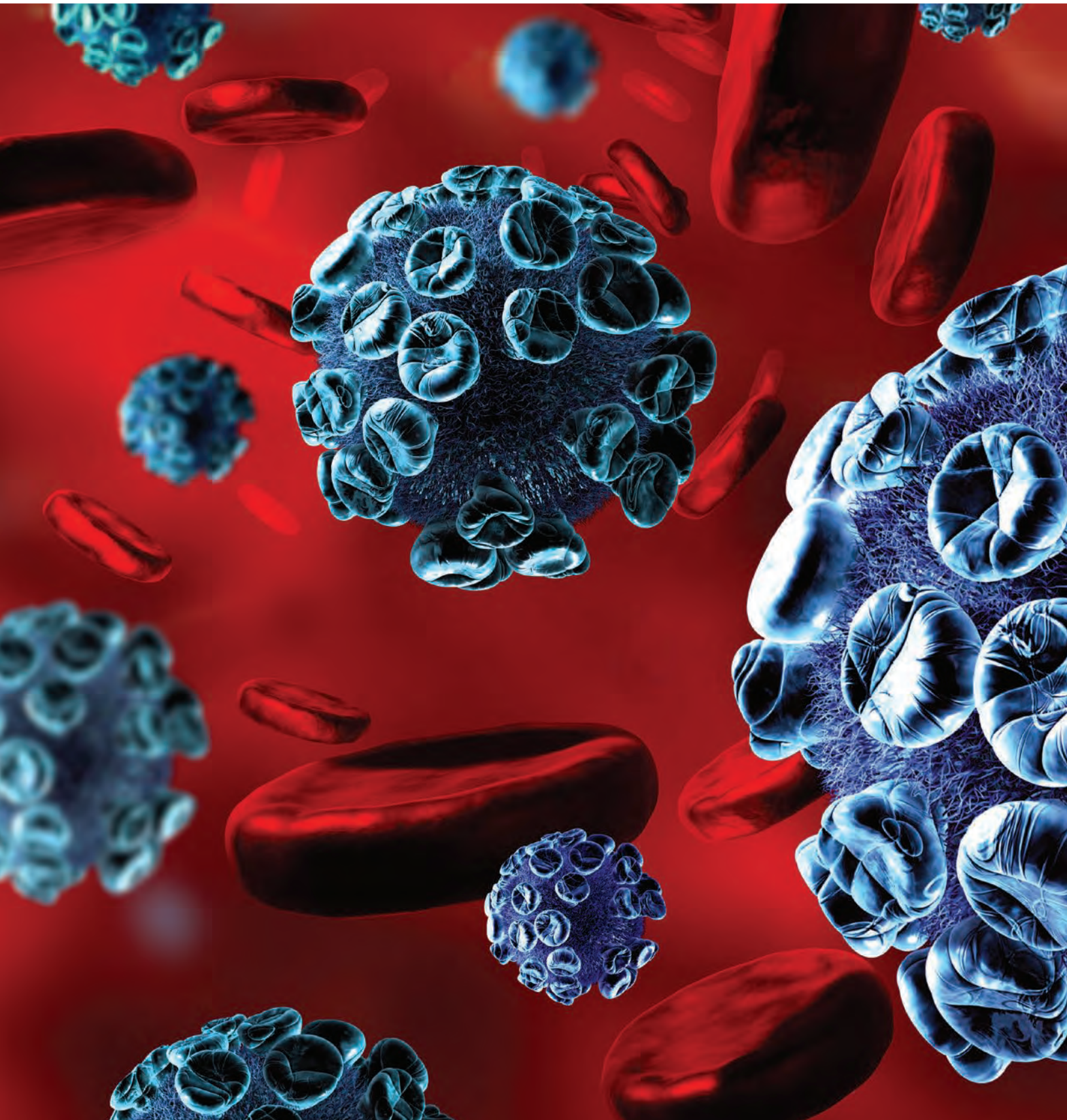
OREGON DENTAL ASSOCIATION

MEMBERSHIP matters

September 2014



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

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OREGON DENTAL ASSOCIATION
PO Box 3710, Wilsonville OR 97070
503.218.2010 • www.oregondental.org

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CONTACT US

Letters to the Editor

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

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

Articles

Are you interested in contributing to Membership Matters?

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

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Blog www.TheToothOfTheMatter.org

ODA CALENDAR
EVENTS & MEETINGS

SEP 26	9:00 AM	**Board of Trustees meeting** *(Portland)*
NOV 1	8:00 AM	**Board of Trustees meeting** *(ODA)*
FEB 18, 2015		**Dental Day at the Capitol** *(Salem)*
NOV 22–23, 2015		**Mission of Mercy VI** *(Portland)*

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

DBIC RISK MANAGEMENT COURSES

Current reporting period: January 2014 to December 2016

2014

October 28
Clackamas County – Oregon City
Dr. Fred Bremner, 503.784.9267

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

2015, CONT.

November 10
Washington County – Beaverton
Dr. Kathy Reddicks, 503.848.5605

December 4
Marion-Polk County – Salem
Lori Lambright, 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.*

TUES, OCT 14 Marion & Polk **CE HRS: 2**
Getting a Grip on your own Retirement
Ron Kelemen, CFP
LOCATION: Salem (Airport)
INFO: www.mpdentalce.com or mpdentalce@qwestoffice.net

TUES, OCT 14 Southwestern **CE HRS: 1.5**
Oral ID—Cancer Screening Device Presentation
LOCATION: Coos Bay (Red Lion)
INFO: Dr. Roger Sims, 541-267-5867

FRI, OCT 17 Clack./Mult./Wash. **CE HRS: 6**
Tri-County Meeting: OSHA Compliance and CDC Guidelines for Infection Control
Samuel Barry, DMD
LOCATION: Portland (Oregon Convention Center)
INFO: www.multnomahdental.org or lora@multnomahdental.org

FRI, NOV 7 Lane County **CE HRS: 6**
Essentials of Dental Sleep Medicine
Leila Chahine, DMD
LOCATION: Eugene (Valley River Inn)
INFO: www.lanedentalsociety.org/programs

TUES, NOV 11 Marion & Polk **CE HRS: 2**
The Medical Management of Caries with Silver Nitrate Steve Duffin, DDS, MBA
LOCATION: Salem (Airport)
INFO: www.mpdentalce.com or mpdentalce@qwestoffice.net

TUES, NOV 11 Washington County **CE HRS: 3**
Medical Emergencies in the Dental Office
Jeffery Reddicks, DMD
LOCATION: Beaverton (Stockpot Broiler)
INFO: www.wacountydental.org or wcdskathy@comcast.net

WED, NOV 19 Multnomah **CE HRS: 2**
Head and Neck Cancer for Dental Providers
Peter Anderson, MD & Neil Gross, MD
LOCATION: Milwaukie (Moda Plaza)
INFO: www.multnomahdental.org or lora@multnomahdental.org

TUES, DEC 9 Marion & Polk **CE HRS: 2**
Differential Diagnosis of Periradicular Disease Jeff Stewart, DDS, MS
LOCATION: Salem (Airport)
INFO: www.mpdentalce.com or mpdentalce@qwestoffice.net

WED, DEC 17 Multnomah **CE HRS: 2**
Treatment Planning Issues for Maxillary Anterior Immediate Implants
Steve Beadnell, DMD
LOCATION: Portland (Kennedy School)
INFO: www.multnomahdental.org or lora@multnomahdental.org

2015

TUES, JAN 13 Marion & Polk **CE HRS: 2**
Sleep Apnea Marty Johnson, MD
LOCATION: Salem (Airport)
INFO: www.mpdentalce.com or mpdentalce@qwestoffice.net

TUES, JAN 13 Southwestern **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 or wcdskathy@comcast.net

WED, JAN 21 Multnomah **CE HRS: 2**
Treatment Planning Issues in Maxillary Posterior Implants Steve Beadnell, DMD
LOCATION: Portland (Kennedy School)
INFO: www.multnomahdental.org or lora@multnomahdental.org

SAT, FEB 7 Lane County **CE HRS: 4**
Medical Emergencies Update 2015
Steve Beadnell, DMD
LOCATION: Eugene (Valley River Inn)
INFO: www.lanedentalsociety.org/programs

OSHA COMPLIANCE & CDC GUIDELINES FOR INFECTION CONTROL CE COURSE

PRESENTED BY: SAMUEL BARRY, DMD

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- Earn 6 CE credits.

ABOUT THE SPEAKER

Dr. Samuel Barry is a certified OSHA trainer and has presented over 200 classes on OSHA compliance, blood-borne pathogens and infection control. He graduated from OHSU School of Dentistry in 1982 and currently works for Henry Schein Dental as a field sales consultant.

Sponsored by Multnomah Dental Society, Clackamas County Dental Society and Washington County Dental Society.

Friday, October 17
8 a.m. – 4 p.m.
Oregon Convention Center
777 NE Martin Luther
King Jr. Blvd., Portland OR 97232

REGISTER

Visit multnomahdental.org or call 503-513-5010.

Preregister:

$30 individual/$100 office (up to four) for ADA members
$60 non-ADA members

At the door:

$50 ADA members
$120 non-ADA members

SCHEDULE

8 a.m. – 9 a.m.
Continental breakfast

9 a.m. – 12 p.m.
Morning session

12 p.m. – 1 p.m.
Catered lunch and networking

1 p.m. – 4 p.m.
Afternoon session

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Recruiting Dentists for Cosmic Bowling

Barry J. Taylor, DMD, CDE

AT THE FRIDAY EVENING DINNER during the recent ODA House of Delegates, the American Student Dental Association's immediate past trustee, and current fourth-year dental student Margaret Campbell, exerted great effort in assembling a group of ODA members to go cosmic bowling.

