Membership Matters

A publication of the Oregon Dental Association • April 2017



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Oregon Action for Dental Health New Research, Insights, and Voice on Access to Care



Also Inside Dental Day at the Capitol 2017, page 10 \$10,000 IKEA Makeover, page 26



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Membership Matters

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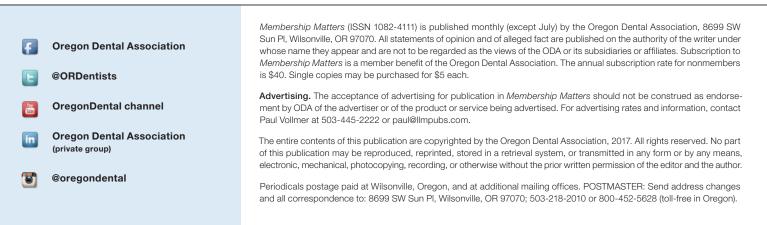
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Membership Matters accepts original submissions for publication from member dentists. For viewpoint articles, please limit to 800 words. For clinical articles, please limit to 1,600 words. *Membership Matters* is not a peer review publication. Publication of any article is at the discretion of the Editor. Please disclose any financial interests you may have in products or services mentioned in your article. Email editor, Barry Taylor at barrytaylor1016@gmail.com with any articles or questions.





By Barry J. Taylor, DMD, FAGD, FACD, CDE

Editor, Membership Matters

barrytaylor1016@ gmail.com

Future Oregon Dentists

ACCORDING TO OHSU SCHOOL OF DENTISTRY ADMISSIONS MARK MITCHELL,

and shown in evidence reported in the Journal of Dental Education (December, 2016), the national pool of applicants to dental school has plateaued over the past few years. Of more concern is that, in Oregon, the pool has decreased to the point that fewer than 10% of our applicants are Oregon residents. In 2016, just 7.34% were Oregon residents. Research from the ADA's Health Policy Institute shows that 50% of graduates from the OHSU School of Dentistry will stay to practice in Oregon. More importantly, the school ranks in the top ten of all dental schools for placing graduates in rural areas, accounting for nearly 15% of graduates. This is important because it is common knowledge that the 'access' problem isn't due to a lack of dentists but is due to the distribution of dentists outside of urban areas. As a 2016 headline read in Eugene's The Register-Guard, "Dental therapists might fill rural gap". How accurate is this? Looking at Minnesota, the one state that has licensed dental therapists statewide, the statistics show that 45 work in a metropolitan area and just 7 work in a rural area.

Fostering Talent

One of my first dental assistants, Mary, set the gold standard which to this day I've held all my dental assistants to. I once accidentally said to an assistant, "you are as good as Mary", to which she replied, "geez, thanks Dr. Taylor. I'm as good as but not better than Mary." I would explain to a patient what irreversible pulpitis was and the next day Mary would be quoting me almost verbatim when a patient was in the chair with lingering cold sensitivity. She was able to smile and explain to patients that her front teeth were natural but that veneers could give the patient a more esthetic smile. For most of the five years we worked together, she was the only assistant in the office. She was competitive and didn't feel any other assistant could live up to her standard. She was right. She was organized and efficient while maintaining a sense of humor. I knew that she had that perfectionist and artistic characteristic that make for being a great dentist.

When I found out that she graduated with a 3.8 GPA from high school, I was curious why she hadn't gone on to college. I'll be honest; I haven't graduated from any school with a 3.8 GPA. I remarked to her that she would have been a great dentist, and I asked her why she chose to be a dental assistant. Her quick, deep, thoughtful answer was "I was watching TV one night and an ad for dental assisting school came on and I signed up the next day." I was fortunate that she was my dental assistant, but I wished I had spoken with her when she was younger about following the path to dental school.

Recruiting Dentists

Dentists can play a key role in recruiting young people to consider a career in dentistry. Every class at the dental school contains former dental assistants and hygienists who were motivated and encouraged by their employing dentist to continue on to dental school. On the School of Dentistry admissions committee almost every personal statement that I read began with an opening paragraph about their first encounter with a dentist. The applicant fell off their bike, they had "crooked teeth" and never wanted to smile until they had orthodontic treatment, or maybe they were just impressed by the personality of their childhood dentist. From the perspective of someone on the admissions committee, the key point is that at some point a dentist encouraged the applicant to pursue a career in dentistry. I recall at an early age being encouraged by great dentists like Drs' Bart Cross, Norm Pope, and Bruce Richardson.

Before the student has started college, a dentist can begin to be a mentor by suggesting that the student start preparing for the academic rigors of college by taking

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. four years of math and science in high school. With 'holistic admissions' it is important for the interested student to engage in extracurricular activities such as "governance/leadership, dental observation, community service, research and work experience, to name a few, while enrolled in University," as Mark Mitchell corresponded with me.

A proper distribution of dentists across Oregon is important so that everyone has access to a high level of care that only a dentist can provide. Oregonian's living in rural area shouldn't receive a lower level of care. In addition to recruiting students from rural areas, we can also help to increase the number of underrepresented minorities in a more diverse world, and encourage the greatest and brightest students to enter the profession.

Mentor Dinner VOLUNTEERS NEEDED

Share your advice and experience with dental students. We invite you to be a mentor at the annual Mentor Dinner, sponsored by the New Dentist Council.

The Mentor Dinner provides dental students a chance to meet with practicing dentists who can answer students' questions about "life after dental school."

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Up Front

APRIL 2017



Provided by Mehdi Salari, DMD

25	Continuing Ed., 1.5 Hours	Ceramics Presented by Derrick Luksch	0	Oregon City (Providence Willamette Fall Comm. Center)	executivedirector@ clackamasdental.com
MAY 20	17				
9	Continuing Ed., 1.5 Hours	Endodontics: A Review on Root Resorption Presented by Tai Truong, DMD, Clayton Stearns, DMD, and William Hu, DMD	0	West Salem (Roth's)	Contact Sabrina H. mpdentalce@qwestoffice.net
24	Continuing Ed., 1 Hour	Table Clinics	0	Portland (Multnomah Athletic Club)	www.multnomahdental.org or lora@multnomahdental.org
DECEM	BER 2017				
11	Continuing Ed., 3 Hours	Risk Management Presented by Chris Verbiest	@	West Salem (Roth's)	Contact Sabrina H. mpdentalce@qwestoffice.net

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.

