

## 2020 OREGON DENTAL ASSOCIATION

# ANNUAL REPORT



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# The Corona Diaries



By Alayna Schoblaske

**IT'S BEEN A YEAR. LAST MARCH, COVID-19** changed our lives. When I realized that this was going to be something historic, I started jotting down observations and feelings:

**March 6th** – Our ODA Board Meeting. I flew, and airlines have implemented extra precautions at this point – wiping down surfaces more and providing extra hand sanitizer to all of the flight attendants.

**March 11th** – Today was the day it all started to feel very real. The WHO declared a global pandemic. The NCAA tournament canceled all crowds, and the NBA season was suspended after one player – Rudy Gobert – tested positive for the virus. The term “social distancing” was used for the first time.

**March 16th** – ADA released a statement recommending limiting non-urgent treatment for three weeks. OSHA also released new guidance that N95 respirators should be used for all patients with confirmed or presumptive COVID-19 and for all procedures creating aerosols.

**March 19th** – Today, we decided to reduce our care to urgent

appointments only in line with last night’s executive order to stop all non-essential medical, dental, and veterinary procedures in the state to conserve PPE and flatten the curve. Leaving work today was awful. I cried saying “see ya when I see ya” to Mari (my dental assistant). I really didn’t know when I would see her again. It was like everyone was all leaving school for the worst version of summer vacation ever. It was the total surrender of any figment of normalcy or predictability.

And so began what is now a 42-page document that still sits on my computer desktop under the name “The Corona Diaries.” Who knows how long it will ultimately get? Who knows when COVID will actually feel historic instead of very much a part of our daily reality? What I do know is that the feats that organized dentistry – particularly the ODA – has achieved in the past year are incredible, and I am so grateful to be a member.

In the middle of a pandemic, the ODA has stepped up time and time again. The executive order released on March 19th originally listed a date of June 15th for dental practices to begin returning to normal operations. But the ODA staff was in constant communication with OHA (and I mean constant... I was on some of the daily calls, and believe me – OHA was well-acquainted with the ODA staff) and was ultimately able to get that date moved up six weeks to May 1st.

Behind-the-scenes advocacy has also led to changes in safety regulations. At one point this fall, OSHA was prepared to release guidelines that required all aerosol-generating procedures to be completed in a negative-pressure room. This would have effectively shut down dentistry again. The ODA staff – more phone calls, more emails, more Zoom calls – was able to successfully stop that regulation. And now, as the vaccine rollout continues, ODA successfully pressured OHA to do away with the Phase 1A groups and allow dentists to access the vaccine sooner. They went a step further to organize a drive-through vaccine clinic to provide vaccinations for dentists and our staff. All the while, ODA continued to provide relevant CE (most of it was free), develop future leaders through the Leadership Academy, provide free PPE, and organize a virtual House of Delegates and Oregon Dental Conference. Wow!

ODA has had my back – and yours – this year. The safety we can feel as ODA members also allows us to look ahead to the bright future of our organization. A future where we can gather to discuss the complex challenges facing health care in America. A future where our patients understand the value of oral health and have access to the resources they need to attain it. A future where we smile – mostly without masks – and proudly state that we are dentists, and that we are ODA members. 🌟

*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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## WHAT ARE THE ADVANTAGES OF MY PRACTICE TRANSITION SERVICES?

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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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# Events & Education Component CE Calendar

CONTINUING  
EDUCATION

Calendar provided by Mehdi Salari, DMD

Due to the COVID-19 pandemic, events may be altered or postponed.  
Please visit the host dental society website for the most up-to-date information.

Date	Host Dental Society	Course Title	Speaker	Hours CE	Location	More Information
3/16/21	Clackamas	Infection Control	TBD	2	Zoom Meeting	executivedirector@clackamasdental.com Complimentary for CCDS members, \$20 for ADA members, \$60 non-members
3/17/21	Multnomah	Muscle or Joint? Getting to a TMD Diagnosis	Kim Wright, DMD, MAGD	2	Zoom Meeting	Free. Register: www.multnomahdental.org
4/1/21	Clackamas	Periodontics	TBA	2	Zoom Meeting	executivedirector@clackamasdental.com Complimentary for CCDS members, \$20 for ADA members, \$60 non-members
5/25/21	Clackamas	Risk Management	Chris Verbiest	3	TBD	www.clackamasdental.com or executivedirector@clackamasdental.com

Find this calendar online at [www.oregondental.org](http://www.oregondental.org). Click “Meetings & Events” > “Calendar of Events”.

Due to the COVID-19 pandemic, many component meetings were canceled or postponed. Looking for additional ways to get CE? The American Dental Association has a large collection of webinars and on-demand video learning opportunities available, many of which are free to members. Visit [adaceonline.org](http://adaceonline.org) to catch up on the latest offerings on your own schedule. ●





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# The Oregon Dental Conference Is Going Virtual for 2021!

*What does this mean for you, the member?*



**ODA MEMBERS SAVE \$200 ON REGISTRATION!** Attending this world class conference at a reduced rate is one of the many benefits of ODA membership. ODA members receive the opportunity to earn over 90 hours of CE! Learn when it's convenient for you — content will be available until May 15, 2021.

**Network with friends and colleagues!** Join the LIVE President's Toast and Happy Hour networking event! Make sure to join ODA President Dr. Brad Hester on Thursday, April 8th at 5:30 p.m. for a special ODC toast. Learn how to craft the ODC signature cocktail from our guest mixologist, or grab your beverage of choice. Chat with friends, make new connections, and raise a glass to the 2021 ODC!

**Save some time for fun!** Join the Virtual Game Night for dental-themed bingo, held LIVE Friday, April 9th 4:00 p.m.-6:00 p.m. You may even win one of our fantastic prizes!

**Live speaker Q&A sessions!** Many ODC speakers will be available to answer any questions you have regarding their courses via chat on Friday and Saturday, April 9-10! Look for the "Live Chat" button on the virtual platform to see who will be chatting and when!

**All that learning can be tiring!** Take a quick, 10-minute break to do some stretching with a professional yoga instructor from the comfort of your own chair! Take a break, stretch, and refresh! Keep an eye out for the "break" button on the virtual platform to participate!

**Vendors, vendors, vendors!** Make sure to visit the Virtual Solutions Marketplace to shop all things dental and take advantage of SHOW SPECIALS! Help support those companies who support the ODA and the dental profession.

**Register Now!** Register and find the ODC Catalog of courses at <https://www.oregondental.org/meetings-events/oregon-dental-conference>

**Join Today!** Not a Member? Join at <https://www.oregondental.org/member-center/join-renew> to receive your ODC member discount plus numerous other membership benefits all year long! 📺



*"I was very pleasantly surprised to see that the CE courses and credits will be available through May 15th. This came as a relief to me, and I'm sure will be a welcome opportunity for so many of my dental colleagues. I was planning to keep working through the ODC this year, as the closures last spring were tough, but now I will be able to do both — keep my office open to serve my patients and provide CE opportunities to my staff and myself during days/times that are convenient. Thank you ODA!"*

—Dr. Megan Moseley

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# Sports Dentistry



By David J. Dowsett, DMD

**A CHEER, A MOMENT OF FLYING ELBOWS** and heads and then eerie quiet with a player on the ground holding their mouth. A parent's fear realized — "Are they going to be OK?!"

