

ODA Today

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

QuickBites

Save the dates:

2011 ODA Day at the Statehouse
April 13, 2011

Registration is now open for the 2011 Ohio Dental Association Day at the Statehouse, to be held Wednesday, April 13, 2011, in Columbus. Meet with legislators one-on-one and advocate for issues that impact dentistry in Ohio. See the story on this page for more information.

2011 ODA Leadership Institute
May 20-21, 2011

The 2011 Ohio Dental Association Leadership Institute will be held May 20-21, 2011, at the Hilton Columbus at Easton Town Center. Look for more details to come soon.

2011 ODA Annual Session
Sept. 15-18, 2011

Mark your calendar now for the 2011 Ohio Dental Association Annual Session, to be held Sept. 15-18 at the Greater Columbus Convention Center. Look for more information this spring online at <http://www.oda.org>.

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Ohio's GKAS kickoff held at Pro Football Hall of Fame

Liz Downey
Staff Writer

Volunteers provided over \$17,000 in free dental services to underserved children at the Pro Football Hall of Fame in Canton, Ohio, on Friday, Feb. 4 for the ninth-annual Give Kids a Smile (GKAS) program.

The kick-off event was held in partnership with the Ohio Dental Association, the Stark County Dental Society and the Canton City School District in an effort to help underserved children receive needed dental care and to raise awareness about children's dental health needs.

Dr. David Ash, president of the Stark County Dental Society, said the event went extraordinarily well.

"We felt honored that the kick-off event was in Stark County for the first time," he said.

ODA President Dr. Thomas Matanzo said the kick-off event was a great success.

"Although the weather outside was cold, the smiles of all the children gathered inside the National Football Hall of Fame were enough to warm and lighten all our souls," he said.

On Feb. 4, 108 second-, third- and fifth-graders from Belden and McGregor Elementary Schools in Canton received visual screenings, fluoride varnish, Toothprint bite impressions and oral hygiene instruction in the auditorium of the Pro Football Hall of Fame.

Children diagnosed in need of additional dental care will be scheduled into private



Ohio Dental Association photo

Dr. Brian Hatch, a dental resident from University Hospital's Rainbow Babies and Children's Hospital, examines a fifth-grader from McGregor Elementary School in the Ronald McDonald Care Mobile unit at the 2011 Give Kids a Smile kick-off event, held Friday, Feb. 4, at the Pro Football Hall of Fame in Canton, Ohio.

dental offices or the Mercy Medical Center General Practice Residency dental clinic for free care after the event.

Additionally, the Ronald McDonald Care Mobile of Northeastern Ohio from University Hospital's Rainbow Babies and Children's Hospital in Cleveland was onsite to provide free restorative care to 15 children who were pre-examined and diagnosed in need of care by North Canton dentist Dr. David Farinacci. All received exams and x-rays, and of these 15 children, there were 14 extractions, 11 fillings (most being multiple-surface) and 1

crown.

Colgate brought one of its Bright Smiles Bright Futures mobile dental vans onsite for walk-through tours.

Additionally, all guests were invited to tour the Pro Football Hall of Fame after the dental care portion of the day was complete.

Students from the dental hygiene program at Stark State College and members of the Alliance of the ODA were also on hand to help out with the event.

Andy Baskin, sports director for WEWS

See GKAS, page 14

Advocacy: ODA Day at the Statehouse set for Wednesday, April 13

Liz Downey
Staff Writer

Day at the Statehouse, the Ohio Dental Association's most important legislative advocacy event of the year, is set for Wednesday, April 13, at the Hyatt on Capitol Square in downtown Columbus.

The annual event provides ODA member dentists and dental students with the opportunity to speak one-on-one with state legislators and advocate for issues that impact their patients, dental practices and oral health in Ohio.

Ohio Dental Association President Dr. Thomas Matanzo said it is important for dentists to establish relationships with their legislators, especially as the political landscape in Ohio has changed after the November 2010 elections.

"This makes it especially important for dentists to stay engaged in the political process," he said. "It is important to stress to new lawmakers and remind veteran lawmakers the impact their decisions can have on their practices, employees and patients."

The 2010 November election brought changes to Ohio's Statehouse, including 40 brand new members of the General Assembly. Republicans won back control of the Ohio House of Representatives. The GOP won a net gain of 13 seats giving it a

59-40 seat advantage over the Democrats. The Republicans also extended their majority in the Ohio Senate by 2 seats as well, giving them a 23-10 advantage over the Democrats.

"It's critical that the ODA, through its member dentists, establish relationships with the new members of the legislature," said ODA Executive Director David J. Owsiany, JD. "Many of the legislative and regulatory issues we encounter are scientific and technical in nature, so it's important to have dentists ready to help legislators sort through those issues."