For the uninitiated, cosmic bowling consists of bowling in an atmosphere of bright lights, loud music, and neon bowling balls—with the added bonus of the availability of bad nachos and cheap beer. Some members of older generations might liken it to bowling in a discotheque. Needless to say, people were not exactly jumping at the invitation to participate in that Friday evening activity, yet, eventually, Margaret was able to coax a rather diverse group to show up at the bowling alley at 9 PM.

Margaret's efforts were—to me—something of a microcosm of the macrocosm, akin to attracting our colleagues to join ADA's tripartite system. Just think of cosmic bowling's bright lights and loud music as the values of the tripartite system that we need to convince our non-members to believe in so they feel a reason to join the ADA. I will let you use your own imagination to draw an analogy for the bowling pins we are aiming for.

However, no matter how neon the lights are or how good the music is, it still requires a personal touch to recruit individuals to participate. Margaret Campbell was a cosmic bowling ambassador on that Friday night. The ODA needs more such ambassadors for membership and participation, in general. I frequently hear my friends use the term "practice ambassador." Practice ambassadors are the patients in your practice who are enthusiastic about your practice and reach out to their friends and family members to recruit new patients for your practice.

Practice ambassadors see the value in being your patient, because they appreciate your skills, they trust your ethics and professionalism, and they are grateful for the services they receive. They don't question the cost or inconveniences of their dental visits, but, instead, are preaching to others how wonderful you are and how great your office is. They see great value in being your patient, and they want to make sure others get that value as well. Just as the best referrals for new patients are existing patients, existing ADA members are the best referral source for new ADA members.

Whether it is cosmic bowling, your dental practice, or membership in the ADA, just listing the objective benefits of the entity is not usually enough to convince most people to participate or join. It is the more subjective value that people want and need. I wasn't interested in bright lights, bad music, and tortilla chips covered with a yellow sauce masquerading as cheese on that Friday evening. Instead, I made the decision to go bowling after I found out that other distinguished bowlers such as **Dr. Connie Masuoka** and new ODA trustee, **Dr. Frances Sunseri,** had decided to participate. I saw value in getting some bowling tips from **Dr. Phillip Marucha**—who averages over 200 points a game—and learning how to put a little English (spin) on the ball from Mark Kemball from the OHSU Foundation.

Recruiting colleagues to become members is similar to promoting a cosmic bowling night. You are not likely to convince someone to join the ADA by extolling the discount they can get on their life insurance. If you invite them to attend the Oregon Dental Conference with you, however, or if you share your enthusiasm for a recent ODA legislative victory, then you will probably have a better chance of getting them interested in joining. ●

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.

Naming names?

Rickland G. Asai, DMD

Dr. Rick Asai is a past-president of the ODA. He practices general dentistry in Portland and can be reached at *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.

I HAVE BEEN THINKING about putting down a few thoughts, and one of those things that seems to be cropping up has its basis in communication. We have all heard many times how communication is the key, and so I hesitated to title my topic under communication, in fear of losing my audience even before I get started.

It seems to me that there would be a lot less harm and grief if we were all just better at communicating. Take Russia and the Ukraine for example. Or the Palestinians and the Israelis. Even Democrats and Republicans. The ability to convey an idea, thought, or principle can get lost in a 6 second sound bite—that is just one part of the problem, sometimes. Trying to summarize complex dental treatment in a procedure code can too often get lost in the translation of converting a service to a five digit number. "Adult prophylaxis", "01110", "$95". It does not begin to describe all that is involved to do a complete prophylaxis; in fact, we probably cannot even all agree on just what is included in the "prophy." The procedure codes are a shorthand for communicating between the dental office and our patients, and—when necessary—insurance providers. Oh, I know, the CDT has descriptors for each code, and that is the description for some sake of standardization.

The code has become its own language. And codes like words, can be manipulated. A few years ago, I had a patient who was referred for some restorative work. I worked up a treatment plan and explained the pros and cons, including contingency plans if unknowns developed during treatment. Due to many factors, one of which was her native language not being English, communication broke down between us. Her expectations were different from my offerings. Even though I felt like I had explained my treatment plan, it became clear mid-treatment that she did not fully understand. She began to get upset. I felt

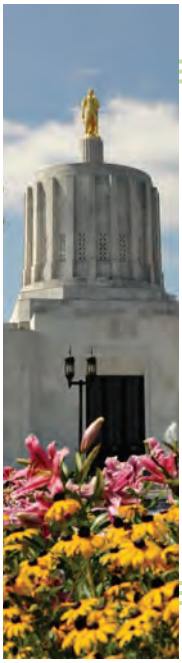
badly that I had not communicated better, and I offered to redo the work or refund her fees. She took the money. Money can be a good communicator sometimes. Miscommunication can be costly to all parties involved.

One recent example has been the decision of the Board of Dentistry to modify information that is distributed in their quarterly newsletter regarding the disciplining of licensees. Now, according to a recent news article, there is some apparent confusion on what the board intended to vote for, by removing names from the disciplinary notices, and whether they followed their meeting protocol as a state agency.

It seems to me that the Board of Dentistry needs to decide what the purpose of the board newsletter really is. All licensees can be searched on the internet for any disciplinary action on their license—no hidden information there.

Most membership newsletters are sent for the purpose of sharing news; that is, they inform the recipients of issues they may not have been aware of, and—this is especially relevant—of changes to statutes or rules. I would submit to you that sharing *what* infractions have resulted in discipline is much more important than *who* was disciplined, especially if the intent of the newsletter is to educate the reader on safety and compliance with the law.

The Board is charged with protecting the public, and that is no small undertaking. I applaud them for their diligence and hard work. If a licensee is deemed unfit for practice, then the licensee loses their license; that protects the public. If they are fined, reprimanded, or otherwise disciplined, but still have a license to practice, can it be assumed that they have been deemed safe for the public? Now in my opinion, licensees who lose their license *would* be newsworthy and publication of their names *would* serve to protect the public. ●



Save the Date

Dental Day 2015

Oregon State Capitol
Wednesday, February 18

Volunteers NEEDED

The leadership positions detailed below are currently open for nominations. **All ODA members are encouraged to participate in the leadership of this organization.**

Please submit your nomination 45 days prior to election. 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 November 1, 2014**
Elected by ODA Board of Trustees

DFO Board of Directors

POSITIONS OPEN Three
TERM 2015–2017
INCUMBENTS William Ten Pas, DMD
Rickland G. Asai, DMD
DECLARED CANDIDATES William Ten Pas, DMD
Rickland G. Asai, 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.

WELCOME NEW ODA MEMBERS!

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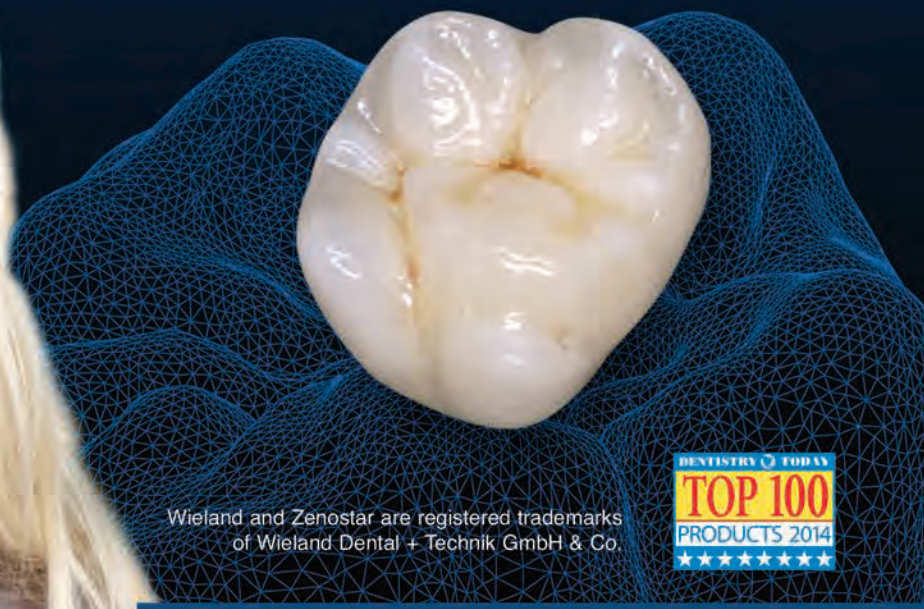

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- Maureen Gierucki DDS, Union City, MI

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Lois Banta to be featured at ODEA Fall Forum on October 17, at Embassy Suites, Portland Airport.

You're invited to ODEA's 2014 Fall Forum

Great opportunity for your entire staff!

The Oregon Dental Executives' Association (ODEA) is proud to present speaker Lois Banta at their fall forum, ODEA's *Passport to Knowledge*. The event will be held October 17, at the Embassy Suites—Portland Airport and will cover topics especially geared for administrative professionals. Get ready for information on insurance coding, maximizing insurance reimbursement, and financial arrangements that help patients say 'Yes' to the treatment they need! This event will be a great team event and is open to all dental staff.

Workshops at the event will include:

- "Rock Solid Insurance Strategies That Work…Don't Commit Fraud!"
- "Be a Rock Star… Build Your Practice With Paid For Dentistry"

With opportunities to network and tour exhibits, ODEA's *Passport to Knowledge* is an excellent opportunity for office managers and staff to exchange best practices and learn to solve the unique problems faced by dental front office professionals each day.

For registration information, visit *www.OregonDentalExecutives.org* or call 844.660.0348.

Lois Banta is CEO, president, and founder of Banta Consulting, Inc., a company that specializes in all aspects of dental practice management. She is a sought after speaker, and has over 37 years of dental experience.

