



## 2015 ODA House of Delegates

*page 16*

Election results  
Award winners  
President's address  
... and more



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➤ New ODA President, **Joni Young, DMD**, (left) with ADA president, **Maxine Feinberg, DDS**, at this year's House of Delegates at the Riverhouse in Bend, Oregon.

## On the Cover

**2015 ODA House of Delegates coverage starts on page 16**, and includes election results, resolution results, photos, award winners, and more.

**Bruce Austin, DMD**, talks about his position as state dental director.



Inside this Issue



New faces at the DFO.  
**PLUS:** It's time for the Give a Grin Challenge.

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## Membership Matters

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# Visit your ADA member dentist today!



**Barry J. Taylor,  
DMD, FAGD, CDE**

Editor,  
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**Of those who  
are insured with  
medical and dental  
benefits,  
19.4 million  
people  
have visited a  
physician for a  
wellness visit in  
the past year  
but *have not  
visited a dentist.***

*The opinions expressed  
in this editorial are solely  
the author's own, and do  
not reflect the views of the  
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**DENTISTRY HAS A 'BUSYNESS' PROBLEM**, and the best thing that the American Dental Association tripartite can do for its members is to come up with a marketing plan to encourage people to visit their ADA member dentist. In addition to encouraging people to see the dentist, maybe it would also encourage non-member dentists to join the ADA so that they could be part of such a campaign. The Oregon Dental Association has a great track record for our advocacy in Salem, but that benefits non-member dentists as much as it benefits member dentists. A campaign that was specific to encouraging people to visit their ADA member dentist would add value to being a member of our association. I would suggest that such a marketing plan not just spend resources on recruiting new patients, but concurrently also market to non-member dentists to join the ADA tripartite. The statistics from the ADA's own Health Policy Institute paint a clear picture as to the current state of dentistry.

Much of the Health Policy Institute's research was summarized in a recent *JADA* article ("Solving dentistry's 'busyness' problem," Vujicic, *JADA* 146(8)641-643). For nearly a decade, dentists have been increasingly reporting that they are not busy enough. In a 2013 ADA survey, the numbers for Oregon were that 34.3% of dentists in private practice answered "not busy enough, could have treated more patients."

Dentists' income has plateaued and even with the economic recovery, dental income has not increased at the historic rate from the late 1990s and early 2000s. There are many economic and societal factors contributing to this situation. Among those who have dental insurance, the rate of dental insurance utilization has been declining, and the number of dental visits among working-age adults is also declining. So even when someone has dental insurance, they are not visiting the office. According to the article, there is a population of 19.4 million individuals who have visited a physician for a wellness visit in the past year, but who have not utilized the private dental benefit they have. This would be the target group to market to—individuals who use the health care system and who have dental insurance that they are not utilizing.

Currently most of the exposure that the dental profession gets is via public service announcements and publicity about charitable care that we give at such events as the Mission of Mercy. This exposure is great, and presents us as a generous, trustful, and caring profession; this is the soft sell for our

profession. What we need is a campaign to directly ask insured patients to visit their ADA member dentist to maintain their dental health. We have the potential patients' trust, but we fail to directly ask them to come visit us. All we have to ask is, "Have you visited your ADA member dentist this year?" Recently the ODA released a video asking a similar question, "Oregon Dental Association: Is Your Dentist a Member?" (available on youtube.com). As ODA Executive Director Conor McNulty says, "It's a small example/tie-in of patient communications and helping shape perceptions of the member dentists and the value of organized dentistry."

Hospitals offer a model to follow. In the Portland area, every hospital and medical insurance entity markets heavily. Both of the major sports venues are named after healthcare insurance companies and the highways are populated with billboards not just for hospitals but also for specialty clinics. It is great that a gastrointestinal specialty clinic can put up a billboard encouraging people to get a colonoscopy. It helps demystify an incredibly awkward procedure while reinforcing to the population the importance of having it done. Health care marketing has the advantage that it is of service to the population; we are not trying to sell them something that is considered discretionary.

Marketing costs money and it takes time. As a nonprofit association, we do not have the cash flow and marketing department that a hospital or medical clinic has. The reality is that an effective marketing plan is expensive, and it needs to be consistent. One way to create that cash flow would be to have a dues assessment that is earmarked for marketing. A \$100 dues assessment in Oregon would generate approximately \$200,000 for marketing. At the component dental society level, there could also be an additional assessment; for example, if Southern Oregon assessed their members an additional \$50 that would generate \$5,200 for them to market on a local level. Such assessments would not be for just one year, but would have to be a commitment of several years at a minimum.

A typical dental office commonly spends anywhere from 2% to 6% for marketing their practice. We do not need to convince our members that marketing is a necessity these days. A professional marketing campaign would reinforce to the general public the importance of visiting their ADA member dentist to maintain their oral health, and it would add value to being an ADA member. 🍎



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# Events & 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](mailto:bendsalari@gmail.com).

Please send all other events to Cassie, [cleone@oregondental.org](mailto:cleone@oregondental.org).

## October 2015

**DBIC Risk Management:** *Southern Willamette Dental Society.* **Fri, Oct 16,** Corvallis. Info: Dr. Mark Swensen, 541-754-4017.

**Continuing Ed., 2 Hrs: "Infection Control in the Dental Office,"** Presented by Karla Kent, PhD. **Tues, Oct 20,** Valley River Inn, Eugene. Info: [www.lanedentalsociety.org/programs](http://www.lanedentalsociety.org/programs).

**Continuing Ed., 2 Hrs: "How the ACA/ Obamacare Affects the Small Employer,"** Presented by Chris Wright. **Wed, Oct 21,** McMenemy Kennedy School, Portland. Info: [www.multnomahdental.org](http://www.multnomahdental.org).

**ODA Board of Trustees Meeting:** **Fri, Oct 30,** ODA Office, Wilsonville. Info: 503-218-2010.

**Oregon Board of Dentistry Meeting:** **Fri, Oct 30,** 1500 SW 1st Ave, 7th Floor Conf. Room, Portland. Info: 971-673-3200.

## November 2015

**Continuing Ed., 1.5 Hrs: "Public Health Dentistry,"** Presented by Bruce W. Austin, DMD. **Tues, Nov 10,** Roth's, West Salem. Info: [www.mpdentalce.com](http://www.mpdentalce.com).

**DBIC Risk Management:** *Washington County Dental Society.* **Tues, Nov 10,** Stockpot Broiler, Beaverton. Info: Dr. Kathy Reddicks, 503-848-5605, [wcdskathy@comcast.net](mailto:wcdskathy@comcast.net).

**Continuing Ed., 2 Hrs: "Cyber Security,"** Presented by Christopher Verbiest & Daryl Johnson, DMD. **Tues, Nov 12,** Valley River Inn, Eugene. Info: [www.lanedentalsociety.org/programs](http://www.lanedentalsociety.org/programs).

**Continuing Ed., 2 Hrs: "Employment Agreements, Buy-ins, Transitions,"** Presented by Greg Englund, JD and Alex Trauman, JD. **Wed, Nov 18,** Moda Plaza, Milwaukie. Info: [www.multnomahdental.org](http://www.multnomahdental.org).

**Oregon Mission of Mercy:** **Nov 22-23,** Oregon Convention Center, Portland. Info: [www.oregondental.org](http://www.oregondental.org).

## December 2015

**DBIC Risk Management:** *Marion & Polk Dental Society.* **Fri, Dec 4,** Roth's, West Salem. Info: Sabrina Hance, 503-581-9353, [mpdentalce@qwestoffice.net](mailto:mpdentalce@qwestoffice.net).

**Continuing Ed., 2 Hrs: "The Paradigm Shift—Tilted Implants for Full Mouth Reconstruction,"** Presented by Dr. Steve Beadnell and Dr. Carlos Ugalde. **Wed, Dec 16,** OHSU School of Dentistry, Portland. Info: [www.multnomahdental.org](http://www.multnomahdental.org).

## Oregon Board of Dentistry Meeting:

**Fri, Dec 18,** 1500 SW 1st Ave, 7th Floor Conf. Room, Portland. Info: 971-673-3200.

## 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](http://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](http://www.wacountydental.org).

## ODC Speaker Host Training:

**Thurs., 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](http://www.multnomahdental.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](http://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](http://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](http://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](http://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](http://www.wacountydental.org).

