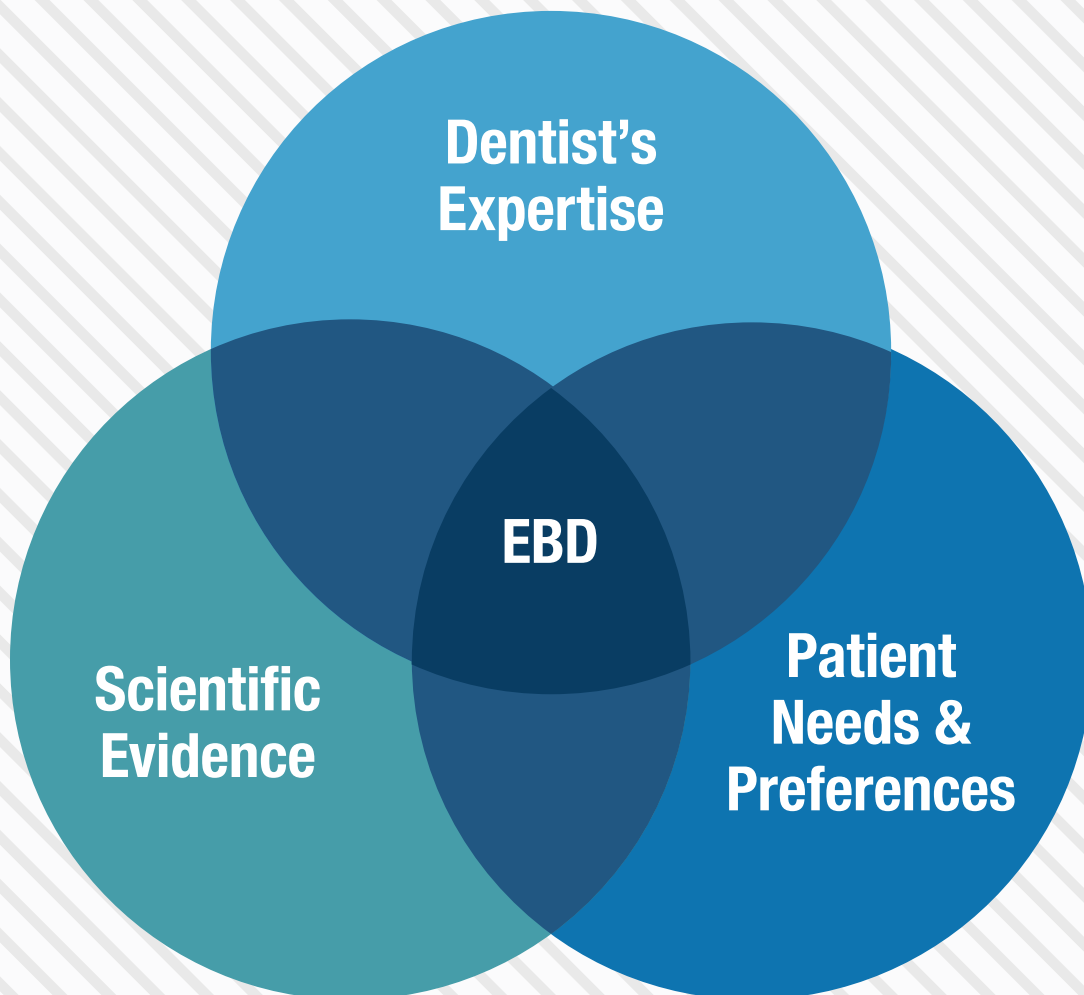


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Editorial — A New Definition of Health



By Alayna Schoblaske

“HEALTH IS A STATE OF COMPLETE PHYSICAL, mental and social well-being and not merely the absence of disease or infirmity.” This is the World Health Organization’s definition of health. I have been thinking a lot recently about what this state of total well-being would feel like for us and for our patients, and what it would mean for the future of dentistry, and more broadly, for the future of health care. Answering these questions will be a years-long process that involves health care providers, researchers, patients, and more. Right now, though, in 2020, three words come to mind: balance, collaboration, and partnership.

First, it is important to find a **balance** between the physical, mental, and social health that the WHO talks about. As health care providers, this process starts with us and how we model our own well-being. Are you tending to your physical health? When was the last time you had a preventive physical exam? Do you incorporate regular movement into your day? Have you been putting off seeing a physical

therapist for that nagging hip pain? (I’m raising my hand for that one!) How about your mental health? Are you able to identify what emotions you are feeling? Would you benefit from the support of a therapist? If you have a prescription for a mental health diagnosis, do you take your medication consistently? And, finally, let’s check in with your social health. Do you have a network of family and friends who bring you joy? Do you make time for connection with these people? How might you improve long-distance relationships that are important to you? By doing the hard work of ensuring that our own health is balanced, we can better explore this balance with our patients.

Once we create our own foundation, we can begin to turn outward to other health care professionals. Through **collaboration** with physicians, nurses, psychologists, nutritionists, and more, we can get creative about care delivery strategies that serve our patients’ whole health in the most efficient and caring way. At La Clinica (the public health clinic where I work in Medford), we are exploring the idea of having dental hygienists work out of our medical clinics. This small step alone requires collaboration from an entire workgroup of dental and medical providers as well as organizational leaders and administrators. Having a full table of diverse and engaged minds will

get us closer to a model where our patients are truly healthy.

Finally, we acknowledge the role that our patients play in their own health. They are the ones who pick up their toothbrush every morning and evening (hopefully), and it is our job to **partner** with them to make sure they have the motivation and resources to make that happen. I recently attended a training with Di Strachan where I had an epiphany about coaching my own patients. She explained that our first job as coaches is to identify the values and needs of our patients. Then, we can use the areas where our values overlap with our patients’ to inspire change. This, in part, is also the foundation of motivational interviewing. We start by asking effective questions that identify our patients’ values. I have personally made a commitment to asking my patients these kinds of questions. What is most important to you about your [oral] health? What is one goal that you have for your [oral] health? In the past, what has kept you from brushing your teeth? By asking effective questions and listening for understanding, we can partner with our patients to improve their health.

We are a small puzzle piece in the quest for physical, mental, and social well-being. Nevertheless, it is important that we own the role we play and consider ways that we can balance our personal health, collaborate with other professionals, and partner with our patients. ●

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.



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 - Timing
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- My qualified **Financial Resources** insures that the buyer can obtain 100% financing.
- My **49 Point Transition Checklist**, reviewed with yourself, your staff, and the buyer details the administrative and clinical tasks necessary for a successful transition.
- Sample **Patient & Referral Source Letters of Introduction** assist you in writing your own letter.
- If you are to be employed by the buyer in the future, my **Employment Agreement Questionnaire** will outline specific details.
- If this is to be a partnership or solo/group practice entity, my **Management Operating Agreement Questionnaire** outlines management roles and how income will be shared.