ODA House of Delegates

The Oregon Dental Association benefits from a robust and dedicated volunteer infrastructure that sustains the activities of the organization. As ambassadors for the Association, our volunteer leaders are essential to our sustainability and growth.



Contact your local component society if you are interested in becoming a delegate!



Welcome New ODA Members!

Travis Agee, DMD, Multnomah Dental Society

Michael Blindheim, DMD, Washington County Dental Society

Alan Chen, DMD, Washington County Dental Society

> Rebecca Guild, DMD, Multnomah Dental Society

Benjamin James, DDS, Marion and Polk Dental Society

> Donald Janoff, DDS, Southwestern Oregon Dental Society

Songhyon Kim, DDS, Lane County Dental Society Chris Lee, DMD, Clackamas County Dental Society

Jeffrey Livingston, DDS, Southern Willamette Dental Society

Bradley McGowan, DMD, Lane County Dental Society

Joshua Prentice, DDS, Central Oregon Dental Society

Lenore Supnet, DMD, Multnomah Dental Society

Matthew Sheppard, DMD, Clackamas County Dental Society

Join the Molar Movement #FightEnamelCruelty

<complex-block>

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



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A Step-by-Step Guide: WEOMEDIA Responding to Negative Reviews for Dentists

By Wendy Hensley, WEO Media

YOU'VE WORKED HARD TO BUILD a successful practice. You pride yourself on great service, excellent care, the best technology, and many satisfied patients. But there's that one patient that wasn't happy and took to social media (Google+, Facebook, Yelp, Healthgrades, etc.) to share with the world how unhappy they've been with their experience.

Does that one review have the power to ruin your practice? Take a deep breath. No, it doesn't. And here's why:

If you have several other recent positive reviews, the one negative review won't carry as much weight and can, in fact, authenticate the other reviews. We know that sounds strange but the truth is that people reading reviews online know that not everyone is going to be happy with your services and if you have too many happy patients with no negative experiences, the reviews might be discounted as fake. So, if the majority of reviewers are happy, that's what matters.

Try to think of the negative review as an opportunity to publicly showcase your conflict resolution skills and customer

service policy. You will likely not change the reviewer's mind or convince them to remove the review, but you can respond back and in that response appeal to a potential patient reading the discourse. Try to speak to them instead of diving into the muck with the reviewer.

Here's a step-by-step guide to responding to those reviews as well as what actions you can take to turn the negative into a positive.

Step 1: Take Time.

Even though it's tempting to fire off a heated response to the review, it's far better to stay calm, give yourself time to formulate a plan, and not respond out of emotion. Emotional responses seem petty and will only encourage and validate the reviewer. After you've read the review for the first time, step away from the computer (or your phone as the case may be) and take a deep breath...or three!

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Step 2: Read. Reread. Then Read Again.

The first time you read the review, your emotions might take over and you might not digest all of the reviewer's comments. This is particularly true if the review is long. So, read it again. Then, when you've read it a second time, read it a third time. Make sure you read each word and try to understand the point the reviewer is trying to make. Even if you don't agree with their opinion, digesting the entire review helps you identify and understand the situation.

Step 3: Research.

While you're taking time, check in with your staff regarding the review. Did they have an interaction with the reviewer? What was their experience? Perhaps there's a tidbit of information they have that would shed some light on what happened. Knowing the background might lessen the emotional blow a review can have. Some people like to leave negative reviews and have a history of doing so. But others have legitimate complaints that can and should be addressed internally. Make sure you read each word and try to understand the point the reviewer is trying to make. Even if you don't agree with their opinion, digesting the entire review helps you identify and understand the situation.

Step 4: Formulate a Response.

It's best to keep it simple. Although it's tempting to point-bypoint address the reviewer's comments, it's far better to be more general and professional. Getting into too much detail can marginalize your response and actually get you into legal trouble. Be mindful of HIPAA. You can't provide any details about the treatment, actual work provided, etc. for that patient.

And finally, offer an apology. Gulp. As hard as that may be to do, saying "I'm sorry" can go a long way in patient relations. Here are a few simple responses you can use:



Dr. Smith

I'm sorry you had a dissatisfactory experience in our office. We pride ourselves on providing excellent patient care and a wonderful experience for everyone. We'd appreciate the opportunity to discuss this with you offline. Please contact our office at your convenience.



Dr. Smith

I'm sorry you feel there was a miscommunication about our cancellation policies. We strive for clear communication with all our patients. Please check our website for our full policies or contact our office for clarification.



Dr. Smith

We are generally punctual with our appointments but there are times when we can get behind schedule due to other patients' unexpected needs. All our patients receive the same quality of care, which on occasion, may require additional time. We're proud to say that we are almost always on schedule though and our patients' time is very important to us. We're sorry that this wasn't your experience while at our office.



Dr. Smith

Because of HIPAA and our adherence to strict patient confidentiality standards, we're unable to comment on the details of the statements made in this review. However, we'd like to discuss this situation with you privately. Please call us at 999-999-9999 or email us at office@youroffice.com at your convenience.

Step 5: Gather More Reviews.

Nothing combats the negative review quite as well as more positive reviews. Ask your patients to leave online feedback and encourage them to leave the feedback on the site where your negative review lives. The more positive reviews you have, the more that negative review will get buried and become irrelevant.

Also, don't forget to respond to positive reviews as well. Show your appreciation for their time in writing that glowing review. Simple responses can go a long way to show you're truly invested in your patients and their feedback.



