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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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Row 3: Drs. Karley Bedford, Kenneth Chung,  
Matthew Biermann, Steven Timm

Row 4: Drs. Jeff Stewart, Fred Bremner, Mark Mutschler, Jim McMahan

Not Pictured: Drs. Scott Hansen, Hai Pham, Deborah Struckmeier,  
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All letters and other submissions  
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### Articles

Are you interested in contributing  
to Membership Matters?

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

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

## ODA CALENDAR EVENTS & MEETINGS

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

**JAN 22, 2015**

**Speaker Host Training**  
(ODA)

**FEB 18, 2015**

**Dental Day at the Capitol**  
(Salem)

**APRIL 9–11, 2015**

**Oregon Dental Conference**  
(Portland)

**NOV 23–24, 2015**

**Oregon Mission of Mercy**  
(Portland)

## DBIC RISK MANAGEMENT COURSES

Current reporting period: January 2014 to December 2016

### 2015

**January 30**

Lane County – Eugene  
Mark Portman, 541.686.1175

**February 27**

Southern Oregon – Medford  
Amanda Davenport, 541.779.0017

**April 9**

Oregon Dental Conference – Portland

**October 16**

Southern Willamette – Corvallis  
Dr. Mark Swensen, 541.754.4017

**November 10**

Washington County – Beaverton  
Dr. Kathy Reddicks, 503.848.5605

### 2015, CONT.

**December 4**

Marion & Polk – Salem  
Sabrina Hance, 503.581.9353

### 2016

**April 7**

Oregon Dental Conference – Portland

**December 2**

Multnomah – Portland  
Lora Mattsen, 503.513.5010

**December 9**

Central Oregon – Redmond  
Dr. William Guy, 541.923.8678

## COMPONENT CE CALENDAR

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

**TUES, JAN 13** Marion & Polk **CE HRS: 2**

**Sleep Apnea:** Marty Johnson, MD

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

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

**TUES, JAN 13** Southwestern Oregon **CE HRS: 1.5**

**OSHA/HIPAA Compliance Training:** Roger Harding  
**LOCATION:** Coos Bay (Red Lion) **INFO:** Dr. Roger Sims, 541.267.5867

**TUES, JAN 13** Washington County **CE HRS: 1.5**

**Fraud Protection and Retirement Planning**

Bill Douglas, CPA, and Nelson Rutherford, CPA

**LOCATION:** Beaverton (Stockpot Broiler)

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

**WED, JAN 21** Multnomah **CE HRS: 1.5**

**Treatment Planning Issues in Maxillary**

**Posterior Implants:** Steve Beadnell, DMD

**LOCATION:** Portland (McMenamin's Kennedy School)

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

**TUES, FEB 10** Marion & Polk **CE HRS: 2**

**Orthodontics:** Bart Carter, DMD, MS

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

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

**TUES, FEB 10** Southwestern Oregon **CE HRS: 1.5**

**Oropharyngeal Carcinoma:** Steven Shimotakahara, MD

**LOCATION:** Coos Bay (Red Lion)

**INFO:** Dr. Keith Kano

**THURS, FEB 19** Multnomah **CE HRS: 1.5**

**It's Your Life: Establishing Your Personal & Professional Game Plan**

John Rosenthal, DMD, and Jess Gogumil, CPA

**LOCATION:** Portland (McMenamin's Kennedy School)

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

**TUES, MAR 10** Marion & Polk **CE HRS: 2**

**Sedation & Drug Updates:** OR Board of Dentistry

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

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

**TUES, MAR 10** Southwestern Oregon **CE HRS: 1.5**

**Oregon Pacific Financial Advisor Presentation**

Ronald Nauman, ChFC

**LOCATION:** Coos Bay (Red Lion)

**INFO:** Dr. Keith Kano

**TUES, MAR 10** Washington County **CE HRS: 1.5**

**Malpractice War Stories**

David Miller, JD, and Robert Wagner, JD

**LOCATION:** Beaverton (Stockpot Broiler)

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

**FRI, MAR 13** Lane County **CE HRS: 6**

**Oral Radiology:** Shawneen Gonzalez, DDS, MS

**LOCATION:** Eugene (Valley River Inn)

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

**WED, MAR 18** Multnomah **CE HRS: 1.5**

**Tooth Resorption, Diagnosis, Treatment**

Salwan Adjaj, DMD

**LOCATION:** Portland (TBD)

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

**TUES, MAY 12** Lane County **CE HRS: 2**

**Oral Oncology**

Wayne Ormsby, MD, and Haidy Lee, MD

**LOCATION:** Eugene (Valley River Inn)

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

**TUES, MAY 12** Marion & Polk **CE HRS: 2**

**OSHA HIPAA:** Teresa Davis, Physicians Resources

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

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

**TUES, MAY 12** Southwestern Oregon **CE HRS: 1.5**

**Pediatric Dental Presentation:** Heidi Pahls, DDS

**LOCATION:** Coos Bay (Red Lion)

**INFO:** Dr. Keith Kano

# We really do care about the state of oral health in Oregon



Barry J. Taylor,  
DMD, CDE

**T**HE EFFECTIVENESS OF the Oregon Dental Association's legislative agenda is quite evident in the current push to hire a dental director for the state of Oregon. The idea of having a dental director in the state has been discussed, and promoted, by the ODA for several years, and, for the 2014 legislative session, the ODA worked with Senator Steiner Hayward (D) to include a budget request that would require the Oregon Health Authority (OHA) to begin the process of defining the role and creating the position. Of utmost importance is that the legislation stated the position would be filled by a dentist. The proposed legislation has already positioned dentistry in a favorable light.

As an editorial in the *Bend Bulletin* stated, "We get it. Healthy teeth are really, really important, and unhealthy ones make us sick.

Unhealthy ones can be such a problem, in fact, that the state has a stake in improving dental health in Oregon". Too often, the public opinion of dentists has been cast in an unfavorable light. We are perceived as being self-serving when addressing the suggestions of a new level of dental provider; it is popular in this state to be against fluoridated water, and we will always be thought of

as high income earners, despite the debt load that recent graduates have. So, like the Oregon Mission of Mercy and other dental philanthropic efforts, which put our profession in a favorable light, it is great to see editorials in newspapers supporting the idea of a dental director. As the *Bend Bulletin* editorial stated, "Everyone agrees that the job is important."

A favorable editorial in the *Oregonian* states "a dental director makes sense." The key duties for the director outlined in the legislation includes:

- Provide recommendations and guidance to the authority and other state agencies, individuals and community providers on how to prevent oral diseases and measures to take to improve, promote and protect the

oral health of the citizens of this state, with a focus on reducing oral health disparities of underserved populations;

- Monitor, study, and appraise the oral health needs and resources of this state;
- Foster the development, expansion, and evaluation of oral health services for the citizens of this state;
- Provide information and education concerning oral health to the dental and health communities and the public;
- Develop policies to promote oral health; and
- Develop programs, policies, and preventive measures to impact oral health.

Also of great importance is that the state of Oregon currently is not eligible for federal grants and funding because we do not have a dental director. The state is missing out on millions of dollars in grants that could, potentially, be used for such things as improving preventive dental care for needy children in school. For the doctor in a fee-for-service office, the influence of the director may be of little significance. However for any doctor participating in a Coordinated Care Organization, a dental director could be very influential in getting dental care to be part of everyone's healthcare in the organizations. There are dental care proponents already in the CCOs but having a dental director could help coordinate the efforts statewide. A director could also be a proponent for higher reimbursement rates to dentists participating in the Oregon Health Plan so that more dentists would participate.

It would be easy to dismiss the idea of state dental director as just another layer of bureaucracy in Salem, which would serve of no use to the dentist in private practice. In reality having a dental director may indirectly help every dentist in Oregon regardless of their practice model. Having a director for the state of Oregon, will be of huge benefit for all Oregonians, and it is something that the ODA is wise to pursue. We do care about improving oral health for every resident. ●

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**Of utmost importance is that the legislation stated the position would be filled by a dentist.**

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

## Why I Volunteer



Rickland G. Asai, DMD

**I THOUGHT IT WOULD BE** rather simple and straightforward to share my charitable care experiences in this article. And in some ways it is. On another level however, it is not so easy. But let me start with why I volunteer donating dental care.

My primary reason for volunteering my services as a general dentist, when the need and occasion arises, is that, as a health care professional, I feel a professional obligation to do so. I do this partly in return for the opportunity to have received a dental education, and partly from possessing those specialized skills that only we, as dentists, can provide. I also recognize that there is oftentimes not much that separates those in need from those of us who are not. What I did not readily recognize, in the beginning, is just how much I would receive back in doing so. Most of the time these patients are so much more thankful than our everyday patient, and much less demanding than our esthetically driven patients. Don't get me wrong, I do love the challenge of general dentistry, but the very grateful patient just keeps me wanting to give back more, when I can.

I think some of my earliest volunteer activities were with a clinic started by Washington County Dental Society. It was called Dental Aid for Children. It was a lean operation, using

volunteer dentists and hygienists with a part time clinic coordinator/dental assistant. Due to various factors, the need for this clinic changed, especially with the growth of Virginia Garcia Memorial Clinic, an FQHC in a nearby small town. Also in Washington County, we have a Senior Smile Program where seniors who meet certain low income levels qualify for dental care at 50% reduced fees. These arrangements can be for a one-time treatment or for comprehensive and continuing care. I have one patient who has become part of the practice, as she values good oral health and quality dental care, and still receives her 50% discount.

