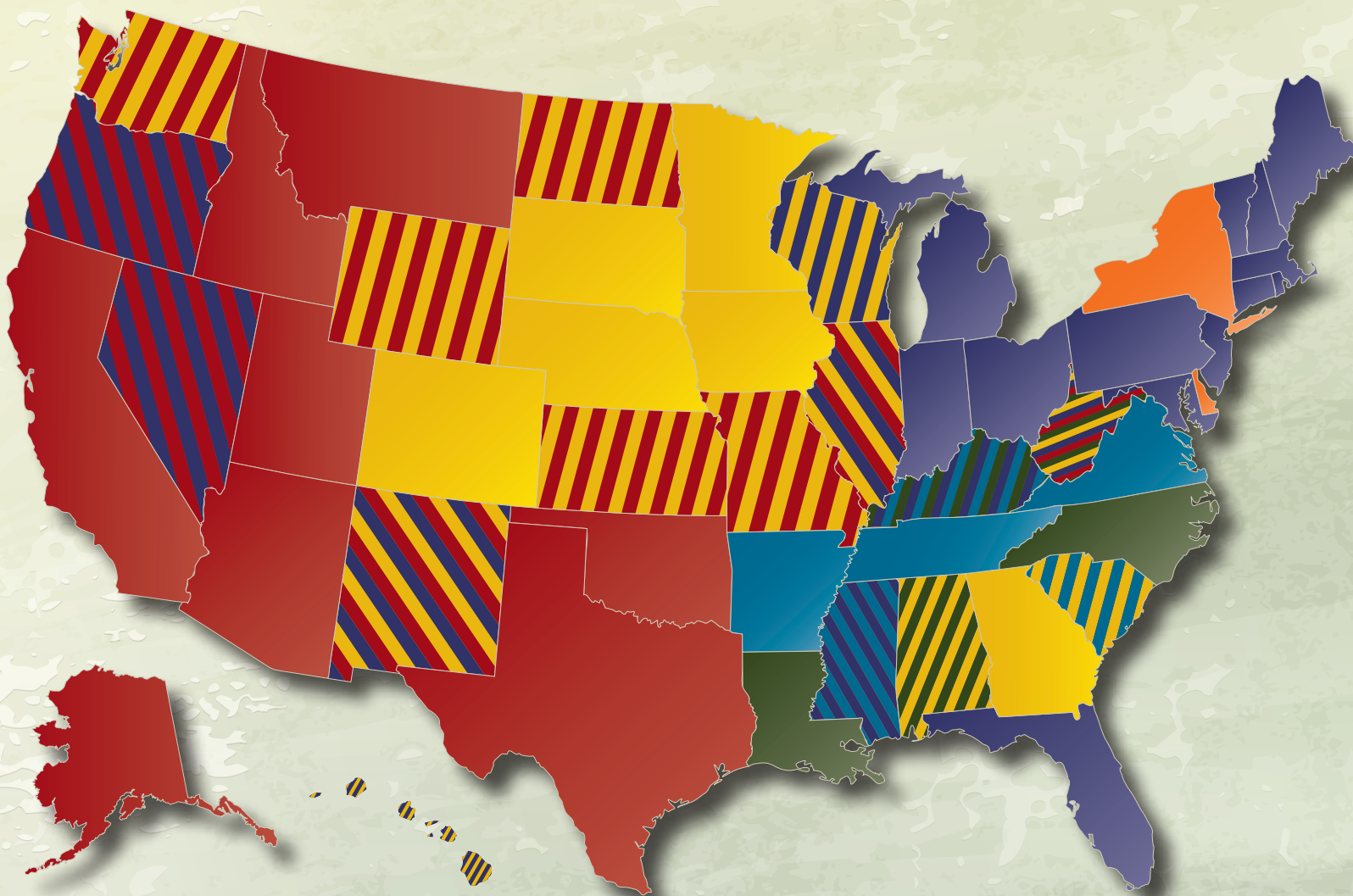


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matters

April 2014



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MEMBERSHIP *matters*



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



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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
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to Membership Matters?

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Blog www.TheToothOfTheMatter.org

- MAY 31** 7:30 AM **Board of Trustees meeting** (Salishan)
- JUL 11-12** **Oregon Mission of Mercy V** (Salem)
- JUL 25** 10:00 AM **Board of Trustees meeting** (Medford)
- SEP 5-6** **ODA House of Delegates** (Riverhouse—Bend)
- SEP 26** 9:00 AM **Board of Trustees meeting** (Portland)
- NOV 1** 8:00 AM **Board of Trustees meeting** (ODA)

ODA CALENDAR EVENTS & MEETINGS

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.

TUES, APR 22 Clackamas County **CE HRS: 2**
**Neck, Back & Beyond: Preventing Pain for
Peak Productivity**
Bethany Valachi, PT, MS
LOCATION: Oregon City (PWFCC)
INFO: www.clackamasdental.com

FRI, MAY 13 Lane County **CE HRS: 1.5**
Dentistry in Social Media and the Web
Nancy Lashley
LOCATION: Eugene (Valley River Inn)
INFO: www.lanedentalsociety.org/programs

TUES, MAY 13 Marion & Polk **CE HRS: 2**
**Infectious Diseases Risk Management
in the Dental Setting**
Pat Preston, MS
LOCATION: TBD
INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

TUES, MAY 13 Southwestern Oregon **CE HRS: 1.5**
Prosthodontic Update
Dr. Larry Over
LOCATION: Coos Bay (Red Lion Hotel)
INFO: Dr. Roger Sims, roger@rgsims.com

TUES, MAY 13 Washington County **CE HRS: 1.5**
Endo Potpourri: What's up 2014?
Dr. Tuong N. Nguyen
LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org, wcdskathy@comcast.net

WED, MAY 21 Multnomah **CE HRS: 1**
Table Clinics
LOCATION: Portland (Multnomah Athletic Club)
INFO: www.multnomahdental.org, lora@multnomahdental.org

TUES, MAY 27 Clackamas County **CE HRS: 1.5**
Diagnostic Injections
Dr. Kim Wright
INFO: www.clackamasdental.com



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Sporing communications



Barry J. Taylor,
DMD, CDE

ONE GREAT REASON TO BE A MEMBER of the Oregon Dental Association was exemplified by two very favorable victories in the recent legislative session in Salem. These victories were achieved because of the efforts of the ODA, in particular, ODA lobbyist George Okulitch and ODA staff member Christina Swartz Bodamer. In addition to the legislative actions, it was also an opportunity that demonstrated the role the ODA plays in communicating issues to its members and the challenges of communications in the 21st century.

