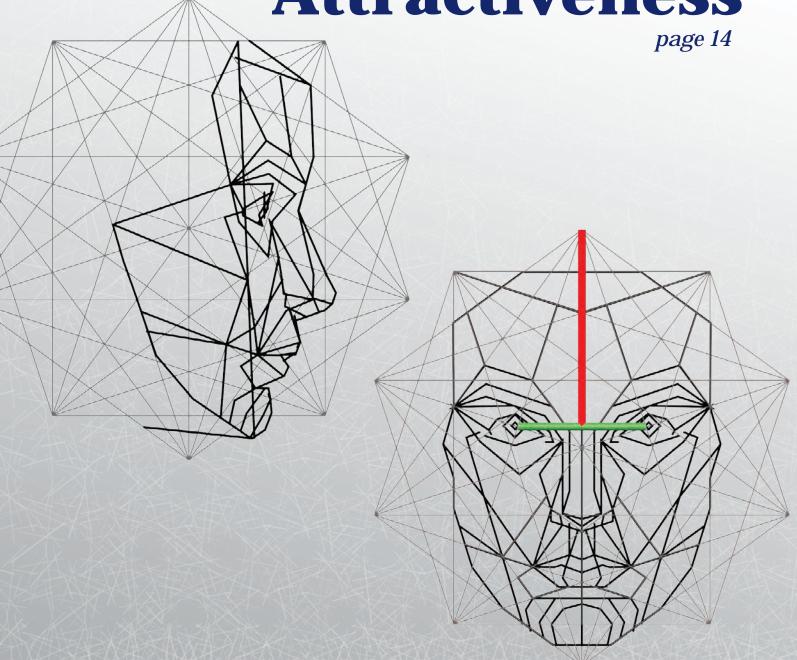


## Oregon dental Membership Matters ASSOCIATION

A publication of the Oregon Dental Association • December 2015

## The Perfect Facial **Proportions** for Attractiveness



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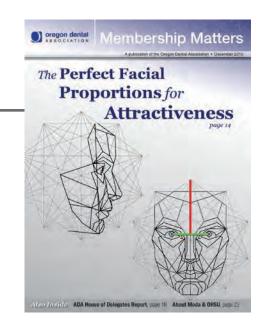
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W W W . A R T I S A N D E N T A L . C O M

# On the cover FACIAL AESTHETICS

14 The Perfect Facial Proportions for Attractiveness

By Elisa A. Burgess, MD



The ODA sent a delegation of 13 members (7 delegates and 6 alternate delegates) to the 2015 ADA House of Delegates in New Orleans.

Learn more about our national House of Delegates.



Photo: Fred Bremner, DMD

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## oregon dental

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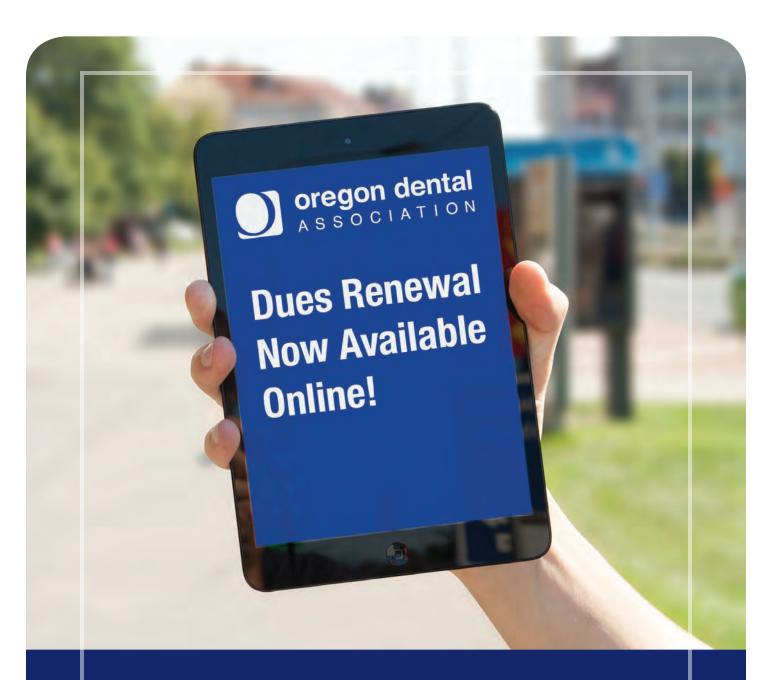








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## vents & Education

Events are subject to change. Please consult the sponsoring group to confirm details. To add your component's continuing education event, please email bendsalari@gmail.com. Please send all other events to Cassie, cleone@oregondental.org.

#### **January 2016**

#### **ODA Board of Trustees Meeting:**

Fri, Jan 8, ODA Office, Wilsonville. Info: 503-218-2010.

#### Continuing Ed., 1.5 Hrs: "Pediatric Dentistry," Presented by Hai Pham, DMD. Tues, Jan 12, Roth's, West Salem. Info: www.mpdentalce.com.

#### Continuing Ed., 1.5 Hrs: "Implant Site Analysis & Development," Presented by Jay Malmquist, DMD. Tues, Jan 12, Stockpot Broiler, Beaverton. Info: www.wacountydental.org.

#### ODC Speaker Host Training:

Thur., Jan 14, ODA Office, Wilsonville (or via conference call). Info: 503-218-2010.

#### Continuing Ed., 2 Hrs: "Dentofacial Esthetics," Presented by Judah Garfinkle, DMD, Wed, Jan 20. OHSU School of Dentistry, Portland. Info: www.multnomahdental.org.

#### DFO Texas Hold 'em:

Sat., Jan 30, Moda Plaza, Milwaukie. Info: www.smileonoregon.org.

#### February 2016

#### Continuing Ed., 6 Hrs: "Contemporary Esthetic Dentistry," Presented by Roberto P. Macedo, DDS, PhD. Fri, Feb 5, Valley River Inn, Eugene. Info: www.lanedentalsociety.org/programs.

#### Continuing Ed., 1.5 Hrs: "Cardiology & Dentistry," Presented by Priya Kansal, MD. Tues, Feb 9, Roth's, West Salem. Info: www.mpdentalce.com.

#### Continuing Ed., 1.5 Hrs: "Investment & Portfolio Analysis," Presented by Jeff Auxier. Tues, Feb 9, Stockpot Broiler, Beaverton. Info: www.wacountydental.org.

#### **March 2016**

#### **ODA Board of Trustees Meeting:**

Sat, March 5, ODA Office, Wilsonville. Info: 503-218-2010.