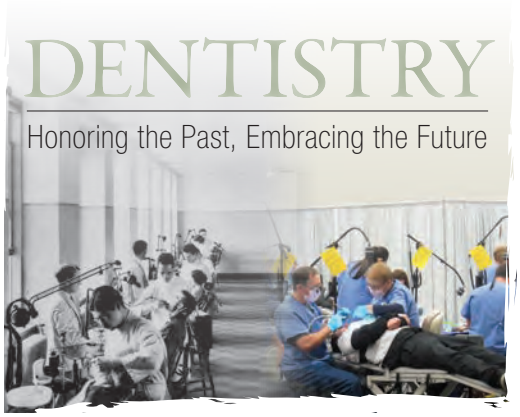
ODEA is a non-profit organization which aims to foster networking opportunities, provide continuing education for administrative personnel, and open the lines of communication within the dental community. ODEA members are dedicated to their careers and the success of their dental offices; dental offices benefit from being a part of this community.

With the many changes facing the dental office of today, ODEA recognizes the opportunity for innovation and education by offering monthly study clubs in Eugene, Salem, and Portland, along with educational opportunities at the Fall Forum and Oregon Dental Conference.

Upcoming ODEA Events

October 17	Fall Forum
November 19	Portland Study Club: Holiday Celebration
November 19	Salem Study Club: Holiday Celebration
November 19	Eugene Study Club: Holiday Celebration

For more information on these and other ODEA happenings, visit *www.OregonDentalExecutives.org* or call 866.660.0348.



Mark your calendar and plan to join us at the

2015 Oregon Dental Conference.

ODA OREGON DENTAL CONFERENCE

April 9–11, 2015

Oregon Convention Center
Portland

Earn up to 18 CE credits!

Registration Opens:
January 2015

Early Registration Deadline:
March 6, 2015

ADA C·E·R·P® | Continuing Education Recognition Program

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

OREGON DENTAL ASSOCIATION

MEMBER BENEFIT OF THE MONTH

ADA's Health Policy Institute

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.

Did you know that the ADA has an entire department devoted to research of the US dental care system? The Health Policy Institute aims to be a thought leader and trusted source for critical policy knowledge related to the U.S. dental care system. Formerly the Health Policy Resources Center (HPRC), the Health Policy Institute (HPI) achieves this by generating, synthesizing, and disseminating innovative research on a variety of topics that are relevant to policy makers, health care advocates, and providers within the U.S. dental care system.

Some of the key issues that HPI focuses on include the impact of health reform on the dental care sector, access to dental care for key populations, dental practice economics, dental care service delivery and financing, and dental education. For more information on the Health Policy Institute, visit *www.ada.org/hpi*.

New research from the ADA's Health Policy Institute

Key insights on dental insurance decisions following the rollout of the Affordable Care Act

This research brief summarizes key findings from a new nationally representative survey that focuses on dental insurance purchase decisions under the Affordable Care Act. We find that there is a general lack of knowledge among Americans on how dental insurance coverage is addressed within the Affordable Care Act.

Just over one percent of adults and two percent of children obtained dental insurance through the health insurance marketplaces. In addition, when asked about preferences for dental plans, the majority of adults indicated they prefer a dental plan that costs less and has limited provider choice. **Key reasons for not purchasing a dental plan in the health insurance marketplaces include cost, inability to find plans that cover services of interest, and the lack of a mandate.**

The full text of these and other research briefs, as well as charts and statistics, can be found online at *www.ada.org/hpi*

Young adults are the most likely age group to purchase dental benefits in health insurance marketplaces

In this research brief, based on the most recent enrollment data, we find that young adults have the highest take-up rate of dental benefits within the health insurance marketplaces.

Policymakers should consider improving information transparency on adult dental benefits options within health insurance marketplaces. This will improve the shopping experience for young adults, who indicate strong interest in acquiring dental benefits.

Key differences in dental care seeking behavior between Medicaid and non-Medicaid adults and children

In this first-of-its kind study, we compare dental care seeking behavior for Medicaid and non-Medicaid adults based on a new nationally representative survey. We find that there is often confusion among Medicaid enrollees when it comes to dental benefits in Medicaid, particularly for adults.

Medicaid-enrolled adults also place a lower value on oral health than adults with other forms of health insurance but there is no difference when it comes to children. **Among Medicaid-enrolled adults and children, the main reasons for not visiting a dentist include many dental services not being covered by Medicaid and difficulty finding a dentist that accepts Medicaid.**

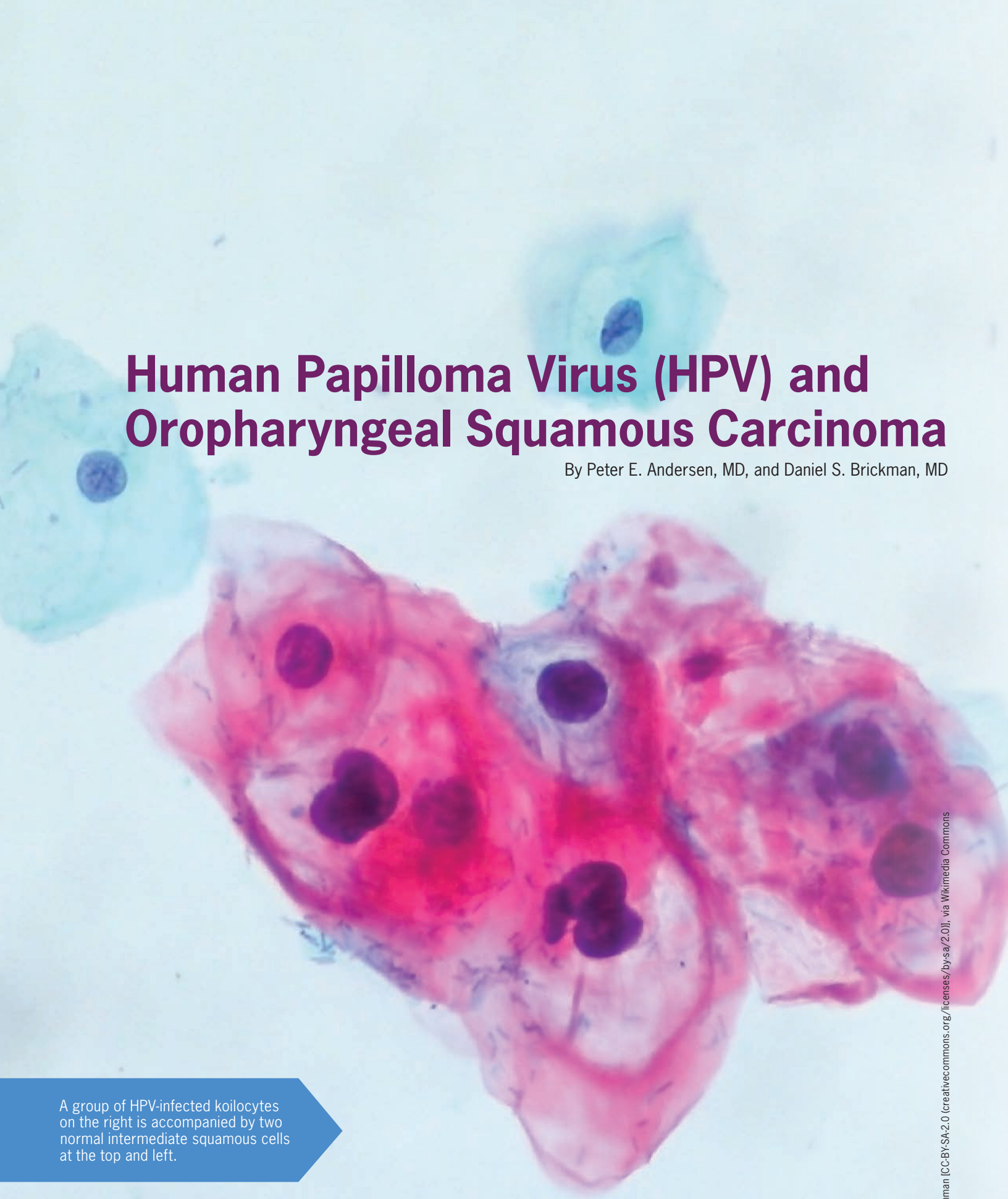
Majority of dental-related emergency department visits lack urgency and can be diverted to dental offices

In this research brief, we find that dental emergency department (ED) visits were less likely than non-dental visits to be categorized as immediate or urgent and more likely to be categorized as semi-urgent or non-urgent.

About two-thirds of dental ED visits occurred outside of normal business hours. Based on time of arrival and triage status, we estimate that the majority of dental ED visits can be diverted to a dental office. **The savings from diverting these ED visits, estimated to be up to $1.7 billion per year, could be used to fund Medicaid premiums, preventive dental visits, or other more cost-effective interventions.** ●

Human Papilloma Virus (HPV) and Oropharyngeal Squamous Carcinoma

By Peter E. Andersen, MD, and Daniel S. Brickman, MD



A group of HPV-infected koilocytes on the right is accompanied by two normal intermediate squamous cells at the top and left.

ABOUT 10–20 PERCENT OF ALL MALIGNANCIES of the upper aerodigestive tract occur in the oropharynx, and most (>90%) are squamous cell carcinomas (SCCs). It was estimated that 41,380 individuals would be diagnosed with, and 7,890 would die of, SCC of the oral cavity and pharynx in 2013. Although the overall incidence of oral cavity and oropharynx SCC has been decreasing by approximately 1% per year, the incidence continues to increase in younger patients because of the increasing incidence of human papillomavirus (HPV)-associated oropharyngeal SCC [Figure 1].