**Continuing Ed., 2 Hrs: "Managing Dentin Hypersensitivity: A continuous care strategy,"** Presented by Monica Monsanto, RDH. **Wed, March 16,** McMenemy Kennedy School, Portland. Info: [www.multnomahdental.org](http://www.multnomahdental.org).

## April 2016

**DBIC Risk Management:** *Oregon Dental Conference.* **Thur, April 7,** Oregon Convention Center, Portland. Info: [www.oregondental.org](http://www.oregondental.org).

**Oregon Dental Conference:** **April 7-9,** Oregon Convention Center, Portland. Info: [www.oregondental.org](http://www.oregondental.org).

**ODA Board of Trustees Meeting:** **Sun, April 8,** DoubleTree, Portland. Info: 503-218-2010.

## May 2016

**Continuing Ed., 1.5 Hrs: "Implants,"** Presented by Dr. Scott Dyer. **Tues, May 10,** Roth's, West Salem. Info: [www.mpdentalce.com](http://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](http://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](http://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:** **Sat, Nov 5,** ODA Office, Wilsonville. Info: 503-218-2010.





# Welcome new ODA members!

**Brice B. Chang, DDS** • Brookings  
Southwestern Oregon Dental Society

**Michael J. Duvall, DDS** • Keizer  
Marion and Polk Dental Society

**Ramsey G. Edwards, DMD** • La Grande  
Eastern Oregon Dental Society

**Karli Herzog, DDS** • Wilsonville  
Clackamas County Dental Society

**Thomas J. Houghton, DMD** • Portland  
Multnomah Dental Society

**Ida Khobahy, DDS** • Portland  
Washington County Dental Society

**Jonathon Konz, DDS** • Gresham  
Multnomah Dental Society

**Greg M. Lee, DMD** • The Dalles  
Mid-Columbia Dental Society

**John J. Lee, DDS** • Portland  
Multnomah Dental Society

**Tae W. Lee, DDS** • Portland  
Multnomah Dental Society

**Lauren Manning, DDS** • Portland  
Washington County Dental Society

**Lauryn E. Marks, DMD** • Portland  
Multnomah Dental Society

**Seth Monson, DMD** • Clackamas  
Clackamas County Dental Society

**Stefan M. Nedelcu, DMD** • Tigard  
Washington County Dental Society

**Bryan R. Neish, DMD** • Portland  
Washington County Dental Society

**Brian A. Ogle, DMD** • Coos Bay  
Southwestern Oregon Dental Society

**Patricia N. Paparcuri, DMD** • Bend  
Central Oregon Dental Society

**Jordan M. Peterschmidt, DMD** • Salem  
Marion and Polk Dental Society

**Katherine L. Stahrr, DDS** • Bend  
Central Oregon Dental Society

**Diana D. Stewart, DMD** • Hillsboro  
Washington County Dental Society

**Rebecca Tansey, DMD** • Springfield  
Lane County Dental Society

**Devin M. Wahlstrom, DMD** • Portland  
Multnomah Dental Society

**Yangshin Woo, DMD** • Portland  
Multnomah Dental Society

**Patrice M. Yoder, DDS** • Dallas  
Marion and Polk Dental Society

## 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](mailto:kandrews@oregondental.org).



▲ ODA Membership Matters editor, **Barry Taylor, DMD**, with sons Carl and Sage, on a camping trip in the Olympic National Park, in Washington state.

**Need a Scarf?** Call ODA membership specialist, **Kristen Andrews**, at 503.218.2010 x110.

**Want to see your picture here?**  
Email [kandrews@oregondental.org](mailto:kandrews@oregondental.org).

## Can dentistry become a better partner with medicine? Advocating our expertise



**David J.  
Dowsett, DMD**

General dentist  
in Portland

email:  
[drddowsett@complete  
healthdentistryof  
portland.com](mailto:drddowsett@completehealthdentistryofportland.com).

**As a caretaker  
of this part of  
the body, we are  
responsible for  
understanding  
this relationship  
and educating  
everyone  
else about it—  
physicians and  
patients alike.**

*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.*

### **WHAT DOES IT MEAN TO BE A DENTIST**

**TODAY?** Where do we fit into the healthcare puzzle? Is it time to change? The practice of dentistry, and healthcare in general, has always been in flux, but now more than ever our profession needs to reexamine our role in caring for patients. For years now we have thrown around the terms 'comprehensive,' 'collaborative' and 'complete health' without fully exploring the concept—what does that mean and what can it look like? What if we thought like and became oral health physicians and practiced healthcare more like an internist and less like a specialty surgeon?

Patients, the government, insurance companies, and our own colleagues are begging us to ease the burden of care, examine the cause of disease, evaluate risk, educate and coach people into health. What if we could effect change in some of the most common chronic diseases showing the highest morbidity and mortality that are now rampant in our society? Think of the lives improved and the money saved—for all of us.

I would argue that it is our responsibility to learn to speak with physicians, in their language, and show them that we are part of the same movement—to not simply fix disease that has already presented itself, but to truly prevent it before it happens. Why cannot we go beyond taking blood pressure to assess whether or not a patient is fit for the current procedure she is in the chair for, but think of it as a screen for chronic disease? Why not sample some blood from the gingival sulcus (nearly everyone during hygiene therapy exhibits this) for blood glucose levels?

On the near horizon there will be an explosion of DNA testing with its ability to identify risk as well as activity and treatment. In short order we will be able to gather a wealth of genetic knowledge to assess markers for everything from cancer to heart disease, to who knows what else. Just think, all of that information can come from the DNA in saliva. These markers for genetic risk and current sub-clinical activity have the potential to be a key component in early detection and not just treatment, but true prevention of disease. Many of which are devastating, life-altering conditions that are an incredible burden to our existing health care system. Salivary diagnostics are here to stay and are literally right at our fingertips. And what do you think a

patient will choose—a couple of vials of blood drawn from the arm or a 30 second swish and spit into a vial? How many physicians are comfortable around the mouth? And with patients already coming to see us for other services, why not offer more comprehensive health care and value, taking some of the burden off our colleagues?

As dentists, we are uniquely positioned to really understand the connection between the mouth and the rest of the body. It is our specialty, and the oral cavity is the gateway to the rest of the body. Often systemic disease presents first in the oral cavity and the mouth is often the prime site of chronic infection. Inflammation is thought to have wide-sweeping relationships to many, if not most, of the chronic diseases that affect us.

We are not there to diagnose these systemic diseases, but we do need to be a partner to screen, provide valuable diagnostic data and help to manage these conditions where appropriate. As a caretaker of this part of the body, we are responsible for understanding this relationship and educating everyone else about it—physicians and patients alike.

Viewed as one of the leaders in the realm of preventive health care, dentists are also leaving options for care for our patients on the table. What about simple vaccinations? Why would we not be offering one of history's greatest preventive measures to our patients? We are clearly capable of injecting a soluble compound to prevent something adverse from happening to our patients (pain, perhaps?... ) all the while monitoring them for adverse reactions. In fact, some of these vaccinations relate directly to oral disease—think HPV and oropharyngeal cancer. We should be demanding to do this.

All of this will take time. Movements are slow to take hold in the wider population, but it starts with education and a willingness to stand out and be a little different, think a little different. Just imagine what the future could be like—one unified healthcare system doing just that: caring for the health of people, not fixing the ravages of disease. We would be part of a team of providers who coordinate, coach and manage a patient's well-being rather than a specialist treating a single part of the body.

We have the training, knowledge, skill and desire to help our patients and change the way we all think about what it means to be a healthy human being. 🌱



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# 11<sup>TH</sup> District Trustee Update



**Rickland G. Asai, DMD**

Trustee,  
ADA 11th District

Past-president  
of Oregon Dental  
Association

[asair@ada.org](mailto:asair@ada.org)

**GREETINGS 11TH DISTRICT,** I am glad to report on the most recent BOT meeting held August 14–18, 2015, at 211 E. Chicago Avenue. But before I do that, let me share a few other items if I may.

Prior to the August BOT meeting, the Budget and Finance Committee met in July on the 12th and 13th to do their due diligence on evaluating programs of the ADA and how they relate to the priorities of the budget. Though not for lack of trying, the work to balance the budget was unfinished at the end of the two day meeting. The Budget and Finance Committee would have their work cut out for them in the interim and at their next committee meeting in August. More on the final budget later.