The first, aforementioned, ODA accomplishment was SB 1561, which, although it did not make it out of committee, opened

lines of communication with the Oregon Board of Pharmacy (OBP). Last fall, OBP began promulgating rules which would have required dentists—along with other healthcare licensees who dispensed any kind or any amount of drug—to register with the Oregon Board of Pharmacy. This would have included added paperwork and, of course, fees to register with the Oregon Board of Pharmacy. Being that dentists aren't usually prone to dispensing excessive amounts of ibuprofen after a

crown prep, it is no surprise that the Oregon Board of Dentistry hasn't received a single complaint about the issue in the past ten years. Apparently the issue arose because the Board of Pharmacy's executive director expressed concern about pharmaceutical vending machines, an interesting concept that I don't imagine many dentists will install in their office. Because of the efforts of the ODA, along with the Oregon Medical Association and the Oregon Nurses Association, the new rules will not be put into place.

More notable was an issue that several dentists have had to deal with over the past couple of years: spore testing compliance and reporting. Because of an event outside of the state of Oregon, the Oregon Board of Dentistry

began enforcing the rule that dentists need to document weekly spore testing. There were examples of licensees being investigated for clinical complaints, and in the process, the Board asked for records of the office's spore testing. The Board had the right to do so, but the fines levied for the errors in reporting were excessive for what amounted to being an administrative error on the part of the office. As we all know, spore testing is purely an administrative step that offices take to maintain the autoclave device. It is a stop gap, in addition to all of the built-in measures that determine if a machine is working or not.

After the efforts to work with the administration of the Board did not achieve a compromise, the ODA supported Oregon state senator **Fred Girod**, in the drafting of SB 1519, which passed out of committee and both Houses unanimously. The bill requires that dental offices still test weekly, in accordance with requirements of the Center for Disease Control. The bill also requires the Board to remove from the website, licensees who were disciplined only for spore testing violations, refund money for licensees who were disciplined, and it stops any current cases being investigated for spore testing only. The bill allows the Board to, probably, start asking for records in 2015. Lastly, the bill holds OHSU harmless from any lawsuits in regards to testing.

In discussion of the spore testing issue, it became evident that there is difficulty communicating Oregon Board of Dentistry administrative changes to dentists. To the Board's credit, ODA member and Board member, **Dr. Todd Beck**, convened the Board's Communications Committee for the first time since 2004. After attending the meeting as a committee member, it became evident the role that the ODA, along with the Oregon Dental Hygienists' Association, must play in communicating issues to Oregon Board of Dentistry licensees. It is just one more reason why ODA membership is beneficial to your practice of dentistry. ●

Note: Please see the legislative wrapup on page 20 of this issue, for more details on the recent legislative session.

The ODA plays an important role in both communicating Oregon Board of Dentistry administrative changes, as well as looking out for dentists' best interests in the legislature.

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

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

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General Dentist | Roseburg, OR

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Dentistry doesn't stand still. Our profession is constantly evolving to better meet the needs of both patients and practitioners.

The following CE opportunities are either free or provided at a reduced cost to members.

Annual Meetings

Take care of all or most of your CE requirements in one weekend! Members save up to \$560 on tuition at the **Oregon Dental Conference**, held each April in Portland, and up to \$1,420 on registration at the ADA Annual Session (October 9–14, 2014, in San Antonio, TX). For members who can't attend the Annual Session in person, the ADA now offers multimedia downloads of conference presentations through the ADA Live Learning Center.

Online CE Courses

ADA Continuing Education Online (www.adaCEonline.org), a leading source of online continuing dental education, is a convenient way to learn at your own pace—anywhere, any time. Not only do members receive a discount on all courses, but there are a few courses, which change on a quarterly basis, which are offered **free** to members.

Also, effective March 2013, licensed U.S. dentists can now earn up to four CE credits each month, through the **JADA Online Continuing Education** program (www.ada.org/1314.aspx), which is discounted for members. Developed in association with the University of Colorado School of Dental Medicine, this program provides complete online testing and submission grading. ●

This column is intended to acquaint you with the benefits that you receive as a member of the Tripartite (ODA, ADA, and your component dental society). More information on member benefits can be found at <http://bit.ly/ODAbenefits>.

Volunteers NEEDED

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

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

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

Email: leadership@oregondental.org

✓ Election held Sept. 6, 2014

Elected by ODA Board of Trustees

★ ★ **If interested, the deadline to submit materials is July 3, 2014.** ★ ★

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POSITIONS OPEN Three

TERM 4 years

INCUMBENTS Fred A. Bremner, DMD
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DECLARED CANDIDATES

ODA Secretary Treasurer

POSITIONS OPEN One

TERM 3 years

INCUMBENTS Sean A. Benson, DDS

DECLARED CANDIDATES

ADA Delegate at Large

POSITIONS OPEN Two

TERM one 1-year term; one 3-year term

INCUMBENTS Rickland G. Asai, DMD
David J. Dowsett, DMD

DECLARED CANDIDATES

Leadership Development Committee

POSITIONS OPEN Four

TERM three 3-year terms; one 1-year term

INCUMBENTS Kevin J. Kwiecien, DMD, MS, FAGD
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Renee R. Watts, DDS

DECLARED CANDIDATES

✓ Election held Nov. 1, 2014

Elected by ODA Board of Trustees

Health Services Group Board of Directors

★ ★ **If interested, the deadline to submit materials is July 31, 2014.** ★ ★

POSITIONS OPEN Two non-independent (dental) directors

One independent (dental) director

TERM 4 Years

INCUMBENTS Michael E. Biermann, DMD
Michael L. McKeel, DMD

DECLARED CANDIDATES Michael E. Biermann, DMD
Michael L. McKeel, DMD

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.

Dental Lifeline Network Reaches \$250 Million Milestone in Donated Services to People In Need

Dental Lifeline Network, a national dental charity, reached a significant milestone in 2013: more than \$250 million in dental services donated to people with disabilities or who are elderly or medically fragile and have no other way to get help.

