ODA TOGAY A publication of the Ohio Dental Association focusing on dentistry in Ohio

QuickBites

CMS removes Medicare Part D requirement for dentists

The Centers for Medicare and Medicaid recently announced that it plans to rescind the requirement for dentists to enroll in or opt-out of Medicare in order for their patients' Part D prescription drugs to be covered.

The American Dental Association has been advocating for the removal of this requirement for more than three years.

More information on this and what it means for dentists and their patients will be provided in the January "ODA Today."

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10 ways the ODA made a difference in 2017——

By ODA Staff

The ODA is busy year round supporting dentists, their practices and patients in Ohio. Below is a list of 10 of the ODA's top accomplishments in 2017.

1. Advocated at the Statehouse to protect dentists, their practices and their patients. The ODA's advocacy team helped defeat a proposal to impose a state sales tax on cosmetic health care services, including dental care, in the 2018-19 state budget. The ODA also helped develop and is supporting access to care legislation that would update Ohio's dental laws to allow for the use of teledentistry to extend care into underserved areas of Ohio and enhance the ability of dental auxiliaries to provide preventive dental services in schools and other public health settings. The legislation, House Bill 184, has passed the Ohio House and is pending in the Ohio Senate. The ODA also is supporting legislation to stop insurance companies from setting fees for services they do not cover. Additionally, the ODA has worked to educate lawmakers on the dangers of creating a dental therapist in Ohio, and to date legislation to create such a provider has not been successful. For more information, visit oda.org/advocacy.

2. Maintained one of the biggest Workers' Comp discount groups. More

Tripartite membership renewal now under way

Membership dues statements were mailed out in late November. Members also received an electronic renewal notice via email directing them to oda.org/renew to pay their dues. Members who indicated on their 2017 renewal statement that they prefer to receive membership communications electronically will not receive a paper statement in the mail and will only receive e-notifications.

Members can renew online at oda.org/renew, by mail to Ohio Dental Association, 1370 Dublin Rd. Columbus, OH 43215, by fax at (614) 486-0381 or by phone at (800)

See MEMBERSHIP, page 6

than 1,400 offices participated in the ODA program, and many of those offices employ multiple dentists. The ODA group is through CareWorksComp, which helps dentists reach their highest possible Workers' Compensation discount – up to BWC's current maximum off premiums – through multiple savings tiers. For more information, visit odasc.com.

3. Helped thousands of members with regulatory compliance, legal, third-party payer, practice management, risk management and ethics issues. ODA staff members are available five days a week to answer all of members' questions. Additionally, ODA staff members present CE courses across the state to make sure members have the most up-to-date information on these important issues. To speak with an ODA staff member, call

800-282-1526 or email dentist@oda.org.

4. Offered an alternative health benefits product to dentists in Ohio. In Ohio, 44 counties have only one health insurance option, but the ODA's health benefits plan, the ODA Wellness Trust, offers another option for member dentists and their staffs. The ODA Wellness Trust is a self-funded, cost-effective health benefit plan. In addition to competitive rates, the plan includes unique features such as no contribution requirements, tax savings, attractive copay and deductible options, and an extensive provider network. For more information, visit www.odawt.org.

5. Assisted dentists with finding jobs and hiring employees. The ODA hosted

See ODA, page 2

Dental students from CWRU, OSU collaborate to provide oral health care to military personnel

By Jackie Best Crowe ODA Managing Editor

Students from the Case Western Reserve School of Dental Medicine and The Ohio State University College of Dentistry recently collaborated to provide care to military personnel and their families.

On Oct. 13, students from both schools participated in a Military Resource Fair in Chagrin Falls that was organized by Rep. Marlene Anielski (R-Walton Hills) to provide oral health care.

"I was extremely grateful for the partnership between the students and dentists of both the Case Western Reserve School of Dental Medicine and the Ohio State University College of Dentistry at the Military Resource Fair in Chagrin Falls," Rep. Anielski said. "Their professional talents were utilized on our veterans who attended the event. Quality oral healthcare is extremely important in maintaining a healthy lifestyle. On behalf of all veterans, I would like to thank the dentists for providing resources and sharing oral health knowledge."

This event was the first time students from the two schools have collaborated on an outreach effort.

"For some time, we have wanted to collaborate with Case Western Reserve Uni-

ADA Foundation



Submitted photo

Students from The Ohio State University College of Dentistry and Case Western Reserve University School of Dental Medicine participated in a Military Resource Fair in October, where they provided oral health care to veterans in need.

versity's School of Dental Medicine on an outreach project," said Dr. Patrick Lloyd, dean of the OSU College of Dentistry. "We are so pleased and proud that our first partnership was for the worthwhile cause of providing dental screenings to veterans who have served our country. The Military Resource

Fair provided a valuable opportunity for our students to interact with some of their future colleagues, and it served as an example for future collaborations as our colleges continue working together to help improve access to

See COLLABORATE, page 7



Ohio Dental Association
1370 Dublin Road, Columbus, OH 43215-1098

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Did you know that oral health education counts as Give Kids A Smile?

If you or your staff members provide oral health education to children, we want to know about it! Your activities may qualify as GKAS events. Please contact Kristy Kowalski by emailing kristy@oda.org or calling (800) 282-1526.



The Director's Chair

David J. Owsiany, JD **ODA Executive Director**

The ODA's Task Force on Auxiliary Utilization and Access to Care continues to research and develop proposals related to enhancing access to dental care in Ohio, better utilizing the existing dental team, and modernizing Ohio's dental laws to reflect advancements in technology. In recent years, the task force's work has led to legislation that has, among other things, expanded loan repayment opportunities for new dentists who provide care in designated shortage areas to under-served populations, reformed several dental Medicaid policies leading to reimburse-

ODA-backed legislation would authorize tele-dentistry and enhance access to dental care

ment increases, and created alternative pathways to licensure by allowing dental school graduates to complete an accredited dental residency program (PGV1) in lieu of taking a regional clinical exam.

Last year, the task force reported to the ODA House of Delegates that it was working on proposals related to tele-dentistry and other access to dental care initiatives. Those ideas are now included in House Bill 184. On June 7, I testified in favor of House Bill 184 before the Health Committee of the Ohio House of Representatives. Dr. Patrick Lloyd, dean of The Ohio State University College of Dentistry; Dr. Cathy Flaitz, former division chief of dentistry at Nationwide Children's Hospital; and Dr.

Paul Casamassimo, an ODA past president and emeritus professor of pediatric dentistry at OSU, also provided proponent testimony in favor of House Bill 184.

On Sept. 20, House Bill 184 unanimously passed the Ohio House Health Committee by an 18-0 vote, and on Oct. 11, the Ohio House of Representatives passed House Bill 184 by a 91-6 vote. The bill now goes to the Senate for con-

House Bill 184 will update Ohio's laws to permit the extension of care into underserved communities via tele-dentistry. For example, this bill will permit dentists to

See ACCESS, page 5



Dentistry is stronger because of the support of the ODA

I love the holiday season. Christmas always brings back memories of the wonderful time I had as a child. My parents always made it a fun time. The searching out of the perfect tree. Bringing it home, decorating it and the rest of the house. And of course, the anticipation and excitement of opening the beautifully wrapped gifts.

Every year I watch my favorite Christmas movie, "It's a Wonderful Life." As I'm sure most of you know, it is about a man named George Bailey who is worried his building and loan company will fail and he will be sent to jail because of some missing money (his uncle/employee accidently

lost the money). He contemplates suicide family, friends and other townspeople.

That is how I feel about the practice of dentistry. If not for the support of the ADA, ODA, local components, our political action committees, etc., I can't imagine how much worse off we would be as a profession. Just like George in "It's a Wonderful Life," I think a lot of dentists sort of "forget" (or don't realize) what a great benefit our partners in organized dentistry are. To just name a few of the benefits of the tripartite:

- compliance questions
- Third-party payer assistance
- Information on current dental issues
- Public service programs
- Continuing Education
- Insurance products and discounts
- Leadership development
- Access to care advocacy (to assist our underserved population)
- Give Kids A Smile
- Legislative and regulatory advocacy
- Small generator of medical waste exemption
- Explain to lawmakers the extreme deficiency of dental therapists
- Advocacy to allow for tele-dentistry
- Created the Ohio Dentist Loan Repayment Program
- Advocacy for licensure portability

I have said it many times ... If dentists do not look after and guide our profession, who do you think will? It will be lawyers, politicians and numerous outside groups who most frequently don't seem to have the dentists' or patients' best interest in mind.

Therefore the support of our tripartite system is an opportunity to help ourselves, patients and the rest of society in more ways than we often realize.