Not long after that, the Donated Dental Services (DDS) program was started by Larry Coffee, and I signed up to participate in that too. It has continued to grow in Oregon and nationally, and I usually try to have one case in treatment. There is quite a waiting list for this program in Oregon and in most states. More volunteers are needed, as demand seems to outstrip supply. These patients are screened, and it is totally up to my discretion whether or not to take on any given patient, based on their needs, health care status, and personality. The DDS program has the support of various local dental labs that donate lab services.

My next volunteer activity involved being elected to the Board of Directors for the Dental Foundation of Oregon (DFO), the philanthropic arm of the ODA. The DFO initially was primarily active in raising funds to grow a corpus, the proceeds of which were then awarded out in grants to small dental



Dr. Asai, congratulating patient after treatment

care clinics around the state, to help fill in some financial gaps. The clinics most often were non-profit, low budget, high-need clinics, often relying mostly on volunteers to provide clinical services, with a small staff to manage the clinic schedule to maximize the volunteers time in delivering care. While serving on this board, we made a conscious decision to focus on children's dental care and to go from primarily funding care to becoming a provider of care, by initiating a mobile dental clinic which we fondly call the "Tooth Taxi." To maximize the efficient use of this state of the art dental clinic on wheels, we have a full-time staff to keep the van operating year around. It travels around the state, visiting various schools for up to a week at a time. The effectiveness of this could not have occurred

### For more information about volunteering for the organizations mentioned by Dr. Asai:

Senior Smile - Multnomah County, call: 503.513.5010

Senior Smile - Washington County, call: 503.848.5605

Oregon Donated Dental Service: [www.dentallifeline.org/oregon](http://www.dentallifeline.org/oregon)

Tooth Taxi: [www.smileonoregon.org](http://www.smileonoregon.org)

Give Kids a Smile! [www.ada.org/en/public-programs/give-kids-a-smile](http://www.ada.org/en/public-programs/give-kids-a-smile)

Oregon Mission of Mercy: [www.oregondental.org](http://www.oregondental.org)

Dr. Rick Asai is a past-president of the ODA and current 11th District trustee to the ADA Board of Trustees. He practices general dentistry in Portland and can be reached at [drasaidmd@frontier.net](mailto:drasaidmd@frontier.net).

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





without the cooperation of two critical partners, the Oregon Education Association Choice Trust, and ODS. This three-way partnership has set a new standard for efficiency and cost effectiveness of a mobile dental van of this type. In its first year of operation, the Tooth Taxi delivered over \$1,000,000 worth of care. I'm proud to be able to volunteer on the Tooth Taxi.

I have also participated in the Give Kids a Smile (GKAS) program. At first, we treated children in our office, but now we join in at one of the dental

school locations, although recent scheduling conflicts have precluded making it each year. This ADA-sponsored program has been a good way to increase attention and focus on the unmet need of dental care for our children.

Most recently, during my term as ODA president I was able to participate in the planning of the first OrMOM, in 2010. This turned out to be one of the best decisions that our Board of Trustees has made in recent years, as it continues to focus attention on the unmet needs for dental care, particularly for adults who are not helped much by the Tooth Taxi or GKAS. Not only did the 2010 OrMOM effort deliver much needed care to over 1,500 people, it also acted as a very positive and well-received profession-building activity—something that was much needed, on many levels, based on our member and non-member feedback. Community volunteers also feel so

moved to be able to help out those in need that they are also very gratified in being given the opportunity.

While some colleagues find satisfaction in donating time and talent traveling overseas, up to now I have made a conscious decision to do my volunteer work stateside. There seems to be plenty of need here at home to address. I do not find fault or criticize those who volunteer overseas, it is just not in my radar at this time, but who knows, that may change someday. Our daughter and son-in-law, both physicians, leave in January 2015 for Bangladesh, for a two-year medical mission. I have found great satisfaction in donating charitable care over the years. I know that many, if not most, of us do. It is just a part of what I believe makes us professionals. ●

This article originally appeared in the August 2014 issue of the *ACD News*. It has been reprinted here with the permission of the American College of Dentists and *ACD News*.

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## WELCOME NEW ODA MEMBERS!

**NICOLE J. APOLLON CHIROUZE, DMD**  
Salem • Marion & Polk Dental Society

**ANGELA I. JUSTICE, DDS**  
Woodburn • Marion & Polk Dental Society

**CHRISTIAN KECHT, DDS**  
Tigard • Washington County Dental Society

**KEVIN M. KRYDER, DDS**  
Portland • Multnomah Dental Society

**NICOLE L. OLIVARES, DDS**  
Portland • Multnomah Dental Society

**THOMAS T. PHAM, DMD**  
Beaverton • Washington County Dental Society

**SUSAN M. WELLMAN, DMD**  
Grants Pass • Rogue Valley Dental Society

## New Board of Dentistry Ruling

Effective January 1, 2015, all dentists and hygienists, regardless of sedation use, will be required to have current Minimum Health Care Provider Basic Life Support (BLS/Cardio Pulmonary Resuscitation (CPR) training or its equivalent. The Oregon Board of Dentistry has amended this rule so that failure to maintain, before your next license renewal, will be considered unprofessional conduct.



Become a Speaker Host, and receive FREE ODC Registration!

April 9–11 | Oregon Convention Center—Portland

## DENTISTRY

Honoring the Past, Embracing the Future



Lane County Dental Society and  
OHSU School of Dentistry Alumni Association  
present

Steven W. Beadnell, DMD  
**Medical Emergencies Update 2015**  
**Saturday February 7**  
8:00 a.m.-12:30 p.m.  
breakfast included  
Valley River Inn -1000 Valley River Way, Eugene  
Education Credits: 4 hours

Medical Emergencies occur daily in dental offices. Dentists and their staffs have an ethical and medicolegal obligation to recognize and appropriately respond to these emergencies.

Course content is appropriate for the entire dental team and fulfills the Oregon Board of Dentistry's re-licensure requirements for medical emergencies and anesthesia permits.

Free tuition\* for Lane County Dental Society Members and OHSU School of Dentistry DMD and RDH Alumni.  
Other Nonmember Dentists \$200, Dental Staff \$40, Students & Nonprofit Dental Staff \$30. \*Advance registration required.

The learning objectives include:

- Reviewing prevention of medical emergencies in the dental office
- Diagnosis of medical emergencies
- Management of common medical emergencies.



For program details and registration  
[lanedentalsociety.org/programs](http://lanedentalsociety.org/programs)



The 2015 Lane County Dental Society Annual Membership Meeting & Luncheon will be held following this program from 12:30 to 2:30 p.m. Details at [lanedentalsociety.org](http://lanedentalsociety.org)

The Annual Meeting Council is holding the fifth annual Speaker Host Dinner & Training on Thursday, January 22, 2015, at 6:30 PM at the ODA building in Wilsonville.

Attendees will learn/review the responsibilities and benefits of hosting, and have the opportunity to select which speaker(s) they would like to host.

**Register by January 9th** with Lauren Malone:

[lmalone@oregondental.org](mailto:lmalone@oregondental.org) or 503.218.2010 x101

**Can't attend in person?** No problem, you can join via conference call.

Please note that speaker host positions are available only to ODA members.





## **Congratulations to the newest inductees of the ACD.**

The following members were inducted in San Antonio.

*Front Row: Drs. Richard Garfinkle,  
Claire Campbell,  
Mark Mutschler, Andrea Beltzner*

*Back Row: Drs. Timothy Welch,  
R. Bryan Bell, Patrick Hagerty,  
David Dowsett, Eric Dierks*

## **FACING ADDICTION?**

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## Congratulations to ODA's newest fellows of the ICD.

Pictured here with inductees from District 11.

**Dr. Greg Jones**  
(middle row, 4th from left)

**Dr. Jim Katancik**  
(front row, 4th from right)

**Dr. Judd Larson**  
(middle row, 4th from right)

**Dr. Phillip Marucha**  
(middle row, 3rd from left)

## OAGD Dentist of the Year

The Oregon Academy of General Dentistry's (OAGD) 2014 Dentist of the Year award was presented to **Shane Samy, DMD, MAGD**, of Eugene, at the OAGD Annual Meeting on October 4 in Portland. The award recognizes a general practitioner who has made an extraordinary commitment to the community and to the profession. Criteria for the award include service to dentistry; service to the community; clinical skills; and contribution to and participation in continuing education.

Dr. Samy is an outstanding individual who has pursued excellence in dentistry and has gained the admiration of his peers. He has been practicing dentistry for over 20 years, and is currently the director of the prestigious Oregon—AID Implant Maxi-Course® and a fellow of the American Academy of Implant Dentistry. Dr. Samy has also achieved Diplomate status with the American Board of Oral Implantology/Implant Dentistry.

Dr. Samy recently completed a four year term on the Council for Annual Sessions with the American Dental Association, has been a trustee for the Oregon Dental Association, and served as the president of the Lane County Dental Society. He also served on the Oregon AGD board and was the OAGD Board President in 2005 and 2006. He is a master of the Academy of General Dentistry and continues to demonstrate a passion for lifelong learning and by all measures is to be regarded as achieving distinction in the field of dentistry. It was with great pleasure and pride that OAGD presented Dr. Samy with this award.

The Oregon Academy of General Dentistry is a professional organization comprised of over 900 dentists with a mission to serve as the premier provider of continuing dental education in Oregon so that Oregon's dentists may better serve our communities.



