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Medical Dental Links

Some Ways Oral Health Affects General Health

One Hour Continuing Education

R. Mike Shirtcliff, DMD
President/CEO
“What lies behind us and what lies before us are tiny matters compared to what lies within us.”

Oliver Wendell Holmes
Advantage Consolidated LLC

Advantage Community Holding Company LLC

Which own four companies

Commercial Insurance

Government Contracts

Administration

Advantage Dental Plan
The Advantage Community

Non-profit

Advantage Property Mngt.
The Advantage Community

Advantage Dental Services
The Advantage Community

Headquarters Bldg.

Advantage Professional Mngt.
The Advantage Community

Advantage Member Benefits
The Advantage Community

Advantage Professional Management, Inc.

Advantage Community Holding Company, LLC

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THE CROCODILE'S TOOTHACHE

The Crocodile
Went to the dentist
And sat down in the chair,
And the dentist said, "Now tell me, sir,
Why does it hurt and where?"
And the Crocodile said, "I'll tell you the truth,
I have a terrible ache in my tooth,"
And he opened his jaws so wide, so wide,
That the dentist, he climbed right inside,
And the dentist laughed, "Oh isn't this fun?"
As he pulled the teeth out, one by one.
And the Crocodile cried, "You're hurting me so!
Please put down your pliers and let me go."
But the dentist just laughed with a Ho Ho Ho,
And he said, "I still have twelve to go—
Oops, that's the wrong one, I confess,
But what's one crocodile's tooth, more or less?"
Then suddenly, the jaws went SNAP,
And the dentist was gone, right off the map,
And where he went one could only guess . . .
To North or South or East or West . . .
He left no forwarding address.
But what's one dentist, more or less?
MISSION STATEMENT

The Advantage Community is about making sure no one in our communities has to go to bed at night suffering from the ravages of Dental Disease, not just about selling Dental Insurance. We like the way we practice Dentistry and believe if we serve the dental needs of our respective communities they will continue to let us serve their dental needs. Everything we do is accomplish this vision. And we like to do it in an entrepreneurial for profit way. This is why we work through the local Agent Community.
## Oregon

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>2006 Population</td>
<td></td>
<td>3,750,505</td>
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<tr>
<td>Insured</td>
<td></td>
<td></td>
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<tr>
<td>Oregon Health Plan</td>
<td>9%</td>
<td>340,000</td>
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<tr>
<td>Commercial Insurance</td>
<td>65%</td>
<td>2,437,828</td>
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<tr>
<td>Total Insured</td>
<td>74%</td>
<td>2,777,828</td>
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<tr>
<td>Uninsured</td>
<td>26%</td>
<td>972,676</td>
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Number of Oregon Dentists 2304 Ratio 1 dentist 1628 people
19 Rural Counties 287 Dentists Ratio of 1 dentist per 2157
ANTITRUST

Don’t like an insurance plan?

*Don’t boycott, don’t conspire, don’t organize.*

- - - - - - - - - - -

MUCH OBLIGED

Dentists have a legal and ethical responsibility to provide their patients with appropriate care. Limits written into a patient’s insurance plan may not absolve dentists of that responsibility.
Coping with the High Cost of Medical Coverage

Editor's Note: President Bush mentioned the high cost of medical coverage in his State of the Union address; it is an issue affecting all businesses in 2006. We contacted prominent commercial real estate companies across the U.S. and asked them anonymously to tell us what they are doing to keep costs in line. Here are their responses. We would also like to hear from you. E-mail us at managingyourbusiness@naiop.org to tell us what you are doing to keep costs under control and to tell us about other business issues that concern you.