Have a happy and healthy holiday and

Email Dr. Moore at smoore@oda.org.

ODA Today

Member of the American Association of Dental Editors

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Jackie Best Crowe ODA Today Managing Editor

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because he thinks he and everyone he knows would be better off if he had never been born. Then his guardian angel shows him how an innumerable number of people would have not survived, or led decent, productive lives if he had not been there to support and guide them. If George had never existed, the local druggist, Mr. Gower, would have accidently poisoned a local child because George would not have been there to see the pills come from the wrong bottle while he was waiting to make a delivery. If George had never been born, George would not have been there to prevent the drowning of his younger brother who went on to win the Medal of Honor for his heroism that saved a whole transport of soldiers. And if George had not been there, he would not have been able to help and guide his

Answers to legal and regulatory

heroin addiction epidemic.

the "ODA Today." The ODA also has supported new opioid prescribing guidelines in Ohio to help combat the opioid and

7. Kicked-off a podcast for dentists in Ohio. ODcAst: The Ohio Dental Podcast is a convenient new communications vehicle featuring ODA staff members and other experts discussing the latest information related to the ODA and dentistry in Ohio. Topics so far have included the new amalgam separator mandate, opioid prescribing rules, Give Kids A Smile, advocacy updates and more. Listen to the podcast by visiting oda.org/resourcelibrary/ and clicking on ODcAst: The Ohio Dental Podcast.

8. Helped provide access to care to people in need. More than 14,731 kids received dental care or oral health education through Give Kids A Smile in 2017. More than 340 dentists volunteered to provide donated care or education worth \$790,000 through GKAS. Additionally, the ODA Foundation provided more than \$48,000 in grants to 10 access to care programs in 2017. Programs ranged from free clinics providing dental care through the volunteerism of dentists, special initiatives for senior oral health outreach and tele-dentistry and equipment purchases to support operations at safety net clinics.

9. Offered CE and leadership development training. The 2017 ODA Annual Session offered 65 CE courses presented by more than 30 nationally-known speakers. The ODA also offers a free, awardwinning leadership development training program for ODA members, Leadership Institute. At the 2017 Leadership Institute, attendees had an opportunity to earn up to five CE credits and heard from Ohio Attorney General Mike DeWine and other leaders and experts on issues important to dentistry. 10. Funded a radio advertising cam-

paign to promote ODA members and oral health to more than a million Ohioans. The ODA has been promoting oral health and patient visits with ODA member dentists through an educational radio campaign since 2012. In 2017, the campaign delivered 19,832 commercials on 74 stations and reached more than 1,700,000 people across Ohio. This campaign directs patients to the ADA Find-a-Dentist tool. All member dentists are listed on the Find-a-Dentist search tool, however, dentists with completed profiles have a priority listing in search results, and data shows that profiles with pictures get more clicks. Dentists can take about five minutes and log in to ada.org/ myada to update their member profile.

ODA, from page 1 MATCH @ ODA Annual Session this fall, a free event to help newer dentists

and fourth-year dental students who are looking for a job match up with more seasoned dentists who are preparing for a practice transition or looking to expand their practice. Additionally, The ODA prints classified ads in the "ODA Today" each month, plus posts them online. The classifieds are available only to members, and are a great resource to dentists and dental students looking for an associateship position, a practice for sale, equipment for sale and more. The ads are also beneficial to people who would like to advertise the need for a new employee or who would like to sell a product or their practice. View the classified ads on page 14.

6. Sponsored education and supported policies for prescribing opioids and pain management. The ODA has held educational seminars across Ohio on issues related to preventing prescription drug abuse, identifying doctor shopping, best prescribing practices, and proper usage of the OARRS database to prevent drug diversion. The ODA has provided opioid prescribing resources for dentists on oda.org and has published articles in



Reporting abuse and neglect

Dentists are well respected professionals and are trusted members of any community. As such, state law and the ADA Principles of Ethics and Code of Professional Conduct (Code) place obligations upon dentists to report abuse and neglect at certain times. It is important for dentists to be familiar with the legal and ethical requirements surrounding this important subject.

Section 3 of the Code, entitled "beneficence" or "do good," calls on dentists to "become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws." Further, the Code outlines that at a minimum a dentist's ethical obligation must be consistent with the dentist's legal obligation. Section 3.E. Abuse and Neglect.

Child abuse and neglect

Ohio law confers a special obligation upon certain trusted members of society to take action in suspected cases of child abuse. Ohio Revised Code section 2151.421 requires dentists, physicians, attorneys, nurses and others when acting in their professional capacity to immediately report that a child has suffered or faces a threat of suffering abuse or neglect. For purposes of the requirement, a child is defined as any minor under the age of 18 or developmentally disabled or physically impaired child under the age of 21.

The directive for dentists in Ohio law is clear, but what constitutes "abuse" and "neglect" may not always be as clear. Fortunately, state law tries to provide some guidance on this issue. The law defines an abused child as one who has been the victim of sexual activity or exhibits evidence of any physical or mental injury inflicted not by accident.

A neglected child is defined as a child who is abandoned, lacks adequate parental care or suffers physical or mental injury due to a parent or guardian's omission. Additionally, a child whose parent(s) or guardian(s) refuse "to provide proper or necessary subsistence, education, medical or surgical care or treatment, or other care necessary for the child's health, morals, or well-being," also meets the definition of a neglected child.

This guidance is helpful but even within these definitions, there is quite a bit of discretion placed upon the practitioner to determine whether a child is suffering from abuse or neglect. A dentist must evaluate the situation thoroughly and make a determination as to whether a reasonable person in his or her position would believe the situation constitutes abuse or neglect. If so, then the decision is clear. A dentist must report the issue to the proper authorities, in this case a local child services agency or law enforcement officer in the county in which the child resides.

An agency that receives the report may ask the dentist to follow up with additional information in writing. This written report should include the name and address of the child and parent(s)/guardian(s), the child's age and nature of the injuries, abuse or neglect that was suffered, and

any other information that may be helpful in establishing the cause of the injury, abuse or neglect. Under the law, a dentist may take photographs of any areas of trauma on the child, and if medically indicated, take a radiograph.

Any person who makes a report is immune from both civil and criminal liability unless they are deemed to have acted in bad faith or with a malicious purpose.

In almost every instance, a report is considered confidential and the information contained within it and the name of the person who reported it is not to be released. Additionally, the information in the report and name of the person filing the report cannot be used as evidence in any civil action brought against the person making the report. Ohio law recognizes that these good faith reports are essential in order to protect the well-being of at-risk children and confers these necessary protections on those who report suspected abuse

Adult abuse and neglect

Legal and ethical obligations also exist for dentists when confronted with the suspected abuse of an adult. These issues can be much more difficult to identify and respond to for a dentist.

Under Ohio law, Revised Code section 5101.61, a dentist (along with attorneys,

physicians, podiatrists, chiropractors, psychologists, nurses, hospital employees and others) must immediately report their reasonable belief that an adult is being abused, neglected or exploited or is in a condition that is the result of abuse, neglect or exploitation.

For purposes of this requirement, an adult is a person who is 60 years of age or older who is "handicapped by the infirmities of aging" or has a physical or mental impairment which prevents the person from providing for their own care.

Abuse is defined as the infliction of injury, unreasonable confinement, intimidation or cruel punishment resulting in physical harm or mental anguish. Further, the law defines neglect as the failure of the adult or a caretaker to provide the goods or services necessary for the person to avoid physical harm, mental anguish or mental illness.

Similar to suspected cases of child abuse, dentists must evaluate any suspected incidents of adult abuse thoroughly and make a determination as to whether a reasonable person in his or her position would believe the situation constitutes abuse or neglect. If so, then the dentist must report the situation to the county department of job and family services. The report to the department can be made orally or in writing. However,

the department may request additional information be submitted in writing should a dentist make the report orally.

A dentist who has reasonable cause to believe that an adult is suffering abuse, neglect or exploitation is protected under Ohio law when making a report on the incident. Any person who makes a report is immune from both civil and criminal liability unless they are deemed to have acted in bad faith or with a malicious purpose.

Although dentists and the other professionals listed above are required to report suspected cases of abuse, any other person may also take action to file a report, which could include employees of dental offices. It is important to note that an employee of a dental office or any other business who reports such an incident cannot be discharged, demoted, or retaliated against in any way by an employer as a result of the employee making such a report.