Congratulations to Dr. Shane Samy (right), who was awarded OAGD Dentist of the Year.



Great margins & prox. contacts!

As a confession, I tried to have this same crown made here by a local lab with the exact same impression. It came back with open margins, open proximal contacts - not only once, but twice. I am confident every time I seat an O'Brien crown that it will fit right, everytime. Thanks for being consistent with high quality + great customer service!

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great customer

Merry Christmas!

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Quality of service & craft

on a different important case.  
I appreciate the phone consultation  
to discuss options, and the X-Tra  
involve. Thank you Alex

**Your partner for Successful**

Quality of service & craftsmanship:  
~~Thank you~~

Case Went Great  
Everyone involved

W of the Week

Award  
(Perfect)

ty of service & craftsmanship:

ice & craftsmanship: Another perfect crown!! It's almost boring

of service & craftsmanship:

of service & craftsmanship: Good fit, pt. has  
a color of well brown  
times thank you KM



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Section 179 encourages small business owners to invest in equipment or technology by allowing them to deduct the asset's value the first year. When you acquire new equipment—including machinery, furniture, fixtures and off-the-shelf software, you may deduct up to \$25,000 of the value during the first year of ownership. Standard first year MACRS deduction applies to the remaining amount up to \$200,000.

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# MEMBER BENEFIT OF THE MONTH

## Protect your personal information *Bank of America® consumer financial tips*

**A** S A SERVICE TO ODA members, Bank of America has provided the following tips for keeping your personal information safe, especially during this holiday season.

### Take care of your personal information

Financial companies put tremendous resources into developing fraud and security protection systems for their customers' information and transactions. It's important for you to use a two-part fraud-protection strategy. First, find a bank that takes aggressive measures to help protect your accounts. Second, take steps to protect yourself.

### What is email fraud and how to recognize it

There are many types of email fraud. A recent and increasingly common type of email fraud involves the use of phony emails (phishing) that ask you to provide sensitive personal, financial or account information. You may be asked to supply the information in a return email, in a separate form attached to the email or by visiting a phony website using a link contained in the email message. The people attempting to get this information may use it to access your accounts directly to withdraw money or to open new accounts in your name using your information.

Recognizing email fraud is not always easy. The criminals who use email and online fraud to try and get your personal, financial, or account information are adopting increasingly sophisticated techniques. Always approach unsolicited email containing urgent appeals for security or personal information with great caution. You should always confirm the validity of email messages that appear to come from trusted sources. Do not provide your Social Security number, ATM or debit card PIN or any other sensitive information in response to an email. If you receive an email from your bank or credit card company, and you're not sure if it's real, don't click on any links in the email.

### Tips for protecting your personal information

- Be cautious when providing personal data such as your Social Security number and bank account or credit card account information over the telephone, in person, or online. Do not give out this information unless you are absolutely sure of the person with whom you are dealing.
- Carry only necessary identification with you. For example, do not carry Social Security card(s), passports, or birth certificates unless needed that day.
- Store cancelled checks, new checks, and account statements in a safe place
- Receive and store (electronically) as many of your account statements as you can
- Monitor your bills and bank statements frequently. Immediately report any suspected fraudulent transactions to the holder of your account.
- Question suspicious emails. Bank of America will never send you an email asking for your online ID or passcode.
- Install anti-virus and anti-spyware programs on your home computer. Keep these programs updated.
- Don't write your personal identification number (PIN), Social Security number, driver's license number, or credit card account number on checks, or on your ATM, credit card, or debit card. Stand directly in front of the ATM when entering your PIN.
- Keep mail secure. Do not mail bills or sensitive information from your home or from unsecured mailboxes. Retrieve and review your mail promptly.
- Tear up or shred pre-approved credit offers, receipts (including ATM receipts) and other information that could link your name to your account numbers.
- Check your credit report periodically and be sure all information is up to date and accurate. Have any fraudulent transaction deleted. For a free annual copy of your credit bureau report, contact [www.annualcreditreport.com](http://www.annualcreditreport.com) or call 877.322.8228.

### Practice Solutions from Bank of America

Whether you want to start a new practice or expand your current practice, Bank of America can help. They have the financing, business solutions, and industry experience to help you reach your goals. Bank of America offers a full range of dental practice financing options, plus the critical knowledge you need to establish and develop your business, from demographic site analysis of your dental practice location to the Practice Heartbeat® program, which helps you develop vital practice management skills. They can help you with:

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- Practice sales and purchases
- Owner-occupied commercial real estate
- Improvement, expansion, and relocation
- Equipment purchases
- Practice dept consolidation

Call 800.497.6076 to speak with a dental practice specialist, and make sure to let them know that you're an ODA member, **as ODA members receive a 50% reduction in administrative fees.** You can also find information online at <http://bit.ly/BofAPractice>.

*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>.*

# Looking forward

## ODA's Legislative Agenda



Daniel D. Saucy, DMD

**N**OW THAT THE NOVEMBER ELECTION is behind us, it's time for the Oregon Dental Association to finalize its 2015 legislative agenda. Last month, the Board of Trustees voted to approve the proposed agenda, as submitted and worked on by the Government Relations Council (GRC) over the last year. And, while this agenda continues to focus on advancing the oral health of Oregonians, items on this year's agenda are quite different from previous years. In the past, the GRC focused on specific substantive policy issues in the House and Senate Health Care Committee, rather than Ways and Means budgetary process. This year, ODA seeks to do the opposite. The following are our goals for 2015.

### **Dental Director in Oregon**

As Oregon continues to move forward in the midst of an unprecedented health care transformation, there still continues to be a lack of oral health leadership at the highest levels. ODA is currently in the process of drafting legislation, along with our coalition partners, to create a statewide Dental Director. This position would reside within the Oregon Health Authority and shall oversee the Office of Oral Health. Along with monitoring, developing, and implementing policies to promote oral health across the state, this position would also be in charge of doing annual data collection and surveillance of ongoing efforts to ensure both quality and efficiency of existing oral health programs. ODA understands that, with the creation of a state dental director, Oregon becomes eligible to apply for current federal oral health dollars.

Dr. Daniel Saucy is a general dentist in Salem. He serves as chair of the ODA's Government Relations Council and can be reached at [ddsdmd@teleport.com](mailto:ddsdmd@teleport.com)

### **Mandatory Oral Health Screenings**

ODA also introduced legislation that would require a student to receive a mandatory oral health screening within 120 days of entering kindergarten, unless a parent/guardian submits a waiver for religious reasons. This oral health screening would be required of any child attending a public school and could be performed by a dentist, dental hygienist, or appropriately trained school nurse (after rules are created by the Oregon Department of Education). This would allow for a nearly complete assessment of our school-based population and help identify and target areas that need the most serious intervention. It also provides an opportunity to educate and teach students the importance of brushing teeth, flossing, taking fluoride, etc.

### **Dental Lifeline Network**

While not a large monetary amount, ODA is requesting to reinstate support for the Dental Lifeline Network. State funding will go towards assisting the Oregon Donated Dental Services (DDS) program to help individuals with disabilities or those who are elderly or medically fragile and have no other access to dental care. Since inception, Oregon dentists and labs have donated over \$8.1 million worth of comprehensive treatment for 2,585 people.

### **Oregon Healthy Schools Initiative**

Last year, the GRC supported and helped pass legislation (Oregon



Healthy Schools Initiative) to allow a dental student (or nursing, medical, etc.) to receive free tuition if they commit to working in an underserved area in Oregon (according to Federal HPSA rules) for a certain period of time. By allowing students to graduate from school free of debt, instead of a program that pays off existing debt, students were able to buy dental clinics, houses, etc., without the burden of significant debt on their credit report. These slots were quickly filled up and the GRC will continue to lobby legislators to fund additional dental slots in 2015.

### Dental School Funding

Finally, the dental community is excited and proud to be a part of the opening of the new OHSU School of Dentistry. We believe this will be a model program and institution across the country, and we are committed to working with legislators to make sure it is properly funded and any excess costs are not shifted onto students with an increase to tuition.

Although our agenda focuses on budgetary requests, ODA and the GRC also are working on a few substantive policy issues:

### Prescription Drug Legislation

The GRC is also working on two pieces of prescription drug legislation. This year, the Oregon Board of Dentistry concluded that Expanded Practice Dental Hygienists do not have the authority to administer epipens. At the same time, the Board's Attorney General also stated that there was no current specific statutory authorization to allow a dentist to prescribe or administer prescription drugs. As a result, the Oregon Dental Association and the Oregon Dental Hygienist Association are collaborating on legislation that would clarify that the practice of dentistry

includes prescribing, dispensing, and administering prescription drugs, as well as allow dental hygienists to prescribe and administer prescription drugs for purposes only related to dental hygiene.

### Oregon Board of Pharmacy

Secondly, in 2013 the Oregon Board of Pharmacy, on guidance from the Attorney General's office, concluded that physicians, nurses, dentists, etc., were considered "drug dispensary units," if they gave patients a drug to take home when they left the office. As a result, the Board of Pharmacy created rules to require dentists and others to register with the Board of Pharmacy, pay an annual fee, be open for random inspections, subject to fines, etc. The ODA joined with other professional associations to push back on this ruling and is currently working on legislation to limit this additional requirement. We've argued that according to the Board of Dentistry, there has not been a complaint within the last 10 years against an Oregon dentist for inappropriate dispensing. We are progressing and believe a majority of legislators agree.

