

ODA Today

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

QuickBites

Save the dates:

2012 Give Kids a Smile Day
Feb. 3, 2012

The Give Kids a Smile program will kick off Friday, Feb. 3, 2012. Register your events at <http://givekidsasmile.ada.org>.

2012 ODA Day at the Statehouse
March 14, 2012

Save the date for the 2012 Ohio Dental Association Day at the Statehouse, held Wednesday, March 14, 2012, in Columbus. Meet with legislators one-on-one and advocate for issues that impact dentistry in Ohio.

2012 ODA Leadership Institute
May 18-19, 2012

The 2012 Ohio Dental Association Leadership Institute will be held May 18-19, 2012, at the Hilton Columbus at Easton Town Center. Look for more details to come soon.

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ODA leaders meet with State Treasurer, U.S. Senator

ODA Staff

Last month, ODA leaders met with Ohio Treasurer Josh Mandel and U.S. Senator Sherrod Brown in the same week. Ohio Dental Political Action Committee Treasurer, Dr. Bruce Grbach, a general dentist from Mentor, attended both meetings and said "having the opportunity to discuss dental issues with these two leaders in the same week was a unique experience and allowed us to spread organized dentistry's message."

On Monday, October 17, the Greater Cleveland Dental Society's ODPAC Capital Club hosted a dinner event that featured Ohio Treasurer Josh Mandel as its guest of honor. Approximately 50 GCDS Capital Club members and their guests attended, including ODA's Treasurer, Dr. Roger Hess. ODA President-elect Dr. Kim Gardner, Executive Director David Owsiany and Director of Legal and Legislative Services Keith Kerns. Mandel discussed his duties as state treasurer and his accomplishments since taking that office earlier this year. He addressed several dental issues as well, including expressing grave concerns about the proposed creation of a mid-level dental provider and non-dentists performing irreversible dental procedures. He also praised the ODA for its successful efforts to preserve the adult dental Medicaid program in the current state budget.

GCDS Capital Club Chair Dr. Rod Adams, GCDS President Dr. Evan Tetelman, and GCDS staff arranged the event. Owsiany praised their efforts. "Drs. Adams and Tetelman and the staff of the Greater Cleveland Dental Society did an outstanding job planning the event in order to promote ODPAC and advocacy on behalf of the dental



From left to right: Henry Fields, DDS; Nanette Tertel, DDS; Bruce Grbach, DDS; U.S. Senator Sherrod Brown; ODA President Mark Bronson, DDS; Paul Casamassimo, DDS; and ODA Executive Director David Owsiany gather to discuss dental issues at the Ohio Dental Association on October 21, 2011.

profession, and it was great to hear from Treasurer Mandel," said Owsiany.

On October 21, U.S. Senator Sherrod Brown visited the ODA offices to meet with ODA President Dr. Mark Bronson, Vice President Dr. Paul Casamassimo, Past President and current Chair of the ODA Task Force on Auxiliary Utilization and Access to Care, Dr. Henry Fields, Annual Session Committee Chair, Dr. Nanette Tertel, Grbach, and Owsiany. The group discussed various issues, including the Give Kids a Smile, Dental OPTIONS, and Ohio Dentist Loan Repayment programs, all of which are ODA initiatives that have demonstrated great success in providing underserved Ohioans with access

to dental care.

The ODA representatives also expressed concerns over proposals to create a mid-level dental provider in Ohio. Grbach explained the complexities involved with performing extractions and restorations and that under-trained individuals should not perform such irreversible, surgical procedures. Owsiany explained that scarce resources should be focused on solutions that have a proven track record of improving access to care, such as reforming the Medicaid system. Senator Brown said the discussion was "helpful" and that he was willing to "work together" with the ODA.

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OSU's Dean Patrick Lloyd looks forward to 2012 with high expectations

Patrick M. Lloyd, D.D.S., M.S., began his term as dean of The Ohio State University College of Dentistry in August. In this Q&A with ODA Today, Dean Patrick Lloyd looks forward on his first full year of leadership.

What brings you to The Ohio State University College of Dentistry?

During my 30-plus years in dental education, I made several visits to OSU and met many of its faculty. I worked with some of them on professional committees, read their publications, and heard them lecture all over the country. Twice I contributed to the college's Post College Assembly, where I saw firsthand the loyalty that alumni have for the institution. Just two years ago, while on a site visit at the OSU Medical Center, I learned that Ohio State had the most health sciences programs offering terminal degrees of any university in the country, and I saw that dentistry was an integral member of its health sciences initiatives. From a purely academic perspective, I had great respect for the college and its faculty, so when the opportunity presented itself for me to be considered as the next dean of the college,

I was honored and excited.

Adding to my enthusiasm was the unprecedented reception I received from the senior leadership of the university during my recruitment. Their personal involvement in recruiting me and their strong desire for the college to be successful was remarkable. They knew so much about the college and they had clearly given its future serious attention. I felt a sense of commitment "from the top" that the College of Dentistry was a priority for them and that they would support efforts to move the college to a new level of national prominence.

Because of all this, I felt there was no other place where our profession could be advanced as much as it could be at The Ohio State University College of Dentistry. For me, it was the opportunity of a lifetime.

What would you like to see the OSU College of Dentistry and organized dentistry in Ohio accomplish in the next five years?

Although it's early in my tenure as dean, I already value the strong partnership that exists between the College of Dentistry and the ODA. I have been particularly impressed

with the continuity of leadership within the organization and the executive administration that keeps the operational side of the ODA functional. Also noteworthy to me was the fact that one of our faculty members, Dr. Henry Fields, had served as president of the association -- and another faculty member, Dr. Paul Casamassimo, is currently the ODA Vice President. This says a great deal about the relationship between the ODA and our college.

First on my list of joint projects is growing our students' awareness of the many and significant roles organized dentistry plays in meeting the needs of the public and supporting the profession. The ODA has a long record of serving the citizens of Ohio and supporting our students and graduates. I look forward to promoting new ways for our students to get involved in organized dentistry. Their active and meaningful participation in the ODA will prepare them for leadership roles in organized dentistry after they graduate.

Another area of emphasis will be working together to maintain a strong dental workforce

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Give Kids a Smile
Feb. 3, 2012



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in Ohio. This is a complex issue facing nearly every state in the country, and because each state has its own unique circumstances, the approach taken will be different from one state to another. I'm a big believer in being proactive when it comes to issues like this. I like to get out in front of them, and I support taking action before someone else does. Using the strategies developed by the ODA Dental Access Task Force, we'll be able to act on a host of important recommendations that I'm convinced will do much to reduce the barriers to care that some Ohioans are facing.

I also see us partnering on special projects, some of which we're already involved in together, like "Give Kids a Smile Day." Others may be educational programming for members, practice-based networking, student mentoring, or opportunities that allow us to capitalize on each other's strengths so we can better serve the public and the dental profession. From what I've already seen in my travels around the state, I know we'll be able to do things that not only benefit those in Ohio, but that will also set an example for other states.

What do you feel will be the greatest challenges facing the profession in the years ahead?

One of the greatest challenges to our profession is the cost of dental education. I worry about the potential impact of high tuition rates on those who are considering applying to dental school, and I'm concerned about the reduced career options that heavily indebted students will have after graduation. Dentistry now has the highest tuition of all the health sciences, including medicine. Our students leave school with a greater debt load when they graduate than any other health care discipline. We have to do something to control the growing rate of tuition increases, and we have to find creative ways to help students manage and pay off their debt. This will be no easy matter, given the fact that dental education is highly dependent on technology and human resources, and that state support for higher education isn't what it was in the past.

Another challenge facing the profession is educating the public about the role of oral health in maintaining good general health. This is most important for those who are at highest risk – the developmentally disabled, the medically

compromised, the elderly, and the economically disadvantaged. We need to find ways to educate the public so they know their health risks, and so they're aware of ways they can help themselves. We also need to let them know how we can help them, and how our profession can improve their lives.

Also challenging will be the approach the profession and the members of the dental team take in defining dentistry's involvement in national health care reform. I'm not sure how this should be done or even who should be engaged in the process, but I do think we [dental professionals] need to be "at the table" in these discussions. There have been too many times in the past when we weren't at the table and someone else spoke for us, and too often they didn't have our patients' or the profession's best interests in mind. I know there is tremendous tension surrounding this topic, but I am concerned.

You come from the state of Minnesota, one of only two states that permit mid-level providers and your previous employer, the University of Minnesota, is currently training DHATs. What is your feeling about the applicability of the Minnesota environment to that of Ohio?

Minnesota is a very different state from Ohio. Its land size, population distribution, scope of budgetary problems, economic driving forces, and legislative orientation are significantly unlike those in Ohio. As a result, issues facing their citizenry and the state's responses to those issues are unique to Minnesota. The midlevel dental provider is an example of one response to that unique set of problems.

In my early conversations with the ODA leadership and dentists around the state, I learned that Ohio has a different approach to dealing with the access to dental care challenge that many people in Ohio face. Its strategic plan and demonstrated commitment to finding ways of eliminating barriers that prevent Ohioans from getting oral health care is not only admirable, it's an example for other states. Ohio's approach now and in the future will be different from Minnesota's. I look forward to working with Ohio's dentists and others throughout the state to help create solutions that reflect what's unique and special about Ohio.

OSU has a long history of strong didactic clinical dental education. What**are your goals for the OSU College of Dentistry?**

I would like to build on the college's national reputation as an outstanding educational institution. For me, the key to this is first learning more about the individual interests, experiences, and ideas of our existing faculty so I can support their needs now and in the future. With this in mind, I've been meeting one-on-one with three or four faculty members each week. I ask them about the career path that led them to OSU, their existing teaching load, and what they like most about what they do. I've been impressed with what I've learned, and I'm highly motivated to do all I can to enhance the environment where our faculty work – both in the classrooms and clinics.