The Western States President's Conference was held in Colorado Springs this year, the last weekend of August. Two other ADA Trustees were in attendance in addition to myself: Gary Yonemoto from the 14th District, and Lindsey Robinson from the 13th District. As usual, there was a good exchange of ideas and experiences of shared challenges, some successes and some losses. It is always good to hear what is happening in our neighboring states, whether it is Medicaid issues, workforce challenges, ownership and group practice changes and more. It is encouraging to see that working collaboratively some states are lending a hand to one state and getting a helping hand from another. SPA dollars were mentioned numerous times as instrumental on several levels in multiple states. This is one area where the Power of 3 seems to be delivering real help to real issues facing the profession.

August 14–18 was our BOT committee and board meetings. Friday morning I started with the Strategic Planning Committee meeting. Discussion focused a lot of our time on the second quarter Management Report. This is a report from the Executive Director on how we are progressing towards our objectives for the year. Strategic questions about the philosophical purpose/goals of our reserve fund and how this relates to our budget were posed to the committee. What are the utilization boundaries of the CMIRP funds coming in each year now?

If membership trending is so critical, could some of these funds be used to reverse the

membership decline? This is an important philosophical concept that needs to be worked out, especially in the face of declining dues revenue and membership. Membership recruitment and retention continues to be a major focus for all areas of the ADA.

Members continue to give high marks to the ADA in regards to loyalty and recommending membership to colleagues. But we need to do more and see market share rise again. We are meeting our financial goals with a watchful eye on spending, even as our membership revenues are declining. Membership and organizational capacity goals are below goal at this time, but getting added scrutiny and attention to meet goals by year end. There was discussion about whether there is clear and balanced consistency of comparing programs for consideration of the budget.

How are these programs being measured for success? More information is needed to make better decisions going forward. A sample template was developed by staff at the request of the chair. The proposed template was presented and comments given. This will be a helpful tool to review existing programs and to review proposed programs for better clarity on purpose, cost, goals and success measures.

Another topic was the busyness issue and how to address it. This was felt to be a three to five year project by Dr. O'Loughlin. The committee wants to develop a plan to present at least a report back at the October Board meeting. The goal would be to have an action plan by January 2016. Lastly, the committee felt that the Future of Dentistry work referenced in Resolution 68 is best guided by the Strategic Planning Committee. I have enjoyed working on this committee.

The other committee meeting that I attended on Friday as an observer was pension. The pension plan had an increased liability due to the problem of low interest rates. The low interest rates slow down the investment growth needed to fund retirements years away. When interest rates go up, our pension contributions will decrease, due to compounding over time. It is frustrating, but the interest rates are not something that we have any control over.

*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.*



Sunday we were joined in a morning session by the New Dentist Committee (NDC), where we heard an excellent presentation by Dr. Bernard Meyerson, IBM's Chief Innovation Officer. He especially looked at big data and how the larger the organization, the more they need to utilize and manage this data effectively. Mining big data can lead to better medicine (Watson). Innovation needs both generalists and experts to work together. You need generalists to bring people together, and you need the experts to bring in the detail of the subject matter. Fascinating how IBM has stayed relevant over the long term.

After lunch, we moved upstairs into the Board room for our meeting. Much of this meeting and the next are focused on making preparations and reports to the HOD. We started with resolutions on sugar consumption and oral health, nominations to councils, committees and commissions. Look for these on the HOD section of ADA connect. I am pleased to say that Mark Koday of Washington has been forwarded to the HOD as our representative to CAPIR, and Jim Smith of Oregon as our representative to CEBJA.

We then addressed the issue of the budget. This was a challenge on at least two fronts. The first of trying to present a surplus budget, and the second of keeping important programs. The board added back some programs that had been cut, so that we ended up with a small deficit budget. It is within amounts that could be a surplus this year, and so we are prepared to balance this out of reserves.

We also approved a report asking for allowance from the HOD to pursue pilot projects that otherwise would be blocked by the bylaws. There would be strict limits of duration and would require regular reports back to the HOD. This should allow the ADA to move more quickly when an opportunity is developed or otherwise presents itself

After a lot of work by the CAPIR workgroup, the BOT approved five statements for use in the Choosing Wisely campaign. It should be noted that these statements are science-based and well vetted by the workgroup. There is additional work to be done, and oversight has been established going forward.

We heard an informational update on the important research going on at the Volpe Research Center under the leadership of our new director, Dr. Tom Hart. He and Gene Wurth shared some of the important work that is going on there now, and how vital it is to get support from the ADA. If scientific research is to continue to play such a significant role in the profession going into the future, we need a strong presence in the research arena.

After concluding the agenda items, we held open discussion on philosophy of whether we should budget to a surplus or balanced budget. The board was comfortable with budgeting to a balanced budget, as our reserves are in the 60% range, and having a target of 50%.

That about wraps it up. Enjoy these last few days of summer! Thank you for all that you do for our patients and our profession. I am proud to be your colleague and look forward to seeing you in the very near future. 🍷

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— Maureen Gierucki DDS, Harrison, MI

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# Practice management tips from the **ADA Center for Professional Success**

The ADA Center for Professional Success, found online at <http://success.ADA.org>, provides world-class practice management content that helps members **practice successfully, learn conveniently** and **live well**. We deliver relevant and effective solutions to business problems dentists face every day in their offices.


The Center provides continuous, rolling practice management content that supports the development of business knowledge to help ADA members succeed and excel in all stages of their careers. This is a trusted, unbiased resource that has the best interest of our ADA members as its central focus.

[Success.ADA.org](http://success.ADA.org) includes **informational articles, downloadable resources, how-to videos, tools and tips on practice management, health and well-being**. There are several course offerings available as well.

Here is just a sampling of some of the more popular items in the different areas:



To learn more, visit  
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## Practice

- 2013 Survey of Dental Fees
- Benefit Plan Analyzer
- Dental benefits video series and FAQ series with third-party issue checker
- Medicare FAQs and video tutorial
- Negotiating your first employment contract video series
- Business planning calculators sponsored by Wells Fargo Practice Finance
- Articles on attracting new and cultivating loyal patients

## Learn

- ADA Executive Program in Dental Practice Management
- Dentistry in Long-term Care Course
- ADA Leadership Institute
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# What's the best way to dismiss a patient?

Q  
&  
A

## Can I dismiss a patient without reason, and are there any guidelines or rules to follow when dismissing a patient?

Yes, you may dismiss a patient in treatment; the Oregon Board of Dentistry has no rules pertaining to dismissing patients.

The ADA has guidelines listed in the "Code of Professional Conduct" manual, that you may find useful for this situation. Dentists should always call their malpractice carrier for any additional requirements they might have. Your malpractice carrier will have sample letters you could use and they will most likely/strongly suggest the patient not be left in mid-treatment. It is also suggested, but not mandatory, that dentists send a letter to the patient and/or parent giving a 30-day notice to provide emergent care, along with an offer of a referral. The letter should list a termination date, does not need to list a reason for the dismissal nor does it need to be sent by certified mail. 📧



**Lori Lambricht**  
ODA Member  
Compliance Coordinator

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llambricht@oregondental.org

**Find this information online at:**  
http://bit.ly/ODACompliance

**For more information**

bit.ly/ADAethicsandConduct (pdf file: page 6, section 2.F)  
www.dentistsbenefits.com

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.

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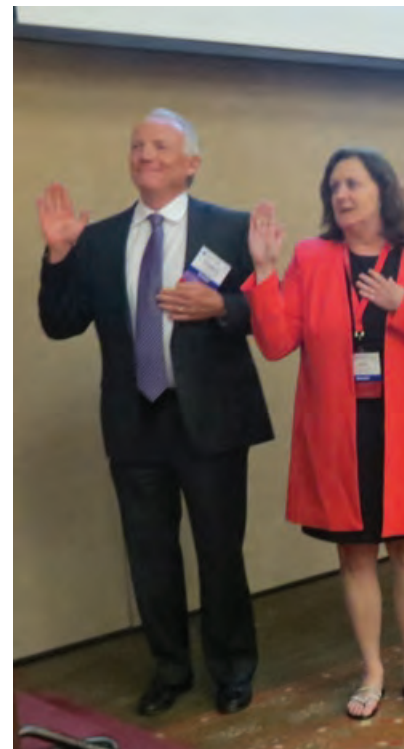
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▲ The newly elected members of the ODA Board of Trustees and the Leadership Development Committee take the oath of office.

◀ ODA was proud to host ADA president, Maxine Feinberg, DDS, at this year's House of Delegates. Here, outgoing ODA president, **Dr. Steven Timm**, presents her with a gift.



