Membership Matters

A publication of the Oregon Dental Association • September 2015

Children's Dental Health

oregon dental

page 16 Access to dental care for kids in Oregon remains a challenge

Also Inside Important rule changes from the Oregon Board of Dentistry, page 29





AS A SPECIAL THANKS FOR PARTNERING WITH ARTISAN DENTAL LAB, WE ARE EXCITED TO GIVE BACK TO OUR AMAZING CLIENTS!

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On the Cover



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Membership Matters

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www.TheToothOfTheMatter.org



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

Dear Students: *Be careful what you wish for*

IN THE SPRING AT THE DENTAL SCHOOL,

one common refrain I hear from the students is "I can't wait to get out of here." I take a moment to pause, stare at them, and then remark in my most professional manner, with a smile on my face, "Yeah, because it is *so* much easier once you graduate." I do realize this is not a generational issue; I can reliably report that in April of 1995, I, too, stated the same impatient refrain.

At the end of the day, students—and those of us already in practice—sometimes need a reminder of why we are in our profession. The issues at hand can be discouraging. Students: as horrible as dental school is, here are a few of the issues you will soon be facing, along with the rest of us.

The first and foremost crisis facing our profession is student debt-an issue that the graduating student will need to address right from the start. Between 2001 and 2012 the average student debt doubled, and alas, dental salaries did not double during the time. According to the ADA's Health Policy Institute, dental income plateaued in 2006, before the recession, and there is evidence that it is not increasing at its historic rate, even with the recovering economy. Most organizations report an average student debt in the range of \$220,000 to \$240,000. Every time I randomly ask students here at OHSU about their debt it takes no more than a sample size of three before I meet someone whose debt is approaching \$400,000. The American Dental Educators Association (ADEA) supports my unscientific method; according to ADEA, over 30% of students have a debt over \$300,000.

This is not just a dental school problem. Students graduating from any professional program such as law, medicine, etc., are facing similar debt problems. Using my anecdotal evidence, I still believe that it's easier for a dental school graduate to earn a fair wage. This is in comparison to a law school graduate, who often must be in the top 15% of their class just to get an interview at a firm. Dental school graduates are still entering into a profession with average salaries that are in the top 15% of earners in the U.S. upon graduation. So if you are eager to get out of school so that you can start making money, you have a good point, and I understand your anxiousness to graduate.

So what is it going to take to earn that salary? It's somewhat clichéd, but still true: take care of your patients, and they will take care of you. I understand that you have told me you want to get out of school because some of your patients are driving you crazy. They don't have the money or the time, and they always want to know what their insurance is going to cover. This is fantastic for you, because no matter where you go to practice, you are going to be dealing with patients that don't have money or time, and they will always want to know what their insurance is going to cover.

It doesn't matter if it is Lake Oswego, La Grande, or the rural community health clinic. Oral health care is a low priority for the majority of the population. Most of your patients will spend \$200 to upgrade their smartphone, while holding their daily \$6 latte in hand, right after they told you that the co-payment for their restoration is too expensive. You can't let it discourage you—this is the reason all of your instructors spent so much time talking to you about patient communication and patient education.

I also understand that much of the eagerness to get out of school is because you can't wait to practice dentistry "like they do in the real world." I am a believer in the 80/20 rule. 80% of the time, you can do clinically acceptable dentistry and the patient is happy. The high standard that we hold you to in school is for dealing with the 20% of the situations that require advanced knowledge.

True, there is not a need to mount a model in CR for the single unit crown on #5. However too many root canal treatments have been started on teeth that were vital but had an excursive interference that was not diagnosed. So that "real world" dentistry may be more efficient, but be prepared for that 20% of difficult situations. You will find yourself falling back on those cumbersome procedures you learned in school. If/when there are complications and an unhappy patient, you will now be answering not to an instructor; you will be answering to the state Board of Dentistry. Stay involved in continuing education from the day you graduate.

So yes, dental school was expensive, time consuming, challenging, and the bureaucracy was burdensome. The grass is greener on the other side; the stakes, however, are higher.

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Up Front

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. Please send all other events to Cassie, cleone@oregondental.org

October 2015

Continuing Ed., 6 Hrs: "Xylitol: The oral and systemic benefits," Presented by Julie Seager, RDH, BS. Fri, Oct 2, Valley River Inn, Eugene. Info: www.lanedentalsociety. org/programs

Continuing Ed., 1.5 Hrs: "Infection Control: Bacteria in the water line," Presented by Steven King, PhD. Tues, Oct 13, Roth's, West Salem. Info: www.mpdentalce.com

Continuing Ed., 1.5 Hrs: "Endodontic Aspects of Eval. and Treatment of Debilitated Dentition," Presented by James Walker, DDS. Tues, Oct 13, Stockpot Broiler, Beaverton. Info: www.wacountydental.org

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

Continuing Ed., 2 Hrs: "How the ACA/ Obamacare Affects the Small Employer," Presented by Chris Wright. Wed, Oct 21, McMenamins Kennedy School, Portland. Info: 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

DBIC Risk Management: Washington County Dental Society. Tues, Nov 10, Beaverton. Info: Dr. Kathy Reddicks, 503-848-5605

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

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 Oregon Mission of Mercy: Nov 22–23, Oregon Convention Center, Portland. Info: 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

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

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

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: 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

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: Sun, March 6, ODA Office, Wilsonville. Info: 503-218-2010.

Continuing Ed., 1.5 Hrs: "Measure 91 and the Workplace," 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 15, Stockpot Broiler, Beaverton. Info: www.wacountydental.org

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 8, 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., 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.

A new look & feel It's more than just aesthetics

AS YOU MIGHT HAVE NOTICED, there are some changes and enhancements to ODA's communications and offerings in progress.