Although there are different opinions among dental educators about how digital technologies can be used to facilitate teaching and promote learning, most will agree that we should at least investigate and evaluate the potential possibilities. This includes virtual reality simulators, online lectures, podcasting, web-based courses, and something new almost every week. My goal is to provide opportunities for our faculty to use these new educational tools by securing funds to support purchases of specialized equipment and the related training.

I'm also interested in finding ways to ensure that our students have broad and meaningful experiences in a variety of clinical settings with the latest in dental technology. Most important among these is developing a level of practical comfort in using an electronic dental record, along with all its accompanying benefits – especially digital radiography and clinical imaging. Digital impressioning and CAD/CAM systems are additional pieces of technology with which our students need to gain a practical level of experience. We need our students to graduate with a sense of confidence in understanding the utility of technology for their practices so they are informed consumers who make wise decisions.

Finally, so our students can benefit from the full range of our faculty members' experience and expertise, I will work hard to preserve the balance of full-time and part-time faculty. The special mix of academic and practicing dental faculty has long been a tradition for our college. This balance serves so many so well. Our students gain a greater insight into the practice of dentistry, while our full-time

faculty develop collegial friendships with their private practice counterparts. At the same time, our community-based dentists stay connected to the college when they interact with our full-time faculty. I believe an environment like this produces graduates who have a greater sense of what the profession is, in addition to a greater appreciation for all that goes into making theirs a world-class education.

Have you had to pitch all your maroon and gold for scarlet and gray?

The Ohio State University is the fourth school where I have worked in an administrative position, and it is the second dental school where I have served as dean. Every dental school has its own culture, its own values and traditions, and its own unique qualities that make it valuable to the students, faculty, staff, and the campus and local communities. No matter where I go, I enjoy immersing myself in the culture, and I do my best to gain an understanding of the people with whom I work and the place I now call "home." When I was at the University of Minnesota, I donned the school colors, which were maroon and gold. Now that I'm here at Ohio State, I'm rooting for the Buckeyes, and I'm proud to wear scarlet and grey. When I travel to conferences and other meetings, I always carry a satchel with a large OSU logo on it, and I enjoy talking with the people I meet about our college and the university.

As I get to know the people and the place that is my new home, I find that wearing the school colors is one of the best things I can do to send the message that I want to be here, and that I'm glad to be a part of something great. Like most newcomers, I find that every time you put on the school's colors – scarlet and grey! – you feel like you belong, and it lets the people around you know that you've made the change and you're on board. And, in a special way you feel like you're nearly one of them.

Any closing remarks?

The Ohio State University College of Dentistry is in the best position of all the dental schools in the nation to lead our profession – not just in educating dentists, dental hygienists, and dental specialists, but in discovering and demonstrating our substantive role in comprehensive patient care. As I said earlier, Ohio State has the greatest number of health sciences programs on one campus in the entire country, and as such it has unmatched human and physical resources, in addition to the desire to be inventive and forward thinking. With all this, it also has a profound commitment to excellence, and our college is poised to "lead the way." With this in mind, I encourage everyone to stay connected to the college by reading our electronic newsletter (First Thursday), by visiting our website (www.dent.osu.edu), and by attending our college-sponsored activities. We need informed and knowledgeable advocates for the college so we can all be ready to support the most successful future the college has ever had.

I also want to thank everyone in Ohio for the warm welcome I've received over the past few months. I'm grateful for the chance to share with our dentists, dental hygienists, and other members of the dental team my reasons for accepting the deanship at OSU. I'm grateful to have had the chance to talk about the amazing quality of our students and residents and the expertise and dedication of our faculty and staff, and to describe the unprecedented support I have received from the university's leadership. For all these opportunities I will always be grateful. Thank you.

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David J. Owsiany, JD
ODA Executive Director

The following piece originally appeared in the Columbus Dispatch on November 19, 2011.

This week, the U.S. Supreme Court agreed to hear a case that will likely determine the constitutionality of the federal health care reform law's individual mandate. Interestingly, the legacy of a Dayton-area farmer could affect the case's outcome.

The Affordable Care Act significantly overhauls America's health insurance system, and its linchpin is a mandate requiring virtually every American to purchase health insurance by 2014. When the law passed in 2010, a reporter asked then-U.S. House Speaker Nancy Pelosi if the Constitution authorized the individual mandate. Pelosi responded by asking "are you serious?" In Pelosi's view, the Constitution was no roadblock to the new law and the accompanying expansion of the federal government's authority.

Pelosi's view of virtually unlimited federal power differs significantly from that of James Madison, known as the "father of the Constitution," who wrote more than 220 years ago that the "powers delegated" by the Constitution to the federal government were "few

Legacy of a Dayton-area farmer may impact Health Care Reform

and defined." Madison argued that, by limiting the scope of federal authority to those powers specifically enumerated by the Constitution, individual liberty would be protected from encroachment by the federal government.

How did we get from Madison to Pelosi?

For the first 150 years of our nation's existence, the federal government's size and reach remained limited, as envisioned by Madison. Then, as part of his plan to get us out of the Great Depression in the 1930s, President Franklin D. Roosevelt was able to get a series of far-reaching federal statutes through Congress. He secured passage of federal minimum wage and maximum hour laws for certain workers, along with other New Deal statutes that greatly extended the authority of the federal government. The courts initially struck down almost all of these laws as unconstitutional because they went beyond the powers granted to the federal government by the Constitution.

Over time, however, Roosevelt was eventually able to get a sympathetic majority on the Supreme Court. In 1938, Congress passed the Agricultural Adjustment Act, which set quotas on the amount of wheat that could be grown on farms across America. Roosevelt justified the legislation by citing the Commerce Clause of the Constitution, which gives Congress the authority to "regulate commerce...among the several states."

Roscoe Filburn, a Dayton-area farmer, grew wheat in an amount that exceeded his quota and was fined by the U.S.

Department of Agriculture. Filburn challenged his fine, arguing the federal government did not have the authority to limit his crop since the wheat he grew in excess of his quota was used to feed his livestock and his family and, therefore, did not involve interstate commerce in any way.

In 1942, Filburn's case made it all the way to the Supreme Court. The court found that Filburn's domestic use of his own wheat crop meant that he did not buy wheat on the open market and, if other farmers did the same, there would be an aggregate effect on interstate commerce. Because of this potential cumulative impact on interstate commerce, the court concluded that the federal government had the authority to place a quota on Filburn's wheat production.

Filburn's case ushered in a new era of federal government expansion. Since the New Deal, Congress has used the Commerce Clause to justify a massive expansion of federal authority – from the Endangered Species Act to statutes making local loan sharking a federal crime and just about everything in between. Conservative legal scholar, Robert Bork, noted that Filburn's case gave the green light to Congress to regulate even the most "trivial and local" of activities.

Filburn's case still resonates today. At least six separate lower federal courts have ruled on whether the individual mandate is authorized by the Commerce Clause, and all of them – whether ruling in favor or against the law - discussed Filburn's case in reaching their decisions.

The Obama administration argues that

the Affordable Care Act is the natural extension of Filburn's case into the health insurance marketplace. The opponents of health care reform distinguish Filburn's case by noting that Filburn was at least engaged in some type of commercial activity by growing wheat, thereby arguably authorizing federal regulation. In contrast, the individual mandate requires individuals to buy health insurance merely because they exist. The health care law's opponents argue Congress has never had the authority to regulate such "inactivity."

The Supreme Court will ultimately decide the constitutionality of the individual mandate, a decision that could impact the future of health care and the scope of federal power in America for years to come. The legacy of a little-known, Dayton-area farmer, who courageously attempted to challenge the federal government's expansion of authority nearly 70 years ago, will likely have a significant impact on that decision.

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New mouthwash targeting harmful bacteria may render tooth decay a thing of the past

A new mouthwash developed by a microbiologist at the UCLA School of Dentistry is highly successful in targeting the harmful Streptococcus mutans bacteria that is the principal cause tooth decay and cavities.

In a recent clinical study, 12 subjects who rinsed just one time with the experimental mouthwash experienced a nearly complete elimination of the S. mutans bacteria over the entire four-day testing period. The findings from the small-scale study are published in the current edition of the international dental journal Caries Research.

Dental caries, commonly known as tooth decay or cavities, is one of the most common and costly infectious diseases in the United States, affecting more than 50 percent of children and the vast majority of adults aged 18 and older. Americans spend more than \$70 billion each year on dental services, with the majority of that amount going toward the treatment of dental caries.

This new mouthwash is the product of nearly a decade of research conducted by Wenyuan Shi, chair of the oral biology section at the UCLA School of Dentistry. Shi developed a new antimicrobial technology called STAMP (specifically targeted anti-microbial peptides) with support from Colgate-Palmolive and from C3-Jian Inc., a company he founded around patent rights he developed at UCLA; the patents were exclusively licensed by UCLA to C3-Jian. The mouthwash uses a STAMP known as C16G2.

The human body is home to millions of different bacteria, some of which cause diseases such as dental caries but many of which are vital for optimum health. Most common broad-spectrum antibiotics, like

conventional mouthwash, indiscriminately kill both benign and harmful pathogenic organisms and only do so for a 12-hour time period.

The overuse of broad-spectrum antibiotics can seriously disrupt the body's normal ecological balance, rendering humans more susceptible to bacterial, yeast and parasitic infections.

Shi's Sm STAMP C16G2 investigational drug, tested in the clinical study, acts as a sort of "smart bomb," eliminating only the harmful bacteria and remaining effective for an extended period.

Based on the success of this limited clinical trial, C3-Jian Inc. has filed a New Investigational Drug application with the U.S. Food and Drug Administration, which is expected to begin more extensive clinical trials in March 2012. If the FDA ultimately approves Sm STAMP C16G2 for general use, it will be the first such anti-dental caries drug since fluoride was licensed nearly 60 years ago.

