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October 2013

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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.

AADE American Association of Dental Editors

OREGON DENTAL ASSOCIATION
PO Box 3710, Wilsonville OR 97070
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Interim Executive Director
Sean A. Benson, DDS info@oregondental.org

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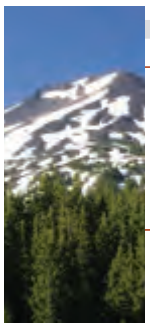

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CONTACT US

Letters to the Editor

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

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.

Oregon Dental Association

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Dentist Health & Wellness Hotline 503.550.0190

DOPAC http://bit.ly/DOPACreport

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

Blog www.TheToothOfTheMatter.org

ODA CALENDAR
EVENTS & MEETINGS

NOV 16	8:00 AM	**Board of Trustees meeting** *(ODA)*
NOV 24–27		**Oregon Mission of Mercy IV** *(Oregon Convention Center—Portland)*
JAN 10	10:00 AM	**Board of Trustees meeting** *(ODA)*
MAR 7	9:00 AM	**Leadership Seminar** *(ODA)*
MAR 8	8:00 AM	**Board of Trustees meeting** *(ODA)*
APR 3–5		**Oregon Dental Conference** *(Oregon Convention Center—Portland)*
APR 6	8:00 AM	**Board of Trustees meeting** *(DoubleTree Hotel Lloyd Center—Portland)*
MAY 31	7:30 AM	**Board of Trustees meeting** *(Salishan)*
JUL 10–12		**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)*

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

TUES, NOV 12 Marion & Polk **CE HRS: 2**
Airway Emergencies inthe Dental Office
Eric Dierks, DMD, MD, FACS
LOCATION: West Salem (Roth's)
INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

TUES, NOV 12 Southwestern Oregon **CE HRS: 1.5**
Orthodontic Update, Dr. Craig Stevenson
LOCATION: Coos Bay (Red Lion Hotel)
INFO: Dr. Roger Sims at roger@rgsims.com

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

TUES, DEC 10 Marion & Polk **CE HRS: 2**
Oral Surgery for the Rest of Us
Mark Thomas, DDS, exodontist
LOCATION: West Salem (Roth's)
INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

WED, DEC 11 Multnomah & Clackamas Co. **CE HRS: 2**
Healthcare Reform: What it Means to You and Your Practice, Kraig E. Anderson, FSA, MAAA, Senior VP Underwriting & Acurial for MODA Health
LOCATION: Milwaukie (Moda Plaza)
INFO: www.multnomahdental.org, lora@multnomahdental.org

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 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 at 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 Southern Oregon **CE HRS: 5**
Building a Winning Team
Brent Ericksen & Associates
LOCATION: TBD
INFO: www.sodsonline.org

Expanding the role of the dentist in health screenings

Barry J. Taylor, DMD, CDE

IN A RECENT CONVERSATION with my friend and colleague, **Dr. David Dowsett**, he mentioned that he was interested in providing more general health screenings for his patients. Though most dentists routinely take patients' blood pressure, Dr. Dowsett was suggesting that he could perform other simple screenings as well.

A few days later the same message was delivered by the new dean of the OHSU School of Dentistry, **Dr. Phil Marucha**. Dr. Marucha indicated that the possibility exists for dentists to offer a wide array of general health screenings via simple saliva tests. I recall being a dental student in the early '90s, and **Dr. Steven Beadnell** imploring us all to buy a simple blood sugar meter for our offices. That basic tool costs less than $20 even today.

In addition to our practice of screening for high blood pressure and new technology such as salivary tests, dentists are already in the habit of taking a thorough medical history of their new patients. We have already established ourselves capable of performing basic health screenings. Now we just need to become more proactive in guiding our patients to undergo such screenings, in an effort to promote overall health. It truly is no different than encouraging patients who smoke to quit.

Although the idea to screen patients for health concerns outside of dentistry is not new, there may now be an increased incentive to do so, due to changes in the larger healthcare environment. Predicting the future of healthcare is difficult, but in Oregon at least, it is clearly evident that there will be increased pressure to "bend the cost curve," as a colleague recently put it. I see an atmosphere in which healthcare workers across different disciplines will work together as they compete for the set funds in a Community Care Organization. Oregon Health & Science University has launched a new program—beginning with the class of 2017—called Interdisciplinary Professional Education. Students from various programs including dental, medical, pharmacology, and nursing focus on learning how to work together.

The system of dental visits every six months makes general dentists well-positioned to provide regular health screenings. In a well-publicized 2011 study in the *American Journal of Public Health*,[1] it was shown that of the 26 percent of children who *did not* visit a general health care provider in 2008, 37.4 percent of them *did* visit a dentist.

Of the 24 percent of adults who *did not* seek general medical care, 23.1 percent of that population *still visited a dentist*. Extrapolating the numbers out, an estimated 19.5 million people visited the dentist that year who did not see a physician. A similar study[2] in 2005 found similar results: that a substantial proportion of adults see the dentist but not their physicians in a given year.

In a 2009 study in which dentists were surveyed[3] about screening patients for hypertension, cardiovascular disease, diabetes mellitus, hepatitis, and human immunodeficiency virus infection, most indicated they were very comfortable providing these services.

Clearly we are capable of performing general health screenings, and we already have a leg up on physicians, with more regular patient visits. So, perhaps it is time we use that to everyone's advantage and promote greater health for our patients. Hopefully in the future, our offices will follow the vision of an office such as Dr. Dowsett's, in which we are more proactive in our screenings and referring patients to seek additional healthcare as needed. ●

Endnotes

1 Strauss S, Alfano MC, Shelley D. Fulmer T. Identifying unaddressed systemic health conditions at dental visits: patients who visited dental practices but not general health care providers in 2008. *Am J Public Health* 2012:102(2):253-256

2 Glick M, Greenberg BL. The potential role of dentists in identifying patients' risk of experiencing coronary heart disease events. *J Am Dent Assoc.* 2005;136(11):1541-1546

3 Greenberg BL, Glick M, Frantsve-Hawley J, Kantor ML. Dentists' attitudes toward chairside screening for medical conditions. *J Am Dent Assoc.* 2010;141(1):52-62

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

ODA Benefit of the Month

ADA's Contract Analysis Service

Are you considering signing a contract with a participating provider, dental health maintenance or discount dental plan? If so, consider taking advantage of the members-only ADA Contract Analysis Service. The service offers a plain-language explanation of the provider contract terms, which is designed to allow you to make informed and independent decisions on the merits of the contract. The analysis is not a substitute for legal advice. Members can utilize the service at no charge by submitting an unsigned contract and an analysis request through the ODA at 800-452-5628. More information can be found at *www.ada.org/members/1308.aspx*.

Are you doing something DENTAL-RELATED to *Support Your Community?*

The ODA wants to hear about it!

Tell us about your project and let us help you spread the word about the great things dentists are doing across the state.

We need your help with a new public affairs campaign we are working on, so we can help you get some of the credit you deserve.

Submit your stories to Christina at *cswartz@oregondental.org.*

2014 Oregon Dental Conference®

April 3-5 Oregon Convention Center, Portland

Dentistry: Where **Art** & **Science** Meet

Become a Speaker Host and receive **FREE** ODC Registration!

The Annual Meeting Council is holding a Speaker Host Dinner & Training on Thursday, January 16, 2013, at 6:30 pm, at the ODA building in Wilsonville.

Attendees will learn the responsibilities and benefits of hosting, receive a sneak peak at the 2014 Oregon Dental Conference speaker schedule, and have the opportunity to select which speaker(s) they would like to host.

Register by December 20th with Lauren Malone: *lmalone@oregondental.org* or 503-218-2010 x101

Can't attend in person?
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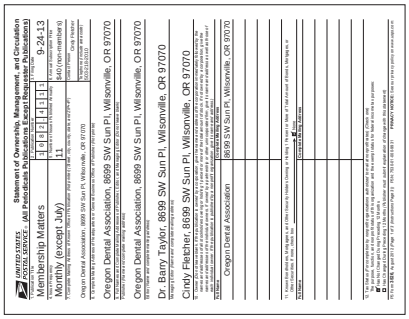

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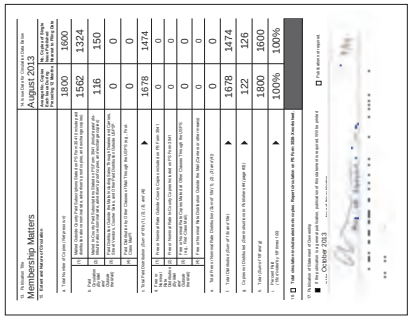

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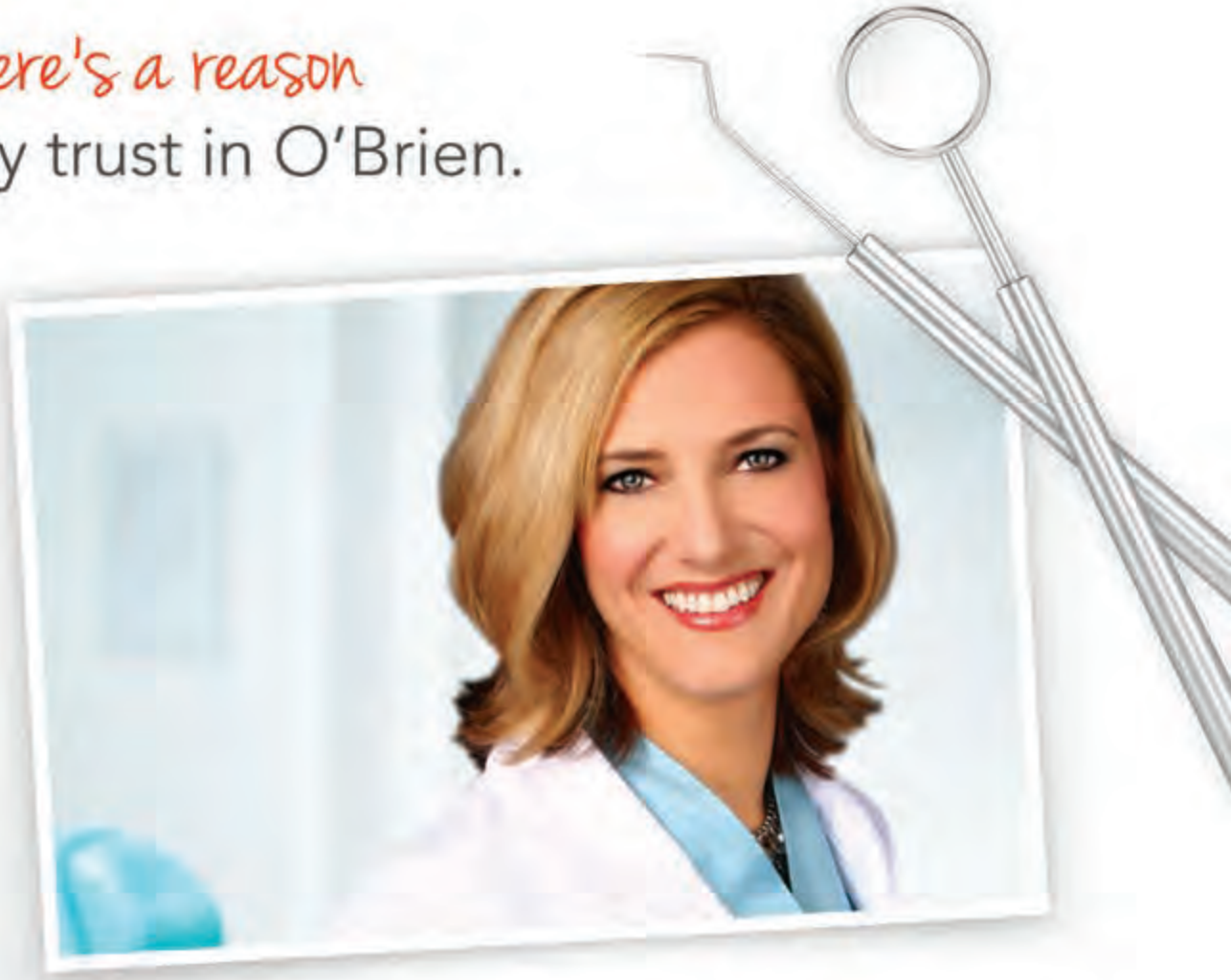