### Vaccinations

Finally, we are working with Senator Elizabeth Steiner Hayward (D-Portland) on a vaccination bill for dentists. Dr. Steiner Hayward (an OHSU general physician), as a result of health care transformation, believes that dentists should be able to administer vaccinations within their own offices. This would be completely voluntary, and dentists would not be required to if it did not make sense in their office. However, for those that wanted to do so, they would be able to administer shots. ●

*more 2015 Legislative Session coverage* →



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# DOPAC Update



Patrick V. Hagerty, DMD

**O**N ELECTION DAY, OREGON SHOWED that despite an increase in Republican majorities—both nationally and at the state level—Oregon continues to remain a strong blue state. Republicans took control of the United States Senate, as well as saw increases in Republican governors and seats in state legislatures across the country. Here in Oregon, results were quite the opposite. Governor John Kitzhaber (Democrat) soundly defeated Republican challenger Dennis Richardson, despite a strong push by Richardson at the end, and Senate Democrats picked up 2 seats (now a 18–12 split) in the Senate, and House Democrats picked up 1 seat (35–25) in the Oregon House of Representatives.

Overall, the Dentists of Oregon PAC (DOPAC) won 91% of the races we contributed too. We supported 57 candidates (52 of whom won) and spent exactly \$200,000. DOPAC continued to follow an effective strategy of supporting leadership members in both chambers and both parties, as well as legislators and candidates focused on promoting oral health in Oregon. In sum, we supported:

- 12 Senate Democrats (all won their seats)
- 6 Senate Republicans ( 5 winners)
- 20 House Democrats (all won their seats)
- 17 House Republicans (15 winners)

Finally, DOPAC supported Dr. Cedric Hayden (R-Roseburg) in his first election to office in the Oregon House. Dr. Hayden joins Dr. Fred Girod (R-Stayton) as one of only two licensed dentists in the Oregon Legislature. We are excited that both are current members of the Oregon Dental Association, and will bring a wealth of oral health knowledge to the Legislature and their respective caucuses. [ed note: For more on Drs. Hayden and Girod, see the article on page 18 of this issue.]

Overall, DOPAC continues to show that we are not focused on partisanship politics, but on those individuals committed to working with us to find the best healthy outcomes for Oregonians. Over the past year, we've met and spoken with every leadership member in the House and the Senate, we've held a fundraising event in partnership with the Oregon Society of Oral and Maxillofacial Surgeons and Moda Health, we've discussed the importance of oral health with both gubernatorial candidates, and we've met with countless candidates and legislators across the state.

A special thank you to all the members of the DOPAC board for all of their hard work. And most importantly, thank you to each ODA member. Your membership, support, and voice are vital to our collective efforts. ●

Dr. Patrick V. Hagerty is a general dentist in Albany. He serves as chair of DOPAC and can be reached at [patrick@patrickvhagertydmd.com](mailto:patrick@patrickvhagertydmd.com)





**8:00 AM Registration**

**8:30 AM–4 PM\* Training and Meetings with Legislators**

*\*Note: We will arrange a meeting with your legislator for you, and you do not need to stay until 4PM if that meeting is earlier in the day.*

*RSVP Today!*

## You are invited to ODA's Dental Day at the Capitol!

**February 18, 2015 8:30 AM–4 PM**

**Oregon State Capitol**

900 Court St NE, Salem, OR 97301

Join your ODA colleagues in a day at the state capitol helping to educate legislators and their staff about the importance of oral health. We'll start the day with orientation before you'll have a chance to meet with your legislator.

Additional opportunities to participate by staffing an education table are also available.

RSVP to Lori Lambright: [llambright@oregondental.org](mailto:llambright@oregondental.org) or 503.218.2010 ext. 104

**Be a part of the process: Join us!**

*more 2015 Legislative Session coverage* →



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# All Politics is Local

**W**HILE YOU MAY NOT BE POLITICALLY INCLINED, it is important to note that participation of ODA members (and prospective members) is a critical part of our collective work in advocacy, representation, and influence at the local, state, and national levels. As healthcare progresses through unprecedented changes at all levels, an active voice and presence from dentistry is always needed. While ODA has been successful in advocating for increased awareness and understanding of how oral health is an integral part of overall health and disease prevention, our efforts are built upon effective grassroots participation. Consider the following:

**Strength in Numbers** Your membership and those of your colleagues from around the state provide a strong and unified voice in Salem. ODA has passed 100% of its legislative agenda for the third consecutive year, something few other organizations can say in Oregon. Yet that voice can only remain active and influential with a large and engaged membership.

**A Citizen Legislature** Oregon state legislators meet for 160 days in odd years and 35 days in even years. Besides that time in Salem, each of them has a real job of their own. We have lawyers, cattle ranchers, teachers, union organizers, small business owners, etc. Only two legislators are licensed dentists (both interviewed in this issue). However, in 2013, the ODA tracked almost 30 bills that directly impacted dentistry. Active contact with dentists is imperative.

**Dentists: Leaders of the Dental Team** However, physicians, nurses, dental hygienists, oral health advocates, DCO administrators, and others all testify on dental related bills. *Do we want them shaping dentistry without input from dentists?* If we are to be leaders in oral health, we need to stand up and shape our profession at the policy level. That takes your involvement and response.

**Contact is Key** One of the priority objectives from the current ODA Strategic Plan calls for “100% of our state and federal legislators have a meaningful member-dentist contact.” While there are over 500 registered lobbyists in the state capitol, legislators like to hear what people in their own districts feel about a particular issue or item. It’s much easier for them to pick up a phone and call you, about what happens in their district and community, than someone in the lobby.

**Relationships Work Both Ways:** As you know, building strong relationships is key in all aspects of your personal and professional life. You are a valued member of your community — one people look to for insight on key issues. A legislator hosting a town hall on health care reform in Oregon may invite you to participate, looking to you for your insight and perspectives as a healthcare provider. It’s not uncommon to draw 200 local constituents to an event and hear “*Along with legislator ..., Dr. (Dentist) and Dr. (Physician) will be joining me at the podium...*” These types of opportunities are vital for developing relationships, but also help establish your name and credibility in the community.

**Dental Day 2015:** On February 18, the ODA is hosting the annual Dental Day in Salem. An organized and motivated group of dental student members, member dentists, and leaders from the dental teams have a great opportunity to connect with legislators and discuss oral health related issues. Nothing makes our efforts easier than walking into their office and hearing them say, “*Hi, Doctor..., so glad to see you again!*” Think relationship, relationship, relationship. Please save the date, spread the word, and plan to participate. A small effort goes a long way in helping to educate and engage legislators on the importance of oral health. ●



# GET INVOLVED AND MAKE A DIFFERENCE!

## ► ACTION ALERTS

Email alerts and requests to contact your legislators may come from the ODA and ADA as needed. These are quick and easy opportunities to lend your voice and support, without leaving your home or office.

## ► DENTAL DAY 2015

No experience necessary — just a willingness to join your colleagues for a partial day in Salem. Along with your peers from around the state, help educate legislators on the importance of oral health by sharing your voice and experiences. Mark your calendar for **February 18, 2015**.

RSVP to Lori Lambright at [llambright@oregondental.org](mailto:llambright@oregondental.org) or 503.218.2010 ext. 104.

## ► ODA GOVERNMENT RELATIONS COUNCIL

Studies state and local legislation and regulations related to dentistry and dental services, and provides recommendations regarding ODA's support of or opposition to proposed legislation and regulations. Want to get involved at the policy level? Contact the ODA for more information.

## ► SPREAD THE WORD

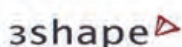
Share this issue and your thoughts with colleagues. Know a prospective member? Reach out and personally ask them to join and get involved — we all benefit from a stronger association.

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## Duo strives to strengthen the profession by serving as state legislators

By Melody Finnemore

**Fred Girod, DDS**, and **Cedric Ross Hayden, DDS**, have different personal backgrounds and became dentists for different reasons. Yet their motivation to become state legislators is rooted in a similar drive to protect and improve the oral health care profession.

FRED GIROD, DDS



**Over the last two decades, Dr. Girod has served in both Oregon's House of Representatives and the Senate. He has chaired the House Rules Committee and served on the House Revenue Committee, and was one of a few Republicans to join Democrats in voting to for the Oregon Health Plan.**

**D**R. GIROD BECAME A DENTIST because an uncle—who was a doctor in Lebanon—inspired him to enjoy science, and guided him in his career path. Dr. Girod, who graduated from the OHSU School of Dentistry in 1978 and earned a master's degree in public administration from Harvard University, says he has enjoyed multiple rewards from his work.

"When you are able to change the looks of someone, the smile you see on their face when you're done is very rewarding," he says. "Dentistry is very artsy. If you enjoy art and changing the way something looks, you enjoy it."

Now semi-retired from his Stayton dental practice, Dr. Girod continues to impact the profession through his work in the Oregon State Legislature. He has been involved in bills

related to sterilization monitoring and spore testing, as well as malpractice statutes and limits on damages, among other issues.

Over the last two decades, Dr. Girod has served in both Oregon's House of Representatives and the Senate. He has chaired the House Rules Committee and served on the House Revenue Committee, and was one of a few Republicans to join Democrats in voting to for the Oregon Health Plan.