Dr. Smith

Thank you for your positive feedback. We appreciate the time taken to write this and of course, our goal is for every patient to have an exceptional experience in our practice.

In summary, know that every practice faces this at some point or another. How you deal with the negative review is what will set you apart and draw more patients to your office.

WEO Media offers an Online Review Generation / Reputation Management service that makes gathering online reviews a breeze. With a full analytic dashboard, ability to handle multiple locations, text and email options, and the ability to embed positive reviews into your website, our service can boost your ratings and help grow your practice. Schedule a demo today by calling 1-888-246-6906 or emailing sales@weomedia.com.

Step 6: Examine Your Practices.

If you're getting consistent comments about one aspect of your practice such as confusion on insurance, time delays, or staff interactions, it's time to review your practice and make any necessary changes. If a few people are vocal about the issue, making a change to your communication, policies, or staff can prevent future issues. Although not all feedback you get will be cause for change, consistent feedback on one issue is a good indication you need to do something to cure the problem.

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- Benjamin Whitted DDS, Molalla, OR





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Age of Consent for Dental Care

OR Law 109-640: A minor 15 years of age or older may give consent, without the consent of a parent or guardian of the minor, to: (a) Hospital care, medical or surgical diagnosis or treatment by a physician licensed by the Oregon Medical Board, and dental or surgical diagnosis or treatment by a dentist licensed by the Oregon Board of Dentistry, except as provided by *ORS 109.660*.

I've heard medical providers are requesting 13-year-olds sign a HIPAA release for their parents/guardians to gain access to their health records. I thought the age of consent in Oregon was 18?



Under Oregon law, anyone 18 and younger is considered a minor. The law can be a source of confusion by dentists due to the fact medical providers can dispense birth control to any person without regard to that person's age, and **a minor 15 years of age or older may give consent to have dental services.**

The question is, should a provider allow a 15-year-old to give consent to their own dental treatment? The answer lies in whether you expect to be paid or not. A minor is not old enough to enter a legal contract, and if the parent/ guardian did not request or consent to the treatment they cannot be legally bound to pay either. This would include doing any additional treatment aside from what was originally consented to with PARQ/SOAP.*

*PARQ is the acronym for; Procedure, Alternative treatment, Risks and Questions SOAP is the acronym for; Subjective, Objective, Assessment and Plan



By Lori Lambright

ODA Member Compliance Coordinator

503-218-2010, x104 llambright@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.

Find this information online at: http://www.oregon.gov/dentistry/ docs/DPA_August_2014.pdf

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- Dental Opportunities
- Space Available
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- Equipment for Sale

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Dental Day at the Capitol an Outstanding Success

ON TUESDAY, MARCH 14TH, OVER ONE HUNDRED ODA

dentists and OHSU dental students met with fifty-eight legislators at the State Capitol in Salem regarding a range of critically important issues to the dental profession and dental patients.

Participants discussed with lawmakers ODA's Oregon Action for Dental Health, legislation aimed at improving access to dental health services for underserved populations, including Medicaid patients, children, rural and tribal communities:

- Renewal of the Rural Practitioners Tax Credit (HB 2082)
- Funding for the Oregon Medicaid Primary Care Loan Repayment and Forgiveness programs in the 2017-19 biennial budget
- Establishment of a Native American Health Education Scholarship (SB 911)
- Strengthening the Oral Health Screenings Law (HB 3181)
- Requiring consumer notice of changes to fluoridation of water supplies (SB 878)





Advocacy in Action







Dental Day participants met with fifty-eight out of ninety legislators, including the entire Democratic and Republican leadership of the Senate and House; every member of the budget writing Joint Ways & Mean Humans Services Subcommittee; and almost every member of the Senate and House Health Care Committees. Whenever possible, dentists and students met with their local legislators. By the numbers, participants included:

- **51** OHSU School Of Dentistry Students
- 39 ODA Member Dentists (14 New Participants)
- 12 Dental Professional Guests
- 6 ODA Staff

108 Total

In addition, eleven children from the Salem Boys & Girls Club were treated in the Dental Foundation of Oregon's Tooth Taxi, a dental mobile clinic, which was parked in front of the Capitol building all day.

"Days such as these are the best effort we can give to legislative advocacy for ODA members and dental patients," said ODA President Greggery E. Jones, DMD, MAGD. "I firmly believe each Dental Day will get progressively bigger and better!"

For further information regarding legislative issues and Dental Day, contact Ken Yates, Director of Government Affairs, at 503-218-2010 or at kyates@oregondental.org.







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THROUGH THE



ODA volunteers give countless hours, contributing their expertise to help better the ODA, the community, and the profession of dentistry.

Ryan D. Sparks, DMD



What does ODA Membership mean to you?

Membership in the ODA means that I am helping to do my part to support and represent our great profession. I enjoy being able to have the ODA to connect with others in dentistry throughout our state and have the ODA's resources available to me whenever I need them. The annual ODA conference is something I look forward to every year to spend great bonding time with my office team, learn new information about our profession and connect with friends and colleagues.

How does the ODA Support you, your practice and your patients?

The ODA helps to support me and my practice at the state level by helping to represent me and advocate for me at the state governmental level and keep me informed of potential legislation which may affect my practice and my patients and direct me as to how I can contact government officials and voice my opinion as a dentist in Oregon. I also benefit greatly from the annual ODA conference where I can learn from excellent CE courses, as well as educate my staff on the most up-to-date protocols and techniques we need to be implementing in our office.

What three accomplishments, personal and/or professional are you most proud of?

I am most proud of my amazing family I feel so blessed to have in my life. My wife Jennifer is my biggest support at home and at our office. I could not be more proud of my three amazing



kids, Sam (16), Sophie (14) and Harrison (9). I am very proud of having achieved my AGD Fellowship and am working toward my mastership currently. I am also very proud of my office where I could not have a better team of staff members. I would not make it without them and of course, our awesome patients who I have been honored to oversee the care of their oral health throughout my career and more importantly to get to know them as individuals and families.