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Clackamas County Dental Society

AMARILDA B. KANO, DDS
Coos Bay
Southwestern Oregon Dental Society

MILI PATEL, DDS
Portland
Multnomah Dental Society

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Portland
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MATTHEW C. SCHAPPER, DMD
Corvallis
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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:

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

OREGON DENTAL ASSOCIATION

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Case study

SUMMARY OF COMPLAINT: The complaint alleges that a dentist provided unacceptable patient care to patient when the dentist fabricated a full upper denture and a lower removable partial denture for the patient that didn't fit correctly. The complaint alleges that after a number of attempts to adjust the dentures the dentist dismissed the patient from his practice and referred the patient to a prosthodontist.

FINDINGS The investigation showed that after the dentist extracted six non-restorable maxillary teeth and eight non-restorable mandibular teeth, he placed a maxillary immediate complete denture and a mandibular implant supported lower removable partial denture. Although the dentist had taken five periapical radiographs prior to the extractions, the radiographs failed to show the periapical regions of two of the maxillary teeth that were extracted.

The patient had a very shallow palate which caused problems with retention with the maxillary denture, so after numerous attempts of adjustments and numerous relines of the denture, the dentist referred the patient to a prosthodontist for an evaluation.

The prosthodontist informed the patient that the placement of implants would be the only solution to the lack of retention, a suggestion that the dentist had previously made, but was rejected by the patient. The Board referred the patient to the Board's prosthodontic consultant, who opined that the maxillary denture was not acceptable due to the lack of retention, and that the fit of the mandibular partial denture was not acceptable due to drifting of the mandibular abutments, caused in part by the failure of the patient to wear the partial.

The patient acknowledged during an interview with Board staff that the dentist told him that although it was "a long shot" he would try and fabricate a conventional upper complete denture without the implants.

BOARD ACTION The Board closed the matter with a STRONGLY worded Letter of Concern addressing the issue of ensuring that when informed consent is obtained prior to providing treatment, PARQ or its equivalent is documented in the patient records, and that when pathology is evident on radiographs, the pathology is diagnosed and documented in the patient records.

BOARD'S RATIONALE The dentist's chart documentation could have been better, but the issue of the diagnosis failure—because of the failure to diagnose by subsequent dentists—was too muddied to take down the path of disciplinary action. ●

As an example of the types of cases they see, and what could have been done to prevent the complaint, the Oregon Board of Dentistry has provided the preceding case summary.

As a member dentist, remember to suggest the ODA's confidential Peer Review process to your patients as the best alternative to filing a complaint with the Board and/or taking legal action.

DBIC RISK MANAGEMENT COURSES

DEC 6 **9:00 AM** 7 CE Hours
LOCATION: Oregon Convention Center, Portland
INFO: Multnomah Dental Society
Lora Mattson, 503.513.5010

DEC 13 **9:00 AM** LOCATION: Bend
INFO: Central Oregon Dental Society
www.centraloregondentalsociety.org

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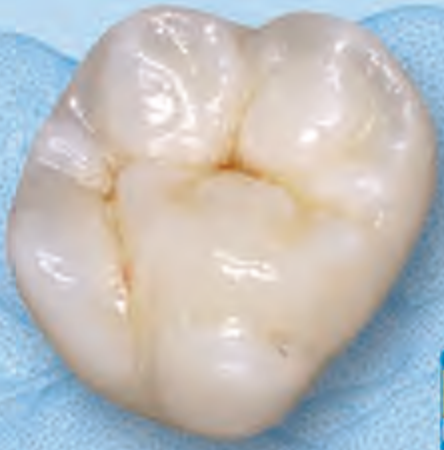

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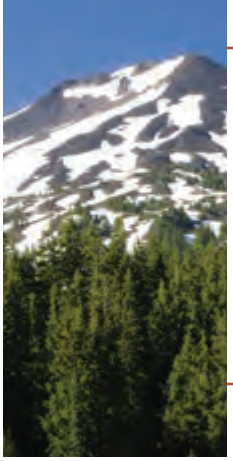

ODA House of Delegates

Sept. 6–7, 2013

Sunriver Resort

2013–2014 ODA Board of Trustees

Under our new governance system, the ODA's Board of Trustees is as follows:

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Thomas Tucker, DMD, Klamath County
Joni Young, DMD, Marion & Polk

ASDA REPRESENTATIVE **Margaret Campbell**, DS3

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Editor: **Barry Taylor, DMD**, Multnomah

ADA Delegates At Large:

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David Dowsett, DMD, Multnomah

Election Results

The following members were elected at the 2013 House of Delegates.

ODA Board of Trustees

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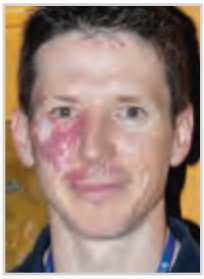
2-year term

FRED A. BREMNER, DMD
Clackamas County
1-year term



K. DAVID CARNEIRO, DMD
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3-year term

KAE S. CHENG, DMD, MD
Washington County
3-year term

RICHARD L. GARFINKLE, DDS, MSD
Multnomah
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SCOTT S. HANSEN, DMD
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3-year term

GREGGERY E. JONES, DMD, MAGD
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4-year term

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4-year term

JONI D. YOUNG, DMD
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4-year term

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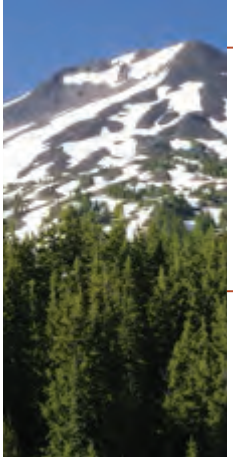

ODA House of Delegates

Sept. 6–7, 2013

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President's awards

ODA president, Jill Price, DMD, presented the following awards for going above and beyond.

For their efforts in the Portland fluoridation effort:

Kurt Ferré, DDS, Multnomah

Christina Swartz
ODA Managing Director of Public & Professional Education

For stepping in as ODA's interim executive director during the current transition:

Sean Benson, DDS
Eastern Oregon

For all they did to make the 2012 Oregon Mission of Mercy, in Southern Oregon, a success:

James Catt, DMD
Southern Oregon

Judd Larson, DDS
Southern Oregon

Leadership and service awards

Pins were awarded to the following ODA volunteers:

Leadership

Completing term as council/committee chair, officer, trustee, or executive committee member.

Rickland G. Asai, DMD, Executive Committee

Todd L. Beck, DMD,
chair of Dentist Health & Wellness Committee

Karley Bedford, Board of Trustees

Athena M. Bettger, DMD, Board of Trustees

Matthew C. Biermann, DMD, MS, Board of Trustees

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Thomas S. Tucker, DMD,
Board of Trustees & Executive Committee

Christopher D. Walker, DMD, Board of Trustees

Joni D. Young, DMD,
Board of Trustees & Executive Committee

Service

Completing term as council/committee member

Teri L. Barichello, DMD,
Leadership Development Committee

Ernest A. Meshack-Hart, DDS, New Dentist Committee

Jay M. Wylam, DMD, Leadership Development Committee

Photos this page:

1 Dr. Justin Schmidt, Dr. Randy Heiman, Dr. Mark Miller

2 Dr. Eli Mayes, Dr. Mark Jensen

3 Dr. Ed Warr, Dr. Kai Reynolds

4 Reference Committee: Dr. Jossi Stokes, Dr. John Robinson, Dr. Jim Walker, Dr. Theresa Tucker

5 Dr. Dan Bitner, Dr. Dave Carneiro, Dr. Mike Shirtcliff, Dr. Tom Holt, Dr. Roger Sims, and, in front, Dr. Lee Sharp

6 Dr. Tom Pollard

ODA House of Delegates

Sept. 6–7, 2013
Sunriver Resort

Photos this page:

1 Dr. Jesse Gridley

2 Dr. Ben Meyer, Dr. Jossi Stokes, Dr. Hafsteinn Eggertsson

3 Dr. Kae Cheng, Dr. Tony Bouneff, Dr. April Love

4 DOPAC Luncheon

5 Delegates registering

6 OHSU leadership, past and present: Dr. Denice Stewart, Dr. Phillip Marucha, Dr. Gary Chiodo, Dr. Jack Clinton

7 Dr. Cynthia Pelley, Dr. Jim Edwards, Dr. Rebecca Kuperstein, Dr. Andrea Beltzner

8 Reference Committee: Back row: Dr. Jossi Stokes, Dr. Jim Walker, Dr. Randy Heiman. Front row: Dr. John Robinson, Dr. Theresa Tucker, Dr. Debra Struckmeier

9 Voting: Dr. Dan Bitner, Dr. Mark Jensen

10 Dr. Fariba Mutschler, Dr. Noel Larsen

ODA House of Delegates

Sept. 6–7, 2013

Sunriver Resort

Resolution results

KEY:

~~strike~~ = deletion

underline = addition

yellow highlight = amendment to original resolution

BOT-1-13: Cost of Living Dues Increase – PASSED

Resolved, that …the ODA Bylaws be amended as follows:

2.04C Amount…

2.04C-1 Active Members.

(a) Generally. Dues for active members shall be ~~$749~~ $761 per year (which includes $20 to the Dental Foundation of Oregon and $130 to DOPAC), plus any dues required for transmittal to the American Dental Association and component societies. The member may reassign the $130 DOPAC contribution to the ODA General Budget Issues Fund or the ODA General Budget. The member may reassign the $20 Dental Foundation of Oregon contribution to the ODA General Budget Issues Fund, the ODA General Budget, or DOPAC.

BOT-2-13: HSG / ODS Board Election – PASSED

Resolved, that …the ODA Bylaws be amended as follows:

Section 7.02 Oregon Dental Service; Health Services Group, Inc.

7.02A Election and Removal of Directors.