In addition, Dr. Girod has served on the House Consumer Protection Committee, the House Workforce & Economic Development Committee, and as vice-chair of the House Government Accountability & Information Technology Committee. He also has served as vice-chair of the Senate Environment and Natural Resources Committee, the Senate Consumer Protection & Public Affairs Committee, the Joint Ways & Means Committee, and the Joint Ways & Means Subcommittee on Education.

The senator calls politics the ultimate challenge, noting it helps improve his mental acumen. It also complements the intellectual training he developed as a dentist. "Any time you deal with science, you're used to dealing with facts and being analytical," Dr. Girod said.

The challenges of being a legislator include the barrage of bills that are introduced during each session and must be dealt with in a limited time. Dr. Girod says he expects tort reform to continue to be a political issue in the coming sessions, as well as the rates dentists pay for licensure. He personally would like to see the scope of practice expand so that dentists could apply Botox facially, since dentists frequently deal with head and neck issues.



**Though Dr. Hayden met with frustration while trying to serve underserved Oregonians as a dentist, he hopes his work as a legislator can actually benefit fellow dentists. His experience of working with the Oregon Health Plan as both a provider and a contractor gives him a unique perspective about how to reduce administrative costs and increase efficiencies as Dental Care Organizations contract with Coordinated Care Organizations under the reformed health care model, he says.**

**W**HILE DR. HAYDEN ALSO WAS INSPIRED to become a dentist by a family member, his upbringing was a world away from Dr. Girod's. Dr. Hayden's father was a dentist who spent much of his time treating underserved populations abroad, often bringing his family along.

"I had the opportunity to travel pretty much world-wide as a youngster, watching my father practice public health," says Dr. Hayden. His father began practicing abroad, as a member of the U.S. Navy, and later worked with faith-based organizations in places like Trinidad and Tobago, and Saint Christopher Island, now known as Saint Kitts.

"He would come home to practice dentistry for six months, so he could afford to go out and do it again," says Dr. Hayden, whose three brothers and one sister are also oral health care professionals. "We're really blessed in the United States, and a lot of people don't have the opportunity to see the disparity of growing up in the U.S. compared to other countries."

Dr. Hayden graduated from the University of Missouri, Kansas City, School of Dentistry in 1984, and joined his father's Eugene practice before founding Hayden Dental with his brother, Matthew. Dr. Cedric Hayden now focuses primarily on hospital-based care while serving as a state representative. He says he got into politics after his efforts to treat underserved Oregonians were rejected by local authorities.

"We first offered a full-service dental clinic to two towns right here in House District 7, which is mostly comprised of rural areas in Douglas and Lane Counties," he explains on his legislative website. "My wife and I were astonished when our services were rejected

by local public officials. In one case, we had even purchased land for the clinic—property that still sits empty in an economically depressed logging town."

Dr. Hayden says he spent years building a modern semi-mobile dental clinic, and the only reason he can surmise for the rejection was that his operation was not a government-based solution. In response, he founded Caring Hands Worldwide, a non-profit organization that provides care in Micronesia.

Though he met with frustration while trying to serve underserved Oregonians as a dentist, Dr. Hayden hopes his work as a legislator can actually benefit fellow dentists. His experience of working with the Oregon Health Plan as both a provider and a contractor gives him a unique perspective about how to reduce administrative costs and increase efficiencies as Dental Care Organizations contract with Coordinated Care Organizations under the reformed health care model, he says.

"When DCOs report to the state, it now has to be one report for every CCO, which increases the DCO's burden. I feel like that's not really necessary. They could probably do a single joint audit with the CCOs, rather than doing 16 separate audits," Dr. Hayden says. "We need fewer management requirements, which typically go to Salem and collect dust on a shelf without being of real help." ●

Melody Finnemore is a freelance writer for ODA and a partner in Precision Communications. She can be reached at [precisionpdx@comcast.net](mailto:precisionpdx@comcast.net).

**CEDRIC ROSS HAYDEN, DDS**



# ADA HOUSE OF DELEGATES



Oregon sent six delegates and four alternate delegates to the ADA House of Delegates meeting in San Antonio, TX, October 10-14, 2014. Following are some reports from them about actions that occurred at the meeting, as well as their impressions of the ADA House of Delegates.

▲ Oregon's delegation to the ADA House of Delegates: Drs. Steve Timm (delegate), Rick Asai (delegate), Sean Benson (delegate), Jill Price (alternate delegate), Judd Larson (delegate), Kim Wright (alternate delegate), Patrick Hagerty (alternate delegate), Joni Young (delegate), Jeff Stewart (alternate delegate), and David Dowsett (delegate).



## From the Delegation Chair

By Judd Larson, DDS  
Delegate  
2014 Delegation Chair

### ONE OF MY LAST DUTIES AS ODA PRESIDENT

was the privilege of chairing our ODA delegation to the ADA House of Delegates. For those of you who have never been involved at the ADA House of Delegates, my comparison is that it's like watching Congress on C-SPAN, except we are talking about different issues related to dentistry and the ADA. Each state has a delegation which varies in size according to the number of dentists in that particular state. In Oregon, we have six delegates, and we can take up to six alternate delegates to the meeting. Each ADA House of Delegates seems to take on its own different feel, depending on the types of issues we are discussing, and the changes we are trying to make. The ADA House of Delegates was no different this year.

Our own 11th District, which includes Oregon, Washington, Montana, Alaska, and Idaho, put forth one of the resolutions that truly shaped this year's House of Delegates. Our resolution 108, which called for a 60% majority to amend the ADA bylaws at any

session of the House of Delegates, was the most discussed and action-packed resolution of the House. It ultimately did not pass, but the trickle down effects throughout the House were amazing to see, and it brought forth the passing of a comprehensive bylaws review—which was one of our main objectives in putting forth the resolution. It was truly a success. It showed how far the 11th District has come in its ability to prepare for the ADA House and create meaningful positive changes within the ADA. The 11th District is truly forward thinking, in its collective mindset, and understands that the ADA must make meaningful changes to remain relevant to its current members and to the new dentists throughout the country. The 11th District, through this process, was able to forge new positive relationships with the other 16 districts within the ADA House, and showed it can be a true political leader within the House.

We were talking to Dr. Feinberg, the newly installed ADA president, after the House of Delegates, and she marveled at the 11th District, and Oregon in particular, in our ability to have a great mix of younger and more mature leaders. She commented that more of our delegations need to develop in this manner so we can stay relevant to the new generation of dentists coming out of school. We have definitely made

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



a lasting impression at the national level, which is something to be proud of.

It has been a distinct honor and pleasure to serve as ODA president and Oregon's delegation chair, this year. We just have such an amazing wealth of knowledge and talent in Oregon, and throughout the 11th District. This is a remarkable bunch of individuals. I can't wait to see all of the great things that lie ahead for the ODA and the 11th District.



### **Dental Education, Science, and Related Matters**

By Jill Price, DMD  
Alternate Delegate  
Member of ADA Council of  
Dental Education and Licensure

**THIS YEAR, AS WITH PAST YEARS,** there are many resolutions that are primarily “house-keeping” that pass through easily on the consent calendar, and then there are the heavy hitters that come out of each council.

#### **Resolution 6. Amendment of the Bylaws to Establish the Commission for Continuing Education Provider and Approval of the Rules of the ADA Commission for Continuing Education Provider Recognition.**

This resolution passed with far greater numbers than had been expected. Members of the Academy of General Dentistry, and many steadfast ADA members heavily debated it. It was inquired why we really needed to separate out CERP as a commission. There was great concern for cost-effectiveness for the ADA, and whether it was truly advantageous. There was also concern that this commission may not have equal or weighted distribution of general dentists, and may be heavily laden with specialists. The ADA Board of Trustees, in a substitute resolution, was also in favor of creating the new commission, but with the stipulation that the House would review its effectiveness in 2019. It was discussed that if the Commission wasn't benefiting the ADA, we could always revert back to CERP being a committee of CDEL—which is how it stands now. For those that don't know, the ADA was interested in creating this commission because commissions keep at an “arms length” form the daily workings and bias from the ADA. The

mother of all commissions for the ADA is CODA (Commission on Dental Accreditation).

#### **Resolution 35: A Comprehensive Study of the Current Dental Education Models.**

This investigation of a study was a charge from the 2013 HOD to CDEL. This was probably the largest piece of work CDEL did this past year. I was appointed to the stakeholders group and found it very interesting collaborating with many educators and deans, students, practicing dentists, and health economists. Out of this stakeholders group, we defined the scope of the study and the cost associated with each area of study.

The Council thought there would be much discussion on this resolution because of the price tag attached to each area of study, but this resolution was discussed in Reference Committee without much issue, and passed easily in the HOD. The areas of study, I believe, were of much importance to the ADA membership and the educating community, which helped the passage of this resolution. The four domains of study will be:

1. Long-term sustainability of dental schools;
2. Efficiency of the current dental school curriculum and delivery methods;
3. Impact of student debt on dentistry as a career choice and subsequent practice choice;
4. Appropriate level of scholarship to ensure that dentistry continues to be a learned profession.

Our 11th District, which Oregon is in with four other states, proposed the most contentious resolution to the House. We recommended that for bylaws changes, we would like to see a 60% majority in lieu of the current 2/3 majority. The 11th District is progressive in our thoughts, and we felt that many good resolutions have failed at the House by a small margin. The House is truly ruled by the minority, and we wanted to still keep that, but tighten it up. Although our resolution failed, we achieved what we wanted by getting many other districts thinking. In my opinion for the years I've served as a delegate, this was the best piece of legislative work that had come from our district. We were concise in our words, campaigned hard, and delivered our message well. We had amazing support by California, our northeastern colleagues, and numerous others. We have decided that we will return with this proposal again in a future year. It is resolutions like this, that our region feels will help progress the ADA and keep this association viable for the future.