Our goal is simple: Make what matters most to you and your team easily accessible the moment you want it, wherever you are. Whether you're searching for education opportunities, career and/or practice support, or just looking to engage within the dental community—**your membership gives you access to invaluable resources.**

Nothing has changed our habits more than the smartphone. We see it here every day, as more and more of you connect with us on a mobile device. That's why, in collaboration with the ADA's tech teams, ODA will have a new, responsive website this Fall, to create a seamless experience from your desktop to your tablet to your handset.

But, no matter what device you use, what will you get when you visit the new site?

- Improved navigation and personalization when you access OregonDental.org
- Single sign-on integration to ensure easy and seamless access to ADA.org and other sites hosted on the same platform
- > More frequent updates and news of interest from around the state
- Self-serve profile updates: change your info once in one location, and it's up to date across the tripartite in real-time
- Increased alignment of content from your local society, ODA and ADA

Sooner rather than later, you won't notice any of the technical upgrades. We're hoping what you will notice is that you are more engaged and immersed than ever, getting exactly what you want, when you want it, wherever you are.

Progress. It's what we all expect, and what you deserve as a valued member.



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Up Front



Rickland G. Asai, DMD

Trustee, ADA 11th District

Past-president of Oregon Dental Association

asair@ada.org

11TH District Trustee Update

GREETINGS ONCE AGAIN. I hope that you, your staff, and families have had a chance to renew and rejuvenate this summer, or have plans to do so before the fall weather returns. I know that in Portland, we are certainly looking forward to some rain...who would have guessed we'd be hoping for rain in summer?

Well, it has been a busy Spring and early Summer, as I was very privileged to attend 11th District Annual meeting in Alaska (May 27–June 1), BOT meeting (June 4–9), PNDC (June 10–12) and Idaho (June 17–20). I would like to share highlights from the BOT meeting with you now.

> Membership

The BOT meeting was in Chicago, June 4–9. Membership continues to be a very sharp focus of almost every decision being made in Chicago these days. The urban areas of our country offer the greatest opportunities for increasing membership in states of all sizes. There is a new focus on engaging and converting student members, even more than before, as an area of great opportunity and membership stability going into the future. Another

Though our diversity demographics are improving, individuals who are members of an underrepresented group will be less likely to join organized dentistry UNTIL THEY SEE MORE MEMBERS LIKE THEMSELVES, PARTICULARLY IN LEADERSHIP. area of membership that needs improvement is the lack of diversity in our overall membership and in our leadership. Though our diversity demographics

are improving, we are aware that it's possible that individuals who are members of an underrepresented group will be less likely to join organized dentistry until they see more members like themselves, particularly in leadership.

Access to care

Marko Vujicic's presentations reminded us again how significant practice busy-ness continues to be with increasing numbers of dentists in the workforce and the still flat (zero) growth in overall dental spending for the last several years. The need for midlevel providers is not really the access issue, as much as is the reimbursement rates for Medicaid. The only growth areas for dental visits are for children on Medicaid and appointments in public clinics (as well as ER visits at hospitals and urgent care facilities), none of which helps most of the traditional practice delivery models. Adult visits are in decline. There are opportunities, however, as it is noted the utilization of dental benefits is still relatively low for those who have traditional dental insurance.

) oda | ADA.

Other meeting points

ADABEI, our for-profit subsidiary, continues to offer products and services to our members, while also generating some modest gains in non-dues revenue. Look for new products later this year.

One important finding by the audit committee was that not all dental associations and societies are filing their 990s on time. This puts them at risk of losing their non-profit status and in so doing, having to pay taxes on all income, including dues from members. *Please be sure your component is filing tax documents in a timely manner.*

One action by the BOT was to allocate additional dollars to the IT department in order that the navigation of our **ADA website** be improved. However, as IT Director Toni Marks said in her note to the BOT about making improvements, the site will never be able to compete to the level of Google.

There are at least two resolutions addressing the **office of ADA VP**, and the BOT is recommending that the office be eliminated. Even the smallest changes in governance are needed now.

President Feinberg will be appointing a task force to have ADA leadership sit down and discuss with ADSO leadership **what services can properly be offered by DSOs** that do not infringe on the dentistpatient relationship, as well as discussing what assets in a dental practice if any can be owned by non-dentists. The idea here is to support all dentists, no matter their choice of practice.

In a report from CODA chair Dr. Perry Tuneberg, we learned that **Dental Therapy** standards are being reviewed and awaiting public comment. As it stands

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.

Up Front

now, they are at risk of not being approved due to the lack of evidence in meeting established Criteria 2 and 5.

The Strategic Planning Committee recommended, and the Board approved, sending several membership concepts for consideration of study by the Council on Membership, especially as it relates to a dues strategy as I shared with you after our March BOT meeting. After review, the Council on Membership has agreed to take a look at these ideas and others, and come back with a report to the BOT.

The **Science Institute** VP, Dr. Marcelo Araujo gave an update on his progress in realigning the staff and work plan in this critical division of the ADA. He is planning on increasing PPR reports, and more products listings with the ADA Seal of Approval. The bottom line goal is to more quickly transfer science to clinical practice, raising the quality of care for our patients.

Stephanie Moritz, our Communications officer updated us on the **Ad Council Campaign** that has reported behavioral changes in brushing and oral health awareness in children and their families. This ongoing partnership is helping to raise the oral health literacy of the general public. Higher oral health literacy should translate into seeking more dental care by patients.

The ADA's **CE offerings** are focused on delivering courses that impact practices the next day in the office. There is increased success in the numbers and satisfaction of CE offerings at America's Dental Meeting (ADA Annual Session). A new concept of CE is the blended course, where some course information is presented at a national meeting followed up with more CE online, that is included in the registration fee for the Annual Session.

Well, those are the highlights of some of what we discussed at the June BOT meeting. If you have further questions or ideas on these or other issues, please do not hesitate to contact me. I'd love to hear from you. Email me at asair@ada.org

Enjoy the rest of these dog days of summer, and I hope to see you very soon.



YOUR HIPAA EXPERT SHAWN LINDSAY

The attorneys at HBC not only assist you with your dental practice transitions and legal concerns, but we also help you comply with HIPAA, including a customized turnkey compliance package.



