also to these individuals: Dr. Rick and Betsy Asai, Dr. Ken and Susan Berg, Diane Bower, Patrick Braatz, Don Bretthauer, Judy Edgerly, Dr. Mike and Suzann Goger, Maurice and Ginny Hicks, Dr. Anthony Hoffman, Lisa Horton, Rebecca Lanxon, Robert Lee, Keith and Linda Lovett, Lora Mattsen, Steve and Dawn McNannay, Dr. Patrick Nearing, Don Oman, John Paul, Dr. Tom Pollard, Dr. Alanson Randol, Lindsey Rooks, Dr. Daniel Saucy, Dr. Steve Simmons, Holly Spruance, Dr. William Ten Pas, and William and Patricia Zepp.

#### **Register Now for Chip! for Teeth**

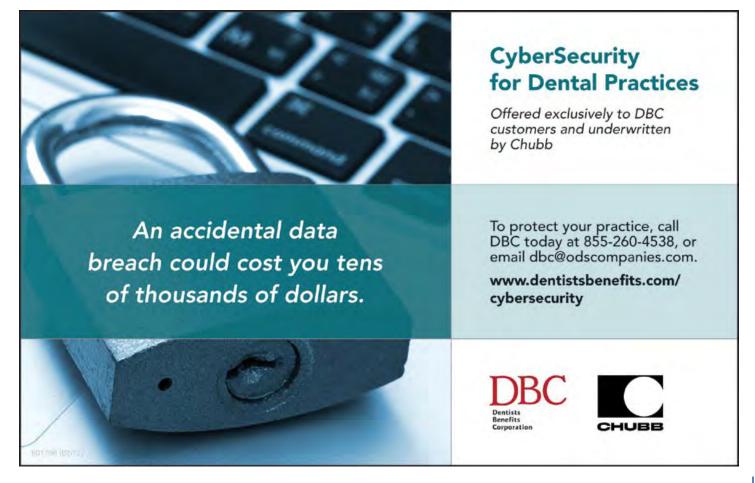
Join us on Friday, June 21, 2013, for one of the most entertaining charity golf events in Oregon while supporting the ODA's charity. Over \$6,000 in prizes will be handed out, including weekend golf getaways, hotel and restaurant packages, and more. There will be two hole-in-one chances, with an opportunity to win a two-year lease of a 2013 Toyota Prius Plug-In and a \$10,000 cash split.

Sponsorships and playing spots are still available, but filling up fast, so visit the DFO website, www.SmileOnOregon.org, to download your registration forms now, or call us at 503.594.0880.

Special thanks to these fine sponsors who have already signed up to support the ODA's charity event: BnK Construction, Columbia Community Bank, Carestream Dental, Consani Associates, First Citizen's Bank, Five Star Electric, Gresham Toyota, Multnomah Dental Society, Oregon Dental Association, O'Brien Dental Lab, OHSU Alumni Association, Pacific Continental Bank, Patterson Dental, Emmett Phair Construction, Shikosha Dental Lab, US Bank, Waddle and Reed, Wells Fargo Practice Finance, WEO Media, and Willamette Dental Group. •

The Dental Foundation of Oregon is the charitable arm of the Oregon Dental Association. For more information, visit www.SmileOnOregon.org.





# INSIDE OLISU

### **OHSU at ODC**

By Sydney Clevenger

ROM THE STUDENT TABLE CLINIC competition, to alumni reunions, to the alumni awards luncheon and information tables on the school's programs and new facility, OHSU School of Dentistry was a visible presence at the Oregon Dental Conference.

#### **Student Table Clinic**

Six student-led research teams presented their clinical research during the Oregon Table Conference, on subjects ranging from the value of radiography to analyses of mutan streptococci genetic strains.

"Evidence-based practice is becoming the norm in dentistry," said **Thomas Hilton, DMD, MS**, alumni centennial professor in operative dentistry, who coordinated the Student Table Clinic competition with Curt Machida, PhD, professor of integrative biosciences and

OHSU School of Dentistry Alumna of the Year, **Teri Barichello, DMD** (center), with her dad, **Wayne Barichello, DMD**, and mom, Patti, at the school's annual awards luncheon. (Photo by Dan Carter)

pediatric dentistry. "This will require ever-increasing research efforts to provide the evidence to support practice.

"Student participation in research will help to contribute to the evidential base for the practice of dentistry," said Dr. Hilton. "Perhaps even more importantly,

participating in research helps students to learn essential analytical skills that will allow them to critically evaluate the constant flow of information from the peer-reviewed literature."

The annual competition was sponsored by the ODA and Dentsply, with support from the School of Dentistry Alumni Association and Dean's Office. Student Table Clinic results will be announced May 31 at the school's annual Research Day.

#### **Reunions**

Ten OHSU School of Dentistry alumni classes were reunited during the ODC weekend, traveling from such states as North Carolina, Nevada, Hawaii, Washington, Alaska, and Idaho. One class held a waxing contest, another took a tour of the dental school's new building under construction, and all enjoyed sharing good food and memories of their years together.