2014 ADA House of Delegates, cont.



## **CERP goes to a commission. What does this really mean?**

By Kim Wright, DMD  
Alternate Delegate

**CONTINUING EDUCATION RECOGNITION PROGRAM (CERP)** has—for the most recent history—been a committee under CDEL. The committee's charge is to develop and maintain the standards with which continuing education providers are held to when providing continuing education. They also review applications and award recognition to providers that demonstrate that they follow the standards. There is no entity that requires providers of education to be recognized by the ADA through CERP.

The driving force to move this to a commission began when the CERP committee wanted to remove commercial entities from being providers of continuing education. When this proposal went to CDEL for comment, the arm of CDEL that is responsible for the annual meeting was concerned that if commercial entities were not allowed to provide education, would they continue to support ADA's annual scientific session? This clearly put a spotlight on the fact that there are conflicts of interest within the ADA. On the one hand CERP felt it is "best practices" to remove eligibility to commercial entities, but the ADA does receive significant commercial support for many of their endeavors—one large one being the annual scientific session. Therefore, moving CERP to a commission will not give any other internal or external agency any undue influence or say into the decisions that CERP makes in regards to the standards, review process, or recognition decisions.

There are good and bad that could come out of this change. The good is that it removes any internal conflicts of interest within the ADA and creates an "arm's length" relationship. The bad is that being a CERP provider is a voluntary program. If significant changes to the standards or eligibility to become a

CERP provider are dramatically changed, providers of education could choose not to be CERP providers, thus reducing the benefits to the ADA and to members. Additionally, there will be little input to potential changes that the committee recommends, thus limiting input from leadership, members, or other stakeholders of continuing education. The committee is currently made up of a representative from every specialty organization, plus the AABD, ADEA, the American Society of Constituent Executive Directors, and four at-large members, two of which are general dentists.

This clearly is not an entity that many members interface with directly, but indirectly this could, over time, have significant impact on the delivery of continuing education.



## **Membership**

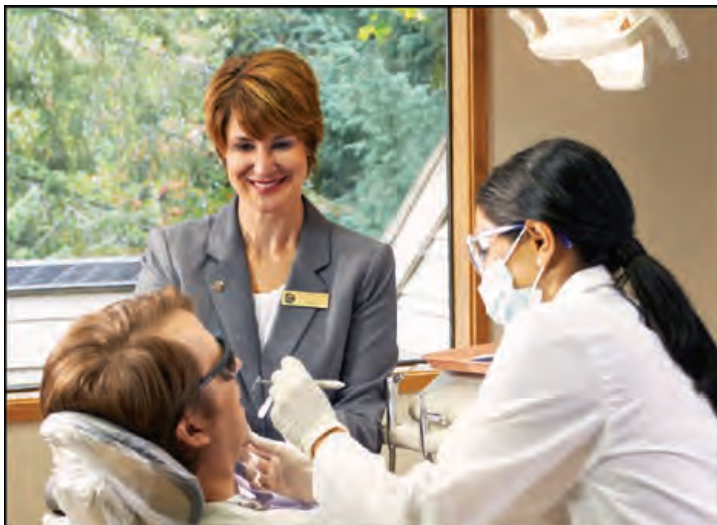
By David Dowsett, DMD  
Delegate  
Caucus Chair

### **THE 2014 ADA SESSION OPENED WITH AND CLOSED WITH A SINGLE MESSAGE:**

Times are changing, and without a clear understanding of ourselves and what we need to be, our mission will be lost. If we are not willing to take risks, our relevancy and influence will fade. This begins and ends with each ADA member. In that light, the following is a summary of actions taken in San Antonio relating to Membership and Related Matters. Dr. Heather Willis from Alaska represented the 11th District on the reference committee.

**Resolution 64.** The House moved to refer Resolution 64, which was put forth to examine and come up with specific ways to help ease the burden of student debt that is crippling many graduates. A report back to the delegates will be made in 2015. Specifically, they will be attempting to negotiate a partnership with a reputable lender to lower student loan interest rates.





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## 2014 ADA House of Delegates, cont.

**Resolution 104.** The most spirited debate centered around Resolution 104: whether to continue the stand-alone annual New Dentist Conference (NDC) or to combine the meeting within the ADA Annual Session. Those in support of keeping the stand-alone meeting argued that it has a more intimate feel, allowed more significant interaction with ADA officers and trustees. It is seen as a special benefit focusing solely on the new dentists without the overwhelming feel of the ADA annual meeting.

Those in favor of combining the two meetings noted declining attendance of the NDC, despite the increase in new dentist attendance at the ADA Annual Sessions, as well as the increasing cost to put on a separate meeting. They also cite the ability to see firsthand how the politics of the ADA really work and a greater exposure of what the ADA has to offer.

It was decided that in the interest of really discovering the best meeting format, the NDC would be combined with the ADA Annual Session for three years: 2016, 2017, and 2018, and that a report would be made to the House in 2018. The stand-alone conference will remain in place for July 2015. On a personal note, anyone practicing 10 years or fewer would benefit greatly by attending the NDC, as it really is a wonderful experience. It's a great way to build leadership skills, network, and learn.

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## Reference committee: Dental benefits, practice, and related matters

By Steve Timm, DMD  
Delegate

**RESOLUTIONS THAT GENERATED DISCUSSION ON THE FLOOR OF BOTH RC AND HOD AND MOVED FORWARD** (passed or referred to committee for additional work and implementation) include the following.

**Resolution 28.** Research has shown that the general population sees a dentist more often than they see their physician, so this resolution recommends the ADA explore the feasibility of the dentist becoming more involved in basic screening procedures for the most common diseases in the US—heart disease/high blood pressure, diabetes, high cholesterol, etc.—and explore the options how a dentist could be paid for those screenings

**Resolution 34.** Establish an ADA policy that dental schools should provide education to their students regarding drug and alcohol use/misuse

**Resolution 103.** ADA was directed to develop/ disseminate/strongly encourage use of a standard EOB form for universal dental use

**Resolution 110.** ADA was directed to generate policy and communication to advise third parties that develop and use dentist ratings systems based on cost or non-validated utilization patterns or other selected/limited criteria are misleading to the general public, unreliable and inherently flawed, and therefore should not be considered acceptable information provided by insurance companies/ brokers

My highlight of the meeting was the session with former U.S. president, George W. Bush. I thought he was very personable and very witty, not the impression I had of him previously.

Two other thoughts: the ADA BOT and executive management have righted the ship to end the budget year with a projected surplus of approximately \$6 million, of which the bulk will go to the operating capital reserve fund; no dues increase needed. And an interesting note—for the first time in the history of the ADA, we have three women leading: CEO, president, and president-elect. ●

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## ODA members recognized by ADA for volunteer service abroad

By Barry Finnemore

**T**WO OREGON ORAL HEALTH CARE providers, **Brian Holmes, DMD**, and **Richard Litchfield, DMD**, were recognized recently by the American Dental Association for volunteer service in developing countries.

They received the ADA Committee on International Programs and Development's Certificate for International Volunteer Service, which is presented to dentists and dental students who spent at least 14 days performing dental services in a foreign country in any two-year period.

*Membership Matters* spoke with Drs. Holmes and Litchfield about the honor and to learn more about the ways in which they give back.

### Dr. Brian Holmes

Dr. Holmes said he is humbled and grateful to expand access to health care in rural Ecuador, and appreciative of the recognition for his service. His dental volunteerism there, he added, was simply meant to be.

Some 30 years ago, he joined a church mission to the country. Just a few years ago, he was exploring ways to return when he happened to see an ad in the Journal of the American Dental Association that had been placed by the Tandana Foundation, a nonprofit seeking volunteers.

Dr. Holmes responded. Since 2012, he's traveled to Ecuador annually, providing oral health care to youngsters; working with local dentists on techniques, particularly placing sealants; and developing protocols for preventive care and infection control.

He returned from his latest trip in October. In a little more than a week, Dr. Holmes led a team that saw 300 children, placed 1,400 sealants and 50 fillings, and performed 88 extractions.

Dr. Holmes, a 1992 graduate of the OHSU School of Dentistry, said he was and continues to be inspired by the words of then-dean Dr. Henry Van Hassel, who encouraged students to consider themselves fortunate to receive a good education and develop a rare skill, and to share it with others. He also encouraged them to "invest in



One of the schools Dr. Brian Holmes visited, which sits at 12,200 feet in elevation.



yourself and what you know how to do," Dr. Holmes said.

He said his volunteerism is an investment in himself, the young patients, and their families, who are incredibly grateful for the care and share their best meals as a thank you. "I get great satisfaction out of serving others who can't do something for themselves."

His wife, Tammy, accompanied him in October, and his daughter, McKenna, has traveled with him to Ecuador, as well. During this fall's trip, Dr. Holmes treated—among other youth—a group of third-graders he had seen last year. Every child who had received sealants the prior year had no tooth decay. "A tingle goes up your spine," he said. "I thought I would shed tears of happiness. To see this...that's the payment."