Through its flagship Donated Dental Services (DDS) program, volunteer dentists and laboratories of Dental Lifeline and its partner organizations have provided life-sustaining, and even life-saving, dental treatment to 120,000 people.

Donated by more than 15,000 dentists and 3,600 laboratories nationwide, treatment through DDS is comprehensive. "Our success in making dental therapies accessible to people who critically need care is due to the overwhelming generosity of dentists who willingly contribute their services and staff time and the laboratories that support them," noted Fred Leviton, DLN president. "For people who suffer daily with severe pain from fractured teeth, advanced periodontal disease, and the inability to eat normally, dental treatment is life-transforming," Leviton said.

More people who are medically fragile are being referred to DDS, because dental disease prevents people with chronic health problems from receiving lifesaving medical treatments. For many people, lack of dental therapies can result in progressive illness or premature death. Although some patients are eligible for Medicare, it does not cover dental treatment and, in most states, Medicaid provides little or no dental care for adults.

Headquartered in Denver, DLN has program coordinators throughout the country who screen program applicants, match them with volunteer dentists, arrange for laboratory support and specialists as needed, and provide logistical coordination between patients and providers. Patients are treated in the dentists' offices. The average value of treatment is more than \$3,000. Every dollar raised or contributed results in more than \$10 of professional services.

DLN was founded in 1974 by Larry Coffee, DDS, a graduate of Northwestern University Dental School, as a nonprofit humanitarian program providing access to comprehensive dental care for people with disabilities or who are elderly or medically fragile and cannot afford treatment.

For information to become a volunteer dentist or laboratory or to make a donation, please visit www.DentalLifeline.org or call 888.471.6334.



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Dentist Health & Wellness Hotline

ODA volunteers are on call, 24 hours a day to provide confidential, caring assistance for help in dealing with substance abuse and addiction, disability, litigation stress, and mental health challenges.

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Our services are available to all Oregon dentists and OHSU dental students in need of help, regardless of their affiliation with the ODA.

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Insurance values and disaster contingency plans

By Christopher Verbiest

If you were to experience a major loss, how prepared are you really?

Do you have a contingency plan in place?

MOST DOCTORS, WHEN THEY THINK about insuring their practice, automatically think about their professional liability coverage, which makes perfect sense given the litigious environment of our society. But how much thought have you given to your office coverage lately? When was the last time you looked at your building and contents limits; really looked at them and made sure they are adequate?

How much coverage is enough? Walk through your office when it's quiet and really take note of what you have. Notice your artwork, your furniture, your hand tools, supplies, phones, computers, books, etc. What would it cost today to replace them? Not what they cost five years ago; what would it cost now to replace?

Many policies offer replacement-cost coverage, which doesn't factor how old equipment is, but rather what it would cost now to replace. The average operatory for a general dentist today costs approximately \$90,000 to replace including plumbing and electrical; you should, however, confer with your supplier to obtain an accurate estimate for your specific office.

Additionally, consider your build-outs and any upgrades you've made to your office

space. Those should also be factored into your contents limits. If you lease your space, make sure you know, contractually, what you're responsible for; carpets, cabinets, from the studs in, etc.

If you suffer a loss, do you have a plan for where you would temporarily move? Now is a great time to have an agreement with another local dentist from whom you can lease an operatory until your office is repaired and functional.

Do you regularly back-up your data? Most experts recommend that you back up daily. How will you notify your patients that you've moved to your temporary location? How will you notify your suppliers? How will you keep your accounts receivable/payable current? Could you easily provide the necessary information regarding the loss to your insurance carrier so they can begin the claim process?

How long would it take you to implement your plan? How long would it take before your practice was up and running in its new, temporary location?

Do you have a contingency plan? Exhausting to think about, isn't it? Fortunately there are good tools available to help you plan. DBIC, for example, has an Inventory Form on their website, www.dentistsbenefits.com, that is available for free. This form is designed to help you identify and estimate the contents of your practice. The other tool is having a good policy in place and knowing what your coverage provides. If you suffer a loss, your insurance carrier can assist you with many of these issues.

Finally, whenever you make a change to your office, whether it's adding new equipment, moving, adding a new location or tenant improvements, just to name a few, notify your insurance carrier immediately!

You've worked hard to establish your practice, now make sure you adequately protect it. ●

Chris Verbiest is vice president of Dentists Benefits Insurance Company (DBIC) and can be reached at chris.verbiest@dbicins.com.

DBIC RISK MANAGEMENT COURSES

Current reporting period: January 2014 to December 2016

JAN 30, 2015 EUGENE

INFO: Lane County, Mark Portman, 541.686.1175

APR 9, 2015 PORTLAND (ODC)

NOV 10, 2015 BEAVERTON

INFO: Washington County, Dr. Kathy Reddicks, 503.848.5605

APR 7, 2016 PORTLAND (ODC)

DEC 2, 2016 PORTLAND

INFO: Multnomah, Lora Mattsen, 503.513.5010

DEC 9, 2016 BEND

INFO: Central Oregon, Dr. William Guy, 541.923.8678



David J. Dowsett,
DMD

My comments on a recent report from the Pew Charitable Trust:

“Expanding the dental team: Studies of two private practices”

THE PEW CHARITABLE TRUST, with the Kellogg Foundation, has been looking at the ability of a dental therapist to provide dental care. Their latest report, “Expanding the Dental Team: Studies of two private practices” (Pew Charitable Trust, 2014) is an extensive business analysis of two private dental practices.

The first, Main Street Dental Care, in Montevideo, Minnesota, has employed Ms. Tweeter since 2012 as a dental therapist (and for 10 years prior as a dental assistant and thus had a “long-standing and trusted relationship”). The second analysis is of Battlefords Dental Group, in North Battleford, Saskatchewan,

Canada, which has employed one therapist for 33 years and a second since 2009.

Each practice was evaluated to see if a dental therapist would allow for increased utilization of dental care by the socioeconomic groups who experience difficulty receiving regular care. Secondly, would this allow for the practicing dentists to focus on more complex and “satisfying” treatment cases?

Thirdly, would the profitability of the practice change?

As presented, the answer to each question was a qualified ‘yes’. Clearly, more treatment was delivered and more patients were seen. However, quality of care outcomes were not quantified (outside of increasing the number of patients seen) and thus, no comment will be made in this area.