Directors of ~~the~~ Oregon Dental Service and Health Services Group shall be elected by the Board of Trustees of the Association based on the nomination process, in a number and for terms as prescribed by the articles of incorporation and bylaws of ~~that~~ each such corporation. Following the determination by the ~~HSG~~ Board of Directors of Oregon Dental Service or Health Services Group, as applicable and, as provided in ~~the HSG~~ such corporation's bylaws, that ~~an HSG~~ a director should be removed from office, such director (other than the Chief Executive Officer) may be removed at any time by act of the Board of Trustees of the Association, with or without cause. Upon the determination by the ~~HSG~~ Board of Directors of Oregon Dental Service or Health Services Group, as applicable and, in accordance with ~~HSG~~ such corporation's bylaws, that a position is open or that a vacancy on the ~~HSG~~ Board of Directors should be filled, such position or vacancy shall be filled by the Association's Board of Trustees, as its member.

7.02B Approval of Articles of Incorporation.

Any amendment or restatement of the Articles of Incorporation of Oregon Dental Service or ~~the~~ Health Services Group shall not be effective until approved by the Oregon Dental Association, acting by and through its Board of Trustees as prescribed by the Articles of Incorporation of ~~the Health Services Group, Inc~~ such corporation.

BOT-3-13: Council Term Limits – PASSED

Resolved, that …the ODA Bylaws be amended as follows:

6.01 Councils

6.01B Composition and Appointment

6.01B-1 Generally.

The following shall apply to all councils except as specifically otherwise provided below:

(a) Except as provided in 6.02B-2 each council shall be composed of six members nominated by the Leadership Development Committee and confirmed by the Board of Trustees in addition to ex officio members, if any, designated below. After two consecutive terms, council members must take no less than one year off before returning to voting status on the council. The Board of Trustees shall approve the chair, based upon the recommendation of the President. No person shall be chair of more than one council.

EC-1-13: ADA Alternate Delegate – PASSED

Resolved, that …the ODA Bylaws be amended as follows:

Section 7.01 ADA Delegates

7.01E Alternates.

Except with respect to the Speaker of the House, as provided in subparagraph 7.01E-1 below, one alternate delegate at-large for each elected or ex officio delegate ~~shall~~ may be selected by the Board of Trustees of the Association.

7.01E-2 Terms.

Alternate delegates at-large shall serve up to three-year terms. Terms shall commence on the day following the conclusion of the ADA House of Delegates in the year of their election.

FC-1-13: Public Health Providers – PASSED AS AMENDED

Resolved, that …the following addition be made to section 2.04 Dues, in the ODA Bylaws:

2.04C Amount…

2.04C-1 Active Members…

(c) Exceptions…

(vi) Public Health Providers. Association dues shall be $25 per year, plus any dues required for transmittal to the American Dental Association and component societies. To qualify, the public health dentist must certify to the association that his/her sole dental practice income source is from work in a public health setting.

LDC-1-13: Bylaws Updates – PASSED

Resolved, that …the ODA Bylaws be amended as follows:

Section 2.04 Dues

2.04C – Amount

2.04C-1 Active Members

(c) Exceptions

(iv) Retirement. Dues following retirement for members who do not qualify for life membership shall be $57 (which, unless redirected as stipulated in 2.01C-1(a) of these Bylaws, includes $2 to the Dental Foundation of Oregon and $10 to DOPAC) plus any dues required for transmittal to the American Dental Association and the component society.

Section 4.01 Duties and Composition

4.01A Powers, Duties and Number

4.01A-1 Generally

(c) Exceptions

(k) Recommending candidates for appointment to the Oregon Board of Dentistry per section 7.03 in these Bylaws.

(l) Election and removal of directors and approval of the amendment of the Health Services Group, Inc per section 7.02 in these Bylaws.

(m) Election or removal of directors of for-profit corporations, the stock of which is owned by the Association, and approval of the amendment of the Articles of Incorporation of such corporation per section 7.05 in these Bylaws.

4.01C Term.

4.01C-1 Generally.

Board of Trustees Members elected by the House of Delegates shall assume office at the first Trustee meeting following the ODA Annual Meeting, and, except as necessary to achieve staggered terms, shall continue in office for four years and until qualified successors are elected and take office. Board of Trustees members may serve a maximum of two consecutive terms. The terms of ex officio ~~non-voting~~ Trustees shall be co-extensive with the terms of the offices that entitle them to their positions.

Section 4.02 Meetings

4.02D Quorum; Procedures

4.02D-4 Notice of Official Action

If a meeting is conducted through the use of any means described in Section ~~4.03D-3~~ 4.02D-3 above, all participating Trustees shall be informed that a meeting is taking place at which official business may be transacted. A Trustee participating in the meeting by this means is deemed to be present in person at the meeting.

Section 5.01 Officers

5.01A Selection

5.01A-2 Election

The president and president-elect shall be elected annually by the Board of Trustees, from the 12 at-large trustee positions, at the summer meeting prior to the House of Delegates meeting. The president each year shall be the president-elect from the preceding year if he/she remains qualified and is willing to serve. Ex officio trustees, the student trustee and the secretary-treasurer are not eligible for election as president-elect. The secretary-treasurer shall be elected by the House of Delegates.

Section 5.02 Other Elected Positions

5.02B Duties.

5.02B-1 Editor.

The editor shall be responsible for editing the publications of the Oregon Dental Association and chair the Publications Advisory Committee, a committee of the Public & Professional Education Council, subject to policies established by the Board of Trustees and these bylaws. The editor shall report to the Board of Trustees. The editor is an ex-officio non-voting member of the Board of Trustees.

SOH-1-13: Rules of Procedure Update – PASSED

Resolved, that …the ODA Bylaws be amended as follows:

Section 7.09 Rules of Procedure

7.09A Meetings.

All meetings of the House of Delegates and the Board of Trustees shall be conducted in accordance with the latest revision of ~~Sturgis Standard Code of Parliamentary Procedure~~ American Institute of Parliamentarians Standard Code of Parliamentary Procedure except to the extent that it is inappropriate or is changed by provisions of these bylaws or rules of procedure adopted by the body in question.

And further resolved, that… the Handbook of the House of Delegates be revised as follows:

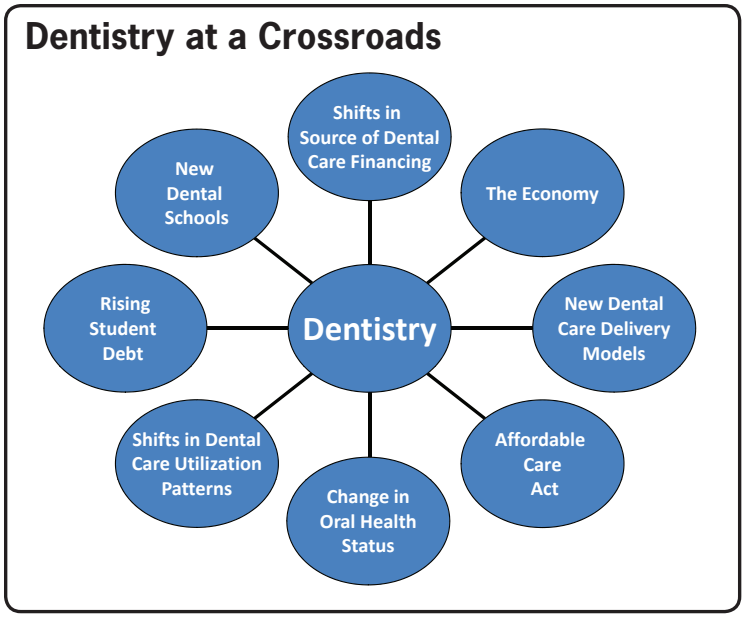
Items of Business:

Resolutions/reports from individuals or component societies are governed by the ODA By-Laws, ODA House Handbook, & ~~Sturgis Standard Code of Parliamentary Procedure~~ American Institute of Parliamentarians Standard Code of Parliamentary Procedure, current edition.

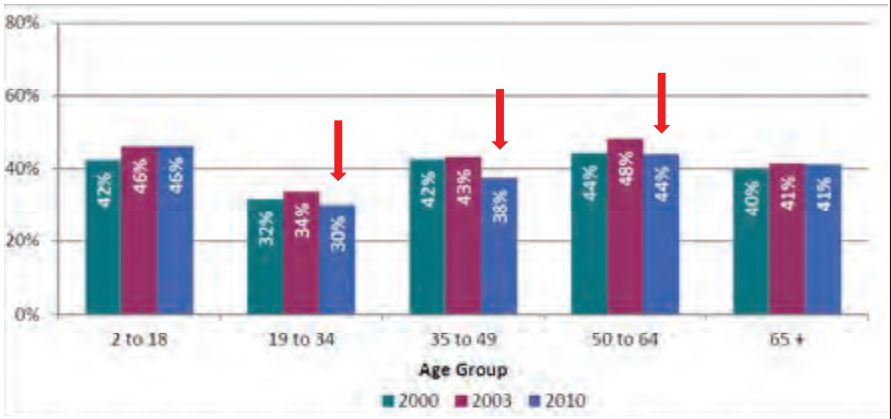
Dentistry at a Crossroads

KAMYAR NASSEH, PHD, A HEALTH ECONOMIST from the ADA Health Policy Resource Center was invited to speak at the 2013 ODA House of Delegates meeting. His presentation, "Dentistry at a Crossroads: A Look Back, A Look Forward," was eye-opening for many of the people in the audience. The executive summary provided here, reprinted with the permission of the ADA, is a good synopsis of the discussion held at the House. The full report, "A Profession in Transition: Key Forces Reshaping the Dental Landscape," can be found at *www.ada.org/escanreport*.

The slides, reprinted with his permission, are from Dr. Nasseh's presentation and give you a visual aid for the findings in the accompanying report.



Utilization of Dental Care. *(Percentage of Population with a Dental Visit in Past 12 Months for Select Age Groups, 2000–2010)*



Source: *Medical Expenditure Panel Survey, AHRQ.* ***Note:*** *Decreases from 2003 to 2010 are statistically significant at the 10% level for age groups 19 to 34, 35 to 49, and 50 to 64.*

A Profession in Transition: Key Forces Reshaping the Dental Landscape

Executive Summary

Background

The American Dental Association (ADA) carried out a comprehensive analysis of the dental care sector to help inform the strategic planning process. The research was carried out by external consultants and the ADA's Health Policy Resources Center. A group of renowned thought leaders reviewed the findings and provided additional insights. This report is a summary of the findings.

Key Findings

Several important structural changes have occurred in the dental care sector in recent years. Utilization of dental care has declined among working age adults, particularly the young and the poor, a trend that is unrelated to the recent economic downturn. Dental benefits coverage for adults has steadily eroded the past decade, again particularly for young and poor adults. Total dental spending in the U.S. slowed considerably in the early 2000s and has been flat since 2008, with public financing accounting for an increasing share. Trends for children are very different than for adults. Dental care utilization among children has increased steadily the past decade, a trend driven entirely by gains among poor and near-poor children. The percent

of children who lack dental benefits has declined, driven by the expansion of public programs. The shifting patterns of dental care utilization and spending have had a major impact on dentists. Average net incomes declined considerably beginning in the mid-2000s. They have held steady since 2009 but have not rebounded. Two out of five dentists indicate they are not busy enough and can see more patients, a significant increase over past years. Most importantly, all of these trends were established well before the recent economic downturn.