Dr. Holmes said that when he volunteers, he typically treats patients throughout the day, without a break, until everyone in a community who needs care is seen. "Knowing I saw every single one of those kids, it feels good."

Giving back in Ecuador is just one of the ways Dr. Holmes serves. Since 2001, his office has provided care to kindergartners through sixth-graders at two schools in Florence and Mapleton for four or five days a year, in partnership with Medical Teams International (MTI) and its mobile dental van. He considers his overseas service an extension of his local volunteerism.

"Someone once asked me, 'When will you retire?' I said, 'I'll retire when I stop liking what I do.'"



## Dr. Richard Litchfield

In 2000, when Dr. Litchfield first traveled to Hanoi with his wife, Jacquie, they were visitors and volunteer teachers to the oral health professionals there. Today, they are that and so much more.

During nearly 15 years of annual trips to Vietnam, Dr. Litchfield has spearheaded chair-side training in the orthodontic clinic of the National Hospital of Odonto-Stomatology in Hanoi for doctors who have completed dental training and are focused on orthodontics. Jacquie, who has a teaching background, helps the doctors and staff improve their English and, consequently, their understanding of the concepts and techniques Dr. Litchfield imparts.

"I think it's a very effective way to teach," Dr. Litchfield said, noting that because of their visits of up to a month each year, "we really get a chance to teach." The doctors, he added, are "very motivated" and appreciative.

Along the way, the Litchfields have developed rich friendships with the doctors and their families, traveling with them, hosting them at their Eugene home, and introducing them to dental colleagues at professional events in the U.S. Dr. Litchfield called the ADA recognition "special" because it acknowledges the acceptance they've received from their Vietnamese counterparts.

"We've really bonded with them," Dr. Litchfield said.

The Litchfields' volunteerism in Vietnam has its roots at an American Dental Association meeting in Hawaii, when they connected with Health Volunteers Overseas, a nonprofit seeking help teaching orthodontics in Hanoi.

"I said, 'Yes, that's what I want to do,'" said Dr. Litchfield, who started



Dr. Litchfield with patient and about six doctors, plus the parents of the patient, in the Ortho clinic.



Dr. Richard Litchfield, his wife, Jacquie, and some of the orthodontic doctors and staff at Doctor's Day on February 27, 2012.

his Eugene practice in 1971 and retired in 2007.

Dr. Litchfield said volunteering in Vietnam has been an interesting and important way to give back as part of an expanding program there, helping

"wonderful doctors blossom ... and do what I consider to be very, very good orthodontics." ●

Barry Finnemore is a freelance writer for ODA and a partner in Precision Communications. He can be reached at [precisionpdx@comcast.net](mailto:precisionpdx@comcast.net).



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The historical photo (above) is from the Archives & Special Collections, Columbia University Health Sciences Library.

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In addition to over 80 lectures, the 2015 Oregon Dental Conference offers the opportunity for hands-on learning. The below workshops have limited attendance so be sure to secure your spot early. Registration is available on [www.oregondental.org](http://www.oregondental.org) starting the first week of January.

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CE CREDITS 3.5 RECOMMENDED FOR D H A OM LT

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### **Digital Dental Photography Workshop**

*It is too important, and just too easy not to use*

PRESENTER James Fondriest, DDS, FICD, FACD

RECOMMENDED FOR D H A OM LT

Thursday, April 9: 1:30 – 4:30 PM

CE CREDITS 3 ODA COURSE COURSE LIMIT 25 participants

NOTE Participants are encouraged to bring a personal SLR camera with macro lens, retractors and mirrors.

ADDITIONAL FEE \$50

DENTAL CHAIR FOR COURSE PROVIDED BY A-dec

Dental photography is the solution to reduce communication problems with patients, colleagues, and technicians. This hands-on course will review camera basics and how to take dental pictures quickly and efficiently. Participants are encouraged to bring a personal SLR camera with macro lens, retractors and mirrors; loaners will be available.

At the conclusion of this course, attendees will have learned:

- Camera options, ideal camera settings, software
- File management and how to share images
- Why digital Images should be used in everyday practice

**Instructor: James Fondriest, DDS, FICD, FACD** maintains a private practice focused on comprehensive aesthetic restorative dentistry. He has published extensively and lectures throughout the country to dental and laboratory associations and various study groups on aesthetics and restorative dentistry. Dr. Fondriest is a curriculum author and lead faculty for the esthetics continuum at Pankey and currently serves on their board of advisors. He is an advisor to Dentistry Today and has been included in their list of the top one hundred educators in dentistry. Some of his memberships include the ADA, Academy of Fixed Prosthodontics, the Academy of Osseointegration, and the Academy of Pankey Scholars.

Conflict of Interest Disclosure: None



### **Straightforward Ultrasonic Instrumentation**

*A Hands-on Workshop*

PRESENTER Cynthia Fong, RDH, MS RECOMMENDED FOR D H

CE CREDITS 3 ODA COURSE

Thursday, April 9 1:30 – 4:30 PM

Friday, April 10 2 – 5 PM

COURSE LIMIT 30 participants

PREREQUISITE Attendance of Ms. Fong's AM session, "The Fundamentals of Ultrasonic Debridement".

ADDITIONAL FEE \$50

MATERIALS/EQUIPMENT PROVIDED BY Dentsply Professional

This hands-on workshop will go beyond the fundamentals of ultrasonic to focus on the instrumentation criteria used for gross ultrasonic debridement, definite debridement, de-plaquing and instrument sequencing. Patient cases will be utilized to simplify proper clinical technique and to assist in selecting the appropriate technology and insert design to meet the individual needs of the patient. At the completion of this workshop, the participant will have gained the confidence and skills necessary to immediately incorporate the use of power scalers into practice.

**Instructor: Cynthia Fong, RDH, MS**, is a dental hygienist and a national and international speaker who presents continuing education courses on topics related to disease prevention and therapeutic oral care. She is a graduate of Union College and Columbia University. Previously she was a faculty member at UMD—New Jersey Dental School. Ms. Fong has been a member of and has held several leadership positions with the American Dental Hygienists' Association and the American Dental Education Association of Dental Schools. Previously she served on the American Dental Association National Board of Test Constructors in Dental Hygiene and as a Board of Director for the North East Regional Board of Dental Examiners.



Conflict of Interest Disclosure: Ms. Fong is a stock shareholder in Dentsply International. Dentsply Professional is providing equipment support for her hands-on sessions.



## Suturing for the Dental Practitioner and Surgical Staff Workshop

**PRESENTER** Lee Silverstein, DDS, MS, FACP, FICD

**RECOMMENDED FOR** D H A

**Friday, April 10 9 AM – 12 PM**

**CE CREDITS** 3 ODA COURSE

**COURSE LIMIT** 32 participants

**ADDITIONAL FEE** \$50 for staff; \$100 for doctors

**COURSE MATERIALS/EQUIPMENT PROVIDED BY** BioHorizons

This hands-on course makes suturing and socket grafting easy with discussions on materials, needles, techniques, and surgical knots. It also shows the how, when and why of suturing for particular clinical procedures and the placement of regenerative barriers. This course is a must for all members of the surgical team.

At the conclusion of this course, attendees will have learned:

- The different suture needles and what type of procedures they are used for
- The different suture thread materials and what clinical situations they should be used for
- The different suturing techniques and what clinical situations they should be used for
- A user-friendly method for performing socket grafting

**Instructor: Lee Silverstein, DDS, MS, FACP, FICD** is an associate clinical professor of periodontics at the Georgia Health Sciences



University in Augusta, Georgia. He lectures both Nationally and Internationally on the topics of periodontal plastic surgery, dental implantology, hard and soft tissue regenerative surgical techniques, and oral medicine. Dr. Silverstein has contributed extensively to the literature, with over 140 scientific articles published in referenced journals, has been a contributing editor to numerous textbooks, and has written nine textbook chapters. Dr. Silverstein is the author of the highly acclaimed textbooks: Principles of Dental Suturing: A Complete Guide to Surgical Closure and Principles of Soft Tissue Surgery: A Complete Step By Step Procedural Guide. Dr. Silverstein's latest textbook is titled, Principles of Hard Tissue Regeneration and Implant Therapy: A Complete Step-By-Step Guide. Most recently, Dr. Silverstein released a new book on surgical flap closure entitled, The Suture Book: The Definitive Guide to Dental Suturing and Surgical Flap Closure. Dr. Silverstein is the director and senior instructor for Advanced Dental Educational Seminars. He maintains a private practice at Kennestone Periodontics in Marietta, Georgia.

*Conflict of Interest Disclosure: None*

## Socket Grafting and Regenerating Bone Using Allograft Materials

*A Hands-On Course*

**PRESENTER** Lee Silverstein, DDS, MS, FACP, FICD

**RECOMMENDED FOR** D H A

**Friday, April 10 2 – 5 PM**

**CE CREDITS** 3 ODA COURSE

**COURSE LIMIT** 32 participants

**ADDITIONAL FEE** \$50 for staff; \$100 for doctors

**COURSE MATERIALS/EQUIPMENT PROVIDED BY** BioHorizons

This hands-on course makes socket grafting and atraumatic extraction of teeth easy. User-friendly demonstrations and illustrations will make understanding why, when, how and with what to graft a socket very easy, cost effective, and predictable. This course is a must for surgical team members.