Why did you become a dentist?

I decided to become a dentist while I was attending OSU studying chemistry as a major and thinking about applying to medical school. I knew I loved science and healthcare and I wanted to work with people directly and be able to work with my hands. With the encouragement of a good friend at OSU studying pre-dentistry and several conversations with my dentist I grew up with, I realized that dentistry would allow me to do all the things I loved, and also enable me to own my own business which was very appealing to me. I could not be happier about my professional choice and feel so lucky that I am part of dentistry.

What is your favorite dental procedure?

My favorite part of dentistry is oral surgery. I have always enjoyed extractions and implant dentistry. I love the challenge of removing third molars, bone grafting, implant placements and all aspects of surgery.



If you could impart wisdom to new dentists (pre-doctoral students or pre-dental students), what would it be?

I would try to let any new dentist know that they should be very proud to be part of such a great profession that offers them so many opportunities that many others do not. The trust that is placed in us by our patients is a very special honor and the relationships you can develop are amazing and very rewarding. I would encourage any new dentist to take as much CE as they possibly can and always be a lifelong learner. It keeps you energized and up to date with what we do so we can always give the very best care to our patients. Lastly, I would recommend any new dentist to invest in their dental office team and treat them very well, because we cannot deliver the best care to our patients without a happy, well-trained team.

What is the most valuable thing you did to enhance your career?

The most valuable thing I have done to enhance my career would have to be enrolling in the AAID Implant Maxicourse years ago. I completed the one year program and then went on to complete the one year advanced program. My practice was now able to offer many surgical services I had previously had to refer out and not only did these skills help my patients, but this education allowed me to perform many procedures I had always wanted to know how to do. It has made my practice even more fun and challenging every day and I love that!

You are invited to the —— 13th Annual —— Chip! For Teeth GOLF TOURNAMENT



Join Us! The Chip! for Teeth Golf Tournament is an energizing way to raise critical funding to help improve the oral health of Oregon's children. Proceeds go to support the DFO and programs like the Tooth Taxi.

June 16, 2016 Langdon Farms Golf Club



Team: \$1000 Individual: \$250

includes golf cart, breakfast, lunch, beverages and snacks during play The DFO annual golf tournament is a morning scramble, concluding with a luncheon and awards presentation. The tournament averages 32 teams and approximately \$8,000 in cash and prizes are awarded.

Attendees Include: Active and retired dentists, dental students, businesses who support the dental community including influencers in finance, insurance, construction and other industries.

Sponsorship Opportunities: Sponsors are invited to attend the luncheon which takes place immediately after play. Most sponsorship levels include registration for players, so consider joining us. If you're interested in more information, contact the DFO.

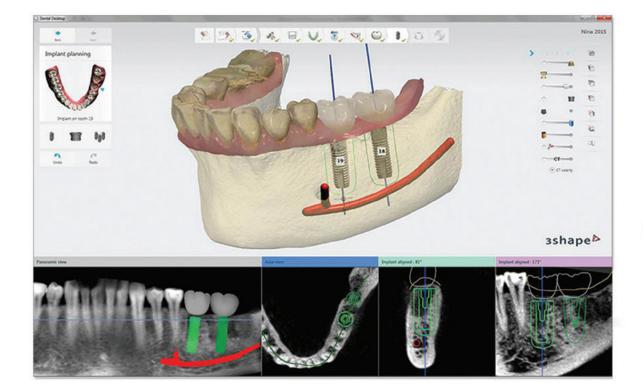
"I can't think of a better way to spend a Friday morning, supporting an amazing organization surrounded by sponsors, players and volunteers who so generously give!"

-Weston Heringer, Retired Pediatric Dentist, DFO Board Member

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OREGON ACTION FOR DENTAL HEALTH

We all agree that every Oregonian deserves access to a high-quality, licensed dental health provider, regardless of their race, income or geographic location.

However, for many Oregonians living in rural, low-income or tribal communities, access to oral health care is not always a given.

RECOGNIZING THE GAPS THAT EXIST FOR ORAL HEALTH

CARE, the Oregon Dental Association recently rolled out Oregon Action for Dental Health, an initiative that aims to provide access to oral health care for every Oregonian, to strengthen the public-private safety net for those who otherwise couldn't afford essential care and to expand access to education and disease prevention in underserved communities.

"Every Oregonian must have access to a qualified, professional dentist, regardless of race, income or geographic location," Oregon Dental Association President Dr. Greggery Jones said. "The Oregon Dental Association is committed to building on recent progress in improving access to oral health care for all Oregonians."

While there are many factors that stand in the way of getting Oregonians to the dentist, including poverty, geography, lack of oral health education, language or cultural barriers, and fear of dental care, ODA remains committed to improving access to oral health care for every Oregonian.

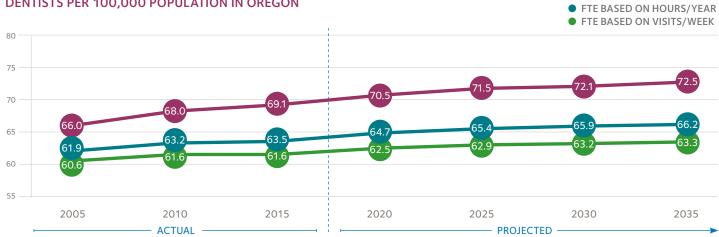
Identifying the Gaps in Underserved Communities

The first step in ODA's new initiative was to commission a study to identify the existing gaps for dental care in underserved communities. Conducted by the Health Policy Institute and peer-reviewed by the local firm ECONorthwest, the study found that Oregon has enough dentists now and projected into the future to address the state's oral health care needs, but ongoing support is needed for programs that ensure dentists are as easy to find in rural communities as they are in more populous areas.