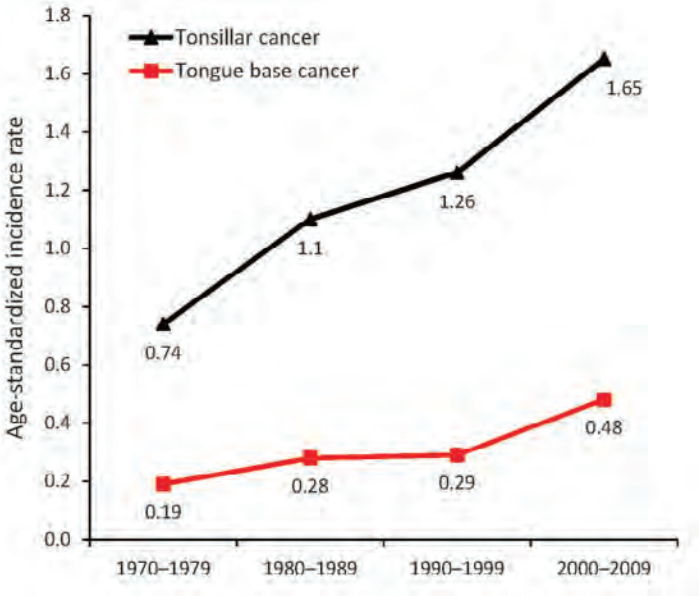
SCC was traditionally described as occurring predominantly in alcohol and tobacco-using adults in the fifth and sixth decades of life in Western countries. Smokeless tobacco is a major risk factor for oropharyngeal cancer in other parts of the world. Human papillomavirus (HPV) infection is another well established cancer risk factor. Genotypes HPV 16 and 18, known causes for uterine cervix and skin cancer, are found in 50% of oropharyngeal SCC, and studies suggest that up to 40% of oropharyngeal cancer cases may be due to HPV infection. The incidence of HPV-associated oropharyngeal primaries is rising, according to recent reports—up to 70% of all presenting cases in some series. The cohort of patients harboring this form of the disease is younger, by approximately 10 years, and has a distinctly favorable prognosis. Epidemiologic studies propose that having multiple sexual partners is significantly associated with HPV-related tumors. Lastly, multiple endogenic risks have been identified and associated with head and neck cancer including DNA repair, differences in mutagen sensitivity, and alteration of genes such as epidermal growth factor receptor (EGFR).

Signs and symptoms

Symptoms at first presentation of oropharyngeal cancer patients are commonly dysphagia and/or odynophagia, oral bleeding, otalgia, changes in speech, or a neck mass. A history of risk factors should be checked including alcohol and tobacco consumption, work place exposures, a sexual history, as well as dietary and social habits. Knowing about risk factors for head and neck cancer can enable discussion of future disease prevention. Additionally, better results and improved treatment tolerance are obtained for patients who quit smoking.

Physical examination is one of the initial keys for cancer diagnosis, selection of further diagnostics, and treatment plan. The clinical appearance varies and presents as exophytic, flat, ulcerated, verrucoid, or papillary in growth [Figure 2]. In case of suspicion for oropharyngeal cancer, patients should carefully be investigated with focus on the tongue (appearance and movement), tonsillar fossae, retromolar trigone, soft palate (appearance and mobility), base of tongue, vallecula, and pharyngeal walls. Inspection

Figure 1: Age standardized incidence of tonsillar and tongue base cancers



should include palpation, especially of the tongue base. Video endoscopy and documentation of findings are helpful tools for teaching reasons and future comparisons. Patients with SCC of the oropharynx often present at advanced stages III and IV. Bimanual palpation of the neck is mandatory in order to assess lymph node status and possible regional tumor spread.

Oropharyngeal tumors can vary in clinical presentation and pattern of spread. Cancers of the soft palate present almost always on the anterior oropharyngeal portion. Primary lymphatics involved are commonly level II nodes. Midline lesions have a tendency for bilateral lymphatic spread, this becomes more unlikely the more lateral the tumor growth is located. The most frequent location for oropharyngeal tumors is the tonsillar fossa, with the palatine tonsil and the anterior tonsillar pillar. They commonly present as foreign body, dysphagia, otalgia, or impeded jaw mobility caused by infiltration of the periosteum or bone of the mandible or the pterygoid muscles in extended cases. Physical examination can show exophytic or ulcerated lesions, dysplasia, and/or inflammation reaction. Extension into the base of tongue inferiorly and the soft palate superiorly is common. Lymphatic drainage is directed primarily to level II nodes.

Cancer of the base of tongue can be difficult to detect and often becomes clinically evident in an advanced stage. This is due to relatively late clinical symptoms, because the base of tongue is nearly without pain fibers. Moreover, the assessment of the base of tongue can be more difficult during physical examination due to prominent lingual tonsils or submucosal location, and deep basal areas might not completely present even using operative endoscopy.

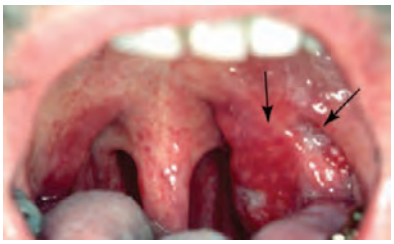


Figure 2: Squamous cell carcinoma of the left tonsil (arrows)

Workup

When suspicious lesions are found, a biopsy must be performed. Biopsies of oropharyngeal tumors might be taken under local anesthesia. Lymphadenopathy without perceptible primary lesion can be evaluated using fine-needle aspiration (FNA). This is sometimes accomplished with ultrasound guidance. Some oropharyngeal lesions are not sufficiently accessible in the office setting and may require general anesthesia to perform a biopsy. Panendoscopy under general anesthesia is an important tool not only to detect and biopsy such lesions and to define tumor extension but also to rule out any secondary malignancy, which can be found in head and neck cancer patients and includes endoscopy of the bronchi and esophagus.

Oropharyngeal malignancies require further imaging studies for evaluation, staging, and treatment planning. Using ultrasound to assess cervical lymphadenopathy has advantages. It is a relatively inexpensive procedure with real-time imaging and can be frequently performed without radiation exposure. However, major limitations of this modality including inability to assess retropharyngeal nodes, infiltration of soft tissue and bone, and inability to fully assess the primary tumor location limit its use as the primary imaging modality in oropharyngeal malignancies. Most are evaluated using computed tomography (CT) or magnetic resonance imaging (MRI). Some oropharyngeal malignancies involve bony structures such as the maxilla, mandible, cervical spine, and skull base, and a CT scan might be helpful in interpretation of bone infiltration. Panoramic x-ray views of the mandible can support identification of mandibular infiltration. Especially in deep invasive malignancies, MRI can be helpful to differentiate normal soft tissue from tumor. Positron emission tomography (PET)/CT plays an increasing role for the management of head and neck SCC. It can unveil unknown primary tumor sites and synchronous primary tumors, regional lymph node metastases, and distant metastases. Its reliability may be limited by previous surgical or radiation therapy. On the basis of the primary malignancy and the accompanying likelihood of distant metastases, chest imaging or PET scans are used for the detection of distant metastatic spread.

Treatment

Treatment of oropharyngeal SCC is particularly challenging, because this site is involved in the crucial functions of breathing, deglutition, and speech. Impairment of any of these functions may significantly affect quality of life. Traditional treatment of oropharyngeal cancers centered on surgical resection via open approaches, which was often associated with significant morbidity. Because of the difficulty of exposure and potential for surgery-related morbidity, the treatment of oropharyngeal SCC in recent decades had evolved to a primary nonsurgical approach, namely chemoradiation. A large study in the 1990s heralded an era of organ preservation strategies by showing equivalent treatment outcomes between surgical and nonsurgical treatment modalities which have since been extrapolated from the larynx to the oropharynx.

With this choice between treatment techniques, today there is increased attention to functional preservation and use of minimally invasive procedures wherever feasible without compromising oncologic outcomes. Less radical procedures with minimal collateral tissue damage are preferred to decrease postoperative complications and to improve quality of life. Several studies have shown that transoral robotic surgery (TORS) may be an effective alternative to open surgery. Additional advantages of TORS may include improved cosmesis, decreased length of hospital stay, and a low rate of gastrostomy tube dependence,

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Surgical treatment of oropharyngeal malignancies allows improved risk stratification with pathologic staging that may allow for deintensification of adjuvant therapies.

improved long-term preservation of swallowing function, and ability to deintensify adjuvant therapy. High rates of negative surgical margins have been reported, which correlate well with local disease control.

Surgical treatment of oropharyngeal malignancies allows improved risk stratification with pathologic staging that may allow for deintensification of adjuvant therapies. It is best suited for early stage lesions (T1-2, N0-1) that can be removed with negative margins with the goal of avoiding radiation therapy. In addition, advanced staged patients with low volume disease (T1-3, N1-2b) can be treated with the goal of avoiding adjuvant chemotherapy with planned postoperative radiation. A reduction in postoperative radiation dose to 54 to 60 Gy, rather than a definitive treatment dose of 66 to 70 Gy, is believed to reduce the potential for long-term toxicities. Although long-term outcomes data is lacking, there is evidence showing a direct correlation between radiation dose and long term complications.

Compared with historic surgical and nonsurgical controls, TORS seems to have comparable rates of disease control. These comparisons are confounded by their lack of information regarding HPV status and selection bias in staging of patients chosen for surgery. Overall, survival varies widely in terms of presenting stage: from 89% for stage I tumors to 52% for stage IV. Overall, improved functional results in terms of long-term dependence on gastrostomy and tracheostomy tubes have been shown in TORS patients compared with their open approach counterparts.