The report raised many questions and spawned several thoughts

First of all, the report is not science, but an analysis of two practices and how adding a dental therapist financially worked. The Pew Foundation themselves stated: “The analysis included in this report is that of The Pew

Charitable Trusts and does not necessarily reflect the views of outside reviewers. This report is intended for educational and informative purposes.” I thought it was interesting that the DT from Minnesota had a bachelor’s degree before she started the program—so she clearly had more formal education than some of the initial proposals for therapist programs that have been presented elsewhere.

Secondly, it was clear that the model provides a nice career for the therapist, but did not appear to be particularly financially attractive. Interestingly, the only methodology discussed was for Main Street Dental Care and the analysis was for less than one year. Additionally, the first 10–12 weeks of financial data for Ms. Tweeter was unclear because she did not have a NPI number, and was, therefore, having everything billed through the supervising dentist. I thought that an additional \$24K annual profit for Main Street Dental in Minnesota might sound good to Pew, but it appeared to come at great effort. I was stunned by the divergence in production versus collections over the reported three year period.

Perhaps I have misinterpreted things, but collections were basically flat from 2008–2012, while billings nearly doubled. That is a terrible business model. The Pew report also talked about the dentist being able to do more ‘productive and rewarding procedures’ (stated as crown and bridge) and yet the graph only showed Dr. Powers doing more exams, surgical extractions, root canals, and implants—procedures he would do with or without a dental therapist. Both doctors stated that they wanted to do more crown and bridge, and yet Dr. Powers appeared to not increase his practice in this area.

While good for those in need (and clearly this is important), I think the practice just worked a heck of a lot harder for a little bit of gain.

Download the full report, and watch a video of Dr. Powers online at: www.pewstates.org/research/reports/expanding-the-dental-team-85899540061

Dr. Dowsett is in general practice in Portland. You can contact him at drddowsett@drddowsett.com.

Health care in Canada vs. the U.S.

The Canadian example was more compelling, but with the existing vast differences in healthcare reimbursement modalities and significant differences in rules governing DTs, the study may not be applicable to a United States model. In the Canadian example, Dr. Harder's practice is not required to have a specific percentage of government-sponsored (translated: Medicaid) patients in his practice, unlike Dr. Powers' practice in the U.S., whose practice reported that, in 2012, the Minnesota Medicaid agency reimbursed for dental care at 41% of Dr. Powers' usual and customary charges for dental services. In 2013 the state increased its Medicaid reimbursement rate to Main Street Dental Care to about 55% of practice fees because the practice qualified as a "critical access dental provider."

As defined by the state Department of Human Services, critical access dental providers work in dental shortage areas and serve substantial numbers of Medicaid patients. Dr. Harder's practice saw mostly private-pay insurance and those government sponsored plan that did pay, reimbursed at 85% (Indian Health) and 70% (government pay) respectively. Additionally, in Canada, dental therapists are allowed to diagnose as well as treat multiple additional conditions not allowed in the United States.

Conclusions

I think the most telling aspect of the study alludes to the fact that the *rates of Medicaid reimbursement are critical in determining whether or not having a dental health aid therapist in a private practice will be a successful business model*. Pew themselves state in their conclusions: "Findings from two practices cannot be conclusive about the potential financial benefit for dental practices of employing dental therapists or how they can employ midlevel providers to increase access to care in the communities in which they work. An examination of many more cases over longer periods of time is needed to better address these issues."

These case studies demonstrate, however, that for private dental practices, using dental therapists can be a good business decision that addresses the access gap for low-income individuals and can enable dentists to focus on the complex procedures that only they have the skills to perform." Clearly, again, the 'access issue' relates directly to funding as the primary solution.

In my opinion, until that question is solved, nothing else will be. ●

If you are interested in writing a column or opinion piece for a future issue of *Membership Matters*, please contact ODA's editor, **Barry Taylor, DMD**, at barrytaylor1016@gmail.com.

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A TRUE TEST

SHOULD NEW DENTISTS
TREAT LIVE PATIENTS TO
EARN THEIR LICENSE?

BY MELODY FINNEMORE

Opinions about how dental school graduates should be tested to earn their license are nearly as varied as the testing options themselves.

While the majority of states require new dentists to perform procedures on a patient to obtain their license, a growing number of states are exploring other options.

Oregon is among the many states that require patient exams, which about two percent of new dentists fail each year, according to **Norman Magnuson, DDS**, a Eugene general practitioner who serves on the Oregon Board of Dentistry and the Western Regional Examining Board (WREB). WREB oversees the testing system in Oregon, along with several other states.

"We have about 5,400 senior dental students graduate each year, not counting foreign dental students, so that means there are 100 to 150 doctors who never get a license because they don't pass the very straightforward, clinical-based exam," Dr. Magnuson said. "I wouldn't want those 100 or 150 people working on me or my children after not having passed the exam."

He said the patient exam has a proven history of being a safe and effective means of evaluating performance and knowledge, and its portability is a benefit, because those who pass the exam can practice in any state across the country.

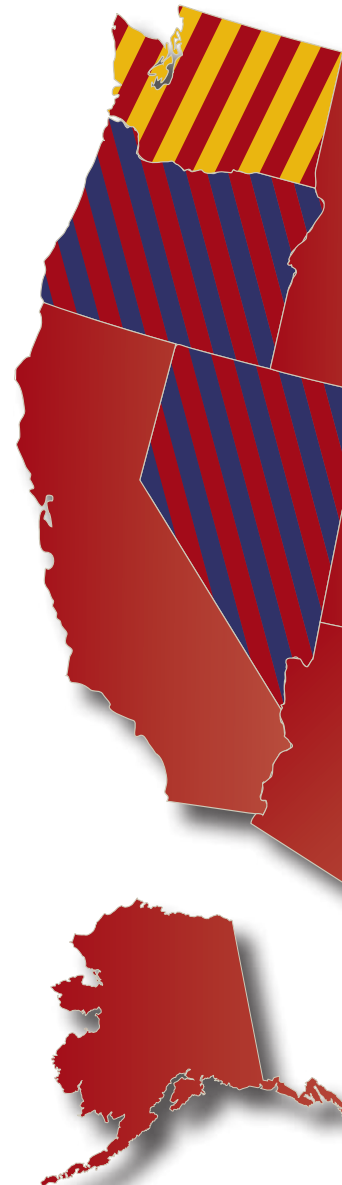
Others, however, wonder if the patient exam is the best way to evaluate a new dentist's training. Some alternatives include a test called the Objective Structured Clinical Exam (OSCE), which originated in Canada and is now used in Minnesota. The case-based exam evaluates clinical judgment and problem-solving skills by requiring new dentists to review patient information and answer questions about the case in timed stations, according to the National Dental Examining Board of Canada.