"With this new antimicrobial technology, we have the prospect of actually wiping out tooth decay in our lifetime," said Shi, who noted that this work may lay the foundation for developing additional target-specific "smart bomb" antimicrobials to combat other diseases.

"The work conducted by Dr. Shi's laboratory will help transform the concept of targeted antimicrobial therapy into a reality," said Dr. No-Hee Park, dean of the UCLA School of Dentistry. "We are proud that UCLA will become known as the birthplace of this significant treatment innovation."

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Humanitarian Foundation helps fund dental care for special needs children

ODA Staff

Do you have special needs patients that are unable to afford dental care or personally know of families in this situation? The Grottoes of North America offers a unique dental care program, Dental Care for Children with Special Needs, that may be able to help. This program is managed and funded directly through its Humanitarian Foundation, which is based in Columbus, Ohio and helps cover the cost of the patient's dental care.

The focus of Dental Care for Children with Special Needs is meeting the dental needs of children under the age of 18 who are not covered by Medicaid and who are afflicted with cerebral palsy, muscular dystrophy (and related neuromuscular diseases); children who are organ transplant recipients; or children diagnosed with mental retardation (from profound to 3 years overall delayed). Documentation of this diagnosis from the child's school-licensed psychologist or physician is required, especially if the child has the disability of autism.

Dianna Bristle, executive director of the Humanitarian Foundation, said the organization believes that children with special needs should live as fully and as independently as possible. "We are passionately committed to helping alleviate the suffering and to improve the quality of life by providing dental care for those who otherwise may go without, one

smile at a time."

The program works with qualified pediatric dentists throughout the United States and Canada who provide dental care for special needs children. The Humanitarian Foundation helps with the funding of dental treatment and can also help with some hospital and anesthesia costs when required. They may also be able to serve as a secondary carrier when the family has insurance by providing financial assistance with some non-covered expenses.

The program has representatives from the local Grotto chapters who are known as "Drs. of Smiles." These representatives are liaisons between parents, dental offices and hospitals and help ensure that all paperwork is provided and properly completed. Completed applications and all parent/guardian and dental office forms are submitted to the local Dr. of Smiles, who files the child's application with the Humanitarian Foundation office for processing. The Dr. of Smiles, while not a dentist, is the person who maintains contact with the parent, dentist and the foundation office throughout the course of the child's care.

To find an Ohio Dr. of Smiles closest to you, visit www.hfgrotto.org and select Ohio for a listing of those representatives. Applications and other forms are available on the site along with information and instructions for the dental office and parents. If no representative is available

in your area of Ohio, the case and related paperwork will be processed directly through the national office of the Humanitarian Foundation in Columbus at the address shown below.

For dentists that provide treatment through this program or who would like to learn more about providing dental care for the children in this program, information is available on the website under Dental Office Procedures or through the Foundation office. Qualified children do not need preauthorization for the initial exam, prophylaxis, fluoride, x-rays, etc. However additional treatment and estimated hospital and/or anesthesia costs must be submitted for prior authorization. The Foundation will advise the dental office and family up front of the amount that the program can pay and will also provide information to the parent and dental office about the child's eligibility for the program.

For additional information, contact Dianna Bristle, Executive Director of the Humanitarian Foundation of Dental Care for Children with Special Needs at 614-933-0711 or dianna.bristle@hfgrotto.org.



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.

ODA Classifieds can also be found online at <http://www.oda.org>.

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Nominations Sought for Ohio State Dental Board Positions

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

The Ohio Dental Association has the opportunity to recommend nominees to the Governor of Ohio for two possible dentist board member openings on the Ohio State Dental Board (OSDB), which may be vacant in April 2012. These board member positions are designated for general dentists. The ODA Executive Committee is seeking potential candidates who are interested in serving in this capacity on the Ohio State Dental Board. The term of office for Ohio State Dental Board members is four years.

Criteria that the ODA Executive Committee is seeking in candidates includes:

- 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.

Please send nomination letters along with the nominee's CV, to the ODA Executive Director, 1370 Dublin Road, Columbus, OH 43215 by December 31, 2011. If you have applied in the past and wish to be considered again, you must re-submit your information.



Legal Briefs

Keith Kerns, Esq. ODA Director of Legal & Legislative Services

Since the advent of federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act) in 2003, dental offices have focused their attention on the security and safeguarding of the health information they gather on patients in the course of treatment.

Concerns about patient privacy have forced offices to exercise caution on release of those records. One issue that arises for dental practices is on the release of a child's records when the child's parents are unmarried, divorced or separated. Fortunately, Ohio law provides guidance on this delicate issue.

Under Ohio law, courts may designate parents into two categories: resident parents and non-resident parents. Different responsibilities and requirements may be assigned to these categories of parents by a court, but from a health care provider's standpoint, both parents should be treated identical barring intervening circumstances imposed by a court. The law dictates that dentists, physicians, hospitals and other persons providing medical or surgical care for the child must allow both parents equal access to their child's records.

Moreover, the law creates a broad definition of what is considered a record in this circumstance. Ohio Revised Code section 3109.051, which outlines parenting visitation rights and responsibilities, considers a record to be any "document, file or other material that contains information directly related to a

Important to know protocols on release of pediatric records

child," including those records maintained by a treating dentist.

Comparatively, Ohio's legal definition of a medical record is "data in any form that pertains to a patient's medical history, diagnosis, prognosis or medical condition and that is generated and maintained by a health care provider in the process of the patient's health care treatment." This subtle distinction in definitions could place an obligation on dentists and other providers to release not only treatment records, but billing and other records upon the request of a parent.

While dentists are generally required to release the record upon request, there is an important exception to this requirement that dentists should note. A court could determine that allowing a non-residential parent access to those records is not in the best interests of the child and ban that parent from access to all or a portion of the record.

However, it is not the dentist's responsibility to determine whether a court has issued such a restriction or ban. It is the responsibility of the residential parent to present the dentist with the court order that limits the non-residential parent's ability to access the child's records. Consequently, the dentist does not need to serve as the arbiter in a dispute between the parents.

Once such an order has been shown to the office, the dentist is required to abide by the terms of that court order. Failure to comply may place the dentist in contempt of court. The office should retain a copy of this order for their records.

To avoid problems, dentists should consider speaking with both parents prior to the commencement of treatment, especially if there is a custody issue. The consultation with the parents should clarify which parent would be bringing the child in for treatment, determine

who may authorize treatment and who is responsible for payment, and disclose whether there are any applicable court orders or divorce decrees that impact the release of records or responsibility for payment.

For more information on this topic or other legal or regulatory guidance, please contact the ODA legal department at (800) 282-1526.

Legal Briefs is intended to offer information and general guidance but should not be construed as legal advice and cannot be substituted for the advice of the dentist's own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances.

Want to make a difference in the practice of dentistry?



Make an appointment with your local legislator to discuss the issues facing your profession. The ODA department of governmental affairs offers information and tips on meeting with legislators.

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Want updates on the latest dental news in Ohio?

NewsBytes, the ODA email newsletter, is sent to members regularly to help keep them up to date on the latest news affecting their patients and their practices.

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License renewal due by end of year; process changed by recent legislation

This fall, dentists and dental hygienists will receive licensure renewal information from the Ohio State Dental Board. As was the case during the last two renewal periods, the board will direct licensees to renew licenses and report continuing education compliance online. The information and payment of the renewal fee is due by December 31, 2011.

House Bill 215, passed unanimously by the state legislature and signed into law by Governor Strickland in 2010, made several important changes to the operations of the Ohio State Dental Board. HB 215 focused primarily on enhancing the due process protections afforded to dentists who are the subject of board disciplinary action. HB 215 also created a new structure for the board to implement in the event that a dentist fails to renew their dental license by December 31.

Under the previous law, a dentist who failed to renew, found their license automatically suspended beginning on January 1 of the next year. The license could be reinstated by paying the registration fee of \$245, a reinstatement fee of \$81 and completing any other requirements imposed by the board. A typical penalty imposed by the board for such a violation was the completion of continuing education in ethics.

Now, if a dentist fails to submit the necessary paperwork, renewal fee and/or the late fee by April 1, then the board may initiate disciplinary action against the dentist in order to suspend the dentist's license. A license which has been suspended as a result of this disciplinary action can be reinstated with the payment of the biennial registration fee and an additional fee of \$300.

Dentists must still complete 40 hours of continuing education by the end of the biennium. However, if the board believes that the dentist has failed to complete the requirement, the board must pursue disciplinary action against the dentist as a matter separate from a renewal violation. Separation of these two issues will provide the dentist accused of a deficiency with due process protections and a forum to submit proof of their compliance with the CE requirement rather than face automatic license discipline.

For more information on the license renewal process or the provisions of House Bill 215, please contact the ODA department of government affairs at (800) 282-1526.

ODA membership dues payments due Jan. 1, 2012

Ohio Dental Association members received tripartite membership dues statements in November. ODA membership dues payments are due Jan. 1, 2012 for the 2012 membership year.

Tripartite membership affords member dentists access to experts on regulations and legislation; savings with member discounts on continuing education, insurance plans and more; success in protecting patients and the profession of dentistry from third-party interference; the ability to stay informed with free updates and phone consultations and access to information on dental news 24/7 at the ODA Web site, <http://www.oda.org>, and the American Dental Association Web site, <http://www.ada.org>.

Dues may be paid by phone at (800) 282-1526, faxed (614) 486-0381 or mailed to Ohio Dental Association, 1370 Dublin Road, Columbus, OH 43215.