Follow up

Since the HPV infection associated with oropharyngeal SCC is a sexually transmitted disease, work has been done to assess the risk to spouses and partners of affected individuals. To date, only two case reports are available of spouses who both were both diagnosed with oropharynx malignancies. Although our understanding of this disease process is still early, the risk to partners seems low, especially with regards to the high rate of HPV infection early in adolescence and that the majority of people clear this infection spontaneously. Studies have shown that Oral HPV16 DNA is common in patients with oropharynx SCC, but not among their spouses. There is preliminary data showing an elevated risk of cervical cancer in spouses, so screening may be considered.

In the U.S., two HPV vaccines are currently available. The quadrivalent vaccine, Gardasil, protects against infection with HPV types -6, -11, -16, and 18. This vaccine was first licensed in 2006 for use in females ages 9–26 years old for the prevention of cervical, vaginal, and vulvar cancers. In 2009, licensure was expanded to also include males in this age range as clinical trial data demonstrated the vaccines effectiveness in preventing genital warts in both genders. Clinical trials of the quadrivalent vaccine have demonstrated very high vaccine efficacy for the prevention of anal, cervical, vaginal, and vulvar pre-cancers. The second HPV vaccine, Cervarix, is a bivalent vaccine that provides protection against HPV types -16 and -18. This vaccine was licensed for use in the U.S. in 2009. ●

Dr. Peter Andersen received his medical degree from Washington University School of Medicine in St. Louis, Missouri, in 1988. He did his residency in Otolaryngology, Head and Neck Surgery at OHSU from 1988–93 and then completed a fellowship in head and neck surgery/oncology at Memorial Sloan-Kettering Cancer Center in New York City, from 1993–95. In 1995 he became assistant professor in the Department of Otolaryngology/Head and Neck Surgery at OHSU. He is currently a professor of Otolaryngology and Neurological Surgery at OHSU.

Don't miss Dr. Andersen with Dr. Dan Clayburgh at the 2015 Oregon Dental Conference. They will present "Head and Neck Cancer for Dental Providers" on Saturday, April 11, 2015.

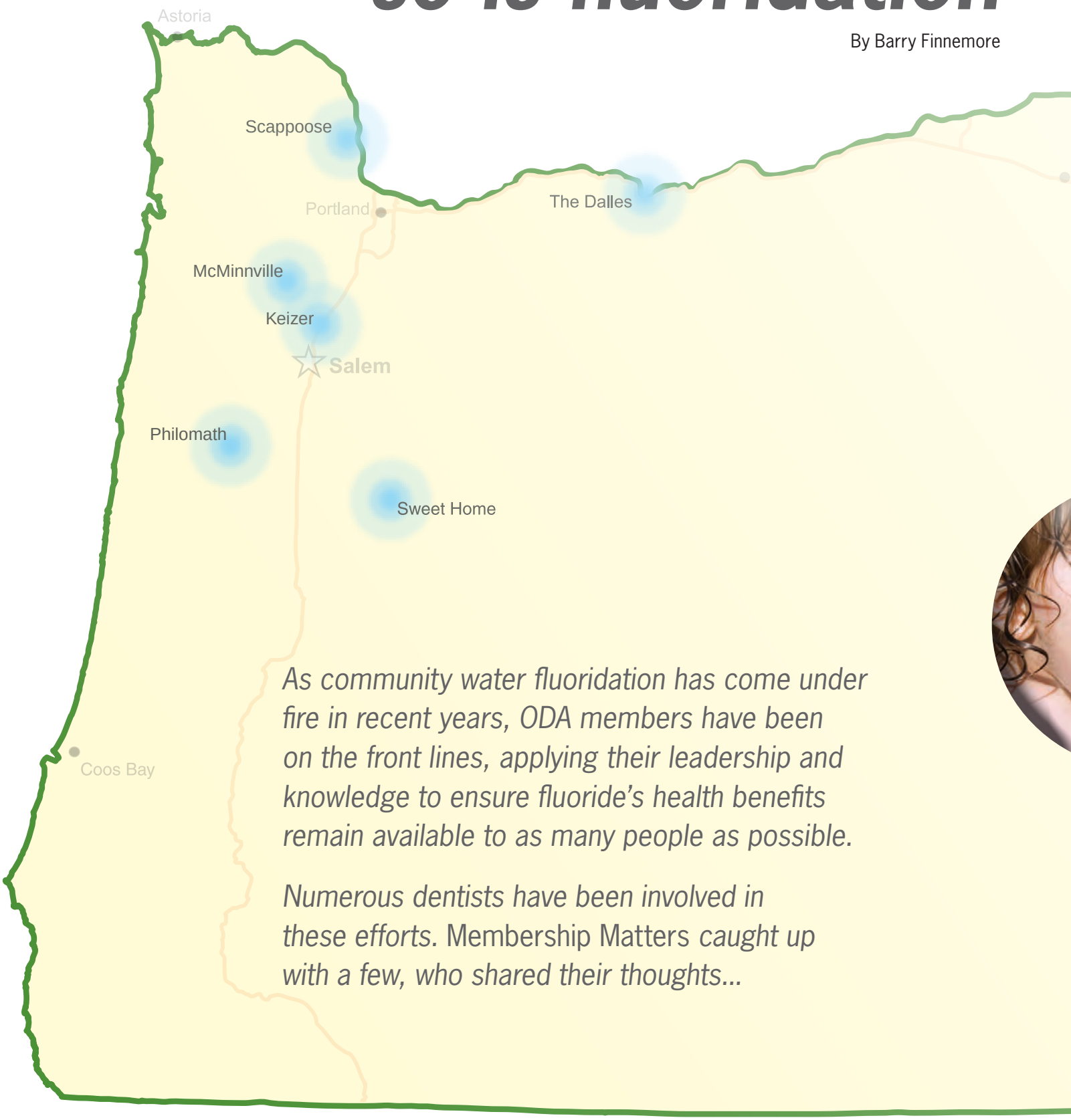
Dr. Andersen's clinical practice focuses on treatment of benign and malignant tumors of the head and neck, with a particular emphasis on salivary gland problems, transoral robotic surgery, and skull base surgery. He is Associate Editor of Head and Neck, a journal for the sciences and specialties of the head and neck. He has authored over 100 peer reviewed publications and more than 20 book chapters.

Dr. Daniel Brickman is originally from Miami, Florida and completed an undergraduate degree in electrical engineering from the University of Florida and his medical degree at the University of Miami. He completed his residency in Otolaryngology at OHSU, where he then completed his training as the Head and Neck Oncologic Surgery Fellow. He has recently joined the faculty as an assistant professor.

Dr. Brickman specializes in the treatment of tumors of the head and neck. This includes squamous cell carcinoma as well as thyroid and parathyroid disease, skull base tumors, and salivary malignancies. He has specialized training in minimally invasive approaches including transoral robotic surgery (TORS).

All politics are local... ***so is fluoridation***

By Barry Finnemore



As community water fluoridation has come under fire in recent years, ODA members have been on the front lines, applying their leadership and knowledge to ensure fluoride's health benefits remain available to as many people as possible.

Numerous dentists have been involved in these efforts. Membership Matters *caught up with a few, who shared their thoughts...*

Philomath

Top-notch organization and the experience, connections, and credibility of key proponents were critical factors that helped the Willamette Valley town of Philomath keep fluoride in its water, according to **Janet Peterson, DMD.**

Two physicians who are recognized as community leaders—and, in fact, were instrumental in Philomath first fluoridating its water decades ago—helped head up the recent pro-fluoridation campaign, and "people really respected them," Dr. Peterson said.

David Grube, MD, and David Cutsforth, MD, helped lead a petition drive to get a community water fluoridation measure on a special election ballot a couple of years ago in the wake of a Philomath City Council decision to end fluoridation, the Corvallis *Gazette-Times* noted.

Dr. Peterson, a resident of nearby Corvallis, who now practices part-time, lent her voice to the campaign as well, testifying before the council. Dr. Peterson was president of ODA when a pro-fluoridation bill didn't make it out of the state legislature. The bill would have led to fluoridating public water in all Oregon communities over 10,000 population if it wasn't a hardship.

She said the Philomath experience helped her realize it is possible "to turn the tide." "But it takes a lot of work and energy," she added.

She gave kudos to others—including **Kurt Ferré, DDS**—who were vital to the pro-fluoride campaign's organizational efforts and outreach in Philomath.

McMinnville

Mark Miller, DMD, said keeping messages positive and focused on fluoride's health benefits were the keys to successful 2010 efforts that resulted in McMinnville retaining community water fluoridation.

The campaign, launched after some residents questioned the practice of fluoridation, also benefited from the involvement of an array of supporters, among them dentists and physicians of various specialties, hygienists, and registered nurses who donated hundreds of hours, as well as laypeople who spoke personally of fluoride's advantages.

Most who testified at a November 2010 city council hearing were fluoride advocates, including endodontist **Randy Heiman, DMD**, Dr. Miller, and a host of others. Following that hearing, the council voted overwhelmingly to continue fluoridation.

Dr. Miller, chair of Yamhill County's Board of Health, and Yamhill County Dental Society president, stressed during the hearing the huge difference he sees in the oral health of patients from McMinnville compared with those from Carlton, which does not fluoridate its water. "I shared the fact that most people affected by a lack of fluoride are the least likely to afford the consequences of decayed or missing teeth. Fluoride is a cost-effective way to avoid terrible situations for our kids and grandkids."

Keizer

As volunteers for an area Boys & Girls Club dental clinic, spouses **Brian Gilmore, DDS,** and **Lady-Jean Ramsey, DMD,** see youngsters' vast oral health needs firsthand. So, when the idea surfaced at the city council level, a few years ago, to remove fluoride from Keizer's community water supply, the couple joined several dental and medical colleagues in asking the council to retain fluoride for the sake of kids, the elderly, and the underserved.