The coming years will bring considerable change to the dental profession, significant challenges, but also some new opportunities. Modeling results indicate that dental spending will remain flat in the coming decades. This 'new normal' is a stark departure from decades of historically robust growth in the dental economy. For a variety of reasons, dental benefits are likely to continue to erode for adults, which could negatively influence dental care utilization. The Affordable Care Act will expand dental benefits coverage for children, both public and private, but will not address many key access to care issues. It will not reverse the decline in utilization among adults. On the care delivery side, there will be pressure to increase value and reduce costs from all payers—governments, employers, and individuals. This will be driven by a shift toward value-based payments within both public and private plans and a new wave of health care consumerism among the population. Commercial dental plans will increasingly use more selective networks, demanding increased accountability through data and performance measures. The trend towards larger, consolidated multi-site practices will continue, driven by changes in practice patterns of new dentists, a drive for efficiency, and increased competition for patients.

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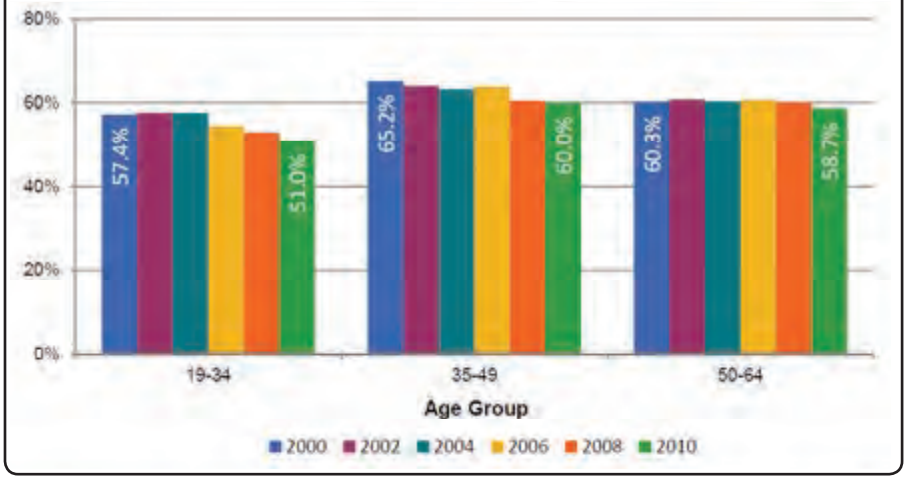
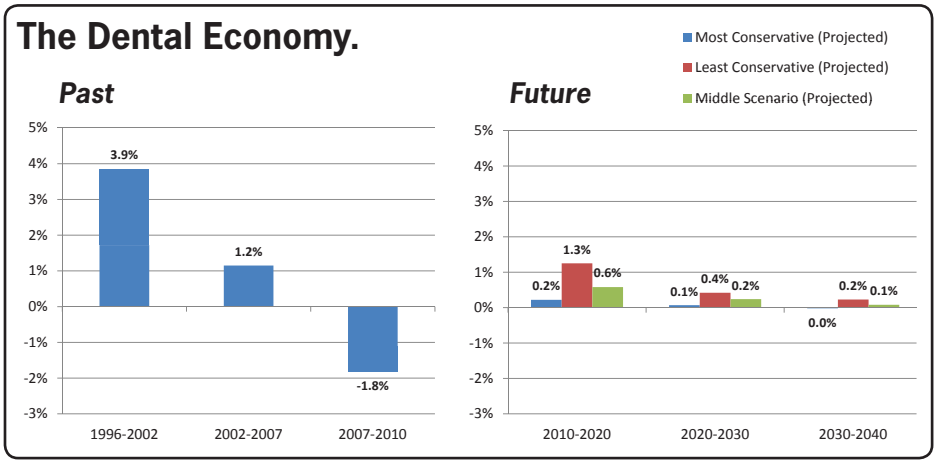
Utilization of Dental Care. *(Percentage of Population with Private Dental Benefits for Select Age Groups, 2000–2010)*

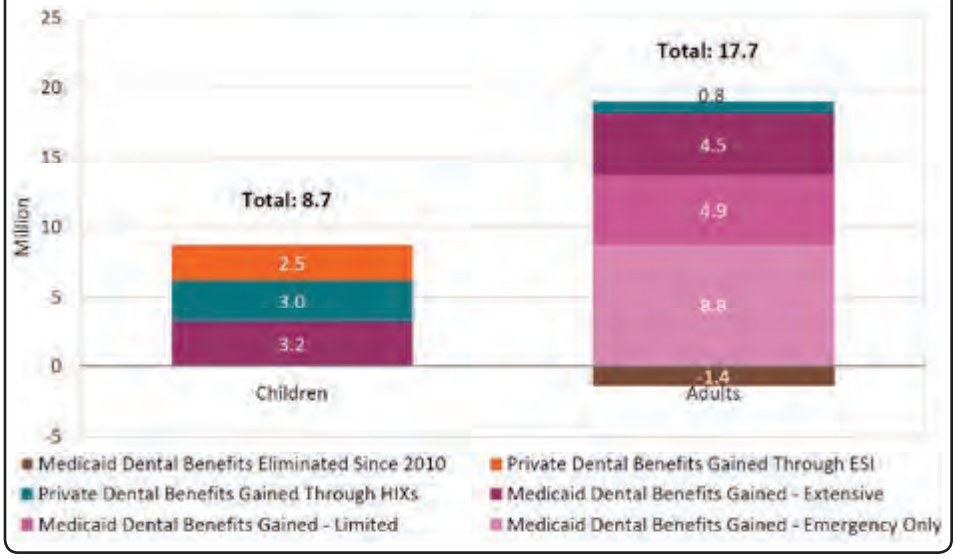


Source: *Medical Expenditure Panel Survey, AHRQ.* ***Note:*** *Differences from 2000–2010 significant at the 5% level for 19–34 and 35–49 age groups.*

The Dental Economy.



Impact of ACA on Utilization. *(Number of Children and Adults Gaining Benefits through the ACA, by Source of Dental Benefits, in millions)*



Source: *Milliman, Inc., analysis commissioned by the ADA; Analysis by ADA Health Policy Resources Center.*

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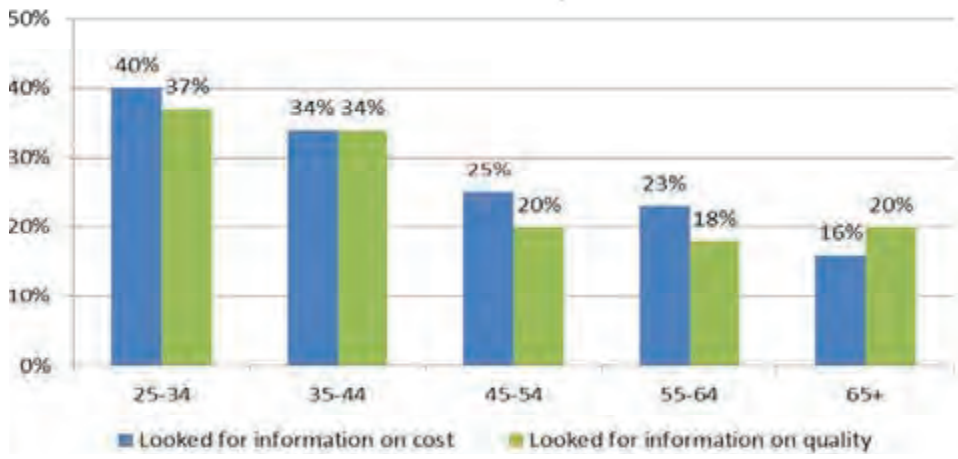
The pressure to reduce costs will also drive innovation, including exploring alternative care delivery models. The Affordable Care Act will promote increased coordination of care, providing an opportunity to bridge the gap between oral and general health and to re-examine the role of oral care providers within the health care system. The immediate opportunities will be within the pediatric and Medicaid populations.

Key Takeaway

It is a critical moment for dentistry and a time for the profession to define its destiny. Given the significant environmental changes on the horizon, this is a watershed moment for the profession. It is not a time for complacency. Understanding the key forces at work will assist the profession in defining its own destiny. Ignoring what is happening in the health and consumer environment will mean ceding the future of the profession to others. This first step of scanning the environment through thoughtful, objective, empirical research has provided the ADA with the key facts and information needed to help shape a strategy for navigating the challenges ahead and charting a course for the dental profession. ●

For more information or to request a presentation of these findings, please contact the ADA's Health Policy Resources Center at *hprc@ada.org*. The full report is available on *www.ada.org/escanreport*.

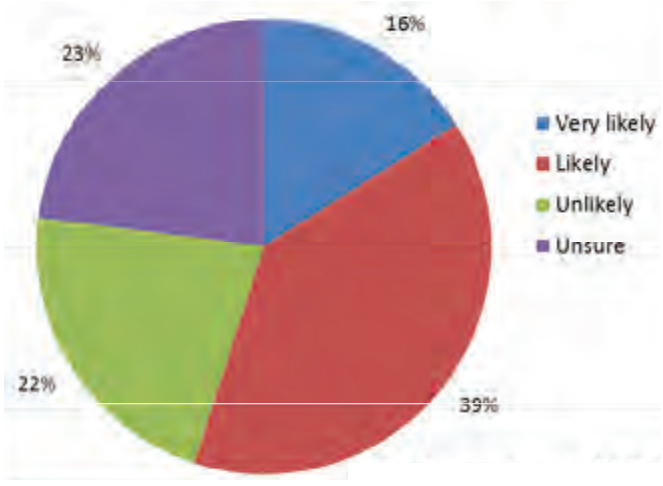
Consumerism. *(Interest in Cost and Quality in Health Care)*



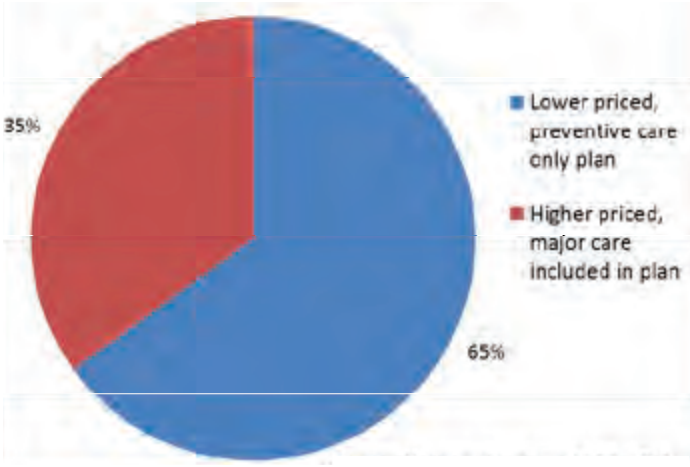
Source: *Altarum Institute Survey of Consumer Health Care Opinions.* ***Note:*** *Indicates the percent of respondents who searched for information prior to seeking care within the last 12 months.*

Increased Consumerism in Health Care.

If your employer ends dental coverage, would you buy it yourself?



If you would buy dental coverage yourself, what kind would you buy?



Source: *Nationwide survey, NADP, 2012.*

Jill M. Price, DMD

From ODA's outgoing president

Editor's Note:

Dr. Price's speech is reprinted as it was presented to the ODA House of Delegates in Sunriver on September 6, 2013.