Domestic violence

Ohio law does not require health care providers to report their suspicions that a patient is the victim of domestic violence unless the underlying injury that led to the belief is a gunshot wound, stabbing or second degree burn. In these instances,

See ABUSE, page 4



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New requirements for controlled substance prescriptions go into effect

By ODA Staff

The Ohio Board of Pharmacy recently adopted new rules requiring prescribers to include a diagnosis or procedure code and indicate the days' supply on certain prescriptions. Beginning on Dec. 29, dentists must include a procedure code (CDT Code) on all opioid prescriptions, as well as indicate the days' supply on all controlled substance prescriptions. The necessary procedure code is based on the dental treatment requiring the prescription. Beginning on June 1, 2018, the requirement to include a procedure code will extend to all controlled substance prescriptions.

The information collected under these new rules will be entered into Ohio's prescription monitoring program, OARRS, at least in part to assist the Ohio Board of Pharmacy and Ohio State Dental Board in effectively enforcing the new rules on prescribing opioids for acute pain that went into effect on Aug. 31. Those rules generally include the following limits:

- No more than seven days of opiates can be prescribed for adults;
- No more than five days of opiates can be prescribed for minors and only after the written consent of the parent or guardian is obtained;
- The total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day.

The Ohio State Dental Board's rules permit the seven-day limit for adults and the five-day limit for minors to be exceeded only "for pain that is expected to persist for longer than seven days based on the pathology causing the pain." In this circumstance, "the reason that the limits are being exceeded and the reason that a non-opioid medication was not appropriate to treat the patient's condition shall be documented in the patient's record."

The OSDB's rules further state that the "total morphine equivalent dose (MED) of a prescription for opioid analgesics for treatment of acute pain shall not exceed an average of 30 MED per day." The Ohio State Board of Pharmacy has posted a calculator on its website to assist prescribers in calculating the MED equivalent for opioid prescriptions, which can be found at ohiopmp.gov/MED_Calculator.aspx.

The rules permit a dentist to exceed the 30 MED limit only where all of the following apply:

- (1) The patient has significant and prolonged acute pain related to one of the following conditions:
 - (a) Traumatic oro-facial tissue injury with major mandibular/maxillary surgical procedures.
 - (b) Severe cellulitis of facial planes, or
 - (c) Severely impacted teeth with facial space infection necessitating surgical management; and
- (2) The dentist determines that, for the 72 hour period following the procedure, it is absolutely necessary to exceed the 30 MED daily limit based on the patient's needs but may not exceed 90 MED per day; and
- (3) The dentist has documented the reason for exceeding the 30 MED average in the patient record and why it is the lowest dose consistent with the patient's medical condition.

Pharmacies are prohibited from filling prescriptions that do not comply with these new rules, so dentists should expect prescriptions for opioids and controlled substances to be denied if they fail to include a procedure code and/or days' supply following their respective effective dates. Furthermore, the Ohio State

Dental Board and the Ohio State Board of Pharmacy have made clear that the rules related to the seven-day limit for adults and the five-day limit for minors and the 30 MED limit for opioid prescriptions will be closely monitored and enforced. Dentists who prescribe opioids simply must follow the rules described above to avoid the potential for regulatory action against their dental license.

Want to learn more about the new opioid rules?

A recent episode of ODcAst: The Ohio Dental Podcast



features full details on the new opioid rules in Ohio.To listen to the podcast, visit oda.org/resource-library/ and click on "ODcAst: The Ohio Dental Podcast."

ABUSE, from page 3

physicians and some other medical professionals must report the information to law enforcement officers. However, dentists do not have a legal obligation to report to law enforcement on those issues.

Ohio Revised Code does require physicians, hospital interns or residents, RNs, LPNs, psychologists, social workers and social work assistants, and professional counselors to record their knowledge of or reason(s) why they believe domestic violence may have occurred in the patient's record. Again, this statutory requirement does not extend to dentists. Once outlined in the medical record, the patient themselves may assess whether to report the incident(s) to law enforcement officials and may use the medical record as evidence for the report.

Patient's right to selfdetermination and confidentiality

The legal requirements outlined above sometimes require a dentist to utilize their professional judgment to determine whether a situation rises to the level of being reportable to authorities. However, when making this determination dentists should also be aware of the ethical guidance set forward in the Code.

The Code points out that dentists have a "concurrent ethical obligation to respect an adult patient's right to self-determination and confidentiality," and provides that a dentist should "respect the wishes of an adult patient who asks that a suspected case of abuse and/or neglect not be reported" if a report is not mandated by law.

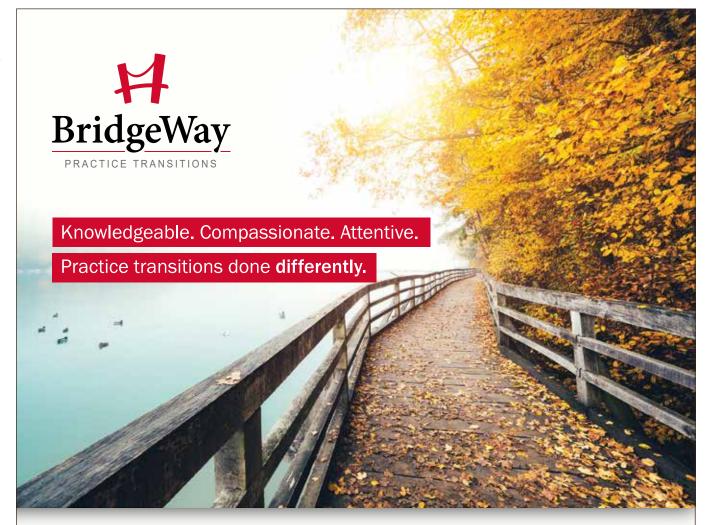
As a dentist navigates these considerations, it is important to remember an overriding theme of the Code, outlined in its preamble: "the ethical dentist strives to do that which is right and good." Following this guidance will generally point the dentist in the correct direction moving forward.

For more information on this important issue, please contact the ODA legal department at (800) 282-1526.



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Component society recruitment grant application deadline approaching

The ODA is again offering grants to component dental societies for recruitment initiatives. A maximum of \$2,000 will be awarded per grant.

The proposed program must be a recruitment initiative with the goal of obtaining new members, and 25 percent of the total cost of the program must be funded by the component dental society. Events cannot be purely social and must have designated time to present the benefits of membership.

Events must be held by Dec. 31, 2018, and societies receiving grants are required to report the results of their efforts to the ODA Council on Membership Services quarterly.

For more information and to apply, visit oda.org and under "Member Resources" choose "Membership Recruitment and Retention." The deadline to apply is Dec. 31,

ODA seeking nominations for council positions

The Ohio Dental Association seeks members to fill potential upcoming vacant atlarge positions on ODA councils.

The ODA is seeking nominations for at-large positions on the association's Council on Dental Care Programs and Dental Practice and the Council on Membership Services. Nominations for these at-large council positions are open to all ODA members. The term of office for at-large council members is two years and the terms for these at-large council positions to be filled will be effective from September 2018 to September 2020.

At-large members may be nominated by individual ODA members, component societies, subdistricts or councils (and may include former council members) and will be appointed by the ODA's Ad Interim Committee.

The at-large council positions include:

Council on Dental Care Programs and Dental Practice

- The Council on Dental Care Programs and Dental Practice assists the membership in addressing issues related to regulatory compliance, dental insurance, managed care, Direct Reimbursement, dental practice and risk management.
- There is at least one at-large position available on the Council on Dental Care Programs and Dental Practice in September 2018. The member to fill the at-large position(s) would have a term of office from September 2018 to September 2020. Nominees for the at-large position(s) on this council should have knowledge of and interest in third-party reimbursement issues, managed care, direct reimbursement, dental practice, and environmental and dental practice management issues.

Council on Membership Services

- The Council on Membership Services coordinates and implements member recruitment and retention activities for the association.
- There is one at-large position available on the Council on Membership Services in September 2018 and this at-large council position is designated for a member from a large group practice. The member to fill the at-large position would have a term of office from September 2018 to September 2020.

Nominations for the council at-large positions are due by Dec. 31, 2017 and should include a letter of nomination and the nominee's curriculum vitae. Please submit nominations to: Ohio Dental Association, Attention: David Owsiany, Executive Director, 1370 Dublin Road, Columbus, OH 43215, or to david@oda.org.

Nominations sought for Dental Board positions

A call for nominations is now extended for dentist board member positions on the Ohio State Dental Board.

The Ohio Dental Association has the opportunity to recommend nominees to the governor of Ohio for possible dentist board member openings on the Ohio State Dental Board (OSDB), which may be vacant in April 2018 or before. The board member positions are for general dentists and a dental specialist.

The ODA Executive Committee is seeking potential candidates who are interested in serving on the Ohio State Dental Board. The term of office for Ohio State Dental Board members is four years and the board meets on average nine to 10 times per year.