The council indeed voted to keep fluoride in Keizer's water. Dr. Gilmore suspects the argument that resonated most with elected officials was the Centers for Disease Control and Prevention naming community water fluoridation as among the 20th century's 10 greatest public health achievements. But it was personal connections—councilors seeing their local dental and medical providers in the audience advocating for fluoride—that made the difference.

"I was proud of the dental and medical professions," he said. "Facts back up the effectiveness (of fluoridated water), but I think our presence was the single greatest influence" on the council's decision.

Dr. Gilmore said a big lesson he learned through the experience is the importance of dentists getting involved in such issues, and making their case, early in the process. "It's trust that seals the deal," he noted.

It was personal connections—councilors seeing their local dental and medical providers in the audience advocating for fluoride—that made the difference.

continues ➲

Understand this point:
"All politics are local."
It is politics—not science—that will ultimately win the battle.

If your community is fluoridated and comes under attack by opponents to fluoridation, the following are questions to ask and answer:

1. **Have you called the ODA?**
   ODA can direct you to resources. Call us at 800.452.5628.
2. **Who do you know? Who do your friends know?**
   For example: city council members, mayor, physicians, dentists, hygienists, public health leaders, insurance company CEOs, social service advocates, school nurses, local university/college science professors, angry soccer moms, etc.
3. **Who are the stakeholders in your community who will support your efforts?**
4. **Who will be the one or two leaders for the pro side?**
   A dentist is not necessarily the ideal person to be the public leader.
5. **Who is your opposition? Where is their support coming from? Local and/or out of state?** Expect, for example, the Fluoride Action Network to be involved.
6. **What local organizations or groups can you speak to on oral health and fluoridation without an organized, opposition group present?** For example, Rotary Clubs and other civic groups, church groups, local health tasks forces, in-home coffees, hospital administrations). The key is to reach as many people as possible before they hear the fear mongering of the opponents.
7. **Who in the local media—TV, radio, and newspapers—do you or your friends know?**
8. **Do you have a politically savvy attorney on your side who is willing to help you as needed?**
9. **Is there going to be a city council hearing on fluoridation?**
   It is important to identify speakers and meet beforehand to discuss strategy and topics, so that there is minimal overlap on specific issues. Most likely, speakers will be given only 3–5 minutes each. If there is going to be one major supporter and opponent presentation at the beginning of the hearing, try to have the opponent go first.
10. **Encourage the city council to vote on retaining fluoridation, especially to avoid a costly, time-consuming election.**
    Do this behind the scenes.

All politics are local… *so is fluoridation*

Scappoose

Last year, voters in Scappoose chose to continue fluoridating their water. **Kendall Liday, DDS,** who maintains a general dentistry practice in this small northwestern Oregon town—her hometown—was among those who advocated that fluoride be maintained because of its public health benefits.

Dr. Liday, who spoke before the city council and engaged patients and citizens in one-on-one conversations about the benefits of fluoridation, looks back on the campaign as something she is proud of having played a role in. It was the first time she had been involved in a "political issue," and now she considers such advocacy a professional responsibility.

"I feel more comfortable speaking out about major community health issues now," Dr. Liday said. **"As health care professionals, we need to stand up for what we think is right for the public's health. It's our place to do it, and people respect us."**

It wasn't the first time the fluoridation issue has surfaced in Scappoose, which has fluoridated its water since 2000. Dr. Liday said the American Dental Association's guide to fluoride was a helpful resource when she spoke before the city council (which opted to put the issue on the ballot in 2013) and when she talked with patients, officials and residents. Among the takeaways for her was citizens' heightened awareness of substances that go into their bodies; and the fact that if people were on the fence they were open to hearing about fluoridation's benefits, especially when the message was from a dental professional.

"Our opinions and education are important to them, and we have a bigger role than we give ourselves credit for," said Dr. Liday, who received an award for her efforts from the Oregon Oral Health Coalition. "We should use our platform to help."

continues ➲

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All politics are local… *so is fluoridation*

The Dalles

Medical and dental professionals were among those who stepped up to voice their strong support last year for The Dalles continuing community water fluoridation.

Mike Murat, DDS, who has practiced in The Dalles for three decades, said area doctors and nurses who serve children came out in force, expressing to the city council the importance of water fluoridation, in part, because of oral health's link to overall health.

"The single most impressive thing to me was the medical community's involvement," he said.

Dr. Murat, who also gave kudos to Drs. Haynie and Ferré for their outreach efforts (including to service organizations), said he believes one of the most effective messages delivered was that of fluoride's ability to reduce tooth decay.

There were few strong arguments voiced last year to stop fluoridation in The Dalles, Dr. Murat said, but he acknowledged that it's important for advocates to stay on top of the issue to ensure fluoridation continues there.

Sweet Home

Henry Wolthuis, DDS, is thankful he opened his mail right after getting home, one day, this past spring and saw that community water fluoridation was on the city council agenda that very night. He attended the meeting, requesting—successfully—that city leaders delay a decision regarding whether to remove fluoride until they heard all the facts. "I knew then that we had some work to do."

He organized a diverse coalition of proponents, including local dental society members; area public health officials; doctors, including Charles Haynie, MD, a fluoride advocate from Hood River who has helped with pro-fluoride campaigns in Oregon communities; educators; and school nurses. The local newspaper published a few proponent letters. Dr. Wolthuis also assembled information packets, laying out the sound science of fluoridation, for each city council member.

After a packed public hearing a few months ago, the council took no action, in line with fluoride advocates' recommendation. Dr. Wolthuis, a former city council member himself, said one of his takeaways was the importance of personal connections. "There are a lot of politics involved, whether we like it or not."

He also said proponents must always be on their toes. In Sweet Home, where fluoride has been in the water for about 50 years, the issue could resurface via an initiative. "We need to be attentive to it," he said.

Educate yourself on fluoridation and its politics

- ✓ www.ilikemyteeth.org
- ✓ www.cdc.gov/fluoridation
- ✓ www.mouthhealthy.org/en/az-topics/f/Fluoridation
- ✓ www.healthyteeth.us
- ✓ Giga Alerts

  To follow fluoridation issues and campaigns via the internet, sign up at *www.GigaAlert.com.* After you register, select "fluoridation" as your alert word. Once a day you will receive an email with bundled links to articles from around the world where there are fluoridation "hot spots."

"There are a lot of politics involved, whether we like it or not."

This feature was compiled and written by Barry Finnemore, with contributions from Kurt Ferré, DDS, and Chuck Haynie, MD. Dr. Ferré is past-president of the Multnomah Dental Society and current board president, and volunteer dental director for the Creston Children's Dental Clinic in SE Portland, serving low-income children of the Portland Public School System. You can reach him at *kferre51@comcast.net.* Dr. Haynie has partnered with Dr. Ferre in their battle for fluoridation. You can reach him at *chaynie@gorge.net.* Barry Finnemore is a freelance writer for ODA, and a partner in Precision Communications. He can be reached at *precisionpdx@comcast.net.*

The Cracked Tooth Conundrum

An update on PROH's cracked tooth study

OHSU's Practice-based Research in Oral Health (PROH) network promotes evidence-based dentistry by working with private practitioners in Oregon and SW Washington to investigate common topics impacting the practice of dentistry.

WHAT IS THE BEST TREATMENT FOR A CRACKED TOOTH? When is it best to intervene and treat a cracked tooth? These are dilemmas that the general dentist faces on a daily basis. Twenty-nine volunteers are participating in the latest study being conducted by the Practice-based Research in Oral Health (PROH) network. The aim of the study is to develop a tooth crack classification system to be used for making treatment decisions.

Last November, the volunteer researchers gathered in the simulation lab at the OHSU School of Dentistry for Session 1 of the study. The day started off with a training session on how to assess cracked teeth for the purposes of this study. Each dentist was randomly assigned 25 extracted teeth—out of a total of 102 teeth—to assess.

Armed with loupes, explorers, transilluminators, and radiographs, dentists evaluated the teeth, looking at:

- Number of cracks on each tooth
- The direction of the cracks
- The surfaces involved
- If the crack was stained
- If the crack extended to the root
- If a restoration was present
- Whether or not the crack was tactilely perceptible
- If the crack blocked transilluminated light

Finally, periapical radiographs were reviewed. Risk categories for the overall tooth were determined at the beginning of the assessment, several times during the assessment, and at the end. Ten dental students assisted the dentists by recording their findings. This was an excellent opportunity for students to have one-on-one time with practicing dentists and, hopefully, whet their appetite for research. OHSU researchers/faculty then analyzed the data collected to determine the consistency of diagnoses, which proved to be quite a challenge!

The extracted teeth are now with a small business in California that has developed a non-invasive diagnostic instrument that assesses the integrity of tooth structure by detecting defects such as cracks and fractures and then provides a quantitative measure of the extent of the crack system in a tooth. These findings will be correlated with the visual and tactile data we gathered in November. Once the extracted teeth are returned to OHSU, they will be sectioned, stained, and microscopically autopsied by OHSU researchers/faculty to identify the full extent of the crack system, both externally and internally. This data will again be correlated with the clinical data.

The volunteer dentists will be brought together for Session 2 to review the results, take a survey to evaluate the preliminary crack categorization/risk assessment system, and participate in a group discussion to refine the system into a practical clinical tool.