Registration for the 2011 ODA Day at the Statehouse will begin at 11 a.m. on Wednesday, April 13, and a luncheon will be held for attendees at 11:30 a.m.

During the luncheon, a briefing on current topics affecting dentistry in Ohio will be given by Matanzo, Owsiany, ODA Director of Legal and Legislative Services Keith Kerns and ODA consulting lobbyists Darryl Dever and Adam Hewit.

The state budget, including adult dental Medicaid funding, insurance reform and mid-level providers will all be topics of discussion. In addition, attendees will be provided with an outline on how the political landscape has changed in Ohio and receive a briefing on the Ohio Dental Political Action Committee (ODPAC).

Following the lunch and briefing, dentists will hold one-on-one meetings with their legislators to discuss these issues.

This year's Day at the Statehouse will also see the continuation of the mentoring program initiated in 2008. The program matches newcomers and dental students with experienced attendees from their area, allowing first-time attendees and dental students to ask questions and get advice from a mentor. Mentors will provide direction to new attendees prior to their meetings with legislators and throughout the meetings as well.

Matanzo encouraged all ODA members to attend the Day at the Statehouse.

"Legislators hear from our lobbyists all the time, but having the same message delivered from someone practicing dentistry makes a huge difference," he said.

To register for the 2011 ODA Day at the Statehouse, contact Liz Downey, ODA government affairs assistant, at (800) 282-1526 or liz@oda.org. Members interested in participating in the mentoring program or who need assistance scheduling meetings with state legislators may also do so through the ODA office. If meetings are scheduled through other means, the ODA asks that members contact Liz Downey to avoid conflicting meeting times.



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Readership survey provides valuable feedback

ODA Staff

In the most recent general member survey, Ohio Dental Association member dentists rated "providing the members with information about issues affecting the practice of dentistry" as their number one priority for the ODA. And an amazing 97 percent of respondents were "very satisfied" or "somewhat satisfied" with the ODA's performance in providing such information.

While the ODA has expanded its presence electronically with the ODA Web site, <http://www.oda.org>; e-mail newsletter, NewsBytes and Twitter social media platform, the ODA's primary vehicle for disseminating information is still *ODA Today*.

Accordingly, during the fourth quarter of 2010, *ODA Today* conducted a survey of its readers to gain insight into their reading habits and their views of the monthly publication. The results of the survey provide *ODA Today's* editors and staff valuable feedback in order to better meet the needs and expectations of ODA members.

Overall ratings

The vast majority of readers report reading every article or most articles in every issue. Seventy-nine percent of the readers gave *ODA Today* an overall rating of excellent or very good and nearly all the survey respondents found *ODA Today* to be a valuable member benefit.

Content

Three out of four readers gave the *ODA Today* highest marks for publishing articles that are "interesting, timely and useful." Virtually all the respondents said *ODA Today* articles are factually accurate

and the vast majority (83 percent) found them to be the appropriate length.

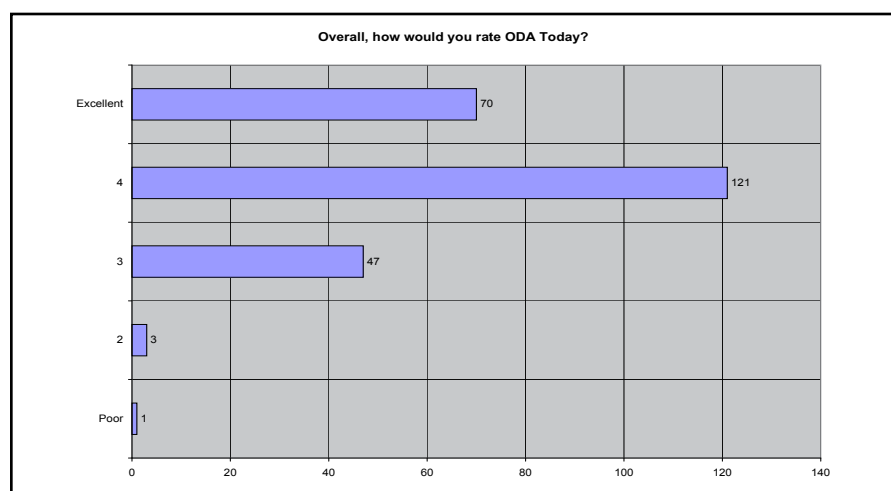
When asked to rate the subject matter for coverage in the *ODA Today*, the overwhelming majority of members rate "legislative issues" as most important, followed by regulatory/Ohio State Dental Board issues, ODA activities and events, scientific news and member benefits and services.

"The survey confirms that members are most concerned about legislative and regulatory issues and they want the latest information on those issues," said ODA Executive Editor Dr. Matthew J. Messina.

In fact, one survey respondent summed up the importance of covering regulatory issues by writing: "I count on the *ODA Today* to help me keep up with regulations. I do not know of any other ways to get that information."