# Oregon Dental Association 2015 House of Delegates



## *Election Results*

**Matthew C. Biermann, DMD, MS**  
*ODA Trustee, four year term*

**Kent D. Burnett, DDS, Leadership**  
*Development Committee, three year term*

**Brad Hester, DMD**  
*ODA Trustee, four year term*

**Gregory B. Jones, DMD, Leadership**  
*Development Committee, three year term*

**Patrick M. Nearing, DMD, Leadership**  
*Development Committee, three year term*

**Karley A. Schneider, DMD**  
*ADA Delegate at Large, three year term*

---

## ***ODA 2015–2016 Board of Trustees***

### PRESIDENT

**Joni D. Young, DMD**  
Marion & Polk

### PRESIDENT-ELECT

**Gregg E. Jones, DMD, MAGD**  
Central Oregon

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**Fred A. Bremner, DMD**  
Clackamas County

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**Matthew Biermann, DMD, MS**  
Washington County

**Bruce Burton, DMD**  
Mid-Columbia

**Kenneth Chung, DDS, MPH**  
Clackamas County

**Brad Hester, DMD**, Eastern Oregon

**James McMahan, DMD**  
Eastern Oregon

**Mark Mutschler, DDS, MS**  
Multnomah

**Nicole Olivares, DDS**, Multnomah

**Deborah Struckmeier, DMD**  
Multnomah

**Frances Sunseri, DMD, MAGD**  
Clackamas County

**Thomas Tucker, DMD**  
Klamath County

### OHSU-ASDA REPRESENTATIVE

**Michelle Crabtree, DS3**

### NON-VOTING MEMBERS

**Jeff Stewart, DDS, MS**  
Multnomah, *Speaker of the House*

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

### ADA DELEGATES AT LARGE

**Hai T. Pham, DMD**  
Washington County

**Karley R. Schneider, DMD**, Multnomah

*More House of Delegates ➤*



## State of the Association

### *From outgoing president, Steven Timm*

*As delivered at the ODA House of Delegates in Bend, Oregon, on September 11.*

**GOOD AFTERNOON! WELCOME TO MY HOMETOWN.** Thank you for taking time away from your practices, your families, and your free time to participate in this 2015 House of Delegates. Our association can only be as strong as our members' participation and endorsement. I encourage you to participate and contribute to the discussions with your colleagues from around the state, to help this association move into the future of our changing profession. It is especially poignant that we have 12 representatives from the OHSU School of Dentistry attending with us. I strongly encourage everyone to make them feel welcome here today and tomorrow.

Our goal this weekend is to first accomplish those governance duties as required of our association under law, to help it manage and adapt to the changing environment not only at association levels but also at our professional levels. Secondly and equally as important is our desire to provide you with real-world information that will help you navigate the coming changes to the practice of dentistry.

Last year we brought you a panel of presenters to discuss the subject of CCOs. This year's panel will describe the approaching world of dental quality metrics, a significant facet of the transformation in which dentistry will be practiced in the very near future. I hope you will find it educational and valuable.

Henry Ford once said, "Coming together is a beginning, keeping together is progress, and working together is success." Let me give you some great examples of how this association of volunteers and staff members have been keeping together making progress and working together toward success.

#### **New ODA staff**

Acting on a proposal from the Leadership Development Council under the chairmanship of **Dr. Bruce Burton**, the association has hired a membership specialist, Kristen Andrews, whose responsibility is to provide support from the central office to the components for communications, event planning, and grass roots membership efforts. I am pleased to report that her efforts have resulted in new member numbers through September 1, that have surpassed those same numbers from all of 2014. Thank you, Kristen, and welcome to the ODA!

Cassie Leone has been added to the ODA staff as coordinator of governance and administration services. She is acting as the conduit of information, scheduling and management of the functions of the Board of Trustees, the Government Relations Council, and the officers of the association. I have truly appreciated her efforts to keep us all up to date, fully informed, and on schedule. Welcome to the ODA, and thanks for your organizational skills!

Member compliance has a new face as well. We welcome Lori Lambright to this role. Much of her effort since coming on staff has been focused on reviving and re-invigorating the peer review network. Future efforts will be to help our ODA members keep up with the compliance issues associated with our licenses and practices. We look forward to working with you, Lori!

#### **Legislative Session**

The Oregon Dental Association once again passed 100% of our priority legislation at this year's session, during an exceptionally unique and challenging process in Salem. A very special thanks to Christina Bodamer, our managing director of government affairs and communications, and her team of lobbyists and volunteer dentists. Her efforts for Dental Day in Salem set a new record for attendance, and included many dental school students and faculty contributing to the sea of blue scarves throughout the building.

An unforeseen but historic event—the swearing in of Governor Brown—happened to be scheduled the same day, so that added even more significance to the ODA's presence at the capitol. Great job, Christina!

#### **Events & Activities**

We also cannot forget to mention the tremendous job done with the Oregon Dental Conference, led by Lauren Malone, managing director of meetings and membership, and assisted by Anna Velasco, coordinator of meetings and membership. Once again the ODC set a record for attendance, and continues to be one of the top dental conferences in the country. Lauren and Anna have also been producing many of the membership initiatives that are available



***“Coming together is a beginning,  
keeping together is progress, and  
working together is success.”***

to members to promote their membership in ODA to their patients and communities. Keep up the great work, Lauren and Anna!

Additional staff who are not present at our meeting here but provide essential services to the ODA are Brian Fredericks, coordinator of finance and building operations, and Jennifer Webster, coordinator of member records. They are not as visible to us at our meetings and conferences but are just as important to the progress and success of our association as the rest of the staff. Thank you, Brian and Jennifer, for all that you do!

And of course, we cannot fail to recognize our executive director, Conor McNulty, who continues to lead this association into the future. I can tell you that I find him to be very forward-thinking, well-respected in dental association circles—not just in our five-state region, but throughout the nation. We are very fortunate to have him with us, and I have no doubt that our association will be a leader in the future of dentistry as a result of his counsel. Thank you, Conor, for your guidance and friendship!

#### **Other accomplishments from the year**

While many of our accomplishments this year will be reported upon or are detailed in your delegate handbook, I would like to point out some of the highlights of the year. As we conclude the second year of our governance structure change from 26 to 10 trustees, I consider it a great success—attendance at the Board meetings has been very high, and as you may note in the reports in the handbook, involvement beyond the BOT is very high. ***Thank you for you fantastic engagement, Trustees!***

We have continued a format begun by last year's president, **Dr. Judd Larson**, to attempt to meet quarterly with a group of representatives from the Board of Dentistry, School of Dentistry, MODA, Oregon Dental Hygienists Association, Oregon Health Authority, and the Dental Foundation of Oregon. While schedules are hard to accommodate all, we have had great discussions around the issues in dentistry, with several positive collaborations resulting from these meetings.

Study and interactions with existing and emerging corporate/large group/alternate dental practice models have been begun to understand our respective needs and processes and how we might benefit each other

Multiple task forces were engaged this year for policy review and revision, bylaws review and revision, endorsed

programs, and member engagement, all of which will report later in our program and are printed in your handbook. ***Thank you to all the task force members for your efforts!***

On the legislative front, two measures that stand out are the state dental director permanent funding bill, and the required dental exam prior to starting school bill. Both will have significant importance in our profession in the near future.

The ODA has also made the changeover to the ADA's Aptify software membership management software, which will allow more information to be gathered and stored in one central file for all staff to access and utilize, which will make it much easier to help you the member with your issues and questions.

As you can see, there are many different avenues of progress and success at our association, all being skillfully managed by our very capable staff. Once again, please join me in thanking them for their high levels of service to our organization.