THIS YEAR I'VE WATCHED AN "AWAKENING" in our state association and in the American Dental Association. For the past few years, only a few of our members sitting at the table in our tripartite system have understood the massive change coming straight at our profession. Many of us at all levels have chosen to close our ears and minds, believing that if we don't talk about these changes, and "stay the course" our profession and practices will stay the same as we know it, today. Well, they are wrong. You in this room are the "informed" dentists in the state. Tomorrow we will hear from Dr. Kamyar Nasseh, health economist at the ADA, who will present to you the ADA's research on the changes taking place in our profession.

Membership

One of my big pushes this year, along with the last few prior presidents, has been to focus on increasing our ODA membership. Many people in this room have worked tirelessly, brainstorming and soliciting their non-member colleagues to become members. Sure, a few join, but despite everyone's best efforts, our numbers continue to fall. Membership numbers aren't just falling in Oregon, but in nearly every state we see this same trend. Wyoming may be the only exception! This may give us comfort knowing that we aren't alone, but it is actually scary to me. I don't want to see our profession go the way of our medical brothers, but we seem to be heading down the same path.

One result of these changes in our profession has been a decline in the sense of "needing to belong." I personally would like to challenge that. Now—more than ever—we need to belong, regardless of your practice choice. Legislation, insurance, the ACA, and so much more will have an impact on all of us. Nobody will be excluded. As the saying goes, "You can run, but you can't hide." We need to belong to be heard, and to amplify our collective voices.

Legislature

On a high note, this brings me to what the Oregon Dental Association does well for all its members. We are strong advocates for the profession in Salem. This year during the legislative session, we, again, had great success. We helped six bills pertaining to our profession become law.

1. HB 2946 (Non-covered services bill) repeals the sunset on prohibition against dental services contracts restricting price charged by the provider for services not covered by the contract.
2. HB 2947 repeals the provision authorizing the Oregon Health Authority to approve pilot projects under which dental health coordinators receive training and certification for purpose of educating communities on dental health.
3. HB 2948 allows licensed dentists coming from other countries to participate in educational activities related to dentistry in Oregon.
4. SB 802 defines "dentist of record." This states that an institution or program accredited by the Commission on Dental Accreditation of the American Dental Association does not need to name an actively licensed dentist as the dental director of dental offices or clinics owned or operated by an institution or program.
5. SB 2 "the Scholars for a Healthy Oregon Initiative," provides free tuition and fees for certain students in the health care disciplines in exchange for student commitment to work in underrepresented locations after graduation.
6. Lastly, the E Board, funding dental pilot projects created by our old favorite—SB 738 in the 2011 session—received funding.

Each of these six are great pieces of legislation that work for all of us in the profession. Thank you so much to all the ODA members who wrote letters, called legislators, and came to Salem to offer perspectives and testimony. Your efforts made a difference and created these successes!

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Dr. Jill Price was the 120th president of the ODA. She practices general dentistry in Portland. You can contact her at *jpricedmd@comcast.net.*

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Sure to be in the legislative hopper for next year, will be issues of DCO/CCO contracting, silver nitrate placement, the dental expungement bill, and more. We're going to again need the support and leadership of our ODA members to help shape and pass these critical pieces of legislation.

Changes in the profession

After Salem, I would like to bring regulations closer to home by talking about our Board of Dentistry. Again this year, there were changes that put smiles on some faces and frowns on others. The most controversial requirements of the year were the passing of the need to have an end-tidal CO_2 monitoring system if you are practicing sedation. This topic split our membership with the pediatric and general dentists on one side and the oral surgery community on the other. Another regulation of note was the passing of the ability of expanded-function hygienists and dental assistants to place posterior composites.

And in case you didn't hear, fluoride didn't pass in Portland, again! Our profession put great time, sweat, energy, and tears into this campaign, with great help from many key individuals and financial support from many of our members. The American Dental Association made a wonderful donation to support the Oregon effort. With too many Portland citizens only "wanting water in their water," (sorry guys, that ship left many years ago) we failed at our mission. The campaign was a passion for our profession, all in the name of trying to provide one of the greatest public health benefits in the last century to our community. Regardless of the outcome, we can all hold our head high that we fought for what we believed in.

This year, the ODA, again, put on a very successful Oregon Dental Conference. We reached record-breaking numbers of both dentists and staff participating in the conference. The Oregon Dental Hygienists' Association was welcomed back as a partner. The meeting continues to be a showcase for some of the best continuing education available in the Northwest. The ability of our small staff to bring together one of the greatest conferences with such grace is a testament to the quality of individuals we have working at the ODA headquarters.

A few months ago, the Pew Foundation released a report stating that Oregon was a state with a dentist shortage. A number of us were solicited by local and regional radio and newspapers for interviews on this topic. Our position was that there wasn't a shortage, but a maldistribution of practitioners. Many of us practice in areas where there is an overabundance of dentists, while other areas of the state are in need of practitioners. This leads me into a discussion about the OHSU School of Dentistry and how they are helping address this issue.

This past year I have had the privilege of serving on the search committee for the OHSU School of Dentistry's new dean. I'm so pleased to have our new dean, **Dr. Phil Marucha**, here with us today after being on the job only a few days! Please take it easy on him and welcome him to Oregon. Dr. Marucha has to be so excited for the opportunities that lay before him. The new school will open its door in less than one year; that is amazing! Dr. Marucha is going to lead the dental school in a truly revolutionary re-design of dental education by creating interdisciplinary collaboration between the numerous schools within OHSU. Our dental students will be learning topics and sharing ideas with medical, nursing, allied health, numerous forms of research, and the list goes on. Our school has the opportunity to be the dental school that others across this country look to as an example in how to educate and prepare future dentists in this new age of health care. We have a new school, a new dean, and a great future in dental education awaiting our profession here in Oregon.

Thank you

As I bring my remarks to a close, I'd like to return to the topic of the ODA itself. This year as president I got to serve with two executive directors, or—excuse me—maybe four, counting Cindy Fletcher and **Dr. Sean Benson**! Our association needs a great leader as our executive director. Our membership deserves this. We have contracted with a professional search firm to help guide this process. The search is currently underway. We are excited about the set of candidates our board will get to meet, evaluate, vote on, and select for our new ODA executive director.

As I look back over this past year, we can be happy with many of our accomplishments, especially those in our own state legislature. We have had some wins and losses within our Board of Dentistry, and sadly we continue to see a drop in our membership. At the ADA, the switch has finally been turned, acknowledging that there is a big change in the practice of dentistry. Your practice may not look like the one you took over from your dad, and—in turn—the practice you hope to hand off to your children will most likely not resemble that one you enjoyed. Yes, there will always be that "mom and pop/know everyone by name" type of practice, but there will be fewer of them. We will need to shift our thinking about what the entity of dentistry will look like going forward, and continue to adapt to accommodate these new shifts in our profession. There is still so much

gathering of good that needs to be done. I guess we stay tuned for this next chapter in what has become a real page-turner.

I'd like to thank so many people for this past year serving as your president. No one can do this role without the amazing support team at the association. They make us all look so good! To Cindy for taking the helm when we really needed her to step in as the acting lead at the office (handling that challenge with such grace and strong abilities). Christina, in whom I don't think we could find a brighter, quicker witted individual to help us navigate all of our legislative and media fights. Lauren, for squeezing in a baby and still being able to put on the most amazing ODC, and her special things she did for me during the conference. Next, Beryl, who has a mind like a steel trap. If you ever sit next to her in a Board of Dentistry meeting, you'll know that she has the complete set of rules memorized, and a recall of every action that has gone down in that room for over 20 years. This gal is amazing! Brian, for keeping our financials in line; Anna for always being there to do just about anything with our meeting and keeping our exhibit hall full. Margaret, for being constantly vigilant with our membership, and Jennifer for keeping all of our data in line! We are so lucky to have this wonderful staff. Thank you.

I'd like to thank my team at my office for maybe not always enjoying moving my schedule around to meet obligations, but for the great support over this past year. I am so blessed to have this wonderful crew of individuals to work with. I appreciate them all so much.

Lastly, to the most special people who aren't here: my family. My husband, Dave, for always encouraging me to be involved, and to do more of what I enjoy. To my boys, Reid and Cameron, who have put up with me missing many swim meets, family gatherings, and (next month) even a birthday. They are champs. They said it best when I asked them one day if they would like me to not do all the things I do. They honestly replied, "I think it is cool knowing my mom is a dentist!" I guess that makes it all worthwhile.

All of us say this, but you don't serve the profession for the money. You do it for the great friendships you make along the way, and the fond memories you will take with you.

Thank you for a great year. ●

Dr. Price with ADA 11th District trustee, Dr. Roger Kiesling

The Dental Community Addresses Access to Care

THE OREGON DENTAL ASSOCIATION IS HOSTING our fourth Mission of Mercy event on Monday and Tuesday, November 25–26. Oregon Mission of Mercy is a dental clinic with 100 portable dental stations set up in an exhibit hall at the Oregon Convention Center. Dental screenings and services are provided on a first-come, first-served basis, at no charge to those who attend. MOM combines the donated services of hundreds of dentists, dental hygienists, dental assistants, dental lab technicians and an array of other community volunteers to provide these free dental services.

The ODA Board of Trustees has said that they would like to see OrMOM programs alternate between Portland and other communities in the state. The first two OrMOM clinics were held in Portland, the third was in Medford, and the 2014 clinic will be held in Salem, July 11–12. In the three years we have held OrMOM clinics, we have provided a total of $2.8 million of treatment (that's 23,695 procedures and 4,601 patient visits)!

How does it work?

Patients arrive on-site, register for services, and are asked to fill out and sign a health and release form. Since patients are treated on a first-come, first-serve basis, the patients wait in line until it is their turn with a dentist. Patients first go through medical triage, to make sure they are healthy enough to receive treatment. Then they are funneled through an initial screening where the volunteer dentist determines what procedures are needed and wanted. Unfortunately, due to the sheer volume of patients and time constraints, the dentists are not able to address every dental problem. Each patient, healthy enough to receive treatment, is guaranteed one procedure.

During the screening, the volunteer dentist determines which procedures would most benefit the patient. At that point, respective of the patients' needs, the patients are channeled either to the cleaning, extraction, or restorative area(s) for their dental work. If their treatment plan requires an x-ray be taken, they'll have that taken care of before they are brought into the clinic.

Volunteer dental professionals are required to fill out patient intake forms for each patient served, tracking the number of procedures performed. If a patient needs operative care (extractions, etc.), he or she receives a post-op form that includes a local social service agency's telephone and contact name. Should the individual experience complications in the days immediately following the clinic, the agency contact can refer him or her to a local dentist who has agreed to see MOM patients for emergency follow-up care.

How does someone receive services at OrMOM?

They come and wait in line. Patients are seen on a first come, first serve basis. We have seen potential patients begin lining up hours before the first patient is seen at 6 am, in order to have the best chance of receiving treatment, sometimes while braving inclement weather. Once the total number of patients we can see each day have been registered, no additional patients can be seen.

What kind of services are provided at OrMOM?