~Published in Managing Your Business newsletter
Change in Value of $1,500 Annual Dental Benefit from 1976-2004

<table>
<thead>
<tr>
<th>Year</th>
<th>Benefit</th>
</tr>
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<tbody>
<tr>
<td>1976</td>
<td>$1,500</td>
</tr>
<tr>
<td>2004</td>
<td>$338</td>
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</tbody>
</table>
The best dentistry is no dentistry

The Oregon Academy of General Dentistry's Dentist of the Year award was presented to Thomas Walker, DMD, at the recent OAGD Annual Meeting in Portland. The award recognizes the general practitioner who has made an extraordinary commitment to the community and to the profession. After some 30 years of practice, Dr. Walker chides his patients by telling them the best dentistry is none. “Of course dental restorations are often needed and the materials that we use today: composites, veneers, porcelain, gold and implants, are the best they’ve ever been. But eventually most restorations must be repaired or replaced.”

“Prevention is key and this is another area that we understand much better today.” Walker believes the key to understanding is post-graduate education. He takes many continuing education courses and also instructs and mentors others. Dr. Walker, a general dentist, maintains his practice in Cedar Hills.

Criteria for the award include service to dentistry; service to the community; clinical skills; and contribution to and participation in continuing education. In the last 10 years, Dr. Walker has participated in over 900 hours of continuing dental education.

Dr. Walker’s community activities include over 20 years of volunteer dentistry in the Dental Aid for Children program. He has served on the Board of Directors of Oregon Dental society and was active with the Metro Ski League from Aloha High School.

Congratulations Fellows and Masters!

At the AGD National Meeting in Toronto in July Dr. G DeWing Harris, Gresham, received his AGD Masters award. In addition seven Oregon dentists were awarded a Fellowship in AGD: Dr. James Delgado, Albany; Dr. Phillipe Freeman, Bend; Dr. Robert MacIver, Portland; Dr. Kenneth McLeary, Hillsboro; Dr. James Meadows, Hillsboro; Dr. Shawn Tolnay, Lincoln City; and Dr. Edward Ward, Portland.

These dentists join 136 active Fellows and over 50 active Masters in Oregon. Isn’t it time that you joined this distinguished group of members? The Fellowship exam can be taken year round at any Sylvan Learning Center. If you need additional information call the OAGD office. Deadline for submitting your application to receive your Fellow or Master in New York next summer is December 15, 2000.

Honduras: Check your expectations at the door

Honduras—Between myself and Dr. Gregson, we have had shoulder surgery, back surgery, bought houses, and are in the middle of buying dental practices. We have young children, and are both married. Don’t give me excuses, just go do some good. You’re lucky, whether you’re a democrat or republican. You’re fortunate whether you’re male or female, young or old.

Dentistry is very good right now, and you are very well educated. Go share your knowledge with people that were not so lucky to have been educated and to have had the opportunity to practice in the United States. Give some of your time to work with students that go to a school with only high speed handpieces. Students that are excited to be working in a clinic that has portable A-dec units because they now have a choice of high speed or low speed.

But leave your gripes about HMO’s, state boards, competition, high tax rates, capital gains taxes, and OSHA behind. You’ll be working on children that were abandoned on the street of a third world capital city of 2 million because they were deaf or mentally challenged. Perhaps they were just plain abandoned, or they lost their parents in a hurricane. They really won’t care about your 7.5% mortgage, or your 21% return on your technology fund, but they will be very, very appreciative of your MOD alloys, pulpotomies, and composites on their front teeth that have been chipped for two years.

It really wasn’t their choice to be born into a third world country. They don’t have much control over the...see Honduras on page 6
Purchasers Driving Managed Dental Plans To Adopt ‘Evidence-Based Care’

HealthPartners of Minnesota, Kaiser Permanente in the Northwest and Willamette Dental are among those dental plans backing “evidence-based care.” If these pioneers can prove that this model of care increases the quality of care and contains costs, dentistry may be in for a revolution.

Here’s the concept: Evidence-based care involves choosing treatment that has been shown to improve outcomes under controlled, randomized, double-blind prospective studies. How it would work: When dentists examine their patients, they would turn to the evidence by systematically scanning the dental literature before making their final recommendation for a treatment plan.