If a practice transition is in your future, give the expert a call.



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03/10/20	Washington Co.	Practice Management – Finding and Keeping an Outstanding Team	Candice Martin	1.5	Beaverton (Stockpot Restaurant)	www.wacountydental.org or contact@wacountydental.org
03/12/20	Southern Oregon	Conservative Treatment of TMJ	Dr. MaryAnn Geness	1.5	Medford (Patterson Dental)	www.sodsonline.org or sodentalsociety@gmail.com
03/17/20	Clackamas	Dental Team Ergonomics	Sarah Stuhr	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com
03/18/20	Multnomah	Anesthesiology in the Dental Office	Normund Auzins, DDS, MD	2	Portland (OHSU School of Dentistry)	multdental@aol.com or lora@multnomahdental.org
03/31/20	Lane	Green Dentistry (Cannabis)	Dr. Barry Taylor	2	Eugene (LCC Main Campus)	www.lanedentalsociety.org or office@lanedentalsociety.org
04/28/20	Clackamas	Functional Approach to Medicine & Dentistry	Casey Means, MD	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com
05/08/20	Southern Oregon	Functional Aesthetics	Dr. David Hornbrook	8	Medford (Hilton Garden Inn)	www.sodsonline.org or sodentalsociety@gmail.com
05/12/20	Marion & Polk	Oral Cancer/Oral Pathology	Daniel Petrisor, DMD, MD	1.5	West Salem (Roth's)	www.mpdentalce.com or marionpolkdentalsociety@gmail.com
05/12/20	Washington Co.	HIPAA Training – Staff Invited	Terre Harris	1.5	Beaverton (Stockpot Restaurant)	www.wacountydental.org or contact@wacountydental.org
05/21/20	Multnomah	Table Clinics	TBA	2	Portland (MAC Club)	multdental@aol.com or lora@multnomahdental.org
05/26/20	Clackamas	Perio	Drs. Tran/Nguyen	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com
10/27/20	Clackamas	Risk Management	Chris Verbiest	3	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com

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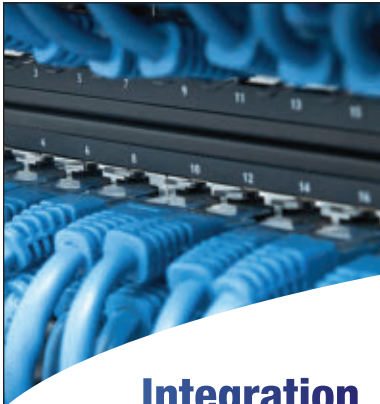
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A Cat in a Case? And Other Evidence-Based Dentistry Terms

By Alayna Schoblaske, Editor

HEARING THE PHRASE CaseCAT may bring to mind an image of a feline creature inside of a plastic container. But as our profession's emphasis on evidence-based dentistry increases, you may also start to think of it as a case-based Critically Appraised Topic.

The format of a Critically Appraised Topic was created by the faculty at McMaster University in Ontario, Canada, and was formally published in 1995. The intent of the format was to create a way for clinicians to efficiently collect peer-reviewed evidence to answer questions that come up during patient care. Technically, the CAT "is a structured one-page summary and critique

of the best available evidence on a focused question."¹ Once a clear, concise, and focused question is developed, the following steps are taken:

- Conduct an efficient and effective search for the highest quality research evidence available.
- Critically appraise the evidence.
- Carefully consider the applicability of the evidence.
- Write the structured one-page summary.

The CAT format has been embraced by multiple dental schools, including the University of Texas Health Science Center at San Antonio, where you can search an online database of hundreds of CATs. More locally,



ANDREY KHUSNUTDINOV/SHUTTERSTOCK.COM

at OHSU, Dr. Tom Hilton started the OHSU CaseCAT program about ten years ago. The CAT format has been used in the Student Research Group as well as in the DS1 curriculum.

While learning about evidence-based dentistry, each first-year student is asked to choose a clinical question and create a CaseCAT to answer the question. (Back in 2013, mine was all about the success of one-step endodontic therapy versus two-step therapy.)

In addition to creating CaseCATs during their first year, dental students can also participate in the annual CaseCAT student competition (check out our highlight of the 2019 winners on page 16). DS1 and DS2 students look into a clinical question that interests them, and DS3 and DS4 students look into a question that relates to a specific patient. Students work with faculty advisors to create their CAT, and then present these

at both OHSU's annual Research Symposium as well as the Oregon Dental Conference. Last year, Dr. Tobie Jones alone mentored nine students who created CATs!

Beyond the CAT format, there are many other resources available to dentists who want to support their clinical decisions with evidence. As members of the American Dental Association, these resources have been conveniently organized on the Evidence-Based Dentistry section of ADA's website (<https://ebd.ada.org>). Here are some of the resources available to you.

- Online access to the entire *Journal of the American Dental Association* as well as digital CE exams that you can take to earn one CE credit hour per article.
- The ADA Science Podcast, which is a short-form (20 minute) podcast hosted by Dr. Robert Weyant that features guests who discuss

evidence-based dentistry, critical thinking, and emerging science.

- Evidence-based clinical practice guidelines for subjects ranging from sealants to infective endocarditis prevention to nonrestorative caries treatment.
- A tutorial for using PubMed.
- A variety of links to other evidence sources (Cochrane reviews, etc.).

In our ever-evolving profession where new evidence is introduced on a yearly — if not monthly or daily — basis, it is important to know how to access high-quality and clinically relevant information. CATs and the ADA's Evidence-Based Dentistry portal can serve as two more items in your toolkit of resources to serve you in your journey of learning. 🎧

Resource

- UT San Antonio Case CAT: <https://cats.uthscsa.edu/>

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Engaging vs. Non-Engaging Abutments



Alex Rugh, CDT
Implant Specialist, O'Brien Dental Lab

There are a lot of restorative components available for implants, and one crucial distinction when looking at parts is whether the interface is “engaging” or “non-engaging.” In this article, we explain the difference between the two styles and why it’s essential to use the correct one.

What’s the Difference?

Engaging abutments have an anti-rotational shape that locks into an identically contoured socket at the implant interface. The purpose of this is to prevent the abutment from rotating on the implant once it has been placed. Non-engaging abutments do not have this anti-rotational configuration.

When an Engaging Abutment is Required

Engaging abutments are used when we need to ensure that the rotation of the abutment is locked into place. **For cement retained restorations**, engaging abutments are always used because we want that rotation set before the crown or bridge is placed. **For screw retained restorations**, engaging abutments are only used for single, non-splinted units. If a non-engaging abutment were to be used on a single unit screw retained restoration, the crown would rotate.



When a non-engaging abutment is used on a single unit, the crown can freely rotate.