#### **Thank you!**

Lastly, I wish to thank you for giving me the opportunity to serve as your president this year. It has been an honor and a privilege and I have made many friends along the way that will remain for many years to come. My last request to you the members is to become engaged and involved in your association. ***There is always room for one more volunteer to make an impact.***

As another famous person said in his own way, “Make a few marks, leave a few stains,” and “We may not be around in 20 years, but they're sure gonna know we were here.” (Jason Aldean)

Thank you again for taking the time to be here this weekend. 🍷



***More House of Delegates ➤***

# *Leadership & Service Pins*



## ***Presidential Citations***

*(7 awards, president's choice)*

- **Dr. Frances Sunseri**
- **Dr. Mark Mutschler**
- **Dr. Fred Bremner**
- **Dr. Joni Young**
- **Dr. Barry Taylor**
- **Dr. Kim Wright**
- **OSHU School of Dentistry ASDA Chapter**

## ***Leadership*** *(completing term as council/committee chair, officer, or trustee)*

- **Matthew C. Biermann, DMD, MS:** Board of Trustees
- **Fred Bremner, DMD:** Endorsed Programs Task Force
- **Mark Mutschler, DDS:** Membership Engagement Task Force Chair
- **Karley Schneider, DMD:** ADA Delegate at Large
- **Ericka Smith:** Board of Trustees
- **Frances Sunseri, DMD:** Licensure Task Force Chair
- **Steven Timm, DMD:** Board of Trustees—President
- **Kim Wright, DMD:** Leadership Development Committee Chair
- **Joni Young, DMD:** Policy Review Task Force Chair

## ***Service*** *(completing term as council/committee member)*

- **Todd Beck, DMD:** Licensure Task Force
- **Sean Benson, DDS:** Policy Review Task Force
- **Keith Berg, DMD:** Peer Review, Southern Oregon
- **Margaret Campbell, DMD:** Licensure Task Force
- **Dennis Clark, DMD:** DOPAC
- **Michelle Crabtree:** Membership Engagement Task Force
- **G. Franklin Day, DDS:** Peer Review, Lane County
- **William DeLage, DDS:** Peer Review, Lane County
- **David Dowsett, DMD:** Policy Review Task Force
- **David Eichman, DDS:** Peer Review, Umpqua
- **Adam Fox, DMD:** Licensure Task Force
- **Stacy Geisler, DDS, PhD:** Annual Meeting Council
- **William Guth, DMD:** Peer Review, Mid Columbia
- **Tom Holt, DDS:** Endorsed Programs Task Force
- **Gregg Jones, DMD:** Endorsed Programs Task Force
- **Richard Knight, DMD, PC:** Peer Review, Multnomah
- **William Knight, DDS, MS:** Licensure Task Force
- **Edward Lacy, DMD:** Peer Review, Washington County
- **Walt Manning, DMD:** Policy Review Task Force



## Service, cont.

- **Phillip Marucha, DMD, PhD:**  
Licensure Task Force
- **James McMahan, DMD:**  
Membership Engagement Task Force
- **Patrick Nearing, DMD:**  
Policy Review Task Force, LDC
- **Michael Olin, DMD:**  
Peer Review, Central Oregon
- **Nicole Olivares, DDS:**  
Membership Engagement Task Force
- **John Pavlicek, DMD:**  
Peer Review, Central Oregon
- **Jukka Perkiomaki, DMD:**  
Peer Review, State
- **Vanessa Peterson, DDS:**  
Membership Engagement Task Force
- **Kevin Prates, DDS:**  
Membership Engagement Task Force
- **Jill Price, DMD:** Licensure Task Force
- **Thomas Reedal, DMD:**  
Peer Review, Washington County
- **Lonn Robertson, DMD:** DOPAC
- **Traci Saito, DMD:**  
Licensure Task Force
- **Mehdi Salari, DMD:**  
Membership Engagement Task Force
- **T. Alexander Smith, DMD:** Peer Review, Klamath County
- **David Soder, DDS:**  
Peer Review, Umpqua
- **Jossi Stokes, DDS:**  
Endorsed Programs Task Force
- **Deborah Struckmeier, DMD:** DOPAC
- **Ted Terry, DMD:**  
Peer Review, Southwestern
- **Jeff Timm, DMD:** DOPAC
- **Thomas Tucker, DMD:**  
Peer Review, Klamath County
- **Paul Turgesen, DMD:**  
Peer Review, Marion and Polk
- **William Trevor, DDS:**  
Membership Engagement Task Force
- **Carl Wheeler, DMD:**  
Annual Meeting Council
- **Michael Wilhelm, DMD:**  
Peer Review, Washington County
- **Kim Wright, DMD:**  
Policy Review Task Force

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## President's Address

### *From incoming president, Joni Young*

*As delivered at the ODA House of Delegates in Bend, Oregon, on September 12.*

**HELLO AND GOOD AFTERNOON.** Welcome delegates, officers, trustees, staff, and honored guests to the 123rd Oregon Dental Association House of Delegates. First off, I'd like to congratulate and thank Dr. Timm for a great year, and for his dedication, thoughtful leadership and collaborations.

#### **Introduction**

For those of you who don't know me, I will give you a little of my background. I was born in Eugene in the 1960s, "peace," to a heavy-construction mechanic and a homemaker. During grade school, we moved to Salem where we have stayed. So I guess I am a "valley girl."

You may wonder how a greasy mechanic's daughter came to be a dentist. My dad is very hard-working, and was on his own by the time he was 13.

*"Nothing great is easy."*

Like many of us, he wanted much more for his children, and knew education was the key. We knew we were going to college, even before we knew what it was. He invested what he had in real estate (what he called "dirt"), so that we could go to college. He taught us the value of hard work, money, and how to keep heading toward our dreams. My older brother always wanted to be a dentist, so I figured anything he could do, I could do also. He is now an engineer, but here I am. I thank him for leading me to such a great profession!

One activity that I have been involved in is marathon swimming. I have been a swimmer for many years, and I found that I really enjoy open-water swimming. As I got more involved, I met a swimmer who had swam the English Channel. I thought, wow, I could never do that! But the thought lingered. Could I? Dare I? I started by doing longer and longer swims to see if I was up to the challenge. I've swam the Santa Barbara Channel, as well as a relay across the English Channel, and around Manhattan Island. These led to my solo attempt on

"The Channel" (English Channel) two years ago. I say attempt, as it was a cold summer with the water temperatures much lower than normal. I was almost at the halfway point when I knew I needed to stop as I was hypothermic. This has all taught me that by working together, with perseverance, and having a goal in sight, you can achieve what you have set out to do. It may not always be the original goal, but you still will achieve something great.

As the first person to swim the English Channel, Captain Matthew Webb, said, "Nothing great is easy."

#### **This leads me into what the ODA is doing to become great for our members.**

Given the governance changes that were approved at this meeting in 2013, I believe our organization and members have benefitted a great deal. A transparent organization with engaged members and leadership is what we envisioned. While managing and implementing change is an imperfect process, we should be encouraged by the progress Dr. Timm referenced, and the great efforts by members around the state.

The **2015 ADA Member Value & Loyalty Study** was released this week, and our staff shared some insights from this benchmarking research that seemed timely:

- On a national level, member perceptions and perceived level of value for the tripartite membership increased compared to the same study done in 2012.
- Oregon respondents indicated an increase in overall value that was 12% higher, with a 6% increase in their loyalty levels compared to 2012.
- Oregon members showed higher levels of likeliness to recommend membership to a colleague and to continue their own via renewals.
- Oregon members indicated a **strong** increase in their perception of ODA's state advocacy efforts being very good or excellent.



- Oregon members also indicated a desire and **expectation** to see member benefits, services, and programs like the Oregon Dental Conference expanded upon and enhanced in the future to continue to perceive value and loyalty for the future.

While these results and benchmarks are encouraging, I think it's safe to say that there is still much great work to be done. Perceptions are a reflection of awareness and vested involvement.

As we heard from our panel discussion this morning, and updates from our partners at Moda, there are many changes, forces, and challenges ahead for healthcare and dentistry. And that is why involvement is critical to our individual and collective success.

This past legislative session, ODA successfully passed the oral health screenings bill, requiring all school age children to complete a dental screening prior to enrollment. This is a wonderful start, as we know the keys to addressing many of the access to care issues revolve around early oral health education and a dental home for each Oregonian.

- In coordination with our Dental Foundation of Oregon, we are working on plans for 2016 to develop a statewide campaign around this Oral Health Screening requirement, with an opportunity for **each** dental office to easily participate.

We are trying to engage members in ways that take less commitment of valuable time so that value of membership is enhanced through participation. One such way has been the use of task forces with a specific focus.

A couple examples are:

- Our **Endorsed Programs Task Force** has helped identify key services and gaps for members and their various personal and professional needs and practice settings. New endorsement offers vetted and member only benefits/pricing for key services such as HIPAA compliant email encryption, sterilization services, website/marketing services, and a new student loan refinancing option and benefits for our newer grads.
- **Member Engagement Task Force.** Their focus and findings have already yielded new pilot programs, additional offerings, and insight into ways we can ensure two-way communication with our current and prospective members in the future.

As mentioned yesterday, we have seen an infusion and involvement from many of our newer graduates and student members, a number of whom are gathered here today. We have

a new generation of civically minded, socially responsible, and talented dentists that will help shape this profession and continue to keep the best interests of the patients we care for as the top priority.