Criteria that the ODA Executive Committee is seeking in candidates to the Ohio State Dental Board include:

- being in practice at least five years
- · being familiar with Ohio's Dental Practice Act
- having knowledge about regulatory issues related to dentistry
- · having a history of support/involvement with ODA governmental affairs and activities such as ODPAC membership, grassroots efforts, etc.

Nominations for the Ohio State Dental Board member positions are due by Dec. 31, 2017 and should include a letter of nomination and the nominee's curriculum vitae Please submit nominations to: Ohio Dental Association, Attention: David Owsiany, Executive Director, 1370 Dublin Road, Columbus, OH 43215, or to david@oda.org.

Save the date for 2018 ODA Leadership Institute

The 2018 Leadership Institute will be March 23-24 at the Hilton Columbus Polaris Hotel. Leadership Institute is the ODA's award-winning program developed to help all ODA members become more successful and effective leaders. This event is free for ODA members. Watch future issues of the "ODA Today" and "NewsBytes," for more details about the 2018 Leadership Institute.

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ODA Meeting & Event Calendar

1 Annual Session Committee 25-26 ODA office closed for holiday

Jan.

- 1 ODA office closed for holiday
- 9-10 Council on Dental Care Programs and Dental Practice
- 11-12 Executive Committee
 - Council on Access to Care and Public Service (call)
 - Council on New Dentists (call)

ACCESS, from page 2

perform an exam via real-time exchange of information through technology, including intraoral cameras and digital x-rays, and will allow a dentist to provide direction to a dental hygienist or an expanded function dental assistant with specific training to perform interim therapeutic restorations or administer silver diamine fluoride. Both of these procedures can treat and arrest tooth decay and get patients out of pain or discomfort but do not require drilling or other invasive procedures. The bill would also allow a dentist to prescribe a non-controlled substance such as an antibiotic via tele-dentistry when appropriate.

As demonstrated during the testimony, the use of tele-dentistry in this way will enhance the ability of certain institutions and other clinics to extend the care that they provide into under-served settings. It is important to note that the bill requires specific patient protections when services are provided through tele-dentistry including abiding by all laws related to the privacy and security of the patient's dental and medical information.

In addition to the provisions related to tele-dentistry, House Bill 184 would direct the creation of a proposal for Choose Ohio First scholarships for dental school. To be eligible for these Choose Ohio First scholarships, the recipient would be required to practice dentistry for not less than four years upon graduation from dental school in a dental resource shortage area in Ohio and treat Medicaid patients.

House Bill 184 would also update Ohio's licensure laws to ensure that the Ohio State Dental Board accepts the results of all regional clinical exams to further enhance licensure portability.

Finally, House Bill 184 would also make other changes to Ohio's laws to reduce the barriers for the existing dental team members - including dental hygienists and expanded function dental assistants to provide prevention services in most settings, including nursing homes, schools and other public health settings.

Keep an eye on future issues of the "ODA Today" for updates on the progress of this important legislation.



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Ohio Dental Association retains 96.2 percent of membership

By ODA Staff

The Ohio Dental Association has retained 96.2 percent of its 2016 membership, which is up slightly from last year. Moreover, 19 of its 25 local component dental societies have retained 95 percent or more of their 2016 membership. Following is a list of those societies:

- Western Ohio Dental Society (100 percent)
- Tuscarawas County Dental Society (100 percent)
- Toledo Dental Society (98.97 percent)
- Mad River Valley Dental Society (98.51 percent)
- W D Miller Dental Society (98.48 percent)
- Dayton Dental Society (98.02 percent)
- (97.91 percent)Eastern Ohio Dental Society (97.83)

Corydon Palmer Dental Society

- percent)

 Stark County Dental Society (97.71
- percent)Northeastern Ohio Dental Society
- (97.63 percent)Rehwinkel Dental Society (97.33 percent)
- Central Ohio Dental Society (97.09 percent)
- Muskingum Valley Dental Society (96.74 percent)
- Northwestern Ohio Dental Society (96.69 percent)
- Cincinnati Dental Society (96.40 percent)

MEMBERSHIP, from page 1

282-1526.

There are several ways for members to pay their dues this year. New this year, the ODA will be offering an installment payment program, where dentists can pay their 2018 membership dues over the course of several months. Payments will begin in December 2017 and will be divided into five payments concluding in April 2018. To utilize this payment option, dentists need to complete an in-year dues installment payment program form, which is included with dues statement mailings.

Another way dentists can pay their dues is through Reward Program Payment with Benco Dental. The Reward Program Payment allows dentists to redeem their Benco Dental BluChips® for a dues credit toward their ADA, ODA and local dental society dues. In order to use this payment option when paying dues, dentists will need to contact Benco Dental by logging onto mybencorewards.com or calling (800) GO-BENCO ext. 2005 and request that their BluChips be redeemed for membership dues.

Any members who have moved, changed their email address or changed any other contact information should contact the ODA by calling (800) 282-1526 or emailing membership@oda.org to ensure they receive their dues statements.

Dues are due Jan. 1, 2018, for the 2018 membership year.

Follow the ODA on Twitter!



- North Central Ohio Dental Society (96.00 percent)
- Keely Dental Society (95.95 percent)
- Akron Dental Society (95.94 percent)
- Maumee Valley Dental Society (95.83 percent)

In 2009, the ODA's Council on Membership Services (CMS) decided to publish the list of component dental societies reaching or passing the 95 percent retention threshold as a way of recognizing the accomplishment and providing an incentive for local societies to make a strong effort to renew their members.

2018 membership tripartite dues statements and an electronic email notice were sent to 2017 members in late November. Members can renew online by visiting www.oda.org/renew. Members wishing to report a change of address, retirement, or submit an inquiry about their membership status should contact the ODA Membership Department at: (800) 282-1526, or via email at: membership@oda.org.

CWRU Street of Dreams



ODA Staf

On Nov. 1, the Ohio Dental Association and Greater Cleveland Dental Society hosted a Street of Dreams event for third- and fourth-year dental students at Case Western Reserve University. 13 students attended the event, where they toured several dental offices. Drs. Stuart Katz and Tom Kelly served as tour guides. The students toured the offices of:

- Drs. Roger Hess, Jason Streem and Rebecca Davis
- Dr. Jay Resnick, Jeffrey Young and Erika Loeffel
- · Dr. Dale Kates

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COLLABORATE, from page 1

dental care for all Ohioans."

At the event, students provided dental screenings and oral hygiene instruction. CWRU brought portable dental chairs as well as its mobile dental van.

"Dental students from both CWRU and OSU worked together to provide instructions for quality oral hygiene as well as

oral cancer screenings," said Dr. Kenneth Chance, dean of the CWRU School of Dental Medicine. "Referrals for follow up care at the CWRU School of Dental Medicine were also provided to patients. Veterans in attendance were seen and treated on the Geriatric Mobile Van with additional mobile equipment available inside the building for further care. The students worked well together as a team

and delivered quality care, patience and understanding. Our presence at the event was successful and extremely well received by the organizers, attendees and veterans alike."

Dr. Canise Bean accompanied the dental students from Ohio State and Drs. Kristin Williams and Suparna Argekar Mahalaha were on hand from Case Western. In addition to dental screenings, attendees were able to meet with agency representatives who could help them with benefit questions, employment opportunities and many other military related areas. Attendees also had the opportunity to receive haircuts and other services.

Dr. Ronald M. Wolf

Dr. April A. Yanda

Dr. Mary Ellen Wynn

Dr. Jeffrey A. Young

Dr. Henry L. Young, Jr.

Dr. Andrew W. Zucker

Dr. William J. Zucker

Dr. Charles J. Yourstowsky

The free event was organized in conjunction with the Chagrin Valley Chamber of Commerce and the Cuyahoga County Public Library.

Dental Insurance Corner

Medical necessity claim denials and Ohio's external review

process law

Christopher A. Moore, MA
ODA Director of Dental Services

The Ohio Dental Association at times receives calls from member dentists concerned about insurance company claim denials because the carrier determined the work the dentist provided was not medically necessary. If appealing the denial does not provide a satisfactory resolution to the matter, then the dentist and patient may want to consider utilizing Ohio's external review law.

The Ohio Department of Insurance (ODI) reports that "all health plan issuers must (among other things) provide a process that allows a person covered under a health benefit plan ... to request an independent external review of an adverse benefit determination. An adverse benefit determination is a decision by the health plan issuer not to provide benefits because they believe services are not medically necessary, or not covered, excluded, or limited under the plan, or they believe the covered person is not eligible to receive the benefit."

The first step is for the patient to file an appeal with their insurance company concerning the adverse determination. If appealing through the carrier's internal appeals process does not generate a satisfactory outcome, then the patient has 180 days from the date of the insurer's final adverse benefit determina-

tion notice to submit a written or electronic request for an external review to their insurance company. There is no cost to the patient to initiate an Independent Review Organization (IRO) external review.