When a Non-Engaging Abutment is Required

When two or more screw retained restorations are splinted, they’re able to work together to prevent any individual abutment from rotating on the implant. Consequently, anti-rotational features are not only unnecessary, but may also cause problems in some instances. For example, it can be nearly impossible to get a passive fit with them. Also, in the situation when implants aren’t completely parallel to one another, it may not even be possible to seat a bridge due to interference.

A Note About Materials

Non-engaging interfaces have traditionally only been available on UCLA castable gold abutments, which can only be used to make PFM and full-cast gold restorations. Restorations such as e.max® and full zirconia require titanium bases to make them screw retained. That’s great for single units, but the titanium bases aren’t widely available in the non-engaging style. What this means is that we aren’t able to make screw-retained e.max® or zirconia bridges for some implant systems.

For more information on implant components or restorations, reach out to us any time at implants@obrientalab.com.



A Highlight of CaseCAT Competition Winners

The top three student winners in the OHSU 2019 CaseCAT presentation and competition were Myriam Hamieh '21, Elisa Herrman '21, and Christina Pearson '20. They have each taken time to share more about their experiences and their projects. I hope that you learn something by reading about their research and continue to be inspired about the future of our profession by reading about their passion for dentistry.

— Alayna Schoblaske, Editor



The winners of the 2019 CaseCAT student competition with representatives from the ODA and OHSU, from left to right: Kristen Paul, Myriam Hamieh, Christina Pearson, Elisa Herrman, Dr. Fay Gyapong Porter, and Dr. Phil Marucha.



Myriam Hamieh

Project: Interproximal Contact Loss Between Single-Implant Restorations and Adjacent Teeth

Mentors: Dr. Despoina Bompolaki and Dr. Tobie Jones

Summarize the findings of your CaseCAT project.

Dental implants have recently become more popular and are often the treatment of choice to replace missing dentition. A complication of dental implants is interproximal contact loss between the implant-supported prosthesis and the adjacent teeth. This issue seems to be multifactorial in nature, but a persistent theory is the mesial migration of natural teeth versus the implant, which acts as an ankylosed tooth, leading to the loss of interproximal contact over time.

What made you look into this topic for your project?

While attending a lecture about complications following placement of single-unit implant-supported restorations, I was surprised by the fact that there is a high percentage

of patients that presented with open interproximal contacts during their follow-up appointments. I had never heard of such a complication for implants, and I became intrigued in finding out more, especially given the fact that dental implants are becoming increasingly more popular.

What did you learn about clinical research through your project?

Developing this project allowed me to experience a different aspect of clinical research, which enhanced my understanding and appreciation of evidence-based dentistry as well as its importance in the dental field. I gained a new perspective and gratitude for the researchers, dental professionals, and patients who have contributed to current dental practices. At the School of Dentistry, we are regularly taught about the importance of evidence-based

dentistry and how to incorporate it in every decision we make throughout our dental career. All the research that has been completed in previous years is invaluable since it is evidence supporting the current clinical methods; however, dentistry is constantly evolving. It is important to be diligent in continuously assessing our daily clinical practices as dental professionals. Clinical research provides the tools to deliver personalized, patient-centered approaches to health care in general, and dental care in particular.

What did you most appreciate about the collaboration with your faculty mentor?

My collaboration with my faculty mentors was one of the highlights of developing this project. Besides the valuable time that my mentor devoted to guide me through this

endeavor, the years of experience and firsthand knowledge she possesses inspired my desire to further my understanding of different aspects of dentistry, through research. Although her support was instrumental, what I appreciated most was the fact that I felt challenged to reach my potential, and in turn, found myself even more enthusiastic about my career goals. Interactions like those I have had with my mentor will have a lifelong impact on my future as a dentist, caretaker, future mentor, and person.

What are some of your career goals, and how do you see clinical research and evidence-based practice playing into those goals?

Regardless of any specific career goals I might have for myself, a priority will always be to practice the most current evidence-based dentistry. It is aligned with my personal philosophy to always keep learning, adapting, trusting science, and growing in all facets of my life. I will always be a proponent of continuous clinical research, which

will allow me to provide and justify all the treatment options I present to my patients with confidence. A definite goal of mine, and a baseline for any other career goals onward, is to deliver the best care for my patients I possibly can. Therefore, staying current with the available research will aid in the accomplishment of those aspirations. Ultimately, I approach my dental career how I approach other parts of my life: with humility in regard to how little I know relative to how much there is left to learn.



Elisa Herrman

Project: Establishing Canine Guidance in Patients with Parafunctional Habits

Mentor: Dr. Tobie Jones

My CaseCAT project explores the topic of establishing canine guidance in patients with parafunctional habits. When establishing mutually protected occlusion, there are several restorative options, including full coverage crowns and porcelain veneers. Porcelain veneers are a popular and viable option due to their long-term success rates and minimal loss of tooth structure. However, in patients with diagnosed parafunctional habits, the large amounts of stress and wear that are placed on canines must be considered. This CaseCAT analyzes the viability of full coverage crowns versus veneers when restoring canine guidance in patients diagnosed with parafunctional habits. Previous

clinical studies indicate that restoring canines with porcelain veneers and crowns are both viable long-term treatment options when establishing canine guidance. However, in patients diagnosed with mitigating factors such as parafunction habits, the long-term survival and durability of each restorative option must be analyzed. Several clinical studies focusing on survival rates of restorations and their failure causes and rates were used as reference. Specific findings of clinical studies include the following: bruxism should be considered a risk factor when planning porcelain veneers; porcelain veneer failures are associated with fracture and chipping, which are often caused by wear and hyperfunction; and lithium disilicate

crowns have a favorable prognosis in patients with parafunctional habits. Based on these findings, I came to the conclusion that full coverage crowns are a better treatment option for restoring canine guidance in patients with parafunctional habits.

At the time that I worked on this project, I was in my pre-clinical studies and not yet seeing patients. Working on this clinical research project was an excellent augmentation to my pre-clinical studies and an opportunity to gain more experience in clinical practices and treatment planning. My mentor, Dr. Tobie Jones, is the head of the CaseCAT program and instrumental in promoting student engagement in clinical research. Her mentorship



COURTESY OF ELISA HERRMAN

emphasized the significance of ongoing clinical research and the role of practicing dentists in this field. I was specifically interested in gaining more exposure to clinical prosthodontic cases and the factors/options that come into play. This project was very educational for me in learning appropriate applications of veneers vs. porcelain crowns and

potential complications of each. The knowledge and background research I gained proved useful as I've transitioned into my clinical studies. This research project was also essential for my education in interpreting and analyzing clinical research studies, which I will implement throughout my career. OHSU School of Dentistry

emphasizes the importance of practicing evidence-based dentistry and the use of techniques and materials that are scientifically proven to be effective. My experiences with research at the school have inspired me to continue my involvement in clinical and basic science research throughout my dental career and provided me with the skillset to do so.



Christina Pearson

Project: Use of PENTOCLO in the Treatment of Osteoradionecrosis

Mentors: Dr. Tobie Jones and Dr. Brian Tervo

Summarize the findings of your CaseCAT project.