Moments into the final period of the game that sends a player and their team to the finals, a carelessly swung hockey stick smashes into a mouth and down they go.

An Olympic hopeful lies awake the night before her 400m final, desperate to relieve the pain from a tooth broken by decay.

Out of town on a road trip, a first-time father is anxious about his

teething baby back home, wondering if everything is OK.

All of these moments are opportunities for a team dentist to be a hero. They are the calm in a storm of panic. Quickly assessing the situation, providing care to an injured athlete, giving reassurance and peace of mind to a worried parent can make all the difference. The team dentist triages and quickly assesses if a player is safe to continue their (and their team's) dream, sutures that lip back together and gets them back onto the ice. Or makes that crushing, but professionally correct, decision to keep them off because letting the athlete continue could have life-altering consequences. Perhaps you are the one who evaluated the future medalist months before competition, treated her disease before it had a chance to ruin a dream. Or at the very least, be the one to guide the medication choices to keep her eligible. By caring for

the athletes' entire family, you offer peace of mind so that they can focus unencumbered by worry.

Sports have been a part of my life for as long as I can remember. Being on the field competing, on the sidelines coaching, and in the stands cheering has brought immense joy. Dentistry has also given me purpose and joy. Would it not be amazing to be able to combine passions in our careers? Discovering the Academy for Sports Dentistry and a group of gifted, dedicated mentors who coached me to become a certified team dentist is how I get "in the zone." It gave me a path to reset from burnout, add value and purpose, have fun and help others to achieve their dreams and to be their best.

Sports dentistry is the branch of sports medicine that deals with the prevention and treatment of oral-facial injuries and related oral diseases associated with sport and exercise. In other words, we work with the entire health care team to keep athletes protected, performing at their highest levels and caring for them when things go awry. As you can imagine, no topic in sports dentistry is more studied, discussed, taught, and battled over than mouthguards — their use, function and fabrication. But there is so much more when it comes to caring for these special patients. Athletes come in all ages, abilities, needs and competition levels. Understanding who, when, and why someone may be at risk is crucial. Assessing and predicting what may cause trauma, how to assess and treat that trauma when it happens, discussing nutrition, improving performance and having



PHOTO BY DR. DAVID J. DOWSETT





a clear understanding of how sports teams and organizations work are just some of the areas of expertise needed. As a certified team dentist, you are often looked to for answers when trauma happens — or, more importantly, before it does.

In youth sport, you may be the most qualified healthcare provider present. At this level/stage, your primary role revolves around education of parents and players about injury prevention — ensuring that they have the proper mouthguards to keep them safe. This takes time, patience, commitment, and creativity. We need to make it easy for parents, coaches, and players to get and wear the proper safety gear. This may mean setting up a mouthguard party at the field where they practice.

As the level of competition rises, many athletes and teams have athletic trainers — healthcare professionals who collaborate with the health care

team and help provide prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions (NATA definition). This is who you work for, support, and team with — think of them as the gatekeeper for the athletes' health. Additionally, we work directly with athletic trainers, sports medicine physicians, orthopedists, nutritionists, and others.

### Qualifications of a Team Dentist

Following are the criteria to meet the qualifications of the position of a Team Dentist (ASD):

- Be a licensed dentist in compliance with the dental practice act of his/her state.
- Be a member in good standing of the Academy for Sports Dentistry (ASD).
- Attend and complete the ASD Team Dentist course at least once every 5 years.

- Complete a minimum of 15 credit hours of continuing education in sports dentistry-related subjects every 3 years.
- Acquire the knowledge and expertise to educate health care professionals, certified athletic trainers, coaches, athletes, and parents on the benefits and methods of prevention of sports-related oral facial injuries and oral diseases.
- Be proficient in the fabrication and delivery of properly fitted mouthguards including impression techniques and establishment of occlusion.
- Be well-versed in the diagnosis and treatment of orofacial trauma including but not limited to:
  - Oral-facial first aid resulting from contusions, lacerations
  - Emergency/immediate treatment of dental luxation, avulsions, and tooth fractures



PHOTOS BY DR. DAVID J. DOWSETT

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- Identification of maxillary and mandibular fractures
- Identification and treatment of TMJ injuries and dislocations
- Identify medical complications of head trauma
- Be familiar with doping issues and the effects of illicit and performance-enhancing drugs
- Establish a support team of dental specialists and auxiliary staff.
- Cooperate with the other members of the sports medicine team to ensure the health and well-being of the athletes.

Sports dentistry helped me find a way out of the routine grind — to a place of being part of a team collaborating, meeting amazing people and sharing the joy of competition. It gives a sense of pride and joy being part of greater dream, challenge, and success. Interested? The place to start is at the Academy for Sports Dentistry — [www.academyforsportsdentistry.org](http://www.academyforsportsdentistry.org). 



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# Risk Assessment of Oral Mucosal Disease: Oral Potentially Malignant Disorders



By Heidi J. Hansen, DMD, Oral Oncology and Oral Medicine, Providence Cancer Institute

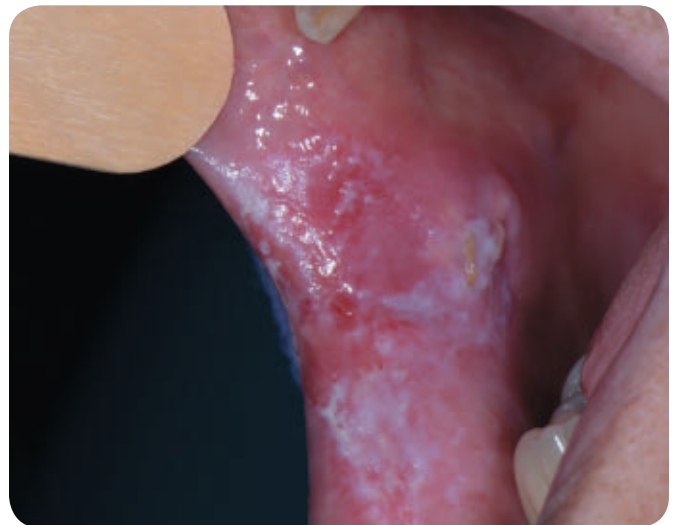
**AS DENTAL PROFESSIONALS, WE PLAY A KEY ROLE** in the detection and management of oral mucosal lesions, and an important part of this is lesion risk assessment, which takes into account the clinical characteristics and behavior of the lesion, the possible etiology, the individual patient's risk and a histopathologic assessment, including a grading of dysplasia if present. The World Health Organization (WHO) has classified certain oral conditions that have the potential to transform into oral cancer as oral potentially malignant disorders (OPMDs).<sup>1,2</sup> This classification considers the increased risk of malignant transformation of a group of oral lesions and disorders, and also the increased risk of oral malignancies in at-risk patients due to field changes in otherwise normal-appearing mucosa. Knowledge of OPMDs can assist the clinician in making evidence-based management decisions for patients with these disorders.