HARRIS BERNE Christensen llp

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Can you help at MOM?



Mission of Mercy VI November 22–25, 2015 Portland, Oregon Register your entire team to volunteer at this year's Oregon Mission of Mercy clinic, November 22–24, at the Oregon Convention Center.



Register online at www.oregondental.org

Join us for an exciting, fast-paced morning with six speakers addressing some of those confusing and contentious myths and controversies that face us in dentistry today. Presenters will introduce their topic, identify the opposing viewpoints, review the relevant research, present their position on the topic based on their understanding of the evidence, and answer your questions.

"Addition or subtraction, what's the answer to the milling versus 3-D printing equation for indirect restorations?" by Luiz Bertassoni, DDS, PhD, Assistant Professor, Department of Restorative Dentistry. The pros, cons and future of 3D printing for dental restorations.

"Root fill or regrow: How does regenerative Endo work?" by Dr. Christine Sedgley, MDS, PhD, Professor and Chair, Department of Endodontology. The potential for regenerating the pulp in lieu of conventional Endo.

"External resorption, diagnosis, etiology, and treatment: What do we know and not know?" by Joseph Califano, DDS, PhD, Professor, Department of Periodontology. Causes, diagnosis and treatment for external resorption.

"Peri-implantitis: Inevitable or preventable?" by Harjit Sehgal, BDS, MS, Assistant Professor, Department of Periodontology. The causes, diagnosis, prevention and treatment of periimplantitis.

12TH Annual PROH Conference

Dental Myths & Controversies IX

Friday, October 30, 2015

"My snoring is better, but now my teeth don't fit together. What's up with that?" by Thomas Walker, DMD, private practitioner. Effectiveness, appliance design, and occlusal considerations for sleep apnea appliances.

"They took it out of my water bottle, but is BPA still in my filling?" by Carmem Pfeifer, DDS, PhD, Assistant Professor, Department of Restorative Dentistry. The facts about BPA in dental resins.

Location World Trade Center, Bridge Level Auditorium 121 SW Salmon, Portland 97204

Friday, October 30, 2015

- 7:15 AM Registration and Continental Breakfast 8 AM – 1 PM Courses
- RegisterOnline at: ww.oragd.org/ohsuoagd-partnership/12th-annual-proh-conferenceor call 503-494-8857

Up Front

Welcome new ODA members!

Azma Ahmed, DDS • Lake Oswego Clackamas County Dental Society

Stefanie M. Beckley, DMD • Winchester Umpqua Dental Society

Evan D. Campbell, DMD • Coos Bay Southwestern Oregon Dental Society

Casey J. Caraher, DMD • Portland Multnomah Dental Society

Cody L. Charron, DMD • Portland Multnomah Dental Society

Kent B. Cherry, DMD • John Day Eastern Oregon Dental Society

Austin J. Cope, DMD • Lake View Central Oregon Dental Society

Kerry E. Csiga, DMD • Portland Multnomah Dental Society

Jacob J. Foutz, DMD • Medford Southern Oregon Dental Society

Krikor K. Gazarian, DMD • Portland Multnomah Dental Society

Timothy M. Hall, DDS • Lebanon Marion and Polk Dental Society

Diane Henriot, DMD • Portland Washington County Dental Society

Farielle I. Houran, DMD • Hillsboro Washington County Dental Society

Jessica M. Kloenne, DMD • Wilsonville Clackamas County Dental Society

> Nika Mahbai, DMD • Portland Multnomah Dental Society

Katelyn R. Nichols, DMD • Salem Marion and Polk Dental Society

Kaveendra T. Ranasinghe, DMD • Portland Multnomah Dental Society

> Fnu Sabina, DMD • Eugene Lane County Dental Society

Alison M. Shisler, DMD • Portland Multnomah Dental Society

Marcus D. Uchida, DMD • Forest Grove Washington County Dental Society

> Eun Y. Yu, DMD • Portland Multnomah 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.



▲ 11th District Trustee, **Rickland Asai, DMD;** ODA Executive Director, Conor McNulty; and ODA President Elect, **Joni Young, DMD,** at the Western States Presidents Conference.



OHSU White Coat Ceremony





CONGRATULATIONS!







Need HELP? Facing ADDICTION or CRISIS?

Please contact the Dentist Health & Wellness Hotline.

ODA volunteers are on call, 24 hours a day to provide confidential, caring assistance for help in dealing with substance abuse and addiction, disability, litigation stress, and mental health challenges. ODA member dentists recognize the essential human dignity of all those who suffer from chemical dependency or mental disorders.

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

24-hour support: 503.550.0190



ODA Member Benefit of the Month

The ODA endorses Aspida Mail as their encrypted e-mail service provider

Compatibility: Leverage your existing

or any IMAP, SSL and TLS supported

system. It can also be easily accessed

from any web-enabled device, making

your encrypted email available virtually

Backup and retention: All encrypted and

unencrypted emails will be backed up and

stored for six years to help your practice

Cost effective: There are no set-up fees,

hidden fees or any contracts to sign.

track and audit email activity.

You can cancel at any time.

anywhere.

email client; such as Outlook, Thunderbird

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Compliance Corner

Collaborative agreements & EPDHs



What do I need to consider before signing a collaborative agreement with an expanded practice dental hygienist (EPDH)?

Any collaborative agreement must comply with ORS 679.010 to 680.990 in the Dental Practice Act, and must set forth the agreed upon scope of the dental hygienists practice with regard to:

- > Administering local anesthesia
- > Administering temporary restorations without excavation
- Prescribing prophylactic antibiotics and non-steroidal anti-inflammatory drugs
- > Overall dental risk assessment and referral parameters

Even though an EPDH is required to have his or her own practice liability coverage, it is extremely important to hire a professional that you trust to represent your practice. A dentist should also describe how the relationship will work. A dentist should always check with their own liability carrier to be certain a collaborative agreement would be covered under the provider policy.