Providing Solutions For Rural Oregon

Oregon Action for Dental Health aims to ensure dentists are accessible to those who need them, specifically patients in rural Oregon. ODA is urging the 2017 Legislature to protect and expand programs that help, including rural practitioner tax credits, loan forgiveness provided through Scholars for a Healthy Oregon, and the Oregon Medicaid Primary Care Loan Repayment and Forgiveness programs.

HEADCOUNT



DENTISTS PER 100,000 POPULATION IN OREGON

91% OF PUBLICLY INSURED CHILDREN LIVE WITHIN 15 MINUTES of a Medicaid dentist.

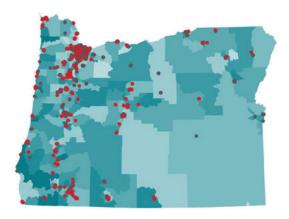


89% of publicly insured children live in areas where there is at least one Medicaid dentist per 2,000 publicly insured children within a 15-minute travel time.



88% of the population live in areas where there is at least one dentist per 5,000 population within a 15-minute travel time.

DENTAL OFFICE LOCATIONS AND PERCENTAGE OF CHILDREN WITH PUBLIC INSURANCE



- OFFICE DOES NOT
- PARTICIPATE IN MEDICAID • OFFICE PARTICIPATES IN MEDICAID

PERCENTAGE OF CHILDREN WITH PUBLIC INSURANCE 0-10%

- 10.1-20%
- 20.1-30%
- 30.1-40%
- 40.1-50%
- **50.1-60**%
- >60%

GEOGRAPHIC COVERAGE OF MEDICAID DENTISTS

DISTRIBUTION OF POPULATION ACCORDING TO POPULATION PER DENTIST WITHIN A **15-MINUTE TRAVEL TIME**

Publicly Insured Children per Medicaid Dentist		Population per Dentist		
<500	74%	<2,500	74%	
500-2,000	15%	2,500-5,000	14%	
>2,000	2%	>5,000	7%	
No Medicaid dentist within 15-minute trave	9% el time	No dentist within 15-minute travel time	6%	

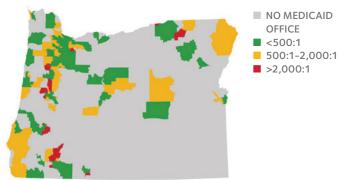
15 MINUTE TRAVEL TIME TO MEDICAID OFFICE

PERCENTAGE OF CHILDREN WITH PUBLIC INSURANCE 0-10% 10.1-20%

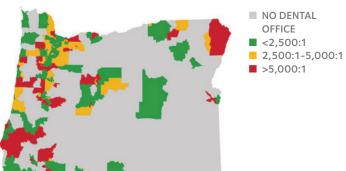
- 20.1-30%
- 30.1-40%
- 40.1-50%
- 50.1-60%

■ >60%

PUBLICLY INSURED CHILDREN PER MEDICAID DENTIST WITHIN A 15-MINUTE TRAVEL TIME



POPULATION PER DENTIST WITHIN A 15-MINUTE TRAVEL TIME



Sources: Based on ADA Health Policy Institute analysis of the 2015 ADA office database and 2011-2015 American Community Survey. For full methodology, see Nasseh K, Eisenberg Y, Vujicic M. Geographic access to dental care varies in Missouri and Wisconsin. J Public Health Dent. 2017 Jan 11. Note: Percentages in table might not add up to 100% due to rounding.

For more information, visit ADA.org/HPI or contact the Health Policy Institute at hpi@ada.org.

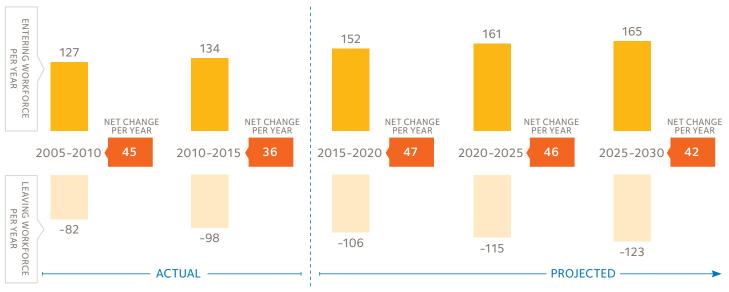
Improving Access to Dental Care For All Oregonians

Oregon Action for Dental Health is working to bring more dental health education and disease prevention to underserved communities through Community Dental Health Coordinators (CDHCs). CDHCs help connect individuals to public health resources and dentists who can provide them with necessary treatment.

Additionally, existing programs such ODA's Mission of Mercy and the Dental Foundation of Oregon's Tooth Taxi help bring dentists and free oral health care to patients in need of dental care in underserved communities, contributing to the mission of Oregon Action for Dental Health.

Focusing on a Long-Term Approach

While there are no quick-fixes when it comes to bridging the gap between those who have equitable access to a licensed dentist and those who do not, Oregon Action for Dental Health is committed to improving access to oral health care for all Oregonians.



AVERAGE ANNUAL INFLOWS TO AND OUTFLOWS FROM DENTIST WORKFORCE IN OREGON

The Health Policy Institute recently issued a study, peer reviewed by Portland-based ECONorthwest, examining the extent to which geography creates gaps in access to dental care for Oregon's rural and tribal communities. The study found that:

- The supply of practicing dentists in Oregon is projected to rise steadily through 2035, with more new dentists entering the workforce by moving to the state or graduating from dental school programs than those leaving due to a move or retirement.
- The net increase in dentists exceeds projected population growth. This is true even when accounting for differences in work levels and hours due to age or other life factors.
- Of children who rely on public insurance to pay for dental care, 91 percent live within 15 minutes of a dental care provider who accepts Medicaid patients, and nearly all, 98 percent, live within 30 minutes of a Medicaid dental care provider.
- When it comes to all Oregonians and access to a qualified provider, 94 percent of Oregon's population lives within a 15-minute trip of a dentist, and 99 percent live within a half hour of a dental care provider.