If the patient's request is complete their insurance company will inform the patient as much and then begin the external review. If the request is incomplete or if the carrier determines the patient's case is not eligible for external review then the company will inform the patient of its decision along with the opportunity to provide the information necessary to complete the request or appeal the denial to the Ohio Department of Insurance (ODI). If appropriate, ODI can overturn the insurance company's denial and order the external review to proceed.

The actual external review is conducted by either ODI or an IRO.

ODI handles external review complaints involving either: 1) contractual issues that do not involve a medical judgment or any medical information or 2) adverse benefit determinations for emergency medical services that do not meet the definition of emergency and the insurer's decision has already been upheld through an external review by an IRO.

IROs handle insurance company adverse benefit determinations that involve:

1) medical judgment or is based on any medical information or 2) the denied service has been deemed experimental or investigational and the treating physician certifies at least one of the following: standard health care services have not been effective in improving the patient's

condition or are not medically appropriate or there is no service covered by the insurer that is more beneficial than the denied health care service.

In handling the patient's appeal the IRO must consider all of the documents and information the insurance company utilized in making its denial along with other factors such as the patient's medical records, the attending health care professional's recommendation, consulting reports from appropriate health care professionals, the terms of coverage under the health benefit plan and the most appropriate practice guidelines. The IRO will provide a written notice of its decision within 30 days and include in it the rationale for its decision and references to the evidence or documentation, including any evidence-based standards, it used or considered in reaching its decision. While not generally applicable in dental situations, the 30 day time frame can be expedited if the patient's health condition requires it.

An external review decision by either ODI or an IRO is binding on both the patient and insurance company except to the extent they have other remedies available under the law. The patient may not file another external review complaint request involving the same adverse

benefit determination that was previously reviewed unless new medical or scientific evidence is submitted to their insurance company.

"A familiarity with Ohio's external review process can put dentists in a better position to assist patients in obtaining the benefits they're entitled to," said Dr. David Kimberly, chair of the ODA Council on Dental Care Programs and Dental Practice. "While dentists can't directly file complaints through the process, we can help our patients in their efforts and serve as advocates on their behalf."

Questions about a patient's rights or requests for assistance may be directed to the Ohio Department of Insurance, Attention: Consumer Affairs, 50 West Town Street, Suite 300, Columbus, Ohio 43215, 800-686-1526 or 614-644-2673, 614-644-3744 (fax), 614-644-3745 (TDD). Additional information for filing a complaint may be accessed at: http://insurance.ohio.gov/Consumer/ OCS/Pages/ConsCompl.aspx, http:// insurance.ohio.gov/Consumer/OCS/ Documents/HowtoComplain.pdf, and https://gateway.insurance.ohio.gov/ UI/ODI.CS.Public.UI/Complaint.mvc/ DisplayConsumerComplaintForm.

ODA members who would like to submit a dental insurance related question, problem or concern may do so by sending the appropriate information to the ODA Dental Insurance Working Group, 1370 Dublin Road, Columbus, OH 43215, or 614-486-0381 FAX, or chrism@oda.org. To see past issues of the Dental Insurance Corner, visit www.oda.org/news and choose the category "ODA Today" and subcategory "Dental Insurance Corner."



ODA Wellness Trust

Why offer group health insurance benefits to your staff? ODASC explains the perks.

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Over 600 offices and 1,300 subscribers are already taking advantage of this plan. Call **800-282-1526** or email **insurance@oda.org** today to see how the ODA Wellness Trust can benefit you!

| Comparison of The Wellness Trust to an Individual Plan: | | | | |
|---|---|-----------------|--|--|
| | Wellness Trust | Individual Plan | | |
| Does the employer have to contribute to the payments? | Not required, but employer has the option to cost share | Prohibited | | |
| Can payments be made through payroll deduction? | Yes | No | | |
| Is it tax deductible to the employer? | Yes | No | | |





OSU Street of Dreams



ODA Sto

On Oct. 11, the Ohio Dental Association and Columbus Dental Society hosted a Street of Dreams event for third- and fourth-year dental students at The Ohio State University. About 11 students attended the event, where they toured three dental offices. Dr. Beth Loew served as tour guide. The students toured the offices of:

- Dr. Frank Marshall
- Drs. Kevin Weitzel and Emmy Burns
- Dr. Benjamin Lamielle



License renewal now online only, deadline approaching

By ODA Staff

License renewal for dentists and hygienists and registration renewal for EFDAs (depending on original date of registration) is currently under way, and licenses will expire on Dec. 31. License renewal must be completed online at eLicense.ohio.gov.

The ODA has received several questions about the renewal process this year and reached out to the Ohio State Dental Board for more information. Below is information received from the OSDB about license renewal.

Am I required to submit verification for my CE credits?

The new eLicense system requires an upload of your CE once you have attested to completing the CE requirements, according to the OSDB. You may upload:

- A single Word or PDF document consisting of a log of CE courses taken OR
- CE certificates for every course taken

Once the upload is completed the system only allows you to view a single page of the upload. Please keep in mind that if you are selected for an audit, additional information may need to be submitted.

How do I upload my CE slips or summary sheet?

According to the OSDB, first you will need to save your summary sheet or all of your CE certificates to the computer being used for the online renewal. The online renewal will then have an attachments section, where there will be an "Attach" button. Clicking on the button will allow you to browse the computer for your summary sheet or CE certificates. If uploading the summary sheet, locate it on your computer and click on the file. If you are uploading multiple CE certificates, hold down the CTRL button while clicking on each of the files containing your CE certificates.

Can I mail in my CE slips or summary sheet?

The new eLicensing system is designed to be a paperless system. As such, hard-copy documents are discouraged. In rare circumstances whereby the licensee has no other options, CE information can be mailed in to the Board, BUT the online process will still require an upload in order to complete the renewal and pay. It is suggested at the very least a Microsoft Word document is uploaded that states CE information will be mailed. Again, hardcopy documents are discouraged and should be used as a means of last resort, according to the OSDB

Does my CPR count toward my CE requirement?

Yes, you can use your CPR renewal course as part of your CE requirement for licensure renewal, if the instructor of the course provides you with a separate certificate that includes the following information:

- 1. Name of Sponsor
- 2. Course Title
- 3. Course Instructor
- 4. Location, Date and Time
- 5. Number of Contact Hours

According to the OSDB, A copy of your CPR renewal card is NOT sufficient evidence of CE and will not be accepted as part of your minimum CE requirement without the certificate from the instructor.

To claim volunteer CE, what substantiation/documentation do I need to provide?

You must provide documentation from the organization providing the volunteer opportunity indicating the number of volunteer hours completed up to a maximum of 13 hours for dentists and 8 hours for hygienists. Documents must include the name of the licensee, dates, number of CE hours (1 contact hour = 1 CE hour), locations, name of organization, and contact information, according to the OSDB.

How will I know if I have successfully provided the necessary CE documentation to the OSDB and that the OSDB has accepted it for renewal?

Most renewals will be automatic depending on answers for the background questions, according to the OSDB. An automatic email will be sent with renewal confirmation. CE information will not be reviewed until the CE audit. If additional information is needed, the licensee will be contacted at that time.

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ODAF grant recipient provides care to seniors in need

By Jackie Best Crowe ODA Managing Editor

The ODA Foundation awarded Care Alliance Health Center with the Callahan/ Henry Schein Cares Award for Improving Access to Care, providing \$5,000 to support its senior oral health outreach program.

Care Alliance is a Federally Qualified Health Center in Cleveland, and recently started a new program to address seniors' oral health care needs.

"As you may imagine, there's a tremendous need in the geriatric population," said Dr. Suparna Argekar Mahalaha, dental director at Care Alliance. "A lot of our patients who we try to reach are those who are on Medicaid or Medicare, and there's no dental coverage with Medicare so there are sometimes many years of unmet dental care. Dental is not a priority."

Mahalaha said the clinic has a pediatric initiative and she often hears about Give Kids A Smile Day and sealant programs, but said she often doesn't hear as much about senior programs and feels there is an opportunity to provide more care to this population.

The senior oral health program began in August, and Care Alliance spends one afternoon per week seeing only patients who are 65 or older. By seeing only the geriatric population during a specific time, the clinic can be more aware of the needs specific to them, such as making sure they have enough time to get back to the room and that there is a bathroom nearby, Mahalaha said. She said this helps take away some of the added fears that geriatric patients may have.