#### Continuing Ed., 1.5 Hrs: "Hot Employment Law Topics for Dental Practices in 2016," Presented by Randall Sutton or David Briggs. Tues, March 8, Roth's, West Salem. Info: www.mpdentalce.com.

#### Continuing Ed., 1.5 Hrs: "Review of Infectious Diseases," Presented by Erin Bonura, MD. Tues, Mar 8, Stockpot Broiler, Beaverton. Info: www.wacountydental.org.

#### Continuing Ed., 2 Hrs: "The Power of the Question," Presented by Mary Osborne. Tues, Mar 15, Valley River Inn, Eugene. Info: www.lanedentalsociety.org/programs.

#### Continuing Ed., 2 Hrs: "Managing Dentin Hypersensitivity: A continuous care strategy," Presented by Monica Monsantofils, RDH. Wed, March 16, McMenamins Kennedy School, Portland. Info: www.multnomahdental.org.

#### **April 2016**

#### **DBIC Risk Management:** Oregon Dental Conference. Thur, April 7, Oregon Convention Center, Portland. Info: www.oregondental.org.

#### Oregon Dental Conference: April 7-9, Oregon Convention Center, Portland. Info: www.oregondental.org.

#### **ODA Board of Trustees Meeting:**

Sun, April 10, DoubleTree, Portland. Info: 503-218-2010.

#### **May 2016**

#### Continuing Ed., 1.5 Hrs: "Implants,"

Presented Dr. Scott Dyer. Tues, May 10, Roth's, West Salem. Info: www.mpdentalce.com.

#### Continuing Ed., 1.5 Hrs: "The Science of Composite Bonding," Presented by Carmen Phiefer, DDS, PhD. Tues, May 10, Stockpot Broiler, Beaverton. Info: www.wacountydental.org.

#### Continuing Ed., 2 Hrs: "Table Clinics,"

Presented by Multnomah Dental Society. Wed, May 18, Multnomah Athletic Club, Portland. Info: www.multnomahdental.org.

#### **ODA Board of Trustees Meeting:**

Sat, May 21, Location TBA. Info: 503-218-2010.

#### **July 2016**

#### ODA Board of Trustees Meeting: Fri. July 22. ODA Office, Wilsonville. Info: 503-218-2010.

#### September 2016

#### ODA House of Delegates: Sep 9-10, Riverhouse Hotel, Bend. Info: 503-218-2010.

#### **ODA Board of Trustees Meeting: Fri,**

Sept 30, ODA Office, Wilsonville. Info: 503-218-2010.

#### November 2016

#### ODA Board of Trustees Meeting: Fri. Nov 4. ODA Office, Wilsonville. Info: 503-218-2010.

#### December 2016

Risk Management: Multnomah Dental Society. Fri, Dec 2, Portland. Info: Lora Mattsen, 503-513-5010



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### **Dental Foundation of Oregon**

## Give a Grin Challenge

#### **DFO's Annual Giving Campaign**

Help us reach our goal and give Oregon's children something to smile about.

#### What is it?

Give a Grin is an annual fundraising challenge for the Dental Foundation of Oregon (DFO). It's a simple, efficient, and effective way for you and your business to help end childhood tooth decay, and give Oregon's children a new beginning.

Your support sends the powerful message that DENTISTRY IS GIVING BACK.

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PROVIDED **8,958**APPOINTMENTS
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Donate today and help thousands of low-income and uninsured children on the Tooth Taxi in 2016!

#### **HOW TO DONATE**

**ONLINE** SmileOnOregon.org

BY CHECK Mail to: DFO

PO Box 2448 Wilsonville, OR 97070

Thank you for your support!





## Welcome New ODA Members!

Justin D. Anderson, DDS • Grants Pass Rogue Valley Dental Society

Todd C. Carris, DMD • Portland
Multnomah Dental Society

Edariz R. Castilla, DDS • Salem Marion and Polk Dental Society

Deepak Devarajan, DMD • Portland Multnomah Dental Society

Anna Dneprov, DMD • Gresham Multnomah Dental Society

Meera J. Grewal, DDS • Salem Marion and Polk Dental Society

John C. Hardy, DMD • Eugene Lane County Dental Society

Leslee S. Huggins, DDS • Salem Marion and Polk Dental Society

Juan Kim, DDS • Grants Pass Rogue Valley Dental Society

Elly B. Kim, DDS • Portland Clackamas County Dental Society

Mark T. Nuttall, DMD • Reedsport Lane County Dental Society





#### **Need a Scarf?**

Call ODA membership specialist, Kristen Andrews, at 503.218.2010 x110.

## Want to see your picture here?

Email kandrews@oregondental.org.

## Join the Molar Movement

## #FightEnamelCruelty

Post your photos to Facebook or Twitter and tag the ODA, and you may be featured in a future Membership Matters!

For more information, or to email your photo to us, contact ODA Membership Specialist Kristen Andrews at 503-218-2010 x110 or kandrews@oregondental.org.



A OHSU DS1s sport their Molar Movement scarves following their ADA Success Program and ODA welcome to organized dentistry. On October 9, the Oregon Dental Association and American Dental Association partnered to welcome the OHSU School of Dentistry Class of 2019 into the Tripartite.



Stephen Gold, DDS, and Alyse Drakulich, DMD, presented an ADA Success Program and answered students' questions on navigating their future. The ADA Success Program offers a series of programs on topics most relevant to students today. The program helps students prepare for life as a dentist—good choices now, great dentists later."

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- Maureen Gierucki DDS, Harrison, MI



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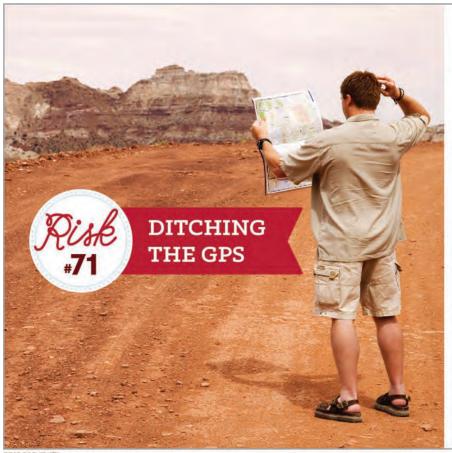
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## Congratulations! American College of Dentists Inductees



On November 5, 2015, the ACD inducted 284 new Fellows at the Grant Hyatt Washington, in Washington, DC. Pictured here with Immediate Past Regent for Regency 8, **Rickland Asai, DMD**, are this year's new Fellows from left to right: **Norman Magnuson, DDS; Frances Sunseri, DMD; Kim Wright, DMD; Athena Bettger, DMD;** and **Todd Beck, DMD.** 



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## **Downcoding...** Is it Legal?