To learn more, please visit: http://www.oregondental.org/oregonactionfordentalhealth.

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All Oregonians Need Access to Dentists

By Sean Benson, DDS, reprinted from oregonlive.com

OREGON'S LEGISLATORS WILL GRAPPLE WITH MANY IMPORTANT

health and wellness issues in 2017. One of the most important will be ensuring statewide access to dental care.

The delivery of quality dental care is critical for individual wellness and quality of life. The link between oral health and overall health is wellestablished. Yet, despite the importance, access to appropriate care in Oregon remains a challenge. Too many rural, tribal and economically disadvantaged Oregonians lack adequate access to comprehensive dental services.

Over the past 10 years, the Legislature has addressed the dental services gap in rural areas with some success. The state has provided rural practitioner tax credits that have helped expand dental services into historically underserved areas. These incentives have helped families throughout rural Oregon have greater access to professional dental care. State efforts around the concept of "medical dental homes," Coordinated Care Organizations (CCOs) and Dental Care Organizations (DCOs) have also helped.

However, rural access to dental services and holistic care will require significant legislative effort. Older dentists in rural areas must be replaced by newer, younger dentists. But too many dentists carry the burden of dental school debt well into their practice years, making it more difficult to establish practices in rural areas. Another problem is that dental access in rural and economically underserved communities is hampered by belowcost reimbursements for dental services provided under the Oregon Health Plan.

A 2017 legislative mandate to address these issues would go a long way toward expanding access for all Oregonians. First, lawmakers should renew the rural practitioner tax credit for dentists. The Legislature should also raise the credit from its current level to better reflect the reality of rising student debt.

In addition, the Legislature must look at reimbursement rates under Medicaid and the Oregon Health Plan. In many communities, reimbursement rates for dental care cover only 60 percent or less of a practitioner's actual costs. This makes it difficult, if not impossible, to maintain viable dental practices in areas where the Oregon Health Plan is heavily relied upon.

Finally, Oregon must address the issue of dental access for tribal

communities. While some tribes in Oregon are well-covered by dental professionals, others are not. A partnership between the state of Oregon, OHSU's School of Dentistry and the tribes could create an endowment to help qualified students from tribes attend dental school at no cost. In return they could serve tribal communities for a set number of years—a win for both the tribes and the new dentists who would practice unburdened by student debt.

As we consider how to address the very real oral health challenges for these communities, we must recognize that first-rate dental health requires first-rate dental providers. All residents of Oregon—urban, suburban, rural and tribal—deserve access to professional dentists. Access to comprehensive oral health care really is a social justice issue, and Oregon's leaders must make it a priority in the next legislative session.

Sean Benson, DDS, is Associate Dean of Hospital Dental Services at OHSU and the former President of the Oregon Dental Association. He has a practice in Baker City, and currently resides in Portland. Dr. Benson is an employee of OHSU, however this is a personal opinion and does not represent the opinion of OHSU.

Ed. Loan Program Brings Pros To Rural Areas

By Evan D. Campbell, DMD, reprinted from theworldlink.com

STUDENT LOAN INCENTIVES BRING MUCH-NEEDED

DENTISTS to rural Oregon. As an Oregonian and a dental health provider, I would like to voice my concern regarding the 2017 legislative session that began this month.

As a practicing dentist in Coos Bay, I know first-hand the value of high-quality health care professionals serving rural, economically disadvantaged and tribal communities in Oregon. During discussions of health care across Oregon, it's critical that lawmakers remember that dental care is a crucial part of overall health and wellness. Those graduating from dental school face a tough decision when deciding where to begin their careers. Many would like to work in rural communities because we believe in the

We Need To Ensure Dental Care Is Available To All

By Ben Meyer, DDS, reprinted from registerguard.com

THE OREGON LEGISLATURE WILL DEAL WITH MANY IMPORTANT

issues during the 2017 session, one of which is health care—including equitable access to oral health care. As a public health dentist, I hope our legislators make every effort to ensure that all Oregonians have access to care from a licensed dentist, regardless of race, income or geographic location.

Rural, tribal and low-income communities tend to have less access to professional dental care. A recent study conducted by the Health Policy Institute found there are more than enough dentists in Oregon to provide care to the state's population. The question then becomes one of distribution: How do we get more dentists to the patients who need them, and more patients to dentists?

Many of the challenges I face in my practice are similar to those faced by rural dentists. In many of these communities, it is more difficult to promote the value of dental care. Especially at a clinic like White Bird, where patients aren't necessarily paying full price for the services we provide, one challenge is to help people become invested in their dental care. Seemingly simple but overlooked things like regularly brushing your teeth and showing up for your dental appointments go a long way toward benefiting dental health.

Many of our patients are on the Oregon Health Plan, but some do not qualify for coverage because of the gaps in the OHP. Others do not qualify because their incomes are a little too high—but not high enough to afford insurance under the Affordable Care Act. Or they might have Medicare, requiring that dental insurance be purchased separately, which is difficult on Social Security or disability income.

Even patients with private dental insurance but low incomes cannot always afford the co-payment needed to keep their teeth healthy.

When patients don't qualify for insurance through OHP or the Affordable Care Act, they can be deterred from seeking the dental services they need, which makes it more difficult for dental providers to treat patients.

Delaying treatment not only places individuals at higher risk, but can also lead to more complicated treatmentsputting a further drain on the existing support systems.

Overcoming the many barriers that keep patients from going to the dentist is only the first step. We must also continue ensuring more dentists are practicing in these communities.

When I graduated from dental school, I knew I wanted to work in public health, despite the challenges. Luckily, I was able to participate in a loan repayment program for dentists in public health. This allowed me to pursue my passion of working with those who may not have as much access to dental care, while still being able to pay off my student loans.

As our legislators grapple with the many issues surrounding health care, including dental care, I hope that they take into account the many challenges dentists and patients face in rural and low-income communities and do whatever they can to help dentists continue to bridge the gap between those who have access to care from a licensed dentist and those who do not.