Student researchers at the ODA/Dentsply-sponsored Student Table Clinic, with mentor/coordinators Curt Machida, PhD, professor of integrative biosciences and pediatric dentistry (back left) and **Tom Hilton, DMD, MS**, alumni centennial professor of operative dentistry (back right) during the Oregon Dental Conference. "By supporting the research posters, the Oregon Dental Association and Dentsply demonstrate support for this vital aspect of the school's curriculum," said Dr. Hilton. (Photo by **Fred Bremner, DMD**)

"It's great to be back," said Paul Brosy, DMD, Reno, Nev., whose class used the school's third floor lab for a waxing contest April 5 to kick off their festivities, coordinated by his wife, Lynn, whom he met and married in dental school. "It looks pretty much the same as it did 30 years ago, only cleaner," he said.

#### **Annual Awards Lunch**

A number of dental professionals, students, and faculty were honored at the 2013 Annual Awards Luncheon. The lunch was emceed by **Steve Beadnell**, **DMD**, who passed the gavel to new Alumni Association President **Jim Smith**, **DMD**.

Among those receiving awards were: Margaret M. Ryan, RDH, MS, and (the now deceased) Clarence Pruitt, DMD (Legacy Faculty Award); Denice Stewart, DDS, MHSA, senior associate dean for clinic affairs and Jeffery Stewart, DDS, MS, associate professor of pathology (Honorary Alumni Awards); fourth-year dental student Daniel Walsh (Go the Extra Mile Award); third-year dental student Traci Saito (Ted Green Memorial Award); Dean Emeritus Jack Clinton, DMD (President's Award); and ODS Health Vice President and Chief Dental Officer Teri Barichello, DMD (Alumna of the Year Award).

"I am so honored to receive this award," said Dr. Barichello. "I am standing here because of a series of great mentors. . . . who shined a light and encouraged me to be more and do more."

Almost 35 dental students received scholarships, including: third-year dental student **Kelley Sayre** (\$2,000, Northwest Dental Scholarship Endowment Fund); third-year dental student **Nathan Risley** and fourth-year dental student **Amy Trevor** (\$10,000, Willamette Dental Foundation Scholarship and Willamette Dental Group Scholarship, respectively); third-year dental student **Denise Gates** (\$20,000, ODS Scholar in memory of Kathryn Robertson); Third-year dental student **Kristen Ho** and

second-year dental student **Kevin Sagawa** (\$2,300, Hawaii Dental Student Endowed Scholarships); fourth-year dental student **Erica Coe** (\$2,400, Dr. George A. And Diane McCully Endowed Scholarship); and third-year dental student **Shannon Woods** (\$10,000, Yui Sing "Dany" and Debbie Tse Scholarship).

#### **Information Booths**

OHSU School of Dentistry had a variety of informational tables set up. "A lot of people stopped to talk and ask questions about our new building," said Interim Dean Gary Chiodo, DMD, FACD, who was in the booth for many hours on the Friday of ODC. "One alumnus even got out his checkbook and wrote a check for \$1,000!"

OHSU School of Dentistry is in the middle of a \$43 million capital campaign to raise funds for the new building. To make a gift, please contact Patrick J. Regan, 503.494.0980, reganp@ohsu.edu.

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



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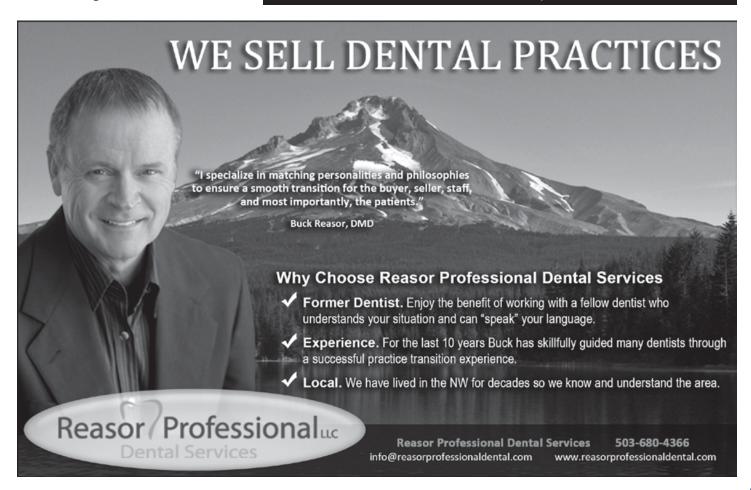
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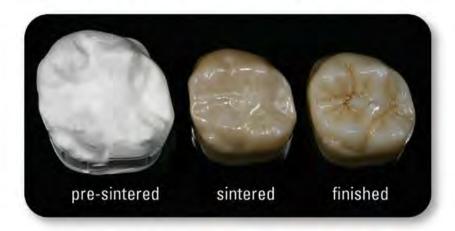
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