OPMDs were classified by the WHO in 2007 to include: leukoplakia, proliferative verrucous leukoplakia, erythroplakia,

oral lichen planus, lupus erythematosus, oral submucous fibrosis, palatal lesions of reverse smoking, actinic cheilitis, and some inherited disorders such as Fanconi anemia and dyskeratosis congenita.<sup>2</sup> This classification was updated in 2020 to include oral lichenoid lesions and chronic graft-versus-host disease.<sup>1</sup> Of importance is that patients with OPMDs may not have a specific mucosal diagnosis. For example, leukoplakia is a clinical term describing a white patch with a questionable risk that cannot be defined as any other known disease. This clinical diagnosis of leukoplakia is modified after histopathologic examination, which can rule out recognizable conditions and further characterize risk. A histological diagnosis of hyperkeratosis without the clinical correlation of a frictional keratosis or traumatic etiology may indicate a "true" or idiopathic leukoplakia that has an elevated risk of malignancy.<sup>1</sup> Histologically up to 40% of true leukoplakias may exhibit varying degrees of dysplasia, and even hyperkeratosis in a true leukoplakia can be of concern if no etiology is identified.<sup>3</sup>



Homogenous leukoplakia



Non-homogenous leukoplakia (erythroleukoplakia)





*Proliferative verrucous leukoplakia*



*Oral lichenoid lesion*



PHOTOS BY HEIDI J. HANSEN

Clinical appearance of lesions can be predictive of risk. Homogenous leukoplakias are most common and are less likely to exhibit dysplasia than non-homogeneous erythroleukoplakias and erythroplakias.<sup>4,5</sup> The size of a lesion can indicate risk of malignant transformation with lesions measuring  $>200 \text{ mm}^3$  exhibiting greater risk. Location of a lesion can predict risk with the tongue, retro-molar area and floor of the mouth being areas that are higher risk for malignant transformation. Patient age is also a risk determinant, with highest malignant transformation rates in people over age 70. Habits can further modify risk: In a patient who uses betel quid or smokeless tobacco, lesions of the buccal mucosa or mandibular vestibules may represent submucous fibrosis or tobacco keratosis and therefore are considered higher risk for malignant transformation, and alcohol and tobacco use in general are risk factors for oral malignancy.<sup>5</sup>

Proliferative verrucous leukoplakia (PVL) is a distinct form of leukoplakia characterized by multifocal lesions with a progressive course that can exhibit varying degrees of hyperkeratosis and dysplasia on histopathological examination. Characteristic for these lesions is that they can be present for many years, are seen mostly on the attached gingiva, but can present on the tongue and buccal mucosa, are in non-smokers and most commonly in women over age 50. These lesions exhibit a high degree of malignant transformation, require vigilant surveillance, and unfortunately are often recognized late or misdiagnosed as oral lichen planus.<sup>1,6,7</sup>

Oral lichen planus (OLP) is a common condition that is often only diagnosed clinically and, although classically presents with white mucosal striations, can present with erythematous, ulcerative or bullous lesions. Oral lichenoid lesions (OLL) include oral lichenoid contact reactions and lichenoid drug reactions and can be distinguished from OLP histologically. Both OLP and OLL are considered

potentially malignant disorders and should be closely monitored. A tissue sample should always serve as a baseline diagnosis and can rule out lesions with similar presentations such as vesiculobullous disorders. For both OLP and OLL, close monitoring and re-biopsy of any suspicious areas is the standard of care.<sup>1,5,7</sup>

A recent meta-analysis of 92 studies reporting on the malignant transformation rates of OPMDs and dysplasia showed cumulative malignant transformation rates to be as follows: overall OPMDs 7.9%, oral lichen planus 1.4%, oral lichenoid lesions 3.8%, leukoplakia 8.6%, erythroplakia 33.1%, proliferative verrucous leukoplakia 49.5%, and oral submucous fibrosis 5.2%. Moderate and severe dysplasia were associated with a significantly higher risk of malignant transformation than mild dysplasia.<sup>7</sup> It is important to keep in mind that for leukoplakias, due to inconsistencies in nomenclature and classification between studies, the malignant transformation rate may be higher when only true idiopathic leukoplakias are considered.<sup>1,3</sup> Also, it is

interesting to note that the malignant transformation rate of OLL is more than double that of OLP; OLL is a new addition to the classification of OPMDs, and it is important to distinguish between these two pathological entities both clinically and histopathologically.

In the United States, oral cavity and pharynx cancers represent 2.9% of all cancers diagnosed annually, translating to 53,260 diagnosed cases in 2020.<sup>8</sup> Most cancers of the oral cavity are squamous cell carcinomas and are preceded by OPMDs.<sup>2</sup> The early detection and accurate diagnosis of these OPMDs is critical to improving patient outcomes both in terms of survival, but also in terms of quality of life in survivorship, as early detection can mean fewer treatment-related acute and long-term adverse effects and sequelae. OPMDs and oral dysplasia are relatively common conditions that we as dental professionals have a unique opportunity to detect and diagnose. The gold standard of diagnosis is biopsy, and this should be done without delay for any suspicious lesion. Persistent lesions with high-risk clinical characteristics, including multifocal leukoplakias, should be kept under close surveillance, and lesions with high-risk pathology such as dysplasia on histopathological examination should be referred to the appropriate specialist for management.

These strategies, along with patient education and awareness, aim to help reduce the transformation of these oral conditions into invasive cancer. 🎯

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# Dental Shade Photography Basics: Camera & Flash



**Mitch Bourgeois, CDT**  
Ceramist, O'Brien Dental Lab

All great photography starts with the right hardware. If you don't have the proper equipment, you won't get the desired picture you want, no matter how hard you try. But don't worry, when it comes to shade photography, the choices are relatively simple.

This article will explain the type of camera, lens, and flash you should use to get incredible shade photography results.

## Digital Camera for a Digital World

While 35mm film is still alive and kicking, going digital is a necessity for shade photography. Digital allows for the fast transfer of images to the lab, where the technicians can view them on large screens while they work on your case.

The type of camera we recommend is the Digital Single Lens Reflex, or DSLR.

Why a DSLR? After all, aren't smartphones and other "point-and-shoot" cameras capable of taking great photos? Sure, but for the sharpest image and the greatest color accuracy, the DSLR remains the industry standard.



The DSLR also has a larger-sized image sensor. The larger the image sensor, the smaller you can zoom in on a tooth without losing clarity or detail. When it comes to dental shade photography, the ability to zoom in on a tooth or set of teeth is everything.

With the following checklist in hand, we believe that you have everything you need to get started taking incredible shade photography:

- DSLR Camera (Nikon, Canon, etc.)
- Ability to Manually Override Exposure
- Micro/Macro Lens
- Dual Light Source Flash Kit (NO Ring Flash)



The Digital SLR camera needs to be able to control the exposure settings manually. While automatic exposure is fine for casual users, dental shade photographers need a manual override to avoid corrections your DSLR may make. For example, automatic cameras will adjust lighting for the darkest objects in the frame, such as gloves, beards, and skin tones. As a result, the teeth and shade tabs will be overexposed and washed out. And adjusting the exposure with software after the fact will cost you clarity and detail. So, we recommend always getting the best picture you can in-camera.