Through the program, Care Alliance typically sees about five or six geriatric patients each week. The clinic finds patients by visiting nearby senior housing facilities and health fairs to provide oral health education and screenings, and to set up appointments at the clinic. Many of the housing facilities provide transportation for their residents, and some people rely on friends or family for a ride. Additionally, the clinic will schedule an Uber ride for patients who do not have transportation to the clinic.

At the clinic, patients are able to receive comprehensive care. Care Alliance will bill patients' insurance for those who have it, otherwise patients receive care on a sliding fee scale based on their income.

"One good measure of success is we have the same patients who keep coming back. They get comfortable, and they like the care they're getting," Mahalaha said.

Care Alliance is also involving dental students from Case Western Reserve University in its senior oral health outreach program. Students participate by going out to local senior housing buildings and health fairs to present oral health information and provide screenings. The students also help provide care to patients at the clinic under the supervision of a dentist. Mahalaha said it is important for dental students to become comfortable with treating the geriatric population because as the population is aging rapidly, a lot of the population will be 65 or older when they graduate from dental school.

"One of my biggest goals for students is that they get comfortable talking to a patient with cognitive disabilities," Mahalaha said. "It's important how you manage this particular patient; it's not just their mouth."

The Callahan/Henry Schein Cares Award for Improving Access to Care was established when the 2015 Callahan Me-



Submitted photo

Jennifer Barrord, a fourth-year dental student at CWRU, participates in an outreach event with Care Alliance Health Center at a senior apartment building.

morial Award recipient, Stanley Bergman, chairman of the Board and CEO of Henry Schein Inc., donated the grant associated with the Callahan Award to the ODA Foundation. Henry Schein Cares Foundation matched the award to the ODA

Interested in supporting programs like this? Donate to ODAF on your dues statement!

As the charitable arm of the ODA, the ODA Foundation relies heavily on the donations of ODA members to make its work possible. ODA members are asked to give an \$85 donation on their dues statement, but can choose to give any amount. The voluntary contribution makes up the majority of the ODA Foundation's income for the year, allowing about \$100,000 in grants and scholarships to be awarded each year. Dues statements were mailed and emailed out in late November. Those utilizing an installment plan must donate separately. Contributions to the ODA Foundation are tax deductible.

Foundation to establish the grant, which will be awarded annually to one access to care organization in Ohio whose efforts increase dental care to underserved populations of Ohio.

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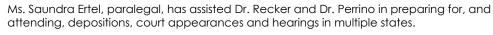
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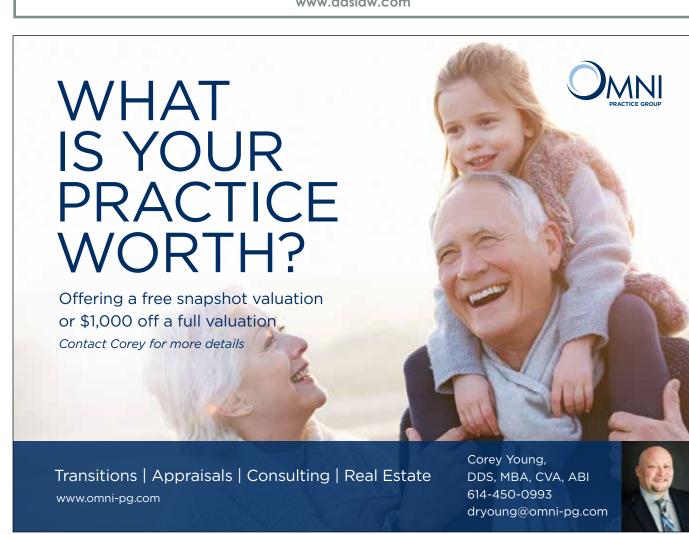


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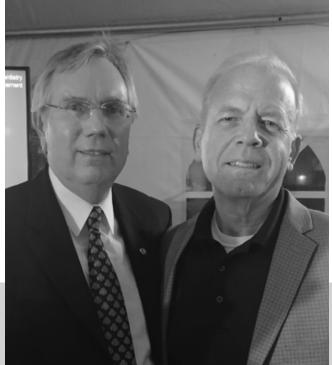
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Pictured (from left) are Dr. Patrick M. Lloyd, dean of The Ohio State University College of Dentistry, with Practice Endeavors owner Bob Brooks at the college's Building on Strong Foundations campaign kick-off on September 8, 2017.



View a short video about the Building on Strong Foundations campaign at go.osu.edu/strong-foundations



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The Explorer

Matthew J. Messina, DDS Executive Editor

Compass or GPS

Growing up, I loved maps. I was fascinated by the ability of ancient cartographers to determine how the topography and boundaries should be drawn, given the fact that they never left the ground to see from above. It all had to be done in their mind and then committed to paper. When they were drawing the coastline, accuracy was paramount. A ship's captain had to have faith in the quality of his maps. Otherwise, he and his crew were in serious trouble.

I'm disappointed that I never learned to navigate by the stars. Using a sextant seems to be a highly refined skill! The ability to sail across great distances of open water, out of sight of land, to reach a specific spot on the far coast rendered ancient mariners a rare breed of bold adventurers. My time as a Boy Scout was not nearly so exciting, but I did feel the thrill of using my trusty compass to suc-

cessfully find my way out of the wilderness to make it back to a warm camp, and a slightly burnt hot dog off of the fire!

In its day, the stars and the compass provided a clear point of reference to the explorer. They showed true north and all travel was established in relation to that direction. The compass provided perspective

Now, we have the global positioning satellite (GPS) system. Innovation and technology has provided us with a bird's eye (God's eye) view of the world. Maps are exquisitely accurate and we can know our position to within a few feet. Finding directions, using a simple cell phone or car nav system, is as easy as tapping a finger onto the electronic map. Gone is the refined skill of navigation. But so many people still seem to be lost.

A compass never told you where you were. It provided a reference point to determine where you were going. The now much-maligned Christopher Columbus knew exactly what he was trying to do. It was his goal to find a shorter trade route to the riches of India. He had a compass (and sextant), so in relation to North, he planned to sail West to reach the East. Because he really didn't know where he was, he blundered into the Americas, and the rest is history. His vision was clear but the execution was unpredictable.

A GPS can tell you exactly where you are and can get you precisely from here

to there. But you have to know where you want to go. That's the challenge! We have added technology to make many things in life easier, but the skill set of the explorer and pioneer are still much in demand.

Looking back in history, so many great discoveries came from people who were lost. They knew exactly what they were trying to achieve, yet were unclear on how to make it happen. So often, they really didn't know where they were to start and the potential obstacles in their path were unknown, and really unknowable! It was a matter of perspective. Yet, the great leaders had the courage to strike out, before everything was clear. They made the decision to begin and then adapted as more information became available. They understood that if we wait for everything to be perfect before starting, we will never go anywhere.

The advent of the GPS has given us a tremendous amount of information. It is an invaluable resource, and one we would seriously miss if it failed. It has permitted us to better manage our day and our travel.

We no longer need a compass. But we do still need to understand the skill. True leaders are still pathfinders. Ones who are able to get from here to there, setting an agenda, going new places and tackling unknowable obstacles. Adapting to changing conditions and events. People with vision and the desire to make things

happen. They still need to be bold and willing to take risks to achieve the goal.

Managers make the countless decisions to implement the plan. To make sure things get done. It is a necessary skill today. Like the GPS, a manager knows it's been done before, but we can make it better. Make things more clear. Make it easier for others to follow. The GPS serves to take away risk. Because we know exactly where we are and how to get there (and how long it is going to take, to the minute), we can relax and just drive - turn where the polite voice tells us to. Soon enough, the car will drive itself, leaving us to just sit there, probably staring into our phone on Facebook, or Instagram, or VouTube ...

I hope we never lose the joy of the journey. Travel with a compass was an adventure. You never knew exactly what was ahead, nor when you would arrive, but the thrill of the achievement was worth the effort. Nothing tasted better than that hot dog, cooked on a stick over the open fire! It sure was better than being lost and hungry. The taste of victory was sweet because you earned it!

As we approach the start of another year, take time to enjoy the journey. Turn off the GPS of life and wander a bit. Let's see what we discover! I know the taste will be exquisite.

Dr. Messina may be reached at docmessina87@gmail.com.



Just Think About It

Paul S. Casamassimo, DDS, MS, FAAPD, FRCSEd, Guest Columnist

Trust and truth

Can we win the fight for oral health for all Ohioans? Some would think yes and believe that with improvements in access to care, all Ohioans will rush to the dentist and emerge as faithful members of a dental home family and enjoy a full and functional dentition for life. I am a little more tempered in my enthusiasm.