My office files electronic claims. in the process many EOBs (estimate of benefit) come back with a procedure code different than the one we submitted. Is that legal?

Carriers can legally "downcode" according to a contract that allows such an action; they are not changing the treatment. The practice of downcoding to a less complex code can result in a lower cost procedure than was originally reported on a claim.

Although carriers can downcode, professionals cannot. To maximize the patients benefits with this type of exchange, diagnosis and documentation is key. Though sometimes code exists, the general description will limit plan coverage. A carrier can only say what is covered under a policy with a code you give them, this does not mean the code is correct to use. There is nothing in code to indicate that it is not appropriate to report some codes separately. If in doubt submit a pre-authorization. Knowingly alternating codes to maximize insurance benefits would constitute fraud.

#### For more information

The ADA Center for Dental Benefit, Coding, and Quality, has several video tutorials that will help staff address issues that arise between practices and carriers. Visit: success.ada.org/en/practice/dental-benefits/dental-benefit-video-series/

For more complex coding help contact the ADA Members Benefit support line at: 312-440-2500. Requests may also be sent via e-mail to *dentalcode@ada.org*.

The CDT 2015 Companion & Training Guide educates dental staff on how to code claims accurately and successfully and submit them for reimbursement. ADAcatalog.org.



Lori Lambright
ODA Member
Compliance Coordinator
503-218-2010, x104
llambright@oregondental.org

Find this information online at: http://bit.ly/ODAcompliance

This column is intended to help you to be better informed of the *rules* and *regulations* that are required of running a dental practice in Oregon.



## Register Now On-Line **DFO Charity Poker Tournament**

Sponsored and Hosted by BnK Construction Saturday, January 30, 2016—Moda Plaza www.SmileOnOregon.org

Join us for a good old fashion 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.

THE DENTAL FOUNDATION OF OREGON

\$25 buy-in gets you into the tournament, and a \$100 donation to the DFO is strongly suggested; tax-receipts will be provided. Beginners and couples welcome! Space is limited so register now to hold your spot.

## Digital Badging

Digital badges are promotional currency and awareness you can use to boost your online profile and to promote your community involvement and leadership credentials. You may display digital badges on your website, Facebook, Twitter, LinkedIn, and in your email signature.

Digital Badges can help you enhance your website's search engine optimization (SEO) and practice's brand and reputation. From contributions to DOPAC, to volunteering your time at the Oregon Mission of Mercy, the ODA badges provides an opportunity to promote contributions to organized dentistry. ODA members across the state are seeing a positive impact from displaying their digital badges on their websites and social media pages.



Renew your ODA membership today to receive your 2016 ODA Member Badge!



Find your other member benefits online at: http://bit.ly/ODAmemberbenefits

## I share My Achievements with My Patients

Dr. McMahan, member of the Eastern Oregon Dental Society, posted his 30-Year ODA Member Badge to Facebook.

"I was really happy with the response, and I still have patients asking about it in the office, too!"



Jim McMahan, DMD

How do you use digital badges?

#### I Boost My Online Presence



Matt Starley, DMD

Dr. Starley, member of the Clatsop County Dental Society, displays his 2015 ODA Member Badge and 2015 ODC Attendee Badge on his website.

"I included the ODA badges on my website to boost my online presence, increase search engine recognition, and show patients my affiliation status. I feel that it has helped **strengthen my website**, and **brought more patients my direction**."



#### **Connect. Learn. Grow.**

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April 7-9, 2016

Oregon Convention Center-Portland

## Become an ODC Speaker Host Receive FREE ODC Registration

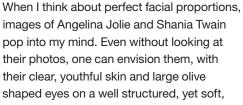
The Annual Meeting Council is holding the annual Speaker Host Dinner & Training on **Thursday**, **January 14**, **2016 at 6:30 pm** at the ODA building in Wilsonville. Attendees will learn/review the responsibilities and benefits of hosting, and have the opportunity to select which speaker(s) they would like to host.

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

Register by January 4th with Lauren Malone (Imalone@oregondental.org or 503-218-2010 x 101). Can't attend in person? No problem, you can join us online. Ask about this option when you register.







symmetric face. In any view, they appear attractive.

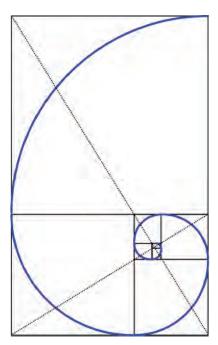
The side view is shapely with just the right nasal, mouth, and chin projection. In the frontal view they have a balance of features and a distance between structures that is pleasing.

#### What makes someone attractive?

Is it the perfect facial proportions or something else interesting between the lines that make our hearts beat a little faster or stops us for that second glance? To evaluate and analyze facial proportions, let's take a look at some famous people but first a little history.

The Egyptians and Greeks studied facial attractiveness. The Greeks in particular, used geometry and mathematics to derive several interesting ratios. The most commonly used is Pi  $(\pi)$  equal to 3.14159.

But the Greeks also derived the ratio Phi  $(\Phi)$  equal to 1.62, to assess proportions in art, architecture and other



measurements. For artistic or natural appearances, the closer your facial measurement ratios are to 1.62, the more beautiful you are thought to be. The ratios can be diagramed over a photo of a face or a structure by using a grid, a line or a Fibonacci/ Golden Spiral (like on a snail shell with each revolution). Famous structures have the Golden Ratio, such as the Taj Mahal, the Parthenon or seemingly simple structures, such

continues

#### The Golden Spiral

In geometry, a golden spiral is a logarithmic spiral whose growth factor is  $\varphi$ , the golden ratio. That is, a golden spiral gets wider (or further from its origin) by a factor of  $\varphi$  for every quarter turn it makes.

www.oregondental.org

December 2015

## Perfect Facial Proportions for Attractiveness, cont.

as snail shells, ears, and certain body proportions like hand bones and faces. Each ratio is subdivided into subsequent similar ratios, and so on.

It turns out that facial features can be partitioned by this Golden Ratio, both vertically and horizontally, into what may be the aesthetics of an ideal face. For example, the proportions of the face, position of the eyes, length of the chin and nose all conform to some aspect of the Golden Ratio.

Many sculptors, artists, scientists, and architects, including Leonardo da Vinci may have used the principals behind the Golden ratio of Phi. One simple exercise for a frontal face photograph is to measure the face's height and face. If the height is 16 cm, for example, and the width is 10 cm, then the ratio is \$16\forall\_{10}\$ or 1.6. See Figure 1. Various other ratio examples can be given between the facial structures.