The Hybrid Portfolio exam, adopted by the Dental Board of California, tests students in seven clinical areas throughout dental school, and the students must perform procedures on patients of record. Oregon dentists seeking licensure must make their own arrangements for a patient to participate in their licensure exam.

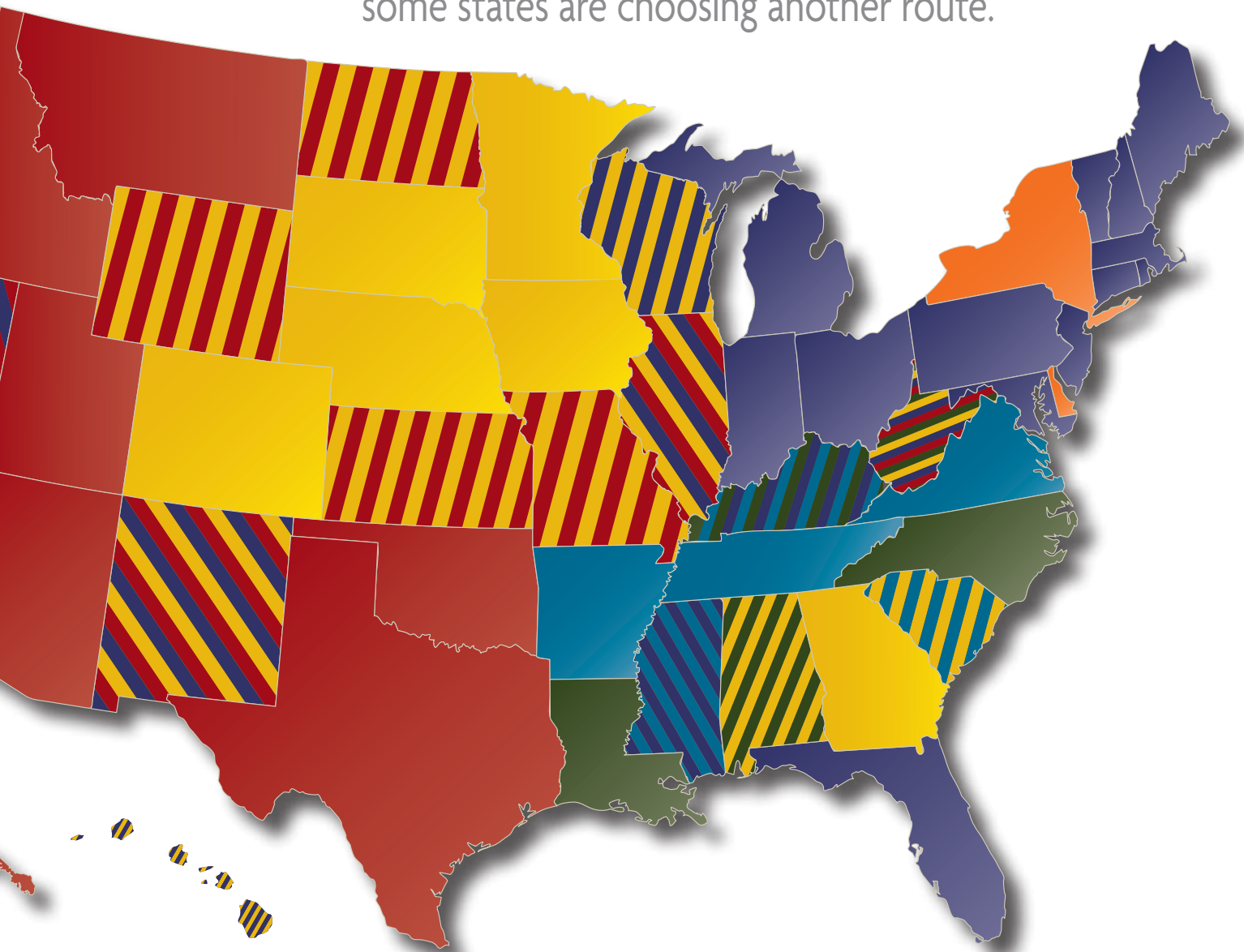
In New York, new dentists must complete a one-year residency program to earn their license. And Florida's adoption of the American Board of Dental Examiners (ADEX) clinical exam in 2011 reduced to three the number of U.S. jurisdictions that continue to administer their own clinical licensure exams, according to the American Dental Education Association.

Jill Price, DMD, a Portland general dentist and member of the American Dental Association's Council on Dental Education and Licensure, said the ADA supports the move to eliminate patients from board exams.

"There is a lot of mental anxiety that goes into using a live patient, and it makes it more fair when everybody is tested using the same protocol," Dr. Price said. "I believe dentistry is the only professional medical degree that is still requiring humans for testing. Everybody else is past that, and we are the only hold out."



States belong to one or more of the five testing agencies across the country, though some states are choosing another route.



Council of Interstate
Testing Agencies (CITA)



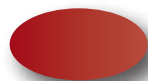
Central Regional Dental
Testing Services, Inc. (CRDTS)



Northeast Regional Board of
Dental Examiners (NERB)



Southern Regional
Testing Agency (SRTA)



Western Regional
Examining Board (WREB)



Independent or administers own
state clinical licensing exam

She added that, among the drawbacks of the patient-centered exam, new dentists are responsible for finding their own patient participant. This can generate ethical issues, because students pay the patient to participate, and they may select a patient who needs minimal care to reduce their chances of failing the exam. In addition, the dentist taking the test is not able to ask questions or receive assistance from the person supervising the exam, whereas those taking the portfolio exam have that option.

Peter Morita, DMD, associate dean of patient services at OHSU School of Dentistry, said a common complaint he hears about the patient-centered exam is that individual patients' needs may vary widely and those taking the exam are not necessarily providing an equal degree of treatment.

"With this type of examination, I think the best description I've heard, is that it's a snapshot in time. You can either be having a really good day when everything goes perfectly right, which may not be your normal routine, or you may be having a bad day, which is also a deviation of your norm," Dr. Morita said.