Dr. Ben Meyer has practiced dentistry at the White Bird Clinic, a public health clinic, in Eugene for eight years.

importance of ensuring all Oregonians have access to dental care. However, facing the prospect of daunting student loans and an unfamiliar way of life, many instead choose to practice in one of the more populated areas of the state.

I certainly had reservations about practicing in such a small, rural community, but the Oregon Medicaid Primary Care Loan Repayment Program I received helped me to pay off a large portion of my dental school loans and begin my family's next adventure of living in a small community.

Programs like this help attract high-quality, licensed professionals to the areas where we need them. Living in Coos Bay has been an enriching experience for my family. My family and I have been able to learn about a culture and community we may not otherwise have come to know. Every day is a good day here.

It is important that we, as Oregonians, continue to provide incentives for graduating dental students to work in rural parts of our state. Rural health practitioner tax credits help, as do loan repayment and forgiveness programs.

Everyone has a right to see a professional dentist when they need one, regardless of where they live, what they look like or how much money they earn. (Evan Campbell works at Advantage Dental Clinic: Coos Bay. Originally from Coquille, he now lives in Coos Bay with his family.)

Local Dental Societies

Lane County Dental Society Leader, Mark Portman, to Retire This Spring

By Melody Finnemore

AFTER NEARLY A DECADE OF LEADING THE LANE COUNTY DENTAL

SOCIETY (LCDS), Mark Portman will retire as its executive director this spring and plans to spend more time traveling and visiting family across the country with his wife, Jan Simmons.

Portman, a self-proclaimed "technogeek," worked as an attorney and mediator in northern California before moving to Oregon in 2006. While living in California, he and his wife played music in a Grateful Dead cover band, giving him experience with sound equipment, audiovisual presentations and event planning. He also served as president of his neighborhood homeowners association. This mix of talent, coupled with his mediation and technology skills, made him a perfect fit for the dental society.

"My legal background has come into play a little bit in helping guide the meetings, facilitating discussions and using my mediation skills in the board room, so to speak," he said, adding his interest in technology was helpful in revamping the dental society's website before the American Dental Association offered the website template they now use. He also enjoyed traveling to the ADA for training on how to use the new membership database system the ADA launched in 2015.

In fact, Portman said, one of the most significant changes that occurred during his tenure as executive director involved the introduction of new tools the component uses to manage its programs, registrations, communications and membership information.

"All of these improvements were revamped and provided to us through



From Left to Right: Conor McNulty, Mark Portman, and Dr. Gregg Jones.

the ADA's efforts over the past several years. Those tools have made us much more efficient and effective, allowing us to better serve our members in less time," he said.

Portman said the best part of his job has been the friends he has made both through the dental society and the Oregon Dental Association. "We have an ever-changing group of dedicated volunteer leaders who serve on our executive council. Working with them and getting to know many of the dentists in Lane County over the years has been a great experience," he said.

Sonja Sproul, DDS, LCDS president, said she appreciates Portman's attention to detail and organizational skills, which make it possible for members who are running their own practices to participate in the component. "Mark is always very prepared and comes to our executive meetings with new ideas for our group to discuss," she said. "With our busy schedules, we don't have a lot of excess time to communicate with those within the community and Mark does a great job of being our voice."

LANE COUNTY DENTAL SOCIETY

Elizabeth Vivona Dow, DDS, the component's secretary-treasurer, praised his success in booking the CE speakers the officers want to present and managing the CE program, obtaining sponsorships, working with community outreach organizations, and communicating with the membership at large, among other things.

"There is so much more that he does. In a nutshell, LCDS wouldn't be what it is today without Mark. I think we're all a little bit nervous about the next executive director, as he/she has large shoes to fill," she said. Andrew Dow, DMD, MSD, presidentelect of the LCDS, said he appreciates Portman's proactive means of pursuing opportunities that benefit the component. "Mark always came up with creative solutions to help us out. His leadership, professionalism and attention to detail will be missed."

In his retirement, Portman is looking forward to more time working around the house, planning extended camping trips and visiting friends and family around the country, maybe even getting their band back together. He and his wife look forward to spending more time with their daughter Allison, son-in-law TJ, and 4-year-old grandson Peyton, who live in New Orleans.

The family also has a very special reason to celebrate because Portman is in full remission after being diagnosed with hairy cell leukemia in 2015. Last November and December, he traveled to Bethesda, Maryland, to participate in a clinical trial at the National Institutes of Health. He completed a successful eightweek cycle of chemotherapy and was in full remission by the fifth week of the trial.

Portman said his leukemia journey first began with a routine donation at the local blood bank, which he made on a regular basis. During his screening, the blood test found that his iron levels were too low to donate. He went to his doctor for evaluation, which eventually led to a bone marrow biopsy that detected the leukemia. Because this condition is very slow to develop, he may not have detected it early had it not been for his donations at the blood bank.

"I've generally been in good health all my life so this was kind of out of left field, and I'm thanking my lucky stars that things turned out okay," he said. "My decision to retire wasn't completely based around that, but becoming a cancer survivor certainly puts things into focus as far as making the most of the time you have and appreciating the time you have left."

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\$10,000 IKEA Makeover Designed to Add Smiles to The Friends of Creston Children's Dental Clinic!

IKEA IS CELEBRATING 10 YEARS

IN PORTLAND by giving back to our community's kids. The store chose the Friends of Creston Children's Dental Clinic (FCCDC) as the March Designed to Give Back campaign project. The clinic provides high quality, free dental care and educational programming to low income students in the Portland Public School District.

"This makeover has us all grinning from ear to ear because we know it will be helping so many local kids," says Alessandra Zini, IKEA Portland store manager. "Volunteers at the clinic help more than a thousand Portland children every year to receive the care they need so they can concentrate on learning in school."