Emerging evidence base in third-molar management

For several generations now, dental treatment of third molars has been based on clinical impressions rather than on published scientific data, says Dr. Matthew Dennis in the November issue of the *Journal of the Michigan Dental Association*. But, as he notes, "questions about third-molar management are beginning to be answered." Impacted third molars, because of the lateness of their emergence, should always be evaluated for removal or observation. Most impactions involve arch length that is less than total tooth mass, resulting in inadequate space for eruption to occur. The average age for eruption of third molars is 20, but some eruptions can occur as late as 25. Predicting eruption is, as Dr. Dennis says, an inexact science, requiring radiographic as well as clinical evaluation.

Dr. Dennis goes over the indications for third molar removal, including findings in the American Association of Oral and Maxillofacial Surgeons' Third Molar Clinical Trials that show an association of third molars and periodontal disease.

"Even when symptom-free, two-thirds of young adult subjects were found (by the clinical trials) to have periodontal pathology in their third molar regions," he writes. He says that the trials suggest that the inaccessible third molar anatomy can harbor periodontal pathogens in up to four-fifths of patients with third molar symptoms. "A large review of population and clinical studies with more than 8,000 subjects showed that patients with third molars had a worsened periodontal status on other teeth in the quadrant over those patients without third molars." Other conditions that may have greater incidences associated with third molar impactions are pericoronitis and caries.

Dr. Dennis explains how dentists can deal with impacted teeth that may be coming in under prostheses, including fixed dental restoratives. "Partially erupted teeth almost always cause problems with an overlying prosthesis and must be removed prior to denture fabrication," he says.

Other indications for third molar removal include reduction of risk for jaw fracture (a small subgroup of patients), treatment for facial pain, and post-orthodontic treatment, a common reason for third molar removal despite a paucity of data linking the retention of third molars and orthodontic relapse or crowding.

Counterindications and complications of third molar removal include age and medical conditions like diabetes. Increased risk of nerve injury or sinus complications is greater in patients with hypercementosis.

Dr. Dennis concludes by stating that all wisdom teeth require either removal or observation over time. He notes that patient satisfaction studies show patients prefer extraction to retention. If a patient elects for retention, then he or she is committing to a lifetime of observation and monitoring.

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ODA improves membership retention in 2011; begins 2012 renewal

Joe Potestivo

ODA Membership Services Manager

The Ohio Dental Association (ODA) has retained 97.14% of its 2010 membership, an improvement over its 96.86% rate last year. Moreover, 23 of its 25 local component dental societies have retained 95.00% or more of their 2010 membership. Following is a list of those societies:

- Maumee Valley Dental Society (100.00%)
- Medina County Dental Society (100.00%)
- Tuscarawas County Dental Society (100.00%)
- Western Ohio Dental Society (100.00%)
- Lorain County Dental Society (99.16%)
- Keely Dental Society (98.68%)
- Northwest Ohio Dental Society (98.65%)
- Stark County Dental Society (98.45%)
- Corydon Palmer Dental Society (98.32%)
- Northeast Ohio Dental Society (98.24%)
- North Central Ohio Dental Society (98.18%)
- Dayton Dental Society (98.14%)
- Mad River Valley Dental Society (97.50%)
- Akron Dental Society (97.35%)
- Toledo Dental Society (97.21%)
- WD Miller Dental Society (97.18%)
- Cincinnati Dental Society (97.00%)
- Muskingum Valley Dental Society (96.91%)
- Rehwinkel Dental Society (96.55%)
- Columbus Dental Society (96.18%)
- Hocking Valley Dental Society (95.95%)
- Greater Cleveland Dental Society (95.83%)
- Central Ohio Dental Society (95.12%)

In 2009, the ODA's Council on Membership Services (CMS) decided to publish the list of component dental societies reaching or passing the 95% 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.

"The council felt that achievements in membership retention ought to be recognized and appreciated by the full membership, not just by its members who monitor the data," said CMS chair Dr. Martin Fitz. "We also wanted to see if we could capitalize on the motivating power of friendly competition to help improve our membership numbers."

Year-to-year, 14 component societies improved their renewal percentage in 2011 against just 9 where rates declined. Two societies, Maumee Valley and Western Ohio Dental Societies, retained 100.00% of their members in 2010 and 2011. 2011 marked the third consecutive year in which the Western Ohio Dental Society retained 100.00% of its members.

Membership renewal invitations and 2012 tripartite membership dues statements were sent to 2011 members in mid-November. 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.

Twitter still an essential communication platform for reaching ODA members

Joe Potestivo

ODA Membership Services Manager

"Suddenly...all the world's a-twitter." - *Newsweek*¹

In August 2010, the Ohio Dental Association began using Twitter – the online information platform whose lexicon of "@s,"² "#s,"³ acronyms and contracted vernacular have been increasingly permeating our collective consciousness since its launch in 2006.

Seemingly overnight our colleagues, friends, government officials, media outlets, sports stars, and retailers were "following,"⁴ "tweeting,"⁵ and "re-tweeting."⁶

With over 300 million users as of 2011, Twitter has proven itself a powerful source of connection and information in a decentralizing and interconnected world.

ODA leadership decided to add Twitter to the communications portfolio because, according to the Council on Membership Services, "a social network presence is needed so that the ODA can continue to meet the needs of the membership and the future needs of its members and/or potential members."⁷

Which needs? Well, in the 2010 membership survey, ODA members identified "providing information" as among our highest priorities.⁸ Moreover, when asked on membership applications our newest members most often select "information" as their primary reason for joining the association. Adding Twitter to our communications toolbox is an attempt to better deliver that which members have said is among the top priorities for the ODA.

As it is still a relatively new phenomenon, not all dentists may be Twitter users and many may not be familiar with the platform. Some may be skeptical as to its usefulness. Twitter has easily proven itself to be a utility to personal and professional experiences.

But, with all of the twitter about Twitter it's easy to lose sight of the basics. Namely, what is it?

Twitter is a micro-blog boasting 175 million users who generate approximately 95 million "tweets" per day⁹. This works out to about 65,000 tweets per minute. That's a substantial community and a large amount of Web traffic.

As a micro-blog it intends to facilitate the contribution of manageable chunks of user-generated content to the collective conversation. Additionally, with an abundance of opinion-makers using its service, Twitter provides direct access to primary-source content delivering real-time information and insights about the world in which we live, play, and work.

This is also true in dentistry, as the ADA (@ADANews), several of its state

constituencies, a number of specialty organizations, the Ohio State Dental Board (@OhioDentalBd) and other key actors in the oral health arena are actively posting updates to the platform.

Twitter also allows users to custom-craft their own information streams. Each user selects those whose updates may be of interest to them to "follow" – eliminating the need to filter out uninteresting and unwanted content. In this way, Twitter delivers users real-time access to the primary source of information that is of interest to them.

Put all together, the ODA's use of Twitter is meant to provide members with real-time access to the most important and interesting information about dentistry, oral health and organized dentistry.

So there you have it. The most important information about dentistry and organized dentistry, in real-time, right from a trusted source, wherever you are – at home, in the office or on the go. Check it out and let us know what you think.

In the meantime, "#Follow @OhioDentalAssoc & @ADANews on @twitter for the latest information re: #dentistry, #oralhealth!"

References:

1. "Twitter: Is Brevity the Next Big Thing?" Steven Levy, *Newsweek* Web exclusive (2007)
2. The "@" symbol is part of a Twitter users "handle" – or screen name – and is used to locate, contact, and reference users.
3. The "#" symbol, when placed in front of a piece of text, is used as a code to include updates containing it in the results of Twitter searches.
4. "Following" is the term used for linking one user to another so as to receive the user's updates.
5. "Tweeting" is the term used for posting an update.
6. "Re-tweeting" is the term used for quoting, verbatim, another user's update.
7. Approved Meeting Minutes: ODA Council on Membership Services (2009)
8. The 2007 Ohio Dental Association Member Survey, Saperstein Associates, Inc. (2007)
9. <http://twitter.com/about> (2010)



Follow the ODA on Twitter!

@OhioDentalAssoc

Obituary

Dr. James F. Claypool

Dr. James Frank Claypool, 85, of Akron, passed away Saturday, November 5, 2011.

He was preceded in death by his father and mother, Dr. Frank and Olive Claypool of Akron; and his sister, Nancy Long of Streetsboro. Dr. Claypool is survived by his wife, Patricia T. Claypool; daughter, Pam Cook and her husband, Chad and their children, Sean, Marybeth and Garrett; and great-grandson, Cayson; son, Jim Claypool and his wife, Maryellen and their children, Karen, Jimmy and Charlotte; brother-in-law, Dave Towell and wife Ann; and Helen Conway, his dental assistant for over 40 years.

Dr. Claypool was a life resident of Akron, he practiced dentistry in Endodontics and Periodontics Specialties for 47 years. He was a graduate of Case Western Reserve and Northwestern University. Dr. Claypool also taught graduate programs at Ohio State and served as president of the Akron Dental Society.

Dr. Claypool participated in many civic organizations, he was especially proud of his 56 year association with golf tournaments at Firestone Country Club. He was an accomplished golfer and student of the game. He enjoyed helping people and giving back to his profession. He was a trustee emeritus of the ODA Foundation and was one of five dentists that sat on the Steering Committee to help develop the ODA Foundation in 1992. He started the Claypool Fund within the ODA Foundation, officially referred to as the Akron Dental Society Claypool Fund. The Claypool Fund helps support dental students education with financial assistance. Donations in his memory can be made by check or credit card to the ODA Foundation Claypool Fund.

This fund has provided \$47,500 in scholarships and grants to Akron residents pursuing a career in dentistry, dental hygiene, and dental assisting and a \$5,000 grant to the Akron Summa Hospital dental residency program expansion.

Please visit the guestbook for Dr. James Claypool at www.hummelcares.com.



Dr. James F. Claypool, 1926-2011

For more information on Twitter visit <https://twitter.com/about>

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Dental Insurance Corner

Assignment of benefits and forced acceptance of insurance company maximum fee determinations

Christopher A. Moore, MA
ODA Director of Dental Services

The Ohio Dental Association is again receiving phone calls from member dentists concerning how a large, out-of-state insurance carrier explains its subscribers' financial liability for care provided by non-contracting Ohio dentists.