A day or two before writing this commentary, I had the opportunity to listen to J.D. Vance, a southern Ohioan whose book, "A Hillbilly Elegy" made the top of the "New York Times" bestseller list. It is an autobiographical account of Vance's growing up in southern Ohio and his freeing himself from the shackles of poverty and social dysfunction to attain a law degree from Vale University after a stint in the U.S. Marines and graduation from The Ohio State University. His recount of the challenges of poverty, family dysfunction, and aimlessness of a large segment of poor white Appalachian society paints a not-so-optimistic picture of this population's likelihood to gain the American dream (only about 5 percent do). I also just finished Sam Quinones' book on the opioid epidemic "Dreamland" which is epi-centered in our state, and paints an equally dismal picture of the future of those addicted to manufactured or illicit opioids. Sadly, more Ohioans will likely die from an overdose than will join a dental home from that population.

Some reading this will likely be asking if I have given up on oral health for our fellow Ohioans. Quite the contrary, I am raising the issues of poverty that probably present our greatest barriers, and none of them are dental, oral health literacy, or access to care.

Vance describes three strikes preventing emergence from poverty to reach the American dream and these are ones that resonate with many of us, although some will know of people who have overcome these obstacles and "made it" (the 5 percent). The dream-killers are: (1) a dysfunctional family environment, (2) an immersion in a culture of poverty, and (3) living in a community without social capital, which he considers to be institutions like churches, schools, social services, and other groups that can grasp the drowning and give them the tools and hope to emerge. He does not include opioid addiction, but it was clear listening to him that it is a factor present today that wasn't there before, destroying families, keeping communities poor, and swamping those organizations we would include in any definition of social capital.

Others besides Vance have noted that government social programs, while doing some good like feeding poor children and getting people health services, do not address well these undertows that keep people in poverty from emerging. Just basic steps like empowering people with stable employment, providing their children with good education, and imbuing their neighborhoods with safety would mean not just the opportunity to emerge from poverty but, to the point of this commentary, create desirability of these communities to health professionals, spawn a middle class health value and economic culture, and let social capital propel generations forward rather than just keeping them afloat. These steps are paradoxically simple yet very complex and unbelievably difficult.

You wonder where I am going with this, I know. Right now, we struggle with ways to improve oral health in poor communities and of course, our educated and affluent solutions are often exquisite in their detail and logic, but doomed when they meet Vance's three barriers and their

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opioid compadre head on. We need to recognize that putting dentists or lowcost providers in poor communities may have an effect, but it will likely be small and if history serves us well, temporary. The economic desert does not do well to draw young and often indebted professionals or sustain them. This is true for any type of provider and his or her spouse. Failing schools also don't bode well for sustainability of our solutions, nor do deteriorated neighborhoods. Embedding professionals who want attachments to church, social organizations, may be tough in these communities. Quinones' metaphor of Dreamland, a community pool in Portsmouth, Ohio, which deteriorates along with the slow demise of the city and surrounding area and is eventually converted to a parking lot, is one that should help us as we design solutions to oral health for our poor citizens. There is no silver bullet for oral health improvement. We can try to make inroads, but our resolve needs to be around small improvements and not in searching for a silver bullet. Until the underlying social ills are addressed, that may be all we can hope for as we work for parity in oral health. Those changes will take decades.

We need to advise our decision-makers that yes, we can spend a lot of money to achieve only a small gain in oral health. All oral health advocates need to be

truthful that access has no cure, only palliative care, until the underlying disease as described by Vance and Quinones is removed. You may be asking why I believe this and it isn't from a sudden awakening, but from the work of physicians, social scientists, dentists and people like Vance and Quinones who now recognize and accept the role of social determinants in health and disease. Until we address those, all our solutions will ultimately fall short of expectations.

Ohio is doing far better based on Ohio Department of Health data, and nationally, poor young children continue to suffer from caries, but more are receiving care. We need to trust that our steps are working. We also need to be truthful about what these steps will ultimately achieve. So, parallel to our traditional dental efforts, we should be supporters of programs that make communities and, not just teeth, whole. If you have the opportunity to vote for jobs coming back to blighted areas, do it! If you have a chance to vote for school levies that give all kids opportunities, do it. If you can vote for support of police, fire, and emergency services, cast that vote. As much as our support of dental programs helps, so does our recognition that real change and improvement come from the community!

Dr. Casamassimo may be reached at casamassimo.1 @osu.edu.





It's Your Choice

Robert Buchholz, DDS **Guest Columnist**

Disney dopamine

I'm still just a kid at heart ... but after my recent fall trip to Disney World, I realized Walt's venue might be considered an oxymoron.

Disney World is a human mousetrap! Disney's physiological mission statement, perhaps could be, "We are dedicated to rewarding you with pleasurable thoughts and feelings - over and over again.

"WHY ... BECAUSE WE LIKE YOU!" In order, pleasure wise for me, the following Disney attractions make my day: A. Test Track

- B. Everest
- C. Avatar Flight of Passage
- D. Seven Dwarfs Mine Train
- E. Space Mountain
- F. It's a Small World (Bet you're singing the song right now)
- G. Pirates of the Caribbean
- H. Soarin'
- I. Twilight Zone Tower of Terror

These rides result in the release of my and everyone's neurotransmitter dopamine. This naturally manufactured chemical floods the neural synapses in the pleasure centers of our brains.

And Disney management knows it.

The lines at these attractions can be tiring and boring. So Disney has learned to reward/trap me by introducing side attractions while I stand in line. An example is touch screen games that are interspersed throughout the weaving back and forth lanes that access rides.

Their biggest trap for me is called the "FAST PASS." It's the park's "cheese" that human's crave.

A patron starts the day at a particular Disney theme park with THREE FAST PASS credits electronically downloaded on their Disney Fitbit style computer chipped bracelet that one wears during their session in the park (and don't think for a second the only information they're gleaning is what rides you go on!).

At a certain time, these FAST PASS(es) will dictate what location/ride you're allowed to enter and speed through that particular venue's line! That's your reward.

Clever huh!

If you don't show up for your allotted attraction at that specific FAST PASS time, you'll lose your immediate admittance to that ride and have to proceed to the "commoners" line and stand for an eternity.

..."Say cheese"

On the drive home my imagination began churning. What does a dental practitioner utilize that could generate a biological result similar to what Disney's venues produce?

What's your entree for patients during their first visit to your office?

Disney immediately grabs one's attention with Cinderella's Castle.

What does your "castle" present?

When a patient walks through your entrance, what type of decor do you have? You realize there are professionals that specialize in interior design and they can, for a fee, tell you what colors are soothing and what styles of furniture will generate those warm and fuzzy feelings (Dopamine release comes free of charge) for a majority of folks that live and work near your office.

Do you have a kids area?

Some of you might be thinking "I don't treat children." And my answer to that is, those kids will eventually grow up (future patients?). Other adults, just like me, may still have that inner "kid" inside of them that is triggered by past positive memories.

Baby sitters are expensive ... every practitioner's office should have an area for children.

In everyone's office most of what we routinely offer that induces Dopamine release revolves around our senses, with the sense of sight, sound and smell being dominant.

Without these three senses I'm pretty certain most of our pleasurable responses would be significantly muted.

And the fourth sense – it's responsible for our careers!

It's the sense of taste. The oral cavity is the portal to life.

Do you offer healthy, enjoyable refreshments for your adults/children?

Close your eyes and think of a drink that you enjoy. In an instant you'll start salivating and again there's the subsequent Dopamine release.

I'll admit, my one and only Disney-like ride is pretty lame. It's my dental chair. It goes up/down and back/forth and of course there's the ever exciting Trendelenburg position. With the exception of that last movement, I doubt any of my patrons ever had a massive Dopamine release as a result of my DentalEZ equip-

Just like Disney, I'll offer ... with parent/ patient consent - music and video (live television and recorded entertainment), which are proven Dopamine enhancers.

And not well known are the research studies that have revealed that playing video games generates increased Dopamine production, as does engaging oneself on social media.

I've become used to working on patients that routinely are interacting on their mobile electronics while I perform dental procedures. My ground rules are ... "As long as your activity doesn't interfere with my doing good work - then you're OK."

Dr. Elizabeth (Betsy) Mueller shared information with me about one of her office's good behavior/reward tools that she utilizes. It's a visually stimulating toy dispensing machine, not unlike the old fashioned bubble gum machine, except it dispenses children's toys and healthy sweets. Manufactured by Treasure Tower World Canada, the machine takes tokens that you dispense for good behavior and the parents can dish out quarters to the remainder of the family thus incentivizing them to also behave ... and Dopamine is released. A side benefit is you're preventing those grubby little "strep" covered hands from spreading infection(s) to the next youngster that tunnels through your traditional "Toy Treasure Chest."