Our main goal is to relieve pain and restore smiles. We provide extractions, fillings and cleanings as well as some other dental procedures that can be appropriately done in a mission setting. We do not provide cosmetic dentistry or braces.

Services provided:

- Cleanings
- Fillings
- Root canals on front teeth
- A limited number of partial dentures
- Extractions
- Oral health education
- X-rays

Services NOT provided:

- Full dentures
- Dental implants
- Root canals on molars
- Crowns
- Extractions of unexposed wisdom teeth
- Narcotics will not be dispensed

Who can volunteer?

Anyone! We need dental providers and their staff, especially on Tuesday, November 26, but we also need community members to help with the non-clinical logistics of this massive dental clinic.

Register to volunteer at:
www.rsvpbook.com/OrMOM2013

Meeting highlights – Sept. 27, 2013

The newly restructured ODA Board of Trustees had their first meeting on Friday, September 27, 2013, at the ODA building in Wilsonville.

For the first time in recent history, there was 100% attendance at the meeting! Hopefully, this is a sign of good things to come with this new board and in the Association. Here are some highlights of the meeting.

- Trustees were briefed on the roles and responsibilities of the position by Terry Pancoast of Stoel Rives and ODA's Associate Executive Director, Cindy Fletcher.
- Melissa Ulum from Murphy, Symonds & Stowell provided an update on the ODA Executive Director Search. The application deadline was October 10, 2013.
- **Scott S. Hansen, DMD,** volunteered to serve as our liaison to the Oregon Board of Dentistry.
- Each member of the Leadership Development Committee has been assigned as the liaison to one of ODA's councils, including its subcommittees. They will work with the council and any applicable committee chair(s) to fill vacancies and develop a document outlining the roles, responsibilities and time commitments for each group.
- The ODA Strategic Plan was discussed and updated as follows:

GOAL 1
Leadership Through Advocacy

Our advocacy efforts will be coordinated in a timely, effective and efficient manner in order to advocate for our profession and to improve the oral health of the public.

Objectives

1. 100% of our state and federal legislators have a meaningful member-dentist contact.*
2. Educate members on the importance of political consciousness.
3. Strive to pass 100% of our legislative agenda items.
4. Identify and develop meaningful contacts with state policy makers and administrative rule makers.
5. Partner with stakeholders to promote the profession of dentistry and the oral health of the public.
6. Serve as a resource for any group advocating oral health.

GOAL 2
Value and Benefit of Membership

Current and future dental professionals will become members, based on the value, benefit and relevance of membership.

Objectives

1. Maintain market share.
2. Expand awareness of membership value and member benefits.
3. Develop members-only value that dentists cannot attain elsewhere. * #

GOAL 3
Dental Workforce

ODA will provide leadership to develop an adequate size and distribution of a well trained workforce to meet the needs and demand for dental care in Oregon.

Objectives

1. Maintain and promote the dentist as the leader of the dental team.*
2. Support educational programs, such as the Oregon Dental Conference.
3. Ensure participation and inclusion of ODA in any coalitions that involve the dental workforce.
4. Promote discussion and programs that address the mal-distribution of dental professionals in Oregon.
5. Gather and share information on workforce capacity in Oregon.

continues on page 28

* Priority objective within goal for 2013.

\# Board of Trustees priority objective for 2013.

Trustees praise first board meeting under new governance structure

By Barry Finnemore

THE OREGON DENTAL ASSOCIATION held their first board meeting in September under a new, streamlined governance structure that aims to ensure efficiency and fully engage all of the organization's board members. Those objectives were achieved, according to several trustees who emerged from the gathering energized by the healthy interaction and 100 percent attendance—a rarity, at least in recent times—among a board whose numbers are fewer than in the past.

Judd Larson, DDS, the ODA president, described the meeting as "well-rounded."

"I heard opinions from everyone in the room, and that's what I was most happy about," he said. "In the past, you may have heard a vocal few. Now, everyone in some way was involved in the discussion."

"I thought it went well," added **Scott Hansen, DMD**, who noted that, in his experience on various boards, the smaller the group, the more willing people are to participate. "There seemed to be good interaction among the trustees."

"The whole purpose of the change was to have a more engaged Board of Trustees, and I think that happened," said **Jim McMahan, DMD**, who is serving his second stint as an ODA trustee. McMahan, who was on the board under the former governance structure, was quick to point out that, while past ODA boards had strong leaders, and those who were present at meetings were highly engaged, full attendance had been an ongoing challenge.

"I was really encouraged to have 100 percent attendance; I think we were all pleasantly surprised to see that," Dr. McMahan said of September's meeting, during which the board—among other things—discussed the search for an ODA executive director, updated the organization's strategic plan, and talked about strategies for increasing membership. "I thought it was very productive, one of the best ones I've attended."

The new governance structure, put in place after more than a decade of studying board structures at dental associations nationwide and gathering input from ODA members, is intended to help association leaders be more nimble in their decision making, and better serve members.

The Leadership Development Committee, charged with ensuring that the ODA's governance operates as effectively and efficiently as possible, determined that a smaller Board of Trustees would provide the greatest benefits for the association. The Board of Trustees now has 18 members, nearly all of whom are elected by the House of Delegates, rather than by component dental societies. The new board includes 10 at-large trustees, a student trustee, the secretary-treasurer, president-elect, and president, all with voting capabilities. Along with them are the speaker of the House, editor and ADA delegates-at-large, who are all ex-officio non-voting members of the board.

Dr. McMahan said a smaller board, and the absence of an executive committee, which in the past had made recommendations that the full board often simply endorsed, naturally creates a new energy.

"It's more hands-on, and more responsibility," he said. "It's energizing to know we're making decisions without having recommendations handed down from a previous meeting. It's clearly one of the best benefits of the change."

> *"I heard opinions from everyone in the room, and that's what I was most happy about. In the past, you may have heard a vocal few. Now, everyone in some way was involved in the discussion."* –Judd Larson, DDS

Dr. Hansen noted that a small board tends to create an environment in which "people step up" and "all voices carry the same weight." Like any governing board, the ODA's exists to provide a clear direction, and to be the "eyes and ears" for staff about how legislation and organizational policies affect practitioners. Healthy discussion, with dissenting voices, among trustees is essential, he added.

"I am a firm believer that discussion—healthy discussion and disagreement—can be good. The makeup of the board is such that we can disagree, move on, and support the decisions that are made."

Trustees have completed a survey identifying what areas they are most interested in. Dr. Larson said the plan is to take that feedback and give each board member expanded committee and other responsibilities.

"I hope the trustees feel like they have more of a sense of duty and more of a role than in the past," he said, adding that expanded roles also will allow those who want to become the next president-elect to demonstrate their commitment and abilities.

Dr. Larson also noted that plans call for bringing dental students onto some of the board committees to encourage their involvement in organized dentistry and to inject fresh ideas and energy. "My philosophy is, with change comes new opportunities," Dr. Larson said. "A lot of new and exciting possibilities can come from it." ●

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*.

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GOAL 4
Public and Professional Education and Professional Competency

ODA will be recognized as the preeminent resource for oral health information relevant to both the public and the healthcare professionals in Oregon.

Objectives

1. Enhance ODA's understanding of the public's perception of issues in oral health care.
2. Increase available information regarding Oregon dentists' philanthropic efforts.
3. Increase public and professional awareness with education about the emerging connections between oral and systemic health.*
4. Provide education in treating children from birth to 5 years of age.
5. Provide education in treating geriatric patients.
6. Utilize the Oregon Dental Conference and other educational resources to provide high-quality, evidence based dental education for all members of the dental team.

GOAL 5
Leadership Development

ODA will develop leaders from its membership to facilitate the accomplishment of association and community goals.

Objectives

1. Train existing leaders to be more effective communicators and collaborators, both internally and externally.
2. Increase recruitment and development of new members into leadership pathways state-wide and nationally.
3. Increase component participation at staff council, Board of Trustees, House of Delegates, and other ODA events.
4. Broaden leadership involvement within ODA coalitions.*
5. Promote competency-based leadership. #

* Priority objective within goal for 2013.

Board of Trustees priority objective for 2013.

Dr. Sean Stephenson to present the 2014 ODC Keynote Address

Friday, April 4 7:30 – 8:30 AM

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In "Get Off Your 'But': No more fears, excuses, or insecurities!", Dr. Sean Stephenson will explore the topic of self-sabotage.

Self-sabotage is quite possibly the number one cause of stress in the workplace. In his presentation, Dr. Sean C. Stephenson addresses the psychological, social, and environmental issues that contribute most to self-sabotage.

Through the use of hilarious and heartfelt stories, playful activities, and immediately applicable life skills, Sean challenges an audience to step outside their comfort zone and grow.

Dr. Sean Stephenson was predicted not to survive at birth because of a rare bone disorder that stunted his growth and caused his bones to be extremely fragile.

Despite his challenges, he took a stand for a quality of life that has inspired millions of people around the world, including Sir Richard Branson, President Clinton, and His Holiness the 14th Dalai Lama. Dr. Stephenson has appeared on everything from *The Oprah Winfrey Show* to YouTube videos with millions of views. The Biography Channel did an hour feature on his life called, *Three Foot Giant.*

Dr. Stephenson's message has been heard at live events in over 15 countries and 47 states over the past 16 years. His latest book, *Get Off Your But,* has swept the country and been released in over a half dozen languages around the world.

As a board-certified therapist, Dr. Stephenson uses humor and compassion to develop a fun environment where individuals open their hearts and minds for lasting empowerment to occur.

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Affordable Care Act: dental benefits examined

Second in a series of articles from the American Dental Association. See the September 2013 issue of Membership Matters *for the first part of this series.*

Going forward, it is important that the ADA answer questions of most concern to members.

To facilitate this dialogue, the ADA invites ACA implementation questions at the dedicated *healthreform@ada.org* email address.

THE "PATIENT PROTECTION AND AFFORDABLE CARE ACT," shorthanded as the ACA and as this series of reports will refer to it, has the potential to reshape health care in America. Expansion of medical insurance coverage, a move toward more integrated care delivery and significant changes in the financing of health care are among the expectations of ACA legislators and regulators. The Association's primary focus has been the law's potential effects on dentistry and the delivery of dental services to patients. The first ACA Q-and-A installment in the Aug. 5 *ADA News* is posted online at *ADA.org*. [Note: this was also printed in the September 2013 issue of *Membership Matters*.] This report examines the ACA and dental benefits.

Changes in dental benefits coverage are influenced by a variety of factors. The ADA Health Policy Resources Center projections through 2018 that follow are based on information in ADA-commissioned analyses by Milliman Inc. These analyses were offered before a number of key ACA coverage decisions were made. With this in mind, the projections must be viewed as representing a potential ceiling for expansion of dental benefits coverage under the ACA.

Is dental coverage required as of Jan. 1, 2014, under the ACA?

Yes, for children but not adults. After Jan. 1, 2014, all individual and small group market plans—both inside and outside the exchange—must be certified as "qualified health plans" except for stand-alone dental plans. QHPs must provide all "essential health benefits." Pediatric oral health services are included in the 10-category EHB package and must be offered.

What is the dental EHB for children?