But I'd like to issue you a challenge: Get involved. Many of you gathered in this room have been and will continue to do so. But we can each get a new colleague involved. Our leadership development committee and board are actively developing new and enhanced ways for our current and prospective members to participate that fit into every schedule and interest area. Sometimes all it takes is a personal ask. Invite them to a meeting. Ask them to volunteer at Give Kids A Smile, or Mission of Mercy, or with our Dental Foundation and the Tooth Taxi.

One great way to start the conversation is by doing something that will help yourself and those around you:

## SHARE YOUR STORY.

- **Share your opinion**
- **Please share your feedback**, especially when we ask for them via surveys and communications
- **Share your talents and interests**
- **Share your time**, in whatever capacity you can
- **Share. Your. Story.** Just as I did today, I encourage you to share yours with colleagues, with your patients, our dental students and new graduates. The profession and our organization will be better as result, and I think we all know. The more you give, the more you receive.

The more I think about the connections made and roles I've had in organized dentistry, the more I realize the support, friendship, and value we've all given and received as a result. Dentistry is a wonderful profession, and one that is made stronger by organize. I'm excited to see what the future holds, as I know the tripartite and the Oregon Dental Association are moving in the right direction.

I'd like to thank you for the opportunity to serve as your president this year, one that I hope will be known as the Year of the Volunteer.

I will leave you with the African proverb, "It takes a village to raise a child." This can also apply to making an association better and stronger.

Thank you. 🍷

*More House of Delegates ➤*

# *HOD Resolutions* Report

**THE HOUSE OF DELEGATES** is the principal policy-making body of the Oregon Dental Association, composed of representatives of each dental component as provided in the Bylaws. The House of Delegates transacts all business of the Association not otherwise specifically provided for in Bylaws, and elects the general officers except as otherwise provided in the Bylaws. The following is a recap of the resolutions presented to the 2015 House of Delegates.

➤ **Board of Trustees Resolution: PASSED**

At their July 28, 2012, meeting, the ODA Board of Trustees felt that, as the cost of living continues to increase and in order to provide the same level of valuable programs, an annual dues increase should be instituted. At this meeting, the Board moved that the ODA would annually increase dues by the Portland Consumer Price Index (CPI) as of the end of the previous year. The 2014 End of Year CPI is 2.3%, which translates to a \$14 dues increase. Dues for active members shall be \$791 per year.

➤ **Columbia County Dental Society Resolution: PASSED**

In 2014, the Columbia County Dental Society (CCDS) expressed interest in dissolving their component dental society status due to limited engagement. The CCDS currently has 16 active members, lower than the Oregon Dental Association's 25-member component requirement. Additionally, CCDS has no active officers,

and no active councils or committees. Members impacted will be notified and offered to transfer into a neighboring society.

➤ **Leadership Development Committee Resolutions: PASSED**

In an effort to complete their work in governance restructuring, the Leadership Development Committee (LDC) conducted a comprehensive review of the ODA Bylaws and brought forth five resolutions reflecting changes to ensure the document both accurately reflects the governance changes approved in 2013, as well as the operational and intended functions of the organization. This comprehensive review had not been completed in over 30 years at ODA, and LDC's recommendations were broken out into sections for ease of review.

**Areas related to Publications Advisory Committee:**

- Revise and classify the committee as an Ad-Hoc Task Force to reflect the intended and current operational use
- Provide flexibility to the Editor and Board to utilize and solicit input from the task force as needed based upon areas of interest and expertise required
- Remove redundant language and refer to ODA Policy Manual for the appropriate details related to councils and committees

**Areas related to the Membership Council:**

- Update language and accurate references to the revised governance structure(s), names and numerical changes needed



▲ *ODA was proud to host 11 members of the OHSU ASDA chapter as guests at this year's House of Delegates.*

- Dissolve the Membership Council, as it is no longer functioning as it was originally designed in the old ODA governance structure. The main duties are now a function of the Board of Trustees, which can utilize task forces and workgroups to address and accomplish issues related to these areas
- Establish the New Dentist Council to replace the subcommittee and elevate its organizational role and focus on a vital membership segment

**Areas related to Peer Review:**

- Move Peer Review out from the Membership Council and elevate to a standing council
- Clarify and update references to the Peer Review manual as the source for council structural details and allow flexibility to update based upon new ADA recognition programs and best practices

*See Resolutions on page 27 ➤*





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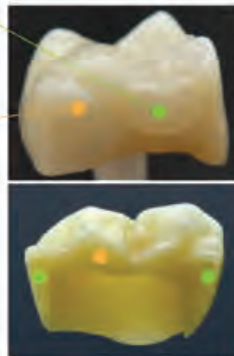
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# 2015 ODA House of Delegates



Photo by Dr. Fred Bremner



### Resolutions cont. from page 24

- Eliminate references to "Disciplinary Manual" as it is no longer in existence or use

#### Areas related to Administration:

- Update language and accurate references to the revised governance structure(s), names and numerical changes needed
- Update references to active voting member categories and privileges
- Add language to clarify student membership categories

#### Areas related to the Public & Professional Education Council:

- Dissolve the inactive PPEC which is has not been applicable in operations or activity for many years
- Addition of an ODA spokesperson panel to serve as organizational representatives and ambassadors for media inquiries, etc.
- Remove redundant language and refer to ODA Policy Manual for the appropriate details related to councils and committees

#### ➤ Umpqua Dental Society Resolution: FAILED

Each component should have a trustee or we resort back to the 26-trustee structure or we continue 10-trustee system with trustees held accountable for their assigned components.

#### ➤ House of Delegates Resolution: PASSED

In light of the failed Umpqua resolution, a resolution was brought forth from the House floor directing the Board of Trustees to focus an existing task force's efforts around member retention and insight, with a report back to the 2016 ODA House of Delegates.



To review the complete updated bylaws of the Oregon Dental Association, visit [www.oregondental.org](http://www.oregondental.org) or <http://bit.ly/ODA2015bylaws>

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### Roger Egan DMD (McMinnville)

"Gary first appraised my practice 10 years ago and then again when I was finally ready to retire. The transition results were what Gary and I talked about. Since practice transition skills are not my strong suit, I really got what I paid for with Gary. His calm manner resulted in a perfect transition with Dr. Wylie."

### Ken Wylie DMD (Not Pictured)

"Prior to my very successful transition with Dr. Egan, there was another practice that I wanted to buy that Gary represented. He was always available and got back to me. Even though that seller chose another buyer, Gary was still supportive of me. I could tell that he was sincere with his consolation and encouragement. He is very knowledgeable about the people and companies involved in the transition process. I would highly recommend him to both potential buyers and sellers."

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# Gathering in St. Louis plans for enhancing local GKAS events

By Lora Mattsen

**THE FIRST GIVE KIDS A SMILE AMBASSADOR ALUMNI CONFERENCE** was held in Chicago, August 20–22, bringing together GKAS Institute graduates from across the country to share ideas about enhancing GKAS programs nationwide. The theme of the meeting was “Building A Better Give Kids A Smile.”

Since 2011, the GKAS Institute has hosted select GKAS program coordinators at an annual three-day session where they gain hands-on experience regarding how to initiate, enhance or expand their existing GKAS program. It is held in St. Louis during the longest-running annual GKAS event in the nation, now in its 14th year. The GKAS Ambassadors are then available to serve as regional resources for other GKAS coordinators.

As an Institute graduate last year, I had the opportunity to attend and share our local event programs as well as learn from the other graduates and attendees. The ADA Foundation hosted the event along with GKAS sponsors, Henry Schein, the Colgate-Palmolive Company and DEXIS. All of these sponsors also had representatives at the conference.

It was a gathering to discuss and propose best practices, brainstorming, resolve challenges and ideas to enhance and expand the national GKAS program.

GKAS was first launched by the America Dental Association in 2003, becoming a program of the American Dental Association Foundation in 2014, in an effort to encourage parents, educators, health professionals and policymakers on the year-round need for oral health care and education for all children.

The Multnomah Dental Society Board of Directors thought it was a perfect opportunity to get involved, due to such a high need for these services within our community. Our program has grown every year, serving over 6,000 children with several thousands of dollars in free dental care.