There are many apps and websites to measure the Golden Ratio. One of the best websites to demonstrate this is www. goldennumber.net. Take a look at the video by PhiMatrix™ at http://tinyurl.com/oda-florence. This demonstrates demonstrate the Golden Ratio by design and analysis software for Florence Colgate, who was voted in 2012 as having the most beautiful face in Britain. In 2012, she was working as a waitress in a fish and chip restaurant. Now she is most famous for having over 20 Phi's in her face, by both horizontal and vertical analysis.

Even if Florence has more Phi's than most, her face is not perfectly symmetric. If one does a chimera of her face, (i.e., superimposing the right side of the face onto the left side of her face), then you can see that she is not perfectly symmetric. But the chimeras do not look necessarily attractive. She looks better when she is relatively symmetric but not perfectly symmetric.

#### **Applications in plastic surgery**

The inverse of the Phi ratio is 0.62, which can look like two thirds of a line. This is an easier ratio for me to work with when analyzing a face. As a plastic surgeon, I have been trained to look at face for symmetry by dividing most of the face into thirds. For example, the forehead to nose, the upper nose to lower nose, and the lower nose to chin all can be divided evenly into thirds (i.e., upper face, midface, and lower face). See Figure 2.

Taking that example further, the lower nose to lips, the lips to mental crease and the mental crease to chin are further divided by thirds. For a horizontal example, the width of each eye is equal to the distance between each eye, with each being a third. So the face can also be categorized into one section of a third plus another section of two thirds, roughly 0.62 by ratio. Sex, age and ethnicity may also play into the analyses. See Figure 3.

For analyses, let's apply these principals and examine some famous people.



**Figure 1:** With a height of 16 cm, and a width of 10 cm, this face shows a ratio of 1.6 or Phi.

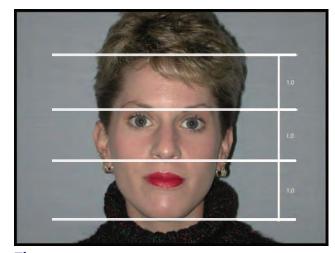


Figure 2.

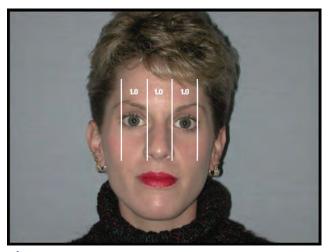


Figure 3.

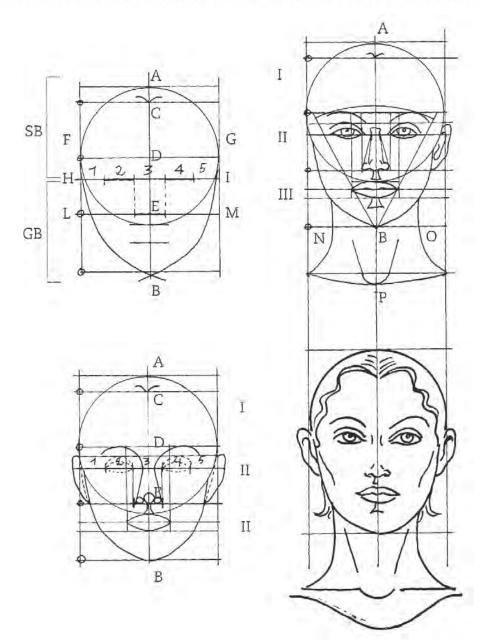
Take the cartoon characters, Homer and Marge Simpson, for example. If you can picture them, on frontal view they are each fairly symmetric. They have fairly symmetric eyes, with a nose and mouth that sits roughly on a face of thirds. The upper face, midface and lower face are usually fixed into thirds. Add a little hair to the top of Homer and he looks even more proportional for thirds. Where they lose their facial proportions, is the size of their eyes and their side view. Both have a severe retrognathia, which must make most dentists shudder.

Let us examine other famous, attractive people, such as Angelina Jolie and Brad Pitt. Angelina appears to have strong female facial features and even on quick glance, she appears to be very attractive, but I would argue that she is not fairly symmetric and does not always follow the traditional rules. Her face is not roughly divided into thirds. Her upper face is quite long and her high hairline accentuates this feature. Her midface is where she starts to show her real beauty, revealing large full relatively symmetric eyes, with slightly upturned lateral canthal position at her outer eye edge. There is a softness of her upper eyelid with a reasonable amount of skin. Her eyebrows are moderately high with a slightly arched curve at around one third out. Her nasal position is midline with slightly upturned tip. Her lower lip is slightly larger than her upper lip but positioned at the midsection of her lower face. Brad Pitt is similar in his facial proportions with a long forehead and shorter midface but he does have a longer lower facial third.

So which famous person wins? None of the above.. I propose that Shania Twain, the Canadian country pop singer, that has the most number of Phi's, and the closest facial symmetry. She has the perfect voice, perfect face and—probably with cosmetic dental assistance—the perfect smile.

Measure the multiple Phi's in her teeth when comparing central incisor, lateral incisor, and cuspid ratios.

In the end it is all Greek to me, but I do know now, that there is deeper meaning in the life of Phi.



Special thanks to Valentin Schwind, at www.vali.de for providing the images on the cover and above. These image are reprinted with his permission. View his paper on the Golden Ratio in faces at www.vali.de/?p=1117

#### Sources

Bashour, Mounir, MD, CM, PhD. "The History and Current Concepts in the Analysis of Facial Attractiveness" *PRS Journal*. 118: 741, 2006.

Meisner, Gary. "Golden Ratio Overview. Math or Myth? An overview and the evidence." www.goldennumber.net blog. Accessed June 16, 2014.

Elisa A. Burgess, MD is a board-certified plastic surgeon at Elisa Burgess, MD, PC, Cosmetic & Reconstructive Plastic Surgery, in Lake Oswego, Oregon. She can be contacted at 503-699-6464.

## American Dental Association 2015 House of Delegates Reports

## Submitted by Dr. Jill Price, Alternate Delegate, ADA Council on Dental Education and Licensure

You start the House with a discussion on the budget, and you end the meeting with the budget vote. Everything that is decided for the two days in between either takes the deficit up or down. Then there is the question, "Do we take the necessary funds out of reserves, or do we raise our dues to cover it?" This is how it goes every year. Everyone has a pet project that they feel deserves funding, and although there is an explanation for need for each, many make you scratch your head.

This year's financial concerns came in thoughts

Resolution 77 was what every delegation geared up for this year. This resolution was proposed amendments to the ADA's Sedation and Anesthesia Guidelines. The ADA's policy is just a "guideline" but in many cases the state boards of dentistry nationwide eventually work this into policy for their state, as has happened often in Oregon. This resolution happened to come from the Council on Dental Education and Licensure, for which I am serving my second year.