Next is the Micro or Macro lens. The brand of camera you choose will determine what it's called, but its function is the same. With this lens, you can zoom in and fill an entire frame with just a single tooth, or set of teeth, without any grain, distortion, or blurriness in the final product.

Finally, there's the dual light source flash pack. This flash set will avoid harsh glare off the teeth or shade tabs ensuring the best possible shade match. You will not get the same results with an onboard or ring flash.

There are several equipment options, varying in price and quality, and it can be daunting to determine which one to choose. Please email Mitch at [mitch@obrientalab.com](mailto:mitch@obrientalab.com) for our current equipment recommendations. To subscribe to our educational videos and articles, please visit [obrientalab.com/subscribe](http://obrientalab.com/subscribe).



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# 2020 oda Annual Report



Barry Taylor, DMD,  
ODA Executive  
Director

## *A Message from the Executive Director*

### **2020 WAS AN UNPRECEDENTED YEAR FOR THE OREGON DENTAL ASSOCIATION**

and will always be defined as the beginning of the COVID-19 pandemic. The pandemic touched every aspect of the association and certainly demonstrated the strength of membership. ODA members were engaged and demonstrated great resilience during a challenging year. Our strong and wide-ranging relationships in Salem were tested with extraordinary advocacy on a myriad of issues. Through all these challenges, our members stood together, working to protect the profession and their patients. Many members found success with new program offerings, and others stepped up their involvement. The unprecedented cancellation of our Oregon Dental Conference presented us with the opportunity for providing an unparalleled number of online CE hours. The membership of the ODA has much to be proud of in 2020, and we stand as a stronger organization today.

### **Membership**

What a year for membership! In March, we paused our ongoing retainment and recruitment campaigns to completely focus on supporting our members through the COVID-19 pandemic. Our concentrated effort was seen in multiple PPE distribution drives, COVID deferral payment plans for those who needed assistance, ongoing communication to keep members updated on the latest and most accurate information in an ever-changing environment, and tireless advocacy that resulted in dental offices opening six weeks earlier than originally announced, allowing the dental community to get back to work earlier than expected. We believe we have demonstrated the true value of tripartite membership and shown that we always have your back.

As always, what drives our recruitment and retention efforts is engaging member dentists and welcoming new members. In 2020 we made a great effort in virtual programming to help dentists succeed

in their practice during the COVID-19 pandemic. We are thankful for the relationship we have with our local component dental societies and the opportunity to work together to create and promote member offerings.

We are pleased to share that even during this unforeseen year, we met our strategic plan retention goal, retaining 92% of membership. Welcoming 125 new members into ODA membership in 2020, we ended the year with membership totaling 2,513 dentists and dental students throughout the state. As we move forward into 2021, we will continue to concentrate on retainment through engagement and recruiting new members by demonstrating the value of membership. Our strength comes in numbers, and we thank you for your support of organized dentistry!

In April, a non-dues revenue sub-committee of the Board of Trustees convened to begin reviewing ODA's endorsed products and services. Concurrently, an endorsed product membership survey was deployed to



determine members satisfaction levels and determine new products of interest. Thanks to the work of the subcommittee based on members' feedback, we're pleased to introduce two new ODA endorsed services:

- iCoreRx e-Prescribing software
- Smart Training OSHA and HIPAA compliance

We thank those who participated in this survey and others who gave us feedback in other ways. We are always looking for ways to refine and enhance membership offerings to best support our growing and diverse membership!

### Education & Events

For the first time in its very successful 128-year history, the Oregon Dental Conference (ODC) had to be canceled due to the COVID-19 pandemic. The annual event remains the largest dental CE event in Oregon and a place for attendees to Connect, Learn and Grow! As we plan a great virtual Oregon Dental Conference for 2021, we are looking forward to a successful 2022 return at the Oregon Convention Center.

With the cancellation of the conference, the ODA pivoted and launched a series of COVID-19 Hot Topic webinars to help our members navigate the unprecedented times in dentistry. In addition to these COVID-19 specific offerings, the ODA provided additional webinars focusing on medical emergencies, oral wellness, cultural competency, Medicaid, human resources, and webinars on how to navigate the myriad of financial programs offering financial assistant to dentists that were offered during the pandemic. All webinars were offered complimentary to members and their teams, providing our dental professionals with new and pertinent offerings outside of the conference. The webinars were attended by a total of 975 attendees, who earned a combined total of 2,500 hours of continuing education credits.

In fall 2020, the ODA offered another brand-new CE offering, the ODA Expert

Express Lecture Webinar Series. This series featured the OEELS speakers that were originally scheduled to present as part of the 2020 Oregon Dental Conference. We thank our five ODA experts, Drs. Geoffrey Clive, David Dowsett, Heidi Hansen, Ashish Patel, and James Sagawa for agreeing to be part of this series and sharing their expertise with our dental community. The webinars featured a wide array of topics including oral pathology, endodontics, occlusion/TMD, sports dentistry, and sleep apnea. Two hundred and twenty-two dental professionals registered for the series, which amounted to a total of 460 continuing education credits earned.

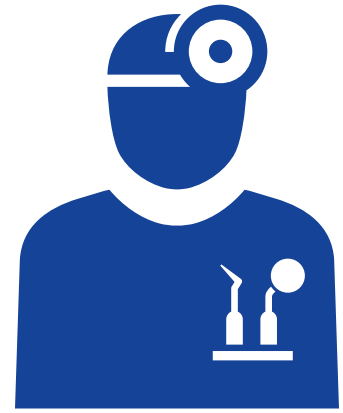
The COVID-19 pandemic certainly posed some challenges in 2020 but also provided the ODA with unique opportunities when it comes to our education offerings. Our expansion into online learning will be retained and will complement our traditional in-person learning opportunities in 2021.

### 2020 Legislative Session and Interim

The Oregon Legislature convened for a short session on February 3rd. 232 bills were introduced. On March 5th, after almost two weeks of Republicans denying quorum, Senate President Peter Courtney and House Speaker Tina Kotek adjourned the Legislature for the 2020 short session. A total of three bills were passed into law. ODA hosted a successful targeted dental day at the Capitol, with a small group of member dentists and students discussing legislative issues with key legislators. The small group met with more than 20 legislators in a single day!