"As the Board President and Dental Director of our non-profit dental clinic that relies on volunteer dentists and hygienists, we must dedicate our limited resources to delivering critical care and preventative services to our patients," says Kurt Ferré, DDS. "The hand-me-down furnishings in our waiting room and on our walls came from our volunteers and staff. Never in my wildest imagination did I ever think that our new furnishings in our waiting room would rival the waiting room of the most kid-friendly, pediatric dental office in Portland. On behalf of the Creston family, my heartfelt thank you to IKEA, whose generosity made this happen."

The five-chair clinic is in the Creston Elementary School building in Southeast Portland. It's the only school-based clinic in our area. The IKEA design team wanted to give the space a professional look with more function and great organization for staff and volunteers. At the same time, it was important to create a colorful and playful vibe throughout that would be less scary for children going to the dentist, potentially for the first time. "For the kids, I wanted to design a place that is fun to go to," says Charelle Misner, IKEA interior designer. "I wanted them to feel safe and relaxed while giving them something cool to look at as a way to distract from any anxiety that might sneak in. Ultimately, when the kids think of going to the dentist office, we hope they'll be excited and not afraid."

Patients, grades K-12, receive comprehensive dental care including six to nine month exams, sealants,



fluoride varnish applications, x-rays, dental supply kits and more. FCCDC's education program, called Healthy Roots, engages children and parents in classes and dental trivia games while providing them with free dental kits.

"The FCCDC application really jumped out at us," says April Minister, Community Giving Manager at IKEA Portland. "Just about everyone has experienced the pain of a toothache at some point in our lives; eating and sleeping are really difficult and concentrating is next to impossible. It's not hard to imagine children without access to regular care developing behavior problems, missing school, becoming malnourished and suffering from overall declining health. Thanks to the work of the clinic and its volunteers, kids can just be kids. We're proud to be a part of it."

The store is making a \$10,000 donation on the 10th of each month leading up to the 10th anniversary of its grand opening July 25, 2017. It's a total of \$100,000 and it's already \$60,000 in! Charities and schools that can benefit from IKEA furnishings and design expertise are encouraged to apply for the program at IKEA-USA.com/portland.

About IKEA

Since its 1943 founding in Sweden, IKEA has offered home furnishings of good design and function at low prices so the majority of people can afford them. There are currently more than 380 IKEA stores in 48 countries, including 43 in the U.S. IKEA has been included in rankings of "Best Companies to Work For" and, as further investment in its co-workers, has raised its own minimum wage twice in two years. IKEA incorporates sustainability into day-to-day business and supports initiatives that benefit children and the environment. For more information see IKEA-USA.com/portland. @IKEA_Portland, @IKEAUSA,

@IKEAUSANews, or IKEAUSA on Facebook, YouTube, Instagram and Pinterest.

About Friends of Creston Children's Dental Clinic

FCCDC is a dental home for Portland Public Schools' students who are faced with economic disadvantages. Children with oral diseases experience terrible pain, have trouble eating and sleeping, have a higher incidence of absenteeism related to dental issues, and are less successful in school. With the help of volunteer dentists, hygienists, assistants and dedicated supporters we are able to provide quality dental care and education at no cost. Please follow us CrestonDental on Facebook and visit www.crestondental.org for more information about the organization and how you can give back to the Portland community.

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*All active licensed members practicing in the U.S. are eligible to win. Visit ADA.org/fadrules for official rules.

Oregon Dentist Recognized for Dedication to Donated Dental Services

Reprinted from Dental Lifeline Network



DENTAL LIFELINE NETWORK OREGON recognized oral surgeon Dr. Joseph Radakovich for outstanding service to the Donated Dental Services (DDS) program. He was recognized for his commitment and service to providing care for people who lack access to dental treatment.

Dr. Gerald Kennedy, chair of the Dental Lifeline Network Oregon Leadership Council, presented the award to Dr. Radakovich's office last week. The honoree has been a volunteer since 1989 and has helped 66 patients with over \$136,000 in donated dental treatment. In Oregon, 310 volunteer dentists and 93 volunteer dental labs have provided over \$9 million in care to nearly 2,800 vulnerable people in since 1988.

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For more information, visit www.SmileOnOregon.org.



The Tooth Taxi in Rural Oregon

Dr. Amanda Rice, Tooth Taxi Dentist

THE TOOTH TAXI IS SPRINGING FORWARD

having completed several return visits to the rural communities of Douglas, South Umpqua and Tillamook counties. We have launched into 2017, strengthening partnerships with Oregon's rural school districts with a goal to provide services to a larger demographic of undeserved children and exposing at risk families through wide-spread education. By increasing awareness, schools are better informed and equipped to provide greatly needed services for their community's youth.

During our site visits, the Tooth Taxi team focuses on close collaboration with teachers and administration who share personal stories of how the effects of childhood dental disease transforms the classroom environment. One story of a fiveyear-old kindergartner from Sutherlin, touched our hearts. Raised by a single parent unable to transport or seek specialty dental care, the teacher and family liaison came to us in urgency to help the child suffering from constant toothache. Scared and hesitant to accept treatment, both teacher and administrator sat by the child's side to comfort and coach him through successful treatment delivery. Providing a desperately needed service can change not only the life of that child, but also enhance the teacher's ability to educate and improve relations with families. His story and stories like his make our journey that more gratifying.

Through collaborative efforts with the Tooth Taxi program these rural districts are building a trust with at risk families in their community and making a lasting impact through oral health initiatives. The building of trust between patient, family and community has proven monumental to our success. Thank you to all our amazing donors, sponsors and volunteers who have built a trust with the Tooth Taxi so we can continue to share in our program's lasting achievements.



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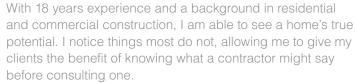
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continues on page 32



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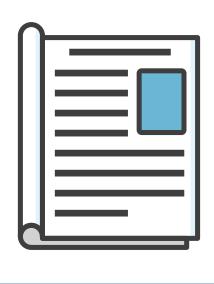
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