All states except Utah (which is offering only preventive dental services) have chosen either the state's Children's Health Insurance Program plan or the MetLife High Option plan from the Federal Employee Dental and Vision Insurance Program as their benchmark plan. Both plans provide an adequate array of dental services. "Pediatric services" are defined as services for individuals under the age of 19, although states have the flexibility to extend such coverage beyond the age 19 baseline.

Must the dental EHB benefit be purchased?

Not within exchanges run by the federal government. A federal agency interpretation of the ACA has determined that within the exchange the dental EHB need only be offered. However, in the individual and small group markets outside the exchange, the dental EHB must be purchased. The ADA strongly disagrees with this interpretation, but at this time it appears that all exchanges run by the federal government will be operating within these parameters. On the other hand, states have the authority to mandate the purchase of the dental EHB. Few states have chosen to mandate purchase or are considering doing so.

Will the delay of the employer mandate affect coverage?

Yes, at least in the short term. According to the Congressional Budget Office about 1 million fewer people are expected to enroll in employer sponsored coverage because of the one-year delay in penalties on large businesses (50 or more full-time employees). CBO estimates about half of those people will remain uninsured for 2014, while the others will obtain coverage through the exchanges or low-income government programs.

Will limited Medicaid program expansion affect coverage?

Yes. At present, only 23 states and the District of Columbia have indicated they will expand the Medicaid program to cover adults in the manner called for in the ACA. Several states are looking for alternative ways of participating and more states may expand their Medicaid programs or find alternative means of covering this population in response to evolving fiscal and political factors.

This article is from the *ADA News*, Volume 44, Number 15. August 19, 2013.

Projections

The following projections are upper-bound estimates and do not necessarily reflect the restrictions cited above (e.g. no requirement to purchase the dental EHB in the exchange, a delay of the employer mandate and limited Medicaid expansion).

How many additional children may receive dental benefits under the ACA?

Approximately 8.7 million children could gain extensive dental coverage through the ACA by 2018. For children, the expansion will be almost evenly split among Medicaid (3.2 million), health insurance exchanges or marketplaces (3 million) and employer sponsored insurance (2.5 million).

How many additional adults may receive dental benefits under the ACA?

About 17.7 million adults could gain some sort of dental coverage through the ACA. However, given that many states have only limited or emergency dental benefits through Medicaid, only 4.5 million adults will gain extensive dental benefits through Medicaid. About 800,000 adults will gain dental benefits through the health insurance exchanges.

By what magnitude might the ACA reduce the numbers of adults and children who have no dental coverage?

The ACA has a bigger impact on children. The number of children without dental benefits could be reduced by approximately 55 percent. On the other hand, the number of adults without dental benefits might be reduced by approximately 5 percent.

How many additional Medicaid dental visits will the ACA generate?

Assuming that the expansion population utilizes Medicaid dental services in the same pattern as today's Medicaid beneficiaries, the expansion is estimated to generate an additional 2.9 million pediatric dental visits and 7.5 million adult dental visits.

How many additional dental visits will the ACA generate through health insurance exchanges or employer sponsored insurance?

The ACA is expected to add 11 million pediatric private dental visits through expansion of dental benefits through the exchanges and employer sponsored insurance. The ACA also will generate 1.7 million adult private dental visits through expansion of dental benefits in the health insurance exchanges.

What impact will the ACA have on dental spending nationwide?

It is estimated that the ACA will increase U.S. dental spending by an estimated $4 billion, which is less than 4 percent of current national dental expenditures. The largest effect will be seen in the Medicaid population, generating $2.4 billion in Medicaid dental spending. This represents a 28 percent increase over 2010 Medicaid dental spending levels with adults accounting for roughly two-thirds

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of the increase. An additional $1.6 billion in expenditures is expected by adults and children gaining private dental benefits through exchanges and employer sponsored coverage.

Are state specific projections available?
Yes. State-by-state projections are available for the number of adult and child dental beneficiaries, as well as the number of future dental visits in each state. State-by-state projections are available at *www.ada.org/sections/professionalResources/docs/HPRCBrief_0413_3x.xlsx*.

What is the basis of projected extensive dental-benefit gains for Medicaid adults?
We assume that states that have extensive dental benefits in Medicaid as of the end of 2012 will continue to have extensive dental benefits through Medicaid through 2018. An analysis of state-level policies by the ADA has determined that 11 states (AK, CT, IA, NM, NY, NC, ND, OH, OR, RI and WI) have extensive Medicaid adult dental benefits.

Given the fiscal climate, will states expand Medicaid dental benefits?
Probably not. The past decade has seen an overall erosion of adult dental benefits within Medicaid programs. A recent survey of state Medicaid budget officers found that nine states reduced or intended to reduce dental benefits in the next year and four planned to expand dental benefits.

Will there be any incentive for states to scale back dental benefits, given that there will be an influx of individuals into Medicaid?
The ACA does not provide strong incentives for states to change their adult dental benefits in Medicaid from current levels. States are incentivized to 'lock in' existing policy. For states that already provide some level of adult dental benefit, the federal government will fully fund the expenditure associated for the expansion population for the first three years. Even though adult dental benefits are not mandated by the ACA, if states already provide the benefit to adults in Medicaid, the additional fiscal burden of maintaining the benefit is likely to be minimal. However, states that do not currently provide any adult dental benefits in Medicaid will have very weak financial incentives to add them.

Has the increased retention of public health benefits by non-elderly adults led to an increase in dental benefits?
Because states have scaled back adult dental benefits over the last decade, it is unlikely that the increase in Medicaid enrollment has resulted in a significant increase in dental benefits. ●

Please send your ACA implementation questions to the dedicated email address *healthreform@ada.org*.

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Meeting report – August 16, 2013

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

Executive Director's Report:

Board office lease.

The Board has finalized lease arrangements and will be moving to the Crowne Plaza Downtown around December 6, 2013. The new space will be in the same location as the Oregon Medical Board, and both boards can share in some mutual technologies.

WREB.

WREB will be making changes to their exam in 2015. They have developed a treatment plan approach to the exam. After being given a treatment scenario, they are given four to seven open-ended questions to respond to.

Board staff receives negative comments about passage of new rules.

In recent presentations given by the Board staff, the passage of new anesthesia rules effective July 1 have prompted licensees sharing concerns about the new anesthesia rules and its requirements. The board has delayed the End-Tidal CO_2 requirement until January 1, 2014.

Board sends new anesthesia rules back to the anesthesia committee for further review.

This does not mean that these new rules are not in effect. They still are in effect, but consideration of some of the fall-out of the rules will be discussed at the next anesthesia meeting.

Silver nitrate.

Correspondence from Judy Mohr Peterson of the Oregon Health Authority indicates that the use of this treatment is not approved by the Health Evidence Review Commission, nor will it be paid for under the Oregon Health Plan. This treatment provided in conjunction with fluoride varnish is not the same as Silver Diamine Fluoride and has not had studies that prove its effectiveness. The OHA indicated that patients should be provided all options for treatments and this treatment should not be used in lieu of restorative treatment which would be required at some point anyway.

Dr. Steve Duffin submitted a letter disputing testimony and comments to the Board and decisions made by the Health Evidence Review Commission on the issue of silver nitrate use.

The issue of silver nitrate and application by auxiliaries will be up for public comment on October 17, which is the night before the next Board meeting.

The following actions were taken by the Board Rules Committee at its August 22nd meeting:

Botox.

A proposed rule has been drafted to allow all dentists to provide Botox treatments as it relates to dentistry. No Botox treatments could be provided for cosmetic reasons or in areas that are not related to the oral cavity and dental treatment. The rule also proposes 16 hours of hands on clinical training by course instructors approved by ADA CERP or AGD.

Division 13 changes Health Professionals Services Program (Diversion and impaired professionals program through the state).

The proposed rules are in response to legislative changes made this last session allowing the Board to opt out of licensees self referring to the HPSP program. This then does not require the Board to pay for program services on self referrals and saves the Board money from their budget. Licensees could still self refer out to a program without the Board or state being involved.

Moderate Sedation Permit.

A clerical error in referencing the section of the ADA Guidelines is being corrected in this rule proposal. Further discussion on the Anesthesia rule changes recently made will be discussed at the next Anesthesia Committee meeting.

Radiology certification—digital x-rays.

The Board staff has talked with DANB and with the Radiation Protection Services to move forward with rules to allow dental assistants the ability to take digital x-rays for certification instead of traditional x-ray film.

Sterilization monitoring records retention.

The Board will propose rules requiring retention of weekly sterilization monitoring records.

The Board rule hearing was held on October 17, at the OHSU Center for Health and Healing at 3303 SW Bond Street, Portland, OR.

KICK UP YOUR HEELS *for Kids*

Join us Thursday, November 14, for a night of Irish music and dancing at Kells Irish Restaurant & Pub to support the Tooth Taxi.

Thursday, November 14, 8:00 p.m. to 10:30 p.m. Tickets are only $15 ($20 at the door), and the price includes one drink ticket.

Register online at *www.SmileOnOregon.org*

KELLS Irish Restaurant & Pub

Thursday, November 14

8 PM – 10:30 PM

A Great Holiday Gift Idea

Give a meaningful holiday gift this year to your referring dentists, staff members, and friends with a donation to the DFO in their name. Your gift is tax-deductible; the honoree receives a thank you note from DFO recognizing your/their gift and their name is placed on our donor list. It's a great way to thank those most important to you, while helping thousands of underserved children get care on the Tooth Taxi.

Don't forget, you can donate online at ***www.SmileOnOregon.org*** until 11:59 pm, New Year's Eve!

Happy Holidays and Best Wishes for the New Year.

—The DFO Board of Directors

Position Available

Oregon Dentist for Mobile Dental Van

We have a unique opportunity for a caring and energetic dentist who enjoys working with children to join our highly successful mobile dental clinic program. The mobile clinic travels throughout the state of Oregon each week providing comprehensive dental care in order to improve oral health for Oregon school children (K–12). Based out of Portland, the "Tooth Taxi", a fully equipped, state-of-the art mobile dental van travels the rural areas of the state spending up to a week at a time at schools fulfilling the mission of the Dental Foundation of Oregon (DFO): "Improving Oral Health for Oregon's Children".

For more about the Tooth Taxi, visit the Dental Foundation of Oregon website: *www.SmileOnOregon.org*

The successful candidate will possess strong leadership and communication skills, has the ability to prioritize and treatment plan patient's needs and educate children on the importance of oral health.

Position requires an individual to build strong and sustainable relationships with sponsors and site partners and effectively communicate to multiple audiences the value of dentistry.

This position provides opportunities for experienced dentists or for new grads (GP and pediatric) to experience many facets of dentistry as well as working with dental volunteers from the communities that the Tooth Taxi visits. This full-time traveling position is year-round and offers competitive salary and benefits.

Interested candidates, please email *mary.daly@modahealth.com* or call 503-329-8877.

Class of 2017 First to Experience Interprofessional Education

By Sydney Clevenger

OHSU'S 75 NEW FIRST-YEAR DENTAL STUDENTS have joined the university during an incredible time of transition in dentistry.