At the conclusion of this course, attendees will have learned:

- Why to choose socket grafting
- When to socket graft
- What to use for socket grafting
- How to suture socket grafted sites

## What's New in Endo

*Biochemical Irrigation, Rotary Instruments, and Obturation*

**PRESENTER** John Olmsted, DDS, MS

**RECOMMENDED FOR** D H A

**Sat., April 11 8 – 11 AM**

**CE CREDITS** 3 OSAE COURSE

**COURSE LIMIT** 35 participants

**NOTE** Attendees should bring two or three multi-rooted teeth not mounted with straight line access cavities prepared. (Teeth must be patent to a #10 or #15 handfile) and loupes.

**ADDITIONAL FEE** \$50 for staff; \$100 for doctors

**MATERIALS/EQUIPMENT PROVIDED BY** Kerr Corporation

This hands-on course will introduce you to continuing improvements with new biochemical irrigation, the latest in endodontic adaptive rotary/reciprocation files, and multiple obturation techniques.

At the conclusion of this workshop, attendees will be able to:

- Demonstrate the various steps of biochemical irrigation
- List the steps of instrumentation with new adaptive rotary/reciprocation files
- Outline the multiple obturation techniques

**Instructor: John Olmsted, DDS, MS** is a past president of the



American Association of Endodontists, and past general chairperson of the ADA 2004 Orlando Meeting. He has been active in practice, teaching, lecturing, and professional dental organizations for the past 37 years. Dr. Olmsted has presented 394 days of scientific sessions with international, national, regional, state dental meetings, and dental schools. He is emeritus in a group endodontic practice in Greensboro, NC. Dr. Olmsted received his DDS from the University of Iowa in 1975 and was awarded OKU. He earned his MS from the University of North Carolina in 1977, and is currently an adjunct professor in endodontics at the University of North Carolina and the University of Iowa. He is certified by the American Board of Endodontics and obtained his Fellowship in the Academy of General Dentistry in 1984, Fellowship in the International College of Dentists in 1989, Fellowship in the Pierre Fauchard Academy in 1993, and Fellowship in the American College of Dentists in 1995.

*Conflict of Interest Disclosure: None*

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## Meeting highlights

November 1, 2014

The following people were elected to a four-year term on the HSG/Moda Board of Directors:

- ▶ **Dr. Michael Biermann**
- ▶ Mr. Steve Hill
- ▶ **Dr. Michael McKeel**
- ▶ **Dr. William Ten Pas**

The following slate was approved for the 2015 ODS Board of Directors:

- ▶ **Dr. David Howerton**
- ▶ Mr. Robert Gootee
- ▶ **Dr. Mark Jensen**
- ▶ Ms. Molly Bordonaro
- ▶ **Dr. G. Jim Darke**
- ▶ Ms. Jill Eberwein
- ▶ Mr. George Passadore

The following people were elected to a three-year term on the Dental Foundation Board of Directors:

- ▶ **Dr. Rickland Asai**
- ▶ **Dr. Phillip Marucha**
- ▶ **Dr. William Ten Pas**
- ▶ Ms. Rebecca Boyette

Trustees were given a introduction to two new member engagement programs that are currently under development: digital badging and a new member welcome program.

The 2015 ODA Legislative Agenda was approved.

The following 2015 ODA Task Forces have been created:

- ▶ **Licensure Task Force:** will work according to the 2014 ODA House resolution
- ▶ **Member Engagement Task Force:** is merging with the current Member Benefits Task Force to determine how ODA can better engage our members
- ▶ **Policy Review:** will review ODA policies and recommend revisions ●

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## Addressing Early Childhood Tooth Decay in Sweet Home

### *Tooth Taxi reaches young parents*

While the Tooth Taxi recently completed their seventh visit to the Sweet Home school district in Linn County, assistant Catherine Johnson reached out to young parents at the high school for an evening session of addressing early childhood tooth decay. Catherine's report:

A special  
Tooth Taxi report by  
Catherine Johnson

Three parents, one grandmother, and four children from nine months to three years of age, attended the family night at Kidco Head Start. All families received oral hygiene kits (toothbrush, paste, mirror, timer, and floss) and hand-outs on healthy eating. Oral hygiene kits and handouts were left with staff for those who were not able to attend.

Catherine Johnson with  
a patient in Sweet Home.



Though it was a small group, it was the most proactive group I've ever presented to. The three moms asked a lot of questions about their children's care, their own oral health, and that of their spouses.

I showed them brushing and flossing techniques. I gave handouts that showed pictures of bottle decay as well as shared photos of what decayed adult teeth look like. That really put it in perspective for them! When I was showing them pictures of what an infected baby tooth looks like (the pimple on the gum) one mom asked, "Can an adult get that? My husband has that, and it comes and goes." I said yes, and she replied, "I'm getting him to the dentist." They were very interested in learning and doing things the right way.

I shared the importance of getting their children in to see the dentist within one year of age and that it would most likely be a knee-to-knee exam. These appointments are good as the kids get used to going to dentist for exams. One mom said she tried to take her child in but the dentist she went to said three years old was too young.

I shared the ADA recommendation that children should visit the dentist within 6–12 months of eruption of first tooth, and suggested that she seek a different dentist.

I then had parents join the kids, and parents demonstrated how they brush their kids' teeth. All the moms were doing a great job.

This audience learned that tooth decay is a preventable disease.

The Dental Foundation of Oregon is the charitable arm of the Oregon Dental Association.

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

Back at Oak Heights Elementary School, 68 students learned about the value of good oral health and proper brushing techniques during classroom presentations, while 28 students received treatment in the Tooth Taxi totaling \$15,104 in donated dental services. ●



## **You're Invited!**

### **DFO Charity Poker Tournament**

Sponsored and Hosted by **BnK Construction**

DATE: **Saturday, January 31, 2015**

LOCATION: **Moda Plaza in Milwaukie**

REGISTER: **Online at [www.SmileOnOregon.org](http://www.SmileOnOregon.org)**

Join us for a good old fashioned Texas Hold 'em Poker Tournament, complete with dinner, drinks, and prizes. Proceeds go to support the Dental Foundation of Oregon programs, like the Tooth Taxi.

There is a \$25 buy-in to get into the tournament, and a \$100 donation to the DFO is strongly suggested; tax receipts will be provided. Beginners and couples are welcome!

Space is limited, so register now to hold your space. If you have questions, call Charlie LaTourette at 503.594.0881 for more information.

**Register Now**

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



## **Win a 2015 Toyota Camry SE**

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**\$100 per ticket. Only 1,000 tickets sold. Drawing at the ODC. Need not be present to win.**

MSRP: \$24,655.00 - Winner responsible for applicable taxes and fees.



## OHSU School of Dentistry Offers Access to 3D Cone Beam Scanning

By Sydney Clevenger



**A THREE-DIMENSIONAL CONE BEAM SCANNER** was recently added to OHSU School of Dentistry's arsenal of radiology tools, expanding offerings for dental faculty, students, and patients, as well as private practice dentists.

"Our new machine offers variable image sizing, single quadrant imaging, increased resolution, and less radiation for patients," said Shawneen M. Gonzalez, DDS, MS, director of radiology. "We can identify a range of dental issues from missed root canals, bony lesions, difficult-to-extract teeth, bone quantity for implants, cleft palates, impacted teeth, and much more.

"The functionality of the cone beam is really exciting," she said, "and goes way beyond what we've been able to do in the past." Particularly exciting, said Dr. Gonzalez, is the cone beam's ability to take panoramic and lateral cephalometric skull radiographs."

The new cone beam scanner—the Carestream 9300—was generously donated to the School by Carestream Dental.

For their 3-D scan, patients are seated and their head stabilized to ensure only one scan is necessary. After a pre-shot, or scout view, the scan takes from eight to 20 seconds, said Dr. Gonzalez, compared to the older three-dimensional scans which take at least 20 seconds, increasing radiation exposure. The computer then does a reconstruction of the scan, which takes less than 10 minutes.

Because few private practices in Oregon have three-dimensional cone beam scanners, OHSU School of Dentistry is accepting referrals from dentists in Oregon and southwest Washington. Dr. Gonzalez is currently the only board certified and licensed oral radiologist in the state, and she reads and interprets all of the radiographs from the cone beam.

"We can see private dentists' patients here in our new Skourtes Tower facility, or we can read three-dimensional scans that dentists send of their patients," said Dr. Gonzalez. For information on how to access the cone beam scanner, please call 503.494.8930.

"The new technology is so versatile and we can do so much more for patients with a wide range of dental problems," said Dr. Gonzalez. "We are just beginning to achieve our potential at the school with the cone beam." ●

The OHSU School of Dentistry can be found online at [www.ohsu.edu/sod](http://www.ohsu.edu/sod).

The School is also on Facebook: [www.facebook.com/ohsuschoolofdentistry](http://www.facebook.com/ohsuschoolofdentistry).

Sydney Clevenger is Communications Coordinator for the OHSU School of Dentistry. She can be reached at [clevenger@ohsu.edu](mailto:clevenger@ohsu.edu).





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## DENTAL OPPORTUNITIES

### GENERAL DENTISTRY

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**SE PORTLAND DENTAL PRACTICE FOR SALE.** Leasehold and Dental Equipment Only. Office has 3 fully equipped ops and is entirely digital. Office is located on SE 82nd in a very busy shopping center with signage on SE 82nd. Price is \$97,000 firm. Start your dream dental practice today! Please email [drkgang@sunrisedental.com](mailto:drkgang@sunrisedental.com) for more information.

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## MISCELLANEOUS

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