After Session 2, OHSU researchers/faculty will review the new data and refine the cracked teeth categorization system. It is hoped that the final product of this research project will be a practical risk-based category system for use by dentists in determining the timing and nature of interventions for improved outcomes of cracked teeth. ●

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Carmem Pfeifer, DDS, PhD

It may be strong, but can I bond to it? Cementation and repair of zirconia
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Dental Group Uses Mobile Clinic to Reach People in Rural Oregon

By ADA Action For Dental Health

In 2007, Dr. C. Ross Hayden founded Caring Hand to Mouth, a mobile dental clinic serving the uninsured in Lane and Douglas counties.

RAMIRO QUERO HADN'T VISITED A DENTIST in about five years when he started feeling pain in his mouth.

Living in a remote area near Eugene, it was difficult for Mr. Quero, 22, to find dental care. To make matters more difficult, he didn't have dental insurance. "Growing up in Mexico, I took care of my teeth, but I didn't really listen to the dentist," he said.

Mr. Quero, a recent college graduate, was attending school in California and living with relatives in Fall Creek, Oregon, when he discovered Caring Hand to Mouth, a non-profit dental organization that utilizes a mobile clinic and is based in nearby Lowell.

Founded by **Dr. Cedric Ross Hayden** in 2007, Caring Hand to Mouth provides care to roughly 250 people each year in rural parts of the state.

In the spring, Dr. Hayden won the Republican primary election to the Oregon House of Representatives, beating out former Cottage Grove mayor, Gary Williams. No Democrat has filed to oppose Dr. Hayden in the November 2014 general election.

Many of Dr. Hayden's patients, like Mr. Quero, live in geographically remote towns with populations under 5,000.

"We provide dental services for people who are below the federal poverty level, as well as children in need," said Randy Meyer, the organization's executive director.

The mobile clinic has two rooms where dentists provide care, a room where dental staff sterilize equipment, a mechanical room, and a waiting room. Dr. Hayden's team transports the clinic using a semi truck and unloads it using a hydraulic system.

"We essentially made it a self-contained dental office, complete with its own generator to supply power," said Mr. Meyer.

The dental team travels between five communities in Lane and Douglas counties, visiting each town at least once every three months, ensuring that the patients have dental homes where they can receive regular treatment.

The model of providing care is extremely successful, said Mr. Meyer, who noted that about 85 percent of people scheduled to see the dentist shows up for their appointment.

"I personally call everyone the day before their appointment," he added.

Caring Hand to Mouth also has mobile dental unit in Micronesia that is staffed by volunteers who provide care for about 500 people annually. ●

For more information about Caring Hand to Mouth, visit their website, *www.ch2msmile.org*.

Caring Hand to Mouth is looking for volunteers and sponsors for their clinics in Douglas and Lane counties.

They also have a dental clinic in the scuba and snorkeling haven of Chuuk, Micronesia.

If you are a dentist, hygienist, or assistent interested in volunteering or looking for more information, please contact Randy Meyer at 541.937.2786 or *randym@hfdg.com*.

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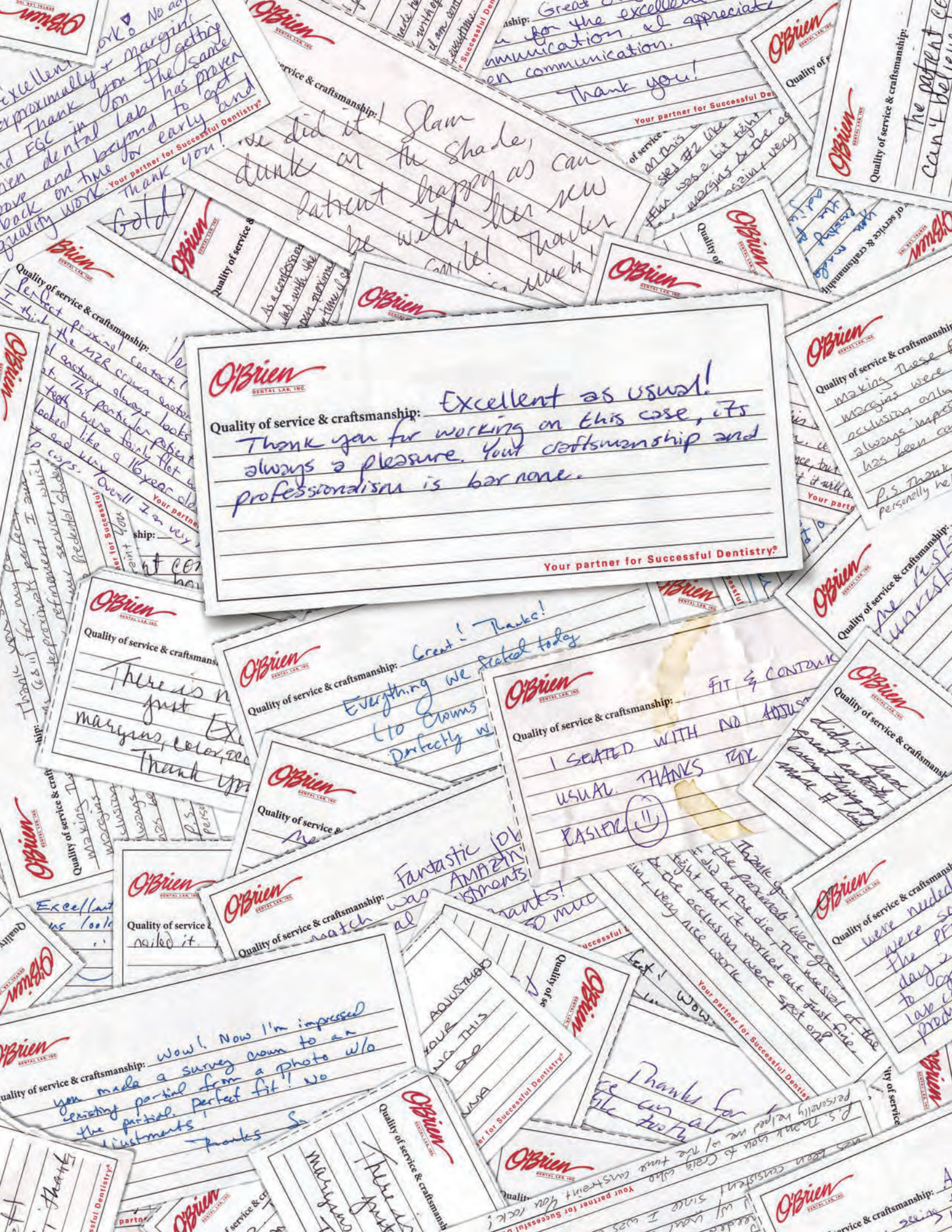
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Donate to the Oregon Dental Association's charity during our fall campaign and help thousands of low-income and uninsured children on the Tooth Taxi in 2015. As of June 30, 2014, the Tooth Taxi has provided **almost $4.3 million in free dental services** to **over 15,500 students.**

Support ODA's charity!

Your support helps us **leverage additional dollars from outside the dental community,** and sends a powerful message that **dentistry is giving back.**

Donate in honor of your dental colleagues, staff and friends.

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ASSOCIATE DENTIST PORTLAND—NEED DENTIST FOR MONDAYS; additional days in future with right candidate. Office: Northeast Family Dental—All facets dentistry, pay negotiable. Email resume, cover letter to John Worthington: *john@neportlanddentist.com.*

DENTIST ASSOCIATE OPPORTUNITY SW WASHINGTON State. An opportunity for an experienced Associate Dentist is open in Vancouver, WA. This is a busy, locally owned, well established, multi-dentist office. This modern, well-equipped, quality practice is very patient-oriented, great staff, excellent dentists, very stable business. We offer very competitive earnings, benefits, opportunity. Email your CV to *mbowercons@aol.com* or fax to 360.604.7927.

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PERMANENTE DENTAL ASSOCIATES, OREGON/WASHINGTON: Our mission is to provide the best oral health care to every patient through evidence-based dentistry within a group practice setting. Excellent opportunities offered to skilled Dentists, including Specialists. For additional information, please visit: *pda-dental.com*, or for current practice opportunities: *https://pdacareers.silkroad.com/pdaext/EmploymentListings.html.* Contact us by phone: 503.813.4915 or email: *pdajobs@kp.org.*

F/T POSITION IN ALBANY, OR. As an industry leader, Gentle Dental provides a large network of resources, including an experienced practice management staff, cutting edge technology, and outstanding benefits to help our affiliated dentists and employees grow in their careers. Are you a Dentist just wanting to focus on building relationships with your patients and providing quality care? With Gentle Dental, you can count on us to manage the nitty gritty of your office so that you can focus on dentistry. You will also have plenty of dental professionals supporting you to confer and collaborate with as you continue to grow in your career. Gentle Dental has delivered high quality care with a personal touch for over 30 years. We have the resources you need to achieve true personal and career success. We aim to provide our network of affiliated doctors and staff with a competitive benefits package, which include: medical, dental, vision, life insurance, 401K plan, PTO, CE credits, and career opportunities to advance with the company. We'll handle the details, you focus on your patients, let's practice together. APPLY ONLINE: *http://interdent.force.com/careers/apex/ts2__JobDetails?jobId=a0xi0000001ZIBdAAO.*

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GRANTS PASS: FULL/PART TIME POSITION IN A BUSY GP P/T GENERAL DENTIST in the Albany, Oregon area. As an industry leader, Gentle Dental provides a large network of resources, including an experienced practice management staff, cutting edge technology, and outstanding benefits to help our affiliated dentists and employees grow in their careers. Are you a Dentist just wanting to focus on building relationships with your patients and providing quality care? With Gentle Dental, you can count on us to manage the nitty gritty of your office so that you can focus on dentistry. You will also have plenty of dental professionals supporting you to confer and collaborate with as you continue to grow in your career. Gentle Dental has delivered high quality care with a personal touch for over 30 years. We have the resources you need to achieve true personal and career success. We aim to provide our network of affiliated doctors and staff with a competitive benefits package, which include: medical, dental, vision, life insurance, 401K plan, PTO, CE credits, and career opportunities to advance with the company. We'll handle the details, you focus on your patients, let's practice together. APPLY ONLINE: *http://interdent.force.com/careers/apex/ts2__JobDetails?jobId=a0xi0000001ZIBdAAO.*

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EUGENE, OR – High profit G/P collecting $1M+ in nice 4-op office. SOLD

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

WILLAMETTE VALLEY, OR – G/P collecting $1.3M+ in a very nice office in an excellent location. SOLD

WESTERN OREGON OMS – Excellent, high profit practice with tremendous growth potential. Great high traffic location.