Traditional treatment of osteoradionecrosis (ORN) has typically consisted of antibiotics, surgery, and hyperbaric oxygen treatment. Advances in research and better understanding of the pathogenesis in ORN has shown PENTOCLO to be a promising new therapy in the prevention and treatment of ORN. PENTOCLO is a combination of pentoxifylline, tocopherol and clodronate that has generally been well tolerated by patients with minimal side effects. Clinical studies have demonstrated prophylactic use of PENTOCLO prior to dental extractions and utilized until socket healing can significantly reduce and even prevent the development of ORN in high-risk patients requiring dental extractions.

What made you look into this topic for your project?

Shadowing in the GPR clinic, I observed a patient who was diagnosed with symptomatic apical periodontitis associated with pulpal necrosis of tooth #25. The tooth would traditionally be considered non-restorable and extracted since there was no clinical

crown remaining. However, the patient had previously been diagnosed with nasopharyngeal cancer and was treated with radiation therapy, so RCT for stabilization and retention of the root was recommended to avoid potential development of ORN. I wanted to know if there was an effective way to prevent and treat ORN if the endo treatment was unsuccessful and extraction became a necessity in this patient.

What did you learn about clinical research through your project?

Clinical research can feel arduous and time-consuming. It takes practice to efficiently search for and locate the information you need in various research databases like PubMed. However, when evaluating possible treatments to recommend for a patient's care, good quality data is paramount to reduce risk and improve overall treatment outcomes. It gives insight to novel treatment protocols and helps you critically evaluate the safety and efficacy of accepted therapies. I also learned critical analysis of study design is necessary because the results of different studies on a similar topic can seem incongruent.

What did you most appreciate about the collaboration with your faculty mentor?

I really enjoyed forming a new professional relationship with someone who had a great deal more clinical and practical experience in dentistry than I do. I not only gained a mentor, but also a friend that I could reach out to with any number of questions relating to clinical judgement or future professional decisions as well.

What are some of your career goals, and how do you see clinical research and evidence-based practice playing into those goals?

First, I would like to work as an associate for another practitioner who can mentor me in aspects of owning a practice that are not necessarily taught in school. My long-term career goal is to purchase my own dental practice. I think being aware of what current research indicates as best practice for treatment or use of certain dental materials is important for ensuring I am providing the best level of care possible. I believe this fosters loyalty and trust from your patients, which is paramount for establishing a thriving and successful dental practice. ●

From Policy to Practice: Get Trained on Immunizations at the 2020 Oregon Dental Conference

IN THE 2019 LEGISLATIVE SESSION, THE ODA passed House Bill 2220, which allows dentists to administer vaccines, with no limit on age of the patient or type of vaccine. Providers are required to take a Board of Dentistry approved course prior to administering vaccines, which you can take at this year's Oregon Dental Conference!

The 2020 Oregon Dental Conference is offering two courses that will feature this new scope of practice for dentists. "Immunizations 101: Give it a Shot!" will be presented on Thursday April 2 and Friday April 3 by Amanda Timmons, immunization policy analyst from the Oregon Health Authority. Learn about the different types of vaccines, storage, and equipment guidelines, and Oregon's statewide immunization registry. Register for the Oregon Dental Conference now at oregondentalconference.org!

You're Invited to the 2020 ODA House of Delegates

The 2020 ODA House of Delegates will take place September 26, 2020, at the Riverhouse in Bend. A social event will be held the evening of Friday, September 25th, with the formal business of the House scheduled on Saturday, September 26th. All ODA members are welcomed and encouraged to attend—contact your local component society with your interest, and look for registration information soon. We look forward to seeing you there!



Pediatric Dentistry — The Hidden Jewel of Our Profession



By Gregory Psaltis,
DDS

WHEN MY FELLOW DENTISTS DISCOVER that I am a pediatric specialist, it is not unusual for them to express either amazement, pity, or at times, incredible gratitude that I “do what I do.” I always marvel at the misconceptions about my specialty and find amusement in the usual image that it evokes for other dentists — a day full of out-of-control screaming monsters, vomiting and struggling from 8 a.m. until 5 p.m. According to the feedback I hear from my peers, it’s as if they view pediatric dentistry as a never-ending wrestling match with alligators in piranha-infested waters! This couldn’t possibly be further from the reality of working with children. In fact, most visitors who come to observe my practice invariably comment on the calmness of the office in spite of 60 or so patients being seen in a normal, non-hectic way. Of course, it helps to have a team

of talented professionals — both assistants and a restorative hygienist. My team consists of 15 women who make my job remarkably easy. However, the cornerstone of the practice still evolved from one simple tenet: We believe each child will have an ideal visit each time he or she comes to see us. When the mindset is positive and the operators’ belief system is based on the conviction that the outcome for the patient will be both successful and safe, treatment of the young patient becomes not only simple, but also gratifying far beyond the remarkable fiscal rewards that accompany the care.

To be certain, there are “tricks” of the trade, but if that first essential piece is not firmly entrenched in the mindset of the providers, there is no way for “cute” terminology, reasonable treatment planning, judicious sedation or distraction techniques to overcome the negative assumption that



“children are a problem.” In my experience, I have found that children, who usually don’t have any expectations, are far easier to treat than adults, who have often made up their minds about dentistry, how they relate to it, whether or not it will be “painful,” and a myriad of other attitudes. By capturing a child in an unbiased state, we can create a positive first experience and thereby set the tone for all future dental visits. This is a function of the doctor’s attitude, plus appropriate use of skills that will enable all parties to have a mutually fulfilling and successful visit.

It is beyond the scope of this article to enumerate all the facets of behavior management of a child patient, but the elements that I feel are critical to the successful presentation of dental care to a young child are as follows:

1. Use terminology that is age appropriate and positive.
2. Explain everything.
3. Focus on what is going well.
4. Keep appointments short.
5. Avoid pain.
6. Use rubber dams.

It goes without saying that one of the more controversial aspects of pediatric dentistry has to do with the parents. There is an enormous range of thought on this topic, but it is my opinion that the “misbehaving” parent (that is, the one who causes more problems than solutions) is behaviorally similar to the child — they simply don’t know what is expected of

them unless told. With the legal atmosphere being as it is these days and parenting philosophies spanning such a broad range of possibilities, it is my belief that having *informed* parents present is safer for the practitioner.

Here are some critical elements for having parents be an asset and not a liability in your practice:

1. Explain your philosophy in specific terms.
2. When the parents accompany the child into the operator, tell them you expect the child to listen to you and not to the parents. In support of this, the parents must be informed that they are not to speak to the child.
3. Ask the parents for their support of the practice’s terminology.
4. Advise the parents to NOT prepare the child for the restorative visit.
5. Be realistic about your expectations about the child’s next visit.