The major concerns with the changes came from pediatric dentists and general dentists who didn't agree with the monitoring end tidal  ${\rm CO_2}$  mandate (Oregon has this already as policy),

references to maximum recommended dosages (MRD), and the increase in the education requirement to 60 hours for the Moderate Sedation Permit. A separate town hall meeting was held to discuss, and a great amount of "politicking" between specialty organizations and trustee districts occurred. I received a text message at 10:20pm the night before the vote that California was changing their tune

on how they were voting. (This is the fun stuff!) I was proud of our district's tenacious work on this resolution. In the end, we got what we wanted. The proposed guidelines failed and it will go back to the Council (CDEL) to be reworked by the Anesthesia Committee and come back next year.

Although Resolution 60 was pulled, it concerned testing for dental licensure, which is an ever-discussed issue regarding the best way to show competency of our graduating students. ADA has



*▶* From left:

Barry Taylor, DMD; Jeffery Stewart, DDS, MS; Karley Bedford, DMD; Jill Price, DMD; and Jim McMahan, DMD

of drastically cutting back on the ADA's geriatric and special needs programming, along with cutting out an in-person meeting by the Communication Council, and cutting big dollars from the Membership Program for Growth (MPG). Our own 11th District formed a resolution to put more money into the State Public Affairs (SPA) program. This is a fund that the Northwest has seen great need to protect for the practice of dentistry, and to keep the dentist as the head of the dental team legislatively.

come out for years, stating that they don't believe in live patient testing, but they have yet to come up with a testing form to support their policy.

Lengthy debate went on regarding silly (to me) resolutions over things such as the Dental Alliance (a dentist spouse group) being taken out of the ADA bylaws section, and a resolution allowing executive directors—when not on the House floor—the right and table space to sit with their trustee groups in the alternate delegate section. Really?

We did make some headway in adopting a resolution that will cut out one of the sessions of the HOD, and try to work on making us more efficient, and a piggyback resolution that allows for a task force to be formed to discuss time, format, and location of the ADA annual meeting.

Lastly we ended with adopting guidelines for the Election Committee, for when there are violations in the campaign process by members that are running for office. This occurred this year, with one of the president elect candidates and one of the second vice president candidates.

Oh, and the budget passed with NO dues increase! It is always a pleasure to serve the Association at these meetings.

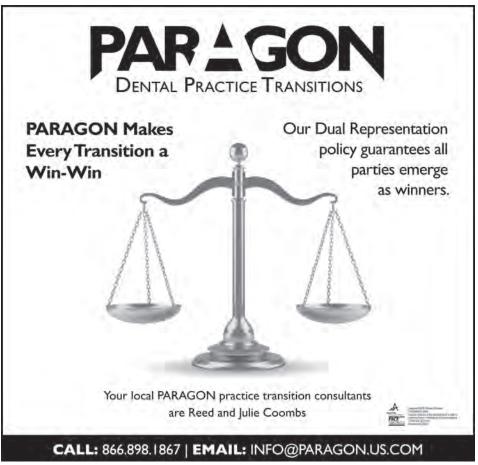
#### > From Dr. Karley Bedford

This year was my first year as an ADA delegate, as well as my first full year as a practicing dentist. And for the first time, the ADA combined their annual meeting, the House of Delegates, and the New Dentist Conference into one jam-packed week. This called for a busy schedule, but an all-inclusive experience.

The combination of the New Dentist Conference with the Annual Meeting was a great effort to engage new dentists. The

continues





### ADA House of Delegates Report





≺ Left: Karley Schneider, DMD (3rd from left), pictured here with dental student Charles Carriere, DS2; Claire Yi, DS2; and Alayna Schoblaske, DS3, also in DC for concurrent student meetings.

ADA clearly recognizes the need to support newer dentists in the most beneficial way. ADA Executive Director, Dr. Kathleen T. O'Loughlin, pointed out this need when she re-enacted the "easy" process of dues payment for a new dentist.

My observation was that there were very few new dentist delegates, in fact more of the delegates

are dentists on the tail end of their career. Because the House is where a lot of decisions are made for the ADA, there is a need for the delegates to more accurately represent the membership of the ADA. There is work to be done at the national and state levels to encourage more dentists to be involved and support the ADA, however I feel the ADA is moving in the right direction.

## **Delegates**Fred Bremner, DMD

Greggery Jones, DMD
Hai Pham, DMD
Karley Schneider, DMD
Joni Young, DMD
Patrick Hagerty, DMD

#### Alternate Delegates

James McMahan, DMD Jill Price, DMD James Smith, DMD Jeffery Stewart, DDS, MS Barry Taylor, DMD

#### > From Dr. Greggery Jones

Being a new delegate, as well as this being my first time to attend the ADA Annual Meeting, made this challenging, impressive, and yet allowed me to become aware the magnitude of the cumbersome nature of such a large organization. Being a life member of the ADA, I have known for decades of the ever-so-slow change that can come about. But, I have to say, I was impressed with the recent and

forthcoming ideas and motivation that the ADA has expressed, to welcome all members, and to become proactive.

In addition to the House of Delegate time, I was assigned to witness the works of reference committee E, which entailed issues of membership. Discussed item on the agenda included, the marketing of the student loan repayment program, removing requirements for continuous membership, exemptions for dues for active military members, and working to collaborate uniform dues and to simplify membership experience.

Yes, it could be tiring, and at times quite a bit of frustration to participate, yet I was thankful for the experience, and appreciate the privilege to serve.

#### > From Dr. Jim McMahan

Serving as a Delegate at the ADA House of Delegates representing the 11th District was a highlight of my career in dentistry. The ADA is the voice of organized dentistry to the world, so the opportunity to serve was a distinct privilege and honor. I learned a great deal about the value of what the ADA does, the impact of ADA decisions on our lives as dentists in setting policy and standards that essentially decide the standard of care and often become statute in state law.



Above: Oregon delegates, Hai Pham, DMD and Karley Schnieder, DMD, pictured here with 11th District trustee Rickland Asai, DMD, and other 11th District delegates, Heather Willis, DDS and Jane Gillette, DDS.

Being a part of that required being well-prepared and committing time to studying the resolutions being considered. I believe the decisions made at this House were well discussed and properly decided, so the system served dentistry well. Though the decision-making process can be laborious and tedious, ultimately I believe the profession is served well, and the public is well-protected because of the actions and policies set by the ADA.

I also gained a greater appreciation of the local components and state associations vital importance in truly engaging and serving dentists, and the value of membership at this time of rapid change in dentistry. I strongly encourage dentists to get involved and stay engaged. Support for organized dentistry has never been more important.