Many readers (63 percent) rated information related to the ODA Annual Session as valuable or extremely valuable. Each year, usually in the June issue, *ODA Today* includes a supplement that previews the ODA Annual Session, including continuing education courses, speakers, exhibitors, events and registration information. The survey results confirm the value of the Annual Session supplement.

The monthly "Dental Insurance Corner" by ODA Director of Dental Services Christopher Moore and the regular columns written by Messina, ODA Executive Director David Owsiany, ODA Director of Legal and Legislative Services Keith Kerns and Drs. Ken Jones, Bob Buchholz and Ben Lamielle are all very popular with readers.



Aesthetic Quality

The respondents rated the aesthetic quality of *ODA Today* quite high. Eighty-two percent gave the "overall" aesthetics of *ODA Today* an excellent or very good rating, and layout, photos/illustrations and advertisements all rated highly as to visual quality as well.

One respondent aptly described the overall aesthetic quality of the publication as "appealing and inviting and easy to read."

Advertisements

Eighty-nine percent said *ODA Today* had "enough" display ads and 90 percent said *ODA Today* had "enough" classified ads. Nearly 1/3 of respondents reported responding to a display advertisement and 29 percent reported responding to a classified advertisement.

A surprising number of readers (nearly one in five) also rated advertisements as their number one priority in terms of reading *ODA Today*.

Advertisers should treat this as welcome news and notice that our member dentists

regularly read and respond to display and classified advertisements. Generating ad revenue helps offset the cost of printing and postage and, in turn, keeps membership dues down.

Conclusion

One respondent seemed to summarize the general view of the *ODA Today* by writing that the "information in the *ODA Today* is great and articles and issues are explained very well."

Some readers also provided suggestions for subjects to be covered in future issues of the *ODA Today*. The *ODA Today* staff has compiled those suggestions and is reviewing them for possible future article ideas.

Messina thanked those who completed the online readership survey.

"We are grateful to those readers who took the time to fill out the survey, because it provides us with valuable feedback we can utilize to make *ODA Today* an even better publication for our members," he said.

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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

The 100th anniversary of Ronald Reagan's birth has generated a lot of attention and discussion this month. The 40th president elicits a good deal of passion, and while he is remembered fondly in many circles today, that was not always the case. Those who are fond of Reagan remember his patriotism and commitment to limited government, low taxes, defeating Communism and sunny optimism. But Reagan had his critics who saw him as detached, uncaring and simplistic.

Regardless of your view of Reagan's policies, he showed amazing leadership traits during his two terms as president from 1981 to 1989. When the country faced disappointment and despair, Reagan would use his soaring rhetorical skills to lift our spirits. For example, following the Challenger space shuttle disaster, Reagan's words healed a nation and gave hope for a brighter future. When Soviet leader Mikhail Gorbachev challenged Reagan at the summit in Reykjavik, Reagan stared him down and called his bluff. Reagan wanted arms reductions but insisted on his "trust but verify" approach and maintained his commitment to strategic defense. A few years later when the Soviet Union collapsed, many historians pointed to Reagan's principled and courageous rebuff of Gorbachev at Reykjavik as the pivotal moment in US-Soviet relations.

I wonder if today our leaders couldn't learn a little from Reagan. In many ways, America's current situation is similar to what Reagan faced when he took office in 1981. Like today, America faced serious economic concerns, tremendous challenges in foreign affairs and lost confidence here at home in the 1970s and 1980s.

When Reagan took office, the economy was struggling. In President Jimmy Carter's final years in office, inflation hit 13 percent. Interest rates soared to as much as 20 percent, and unemployment was over 10 percent early in Reagan's first term. American economists, media and politicians spoke in terms of "the misery index" and "stagflation."

Today, our economy does not suffer from high interest rates or inflation, but we are stuck in a period of slow economic growth and relatively high unemployment. The financial crisis has caused a significant dip in consumer confidence and the business community is slow to rehire or reinvest because of the uncertainty in the current marketplace and ever-increasing public debt.

In foreign affairs, the Middle East was in turmoil when Reagan ran for America's highest office. In 1979, the Shah of Iran was toppled and the Ayatollah Khomeini took power. Iran reduced its oil production, causing shock waves throughout the world economy. Khomeini's supporters took 52 American citizens in Iran hostage, holding them for 444 days and releasing them on the day Reagan took office.

The bigger threat was the expansion of Soviet communism. From the 1950s through the 1980s, the Soviet Union extended its influence over the globe, including in Africa, Asia and Central America. It may be hard to fathom today, but back in the 1970s and 1980s, some commentators even suggested that the communist doctrine

Reagan at 100

of "peaceful coexistence" made sense from the western viewpoint. In their eyes, communism was on an ascendance while democratic capitalism was failing. The legacy of the Korean and Vietnam wars was, in their view, that the West would be better off not trying to stand up to Soviet expansionism.