For more www.oregon.gov/Dentistry/Forms/Hygiene/Verification_CollaborativeAgreement.pdf information www.oregon.gov/dentistry/docs/DPA_August_2014.pdf



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



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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EVEN AS HEALTH CARE TRANSFORMATION IN OREGON TAKES ROOT, access to

preventive dental care and treatment for kids in Oregon remains a significant challenge. Though the Healthy Kids program expanded insurance coverage for dental care to all Oregon kids in 2009, since then, Oregon has learned that insurance does not guarantee access.

A quick look at four perspectives on the issue, encompassing statewide and local perspectives, shows a lot of promising work. As Coordinated Care Organizations (CCOs) are increasingly required to incorporate dental care into their benefits, there is good reason to expect access to improve through better coordination of services.

One key, says Alyssa Franzen, DMD, the dental director for **CARE OREGON**, is structuring dental practice to support delivering *all* necessary care. Discussing available data on sealants, Dr. Franzen, who is also a member of the **MEDICAID ADVISORY BOARD** said, "We know kids in the targeted age group visit offices, but don't get sealants. We need to take the step back and look at what relevant preventive services could be delivered while the family is present." Every visit with a family presents an opportunity to learn about the importance of dental health care; that lack of knowledge is at the core of persistent access barriers.

Tom Holt, DDS, from Coos Bay, knows that access solutions should be locally-grown. Dr. Holt helped launch the READY TO SMILE (RTS) program serving Coos and Curry counties. Originally funded by a 2009 OREGON COMMUNITY FOUNDATION (OCF) REGIONAL ACTION INITIATIVE grant, the program focuses on children's oral health. Reflecting on the program's start, Holt said "We had lots of programs designed to create access to care, but no community-wide coordination. We had one week where local middle schools had volunteer dental buses scheduled back-to-back. The right hand didn't know what the left hand was doing."

The RTS steering committee focused on sustainability from the start, partnering with local public health for administrative support, carefully matching growth to funding each year as the program expands, and seeking partnerships wherever possible.

Dr. Holt described support from the school districts as critical, from superintendents to teachers. The screening and sealant program originally offered every first, second, sixth, and seventh grader education and hygienist visits to classrooms. Beginning last year, the program has expanded to include all elementary and middle school students across Coos and Curry Counties. In partnership with the Southwestern Oregon Dental Society, community dentists "adopt" schools and agree to offer students access to pro bono emergency care. Treatment consent forms are included with start-of-school paperwork, so care can be offered quickly when issues arise.

As OCF steps back, the group's next challenge is to absorb complete control of RTS while maintaining the partnerships that underpin the program. "We want to make sure our system is sustainable beyond the variability of Medicaid," Holt said.

One Portland-based program has demonstrated sustainability for 55 years. The **CRESTON CHILDREN'S CLINIC**, unique in Oregon, is a fullservice dental clinic housed in Creston Elementary School. Open four days per week during the school year and three days in the summer, it offers

continues



Coordinated Care Organizations (CCOs) 2015 Incentive Metrics & Benchmarks

GOAL 1: Increase dental sealants on permanent molars for children by 20%.

GOAL 2: Perform mental, physical, and dental health assessments for all children in DHS custody.

Pediatric dental disease is **5 times more** common than asthma

7 times more common than hay fever

SOURCE: www.ncohf.org/resources/tooth-decay-facts

More than **51 million school hours** and **164 million work hours**

are lost each year due to dental disease, which leads to increased educational disparities and decreased productivity

From a Medicaid report covering 2013 (four years after the Healthy Kids program began):

Only 39%

of Oregon kids age 1–20 who were eligible for Medicaid received preventive dental services

> Only 19% of those children received a dental treatment service

On both fronts, Oregon ranked below the national average.

SOURCE: www.medicaid.gov/ medicaid-chip-program-information/ by-topics/benefits/downloads/ secretarys-report-dental-excerpt.pdf care to any child in need in the Portland Public School district, and they hope to serve 750 children this year.

The clinic was launched by the Assistance League of Portland with the help of the Portland Dental Club, now the Multnomah Dental Society (MDS), and originally hired dentists to provide care. After the Friends of Creston Children's Clinic took on clinic management in 2009, the clinic has employed administrative and dental assistant staff, but all dentists are volunteers. The clinic offers care for free or a nominal donation, and accepts OHP reimbursement.

Discussing challenges for the clinic, Lora Mattsen, executive director of MDS and secretary-treasurer of the Friends of Creston Children's Clinic, noted a possible adverse impact of Medicaid expansion. "With three DCOs, the new laws and requirements for dentists to see patients in their own practices under OHP might mean they have fewer opportunities to volunteer," Mattsen said. The need for care persists in the community among children who are OHP eligible but not enrolled, or who are ineligible and uninsured.

The gap between eligibility and access is something ODA past-president **Teri Barichello, DMD**, sees clearly as the Vice President and Chief Dental Officer at Moda, which administers the Children's Program statewide. "We run into kids who are eligible for a program like OHP, or maybe even enrolled as a member, but their parents don't have the knowledge to be able to use the system, and have no sense of what it entails," Dr. Barichello said.

THE CHILDREN'S PROGRAM was begun in 2010 as a multi-stakeholder partnership to ensure that after intensive community intervention events—like a Tooth Taxi visit—there would be a lasting referral program for kids "on the bus." Costs for the program are offset by a fund created by dentists contributing a portion of their fees from treating patients insured under the OREGON EDUCATORS BENEFIT BOARD.



Oregon was one of just five states to get an A or A– from the Pew Charitable Trusts study¹ published April 2015.

Collaboration and partnership are the heart of these stories. Professional

organizations like the ODA can bring together members for leadership and networking support, to incubate access solutions as dental health care reform in Oregon continues.

Dr. Tom Holt said "With the transformation of dental health care, dentists are looking to the ODA to help them navigate. It helps when the ODA looks at members and communities to point to what's new, and what's working. The ODA has been part of creating these relationships." Dr. Barichello agreed, saying "We want changes to dental care to happen *with* providers, rather than have change happen to them. That's why I belong to the ODA and ADA."