The insurance company lists on the explanation of benefits it sends to the dentist the dentist's actual charge, the benefit amount, the amount the member (subscriber/patient) is responsible to pay and a member savings amount. The member savings amount is the difference between the dentist's actual fee and the insurer's allowed amount.

The dentists who have contacted the ODA have all indicated that they do not participate in any of the insurer's participating provider networks. Upon questioning the insurer about the EOB, they were informed that "since you have signed line 37 [of the American Dental Association claim form] you are agreeing to accept whatever we have paid." Line 37 actually reads: "I [the subscriber] hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity." Additionally, the ADA's instructions for completing line 37 state: "Subscriber Signature: Necessary when the patient/insured and dentist wish to have benefits paid directly to the provider. This is an authorization of payment. It does not create a

contractual relationship between the dentist and the payer."

The dentists justifiably questioned if they were legally required to accept the insurance company's allowed amount as payment in full simply because the carrier's payment was assigned to the dentist.

Insurance company position

The insurance company explains its position on this and other issues in its dental provider guide. In the guide, the carrier references "Michigan Public Act 350, the law that regulates [the insurance company], if you [the dentist] choose to participate per claim, we send you our payment directly, and you are considered 'participating.'" If the dentist is nonparticipating, then the carrier sends the check directly to the patient.

The carrier's dental provider guide additionally states: "The back of our checks, under the heading 'Dentist/Provider's Certification' contains the per-claim participation agreement." This is another way of saying if you cash this check then you are agreeing to abide by the terms of this participation agreement.

The insurance company states that if the dentist has the patient sign the ADA claim form then it considers the dentist to be a participating provider. As such, the carrier's payment is sent directly to the dentist and the dentist "may not bill the patient for charges that exceed our approved amount for covered services." The carrier also states the dentist agrees "to accept our payment as full reimbursement, except for any copays,

deductibles or charges for services the member selects but that are not covered benefits under his or her certificate or benefit plan description (includes annual benefit maximum)."

The insurer reimburses the patient directly for those services that are provided by nonparticipating dentists. The reimbursement amount is the lesser of the dentist's charge or the carrier's maximum allowed amount for services covered under the patient's benefit plan.

The carrier indicates the dentist may balance bill the patient for the difference between his/her fee and the carrier's maximum allowed amount. It also reiterates that the patient signature portion of the ADA claim form must be blank for the carrier to consider the dentist as nonparticipating and if it's signed then the carrier considers the dentist to be a participating provider.

ADA position

The American Dental Association has developed several policy statements addressing the authorization of benefits issue. The ADA considers inappropriate

fee discounting practices to be a potentially fraudulent and abusive third party payer administrative practice. This practice is defined as "intentionally engaging in practices which would force a dentist, who does not have a participating provider agreement, to accept discounted fees or be bound by the terms and conditions set forth in the participating provider contract. Some examples of inappropriate fee discounting practices include: issuing reimbursement checks which, upon signing, result in the dentist accepting the amount as payment in full; using claim forms which, upon signing, require the dentist to accept the terms of the plan's contract; issuing insurance cards which state that the submittal of a claim by a dentist means that he or she accepts all terms and conditions set forth in the participating provider contract; and sending communications to patients of nonparticipating dentists which state that he or she is not responsible for any amount above usual, customary and reasonable fees as established by the plan."

See DENTAL INSURANCE CORNER, page 11

Editor's note: Dental Insurance Corner is intended to offer information and general guidance but should not be construed as legal advice and cannot be substituted for the advice of the dentist's own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances. 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.

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Renew ODA membership today, continue receiving exclusive benefits in 2012

ODA Staff

It's time to renew one of the most valuable assets to your dental practice: your membership in organized dentistry. Dues for the 2012 Ohio Dental Association membership are due by Jan. 1, 2012.

Beginning in 1866 as the Ohio State Dental Society with 41 members, the Ohio Dental Association has grown to serve more than 5,400 member dentists in Ohio.

The ODA has remained committed to its philosophy of "informing, representing, serving" its members by advocating on dentists' behalf, providing leadership development opportunities and information on practice management issues, offering exclusive member benefits, educating dentists and the public and continuing its philanthropic efforts.

Informing

The ODA is Ohio's only complete resource for dental health and practice information for members.

On the members' only section of the ODA Web site, <http://www.oda.org>, members can find valuable information on practice resources, governmental

affairs, regulatory compliance, discount programs, continuing education and upcoming ODA events.

ODA staff is also available to answer members' specific questions. With more than 100 years of collective experience working with dental professionals, the ODA staff can answer a wide variety of dental practice questions. Members can call staff members at the ODA office at (800) 282-1526 during regular business hours or contact them via email.

The ODA helps keep its members informed regularly through its news publication *ODA Today*, e-newsletter *NewsBytes* and Twitter (@OhioDentalAssoc). The ODA is in the process of launching a new user friendly website as well as exploring opportunities to publish *generationD*, a publication geared towards those dentists out of dental school for ten years or less. All communications help members stay up to date on issues facing dentistry today.

Representing

Each year, the ODA tracks dozens of bills and numerous regulations that could impact dentistry and how dentists

practice. The ODA has a history of success in protecting Ohio's dentists. Recent accomplishments include:

- Preventing the imposition of an annual pharmacy license on dental practices - savings of up to \$150 annually
- Securing over \$100 million in funding for Ohio's dentists and dental patients through retention of the adult dental Medicaid program
- Providing dentists the tools to increase office efficiency by expanding the safe delegation of duties to staff members: coronal polishing by certified dental assistants, application of sealants by certified dental assistants, administration of local anesthesia and nitrous oxide by dental hygienists, monitoring of nitrous oxide by dental assistants
- Streamlining the dental assistant radiographer process by eliminating the FBI background check and examination requirement - a savings of over \$200
- Stopping additional taxes on dentists and dental services

- Eliminating the IRS 1099 reporting requirement from the health care reform bill
- Cutting overhead expense by creating a standardized insurance credentialing process

Additionally, the Ohio Dental Political Action Committee (ODPAC) presents a strong, united voice for dentists in the political arena by supporting pro-dentistry candidates for office. ODPAC helps individual dentists gain equal leverage with big-dollar contributors like insurance companies and trial lawyers.

Serving

The ODA's membership service work is multi-faceted. The Ohio Dental Association Services Corp. Inc. (ODASC) offers exclusive services for members; the ODA's dedication to outreach programs helps improve access to oral health care in Ohio and the ODA Foundation serves as the philanthropic arm of the ODA.

ODASC has formed business relationships with reputable companies across the country to offer members exclusive money-saving benefits. Such benefits include health insurance for dentists, their families and their staff; group-discounted workers' compensation coverage and other valuable products and services. For a complete listing of the exclusive member benefits offered through ODASC, visit <http://www.odasc.com>.

In addition, the ODA provides members the opportunity to earn continuing education at discounted costs. ODA members receive discounted registration for the ODA Annual Session, thereby securing dozens of continuing education credits from the highest quality speakers at reduced costs.

Through the ODA's dedication to outreach programs, the oral health of many Ohioans continues to improve. Such programs include:

- Give Kids a Smile
- Operation TACTIC (Teens Against Chewing Tobacco In the Community)
- Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services)
- Smiles for Seniors
- Fact sheets on nutrition, fluoride, oral cancer, sugary drinks and more.

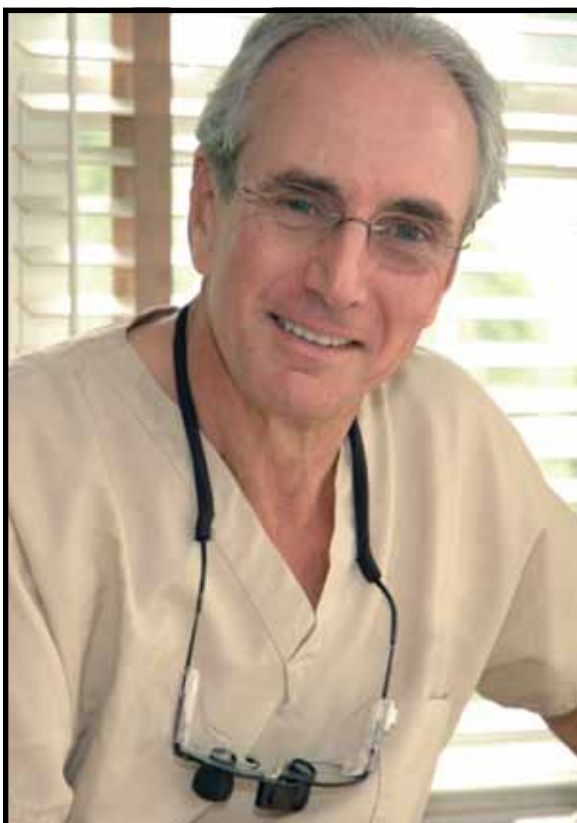
For more information on these outreach programs, visit the ODA Web site at <http://www.oda.org>.

The philanthropic arm of the ODA, the ODA Foundation, is committed to "Advancing Ohio Dentistry Today and Tomorrow." Through the generous support and contributions of ODA dentists and other donors, the ODA Foundation is able to enhance dental education for students and oral health educational programs throughout Ohio. Since 1995, the ODA Foundation has awarded over \$547,000 in grants and scholarships to help Ohio dental education students and community oral health programs.

Membership renewal

The ODA is committed to informing, representing and serving its members into the future and expects to expand and modify its programs, initiatives and communication methods to best serve an ever-changing membership.