And lastly, having this meeting in Washington, DC, afforded opportunities to enjoy our nation's capital and made the importance of the advocacy through DOPAC and ADPAC even more real. I am grateful for the chance to serve.





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## Moda & OHSU

You may recently have read some rather confusing stories in the press about Moda.

We thought we'd reach out directly to Robert Gootee, the company's President and CEO, and ask him to set the record straight.

Is it true that OHSU is buying Moda? In a word, No.

#### So what's the deal with all these headlines?

Late last year, OHSU made an investment of \$50 million in the Moda Health Plan to, in the words of University President Joe Robertson, "support Moda's ongoing participation in the health care exchange." To use my own words, the investment signaled a strategic alliance supporting both OHSU and Moda as together we innovate and transition through the many changes at hand in health care.

#### But I read it was a "secret" deal.

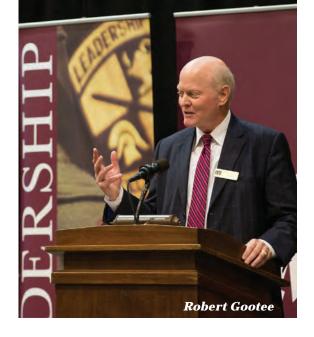
Although described in that way by *The Oregonian*, it was not a "secret" transaction from my point of view. In fact, the *Portland Business Journal* first reported it on February 24 of this year, and it's been covered in a more than a dozen news stories since.

#### I hear it was a "surplus note." What is that?

It's a common financial instrument often used in the insurance industry to provide capital (net worth), but with a fixed repayment term and set interest rate.

### So what exactly are Moda and OHSU working on?

There are many joint initiatives, some of which have been going on for a long time. We worked together for years on the development of the new dental school at South Waterfront, and on the university's collaborative life sciences teaching



model that is finally bringing our Oral Health/Total Health mission to the fore. OHSU and Moda are also founding members of Propel Health, an innovative collaborative established to accelerate the move toward value-based care integrated care. And we're working together to bring more young healthcare providers to rural Oregon.

#### Is that all?

Moda also administers the health plan for all OHSU employees and their families—more than 30,000 people. We are also the health plan for employees of Salem Health, the hospital system with which OHSU now is closely aligned through its "OHSU Partners" program.

### So what's this "Letter of Intent" between Moda and OHSU?

It's simply an agreement for us to continue our conversation. One of the items under discussion is that sometime in 2016 OHSU might convert its surplus note to a 25% ownership of our medical plan, Moda Health. Any final agreement would require approval by the boards of directors of both OHSU and Moda. Any conversion to equity would also require regulatory approval.

## Sometimes I read about Moda. Sometimes I read about Moda Health. Is there a difference?

Moda is the shorthand version of Moda, Inc.—the parent company of a number of our for-profit subsidiaries. Companies in the Moda group today include Ardon Health, Arrow Dental, BenefitHelp Solutions, Delta Dental Plan of Oregon, Dental Commerce Corp., Dentists Benefits Corp., Dentists Benefits Insurance Co., Dentists Management Corp., Eastern Oregon Community Care Organization, Moda Health Plan, Northwest Dentists Insurance Co.,

ODS College of Dental Sciences, ODS Community Health and PayLess Drug.

## So that additional \$50 million I read about being invested in Moda Health . . . ?

Our medical plan (Moda Health) received that capital infusion, also in the form of a surplus note, from its parent company, Moda Inc. Despite recent news about significantly-curtailed risk corridor payments from the federal government as part of the Affordable Care Act, this additional investment ensures that Moda Health Plan's capital continues to exceed statutory requirements.

### So what is the impact of all this on my practice?

None. Your contractual relationship (if you have one with us) is with ODS—the ultimate controlling entity of all Moda companies. As a separate legal and regulated entity, ODS is not affected by the liabilities, or any other issues affecting Moda Health, except as an invested asset through its direct ownership of Moda, Inc. In other words, none of this affects how you are reimbursed by ODS/Delta Dental of Oregon, nor does it impact you in any other way.

You might also look at it like this. ODS is impacted by the activities of its investments since it directly benefits from increased size and scale, and from its enhanced ability to manage change and risk. Since I believe the strategic alliance with OHSU increases our ability to manage the rapidly changing environment of health care, it should result in a long-term strengthening of our medical plan. If that comes to pass, the benefit to ODS will be both long-lasting and substantial.

#### Any final thoughts?

Just to say thank you all for your wonderful support of us while we manage through these confusing times.

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Woodburn/Silverton Area – Collecting about \$750,000 with good net income, Modern, up-to-date 3,000 sq. ft. office with 6 Adec equipped operatories. Digital imaging and charting. 39% hygiene and exams. Nice location with excellent visibility to traffic flow. Dr. relocating.

Salem – Collecting \$650,000 with excellent net income. Modern, up-to-date 2,100 sq. ft. 4 operatory office with excellent visibility to high traffic flow. 60% hygiene and exams. Most endo and oral surgery referred out. Digital imaging. Dr. retiring.

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## Changing demographics among patients

Dr. Irani is the fourth speaker highlight in our ODC Preview Series.



Dr. Irani obtained her bachelor's in dental hygiene and DDS from the University of Southern California. She is an alumnus of the ADA Institute for Diversity in Leadership and a graduate of the ADA Kellogg Executive Management Program. Dr. Irani has dedicated her practice to helping low-income patients and provides access to care for patients with Hispanic, Asian and Middle Eastern backgrounds. Speaking several languages, Dr. Irani has done extensive research on unique cultural traits of different populations.

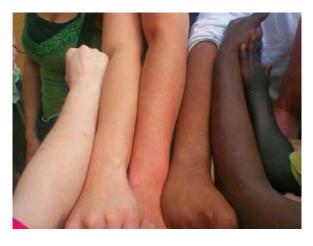
#### THE FACE OF THE UNITED STATES IS

CHANGING. According to U.S. census data, the demographic future for the U.S. and the world looks very different than the recent past in key respects. Growth from 1950 to 2010 was rapid—the global population nearly tripled, and the U.S. population doubled. However, population growth from 2010 to 2050 is projected to be significantly slower, and is expected to tilt strongly to the oldest age groups, both globally and in the U.S.

In 2013, there were a record 41.3 million immigrants living in the U.S., making up 13.1% of the nation's population. This represents a fourfold increase since 1960, when only 9.7 million immigrants lived in the U.S., and accounted for just 5.4% of the total U.S. population. These modernera immigrants and their descendants have accounted for just over half the nation's population growth, and have reshaped its racial and ethnic composition.