### Dental Therapy

SB 1549 would have authorized dental therapy in Oregon. The bill was drafted without sufficient stakeholder input and was incredibly complicated, trying to fit multiple models of dental therapy into one bill. Within those initial two weeks of session, ODA successfully convinced the



# 2,513

**Total Members**  
(includes dental student members)



# 125

**New Members**



# 975

**Webinar attendees earned a combined total of**

# 2,500

**hours of continuing education credits**



**Dental offices reopened  
six weeks earlier than  
originally planned**

Senate Health Care Committee Chair to continue discussing the concept during the interim. The Chair of the Senate Health Care Committee formed an interim workgroup to discuss the issue with the intent of bringing a new bill back for the 2021 legislative session. ODA participated in the workgroup over the summer and attempted to bring reasonable amendments to the bill to ensure that new providers have appropriate scope of practice, supervision, and appropriate education requirements. Unfortunately, the concept that came out of the workgroup does not include the vast majority of our requests. ODA will continue to advocate for reasonable requirements during the 2021 legislative session to ensure that any new provider type in Oregon is prepared to provide quality oral health services to Oregonians.

### 2021 Legislative Agenda

Throughout 2020, ODA members developed a proactive agenda for the upcoming 2021 legislative session. Highlights include:

#### *Dental Management and Delivery Act: A 21st Century Solution to Increase Access to Dental Care in Oregon*

This proactive measure addresses access to dental care in Oregon in comprehensive, tangible ways. The concept would:

- Expand Cover All Kids dental benefits to include adults up to 26, and COFA populations.
- Create a dental student debt forgiveness program. Dentists can receive student debt forgiveness for treating Medicaid patients.
- Require OHA to undertake a rate-setting review process on dental rates and capitation, and return to 2022 Legislature with a presentation on how dental rates are set, how they compare with dental rates across the country, and how they compare to private insurance rates. OHA to include relevant stakeholders in recommendation-making process.

- Insurance Process Streamlining: OHA and DCBS to encourage administrative consistency (e.g., use of uniform reporting forms) across dental plans, as well as encourage dental plans to remove or agree to a common set of prior authorization requirements. Administrative consistency should also apply to Medicaid processing.
- Increase and extend the Rural Practitioner Tax Credit to ensure dentists and other medical providers can operate in underserved areas with lower patient volumes, supporting access in remote areas.

#### *Budget Request: Funding of the State Dental Director Position*

Oregon is currently missing out on federal grant money because it does not have a state dental director. Oregon needs a state dental director who will establish clinical, fiscal, and policy priorities for oral disease prevention and care. ORS 413.083 requires OHA to appoint a dental director, yet OHA has not included the position in its 2021-2023 budget request. OHA especially needs oral leadership amid its COVID response to ensure oral health access is maintained in the state.

#### *Tribal Scholarship for Equity in Dental and Medical Education*

ODA supports diversity and inclusion in the dental profession in Oregon and equity in culturally relevant care. This concept will allow Tribal members in Oregon to attend graduate programs at the Oregon Health and Sciences University for free, including the school of dentistry.

### Regulatory Affairs

ODA spent significant time advocating for dentists during the COVID-19 pandemic. The reopening of dental offices six weeks earlier than originally planned was a huge victory. Additional successes include ensuring that new OR-OSHA rules did not require AIIR rooms for AGPs, require costly HVAC renovations, or other requirements

which could have effectively shut down dentistry again in Oregon. ODA members continue to advocate for reasonable PPE requirements within state COVID-19 rules and policies, both with state agencies and the governor's office.

ODA members also successfully advocated for the Oregon Board of Dentistry to accept the Dental Licensure Objective Structural Clinical Exam (DLOSCE) in Oregon. Utilizing ODA's engagement system, more than 280 letters written by dentists, hygienists, and students were sent to the board in opposition to a proposed rule which would have effectively prevented the DLOSCE from being acceptable for licensure despite ODA's work in 2019.

### Leadership & Governance

In the midst of a worldwide pandemic with many impacts to dentistry, leadership within the association was more important than ever. With a record number of members involved in leadership roles and calls for engagement in 2020, our association remained strong and united, navigating unforeseen circumstances together. A heartfelt thank you to our Board of Trustees, council and committee members, task force members, and local leaders who graciously volunteered their time and expertise to the ODA this year.

This year also brought the association a new executive director, Dr. Barry Taylor, who was hired in July. He was selected by the board after a four-month nationwide search. An accomplished clinician, educator, and mentor in the dental profession, Dr. Taylor is known as an innovative leader and passionate advocate for the ODA. He served as both the association president and editor prior to being hired as the executive director.

The Leadership Development Committee oversaw the third class of the ODA Leadership Academy, guiding a group of ten emerging leaders in exploring the many aspects of the ODA, while developing and enhancing their

leadership and interpersonal skills. Due to the COVID-19 pandemic, many of the Academy offerings had to be held virtually, and some of the curriculum was modified to work within the virtual format. That said, it was another successful year, and the Academy will be continued and further enhanced in 2021.

For the first time in ODA's history, the House of Delegates was offered virtually on Saturday, September 26th. The business of the House was streamlined where appropriate, keeping essential elements, and removing optional items. We saw a strong participation among members, with 72 delegates in attendance. The virtual format helped eliminate travel and cost barriers, and the single-day Saturday timing was favorable to most work schedules. Feedback from attendees was very positive, providing the House of Delegates Task Force with additional information to consider when they reconvened in the fall of 2020. The House of Delegates Task Force was postponed in the spring of 2020 in order to free up critical staff time and defer legal expenses during the COVID-19 pandemic. The task force's final report and recommendations will be presented to the 2021 House of Delegates.

This year also marked the launch of the ODA's revised strategic plan. The current plan runs from 2020-2022, focusing on engagement, advocacy, development, and organizational health. Though the pandemic was unforeseen, the focus areas of the plan continued to guide the work of the association and were evident in all COVID-19 support and services.

### Closing Message

ODA members should be proud of what the association was able to accomplish during this unprecedented year. We are thankful for our diverse membership, representing all practice models, working together to support organized dentistry and the profession. Together, with a unified voice, we continue to accomplish great things. ●



280

Letters written by dentists, hygienists, and students



72

Delegates in attendance

# Oregon Dental Conference — OHSU CaseCAT & Research Competitions

## **IN THE PRE-COVID ERA, OREGON DENTAL CONFERENCE**

(ODC) attendees would have seen some very bright and eager faces standing in front of their exciting posters. A welcome sight that was one additional casualty of the year that was 2020, due to the cancellation of ODC 2020. As many of these attendees might have learned, these bright minds and their posters were part of the annual Oregon Dental conference research and CaseCAT competitions.

So what are these competitions? DMD candidates from Oregon Health & Science University (OHSU) present their work during ODC and compete for awards in two categories, namely the research category and CaseCAT category.

The research category competition showcases the original research that DMD students carry out with help of their mentors, while the CaseCAT category showcases a case based critically appraised topic that students develop with their mentors. More information about CaseCATs can be found at OSHU CAT website (<https://www.ohsu.edu/school-of-dentistry/school-dentistry-student-research-group>) or the UTHSC San Antonio website (<https://cats.uthscsa.edu/>).

While the 2020 conference was canceled, Oregon Dental Association and OHSU alumni association chose to continue to sponsor the awards for 2020. The 2020 winners were selected based on their performance at OHSU's 2020 annual research day meeting. Special thanks to the **Permanente Dental Associates team and OHSU faculty** who helped judge during the research day meet.