PORTLAND AREA – Wonderful, fee-for-service 4-op G/P collecting $700K+. Excellent, growing area. SOLD

NEW! PORTLAND, OR – Excellent G/P collecting about $500K with high profit. 4 ops and wonderful location!

OREGON COAST – Excellent G/P collecting $700K+, in a very nice, well equipped, newer office in a wonderful location.

S. OREGON COAST – Excellent, well established fee-for-service G/P collecting $1.2M+ with high profit. SOLD

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

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

SW ALASKA – Great G/P situated in a sportsman's paradise! $700K+ in collections working only 37 weeks per year! Associateship available!

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RURAL ALASKA – Collecting $350K+ working only 10 weeks per year! Includes small apartment and SUV. Perfect satellite practice!

FAIRBANKS, AK – Long established, profitable G/P collecting $700K in 2013. 3 ops and great staff ready to transition.

KETCHIKAN, AK – G/P collecting $600K. 4 ops updated about 5 years ago. 100% fee-for-service.

FAIRBANKS, AK – Associate wanted for busy endodontic practice!

AK PROSTHODONTIC – Exceptional practice collecting $1.5M+ in 2013. Seller willing to stay for longer transition.

MAT-SU VALLEY, AK – Excellent G/P collecting almost $400K in 2013. Newer equipment, 3 ops, pano and digital x-rays.

NEW! VANCOUVER, WA – G/P collecting $400K. Building and ops.

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NEW! CENTRAL PUGET SOUND PERIO – Great practice with an emphasis on implants and collecting $550k+ in 2013. 4 ops, Pano and more. Great launching pad for a new doctor!

BELLEVUE, WA – Biological dental practice collecting $600K. Amalgam free/safe office features 7 ops (5 equipped), digital x-rays and great new patient flow.

BELLEVUE, WA – Highly profitable G/P on track to collect over $1.4 Million in 2014. 4 ops, digital x-rays, all in a stylish office. Don't miss this exceptional practice!

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SILETZ COMMUNITY HEALTH CENTER is a state-of-the-art facility built in 2010. This facility is 3 stories, with the dental department seated at the very top. Each operatory is blessed with a serene view of the Oregon forest and all of its nature. For a change, you are located only minutes from the Oregon coast where you may even choose to reside. The clinic itself is multidisciplinary with optometrists, physicians, pediatricians, mental health counselor and administrative staff to support you in treating your patient. Eleven operatories are equipped with the latest equipment including television sets for the patients, electric headpieces, and brand new cabinetry and chairs. Our equipment can facilitate nearly every specialty including implant placement. No need to be concerned about losing your skills either, because unlike many IHS facilities that restrict the type of dentistry done, the whole realm of dentistry is available for you to work with from fixed/removable, endodontics, implants, orthodontics, pediatric, oral surgery, etc. Added benefits when working full time for the tribe include: Federal and Tribal holidays, vacation, medical and dental benefits, retirement funding, disability & cell service discounts. Siletz Community Health Clinic HPSA score places it in the higher loan repayment category if you so choose to enroll with the NHSC. The tribe offers loan repayment as well. The staff dentist will have their own office with custom cabinetry. Come be the dentist you want to be without all the traffic and headaches associated with metropolitan practices. The community is very welcoming and in need of dental treatment. For more information, visit *www.ctsi.nsn.us.*

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BLUEFISH DENTAL & ORTHODONTICS IS expanding our existing multi-location, multi-practitioner, multi-disciplinary group practice that provides care and education with an emphasis on early intervention and prevention in the scope of pediatric dentistry and orthodontics. We are seeking an individual(s) interested in making a long term commitment to the practice and the community. In addition to providing pediatric services must be willing and capable of providing orthodontic care such as interceptive treatment, limited treatment and comprehensive treatment where appropriate. Qualifications beyond dental expertise or specialty certification include detachable ego and inherent sense of play plus leadership skills, specifically: the ability, or willingness, to inspire without judgment. We are an education based interdisciplinary practice and highly collaborative in our philosophy. We believe in empowering our staff to make a difference in the quality of understanding and care our patients receive. Partnering with our parents allows us to provide anticipatory guidance in both pediatric dentistry and orthodontics. Our success relies on patient and parental education and involvement throughout their visits. Our parents are present chair-side for most operative procedures as it provides a unique opportunity to learn about prevention and witness firsthand the accomplishments of their child within the scope of treatment. We have a diverse patient population both culturally and socio-economically. We are intimately involved in preventive measures throughout the community and are known for our commitment to improving oral health care in kids throughout Central Oregon. Our objective is to expand our group practice with partnership opportunities that offer both extrinsic and intrinsic rewards in terms of income, free time and emergency call commitments and creating a financial enterprise that is both lucrative and philanthropic. Our practice locations are in Bend and Redmond, Oregon. Contact: Catherine Quas, 541.317.1887 or *info@bluefishdental.com.*

SUPPORT STAFF OPPS

DENTAL ASSISTANTS

WE ARE LOOKING FOR AN EXPERIENCED ENDO-DENTAL ASSISTANT in the Portland OR area. Please visit the link below for further details. *http://interdent.force.com/careers/apex/ts2__JobDetails?jobId=a0xi0000001ZPIUAA4.*

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CAREOREGON—THE ORAL HEALTH PROGRAM MANAGER plays a large operational role in CareOregon Dental (a dental managed care organization "DCO"). Including provider network relationships, access and utilization management, contracting, and participation in state or local workgroups or committees. Integration of oral health services at both the DCO and CCO levels is a key component in all aspects. Interpersonal skills and relationship building and serving as an oral health resource throughout the organization are also important. Bachelor's degree in Public Health or Health Care Administration or a related field is required. Clinical dental experience preferred but not required. Advanced degree strongly preferred. Three to five years of progressive professional experience in dental managed care, contracting, provider relations and networks, quality improvement, dental clinic operations, Medicaid; OR any work experience and/or training that would likely provide the ability to perform the essential functions of the position. For complete job description and to apply, visit us online at *http://www.careoregon.org/AboutUs/Careers/JobOpenings*. Position may close at any time. EEO. We are an equal opportunity employer.

SPACE AVAILABLE/WANTED

SALEM DENTAL OFFICE FOR SALE / LEASE: 4165-4175 Silverton Rd NE. Improved dental building, approximately 4,976 SF. 11 treatment rooms, 4-6 private offices, lab areas. Professionally designed with excellent signage. Includes additional office and storage on property. Sale $1,125,000 or Lease $9,596/month—Modified Gross. Contact Terri Frohnmayer for more information: 503.364.7400, *terri@firstcommercialoregon.com*. Marketing Flyer: *http://firstcommercialoregon.com/media/com_cswlistings/uploads/200d64325f3322e6/pdf/silverton_rd_ne,_4165_4175.pdf.*

SOUTH SALEM OFFICE FOR LEASE: 4755 Liberty Rd South. Professionally designed dental building, approximately 5,777 SF. Busy South Salem location with excellent signage. 16 treatment rooms, multiple x-ray rooms, storage, lounge and private offices. Lease: $8,087.80/month—NNN. Contact Terri Frohnmayer for more information: 503.364.7400, *terri@firstcommercialoregon.com*. Marketing Flyer: *http://firstcommercialoregon.com/media/com_cswlistings/uploads/a532cb16476ac960/pdf/liberty_rd_s_4755.pdf*.

MISCELLANEOUS

MODERATE SEDATION COURSE—INSTRUCTOR: STEVEN GANZBERG, DMD, MS. Dates: Spring 2015 at Wendel Family Dental Centre Vancouver, WA. 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.

PRACTICES FOR SALE

BATTLE GROUND PRACTICE FOR SALE— 30 minutes north of Portland, OR. Inviting 2,100 SF leased space, very well maintained and with 3 nice ops, plumbed for 2 more. 2013 collections $240K on 3 days. Strong community reputation for professional, competent, friendly doctor and staff. Easy free parking, great signage, practice visible and community growing with new 4 lane freeway access and new big stores in town. Staff is available to stay, practice is compliant with HIPAA, WISHA/OSHA, modern equipment in good working order, fully digital front and back office, digital x-ray scanner, PANO, intra oral cameras, and air abrasion. Have the latest computer and dental software upgrades, new website nearly done—only need to change the doctor name and the new dentist is all set to go! Contact 360.798.1463 for more information.

SOUTHERN OREGON G/P PRACTICE FOR SALE. Established dental practice for sale in Southern Oregon. Annual collections over $828,000/year. Very active and productive hygiene program. Both hygiene operatories and the front office have recently been completely remodeled and updated. New computers and monitors in the operatories and new receptionist front desk as well. 2700 SF free standing building with a total of 8 operatories. Great location with plenty of parking and fabulous visibility on a very busy street. Above average discretionary earnings. Current staff will stay with the practice. If you love the outdoors then this is the practice for you. Contact Buck Reasor at Reasor Professional Dental Services. 503.680.4366, *info@reasorprofessionaldental.com. www.reasorprofessionaldental.com.*

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