Looking ahead, new Pew Research Center U.S. population projections show that if current demographic trends continue, future immigrants and their descendants will be an even bigger source of population growth. Between 2015 and 2065, they are projected to account for 88% of the U.S. population increase—or 103 million people—as the nation grows to 441 million.

According to Pew Research projections, in 2015 47% of immigrants residing in the U.S. are Hispanic, but as immigration from Latin America, especially Mexico, (Passel, Cohn and Gonzalez-Barrera, 2012), has slowed in recent years, the share of the foreign-born who are Hispanic is expected to fall to 31% by 2065. Meanwhile, Asian immigrants are projected to make up a larger share of all immigrants, becoming the largest immigrant group by 2055 and making up 38% of the foreign-born population by 2065. (Hispanics will remain a larger share of the nation's overall population.) The fast-growing demographic and



strong minority growth is now due to birth of children of immigrants. These racial and ethnic changes are already seen in pockets of the U.S., and in the younger groups. Approximately 45% of all students grades K–12 are Hispanic, Black, and Asian-Americans. States such as Hawaii, California, New Mexico, and Texas have reported minority populations greater than 50%.

It is recommended that a dental provider be able to effectively treat patients from different socioeconomic and ethnic backgrounds. Effective communication is the key to provide the best experience for the patient, and can lead to better case acceptance. In the course of their practice, a dental provider may come across patients from different backgrounds such as Hispanic, Black, Asian, Middle-Eastern, Indian, and Native American. Knowing how each person would like to be addressed and treated will be very important in establishing a successful relationship. Understanding the patients' background and customs will give the dental provider an insight into the patients' decision-making process. Cultural awareness can bring an appreciation of patients' thought process, and make it easier to understand nuances like: why some groups might bargain; why some might avoid eye contact, while others would insist on it; and who would be the decision-maker in the family?

By taking steps to improve communication in areas such as small talk, language expression, small gestures, and listening skills, a provider can put the patient at ease and receive more collaboration.

continues

### Oregon Dental Conference

continued from previous page

A knowledgeable provider will understand patients' beliefs and cultural differences, and would let the patient know if it is acceptable to use alternative treatment, or other cultural practices.

It is important for all cultures to become aware of, and accepting of, the many varied social customs of fellow inhabitants in the U.S. This is important not only for those who have grown up in the U.S. to learn other cultures, but also for those new to the U.S. to learn other cultures customs besides those of the U.S. This will allow patients of all dentists to feel more comfortable in accepting treatment from all of our caring dentists.



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ANCHORAGE, AK Excellent practice collection ws \$900K. Practice a Hosmodontic emphasis but the production mix is varied.

**KETCHIKAN, AK** – 100% fee-forservice G/P collecting \$600K. 4 ops updated about 5 years ago. NEW! ANCHORAGE AREA— Long-established G/P collecting around \$800K annually. Highly profitable, low overhead office has 7 ops (6 equipped) and runs Eaglesoft. Real Estate is also available. Seller willing to work back for purchaser if desired. Call Today!

MAT-SU VALLEY, AK – High volume G/P seeking a full-time associate with possibility to purchase. Position is 5 days per week; pays 35% of collections. Great opportunity!

ANCHORAGE, AK – Excellent G/P collecting around \$1M annually. Seller is retiring and relocating; desires to sell office condo too. Recently converted to Dentrix and boasts newer equipment. Call today!

ANCHORAGE, AK – Well established G/P collecting \$500K annually. Real estate also available. Excellent opportunity to purchase a moderately sized practice! Possible merger opportunity.

**BOISE AREA** – Partner wanted for wonderful G/P. Collected \$500K in 2014. 5 ops, digital x-rays and more. Associate is working the practice; poised for growth!

SUN VALLEY AREA – Part-Time practice with great potential as a satellite! Close to world class skiing and excellent recreation!

### www.PracticeSales.com

Aaron@PracticeSales.com RandyH@PracticeSales.com Please call for a Complimentary, Confidential Consultation continued from page 28

#### SUPPORT STAFF OPPS

#### **RECEPTIONISTS**

THE NATIVE AMERICAN REHABILITATION ASSOCIA-TION (NARA) IS PRIVATE NON-PROFIT that provides culturally appropriate physical & mental health services and substance abuse treatment for American Indians, Alaska Natives and other vulnerable people. We have an immediate need for an experienced Dental Receptionist: RESPONSIBILI-TIES: Reception for the dental clinic; Schedules all dental appointments using Dentrix; Obtains basic patient information; Records patient information; Ensures patient eligibility; Ensures patient charts are prepared; Assists patients with insurance benefits; Determines patients benefits by contacting insurance company, collecting uncovered portions from patient or setting up payment plans in coordination with the billing department; Determines and collects payments; Maintains a receipt/log of money collected; Ensures patient treatment information is accurately and timely entered into Dentrix system or patient chart; Ensures dental staff schedules are accurate; Provides administrative/clerical support; Orders supplies; Prepares Material Requisitions; Prepares correspondence; Maintains/prepares weekly/ monthly dental report; Ensures confidentiality; Restocks patient rooms; Other duties assigned; QUALIFICATIONS: Minimum of two years specialized job skills/training; First aid/CPR: Knowledge of office systems: Prefer knowledge of RPMS or Dentrix; Knowledge of Native American culture preferred; To apply, please respond with your cover letter and resume jobs@naranorthwest.org or by fax to 503-224-4494. Requires a minimum of two years sobriety and clean time; employees are asked to commit to modeling a drug and alcohol free life. All potential hires are required to pass a pre-employment (post-offer) drug screen and criminal background check. Our agency is fully committed to supporting sobriety and as such it is a requirement that all new hires agree to model non-drinking, no-illicit drug use or prescription drug abuse behavior. EOE: Within scope of Indian Preference, all candidates receive equal consideration. Preference in hiring is given to qualified Native Americans in accordance w/the Indian Preference Act (Title 25, US Code, Section 472 &473). We are mission driven and spirit led! Check out our website: www.naranorthwest.org

#### **PRACTICES FOR SALE**

**EASTERN OREGON - GENERAL DENTIST RETIRING AF- TER 30+ YEARS.** The 1400 sf building is in a great location and can be purchased with practice. Doctor refers out most endontic, perio, and surgery. \$382,000 in collections with adjusted net of \$176,000. Contact Henry Schein Professional Practice Transitions representative, Blaine Brown, blaine.brown@henryschein.com, 208-841-4598. #OR104.

**G/P PRACTICE FOR SALE IN GRESHAM, ORE.** Medical condition dictates sale of practice. Annual collections over \$425,000. 4 fully equipped operatories with Digital X-rays. Fee for service practice with no PPOs. Outstanding collection policy. Well established practice that has been in the same location for over 25 years. Outstanding experienced staff will stay with the practice and assist with the transition. Contact: Buck Reasor, DMD. Reasor Professional Dental Services. info@reasorprofessionaldental.com, 503-680-4366.