—Sivaraman Prakasam BDS, MSD, PhD  
*Diplomate, American Board of Periodontology,  
Associate Professor, Oregon Health and Sciences University*



# 2020 CaseCAT

*1st Place: Michelle Bloemers*



Michelle Bloemers



Mentor: Bryan Tervo, DDS

## What is the Long Term Prognosis of Autotransplanted Teeth?

### **PICO Question**

- Problem: Replacing a mandibular molar that requires extraction
- Intervention: Autotransplantation of a 3rd molar to the newly vacated socket
- Comparison: Other replacement options such as implant, ortho, fixed, or removable prostheses
- Outcome: Revascularization of donor tooth and complete root formation

### **Sources**

- Martin, K, Nathwani, S., & Bunyan, R. (2018). Verifiable CPD Paper Autotransplantation of teeth: an evidence based approach. *British Dental Journal*.
- Tsukiboshi, M. Yamuchi, N., & Tsukiboshi, Y. (2019) Long term outcomes of autotransplantation

of teeth. A case series. *Dental Traumatology*.

- Grayson, I., & Ren, T. (2019). Autogenous tooth transplantation: a viable treatment option. *Journal of the Massachusetts Dental Society*, 68(2), 12-14.

### **Benefits of Autotransplanted Teeth (ATT)**

- Teeth move! Because of regeneration of the PDL, donor teeth move with other natural teeth movement (not possible with implants)
- Rapid healing — A viable PDL of the donor tooth helps speed healing due to stem cells that reside in the PDL
- Esthetic Potential — Natural teeth may have a better emergence profile, shade, translucency, than other treatment options, such as a fixed dental prosthesis

- Economical — In many cases, the cost of ATT can be lower than other treatment options, such as implants

### **Conclusion**

Although studies that have been recently conducted regarding ATT do not have enough evidence to definitively support it as a long term solution for a missing tooth, they certainly do show promising results.

There should be more high level and quality studies conducted, including RCTs, in order to support this. This can be achieved by establishing a standardization of procedures for ATT, using an even larger patient population, and factoring in patient behavioral factors.

*Text has been amended and adapted from Michelle's poster to a more readable format.*

## 2nd Place: Brandon Khor



Brandon Khor



Mentor: Juliana B. da Costa, DDS, MS

# Safety of Adjunctive Light Therapy on Pulpal Health During Teeth Bleaching

### Topic Background

Adjunctive light therapy is used with bleaching gel in-office in order to augment tooth bleaching. While proponents of light use argue for increased efficacy of whitening, the main concern lies with intrapulpal temperature changes. A hallmark study by Zach and Cohen showed that an intrapulpal temperature rise of 5.5°C can lead to irreversible pulpitis. This CaseCAT evaluates the safety of modern adjunctive light sources on pulpal health during teeth bleaching.

### PICO Question

- Problem: Irreversible pulpitis caused by adjunctive light therapy during teeth whitening
- Intervention: Alternative light sources
- Comparison: Conventional halogen lamp light sources

- Outcome: Safe intrapulpal temperature rises during adjunctive use in dental bleaching

### Sources

- Mondelli, R.F., Soares, A.F., Pangrazio, E.G., Wang, L., Ishikiriyama, S.K., & Bombonatti, J.F. (2016) Evaluation of temperature increase during in-office bleaching. *Journal of applied oral science: revista FOB*, 24(2), 136-141.
- Klaric, E., Rakic, M., Sever, I., & Tarle, Z. (2015) Temperature rise during experimental light-activated bleaching. *Lasers in medical science*, 30(2), 567-576.
- Sari, T., Celik, G., & Usumez, A. (2015) Temperature rise in pulp and gel during laser-activated bleaching: in vitro. *Lasers in medical science*, 30(2), 577-582.

### CAT Significance

Most adjunctive light sources used during bleaching procedures induce temperature changes below the 5.5°C safety threshold when used according to manufacturer instructions. However, certain lights exceeded that threshold, emphasizing the importance of knowledge of scientific evidence and appropriate technique to maximize the safety of patients undergoing in-office tooth bleaching.

Further research should be conducted on novel ways to decrease intrapulpal temperature changes via innovations in gel and light sources.

If deciding to use adjunctive light therapy during bleaching, dentists should base their choice of light source on literature that has evaluated its safety and efficacy.

*Text has been amended and adapted from Brandon's poster to a more readable format.*

## 3rd Place: Nicholas Ray



Nicholas Ray



Mentor: Carlos Garaicoa-Pazmiño, DDS, MS

# Therapeutic Outcomes of Platelet-Rich Fibrin Following Third Molar Extraction

## Background

Extraction of impacted third molars often leads to residual periodontal defects on the adjacent teeth and post-operative complications (e.g., alveolar osteitis). An innovative solution to ameliorate these adverse events is the use of platelet-rich fibrin (PRF), an autologous material derived from a patient's serum, which is characterized by the presence of cytokines and growth factors. These mediators stimulate healing of hard and soft tissues when placed into post-operative extraction sockets.

## PICO Question

- Problem: Patients requiring extraction of impacted third molars
- Intervention: Third molar extraction with placement of PRF
- Comparison: Extraction without placement of PRF or other packing material
- Outcome: Prevalence of periodontal defects, complications and radiographic bone fill

## Sources

- Diophode AM, Hedge P, Mahindra U, Santhosh Kumar SM, Tenglikar PD, Tripathi V. Evaluation of the

efficacy of platelet-rich plasma and platelet-rich fibrin in alveolar defects after removal of impacted bilateral mandibular third molars. *J Int Soc Prev Community Dent.* 2016 Apr;6(Suppl 1):S47-52. doi: 10.4103/2231-0762.181167.

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- Kumar N, Prasad K, Ramanujam L, K R, Dexith J, Chauhan A. Evaluation of treatment outcome after impacted mandibular third molars surgery with the use of autologous platelet-rich fibrin: a randomized controlled clinical study. *J Oral Maxillofac Surg.* 2015 Jun;73(6):1042-9. doi: 10.1016/j.joms.2014.11.013.

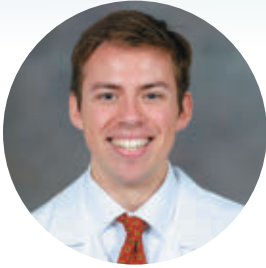
## CAT Significance

This CaseCAT has shown me the remarkable effects of PRF when used in oral surgery applications. The versatile combination of cytokines and growth factors, in conjunction with an ease of obtainability, makes

this material extremely desirable when striving to avoid post-operative complications and to enhance wound healing. The present articles provided information which well exceeded the scope of my question. As shown by both Kumar et al. 2015 and Diophode et al. 2016, there was a significant reduction in PDs at all timepoints post-operatively. Diophode et al. 2016 and Dar et al. 2018 also recorded a significant increase in bone healing. Moreover, it was reported that PRF can considerably reduce pain and swelling, which is often an extreme hardship patients have to endure with this procedure. I believe the use of PRF has significant clinical advantages in the field of third molar surgery. Albeit, heterogeneity is one major limitation among these types of studies. Future research should compare PRF with conventional bone grafting procedures (e.g., ridge preservation) to confirm its superiority among other materials. I have confidence that there is a bright future for this material.