Access barriers are complex, and the local programs described here would not necessarily meet other communities' needs. In some rural parts of the state, as Dr. Franzen pointed out, workforce shortages present a persistent obstacle to expanding access. But, even those problems may have solutions born out of local collaborations. The people who know a community are best suited to dream up solutions, and as awareness of effective models spread, perhaps these ideas can serve as a starting point.

NOTES

1 www.pewtrusts.org/~/media/Assets/2015/04/ Dental_SealantReport_Final.pdf



Betsy Boyd-Flynn worked in medical associations for 14 years as a communicator and executive. She writes articles for associations as a freelancer in her spare time. She can be reached at bboydflynn@gmail.com.



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Tooth Taxi stories from the road . . .

THE REALITY OF Access to Dental Care for Oregon's Children

By Carrie Peterson



Patricia Ridgley, DMD, with a patient on the Tooth Taxi

When the **TOOTH TAXI** launched in 2008, the most pervasive challenge facing children's access to care was lack of dental insurance. Today—in theory—all children in Oregon should have dental insurance. The reality is, however, that not only are some children still lacking coverage, many of the ones who do, aren't utilizing it.

Providing coverage removes the financial barrier for *some*, but not all. Transportation, taking time off of work, getting appointments in a timely fashion, and proximity of participating providers to the patient's home are still major barriers for these families. Over half of the children the Tooth Taxi serves come from families with an annual household income of \$20,000 or less. Missing work to take a child to the dentist is just not an option for them—the loss of income is a large hurdle.

These children are most at risk for dental decay, and are falling through the cracks of the system. The Tooth Taxi—and its partnership with schools—allows us to be an advocate for these children. Many have immediate dental needs that are causing discomfort, difficulty with eating, and distracting them from their education. We are removing many of the remaining barriers by providing comprehensive dental treatment and oral health education to children *at their school* so parents do not have to worry about transportation, making an appointment, or taking time off of work. At the end of the week we leave a visit summary which describes the treatment that was done, the value of services, whether the child's treatment is complete, who their insurance coverage is through, and a phone number they can call to find a provider.

For children who don't have insurance, we can also submit a referral to **THE CHILDREN'S PROGRAM**. This program, created by Moda Health, provides basic dental services for children between the ages of 5 and 18 who reside in Oregon, and are not covered under any dental plan.

In rural areas such as Douglas County, the need is overwhelming. **NINETY PERCENT of the students we screened at South Umpqua High School HAD DENTAL CARIES.** Out of this group, 16% needed an extraction of a permanent tooth and 26% needed a root canal on a permanent tooth. Most of the kids had dental insurance but reported a 3–6 month wait to be seen.

At Earl Boyles Elementary in Portland I had young boy tell me how glad he was that I came to get him because his tooth had really started to hurt. When we brought him on the Tooth Taxi to perform an exam, we noticed his mouth was visibly swollen and he had two active infections along with several other areas of decay. He had no dental insurance. The Tooth Taxi team was able to extract both of his infected teeth, place four fillings, and provide a cleaning—all without him needing to leave school.

Ideally all children would have access to regular dental care in a dental home. Sadly, this is not a reality for many of Oregon's children. Until it is, the Tooth Taxi will keep traveling across the state filling in the gaps where it can.

Carrie Peterson is Program Manager for the Tooth Taxi. She can be reached at CarriePeterson@modahealth.com.

The Tooth Taxi was created through a unique partnership with the Dental Foundation of Oregon, OEA Choice Trust, and Moda Health. To date, the Tooth taxi has provided more than \$4.8 million in dental services at no cost to the patients.

The Dental Foundation of Oregon is the charitable arm of the Oregon Dental Association. For more information, visit www.SmileOnOregon.org.



Oral Health Funders Collaborative pool resources to launch school-based programs around Oregon



Support from local dentists is critical success

By Melissa Freeman, Director of Strategic Projects, The Oregon Community Foundation



In 2008,

the Oregon Community Foundation (OCF) convened community leaders on the southern Oregon Coast, and asked them to identify a problem they wanted to tackle. The discussion quickly focused on children's dental health as educators and public health experts shared their concern that too many children were in pain with untreated decay. Everyone agreed that coordination was needed to get in front of the problem.

Now, seven years later, the South Coast has an effective school-based program called Ready to Smile that is administered by Coos County Health and Wellness. In partnership with Advantage Dental, Ready to Smile provides education, prevention and treatment

✓ South Coast Ready to Smile steering committee members celebrate volunteers and donors at a community event in Bandon. Included are local dentists, **Tom Holt, DDS** (front); Brent Pahls, DDS; and **Heidi Pahls, DDS** (back center and left of center).



services to students in elementary and middle school students throughout Coos and Curry counties.

The effort to launch the program was impressive, and the lessons learned along the way were valuable. Now, OCF is partnering with A-dec, Kaiser Permanente, Meyer Memorial Trust, Northwest Health Foundation, and Providence Health & Services to replicate the model in other places around the state.

In February 2015, OCF announced \$569,000 in funding for year one of a five year initiative to support comprehensive school-based dental programs. Eight organizations received grants to expand existing programs, while seven organizations received planning grants to develop comprehensive programs in communities where programs are needed.