Other testing methods—such as typodont exams—require students to work on plastic teeth, which may not be an accurate measure of ability, he said.

"That's OK conceptually, but those plastic teeth are not live. You're not simulating a great test of your clinical ability," Dr. Morita said. "If you want to test ability to cut on plastic teeth, we should be doing that at the

end of their second year of dental school. They are very proficient at cutting on plastic teeth, but does that have a realistic correlation with patient care? I don't think so."

Dr. Morita noted that there are pros and cons to each testing method and little consensus on which is the best option. "If we were to look at the portfolio format, I think most of the faculty members know which students are ready to practice and which are not," he said.

Patrick Braatz, executive director of the Oregon Board of Dentistry, said that he disagrees with the ADA's push for alternative testing methods, because those decisions should be made by the agencies charged with regulating the profession and protecting the public.

"The education institution does its job—it educates people. It's the board's job to determine whether people are adequately trained to practice," he said, adding he and other board leaders are more focused on having just one standardized exam.

"It doesn't really matter what kind of exam it is, we just want one exam," he said. "We're the only medical profession that doesn't have that, and all of the others have one exam."

Among the benefits of one exam, dentistry boards would be able to conduct an occupational analysis every five to seven years to update the test and ensure new dentists are trained in the latest techniques and treatments, Braatz said. ●

States that have implemented alternative exams

California
Portfolio exam

Florida
ADEX exam

Minnesota
Objective Structured Clinical Exam (OSCE)

New York, Minnesota, Connecticut, California
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Sitting down with ODA's new executive director



Conor McNulty brings to ODA a background in research, and an ethic of listening

by Barry Finnemore

WHEN CONOR McNULTY, CAE, joined the Oregon Dental Association staff, in February, as the executive director, he brought a background in research and an ethic of listening that he says informs his approach to serving members and the public in the best way possible.

"I try to operate from the standpoint of seeking first to understand people and their needs," McNulty said. "If you walk in with preconceptions, it limits how effective you can be. Sometimes you have wonderful data, sometimes you don't, so the ability to gather as much information as possible is key to being effective at anything. When you listen and ask the right questions, it's interesting what you can discover and accomplish."

McNulty comes to the ODA from the California Dental Association, where he served in numerous senior association management roles over more than eight years, among them as director of member programs for the Sacramento-based organization.

His professional experience has been cultivated in a handful of fields. He was in advertising and marketing in the publishing industry, served in business development for a start-up company, and also worked in corporate marketing for a large, privately owned real estate brokerage firm.

In joining the ODA, McNulty, who achieved his Certified Association Executive designation from the American Society of Association Executives in 2013, returns to the region where he was born and raised. McNulty grew up in NE Portland, went to Grant High School, and attended the University of San Francisco on partial athletic and academic scholarships.

McNulty played Division 1 soccer while at USF, and graduated with a bachelor's degree in marketing. He played professional soccer for a brief time in both the United States and Mexico, joking that "I'm pretty sure I spent more money playing soccer than I made."

In early March, McNulty was settling into his new position with the ODA, and meeting with ODA leaders and dental components throughout the state. He also was preparing for his wife, Gen, and their 7-year-old quadruplets, Russell, Molly, Ally, and Libby, to join him in Oregon. McNulty took time to share his thoughts with *Membership Matters* on a range of topics, including what drew him to the ODA and the challenges and opportunities ahead.



ODA: What interested you about the ODA opportunity?

McNULTY: The ODA has a national reputation for being a very strong and progressive association, with talented staff members and a lot of forethought from leadership on things like governance restructuring. Its history with ODS is unique and advantageous for the organization. I'm thankful and excited for the opportunity.

What are some of the challenges and opportunities for organized dentistry that you're looking forward to helping navigate and pursue?

We're seeing paradigm shifts within dentistry as a whole, not just organized dentistry, with health care reform and changes in the insurance landscape. Forces are putting

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

pressure on practitioners in every mode of practice. I'd say there have been more changes in the last five to ten years than in the last 30 or 40 combined. But with those challenges come great opportunities for the organization to continue to be a leader in helping support members and serving the interests of the public.

I look at things as optimistically as possible, and to me it's an exciting time. Many eyes are watching Oregon at the national level to see how health care implementation and the CCO structure work here. Dentistry is no longer a homogeneous membership population, with dozens of career paths and individual career needs. So many facets are evolving, not just with new graduates, but with members wanting to reinvent their practices to stay competitive or to better position themselves for retirement. Again, it's a great opportunity to serve members in the best way we know how.

What collective accomplishments are you most proud of during your tenure with the California Dental Association?

It was definitely a collective effort, but I would say that California was able to move the needle in terms of research initiatives on issues like insurance and understanding how they impact members nationally and within California. The Practice Support Center was created during my time

"I look at things as optimistically as possible, and to me it's an exciting time."

there, providing comprehensive support services to help dentists in their practices, but also new graduates navigate their career path (the support center's website notes that it is "full of valuable resources to help you do everything from starting a new practice to creating your own employee manual"). We were constantly trying to engage members, enhance offerings to serve their needs, and create value.

You studied marketing and went into the field immediately after graduating from college. What attracted you to it?

It's a challenging field, and no two days are alike. Whatever industry I've worked in has gone through significant changes and disruptions. When I joined the California Dental Association, one of the things I absolutely loved was the need to constantly keep your finger on the pulse of the industry and identify what members' and consumers' needs were. That's basically what marketing is: identifying needs and finding effective and creative ways to meet them. ●

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Hideki Taniguchi, RDT, Lead Ceramist

Board of Trustees meeting highlights March 8, 2014

- **Anna M. Knecht, DMD**, was appointed to the Annual Meeting Council.
- It is ADABEI (ADA Business Enterprises, Inc.) contract renewal time.
 - Trustees chose to renew ODA's co-endorsement of these companies:
 - ♦ Land's End apparel
 - ♦ In Touch Practice message on hold
 - ♦ The Dental Record electronic records
 - ♦ SurePayroll payroll processing
 - ♦ UPS shipping
 - ♦ Whirlpool appliances
 - ♦ HP computers
 - Trustees chose to add co-endorsement of the following companies:
 - ♦ Mercedes-Benz
 - ♦ CareCredit patient financing
 - ♦ HealthFirst amalgam recovery
- The ODA will renew our endorsement of Best Card merchant processing.
- The ODA has selected Westbearing Investments to manage our investments.
- Up to four ADA alternate delegates-at-large will be elected at the April 6 Board of Trustees meeting.
- The ODA president-elect will be selected, from the ten at-large trustees, at the May 31 Board of Trustees meeting.
- Registration and exhibit hall sales for the 2014 Oregon Dental Conference are strong.
- **Dr. Barry Taylor** will lead a mega-issue discussion on communication at the Board's May meeting.
- The mega-issue discussion at the ODA House of Delegates meeting will be about CCOs. It will be facilitated by **Dr. Tom Tucker**.
- ODA staff was asked to look into the feasibility of some type of component support; they will report their findings to the Board at their May meeting. ●



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Leadership Development Committee: Leading through change

THE PROFESSION OF DENTISTRY AS WE KNOW IT, is at a crossroads and is changing quickly. How does one lead through this change—in your practice, in your association, and in your community? These are the types of questions that were addressed at the ODA's Leadership Seminar, held March 7.