Today, most dentists provide treatment to patients based on their own experience, on what they learned in dental school or on what they heard at a recent dental seminar. Adopting evidence-based care means plans could see different outcomes, contract with dentists differently and undertake alternative strategies to build networks.

But scanning the dental literature before treating each patient is still logistically impossible for dentists, as there is no central source of information on evidence-based care in dentistry. Still, some dental groups are starting to compile their own database of evidence-based care. Within organized dentistry, the American Academy of Periodontology is leading the pack. On the dental plan side, HealthPartners of Minnesota is one of the most advanced in collecting such data for its providers.

“In dentistry, quality is anecdotal,” says Marc Cooper, D.D.S., organization consultant for MBC Consultants. “You have people who take great slides and make presentations about their latest technique, which is usually funded by an outside venture, but there’s no scientific evidence that the treatment works on a large population.”

Purchasers and employers are beginning to say they want more guarantees. They want dentists to base their care on scientific evidence. They think evidence-based care would transfigure the way dentistry is practiced by causing a shift from the current surgical model to a medical model. It would put the emphasis on prevention rather than repair.

continued on p. 7

NADP Takes Industry Pulse on Key Issues To Deflect Opposition on Accreditation

Concerned that some dental plan operators are too quick to pooh-pooh proposed accreditation standards for the industry as too costly and overly burdensome, the National Assn. of Dental Plans is surveying members to determine the industry standard — and gauge possible cost ramifications — on credentialing and quality assurance, major elements of proposed standards.

“While [the proposal] has broad support...there's deep concern on the internal impact, particularly in costs, on plans,” says Evelyn Irland, executive director of NADP.
Medical Dental Links

- Oral Cancer
- Diabetes
- Heart Disease
- Pre-mature babies
- Failure to thrive
- Xylitol Benefits
- Bacteremia
- Asthma
- Ear Infections
- Organ Disease
Infection in the Mouth

- Acute and Chronic
- Gingivitis
- Periodontitis
- Granuloma
- Abscess
Medical Dental Links

How does it happen?
Streptococcus mutans
Transmission
Early Dental Infection
Adolescence Dental Infection
Young Adulthood Dental Infection
Middle Age Dental Infection
Older Age Dental Infection
Cavernous Sinus Thrombosis
Ludwig's Angina

| FIGURE 1. Marked submental swelling in the patient in illustrative case 1; note open mouth. |
| FIGURE 2. Tender swelling in patient in illustrative case 2. Patient is unable to open mouth. |
| FIGURE 3. Note spread of swelling laterally and abrasion on nose in same patient as shown in Figure 2. |
Oral Cancer
Oral Cancer
Standard Treatment Plan

Exams

Problem Focused

For Specific Problem

Prophy
Flouride Treatments
OHI & smoking less

Prevention

Definitive Care

Dentures, Root Canals, Fillings
Crowns, Cast Partial, Root Planing 
& Curetage, perio surgery

Complete

For Standard Treatment plan

Diagnosis

Eliminate Pathology

Extractions, debridement
Pulpotomies, Temp fillings
Caries arestment (silver flouride)
Three things shown to Reduce Dental Disease in poorer people:

• Dental Home

• Daily use of flouride

• Home visits
Prevention

ONE MORNING...

The house is on fire! Hurry! Call the carpenters!

Not the carpenters! You mean, they can't drive nails that fast! Call the fire department!

TWO DAYS LATER...

The dentist said we should learn to stop Johnny's decay before we repair his teeth.

That's ridiculous! I just want the teeth fixed.

THAT EVENING...

Repairing decay before controlling it seems as bad as calling the carpenters when the house is on fire.

Hmmm...
Dental Home

Let’s Stop Being Dental Repair Men!

By ROBERT F. BARKLEY, DDS

Reprint from the Arizona Dental Journal, April, 1970
Toothpaste

A small pea-sized amount of toothpaste weighs 0.4 gm
= 0.6 mg Fluoride
Xylitol is a naturally occurring sugar alcohol with 1/3 less calories than sucrose. FDA approved food additive. Safe for diabetics.