The 2012 ODA membership dues are due by Jan 1, 2012. To renew membership, contact the ODA membership department at (800) 282-1526 or membership@oda.org. Current members should also have received information in the mail regarding membership renewal. More information on the benefits of ODA membership can be found at <http://www.oda.org>.



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Frank R. Recker has practiced general dentistry for 13 years and served as a member of the Ohio State Dental Board before entering the legal profession. Areas of practice include:

- Administrative Law before State Dental Boards
- Dental Malpractice Defense
- Practice-related Business Transactions

Dr. Recker also represents multiple national dental organizations and individual dentists in various matters, including First amendment litigation (i.e. advertising), judicial appeals of state board proceedings, civil rights actions against state agencies, and disputes with PPOs and DMSOs.

A sampling of various cases can be obtained online. Questions regarding representation can also be addressed to Dr. Recker via e-mail at recker@ddsllaw.com.

www.ddsllaw.com

ODA Meeting & Event Calendar

Dec.

- 23 ODA Office Closed for Christmas Holiday
- 26 ODA Office Closed for Christmas Holiday
- 30 ODA Office Closed for New Year's Holiday

Jan.

- 10 Council on Dental Care Programs and Dental Practice
- 11 Council on Dental Care Programs and Dental Practice
- 12 Executive Committee Meeting
- 13 Leadership Development Committee Task Force on Auxiliary Utilization Executive Committee Meeting

ODA seeks nominations for Awards of Excellence

ODA Staff

Each year, the Ohio Dental Association honors those who have offered distinguished service to dentistry, and members and local dental societies are encouraged to nominate those they know who have made extraordinary efforts to improve their profession and their world.

The ODA Awards of Excellence recognize men and women who give of their time, their talent and, often their treasure to improve oral health care by offering treatment, outreach or education.

The most prestigious of these awards is the Distinguished Dentist Award, which has been presented annually since 1967 to a dentist who has demonstrated service, commitment and dedication to the profession throughout his or her career.

Nominees for the award must be ODA members in good standing and should display leadership, dedication, commitment and outstanding contributions at the local, state and national levels.

The Achievement Award, given since 1978, honors those individuals who have made outstanding contributions to the dental profession and to oral health. Nominees are not required to be dentists, but should display a personal and professional commitment to the profession and the public's oral health. These individuals are honored as ambassadors for the profession to the community.

The Marvin Fisk Humanitarian Award

honors those who offer dedication to improving oral health care in at-risk communities. They may have served overseas or closer to home, spending time and often their own finances and other personal resources to help improve oral health care and fight illnesses, such as oral cancer.

Since 1991, the N. Wayne Hiatt Rising Star Award has been presented to a dentist in practice 10 years or less who has demonstrated outstanding leadership and commitment to organized dentistry. ODA members who began to practice January 1, 2002 or later are eligible. Honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplishment within the profession.

The Access to Dental Care Award is given to an entity that helps reduce the access to care problem in Ohio by offering care to underserved populations through free or reduced fee dental care.

Nominations for the 2012 Awards of Excellence will be accepted through April 30, 2012. Award entry information and nomination forms are located at www.oda.org or you may contact Michelle Blackman at the ODA at 800-282-1526 or at michelle@oda.org.

The 2012 Awards of Excellence recipients will be honored at a special ceremony during the ODA's 146th Annual Session, which runs September 13-16, 2012 in Columbus, Ohio.

BROWN, from page 1

The fact that the ODA met with both Mandel and Brown in the same week was of special interest since Treasurer Mandel has announced that he is a candidate for the Republican nomination to run against Senator Brown, the Democrat incumbent, in the in the 2012 general election.

Bronson expressed appreciation for the willingness of ODA members to attend the Cleveland event with Mandel and the meeting with Brown at the ODA offices.

"It is absolutely crucial that our members engage our elected officials and educate them on issues important to dentistry," said Bronson.



Ohio Treasurer Josh Mandel and Dr. Evan Tetelman, President of The Greater Cleveland Dental Society, join forces to discuss today's dental issues.

Getting the health care team together for changing times at Case Western Reserve University

Susan Griffin, Media Relations, Case Western Reserve University,

Five hundred future dentists, physicians, nurses and social workers from Case Western Reserve University came together this fall to discuss a collaborative approach to a widespread and potentially life-threatening health issue—diabetes and obesity.

"Health care is moving toward a team-based, shared-decision model," says Dr. Jerold Goldberg, dean of the School of Dental Medicine. "Students need to learn early on how address problems together."

Goldberg and Dr. Kristin Victoroff, associate dean for education, spearheaded a workshop for students from four of the university's professional schools.

Faculty members from the different schools worked together to plan the event. Students learned about the roles of their peers in other areas of study and discussed different approaches that can benefit patient care.

Goldberg has long said that good oral health is integral to whole-body health. What happens in the mouth has a big impact on human health—from diabetes to preterm labor.

The student event at Case Western Reserve began with dinner and remarks by the four schools' deans. Attendees were primarily first-year students from dentistry, medicine and social work, with third-year bachelor of nursing and first-year master in nursing students also taking part.

Small group sessions later in the evening touched on perceptions of one another's professions by reading a paper about diabetes from each profession. Students then talked about how their varying professions would approach the issue of obesity and diabetes and how to bring these different approaches together in a comprehensive health plan. A faculty member from each one of the four schools led a small group.

"The power of the combined knowledge and skills of different professions working together will improve patient care," Goldberg said.

An interprofessional approach is already an integral part of the dental school program. Its Family First program holistically treats family members from multiple generations for dental and related health issues. The program collaborates with faculty from the School of Medicine's departments of nutrition and family medicine to examine a broad scope of conditions that might impact oral health.

The Family First program gives second-year students an active learning experience and exposes them to patients under the guidance and mentoring of third- and fourth-year students, as well as faculty.

Family First follows first-year dental students' experience in the community and with schools to examine the teeth of Cleveland-area children. Through the initiative, called Healthy Smiles Sealant Program, thousands of children have received exams, sealants and oral health education. Children with more extensive oral health needs are referred to a community dentist or the dental school clinic.

Third- and fourth-year students also work with their counterparts in other health-care fields when they perform their rotations at the Free Medical Clinic of Greater Cleveland.

"This workshop was just the beginning of interprofessional approach to health care for many of these students," says Victoroff. "They'll continue to building these skills throughout their careers."



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Pediatricians and dental residents team up for dental screenings

ODA Staff

Nationwide Children's Hospital and Columbus-based pediatricians recently joined forces with local dental professionals. Homa Amini, DDS, section chief of pediatric dentistry at Nationwide Children's Hospital and Uma Gupta, MD, FAAP and oral health advocate with the Ohio Chapter of the American Academy of Pediatricians coordinated the joint visual dental screenings for HeadStart children from the southwest city school district.

As one of the Columbus Dental Society's Give Kids a Smile programs, the pediatricians and dental residents, along with other dental volunteers, worked together to enhance the overall health of children through dental services. The inter-professional relationship was initially suggested by the Ohio Dental Association and Columbus Dental Society as part of the society's Give Kids a Smile program to enhance awareness of the role that pediatricians can play in helping to ensure a child's good oral health outcome. The Children's Oral Health Action Team (COHAT) also helped to initiate the innovative inter-disciplinary program.

Dr. Rachel Rosenfeld, one of the pediatricians involved with the October event, really enjoyed interacting with the children and being able to learn from the dentists. "Given that children generally

see pediatricians more frequently than dentists, we as pediatricians can play an integral role in enhancing children's dental health as part of their overall health," she said.

Conducting a visual oral health screening and applying fluoride varnish is important and easy for pediatricians. The program aims to encourage pediatricians to incorporate an oral health screening into a well child visit and also be able to make an educated referral to a local dentist if they notice obvious decay on their younger patients.

According to Amini, parents often overlook their infant's need for a well-child dental visit – and that's a pattern she hopes will change with this collaboration. "A child should be taken to the dentist and establish a dental home once the first tooth erupts, or at the very latest, by his or her first birthday. As more pediatricians and family physicians join together with the dental community to educate and prevent, we will start to see a reduction in dental decay among very young children."

Assisting in the prevention of dental decay is the fluoride varnish application given at the screenings. "The importance of the fluoride varnish given to the children that I see is that some of these children may have limited access to routine dental care," Rosenfeld said. "These

varnishes help to prevent significant dental disease in vulnerable children."

Uma Gupta, MD, approached fellow pediatric colleague Dr. Rachel Rosenfeld about the opportunity to volunteer in the HeadStart dental screenings.

"Dr. Uma Gupta is very community oriented and always looking for ways that her fellow pediatricians can use their skills to help others," Rosenfeld said.

The importance of the program lies not only in enhancing children's overall well being now, but in the upcoming years as well. "I would love to see such a partnership grow in the future," Rosenfeld said. "This interaction helps both dental professionals and pediatricians enhance the overall health of children. The more professionals that see these children, the more likely we can detect disease, or even better, prevent them."

Overall the experience of pediatricians and dental residents working together was very welcoming and productive according to Dr. Rosenfeld. "I arrived at the site with very little preparation and I was able to be familiarized very quickly with the process," she said. "The dental residents were immediately available, answered my questions very well and were able to teach me a thing or two about dental exams in children. I would definitely recommend it to others."

Roughly 300 HeadStart children from the school district received the dental services. The value of free screening



photo courtesy of the Columbus Dental Society
Dental residents and pediatricians provide care to a patient during a 2011 HeadStart event in Columbus. The value of free screening exams, spinbrush cleanings and fluoride varnish provided to the children was in excess of \$12,000.

exams, spinbrush cleanings and fluoride varnish provided to the children was in excess of \$12,000. The innovative pilot program is in its first year of existence in the state of Ohio. The Columbus Dental Society hopes to do it again next year.

Visit <http://www.oda.org> for current and archived *ODA Today* stories.

DENTAL INSURANCE CORNER, from page 8

What's a dentist to do?