Finally, as adults, we all remember our teen years. For me they were the most contentious, exhilarating/depressing years of my life. They are also, scientifically, the years when our Dopamine levels are off the charts. Impulsiveness dominates.

Reward driven behavior overwhelms reasoning

It's the years when we ignore negative consequences because the end goal the reward - outweighs rational thinking.

It's also the years when we're the most susceptible to potentially crippling chemical addictions, each of which can produce the mother loads of Dopamine release.

(To be continued in January's issue of "ODA Today.")

Dr. Buchholz may be reached at rbuchh@windstream.net.







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and Ky licensure is required. For more information, please visit our website at www.cincinnatidentalservices.com. We offer a competitive salary and excellent benefit package which includes a 401k with employer match, health and life insurance and a professional work environment. To learn more about American Dental Partners and Cincinnati Dental Services please visit us at www.amdpi.com andwww.cincinnatidentalservices.com. To learn more about this opportunity, please contact Anna Robinson at arobinson@ amdpi.com or (913) 732-2467.

Orthodontist Opportunity (Columbus, Ohio). Group private practice with 8 full-time General Practitioners and an established Ortho department is seeking an orthodontist to further lead its growing practice fed by a tremendous flow of new patients. Beautiful facilities, great team and all the benefits of practicing in a fun, supportive, cooperative culture. Please send resume/contact info to: tameka. curry@fixaridental.com

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Practice dentistry without the hassles of business.1 mil practice needs work to own in 2 yrs. We do extractions, dentures, and implants only. 2wks vacation, 9 holidays, insurance, 401k. Saint Clairsville OH. 120 to Pittsburgh, 2 hrs to Columbus. Great small town, close to wheeling.on interstate 70. Call (740) 359-0340; text works best.

Rare associate dentist opportunity in beautiful Dublin, OH (suburb of Columbus). Do what you love to do practice comprehensive dentistry and provide exceptional care - while we take care of the business and management hassles! Dublin is nationally recognized as one of the best places to live and raise a family. Our Dublin office is growing and thriving. We have a large restorative and prosthetic dentistry base and a general dentistry component with a fully integrated hygiene department. The ideal associate general dentist must have at least 2 years of experience in a private practice or general practice residency. The right candidate must also have excellent dental and communication skills, a positive mindset, be proficient in all areas of general dentistry, including endodontics, general oral surgery, and periodontics, and have a willingness to learn. We offer great income potential, a generous benefits package, excellent staff, flexible hours, and a modern working environment. We're looking for an associate initially able to work 3 days a week, including some evenings and three Saturdays per month from 8AM - 2PM with the ability to transition into full-time within 3 to 6 months. If you are interested in this exceptional opportunity, simply fax your resume and cover letter to (614) 932-9451 or e-mail both items to Trey at ddcapplicants@gmail.com.

We're overwhelmed! Our five location multi-specialty group practice has grown to the point that we simply have too many patients. Our full time General Dentists are currently seeing 80+ new patients per month with an average annual income ranging from \$150,000 initially to \$300,000 for the more seasoned doctor. Our doctors providing specialty care are receiving significantly greater levels of compensation. Doctors receive an initial salary, incentives and a full benefit package while enjoying the freedom that our experienced management team provides. Enthusiastic, quality oriented professionals seeking independence, growth and financial stability may contact Dr. Michael Fuchs at (513) 505-9987, (513) 697-2640 or fdca1.jmf@gmail.com. Full or part time positions are available. No evenings after 7pm and no weekends. We very much look forward to speaking

Dental Associate Wanted. North Dayton (Vandalia) general dentistry practice looking for part-time or full-time associate to join a hi-tech office. Locate us online at tvolck.com or call Dr. Thomas Volck at (937) 898-8990.

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INTRAORAL X-RAY SENSOR REPAIR. We specialize in repairing Kodak/Carestream, Dexis Platinum, Gendex GXS 700 & Schick CDR sensors. Repair & save thousands over replacement cost. We also buy & sell dental sensors. www. RepairSensor.com, (919) 924-8559.

Practice for Sale

General Dentist practice grossing \$270K per year. Mainly PPO patient base. No Managed Care or Medicaid. 4 operatories, digital x-ray and digital PAN. EagleSoft software with paperless charts. Seller refers out most extractions, all perio, most endo and some pedo. Lease is month to month and would be a great candidate for a merger. Seller is retiring but will help with a transition. Butler County, Ohio, ideal location. Contact Farrah Zemke, (614) 905-7129 (cell), (800) 516-4640 (office), (614) 467-3962 (fax).

General Dental Practice for Sale: Located on the east side of Cleveland, the practice had 2016 collections of over \$640,000 with an overhead expense of less than 60%. Please email Mark Nadaud at mnadaud@kingbarrett.com if interested.

Space Available

1000 sqft to 1400 sqft space available in western suburb of Cleveland - North Ridgeville is a perfect location for a new dental practice. With a growing community, only 6 dental offices, two orthodontists, and NO other specialists, your potential for growth is tremendous! Please call (734) 972-8936 (ask for Ankur) for more info.

1,460 SF First Floor Dental Office condo for lease, 6700 Loop Road, Centerville,

ODA Today Classified Advertising

Classified ads appear in each issue of *ODA Today*. The cost is \$55 for members (\$88 for non-members) for the first 40 words. Each additional word is \$1. Ads may be submitted via mail or fax to the attention of Amy Szmania, advertising manager, or by email to amy@oda.org. The deadline to place, cancel or modify classified ads is the 1st of the month prior to the month of publication.

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OH 45459. Existing Dentist's Office (build out complete), Amenities: - 4 Treatment Rooms - 1 Lab Area - Break Room - Reception Area - Waiting Room - One General Office, Common Area Courtyard. Lease Rate: Six months free then \$12/SF Modified Gross (\$1460/mos). Great Opportunity for a satellite office or start up. Contact mjungdahl@gmail.com or Dr Mark D Jungdahl (937) 470-9641.

Office space for lease in brand new free-standing brick/stone building 7200 Tylersville Rd in West Chester. I am a general dentist, and there is an extra 2500sq/ft available and ready for tenant completion. Schein did a preliminary floorplan for reference. Excellent and mutually beneficial for specialist! Great parking/signage. Separate main entrance. High traffic flow and visibility adjacent Wetherington Country Club and a 2 Dr ortho practice. Close to new Liberty Center and Union Center with major retailers and dining nearby. Looking for long-term renter and will be negotiable in finish allowance or monthly depending on preferences. (937) 510-1405.

Prime space available for a specialty dental practice in desirable Perimeter Drive location near Dublin Methodist Hospital. Building currently houses a growing orthodontic practice and a thriving general dentistry practice. Space is currently available and is a vacant shell within medical condo. Contact Rob at (614) 332-0217 or rtshoaf7@gmail.com.

Fully equipped renovated dental office for lease near Chagrin Falls and South Russel areas. Two operatories, digital radiography, intraoral cameras, pan, dental software, and computers/small equipment available. Ideal for lowcost start-up or as satellite location for established practitioner desiring expansion into area. Call (440) 829-1011 for inquiries.

Professional Dental Services

In Office Anesthesia Services-Exceptionally seasoned medical anesthesiologist, national expert in transitioning your Pedo or Adult practice from a hospital/ surgical center to the comfort and ease of your office and parents and dentists both love this! Medicaid (CareSource/ Buckeye/Paramount/Molina, etc.) and most medical insurances accepted. Twenty years experience. Call now (800) 853-4819 or info@propofolmd.com.

LICENSE, from page 9

Once my license is renewed, how do I provide proof of my Ohio license?

The OSDB will not be sending a renewal wallet card because the eLicensing system is paperless. The fastest way to provide proof of your Ohio license is to use the "Verify a License" feature on elicense. ohio.gov. That license information can also be printed or converted to pdf for use as a wallet card if so desired, according to the OSDB.

What if I still have questions about renewing my license?

For instructions on how to utilize the online renewal system, visit www.dental. ohio.gov/ and click on the link for "Step by Step registration on eLicense Portal." If you have questions or need assistance, please contact the dental board by emailing licensing@den.ohio.gov or by calling (614) 466-2580.

Joining And Leaving The Dental Practice

Third Edition

Available January, 2018

This book lays out in detail all finite practice exit and entry choices, including partnerships.

It examines business, legal and tax aspects of each option that your silent partner, the IRS, considers important. In addition, the three business and tax structures for and three categories of partnership are discussed in detail. You learn what can and cannot be done and why. Restructuring faulty partnership arrangements and implementing dispute resolution in order to avoid costly split-ups is also considered which will, hopefully, enable partners to work profitably and with minimum stress.



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