Effective dose 4-6 mg/day in gum or mints
Dental 101

R. Mike Shirtcliff, DMD
Cosmetics?
Posterior Filling Replacement
POSTERIOR COMPOSITES
Material Failure
Materials Failure
5-7-10 Year Crowns

5 Year Fillings
Fractured Tooth
Recurrent Decay
Faulty Workmanship
Prosthetic Replacement
COMPLETE BONY IMPACTION
Corporate Initiatives

“A nation's greatness is measured by how it treats its weakest members,”

~ Mohandas K. Gandhi
Early Childhood Cavities Prevention

Teeth begin to form in the fourth month of prenatal development.

A dental cavity is an infectious disease passed from caregivers to children.

About 5 out of every 10 low-income children in Oregon have dental cavities.

It costs $1,500 to $7,000 to treat each child with severe dental cavities. Most have to be hospitalized.

Severe dental cavities can lead to eating, learning, and speech problems.

“An Opportunity for Oregon’s Health and Dental Systems”

Corporate Initiatives
Klamath County
Early Childhood Caries Prevention Program
Advantage Smiles For Kids

- Is a non-profit organization that provides orthodontic care for low-income, at-risk youth.
Before 11-month mark
Before

½ way point
• Research demonstrates that primary care healthcare professionals can have a **major** impact on getting their patients into treatment

• Dr. Theresa Madden, OHSU Professor of Periodontics, is tallying the results of a survey of Advantage dentists, to determine their attitudes regarding intervention.

• The survey was conducted at the LLC’s annual meetings. Every brief intervention saves $873 in future health care costs - *Drs. Fleming and Brown study*

Training in **SBIRT** can help the country save $275 Billion dollars that is spent on addiction-care costs annually
Institutional Eldercare Research Project

• Joint project with Oregon Health Care Association (Nursing home Association)

• Purpose: To determine the feasibility of designing a sustainable a Comfort Care oral health program in nursing homes in Oregon.

• Goal: Assess as many patients as possible residing in Nursing homes in Coos and Curry County to find out the scope of care required and how it could best and most efficiently be delivered on an ongoing basis.
Senate Bill 329
The Oregon Health Fund Board

Evidenced based care
Value-Driven care purchasing
Pay for performance
Integrated Health Home

Oregon Educators Benefit Board
Conundrum

Percentage of Dollars Spent on Dentistry

Class I Services  25%
Class II Services  40%
Class III Services 35%

35%  X $1.5 Billion spent on Dental Care in 2006 = $535 Million

972,672 uninsured X $22 average OHP Cap Rate = $223,442,240 of which a 40%
State match would be $89,376,968

In as sophisticated as society as we have, how can we pay for crowns and
bridges, of which 50% probably are not necessary, on people who can afford them and
let 35% of our citizens go without even basic oral health care?
Conclusion

“A difficult dilemma confronts us when we consider the topic of will, discussion, and responsibility in relation to health. The dilemma is that the new scientific discoveries and techniques for curing people, within the physical and psychological spheres, tend to take away the patient's responsibility, make him and object of cure; whereas health in its deeper and authentic sense can come only with the growth of the sense of responsibility on the part of the patient. (Unknown)

Aid, by its very nature will flow toward the problems rather than toward opportunities. It will go where the needs are greatest rather than where the results are. It will, there for, tend to create-or, at least, perpetuate- dependence … Reliance on aid also encourages diversion of scarce resources to the wrong projects whose developmental impact is minimal.”

~ Robert Barkley, DDS
Successful Dental Practices Published by Yeast Offset Printing in 1972
“A warrior accepts that we can never know what will happen to us next. We can try to control the uncontrollable by looking for security and predictability, always hoping to be comfortable and safe. But the truth is that we can never avoid uncertainty. This not-knowing is part of the adventure. It’s also what makes us afraid.”

From Uncomfortable with Uncertainty by Pam Chodron