Unfortunately, there are more questions than clear cut answers for how to address this matter.

There is a clear conflict between the policies of the ADA and the practices of the carrier. Michigan law also complicates the matter.

The ODA has expressed its concerns regarding this long standing issue directly to the insurance company but the carrier has been unwilling or unable to change its practices. The ODA Dental Insurance Working Group will be considering the matter again.

In the meantime, it is important for dentists to be aware of this issue and to consider its possible impact on their billing practices.

The carrier's position that a dentist is a participating provider solely because benefits are assigned to the dentist may be difficult to defend. If a dentist however, cashes a check that contains contractual language then it may become significantly more difficult for the dentist to pursue the patient's unpaid balance. Dentists should consult with their attorney if this situation arises.

An attorneys may advise, if a check contains unfavorable contractual language to the entity cashing the check, that the safest course of action may be to return the check without cashing it. If the check is cashed, then the dentist and the patient will need to be prepared to justify to the court why the dentist's full fee should/should not be paid if the matter goes that far.

It is unclear how the Ohio Department of Insurance would handle complaints from aggrieved dentists on this matter. The carrier is not licensed as a health insuring corporation by the Ohio Department of Insurance. The Ohio Dental Practice Act is silent to this type of third party payment issue.

Interested in advocating on dentistry's behalf? Want to make a difference in the practice of dentistry?

Make an appointment with your local legislator to discuss the issues facing your profession. The ODA department of governmental affairs offers information and tips on meeting with legislators.

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The Explorer

Matthew J. Messina, DDS
Executive Editor

Real Friends

Cornell University sociologist Matthew Brashear has recently surveyed more than 2,000 adults from a national database. His research spanned 1985 to 2010, and concluded that, "while we may friend more people on Facebook, we have fewer real friends."

His defines real friends as "the kind who would help us out in tough times, listen sympathetically no matter what, lend us money or give us a place to stay if we needed it, and keep a secret if we shared one."

In Brashear's survey, on average participants listed 2.03 close friends in 2010, a number that was down from approximately three in a 1985 study. He asked people to name others with whom they had discussed "important matters" over the previous six months.

Forty-eight percent of participants listed one close friend. Eighteen percent listed two names while twenty-nine percent listed more than two. Sadly, slightly more than four percent did not name anyone.

It is no secret that the computer-based society that we have become helps to foster the development of many superficial acquaintances at the expense of truly close personal relationships. Texting, email, and Facebook posts provide a cold, sterile, and faceless way to interact with others. It involves using words to communicate, but the relationship is devoid of emotion.

Lacking the non-verbal component

in communication, it is far too easy to misinterpret the intent of a comment. We all have seen and experienced the effect of garbled communication that results from using only written messages. It is nearly impossible to sense the tone of a text message, and therefore react to the emotional component involved.

Words are powerful. In writing this column, I only have the printed word to express my thoughts. I carefully consider each word used, and reread to be sure that I communicate the proper tone. Email, Facebook posts, and especially texts and Tweets seldom receive the same level of care and consideration, often with disastrous results.

While society has embraced the new social media, and revels in the ability to keep in touch with people instantly, and over great distances, we have lost the level of intimacy found in best friends. People outwardly proclaim how pleased they are with the new media, but I sense that they are secretly craving the deeper level of connection found in old-fashioned friendships.

My practice has always been "relationship based," which means we intentionally set aside time to talk to people and reach a deeper level of communication than patients are often used to. It has always produced superior results for me, but lately, some things seemed to have changed.

Society today is deeply concerned about the future. The lack of security has made people more emotionally fragile than before. With a lessened level of communication with true friends, my patients have allowed me to reach out and touch their hearts in a new way.

Without sounding too sappy, there are more people, both men and women, who just seem to need a hug, figuratively as well as literally in a few cases. The value of a human touch is immeasurable, as it represents a powerful force. To reassure and to support people in decisions they make is one of the greatest gifts we can

give our patients. Often, our patients don't know what they want, but an empathetic ear and the time to hear them out is priceless.

The Greek philosopher Epicurus observed, "Of all the things which wisdom provides to make life entirely happy, much the greatest is the possession of friendship."

There are many things that have changed in the profession of dentistry since I entered practice 25 years ago. Some good, some bad, some frustrating. One thing has not changed. The surest way for me to have a great day is to feel that I have made a new friend or to be there to help an old friend.

Happiness in the practice of dentistry is about collecting the smiles from patients each day, and passing out a few hugs along the way. In this holiday season, I encourage you to join me and give the gift of your presence with people. It is a worthwhile effort to collect smiles and return the comfort and joy of our friendship.

The world is starving for attention, and validation of the humanity of each person.

We can stay superficial acquaintances with the people we see each day, effectively just posting on their Facebook wall while they are in the office, or we can work to go deeper in our relationships.

As Eleanor Roosevelt said, "many people walk in and out of your life, but only true friends will leave footprints in your heart." May you have a blessed holiday, and the joy of being a true friend to as many people as you can be. The world will be a better place for it, and you may never know the good you have done.

As I read after lunch the other day, "your smile is a curve that can get a lot of things straight." Sometimes you just can't beat fortune cookie wisdom! Happy Holidays!

Dr. Messina may be reached at docmessina@cox.net.



Learning to Fly

Ben Lamielle, DDS
Guest Columnist

Is the customer always right?

"Le client n'a jamais tort." In 1908 famed French hotelier Cesar Ritz coined this phrase, "The customer is never wrong." A few years later Marshall Field's department store in Chicago modified this slogan and helped popularize it to what many of us know today, "The customer is always right." While I doubt Ritz or the folks at Marshall Field's ever intended for this marketing phrase to be taken literally, many people do. There may not be another phrase in the English language that I loathe more.

The other day my poor office manager was verbally bombarded with this miserable phrase. A patient with an already shaky history presented to her appointment 15 minutes late. In spite of her tardiness we were still willing to see her but not until she cleared up the existing balance on her account. Apparently expecting her to show up on time and pay for the services that she benefited from was more than she could bear. So it began, "The customer is always right, the customer is always right, the customer is always right, I'll take my

business elsewhere," she spouted. I'm not sure what she was right about, I guess if a customer doesn't think they should have to pay for something then they are right?

My trusty office manager stood firm and didn't flinch as the patient stormed out the door. In the past I would have dreaded the potential fallout from an incident like this. What will she tell her friends and family about my office? What would this do to my reputation and my business? What if she files a bogus complaint with the dental board? However, I've finally learned to quit worrying about what people like this think.

I believe like many do that the best way to market my practice is through internal referrals. The beautiful thing about internal marketing is that not only is it inexpensive but it's the easiest way to target the right patients for your office. My ideal patient is probably similar to many of yours. Someone who shows up on time, pays for their care promptly, values my professional opinion, and appreciates the care I provide for them. I love these patients and wish all of my patients shared these same qualities. I have yet to find the piece of direct mail or internet marketing campaign that targets these patients and these patients only. What I have found is that if I ask my existing patients that I already love to tell their friends and families about my office they will. And you know what? Probably 9 times out of 10 their friends and family members turn out to be patients I love as well. This shouldn't be surprising. Patients who have those qualities that I love probably learned them from their parents so they are shared across the family. And we tend to be friends with people who have similar qualities and values as ourselves.

If that's my philosophy for ideal patients shouldn't my line of thinking follow a similar path for those patients who are not as enjoyable to be around? If I accept it as truth that good patients hang around good people, then bad patients probably hang around people similar to themselves. I've come to believe this absolutely. Because I've connected these dots I no longer care about the repercussions of sending a patient to collections or dismissing them from the practice for repeated missed appointments. Chances are if one of these patients decides to bad mouth me to their friends or families they are actually doing me a favor. Those less than ideal patients probably learned it was alright to be late from their parents and probably commiserate with their friends about how it's okay to steal from someone if they don't think it will really affect them. I don't want patients like this. I'll take quality over quantity any day.

A few hours after the customer who is always right left my office she called demanding to speak with me. She offered a half-hearted apology for her behavior and then informed me that she wouldn't be paying her balance and attempted to lecture me on how to run my business. As soon as she asked me the dreaded question, "Don't you know the customer is always right?" I politely informed that of course she was right but not about the customer part. She was right that she could take her business elsewhere because I didn't need her business here. She was speechless. I wish she could have seen the smile on my face as I informed her that we would be responsible for her emergency care for the next 30 days and

See LAMIELLE, page 15

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Between the Lines

Ken Jones, DDS, JD
Guest Columnist

Random “Stuff”

“I get up every morning determined to both change the world and have one hell of a good time. Sometimes this makes planning my day difficult.” E. B. White (1899 - 1985)

As I write this, Halloween has passed, daylight savings time is no more, I’ve conceded that my golf game never was, and my mind is a whirling dervish of “stuff.” So, like it or not, this month, that’s what you get – a little of the “stuff.”

Yesterday I watched a car almost hit a kid who was jay-walking between two parked cars. Well, actually he was in a stroller that was pushed by his mother. She was multi-tasking on her new iThing. She only looked up to cuss out the driver and then went back to her worldly oblivion.

It reminded me, though, of a dentist who called me last year. The not-too-bright guy encourages his patients to text and play games while he works in their mouths. Unfortunately, I was in the hospital at the time and couldn’t do the molar endo that resulted when the kid moved the wrong way to see her phone. I did offer to help represent the doctor in court in the future, though, because some of us never learn.

And speaking of learning, when will the know-it-alls out there realize that there is more than one way to reduce the access to care problem. (“Solving” it is never gonna happen.) If DHATs are so great, why is New Zealand near the bottom of the world’s dental disease rankings? Nothing will work all by itself, no matter what certain elements think, and there are those whose only answer is fluoride or sealants or non-dentists doing irremediable dental care.