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**If your office or component is looking for advice on holding a Give Kids A Smile event, Lora Mattsen can help. As our local Give Kids A Smile Champion, Lora is ready to assist!**

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We are very fortunate to have OHSU Dental School in our community. They have been a huge partner in the success of our GKAS program since our inception. Having the opportunity to hold our event at the dental school enables a large number of children to be seen and treated. It also is such a benefit to the dental students as they play a very active role in the entire planning and implementation of the event.

I was given the opportunity to provide a presentation on our program “Partnering with Dental Schools” to the attendees. Although many programs do not have the luxury of having a dental school to work with, many of the ideas I shared could easily be used by other programs wanting to enhance and grow their own event.

Each program has their own unique qualities to better serve the children in need in their community. Being able to learn what other GKAS coordinators do, ideas that work and obstacles they are faced with helped me know that we all have the same goal to giving kids a smile.

In October, I will be returning to St. Louis to serve as a mentor for the 2015 Institute Ambassador class. I will have the opportunity to meet 10 more GKAS coordinators from across the country, work two days at the clinic and, I am quite sure, bring back even more great ideas for our local GKAS program.

I am very grateful for the opportunity to have been chosen as a GKAS Ambassador as well as being able to attend the alumni conference in Chicago. It was such a wonderful, fun and informative experience. 📸

*Lora Mattsen is the executive director of the Multnomah Dental Society. You can contact her at 503-513-5010 or [multdental@aol.com](mailto:multdental@aol.com).*





## Dr. Bruce Austin

### *Serving as state dental director a 'responsibility and challenge'*

By Barry Finnemore

**DURING HIS LENGTHY DENTAL CAREER**, which includes stints in the military, private practice, and with community organizations, Bruce Austin, DMD, did as all dentists do: treat patients one at a time. In February, he took on a new professional challenge as Oregon's state dental director, a role he relishes because of the opportunity

to improve oral health for thousands of Oregonians.

Dr. Austin said much of his first months on the job were spent meeting with key stakeholders and becoming more familiar with the various entities that deliver care across Oregon to gain a stronger sense of current services, who delivers them and where gaps exist. He called his new position a "responsibility and a challenge."

As state dental director within the Oregon Health Authority, Dr. Austin is charged with establishing clinical, fiscal and policy priorities for oral disease prevention and care. He stresses that Oregon has both challenges and opportunities.

The 2012 Smile Survey found that about one-fifth of children ages 6 to 9 had untreated decay, and more than 17,000 were found to have rampant decay—defined as having seven or more teeth with treated or untreated decay. It also found oral disease disparities for schoolchildren in Oregon, based on where they live, household income, and race and ethnicity. A public water fluoridation advocate, Dr. Austin also noted the link between Oregon's high caries rate and its lack of communities with fluoridated water.

Yet the state is considered a health reform pioneer, with coordinated care organizations (CCOs) that coordinate physical, behavioral and oral health

care for residents covered by the Oregon Health Plan. That structure, he said, is integrating oral health care with overall health care delivery in a more formal way and promises to expand dental care access, including preventive care.

"It's the perfect time for these things to come together, and I'm excited to be a part of it," he said, also underscoring the need to boost education to families about the link between oral health and general health.

He noted that a Dental Advisory Council is being formed that will give him input and monitor progress in fulfilling the state's oral health strategic plan. The state's oral health strategic plan recommends promoting basic oral health literacy and preventive services at local facilities serving children and parents; reducing workforce shortages by incentivizing providers to work at the top of their license and in underserved areas; and building a diverse workforce to reach disadvantaged populations.

***"It's the perfect time  
for these things to  
come together, and I'm  
excited to be a part of it."***



Dr. Austin brings a collaborative leadership style. "I can learn from whoever is in the room, and I have an endless curiosity. I try to remember that there are always *at least* two sides to every issue."

Born in Roseburg, Dr. Austin knew in middle school he wanted to be a dentist. He liked working with his hands, and was interested in medicine. His mom, a dental assistant, exposed him to the dental field. Fast-forward to his graduation from the OHSU School of Dentistry, and he began a general practice

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





residency with the U.S. Army, serving three years in the German countryside. He calls it a “great experience” involving self-sufficiency, as he was the only dentist in a wide area.

His time overseas left an indelible mark. When jets that were part of a precision flying team crashed during a 1988 air show at Ramstein Air Base, Dr. Austin, a show spectator near the accident, helped rescue, triage and transport the injured and assisted in surgeries all night.

After four years in the military, he taught at the OHSU School of Dentistry and then began a two-decade career as a general dentist with Permanente Dental Associates, where he also served on the board.

Five years ago, Dr. Austin earned his massage therapy license. He focused on sports massage and treating people with temporomandibular joint disorders, while still practicing dentistry part time, treating children and low-income, uninsured adults through the Boys & Girls Club of Albany.

Prior to joining the state, he worked with Capitol Dental Care, which included serving patients from a mobile dental van in Sweet Home at a time of tremendous expansion in the number of individuals covered by Medicaid. Dr. Austin also mentored young dentists. He said he has a passion for treating underserved people and that the experience proves important to his current role.

Dr. Austin, 55, is married to Mary Austin, and has two stepchildren, Talia, 10, and Peter, 9. He's an avid runner and enjoys cooking, wood carving and hiking. He ran his first marathon at 37, and participates in a few every year. And while he hasn't had much time off recently, Dr. Austin and his wife also are on a quest to explore every county in Oregon. 📍



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# Peri-implantitis *It's here! Now what do we do with it? How do we manage it?*

By Winthrop (Bernie) Carter, DDS

*Dr. Carter is the second speaker highlight in our ODC Preview Series.*



Winthrop (Bernie) Carter, DDS, received his DDS degree from Northwestern University Dental School, and after 14 years of general dentistry, he earned a certificate in periodontics from Loyola University School of Dentistry. Dr. Carter practiced periodontics in the US Navy for 14 years, and retired as a captain in 2002. Working at OHSU School of Dentistry since July 2002, Dr. Carter is the director for the advanced specialty education in periodontics, as well as the attending periodontist at OHSU Hospitals & Clinics, and is also an attending periodontist at the VA Medical Center in Portland. Dr. Carter has conducted courses in the Pacific Northwest and internationally.

**UNLESS YOU HAVE BEEN** on another planet for the past 15 years, we all know dental implants have transformed the practice of dentistry into a significantly different profession. The placement of and restoration of dental implants are considered to be therapeutic treatment modalities. As such implant dentistry is not considered to be a recognized American Dental Association dental specialty. All dentists are potentially able to engage in implant dentistry. The presupposition is that all dentists who are providing implant therapy for their patients have received training to be able to provide implant therapy within an accepted "standard of care."

The definition of peri-implantitis has been discussed frequently in peer reviewed evidence based professional journals. Peri-implantitis, the "equivalent" of bone loss occurring around natural teeth, has been defined as the presence of inflamed mucosa with a positive BOP, probe depths  $\geq 5$  mm, and cumulative bone loss of  $\geq 2$  mm and/or  $\geq 3$  threads of implant.<sup>1</sup>

Definitions of peri-implantitis have varied amongst a number of different studies.<sup>2</sup> Peri-implant mucositis, the implant "equivalent" of gingivitis around natural teeth, has been defined as the presence of an inflamed mucosa with a bleeding index of  $\geq 2$  and/or suppuration but without bone loss.<sup>1</sup> Peri-implant mucositis has also varied amongst a number of different studies.<sup>2</sup>

The results of one systematic review<sup>1</sup> of nine studies with 1,497 participants and 6,283 implants are that 1) the estimated frequency of peri-implant mucositis has been shown to be 63.4% of participants and 30.7% of implants; 2) the estimated frequency of peri-implantitis is 18.8% of participants and 9.6% of implants; 3) a higher frequency of occurrence of peri-implant diseases was recorded for smokers, with a summary estimate of 36.3%; and 4) supportive periodontal therapy seemed to reduce the rate of occurrence of peri-implant diseases.

The conclusions of this systematic review<sup>1</sup> are that 1) peri-implant diseases are not uncommon following implant therapy; 2) long-term implant

maintenance required for high-risk groups is essential to reduce risk of peri-implantitis; and 3) informed consent (PARQ) for patients receiving implant treatment must include the need for implant maintenance.

Substantial numbers of implants are being placed for our patients and we now are experiencing increasing frequencies of implants exhibiting "peri-implantitis." Information received from the Oregon Board of Dentistry recently informs us that an "explosion" of cases is being reported to the Board regarding peri-implantitis. In Oregon, we are just starting to see increasing activity with School of Dentistry training, national professional meetings, continuing education courses, and study club activity addressing peri-implantitis.