*Text has been amended and adapted from Nicholas' poster to a more readable format.*

# 2020 Research Competition



Conor Scanlon

## *1st Place Award*

**Author:** *Conor Scanlon*

**Mentor:** *Carmem Pfeifer*

**Co-authors:** *Steven Lewis; Ana Paula Piovezan Fugolin; & Carmem Pfeifer*

**Title:** *Effects of systematically varied thiourethane-functionalized filler concentration on polymerization behavior and relevant clinical properties of dental composites.*

**Objectives:** Introduction of thiourethane (TU) oligomer to resin-based dental restorative materials reduces stress and improves fracture toughness without compromising conversion. Localization of TU at the resin-filler interface via silanization procedures may lead to more substantial stress reduction and clinical property enhancements. The objective of this study was to evaluate composite properties as a function of TU-functionalized filler concentration.

**Methods:** TU oligomers were synthesized using click-chemistry techniques and subsequently silanized to barium glass filler. Resin-based composites were formulated using varying ratios of TU-functionalized filler and conventional methacrylate-silanized barium filler. Material property testing included thermogravimetric analysis, real-time polymerization kinetics and depth of cure, polymerization stress, stress relaxation and fracture toughness. Clinical property testing included water sorption/solubility, composite paste viscosity, and gloss and surface roughness measured before and after subjecting the samples to 6 h of continuous tooth brushing in a custom-built apparatus using a toothpaste/water mixture.

**Results & Conclusions:** Increasing TU-filler in the composite resulted in as much as a 78% reduction in stress, coupled with an increase in fracture toughness. Conversion was similar for all groups. After simulated tooth brushing, gloss reduction was lower for TU-containing composites and surface roughness was less than or equal to the control.



Carmem Pfeifer



Michael Snow

## *2nd Place Award*

**Author:** *Michael Snow*

**Mentor:** *Curt Machida*

**Co-authors:** *Brandon Khor; Syed Umer; Vy Tran; Elisa Herrman; Claudia Lyashenko; Samantha Bona; Dongseok Choi; Anna Forsyth; Elizabeth Palmer; Tom Maier; & Curt Machida*

**Title:** *Genetic Polymorphisms and Oral Pain Sensitivity in Autism Spectrum Disorder*

**Objectives:** Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that affects communication, behavior, and sensory awareness including heightened or reduced sensitivity to pain. Genes implicated in altered pain sensitivity, perception, and modulation, including fatty acid amide hydroxylase (FAAH), SH3 and multiple ankyrin repeat domain 3 (SHANK3), and dopamine receptor D<sub>3</sub> (DRD3) were examined for allelic differences between typically-developing (TD) children and those who exhibit ASD. This pilot study tests the hypothesis that children with ASD may contain mutations in somatic and neurogenic pain modulatory genes and that the large inter-individual variability of dental pain is associated with specific single nucleotide polymorphisms (SNPs) or allelic combinations of SNPs.

**Methods:** Buccal specimens were collected from children with a medical diagnosis of ASD (N=10) and from typically-developing (TD) individuals (N=9) (ages 6-14). Genomic DNA was subjected to TaqMan-allelic discrimination assays using SNPs from fatty acid amide hydroxylase (FAAH; rs324420, rs2295633, rs3766246, rs4141964, rs322419), multiple ankyrin repeat domain 3 (SHANK3; rs9616915), and dopamine receptor D3 (DRD3; rs167771, rs6280). Primary caregivers were provided with a standardized questionnaire based on the



Non-Communicating Children's Pain Checklist (NCCPC-R) modified to assess oral pain; NCCPC-R assesses pain due to major/minor injury with demonstrated behaviors in children.

**Results:** The allelic combination of FAAH SNPs rs3766246 and rs4141964, in conjunction with SHANK3 rs9616915, represents a novel haplotype found only in ASD children exhibiting severe hyperalgesia in the studied population; this linkage has not been previously reported in the literature. Disruptions in SHANK3 have been associated with ASD; rs9616915 has been described as a potential predisposing risk factor. FAAH SNP rs324420 also demonstrates a diametric presentation between the ASD and TD populations; the A allele appears to be pain-predisposing in children with ASD, contrary to prior literature which indicates this SNP as pain-protective in TD populations.

**Conclusion:** This pilot study suggests that pain control is multifactorial and governed by both somatic and neurogenic influences. This work has the potential to identify genetic risk factors for oral pain sensitivity in children with ASD and indicates that somatic pain genes FAAH and SHANK3 may dictate increased sensitivity to both generalized and oral pain. With new genetic information, atypical dental pain sensitivity may be assessed at the point-of-care, allowing dentists to formulate personalized treatment for analgesic requirements and improve oral health care for patients with ASD. *Supported by OHSU Foundation Award (CM).*



Kareem Raslan



Curt Machida

## 3rd Place Award

**Author:** Kareem Raslan

**Mentor:** Curt Machida

**Co-authors:** Claudia Lyashenko; Samantha Bona; Michael Snow; Brandon Khor; Elisa Herrman; Stephanie Ortiz; Dongseok Choi; Tom Maier; Anna Forsyth; & Curt Machida

**Title:** Children with Autism Spectrum Disorder: Salivary Microbiome and Human Behavior

**Objectives:** Autism spectrum disorder (ASD) is a group of lifelong neurodevelopmental disorders defined by core deficits, including impaired communication, reciprocal social interaction, and repetitive and stereotyped patterns of behaviors. The salivary and gut microbiota may serve as important indicators of oral and systemic health, yet little is known about the role of the salivary microbiome in ASD. The gut microbiota and the brain are known to be linked and can exchange metabolites, affect the immune system, and influence human behavior identified in autism. In this study, we have identified components of the salivary microbiome in children with ASD.

**Methods:** Saliva specimens were collected from 10 children with ASD (ages 6-15 years; 9 males and 1 female) and from 10 typically-developing individuals (6 males and 4 females). Microbial DNA was subjected to PCR amplification using V3-V4 16S rDNA-specific primers and high throughput Illumina sequencing. Salivary microbiota libraries and profiles were generated by LC Sciences (Houston TX), and individual microbial species and genera were compared between children with ASD and typically-developing individuals.

**Results:** *Rothia* species were found to be statistically more prevalent in children with ASD compared to typically-developing children (12.2-fold change; FDR=0.031). Conversely, *Gemella*, *Neisseria*, *Moraxella*, and *Megasphaera* species were found to be statistically more prevalent in typically-developing children than in children with ASD (14.0-, 18.8-, 31.9- and 39.2-fold change, respectively; all with FDR <0.01).