I hate to beat a dead horse about this, but more restorative care, more preventive care, more fluoride, better application of sealants, better oral hygiene, better nutrition, fewer crappy snacks, sodas, and junk foods, parents who care enough to do something to educate their kids and not just whine, and patients who actually show up when

they do have the opportunity, might just do more than any one thing all by itself. And those of you who think DHATs will all end up in practices that do reduced fee dentistry, think again. Many of those most excited about mid-levels are not in practices that accept Medicaid. Dentists are smart enough to learn about cheap labor and increased production pushes, even for treating the patients who have some bucks. (I might even come out of retirement just to sit and supervise!)

On a calmer note, I’ve recently learned a bit about modern dentistry from a patient’s standpoint. I now better understand some of my former patients’ decision-making dilemmas. Last month I fractured an upper second bicuspid. Endo had been done and, finally, the post, the crown, and the root succumbed to an anesthesiologist’s accidental intubation trauma. I don’t really want to do a three-unit bridge, but I’d also rather avoid a sinus lift that might keep the implant from floating out of my left nostril.

Now, for those of you who call me stupid for doing the endo and etc. instead of the implant in the first place, let me tell you that it did just fine for the past forty-four years. What I discovered, though, was that I don’t really miss it very much. The second molar has been missing for years,

ever since I found that when it broke off, my sinus related malocclusion discomfort disappeared. I’ve learned that the new space doesn’t show when I smile, and I haven’t had a problem eating anything at all. Assuming I recover well from my next surgery, and assuming I decide to come back from Hilton Head in a few months, I’ll probably head in to my friendly periodontist or oral surgeon and have them do a graft and an implant. Probably.

I’ve also learned that retirement is kind of nice. I’ve learned that more of us should follow Rudyard Kipling’s advice and “take everything you like seriously, except yourselves.” And lastly, I’ve learned that not everyone agrees with my stellar observations, and that some of those people are rather rude when they spout their obnoxious disagreeableness.

At this point in my life, though, when they get on my nerves, I’m more likely to quote Trotskyist Alan Woods and tell them to “blame someone else and get on with your life.”

Satisfying advice, I think, and sometimes, it even works!

Dr. Jones may be reached at jonesddsjd@aol.com.



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Breaking Boundaries

Anita Aminoshariae, DDS, M.S.
Guest Columnist

“Survival of the Fittest”

The English philosopher, Herbert Spencer, coined the term “survival of the fittest” in 1864 after reading the works of Charles Darwin. The phrase means better adaptation, and flexibility to the immediate, local environment.”

With the economic downturn of the last few months, it is easy for people to accept the economic and stock market darker picture that has continued to emerge over the past few weeks. The fact is that the “recovery” is backsliding – or may have never been there to begin with?

Life changes are hard to accept and/or implement and though, we were adapted for change, we resist it. That’s right - we were created to adapt. With the negative changes going through the current economic climate, there are significant implications that are impacting our practices of dentistry. Patients may not be so inclined to save their teeth or invest in their dental health care when cheaper, albeit less desirable, alternatives exist for them.

So, do we “give in” into this pessimistic mood?

The answer is simple – “No, we don’t!”

The message that we as healthcare providers need to deliver to the public is that “prevention” is the key to maximizing

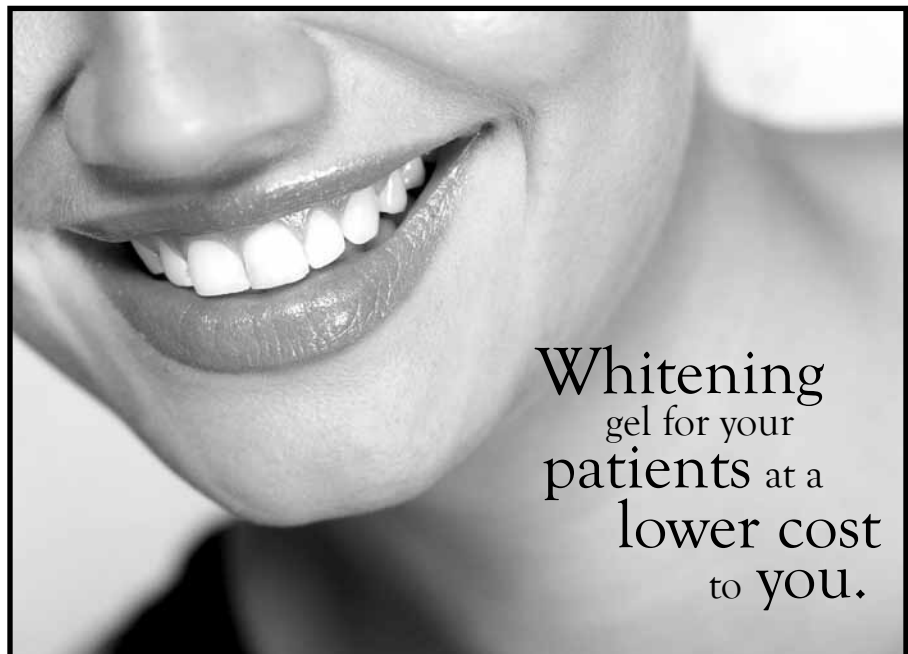
their limited healthcare dollars and maximizing outcomes in the current economic situation. It is much easier and more cost effective to visit a dentist or physician biannually and have check-ups than have to deal with the treatment and the extensive cost of any pathosis if a patient shows up only for emergent visits.

A subcommittee of the Health and Human Service’s Advisory Committee on National Health Promotion and Disease Prevention Objectives in July voted to recommend oral health as one of 14 “leading health indicators” (LHIs) for the full-scale implementation of “Healthy People 2020.” The significance of this event is extremely pivotal since LHIs are used as guidelines for the government when it considers how public, private, and nonprofit health resources should be prioritized over the coming decade. This development indicates a positive advance for oral health issues. “However, HHS still has to act on the committee’s recommendation (1).”

So, what is meant by “survival of the fittest?” That is “us” as dental healthcare providers ready to serve our patients and our referral dentists in a quality and ethical manner – as we’ve done in the past. We have what it takes to survive based on our formal education, our experiences, our ethical motives, dedication and deep desire to continue to provide disease-curing treatments for our patients to improve the quality of their lives.

Dr. Aminoshariae may be reached at axa53@case.edu.

1. American Dental Association, Government and Public Affairs Update, July 18 2011.



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LAMIELLE, from page 12

that if she'd like her records forwarded to another office to let us know. In the short term I had lost a patient and likely her friends and family but in the long term won knowing that I'd saved myself from having to associate with a likely group of people who didn't value my time or service and who likely would have stolen from me and my family.

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Dr. Lamielle may be reached at drlamielle@hilliardmoderndental.com.



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Ohio Department of Insurance responds to Affordable Health Care Act —

ODA Staff

In March of 2010, the Affordable Health Care Act was signed into law. The law includes a variety of new requirements regarding insurance coverage, health care choices, and health care costs.

Among the many new requirements states must implement as part of the law, Section 1311 requires each State to establish an American Health Benefits Exchange ("Exchange") or leave it to the federal government to operate. The exchange is required to: 1) facilitate the purchase of qualified health plans; 2) provide for the establishment of a Small Business Health Options Program ("SHOP Exchange") designed to assist qualified employers in facilitating the enrollment of their employees in qualified health plans; and 3) meet other mandates specified in the federal health care law. "

Mary Taylor, Lieutenant Governor/Director of the Ohio Department of Insurance has asked the federal government for more time and changes regarding proposed rules for health insurance exchanges.

Taylor has expressed significant concern expressed with regards to the proposed rules and any unnecessary and undue federal oversight stemming from the final rule. Taylor, who has been one of the more vocal critics of the federal health care requirements, specifically relayed her concerns on the health exchange rules in a letter to U.S. Health & Human Services Secretary Kathleen Sebelius.

"As part of the evaluation process, the State has significant concern with regards to the proposed rules and any unnecessary and undue federal oversight stemming from the final rule," Ms. Taylor said in her submittal. "This over specificity and creation of new mandates, not required by the ACA, will collectively drive-up operational costs for state-based Exchanges. Consequently, this will unnecessarily increase the costs of health insurance for Ohio consumers."

"In addition, we are very concerned with the condensed (and in some cases, unrealistic), timeline for creating a compliant exchange without proper

guidance. Planning to this point has involved assumptions, guesses and rough projections not sufficient to construct such complicated health systems even under the most desirable time frames."

Ms. Taylor wants "significant changes" to the proposed rules, she said. "States need flexibility to do what is best for their citizens."

The ODI director stressed that the state agency has been a strong regulator and that states "should have the right to work with their businesses, consumers and insurance carriers to implement something that meets their specific needs." She also asked for leeway so states don't have to seek federal approval for each and every change.

Regarding the time frame, Ms. Taylor said it's moving too fast and without sufficient guidance.

"Timing is not on the side of the states because the federal government is still unsure what to require," she said.

"States are being told to hurry up and implement without having the specifics of

what they need to implement. It is difficult to build something when you are not sure what resources you need, how much it will cost and what it should look like when completed."

The Affordable Health Care Act requires states to implement an exchange by January 1, 2014 and provide evidence that the proposed exchange is viable by January 2013.

For more information on the Federal Health Care Act please visit <http://www.ada.org/2389.aspx>

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Numbers to know

American Dental Association
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Dental OPTIONS
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Ohio Department of Health
(614) 466-3543

Ohio Dental Association
(800) 282-1526 or (614) 486-2700
Fax: (614) 486-0381
E-mail: dentist@oda.org

Ohio Dental Association Services Corp. Inc. (ODASC)
(800) 282-1526 or (614) 486-2700

Ohio State Dental Board
(614) 466-2580

Medicaid
Dentists who need to enroll as a Medicaid Provider should contact the HMOs directly. For problems with Medicaid, contact the ODA at (800) 282-1526.

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