Obviously, there are many tools that facilitate a successful pediatric dental appointment. I have found that placing my focus on the behavioral side of dentistry has provided as much satisfaction for me as the purely technical part. It must be a “given” that excellent technical dentistry must accompany the management. My experience has taught me, though, that if a child is misbehaving, it becomes an extreme challenge to provide the high quality of care to which dentists strive. In this way, I view management as a critical aspect of proper dental care for young patients. ●

“In my experience, I have found that children, who usually don’t have any expectations, are far easier to treat than adults, who have often made up their minds about dentistry, how they relate to it, whether or not it will be ‘painful,’ and a myriad of other attitudes.”



Want to Learn More?

Dr. Psaltis is presenting on
Friday, April 3 and Saturday, April 4
at the 2020 Oregon Dental Conference!

Mark your calendar
and plan to attend!

CONNECT
Learn
GROW

An event for the
entire dental team

Three Big Questions to Build a Magnetic Marketing Plan for Your Practice



By Carrie Webber,
Chief Communications
Officer & Owner,
Jameson

TIME AFTER TIME, WE AT JAMESON

HAVE conversations with dentists who are looking for ways to increase new patient flow and their practice's overall online presence. When it comes to your searchability online and your ability to attract the ideal patients for your practice, your authenticity in your message and your consistency in supporting that message are the key. We want you to be the right answer to the right need for the right patient when the time is right for them. There are three big questions I want you to ask yourself to ensure that you are getting the right message out to the right people in the right way.

1. Am I sharing a pure and authentic message?

When you search dentists in your area, more than likely you will find yourself seeing the same messages and information over and over again. This is because the majority of dental practices don't take the time to home in on what makes them unique to the marketplace. That "Unique Selling Proposition" or USP is your differentiator. And what is the answer to identifying this for yourself? It is your practice's purpose. If you haven't clarified for yourself and your team what your WHY is for your practice, you will be regurgitating copycat content over and over again that sounds like everyone else in your community.

Ask yourself and your team these questions: What are the driving values of our practice? If we were to ask our most loyal patients what brings them to us and makes them stay, what would they say? How can we incorporate these meaningful characteristics about our practice into the messages we put out to potential patients? It is through clear answers to these questions that you can begin creating

content and messages that reflect the heart of your business and attract more of your ideal patients to you. The consideration of potential patients leads us to the next big question:

2. Am I reaching the right people?

You are not the right dentist for everyone, but you are the right dentist for the patients who are seeking the values, the service, and the care that you provide. By getting clear on your message, you can now work to get clear on who SPECIFICALLY that message is for in your area. This is the "persona" of your patient family. Consider your ideal patients. What are the demographics and psychographics that seem to be a common thread among them? What are their goals? What are their concerns? What are their interests? What's their story?

The best marketing message for a dental practice makes the patient the star of the story. Build your messaging around your patients — what's in it for THEM, what goals you help THEM to meet, how you help THEM have the best possible experience, etc. By tapping into their emotional hot buttons, your message becomes more magnetic, more authentic, more inviting and less interruptive. This is what will ultimately lead the people looking for your type of care to your specific platform to learn more. This leads us to the next big question:

3. Am I maximizing the right platforms?

Platforms are the avenues and pipelines in which your patients find you through external marketing efforts. The majority of which are now online. When you think about your ideal patients, ask yourself, where will they find me, and what do they see when they get there? Are you maximizing social media to gain a larger level of awareness

in your community? When people search the terms you wish to be found for, do you show up at the top of the list, and is your information accurate? When people find themselves on your website, are their concerns answered, and can they find what they are looking for with ease?

Your website is your primary platform for potential patients to find you and to ultimately make the key decision of whether they are going to call you and schedule an appointment. Make sure you are putting the time and effort into create an authentically clear representation of you and your practice on that page. This is your opportunity to connect with those seeking your type of care and converting them into loyal, happy patients. Don't waste this invaluable real estate on template, cookie-cutter content when it could be the most valuable step to building a relationship with your next new patient.

Assess your marketing efforts as they are today and ask yourself these three big questions: Am I sharing a pure and authentic message, am I reaching the right people, and am I maximizing the right platforms? Once you get a clear, consistent, and unique message out about your practice, you will begin connecting with the right type of patients for you, and that will make all the difference in your practice's growth. ●



RAWPIXEL.COM/SHUTTERSTOCK.COM



Want to Learn More?

Ms. Webber is presenting on **Saturday, April 4** at the 2020 Oregon Dental Conference!

Mark your calendar and plan to attend!



2019 oda Annual Report



Conor McNulty, CAE

A Message from the Executive Director

AS 2019 ENDS, WE ARE GRATEFUL FOR a year of continued progress and significant achievements at the Oregon Dental Association (ODA). Members drive all that we do, and your volunteer leaders continue to advocate for you, the profession, and the patients you serve each day throughout Oregon.

2019 was a great year for membership net growth, key performance indicators, research findings, and volunteer engagement. This special report highlights positive trends that benefit all dentists of Oregon. Please read and share with your colleagues as these are our collective successes.

We appreciate your continued support and wish you a great start to 2020!

Membership

This past year, recruitment and retention efforts focused on engaging member dentists and welcoming new members, as well as creating meaningful programs to help dentists succeed in their practice while guiding the next generation. Through an American Dental Association (ADA) Engagement Grant, the ODA offered a competitive incentive to all sixteen local dental societies to encourage active recruitment and retention of a segment of new dentist members (classes 2015-2018), with the winners receiving funding to support programs and offerings at the local level. Mid-Columbia Dental Society and Umpqua Dental Society split the retention award, both achieving 100% retention of their recent graduates. The recruitment award was split between Klamath County Dental Society, Mid-Columbia Dental Society, Rogue Valley Dental Society, and Southwestern Oregon Dental Society, who all reached 100% recruitment of their recent graduates. We thank all local dental society leaders and staff for the success of not only this campaign, but all efforts

to foster participation and engagement at the local level, as we know this is critical to member satisfaction.

After our 2018 record-shattering year of new member growth, 2019 was focused on retention. We are pleased to share that, with the support and hard work of our volunteer leaders and staff across the state, we exceeded our strategic plan retention goal: retaining 94% of membership. In addition, we saw an average growth of 4% in the target markets of new dentists and female dentists. Welcoming 204 new members into ODA membership in 2019, we ended the year with net member growth and an increase in active member market share, with membership totaling 2,614 dentists and dental students throughout the state. Our strength comes in numbers, and we thank you for your support of organized dentistry!