Calling all dentists

Each of those organizations is expected to organize a Steering Committee for the program, and local dentists are encouraged to participate. See the list of organizations that received grants on the following page. Dentists are critical partners for these programs. **Heidi Pahls, DDS,** of Coquille, for example, serves on the Steering Committee for Ready to Smile in Coos and Curry Counties. She agreed

continues





The following organizations were awarded grants in February 2015:

- CENTRO CULTURAL of Washington County received a \$30,000 planning grant to strengthen culturally appropriate dental services and education for low-income children in Washington County schools.
- COMMUNITY HEALTH CENTERS of Benton and Linn counties received \$50,000 to expand school-based prevention services to seventh graders and to expand the program to Lebanon School District.
- INTERMOUNTAIN EDUCATION SERVICE DISTRICT received a \$30,000 planning grant to develop a comprehensive dental health program targeted at lowincome students in grades K–8 in Umatilla County.
- KEMPLE MEMORIAL CHILDREN'S DENTAL CLINIC received \$50,000 to support the hybrid screening and sealant program in Bend La-Pine School District and develop a model for billing to increase sustainability.
- LA CLINICA DEL VALLE FAMILY HEALTH CARE CENTER, INC. received \$50,000 to expand the Happy Smiles program to serve the rural schools of Patrick Elementary, Scenic Middle and Hanby Middle, and to hire an Expanded Practice Dental Hygienist.
- LAKE HEALTH DISTRICT received \$50,000 to implement a comprehensive school-based program that results in at least a 10% reduction in the cavity rate of children in Lake County.
- MERCY FOUNDATION received \$50,000 to form a second service team for the Healthy Kids Outreach Program to provide preventive oral health services to nine additional schools in **Douglas County**.
- NORTH CLACKAMAS SCHOOL DISTRICT received a \$29,926 planning grant to develop a comprehensive schoolbased dental program in North Clackamas School District for low-income children in grades K–12.

to serve students who were identified as needing urgent treatment by the Ready to Smile program staff in 2014. Dr. Pahls and her staff opened their clinic on a Friday, and donated their time to serve 33 students who were bussed over by school personnel. The total value of services donated was \$18,715. Dr. Pahls described it as a "great team effort!"

She said dentists want to volunteer, but they need the experience to be well-organized to make it an effective use of their time. The funding partners for the Oregon Children's Dental Health Initiative hope these 15 programs receiving up to \$3M over the next five years will make it easy for local dentists to participate.

THESE ORGANIZATIONS NEED YOUR SUPPORT.

To get involved, contact the organization that received a grant in your region, or contact Molly Roman, OCF Strategic Projects Coordinator at 503-227-6846, mroman@oregoncf.org. Donations to the Initiative are also needed, and can be processed online at www.oregoncf.org.

- ONE COMMUNITY HEALTH received a \$30,000 planning grant to develop a sustainable and coordinated schoolbased oral health program for underserved elementary and middle school children in Hood River and Wasco counties.
- PROVIDENCE SEASIDE HOSPITAL FOUNDATION received a \$30,000 planning grant to develop a comprehensive school-based dental health program for low-income children in all five school districts within Clatsop County.
- SALEM-KEIZER SCHOOL DISTRICT received \$50,000 to support the Dental Health Solutions for Children program by increasing strategic partnerships, adding a fluoride varnish component and expanding service to three middle schools.
- SOUTH LANE CHILDREN'S DENTAL CLINIC received a \$25,375 planning grant to expand the work of the clinic to bring prevention activities to the economically disadvantaged students at four school districts in the region.
- TILLAMOOK SCHOOL DISTRICT FOUNDATION received a \$15,975 planning grant to develop a comprehensive school-based dental health program for elementary and middle school students in Tillamook, Neah-Kah-Nie and Nestucca Valley School Districts.
- VIRGINIA GARCIA MEMORIAL FOUNDATION received \$50,000 to provide high-quality, culturally appropriate school-based oral health care for underserved children in five school districts in Washington and Yamhill counties.
- WHITE BIRD CLINIC received \$28,500 to expand dental education and preventive care services for low-income students in the Bethel School District.

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Oregon Board of Dentistry

Oregon Board of Dentistry welcomes a new executive director

Stephen Prisby calls OBD directorship an 'incredible opportunity'

By Barry Finnemore

STEPHEN PRISBY, THE OREGON BOARD OF DENTISTRY'S NEWLY APPOINTED EXECUTIVE

DIRECTOR, calls his promotion an "incredible opportunity" to work with board members, staff and stakeholders to carry out the OBD's mission to ensure Oregonians receive the

highest possible quality oral health care.

Prisby, who had been the OBD's office manager since joining the small agency in 2012 and served as interim executive director since February of this year, said he sought to become executive director because he felt his skills and background were a good fit, and that his time as office manager was effective training in terms of



Stephen Prisby

institutional knowledge.

come to the OBD at an average rate of about five a week; many of the complaints are complex, involve multiple providers, and can take well over a year to process, he said. Another challenge is implementing into the Dental Practice Act rule and law changes

> given the constraints of staffing and resources.

One of the ODB's greatest strengths, Prisby said, is its long-tenured staff members (Teresa Haynes, Exam and Licensing Manager, 28 years; Dr. Paul Kleinstub, Dental Director and Chief Investigator, 25 years; and Investigators Daryll Ross and Harvey Wayson, 19 years and 18 years, respectively).

"Our staff has incredible experience," he said, noting the potency to a small agency of longtime employees'

Prisby stressed the OBD is seeking to improve communications with the dental community. Plans call for utilizing the board's website to a greater degree to post news and updates, and to once again produce a regular, hard-copy newsletter with a link to it on the board's website. He has already scheduled presentations with the ODA and is scheduled to present at the 2016 Oregon Dental Conference.

Prisby said he brings to his new position a "very democratic" leadership style. "I like to hear all input. I want open communication and feedback from all stakeholders, whether it's on proposed rule changes or ideas to make the OBD operate better."

A Chicago native who grew up with three older brothers in Frankfort, III., Prisby said both family and acquaintances shaped his career aspirations. His grandmother was a letter carrier for a quarter century, his aunt an employee of the Federal Aviation Administration for about three decades. Other relatives served in the military. "They all left a positive impression on me. I could see they were happy in public service, and had great careers."

continues

understanding the responsibilities and challenges of helping lead the board.

"I feel very honored to be in this position, serving Oregonians and the dental community in this way," he said. "It's a position that requires a lot of hard work, persistence, patience, and a diplomatic and objective mindset."