**Conclusion:** The salivary microbial profiles contained within children with ASD differ significantly from the microbial profiles obtained from typically-developing individuals. Understanding the salivary microbiome in children can lead to improved management of oral health and better diagnosis and precision treatment planning for patients with ASD. Practitioners may be able to modify the salivary microbiome, though the use of microbial transfer or probiotics, as therapeutic regimens for ASD and other oral diseases. *Supported by the OHSU Foundation.* ●





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# The Dental Foundation of Oregon

## 2020 Closes on a Positive Note

Following a year filled with many, many challenges that saw the cancellation of all in-person fundraising events, The Dental Foundation of Oregon remained top-of-the-mind with individual, corporate, and family foundations! In fact, our annual participation in the Willamette Week Give Guide resulted in a slight increase in donor funding over the prior 3 years of individual giving. In 2020, we ended with \$15K in WWGG funds. The Dental Foundation of Oregon also saw an increase in the number of brand-new donors to the organization, as well as general operating funding from the Oregon Community Foundation's COVID-19 program, The Collins Foundation, and other community and family foundations!

With our hearts filled with love and gratitude, thank you to everyone who supported The Dental Foundation of Oregon in 2020! We could not be better prepared for 2021 and are enthusiastic about what the future holds for us!

## Tooth Taxi Update

As we have shared in previous issues of *Membership Matters*, barely 2 months into 2020, the Tooth Taxi was taken off the road and new COVID-19 protocols were instituted. This helped us ensure that once we returned to Oregon's open roads again in service to Oregon youth and underserved communities, we would be able to lend dental care support and education to a variety of charitable organizations. Even with a modified travel schedule in the latter part of 2020, the Tooth Taxi was able to continue delivering services, always with the safety of our patients and staff in mind. We also extend our deep appreciation to our Tooth Taxi team members Dr. Davis, Carrie, Vienna, and Steven for their unflinching enthusiasm and leadership to our Tooth Taxi program.

## Tooth Taxi Stats (September 2008 - December 11, 2020)

<b>24,503</b>	<b>14,108</b>	<b>25,555</b>	<b>\$8,171,852</b>
students screened	appointments in the van	students received oral hygiene education in the classroom	value of free dental care provided

## Thank You Dr. Kristen Smith Family Dental Group

Our sincere thanks to Dr. Kristen Smith and the team for turning the challenge of COVID-19 in March 2020 to a positive outcome in support of The Dental Foundation of Oregon! For several years, Dr. Smith's dental group hosted an annual Paddy Pint Race in Salem's Waterfront Park. When Oregon COVID-19 mandates prevented in-person events and gatherings, the team jumped into action, moving the race to a virtual format. As result, The Dental Foundation of Oregon recently received a donation of more than \$11,300!



## Save the Dates

Registration for both events officially opens on Monday, March 1, 2021! Visit [www.SmileOnOregon.org](http://www.SmileOnOregon.org) to learn more.


- Friday, June 11, 2021 — Chip! for Teeth Golf Tournament at Langdon Farms Golf Course
- Monday, October 11, 2021 — She Flies with Her Own Wings at Postlewait Farms

# COVID-19 Resources

**IN AN EFFORT TO KEEP MEMBERS INFORMED** during these uncertain times, the ODA has compiled a list of COVID-19 resources on our website. We have information on a wide variety of COVID-19 topics including:

- Guidance from the Oregon Health Authority and the Centers for Disease Control and Prevention
- Access to ODA's COVID-19 Hot Topics webinar series
- Access to free ADA Webinars
- COVID-19 Vaccine Access Opportunities and Information
- CARES Act resources
- Wellness tools and resources
- Human Resources and Business Management

The ODA continues to update these resources as the COVID-19 situation develops. Visit [oregondental.org/government-affairs/regulatory-information/coronavirus](https://oregondental.org/government-affairs/regulatory-information/coronavirus) for a full list of updates and resources. ●



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Coos Bay Area Dental Practice and Space For Sale Long time reputable dental practice collecting over \$680,000 with 43% operating income. 3 ops. 33% hygiene. All endo, ortho, 3rd molar ext, and perio surgeries referred out. Contact [Megan@omni-pg.com](mailto:Megan@omni-pg.com); 503-830-5765. (OD135)

Great location with 7 ops plumbed, 2 equipped. 600 patients, great team and patients. Dentist relocating. Contact Megan Urban at [megan@omni-pg.com](mailto:megan@omni-pg.com) or 503-830-5765. (ORD148)

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LIST OF MEDICAL/DENTAL BUILDINGS FOR SALE OR SPACE TO LEASE We have an updated list of medical/dental buildings for sale in Clackamas, Multnomah, Washington, Yamhill, Marion and Polk Counties. Building range from 2,000 sq. ft. to 20,000 sq. ft. Some have existing dental space already plumbed. Contact Megan at [megan@omni-pg.com](mailto:megan@omni-pg.com).

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Two Stand Alone Buildings for Lease – Busy Corner in Salem Perfect for a specialist in an area short on dental specialists, ample parking, great visibility & signage, high traffic count, open plan, on busy bus line, next to several general dentists, near by shopping, easy access to location, one story. Ready for your vision.

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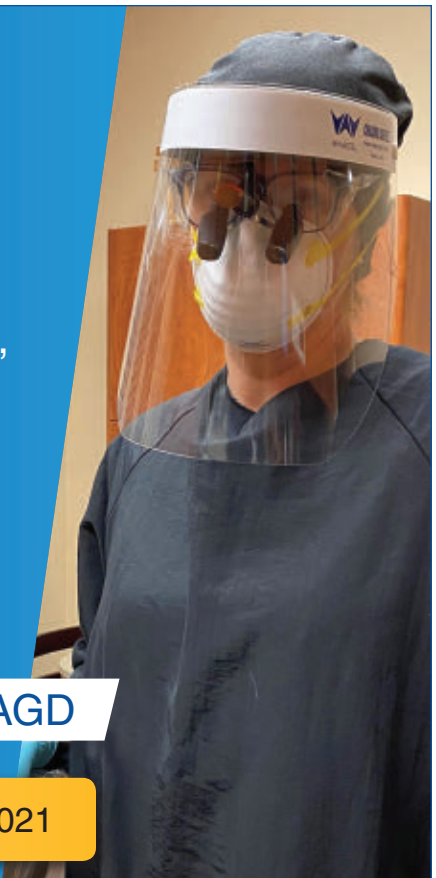
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**Josephine Stokes, DDS, FAGD**

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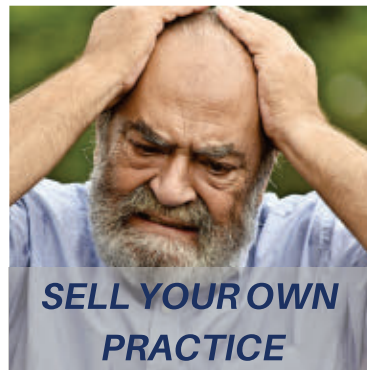
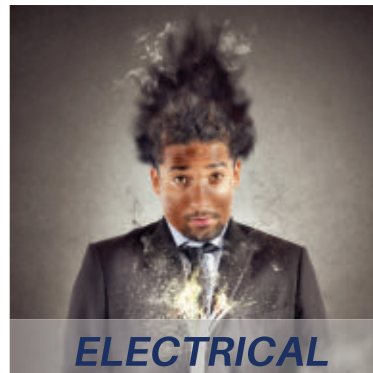


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