The day-long seminar was presented by the ODA's Leadership Development Committee. Preliminary survey responses show that it was well received and worth attendees' time. The LDC hopes this will kick off regular leadership training by the ODA. ●

Dr. David Preble, vice president of the ADA's new Practice Institute, started the morning by giving information from the ADA Health Policy Resource Center about the changing dynamics of dentistry.



Dr. Brett Kessler, president-elect of the Colorado Dental Association, talked about making decisions based on core values.

Dr. Kessler had attendees take the DISC personality test prior to the session, and then led them through an exercise that highlighted how different personality types approach the same task.



Oleya Z. Salathe, DMD; Fred A. Bremner, DMD;
Lori Lambright, and Rickland G. Asai, DMD



The day concluded with Dr. David Halpern, a past president of the Academy of General Dentistry from Columbia, Maryland, who lead attendees through the nuts and bolts of running a meeting—from the pre-meeting notice to logistics of keeping on agenda.



Post-session wrap-up

OREGON'S SHORT 2014 LEGISLATIVE SESSION adjourned on March 7, two days ahead of the constitutionally mandated 35-day maximum. Among the roughly 262 pieces of legislation introduced, legislators successfully tackled an expansion of cancer research at OHSU, with approval of \$200 million in bonding authority, but failed to pass other big ticket items, such as legalization of marijuana, gun control measures, and the Columbia River Crossing. This year was another productive legislative session for the Oregon Dental Association.

Have an idea for legislation?

Contact Christina Swartz Bodamer at cswartz@oregondental.org or 503.218.2010, x105.

SB 1561

In late 2013, the Oregon Board of Pharmacy promulgated rules that required all licensees who dispense any kind, or amount of, drugs in their offices, to register as a dispensary and pay annual fees. The Oregon Dental Association worked, in partnership, with the Oregon Medical Association and the Oregon Nurses Association, to draft and support Senate Bill 1561, which prevented the Board of Pharmacy from implementing this regulation. We argued that this was a solution in search of a problem, as, in the last ten years, according to the Board of Dentistry, no dentist has had a complaint filed against him or her for improper dispensary of drugs. Ultimately, the bill never made it out of committee, with a mutual understanding from the respective associations and board, that they would convene an interim workgroup and come back in 2015 with agreed upon legislation.

HB 4070

First introduced by Representative Vic Gilliam in 2013, House Bill 4070, allows a licensee who received a past disciplinary action against them, to request the Board of Dentistry expunge his/her license after five years, as long as it was self-reported, and no patients were physically or monetarily harmed. The Oregon Dental Association supported the bill in 2013, and likewise testified in support this session. The bill also received great interest from other health profession associations that supported the concept. As a result, the chair of the Health Care Committee asked all

interested parties create a uniform process for each board and come back in 2015 with a solution for expunging a record, while continuing to protect patients.

SB 1519

After hearing from member dentists across the state about how the Board of Dentistry handled the compliance of weekly spore testing, the Oregon Dental Association supported the passage of Senate Bill 1519. This bill codifies the recommendation from the Centers for Disease Control about weekly spore testing. It further removes from the Oregon Board of Dentistry website (but not the permanent record), a licensee's disciplinary action if it only relates to failure to spore test; it also creates some liability protections for Oregon Health and Sciences University. The bill was designed to prevent potential confusion between failures to comply with weekly spore test versus a dentist not sterilizing their equipment. It also addresses a concern the Oregon Dental Association has about how the Board of Dentistry communicates with its licensees. The bill's passage created an opportunity for the Board and Association to work together in the future to better communicate rules and regulations to members.

A special thank you goes out to State Senator **Fred Girod**, a retired dentist from Stayton, who sponsored the legislation and ensured its passage.

Looking ahead

Oregon is in the midst of an unprecedented transformation in our health care delivery system. Oral health has been recognized as a key component to overall health, yet is being integrated into a greater health structure without the benefit of a dedicated presence and voice to influence policy. Oregon is missing opportunities to promote oral health through statewide dental public health programs due to lack of leadership and dedicated and comprehensive funding in the public health department.

Through our advocacy, and with the help of Senator Elizabeth Steiner Hayward, the ODA successfully passed a budget note directing the Oregon Health Authority to report to the Emergency Board, in September, a plan to appoint a state dental director as part of the agency's 2015-17 budget.

Although this is a great first step, our work is not done. We will continue to advocate for a position description of that state dental director, which includes:

- Planning, directing, and coordinating the oral health unit
- Coordinating with state health agencies and programs and external partnerships to ensure that the relationships between chronic diseases and oral health are taken into consideration when providing care and preventive programs
- Forging internal and external partnerships and ensuring that oral health is addressed when policies are being considered and programs are being planned
- Leading the development and expansion of oral public health campaigns and care delivery systems