#### **PRACTICES FOR SALE**

G/P PRACTICE FOR SALE ON THE NORTH-CENTRAL OREGON COAST. Three operatories with digital X-rays Annual collections over \$585,000 This well established practice has been in the area for 34 years. Excellent collection policy in place. Well trained staff will continue with the practice and assist with the transition. Great opportunity for a young dentist as the selling dentist refers out most endo and oral surgery. Excellent hygiene program in place that produces 40% of the production. Building is in an excellent location with great visibility and would be available to the buyer to purchase. Contact: Buck Reasor, DMD. Reasor Professional Dental Services, info@reasorprofessionaldental. com, 503-680-4366.

**DENTAL PRACTICE FOR SALE – ASTORIA OWNER WILL-ING TO CARRY CONTRACT,** no bank loan needed, great way to start and keep expenses low, 4 opt.'s, in the heart of Astoria, 2014 Production \$520,000 and 2015 through October is \$512,000 (estimated to be over \$600,000 for 2015). Spectacular view with long term staff. Building for sale, overlooks water front on the Columbia River, strong rental history. Contact Jon Schatz at 503-349-1600 or mjonschatz@att.net for a confidentiality agreement to obtain more information.

**G/P PRACTICE FOR SALE IN SOUTHERN, OR COAST** General dentistry practice for sale in the Banana Belt in Sunny Brookings, OR Vacation/Retirement Destination. Smaller practice collecting over \$310,000 annually. Outstanding cash flow with only 50% overhead. 3 ops and digital x-rays. Excellent location with great visibility located on the busiest street in town. Doctor refers out almost all endo, perio, and oral surgery. Well qualified staff will assist with the transition and stay with the practice. Contact: Buck Reasor, DMD. Reasor Professional Dental Services. info@reasorprofessionaldental.com 503-680-4366

**EASTERN OREGON - ENDODONTIC PRACTICE FOR SALE.** Fully digital with Dexis sensors and Cone Beam, two operatories with microscopes. Collecting \$369,000; only asking \$210,000. The 2,200 sf building can be purchased or leased. Contact Henry Schein Professional Practice Transitions representative Blaine Brown, blaine.brown@henryschein.com, 208-841-4598. #OR103.

**G/P PRACTICE FOR SALE IN PORTLAND, OR** 3 fully equipped operatories plus digital X-rays. Annual collections almost \$500,000. Great hygiene program producing 1/3 of office production. Well established practice that has been in the same location for over 16 years. Located in one of the trendiest locations in Portland. Professionally trained staff will assist with the transition and stay with the practice. Perfect practice for the buyer skilled in endo and oral surgery as these procedures are referred out. Contact: Buck Reasor, DMD. Reasor Professional Dental Services. info@reasorprofessionaldental.com 503-680-4366

#### **PRACTICES FOR SALE**

**G/P PRACTICE, SOUTHERN OREGON: 30P, 4TH ROOM,** all with garden views, lab, attractive professional complex. \$360K gross, 3.5 day week, fee for service, great potential growth, Sunny location with amazing recreation, located on I-5 corridor. Motivated Seller. mdj.dental1555@gmail.com

#### **SPACE AVAILABLE/WANTED**

**FREE STANDING DENTAL OFFICE BUILDING AVAIL- ABLE FOR LEASE.** 4 operatories. The office building is in Albany, OR near the hospital and downtown area. 1400 sq. feet. Contact wmanning@peak.org.

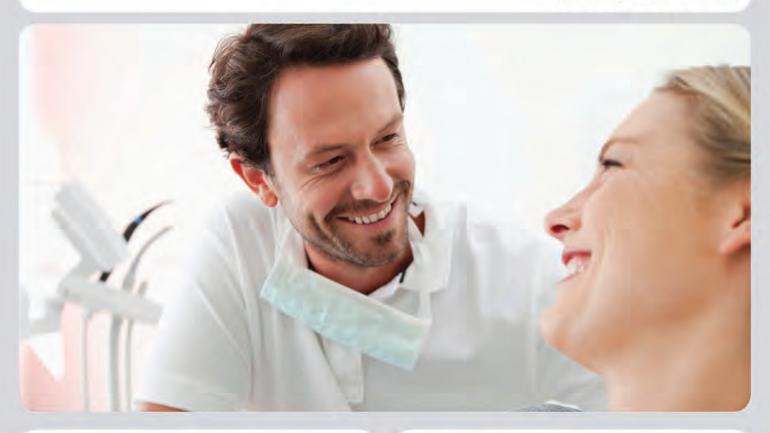
SPOKANE DENTAL OFFICE FOR SALE OR LEASE, EQUIP-**MENT AVAILABLE.** Professional Dental Office Building centrally located in the Spokane Valley. The building is surrounded by a beautiful park-like medical campus containing a total of eight medical related structures. The building has on street visibility and signage exposure with more than ample parking. Within just minutes of I-90 at Pines and the Spokane Valley Hospital medical campus. The main floor is 2,450 sf with 5 fully equipped operatories. All operatories are identical with Adec 1040 dental chairs, Planmeca pro style intraoral X-ray units, Knight track lights, Adec side delivery units, Pelton Spirit 12:00 o'clock units, built in side cabinetry and one radius mount/pneumatic. All operatories benefit from great natural light from windows facing the park like setting. The building benefits from a spacious reception area, which includes a children's play area and a large built-in fish tank. The furnished private doctor's office with bathroom and the furnished staff lounge with private bathroom are conveniently located adjacent to a large business office area. The building also includes an additional 2,450 sf daylight lower level including a large lab space, staff lounge area, Air Techniques Airstream 50 compressor & Apollo ultra vacuum, conference room area, utility area plumbed for a washer and dryer, staff locker and changing area, and ample general storage. The building has full telecom services including CAT-5 computer networking. The Building is available for sale at \$560,000 or for Lease at \$4,900/mo. NNN. A lease with option to purchase may be considered. The equipment is available for lease or purchase separately. Contact: Gary Kuster, kuster@dowersgroup.com Dowers Commercial Real Estate Group, 505 W Riverside Avenue, Suite 539, Spokane WA, 99201 (509)-869-8100.

#### **EQUIPMENT: SALE/SERVICE**

**BRAND NEW SCICAN STATIM 7000 AUTOCLAVE \$5600** and PrepStart kit \$ 2380, Wand STA (+ supplies) \$1500 + S&H. Email sandi\_sb@hotmail.com.

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