In June, ODA partnered with the ADA to develop and deploy a member value survey. Response rates far exceeded the previous year's efforts and allowed ODA to determine and benchmark new membership satisfaction and loyalty measures. Member responses to the research surpassed the

average loyalty score across associations. The survey findings reconfirmed previous member value assessments, ranking state advocacy and the Oregon Dental Conference as the most important and highly valued benefits at the state level. In addition, ODA publications joined this short list, with high marks of importance and value. It was determined that awareness of current endorsed products/services and additional member “perks” is an area of focus for the future and will be addressed with plans already underway for a board subcommittee to convene in the coming year. At the local level, benefits that were viewed as most important and high quality were CE programs, networking opportunities, and general membership/business meetings. An area of focus for the future at the local level is offering and promoting additional awareness of career line opportunities. A big thank you to those who participated in this survey, and all other calls for feedback, as we are always looking for ways to refine and enhance membership offerings to best support our growing and diverse membership!

Oregon Dental Conference®

The Oregon Dental Conference (ODC) continues to be a highly valued member benefit and well-respected meeting in the dental community, offering high-quality, evidence-based education for the entire dental team. The 2019 conference was held April 4-6, at the Oregon Convention Center and brought 5,727 dental professionals together to Connect, Learn, and Grow! With the Oregon Convention Center under renovation, the conference

embraced an “under-construction” theme, taking the opportunity to recreate the attendee experience, retaining old favorites, while offering new enhancements.

Staggered CE schedules were implemented, and the Solutions Marketplace hours were expanded to allow attendees the flexibility to learn and connect when worked best. The ODA member lounge was created as a special thank you and onsite perk for ODA member dentists, offering a quiet space to relax and recharge between commitments. The cadaver lab workshops were expanded from one to two full days, increasing hands-on, cutting edge learning opportunities.

The 2019 Solutions Marketplace retained the new look launched in 2018, continuing to foster connections with dental-specific partners. With 176 booths, representing 147 companies, the Solutions Marketplace guaranteed the best opportunity in the state for one-stop shopping and networking.

Attendee loyalty and experience remains a top focus and key measurement in determining the success of the event. The industry benchmark for a healthy conference is 50% attendee loyalty, which reflects individuals who attend at least two out of three consecutive years. The ODC far exceeds this benchmark, enjoying 66% overall attendee loyalty, exceeding 72% among dentist and hygienist attendees. With over 217 dental offices sending five or more attendees to the conference in 2019, the ODC is definitely a team sport with the goal of educating and energizing dental professionals!



2,614
Total Members



204
New Members

ODC By the Numbers

72%

Loyalty among dentist and hygienist attendees.

176

Booths in the Solutions Marketplace, representing 147 companies.

217

Dental offices that sent five or more staff to the ODC.

5,727

Total Attendees



225

individuals wrote

307

letters to their legislators
encouraging passage
of SB 824.

Legislative Agenda

For ODA members, 2019 was a legislative success. While tracking more than 129 applicable bills this legislative session, member-led advocacy efforts were successful in passing:

- Increasing scope of practice for dentists: HB 2220
- Strengthening liability protection for dentists: SB 834
- Paving the way for licensure reform and modernization in Oregon: SB 824

ODA employed a new member engagement system in 2019 to alert individuals when their action was needed to express opinions to legislators or regulators. The system facilitated 225 individuals writing 307 letters to their legislators encouraging passage of SB 824. ODA also utilized the engagement system to facilitate ODA member comment on important OHA proposed rules related to pilot projects. Fifty-six members sent letters of concern to OHA through our alert.

In February 2019, ODA hosted a successful dental day at the capitol where students and members gathered, learned and advocated for ODA’s legislative agenda. Participants met with their legislators and added compelling personal stories to advance legislative efforts.

Regulatory Monitoring

ODA continues to be an active participant in all relevant regulatory actions affecting dentistry and oral health. In 2019, ODA participated in numerous rulemaking and policy advisory committees, ensuring ODA member interests are well represented. Highlights include successful inclusion of dental plans in DCBS rulemaking on prior authorization, vaccine administration rules both at the Board of Dentistry and OHA, and continued advocacy for safe and quality care provided through dental pilot demonstration projects.

Due to continued membership outreach and communication, 97% of ODA members are in compliance with statutory requirements to be registered in the state’s Prescription Drug Monitoring Program (PDMP). ODA members also continue to actively participate in ongoing policy discussions focused on how dentists can help stem the state’s opioid epidemic.

Leadership and Governance

We continue to engage and encourage members from throughout the state to become involved in leadership roles. In 2019, we’ve continued to see record member engagement and participation

Additional Bill Information

HB 2220 allows dentists to administer vaccines, with no limit on age of the patient or type of vaccine. The law requires providers to take a Board of Dentistry approved course prior to administering vaccines and follow all storage and reporting requirements as defined by the Oregon Health Authority. Oregon becomes the first state in the country to pass legislation as expansive as HB 2220, and ODA received numerous inquiries from local and national media and other state dental associations on the issue.

SB 824 clarifies that the Oregon Board of Dentistry may accept alternative examinations (such as the OSCE: objective structured clinic examination) as minimum requirements for licensure for dentists and hygienists. The language will allow the OBD to consider new tests, like the OSCE, as they are developed, with the goal to move away from live patient exams that present ethical issues and are not necessarily the best test of competency.

SB 834 allows an Oregon Board of Dentistry licensee to explain an error to a patient without the threat of that conversation being used against them in court. Apology laws do not limit the patient’s rights to pursue legal action against the provider. However, data from other states suggest that similar legislation has prevented many civil cases from being filed by allowing a dentist and a patient to find an acceptable solution outside the courthouse.

across ODA Council, Committee, Board and ad-hoc leadership roles. Your voice and input are critical; together we can accomplish more.

The Leadership Development Committee oversaw the second class of the ODA Leadership Academy, guiding a group of nine emerging leaders in exploring the many aspects of the ODA, while developing and enhancing their leadership and interpersonal skills. The curriculum in 2019 was enhanced based on the feedback of the inaugural 2018 class, with overwhelming positive feedback and reviews.

“The ODA leadership academy was a really good experience. The opportunities were abundant, but the obligation was entirely doable. It was a non-threatening introduction to the various roles within the ODA that allowed for some meaningful participation. I would highly recommend it to any member who wants to learn more about the organization, leadership in general and to make a difference in your own life as well as in your profession.”

The Academy has proven to be an extremely valuable program not only to participants, but also the Association, providing a natural leadership pipeline and supporting the Leadership Development Committee’s charge to identify and develop leaders. It will be continued and further enhanced for 2020.

The 2019 ODA House of Delegates continued with a single-day format at the DoubleTree by Hilton Hotel in Portland

on September 28th, where delegates discussed and voted on important issues that will shape the Association’s work moving forward. A highlight from the meeting was the ODA House of Delegates Task Force, reporting their efforts to date and requesting feedback from delegates on preliminary recommendations. The Task Force will utilize this important feedback to shape, refine, and finalize their suggestions on the future of the House of Delegates submitting formal recommendations and resolutions to the 2020 ODA House of Delegates for consideration. The 2020 House of Delegates will be held on September 26th, at Riverhouse on the Deschutes in Bend.