Peri-implantitis is so current, one peer-reviewed professional journal<sup>3</sup> editorial entitled "What Are the Implications of Peri-Implantitis?" appeared in its July/August 2015 issue. Another peer-reviewed professional journal's<sup>4</sup> Thematic Abstract Review in its May/June 2015 issue is entitled "Understanding Peri-implantitis Through the Lens of the Oral Microbiome."

Just prior to these publications the topic of peri-implantitis was discussed, with emphasis, during at least three professional presentations of the Academy of Osseointegration 29th Annual Meeting in Seattle, in March 2014. More recently, presentations including discussion of peri-implantitis were conducted during the American Academy of Periodontology 100th Anniversary Annual Meeting in San Francisco, in September, 2014.

Peri-implantitis is currently a "red hot topic" in periodontics (specifically and dentistry generally), since approximately \$5,000 is involved in replacing a single missing tooth with an implant and implant restoration. When peri-implantitis occurs there are several questions, including: who is responsible to fix it; what is to be completed; and who is going to pay for whatever needs to be done, the patient, the restorative dentist, or the implant surgeon? How much more money will be spent to treat the peri-implantitis?



Some questions to be considered during treatment for peri-implantitis are thoroughly discussed in one of the listed reference.<sup>2</sup> Some considerations still to be determined are:

- How do we determine if peri-implantitis is occurring or if peri-implant bone is just remodeling around the implant?
- When do we save the implant and when do we remove the implant?
- What is the prognosis for the implant when treated for peri-implantitis?
- Are specific manufacturers producing implants more at risk or less at risk to result in peri-implantitis?
- Should we guarantee implants, implant restorations, or treatment for peri-implantitis?

*The professional opinions expressed and information provided are those of Dr. Carter and do not reflect any official position of Oregon Health & Science University School of Dentistry.*

## ***Like what you just read? Want to learn more?***

***Join us at ODC 2016 on April 7–9.***

This article is a snapshot in the space allotted. Dr. Carter's presentation will go more in-depth, showing as many patient cases as time will allow during his ODC course.

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## **Become an ODC Speaker Host Receive FREE ODC Registration**

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Register by January 4th with Lauren Malone (lmalone@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.

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



*From left: Judy Edgerly, Weston Heringer Jr., DMD, Conor McNulty, Maurissa Fisher, and Carrie Peterson.*

*Not pictured: Karli Herzog, DDS*

## New Faces and a Refined Focus for the DFO

By Melody Finnemore

**THE DENTAL FOUNDATION OF OREGON (DFO)** has some new faces, an updated organizational structure, and an expanded focus on providing services to Oregon's children through partnerships.

As **Weston Heringer Jr., DMD**, president of the Foundation's Board of Directors explained, the combination of the retirement of Charlie LaTourette as executive director and the recent focus on the Foundation's strategic vision led to a discussion about how to engage the dental community on a larger scale. The result was a renewed strategic alliance with the Oregon Dental Association, allowing both organizations the increased opportunity to showcase the philanthropic values of the dental profession.

"In addition to providing care to underserved children, as the charitable arm of dentistry in Oregon, the DFO can and should be highlighting and supporting the great work done by the greater dental community," Dr. Heringer said.

This strategic alliance has created several new leadership alignment opportunities. In addition to being the ODA's executive director, Conor McNulty, CAE, now serves as the Dental Foundation of Oregon's executive director as well.

"I'm very excited the ODA endorsed Conor as our executive director," stated Dr. Heringer, "we're excited to for the timing and opportunities ahead in Oregon."

Dr. Heringer praised Judy Edgerly for her longtime commitment and success as development and planned giving coordinator for the Foundation. He also welcomed Maurissa Fisher, the Foundation's new development director; Carrie Peterson, Tooth Taxi program manager; and **Karli Herzog, DDS**, who recently joined the Tooth Taxi's dental staff.

"It seems to be a team that is working well together and I think we're going to get some great synergy out of that," he said.

Maurissa Fisher, who earned a degree in special education from Gonzaga University, gained her development experience as co-founder and executive director of Young Entrepreneurs Business Week. The nonprofit organization teaches high school students about entrepreneurship, business fundamentals, financial investments, networking, leadership and workforce development.

"The same thing that drew me to being an educator, is what quickly intrigued me about the DFO; the desire to be a part of something truly making a difference and knowing that you are moving the needle in some way," she said.

When she saw the opening for the development position at the DFO, Fisher said, she flashed back to

*See **DFO** on page 38*



# Give a Grin Challenge

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# ASDA at National Lobby Day

By Zach Sunitsch, DS2



▲ From left, **Steven Knapp, Zach Sunitsch, Jeff Sirginson, and Travis Baskerville**, in Washington, D.C. for National Lobby Day.

**OHSU ASDA TO SENT FOUR MEMBERS** to National Lobby Day in Washington D.C. Here is what our legislative liaison, **Zach Sunitsch**, had to say about his experience:

My experience representing OHSU as an ASDA Legislative Liaison in Washington was an honor to say the least. The energy at the event and on lobby day was electric. Our first full day in D.C. was a jam-packed learning experience. We toured the Capitol, visited many of the world-famous museums, and whet our democratic appetite with a viewing of the Declaration of Independence and the Constitution at the National Archives.

## DFO continued from page 36

being a teacher in the Yakima Valley. There were two young sisters, who attended the school where she taught, and to ensure the girls arrived at school, Fisher and one of her co-teachers would often give the girls a ride. On those days, the girls enjoyed hanging out in their classroom as the teachers were preparing for the day.

"One day in particular, the kindergartner wasn't feeling well and was noticeably out of sorts. After talking with the girl, it became evident that her mouth was the root of her sickness," Fisher said. "I looked in her mouth and I couldn't believe what I was seeing. Her mouth was bombed out. It was absolutely awful."

Fisher worked with the school's principal and the local community to get the little girl the treatment she desperately needed, and recalled how rewarding that feeling was, as she applied for the position with the DFO.

The Foundation's alignment with the ODA means that both organizations can collaborate on a more unified, comprehensive effort to provide education and care to those in need. Fisher noted that the passage of House Bill 2972, sponsored by the ODA in the 2015 session, mandates oral health screenings for Oregon public school children when they turn 7. Picking up where the ODA led off, the Foundation has taken on the project

of coordinating as many free screening opportunities as possibly around the state next August, when the law takes effect.

Carrie Peterson, Tooth Taxi program manager, said she expects the new law to increase demand for the mobile dental clinic, which provides free oral health care to underserved schoolchildren throughout the state.

"Even children who have insurance often have difficulties getting established with a dental home and need access to the comprehensive dental care the Tooth Taxi provides," she said.

"We're looking at ways the Tooth Taxi can help with the screenings, especially in rural areas where access to care is often an issue," Peterson continued, adding the Tooth Taxi will visit the Oregon Coast, Klamath Falls, Baker and La Grande in the coming months. "Our goal is to help the schools as much as possible."

The Dental Foundation of Oregon is thankful for long term partnerships with Moda Health and OEA Choice Trust and feels well positioned as they continue to seek new partnerships, furthering the depth of their impact.

Additionally, the Foundation is excited about the increased public awareness around oral health as the new State Dental Director, Bruce Austin, DMD, begins his work.

"I think we're going to hear a lot more about oral health's role in overall health and well being," Fisher said. 🍷



## OHSU School of Dentistry students ***Hood to Coast team***

On the second day we met with the ASDA representatives from chapters around the country to discuss our lobbying points, and prepare for our meetings the following day. We learned how Washington worked, how best to approach our congressional delegates, but most importantly, we learned that we were all in the fight for legislative improvement together. Being a part of a united front—driven to enact change affecting not only dentistry and dental students, but other health professions across the country—was truly a special feeling.

Our meetings were scheduled for the final day. We were able to set up appointments with all but one Oregon representative and one senator. At every meeting, we were made to feel very welcome, and in many instances it felt as though we were the celebrities that our Oregon congressmen couldn't wait to meet. The most memorable meeting for me was our first of the day with representative Greg Walden. Mr. Walden represents my hometown district—and has since I was a young child—so the meeting was definitely special for me. Making our day even better was the strong show of support from all of our state representatives on the bills we were lobbying. We were heard, and, for the most part, received sympathy towards our causes.

I felt as though our trip was a great success. I was very proud to represent OHSU ASDA and look forward to more opportunities to do so in the future. 📸

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

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