Prisby said he's looking forward to holding a strategic planning session with the board, possibly as early as spring 2016, to establish goals for the next five or so years. The last OBD strategic plan was developed in 2009, he said.

As of early August, Prisby was focused in part on filling out the OBD's staff. His goal by month's end was to have hired his replacement as office manager. The OBD also is seeking to hire a new full-time dental investigator. As it stands, the OBD has three full-time investigative staff members and two part-time dental consultants who help with investigations.

One of the challenges will be managing the OBD's workload as the new employees are trained, Prisby said. But he said bolstering the board's fulltime investigative staff will lead to greater efficiency in terms of examining the complex complaints that

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

Oregon Board of Dentistry



▲ New OBD executive director, Steve Prisby, and his longtime girlfriend, Betsy, enjoy exploring Portland on their scooters. family dentist, Dr. Kenneth Biel, who ended up becoming Frankfort's mayor, also left a powerful imprint on him, ingraining in Prisby "respect for the profession and government, too." After earning a mass communication degree from Illinois State University,

Prisby considered

going into labor

Prisby's longtime

management with government or a union. He eventually landed in the admissions department with DeVry University in Phoenix. Eight years of director-level experience in higher education followed, including as contract director for the Institute of Professional Development, a private firm that partnered with Warner Pacific College's Adult Degree Program. Initiated in 2004, that partnership helped the Portland college boost enrollment substantially, and taught Prisby a lot about the importance of developing the skills so invaluable in his OBD role: patience, persistence and diplomacy.

"I worked with all types of people to focus on a mission and meet the goals everyone had," he said. "It taught me a lot."

Prisby also has nonprofit experience with Volunteers of America, and currently serves as a board member and treasurer for Portland Metropolitan Residential Services Inc.

When not working, Prisby likes running and golf, and would like to get back into snow skiing. He chuckles that the 85-year-old house he owns in Portland's Mount Tabor neighborhood is always in need of improvements. A longtime motorcycle enthusiast, Prisby traded in his last motorcycle for a scooter. His longtime girlfriend, Betsy Welsh, also has a scooter and they enjoy exploring Portland together.

Prisby said he's excited about the challenges and variety of his new OBD responsibilities—which, on any given day, range from approving licenses and responding to complaints to drafting language for rulemaking hearings and working on multiple projects. "It's really interesting and I enjoy it a lot," he said.



Oregon Board of Dentistry

Recent Rule Changes to the Dental Practice Act

On August 28, 2015, the Oregon Board of Dentistry passed a number of administrative rule changes you should be aware of. Highlights of the rule changes most likely to affect your practice are outlined below, however we encourage all licensees to review the Dental Practice Act on an annual basis to ensure your compliance.

Effective October 1, 2015:

The Board is amending 818-026-0080 – Standards
 Applicable When a Dentist Performs Dental
 Procedures and a Qualified Provider Induces
 Anesthesia. A dentist, a dental hygienist or an Expanded
 Functions Dental Assistant (EFDA) who performs
 procedures on a patient who receives anesthesia
 induced by a physician anesthesiologist, another dentist

Effective January 1, 2016:

- The amendment to 818-026-0010 is to allow the use of non-intravenous pharmacological methods to induce minimal sedation and define maximum recommended dose (MRD), incremental dosing, supplemental dosing, enteral route and parenteral route.
- The Board is amending 818-042-0090 Additional Functions of EDDAs. The amendment to 818-042-0090 is to allow EFDAs to place cord subgingivally.
- The Board is amending 818-042-0040 Dental Assistants. The amendment to 818-042-0040 is to clarify the duties of a dental assistant. A dentist now has the ability to authorize a dental assistant to dispense drugs.
- The Board is amending 818-026-0040 Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permits. The amendment to 818-026-0040 is to clarify the level of permit needed if a higher level of sedation is possible. If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
- The Board is amending 818-012-0030 Unprofessional Conduct. The amendment to 818-012-0030 is to clarify the lettering of the level of healthcare provider training needed.

holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure. Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

For a complete list of administrative rule changes, please visit the Oregon Board of Dentistry website: www.oregon.gov/dentistry

- The Board is amending 818-026-0030 **Requirements for Anesthesia Permits, Standards** and Qualification of an Anesthesia Monitor. A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Healthcare Providers certificate or its equivalent. A licensee holding an anesthesia permit for moderate sedation, at all times maintains a current BLS for Healthcare Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee sedates only patients under the age of 12, only PALS is required. If a licensee sedates only patients age 12 and older, only ACLS is required. If a licensee sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of a Board approved course at least every two years may be substituted for ACLS, but not for PALS. Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).
- The Board is amending 818-026-0060 Moderate Sedation Permit. The amendment is to clarify the level of health care provider training needed and define how a patient shall be monitored. Patients must have continuous monitoring using pulse oximetry, and Endtidal CO₂ monitors. Patients with cardiovascular disease shall have continuous ECG monitoring.

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ODC Speaker Highlight



Leslie Canham, CDA, RDA, CSP, is the first speaker highlight in our new ODC Preview Series.

Like what you read? Join us at ODC 2016 on April 7–9.

In dentistry since 1972, Leslie Canham, CDA, RDA, CSP, helps simplify complex regulations through lectures, workshops, and onsite training/ consulting. She specializes in infection control, OSHA, HIPAA, and accommodating patients with disabilities. Leslie is a Certified Speaking Professional and authorized by the Department of Labor as an OSHA Trainer. Contact Leslie at www. LeslieCanham.com

OSHA & HIPAA Regulations for Dentistry *Are you in compliance?*

By Leslie Canham, CDA, RDA, CSP

EVERY DENTIST IS AT RISK EVERYDAY OF BEING SHUT DOWN due to not following all state and federal regulations such as OSHA (Occupational Safety and Health Administration) and HIPAA. This proves difficult because regulations are constantly changing. In addition, breaches in infection control raise questions about patient safety.