The end of 2019 marked the closure of the ODA’s 2016-2019 Strategic Plan. ODA staff, leadership, and members can be proud of the progress made by the Association over the last four years in the areas of engagement, awareness, learning, and capacity & resources. A work session, utilizing an outside facilitator, was held in September guiding ODA leadership and staff in refining the key issue areas and objectives for the next phase of the plan, which kicked off in January. At the first ever “Breakfast with the Board,” delegates at the 2019 House of Delegates weighed in on the draft 2020-2022 Strategic Plan outline, with overwhelming positive feedback in the proposed key issue areas: engagement, advocacy, development, and organizational health. The Strategic Plan will continue to guide and direct the Association’s priorities and efforts in the coming years to best support the satisfaction of the plan’s objectives. ●



97%

of ODA members are in compliance with statutory requirements to be registered in the state’s Prescription Drug Monitoring Program (PDMP).



Record member engagement and participation across ODA Council, Committee, Board and ad-hoc leadership roles.

“The ODA’s strength comes from individual dentists like you. We are thankful for our diverse membership, representing all practice models, working together to support organized dentistry — together we can accomplish more.”

The Dental Foundation of Oregon

Visit the DFO's Booth at the Oregon Dental Conference

Guests Visiting the Booth Will Find New and Exciting Opportunities

Professional Headshots

For a donation of \$15 or more, attendees will have the opportunity to visit the DFO booth to refresh their professional headshots. Photos are on a first-come, first-served basis during select hours on Thursday, April 2 and Friday, April 3. Photos will be emailed to attendees within 2 weeks after the conference.

Wall of Wine

Check out the newly refurbished Wall of Wine, a perennial favorite of conference attendees, and select a bottle of wine with your \$20 donation. This year, all 120 wall openings are numbered, and guests will randomly draw a pre-numbered wine cork from a raffle barrel. Attendees will match their wine cork with the numbered bottle on the Wall!

Who knows! You may just win one of Oregon's spectacular pinot noirs or even a delicious ice wine!



Motor Mouth Tickets Are on Sale Now! Win Your Choice of a Brand-New Jeep or Dodge!

We are delighted to announce that the DFO has partnered with Wilsonville Jeep Ram for the 2020 Motor Mouth Raffle! This is your opportunity to purchase tickets to win your choice of a **2020 Jeep Compass Latitude** (MSRP \$28,545) OR a **2020 Jeep Cherokee Latitude** (MSRP \$33,175) OR a **2020 Dodge Challenger** (MSRP \$33,175). Tickets may be purchased online at smileonoregon.org under the Events tab or in-person throughout the conference. Tickets are \$60 each or 5 for \$275. The Motor Mouth Raffle will take place on Friday, April 3, 2020 at approximately 5:15 p.m. during the Oregon Dental Conference at the Oregon Convention Center.



Left to right: Dodge Challenger, Jeep Cherokee Latitude, Jeep Compass Latitude

DISCLAIMERS: Raffle winner must take possession of the vehicle no later than April 24, 2020. Winner is subject to all applicable taxes and fees. The 2020 Motor Mouth Raffle is considered a game of chance and does not qualify as a tax deduction. Participants need not be present to win. The Oregon Dental Conference is not open to the public, and you must be a registered conference attendee to attend the live drawing. Photos shown here are for illustrative purposes only. DFO and Oregon Dental Association employees and their immediate family members are ineligible to participate in the Motor Mouth Raffle.

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Join Us in 2020 for These Events

March 14, 2020

Salem Paddy Pint Race

March 15, 2020

Prineville Paddy Pint Race

Wednesday, June 10, 2020*

She Flies with Her Own Wings
Pacific Wonderland: 1859/1982

*Guests can learn more and register for these events at the Oregon Dental Conference.

Friday, June 12, 2020*

16th Annual Chip! for Teeth Golf
Tournament at Langdon Farms
Golf Course

*Guests can learn more and register for this event at the Oregon Dental Conference.

Tooth Taxi Statistics (September 2008-January 10, 2020)





23,933 students screened	13,571 appointments in the van
25,014 students received oral hygiene education in the classroom	\$7,880,331 value of free dental care provided

Thank You

Special thanks to both the **Irwin Foundation** and the **Zera Foundation** for their recent grant funding to the DFO in support of the Tooth Taxi. The Dental Foundation of Oregon is grateful to our business and community partners, donors, and volunteers who annually help us achieve our mission to advance oral health education, provide charitable care, and coordinate resources for Oregon's children and vulnerable communities.

Social Media

Find Us. Follow Us. Like Us.

-  Twitter — www.twitter.com/ToothTaxi
-  Facebook — www.facebook.com/DentalFoundationofOregon
-  Instagram — www.instagram.com/toothtaxi 

Giving you more reasons to smile!

The Dental Foundation of Oregon has some new things to smile about in 2020. **Swing by our booth at the ODC to learn more.**

THE DENTAL
FOUNDATION
OF OREGON

tooth taxi

Update your
professional head
shot **FOR FREE!**



While you are there, be sure to:

- Enter a **raffle for a NEW CAR.**
You can also enter in advance at SmileOnOregon.org
- Choose from our Wine Wall and support the DFO
- Register for the 2020 Chip! For Teeth Golf Tournament
- Tour the enhanced Tooth Taxi

And much more on April 2-4

Before Recording, Protect Private Patient Information

By TDIC Risk Management

IN OUR DIGITAL WORLD, IT SEEMS AS though we are inundated with video recordings at every turn. Our every move is being observed, whether via our smartphones, our doorbells or even satellites miles above the earth. But what does this mean for the dental office?

Surveillance cameras in dental offices are becoming more and more common. The driving force behind them is typically security, as cameras can aid in loss control, deter theft, and discourage other criminal activity.

But cameras are not without their drawbacks. Prior to hitting the record button, practice owners should be aware of the laws and regulations surrounding their use. While laws vary from state to state, some basic guidelines include the following:

- Only record video, not audio. Many states, including California, have strict laws against eavesdropping.
- Do not place cameras in areas where there is a reasonable expectation of privacy, such as restrooms or changing rooms.

- Inform all employees, in writing, that cameras are in use. You do not need their permission, but you do need a signed acknowledgment, which should be kept in their employee file.
- Inform patients that cameras are in use. If used in the reception area, this can be done with a simple sign. If used in operatories, have patients sign an acknowledgment and release form.
- Have a consistent policy in place on how recordings may be used and how long to keep them.

Most important, dental practice owners should consider HIPAA and privacy rules when installing cameras. Ensure that cameras are not able to capture a computer screen with a patient's private information. Patients can often feel uncomfortable being recorded, so be prepared to turn off the camera if requested to do so. Be sure to document this in the patient's chart.

If using cameras, it is also crucial for practice owners to consider who

has access to the recordings. This is true for recordings taken both inside and outside of the practice. If an exterior camera captures a patient entering the office, that alone is considered private health information and must be protected.