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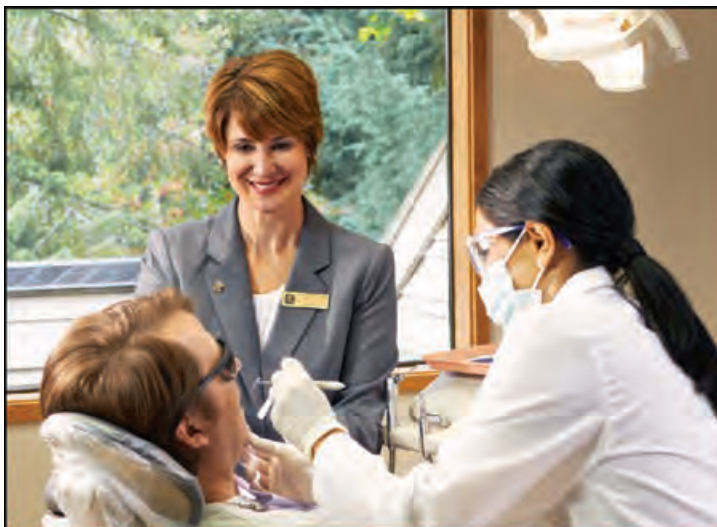
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April Love, DMD
Connie Masuoka, DMD
Leslie Milfred, DDS
Fariba Mutschler, DDS
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Deborah Struckmeier, DMD

MULTNOMAH DENTAL SOCIETY held their annual Give Kids a Smile and Children's Health Fair events together on February 22, from 10 AM to 2 PM. The event was originally planned for February 8, but the snow storm that hit the Portland metropolitan area that weekend forced us to reschedule.

The Reynolds Middle School gymnasium was transformed into a Health Fair that included many other important health screenings and services. These included immunizations, hearing and vision tests as well as many resources for low-income families in the community.

With the support of OHSU SOD students, Reynolds School District, the Boys and Girls Clubs of Portland, MDS dentists, and many volunteers and other community partners, 275 children received dental screenings and oral hygiene education. Many required urgent dental care and were treated on one of three MTI mobile dental vans that were onsite. Nearly \$50,000 worth of free dental treatment was provided in four short hours of service. Every child received a dental screening and fluoride varnish, as well as a goodie bag that included toothbrush, toothpaste, popcorn, and a prize. There were 161 families who registered; 400 sack lunches were provided to the children and families. ●





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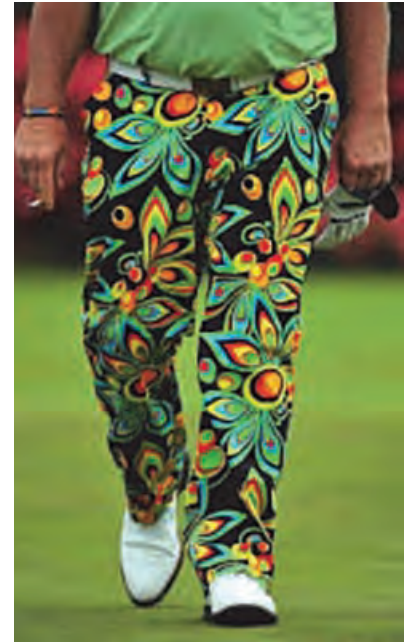
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Interested candidates: please contact Mary Daly at mary.daly@modahealth.com or call 503.329.8877.

Specialty “Dating” Offers Information

By Sydney Clevenger

DESPITE NEEDING TO STUDY for an impending midterm (first-years) and an oral pathology test (second-years), several dozen OHSU School of Dentistry students participated in Dental Specialty Speed Dating in mid-February, an evening event sponsored by the school's Alumni Association.

“We don’t know a lot about what we’re getting into beyond dental school, and it’s good to get feedback,” said first-year dental student **Jennifer Reynolds**. “It’s nice to hear different stories about paths to being a dentist.”

Dental students had the opportunity to talk in small groups with pediatric dentists, oral pathologists, orthodontists, periodontologists, endodontists, and more. Each small group conversation was 15 minutes and then dental students rotated to another specialist.

“I think I may pursue an AEGD (Advanced Education in General Dentistry) after dental school so I wanted to get information,” said second-year dental student **Keith Argaves**.

Nearly two dozen dental professionals volunteered to talk to dental students at the second annual event.

Eric Dierks, MD, DMD, FACS, who is heavily involved in the dental school’s oral and maxillofacial surgery residency program, wanted to ensure that students had the opportunity to learn about hospital surgery. **Greg Attack, DMD, ‘96**, advised dental students who “wanted an adventure or thought general dentistry might get boring” to opt for a general practice residency (GPR) program to open more doors. And Gary Nelson, DDS, who is on the faculty as an assistant professor of pediatric dentistry, enjoys working with students.

“I figured it was good for dental students to hear from a pediatric dentist,” said Dr. Nelson. “I usually like to be involved in student events. It makes life a little easier. And you don’t have to be an OHSU alum to help.” ●

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

The OHSU School of Dentistry can be found online at www.ohsu.edu/sod. The School is also on Facebook: www.facebook.com/ohsuschoolofdentistry.



Gary Nelson, DDS, OHSU School of Dentistry assistant professor of pediatric dentistry, talks to dental students at the Alumni Association-sponsored Dental Specialty Speed Dating event on February 18. (Photo by Sydney Clevenger)



presents

Nancy Lashley speaking on Learning To Fish: Dental Practice Marketing Made Easy

A quick and innocent search of the term “dental marketing” can very easily leave the unsuspecting dentist confused. Is SEO (Search Engine Optimization) really the cure to all your practice ails? What is Social Media and does it really fill empty chairs? Who do you turn to when you need a simple answer rather than to be sold on the latest magic bullet? Become informed with this simple and short course on dental marketing. learn how to fish, rather than put the fate of your practice success in the hands of those who happen to be selling the catch of the day. We’ll cover the 10 Points of Light, and you leave with a 10,000 foot view of dental practice marketing, as well as the 10 foot view of which step to take next.

Tuesday, May 13, 2014 6:00 – 8:00 p.m.
Valley River Inn, 1000 Valley River Way Eugene - 1.5 CE credits

For complete program details and registration:
lanedentalsociety.org/programs



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VOLUNTEER OPPS


NEED VOLUNTEERS (DENTISTS, HYGIENISTS/ASSISTANTS) FOR charity clinic in Salem—Simonka Place for Women. Call Dr. Bell 503.881.7206 for details.

MISCELLANEOUS

MODERATE SEDATION COURSE—INSTRUCTOR: STEVEN GANZBERG, DMD, MS. Dates: October 10-18, 2014 at Wendel Family Dental Centre Vancouver, WA. In conjunction with UCLA School of Dentistry. Cost: \$12,500. A deposit of \$500 is due at time of registration. Course is 80+ hours with 20 patient cases. Contact: Lori, 360.944.3813 or loris@wendeldental.com. Space is limited. AGD# 218643.

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