Here are a few of the tasks you need to complete to be in compliance with regulations and to provide a safe and secure dental visit for every patient every time.

OSHA–New Hazard Communication Standard

The OSHA Hazard Communication Standard became effective in 2013. Dentists were required to train their workers in the new Hazard Communication Standard by December 1, 2013. The major changes to the Hazard Communication Standard are:

- Hazard classification
- Labels
- > Safety Data Sheets (formerly called MSDS)
- Information and Training Requirements
- Employer Responsibilities

To facilitate understanding of the new system, the standard requires that workers be trained by December 1, 2013, on the new label elements and safety data sheet format. Employers must ensure that the SDSs are readily accessible to employees for all hazardous chemicals in their workplace. This may be done in many ways. For example, employers may keep the SDSs in a binder or on computers as long as the employees have immediate access to the information without leaving their work area when needed and a back-up is available for rapid access to the SDS in the case of a power outage or other emergency. Furthermore, employers may want to designate a person(s) responsible for obtaining and maintaining the SDSs.

OSHA—Annul Bloodborne Pathogen Training

OSHA requires that employers ensure that all employees with occupational exposure to bloodborne pathogens participate in a training program which must be provided at no cost to the employee and held during working hours. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. According to OSHA, the bloodborne pathogen training must contain the following elements:

- 1. A written copy and explanation of the Bloodborne Pathogen Standard.
- 2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- 3. An explanation of the modes of transmission of bloodborne pathogens.
- 4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and Other Potentially Infectious Material (OPIM).
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of Personal Protective Equipment (PPE).
- 8. An explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- 10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- 11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log if sharps are involved.
- 12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- 13. An explanation of the signs and labels and/or color coding to communicate hazards to employees.
- 14. An opportunity for interactive questions and answers with the person conducting the training session.

OSHA–Infection control

Dental professionals are responsible preventing infection transmission during dental care. In March of 2013, breaches infection control caused the closure of a Tulsa, Oklahoma, oral surgery practice. An investigation determined that more than 7,000 patients may have been exposed to hepatitis and HIV from contaminated instruments and unsafe injection practices. In September 2013, the dental practice was confirmed as the source of the first patient-to-patient transmission of Hepatitis C in a dental healthcare setting.

Widespread media attention on "breaches in dental infection control" and "deadly disease transmission" require dental professionals to review their infection control protocols and procedures. Training provides the opportunity to enhance understanding of the "how and why" of infection control. Without training, infection prevention missteps can and do occur jeopardizing patient and worker safety.

HIPAA regulations require covered entities to complete required tasks

In January 2013, the new HIPAA Omnibus Final Rules were published implementing changes to HIPAA Privacy, Security, Breach Notification and Enforcement Rules. All covered entities must revise their written policies and procedures to comply with the new rules. Training must be provided to workforce, both clinical and administrative.

Here are some of the tasks you need to complete:

- 1. Conduct and document a "Risk Assessment"
- 2. Re-write and post your HIPAA Notice of Privacy Practices.
- 3. Update your Business Associates Agreements and have each business associate sign the new agreement.
- 4. Create new written plans to demonstrate how the dental practice will adhere to HIPAA regulations.
- 5. Train your workforce on the new regulations.
- 6. Understand how to prevent breaches and know when you must provide breach notification to patients.
- 7. Create various logs:
 - a. Amendment Request Log
 - b. Disclosures of Patient Information Log
 - c. Complaint Log
 - d. Breach Log
 - e. Security Incident Log
 - f. Emergency Access Log
 - g. Maintenance Repair Log
 - h. Electronic Media and Hardware Movement Log

Protect your practice, patients and team by following all state and federal regulations. Conduct team training and education on OSHA, Infection Control, and HIPAA!



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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.

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- Maureen Gierucki DDS, Harrison, MI





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ODA Board of Trustees

Meeting Highlights

Friday, July 24, 2015

- Dr. Vernon Kim Kutsch and Dr. Robert Stephenson were appointed to the Annual Meeting Council.
- Dr. Tom Pollard was appointed to the Dentists of Oregon Political Action Committee.
- Dr. Craig Robbins was appointed to the New Dentist Committee.
- > The 2016 ODA budget was reviewed and approved.
- Aspida email encryption was added to the list of ODA's Endorsed Programs.
- The Board reviewed the resolutions that will be brought to the 2015 House of Delegates in September.



Upcoming ODA Board of Trustee meetings:

DATE	LOCATION
Sept. 25	ODA
Oct. 30	ODA
Jan. 8	ODA

For more information, visit www.oregondental.org, and click 'Calendars' at the top of the homepage.



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DENTAL OPPORTUNITIES

PUBLIC HEALTH

MULTNOMAH COUNTY HEALTH DEPARTMENT HAS A VISION that includes you...Healthy People in Healthy Communities. Join a team that includes Portland's most outstanding healthcare professionals. Multnomah County Health Department is seeking on-call dentists. These positions provides direct dental treatment which includes the provision of care within all fields of dentistry, including urgency care, operative dentistry, endodontics, oral surgery, periodontics, prevention and pediatrics. Examinations, diagnosis and treatment are required. Appropriate review and management of medical histories is necessary. Dentists are also responsible for the maintenance of accurate diagnosis, consent and treatment records. The Health Department values cultural competence; ongoing quality improvement; utilization of best practices; developing and maintaining a highly qualified and competent work force; fiscal responsibility; optimally coordinated services and safely protecting patients and staff. Diversity and Inclusion: At Multnomah County, we don't just accept difference; we value it and support it to create a culture of dignity and respect for our employees. We are proud to be an Equal Opportunity Employer. A typical way to qualify is as follows: • One year of dental clinic or professional work experience. • A Doctor of Dental Medicine degree or a Doctor of Dental Surgery degree from a college or university accredited by the American Dental Association is mandatory. . Possession of a valid license to practice dentistry issued by the State of Oregon. Have or be able to obtain a Controlled Substance Registration Certificate. Apply online at www.multcojobs.org.

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