In one case reported to The Dentists Insurance Company's Risk Management Advice Line, a patient backed into a parked car in the parking lot after leaving her appointment. She drove off without leaving a note, as required in California, which is a misdemeanor hit-and-run. Because the dental office's windows faced the parking lot, the car's owner came into the office and inquired if they witnessed who had hit his car.

Upon reviewing the surveillance footage, the dentist saw that the incident occurred and confirmed that it involved one of his patients. The owner of the damaged vehicle requested to view the footage and asked for the patient's contact number. The dentist called the Advice Line seeking guidance on how to handle the situation.

The Risk Management analyst reminded the dentist of his obligation to report the incident to law enforcement. She also advised that he should reach out to the patient, inform her of the footage, and suggest that she contact the damaged vehicle's owner. Additionally, he was advised to let the patient know that should law enforcement ask to view the footage, he must comply.

"In an effort to protect privacy, it is not a good idea to universally allow someone to view footage when asked.



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There are precautions to consider, such as other patients who may be visible in the footage or staff who may not have consented to release footage containing their images,” said Risk Management analyst Trina Cervantes.

In another case reported to the Advice Line, an 8-year-old autistic patient was seen for fillings. The dentist used a papoose board to stabilize the child. The child’s mother was not in the operatory during treatment. The patient became uncooperative and the assistant began to tap the patient’s head, a successful technique they had used in the past to calm autistic patients.

The dentist was able to complete the treatment. Upon dismissing the patient to his mother, she explained to her that though the child was uncooperative, they were able to complete the scheduled treatment. A few hours later, the patient’s father

showed up to the office with pictures of his child on his cell phone, furious because the child had a bruise under his eye. He noticed that the office had a surveillance camera. The father demanded to see the footage. The dentist allowed him to view it. He became even more upset when he saw that the assistant was tapping his child’s head and felt that this may have contributed to the child’s anxiety levels increasing. He expressed that the office should be familiar with and have the skills to manage autistic patients appropriately. He told the dentist that she would be hearing from his attorney and stormed out of the office.

The dentist called the Advice Line to ask whether she was required to turn over the footage to the patient’s father. The analyst advised the dentist that the video is part of the patient record; therefore, she must ensure

that it does not include information pertaining to other patients or staff.

Similarly, there are situations that patients may request to record treatment. TDIC advises against allowing patients to record treatment as other patients or employees could inadvertently be recorded without consent.

“A video of a patient undergoing an exam or treatment is considered protected health information under HIPAA, and under the law it must be treated as such,” Cervantes said.

Video surveillance can be a proactive way for practice owners to protect their patients and themselves. They can also pose unexpected risks if used without caution. By following a few basic guidelines, it is possible to benefit from video cameras while at the same time keeping the private health information of patients and employees just that — private. 🗋

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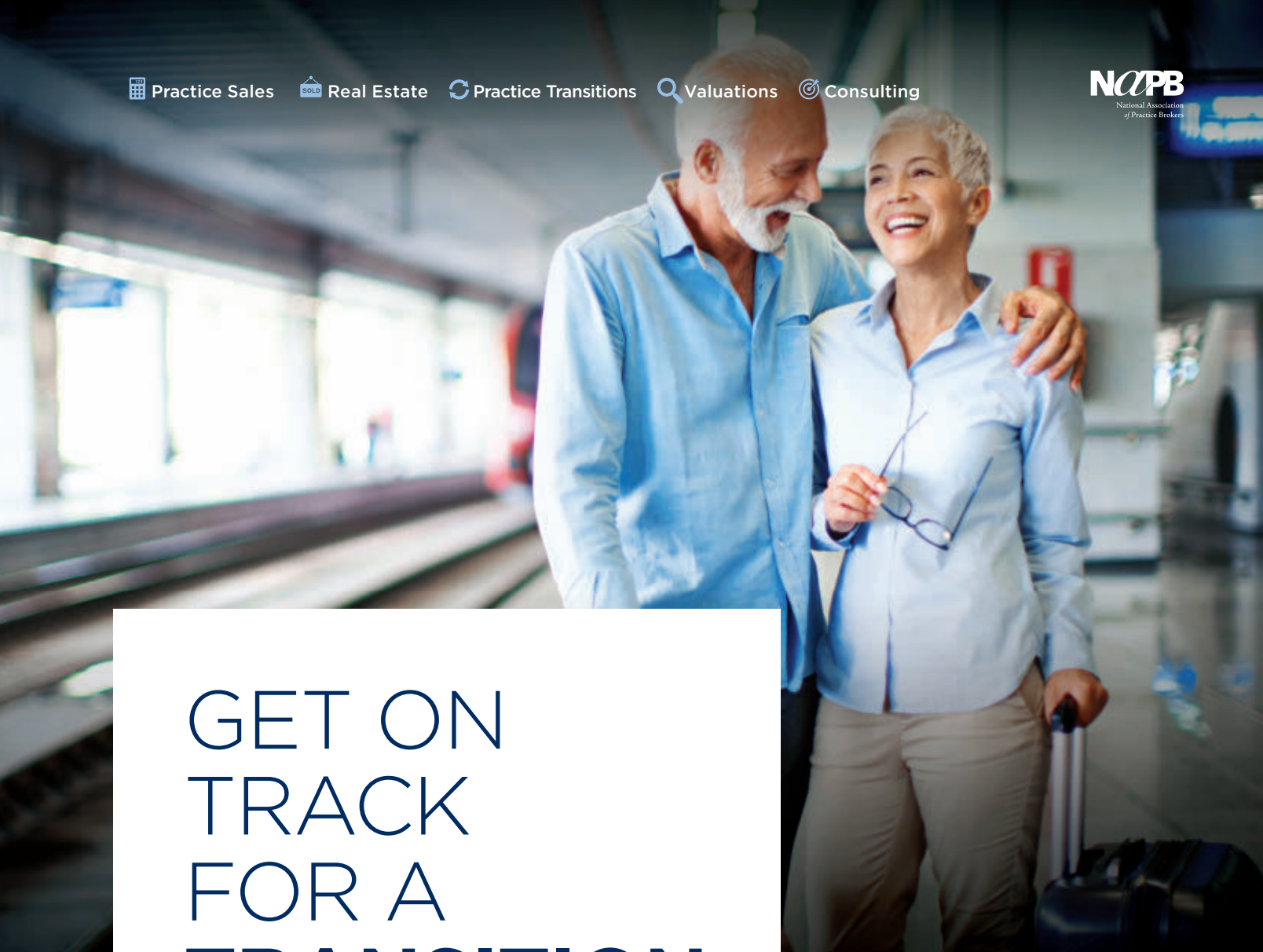


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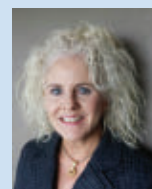
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