"A new facility under construction on South Waterfront (thank you!), a new OHSU interprofessional education initiative where dental students will be educated with their health care peers, new technologies in dentistry and medicine, expanded community-based education programs, and an increasing collaboration with the dental community all are making for an exciting time at OHSU and in dentistry," said OHSU School of Dentistry Dean **Phillip Marucha, DMD, PhD,** who joined the dental school Sept. 1.

The Class of 2017.

Photo by Peter Morita, DMD

The Class of 2017 was selected from a record applicant pool of 1,235. Fifty-one members (68 percent) of the Class of 2017 are from Oregon; seven are from WICHE sites; and 17 are from out of state.

The average age is 25, with 47 males and 27 females, and the overall grade point average is 3.65. All of the students have bachelor's degrees, three have master's degrees, and six either double-majored or earned a second bachelor's degree.

When self-reporting on ethnicity (and more than one ethnicity can be reported so the total may be greater than the number of matriculants), 55 DS1s indicated they are Caucasian; 14 said they are Asian; three selected Hispanic/Latino; one reported more than one ethnicity; and two did not report.

Eleven from the Class of 2017 have fathers, grandfathers, brothers, uncles, or cousins who are OHSU School of Dentistry alumni.

"I know I'm going to get a good clinical education," said **Yvonne Han,** 24, a recent Portlander who received a bachelor of science in general science from Portland State University, and volunteered at the school before applying. "A lot of PSU graduates come to OHSU and I have heard a lot of good things about it. And the people here are nice.

"I used to have periodontal disease growing up in Shanghai, and the dentist did a good job taking care of me, so I thought it was a good profession," she said. "I want to learn how to help myself, my family, and other people."

Alex Bouneff, 22, from Portland, has a bachelor of science in biology from the University of Oregon, and is a triple legacy, with a father (**Anthony Bouneff, DMD,** '86) and grandfather (**Christ Bouneff, DMD** '64) as dental alumni. Alex said the new dental facility is a "huge bonus" and calls interprofessional education (IPE) "cool."

"Dentistry, medicine, and nursing are all focused on the body and every part of the body works in sync with other parts. There's going to be overlap and IPE gives us an opportunity to work with our peers. I've seen firsthand in my dad's office how important it is to have relationships with other health professionals." ●

Record Applications for Class of 2018

OHSU School of Dentistry has received another record number of applications. As of Oct. 20, applications for the Class of 2018 were at 1,236, with more expected before the application deadline, said Mark Mitchell, MA, associate dean for student affairs.

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

Visioning Underway at Dental School

To position OHSU School of Dentistry as a leader in the future of Oregon's dentistry, OHSU dental faculty last month began a strategic visioning process. Dental faculty were led in an all-day exercise by an outside consultant to solicit feedback. Faculty were asked about the key factors (social, technological, economic, educational, and political) likely to affect the dental school over the next ten years and then worked in small groups to draft strategic priorities, core components of a 10-year vision, and short-term goals to address the priorities.

"OHSU needs to be more than ready for the changes coming in dentistry," said OHSU School of Dentistry Dean **Phillip Marucha, DMD, PhD**. "We must try to predict trends and be at the forefront of change to provide even better training for our dental students and care for our patients.

"Preparing for change and providing new kinds of dental training, not only for predoctoral students and residents, but for our alumni, will require even stronger collaboration between the dental school and the practicing community," he said.

"I am hoping to get to know as many in the dental community as possible so that we can work together to shape the future of dentistry and the dental school," said Dr. Marucha. "I welcome input from dentists, alumni, and dental school friends as to how we can advance our dental education mission in the years to come.

"We will need to work together to make Oregon *the* place to receive oral care and education." ●

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ENDODONTICS

EXCELLENT ENDODONTIST OPPORTUNITY—PART-TIME POSITION CURRENTLY available with Pacific Dental Services (PDS) throughout Portland. If you like the idea of walking into an office where patient flow is steady and everything is in order, then PDS is the place for you. We offer excellent income and industry-leading technology all in beautiful new offices. Contact Ed Loonam, 949-842-7936, e-mail *looname@pacden.com.*

ENDODONTIST FOR PORTLAND AREA—TO PROVIDE the most comprehensive dental care in the industry means having the best dental specialists working at our Gentle Dental affiliated offices. That's why we take pride in working with Endodontists nothing short of exceptional. As an industry leader, Gentle Dental provides a large network of resources, including an experienced practice management staff, cutting edge technology, and outstanding benefits. You will also have plenty of dental professionals supporting you to confer and collaborate with as you continue to grow in your career. We seek high-caliber professionals possessing degrees or certificates from accredited colleges or technical schools/programs (as well as valid/current state license) with at least 1 year of dental experience. We aim to provide our network of affiliated doctors and staff with a competitive benefits package, which include: medical, dental, vision, life insurance, 401K plan, paid vacation and holidays, CE credits, and career opportunities to advance with the company. Contact: Ron Brush, Phone: 971-295-9914, email: *brushr@interdent.com* or website *www.gentledentalcareers.com.*

GENERAL DENTISTRY

ASSOCIATE DENTIST SW WA—UPBEAT, STATE-OF-THE-ART practice, local dentist owner, large stable patient base, enthusiastic and lively team of experienced dentists and staff. Join us in our modern Fisher's Landing Office in Vancouver, WA. Focus on patients; grow a quality practice with opportunity for excellent income. Salary + incentive, ins. paid. Full time 4 days, WA lic. req. Reply ONLY to *msheehan816@gmail.com* or fax Cascade Dental Group-Fishers Landing at 360-604-7297.

ASSOCIATE DENTIST APPLEGATE VALLEY OR—GENERAL Dentist to join our practice of 30 years. This is a great opportunity to work with a Dentist with vast experience. Beautiful country office with the Applegate River and Applegate Lake close by. For more information contact Rebecca Shepard at 541-941-8065 or email *drbillrdo@yahoo.com.*

PRACTICE PROACTIVE DENTISTRY—WILLAMETTE DENTAL GROUP has been providing high quality dentistry for more than 40 years. Our unique model delivers proactive, preventive dental care focused on promoting long term health through a partnership with our patients. Featured GP opportunities: Tillamook and Springfield, OR. General Dentists enjoy freedom from administrative headaches as we provide all support services. Earn a competitive compensation package including guaranteed salary plus incentives, full benefits, 401k, CE, malpractice insurance, paid vacation, and professional leave. We help defray costs of interviews and moving expenses. Learn more about our excellent practice opportunities at *www.WillametteDental.com/careers*. Contact Tiffany Brown, *tbrown@willamettedental.com* or direct 503-952-2171.

TRAVELING DENTIST—WILLAMETTE DENTAL GROUP HAS an excellent opportunity for a full time Traveling Dentist to float to our practices in Oregon, Washington, and Idaho. We offer administrative and management support services to all of our locations so that our dentists are freed from administrative headaches and can focus on quality patient care. Earn a competitive compensation package including guaranteed salary, incentive pay and benefits: medical, 401k, deferred compensation, CE, disability & malpractice insurance, paid vacation, professional leave, and more. We defray costs of interviews and moving expenses. Earn $1000 by referring a colleague. Contact Tiffany Brown at 503-952-2171 or via email: *tbrown@willamettedental.com*. Visit our website at *www.WillametteDental.com/careers.*

DENTAL OPPORTUNITIES

GENERAL DENTISTRY

GENERAL DENTISTS WANTED FOR PORTLAND areas! As an industry leader, Gentle Dental provides a large network of resources, including an experienced practice management staff, cutting edge technology, and outstanding benefits to help our affiliated dentists and employees grow in their careers. Are you a Dentist just wanting to focus on building relationships with your patients and providing quality care? With Gentle Dental, you can count on us to manage the nitty gritty of your office so that you can focus on dentistry. You will also have plenty of dental professionals supporting you to confer and collaborate with as you continue to grow in your career. We aim to provide our network of affiliated doctors and staff with a competitive benefits package, which include: medical, dental, vision, life insurance, 401K plan, paid vacation and holidays, CE credits, and career opportunities to advance with the company. Contact: Ron Brush, Phone: 971-295-9914, email: *brushr@interdent.com* or website *www.gentledentalcareers.com.*

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

SEEKING AN EXPERIENCED GENERAL DENTIST to join established group practice approximately 32 hours per week in Vancouver Washington. Please send CV to jennifers@wendeldental.com.

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ORAL SURGEON NEEDED—PART-TIME POSITION AVAILABLE with Pacific Dental Services (PDS) throughout Portland. We offer excellent income potential including a daily guarantee, experienced assistants to support you and state-of-the-art offices and equipment. Contact Ed Loonam at 949-842-7936, e-mail *looname@pacden.com.*

ORAL SURGEON PARTNERSHIP AVAILABLE. A 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.

PEDIATRIC DENTISTRY

PEDIATRIC DENTIST FOR PORTLAND AREA—TO provide the most comprehensive dental care in the industry means having the best dental specialists working at our Gentle Dental affiliated offices. That's why we take pride in working with Pedodontists nothing short of exceptional. As an industry leader, Gentle Dental provides a large network of resources, including an experienced practice management staff, cutting edge technology, and outstanding benefits. You will also have plenty of dental professionals supporting you to confer and collaborate with as you continue to grow in your career. We seek high-caliber professionals possessing degrees or certificates from accredited colleges or technical schools/programs (as well as valid/current state license) with at least 2 years of pedo experience. We aim to provide our network of affiliated doctors and staff with a competitive benefits package, which include: medical, dental, vision, life insurance, 401K plan, paid vacation and holidays, CE credits, and career opportunities to advance with the company. Contact: Ron Brush, Phone: 971-295-9914, email: *brushr@interdent.com* or website *www.gentledentalcareers.com.*

DENTAL OPPORTUNITIES

PEDIATRIC DENTISTRY

PEDIATRIC DENTIST OPPORTUNITY IN EUGENE, OR. Pediatric dental office has seen immense growth in only two years since opening, with 100-150+ new patients every month. Seeking compassionate and motivated individual interested in associate and/or buy-in opportunity to help continue to grow the practice. Send resume to *timrichardsondds@gmail.com.*

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FOR LEASE: FULLY EQUIPPED NEWER 5 op building in Springfield near Riverbend Hospital. Absolutely Beautiful. Call Amy @ 541-912-0036.

SUBLEASE A BEAUTIFUL OFFICE FROM a group general dentist practice. Great for a denturist, pedodontist, endodontist, oral surgeon or any other specialist. Start your practice debt free with an instant referral base. Office is fully furnished and fully equipped. Rent will include utilities and use of all equipment. Email inquiries to *pdxdentist@yahoo.com.*

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

PRACTICES FOR SALE

SMALL PEDO PRACTICE IN BEAUTIFUL BEND for sale after 38 yrs. Great potential. Wife's health issues require transition. DentistryForKidz@bendcable.com.

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MISCELLANEOUS

SELLING YOUR PRACTICE? NOT SURE WHICH BROKER to use? Here's someone who can help with this important decision: Norm Culver, DDS. Dr. Culver has conducted seminars and consulted on practice transitions for 20 years. He can help you find the best broker for the sale of your particular practice. Norm is independent, not a broker. Call him for a no-cost consultation. 206-784-6941, *www.normculver.com.*

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MEMBERSHIP matters
October 2013
OREGON DENTAL ASSOCIATION
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