Today, we are fighting two wars in the Middle East, in Afghanistan and Iraq, as part of the overall war on terror. Moreover, instability and violence reigns in the area, including in Egypt and Iran. Some have suggested the war on terror and confronting radical Islam is the next great battle against evil and authoritarianism. As was the case with communism, however, some commentators suggest that we should not confront the rise of Islamic radicalism in the world and instead we should try to peacefully coexist.

American political leaders' responses to these current challenges have largely been inadequate. In responding to the financial crisis, collapse of the housing market and economic slowdown, leaders from both political parties focused on expanding the size and scope of government in hopes of stimulating the economy. As a result, the US debt has ballooned to more than \$14 trillion, but unemployment remains high, consumer confidence is low and economic growth continues to stagnate. Consequently, Americans seem to be suffering a crisis of confidence. The common perception is that future generations will not be as well off as current or past generations of Americans.

Leadership in foreign affairs seems similarly weak and confused. President Barack Obama pledged to close the prison camps at Guantanamo Bay but they remain open as the reality of trying to find some place for the detainees hits home. Here at home, political correctness has now led to Transportation Security Administration agents patting down everyone from young children to little old ladies because we don't want to be accused of "profiling" by focusing our attention on those who are likeliest to do us harm.

What would Reagan do?

Of course each situation is different and solutions of the past do not always provide the answers for today. However, Reagan's leadership following the crises of the 1970s and early 1980s might be

instructive.

Reagan responded to the recession early in his first term by working to cut taxes and regulations. His view was simple, but not simplistic. He said in his first inaugural address that "government is not the solution to our problem; government is the problem." However, Reagan's rhetoric was not just reflexively anti-government.

Reagan favored "limited government," saying "it's not my intention to do away with government. It is rather to make it work – work with us, not over us; to stand by our side, not ride on our back."

He concluded that "government can and must provide opportunity, not smother it; foster productivity, not stifle it."

From the first days in office, Reagan pushed for his economic recovery plan, the centerpiece of which was reducing taxes and regulation on productive people and businesses. When Reagan took office, the top income tax rate was 70 percent and when he left office it was 28 percent, spurring economic activity and investment. Early in his administration when air traffic controllers engaged in an illegal strike, Reagan promptly fired them. He sent a clear message that he did not want any further disruption in the American economy and wanted to get America back to work.

John Ehrman, in his book *The Eighties: America in the Age of Reagan* explains that the Reagan economic plan led to the tremendous economic growth America experienced in the latter half of the 1980s and the 1990s. Unlike today's leaders, Reagan believed that the ingenuity and entrepreneurial spirit of the American people would lift the economy more effectively and efficiently than the government could. History has largely proven him correct.

In foreign affairs, when faced with the prospects of continuing the cold war, Reagan did not shrink from addressing the evils of totalitarian communism. Again, his message was simple, but not simplistic. Reagan called the Soviet Union the "evil empire." He supported efforts across the globe – including in the Soviet Union's own backyard in Poland and in our own back yard in Nicaragua – to resist totalitarian communism. Reagan pledged to place communism in the "ash heap of history" because he understood that

government planning and control was inconsistent with the human desire for freedom and liberty.

Today, the collapse of communism is portrayed as inevitable by many of the very same commentators who preached peaceful coexistence in the 1970s. While the inefficiencies and inherent defects of communism and government-planned economies are clear today, the reality is the so-called enlightened elites of the 1970s and early 1980s believed the Soviet system was superior to western liberal democracies and capitalistic free market systems. Reagan knew otherwise and eschewed the lure of détente in order to stand up against Soviet tyranny. When the Soviet Union and its empire collapsed in 1989-1991, it was common for the media to write stories about the "fall" of communism. But as conservative activist Grover Norquist wrote, "the Soviet Union didn't fall, it was pushed" by Reagan.

In the 1980s, America was also threatened by the challenges posed by the rising foreign competition that was supposedly superior to the western model. Then, the main threat was Japan. Commentators were certain America's days as an economic super-power were numbered as Japan supposedly gained the upper hand in manufacturing, technology and innovation.

Economist Laura D'Andrea Tyson, who would later become Chair of President Clinton's Council of Economic Advisors, warned of Japan's impending superiority in the 1980s and concluded "as Japan ascends, America frets about its decline." Reagan would have none of it. He understood that freeing up America's economy through deregulation and reforming America's tax structure would reestablish America as the preeminent engine for the world's economy.

Of course, Japan's economy has struggled throughout much of the last two decades and is no longer considered any threat to American superiority. Today, however, we hear similar concerns about China's ascendancy and America's decline. I wonder how America's leaders will react.

When Reagan took office in those dark days in 1981, he said "they say that the United States has had its day in the sun, that our nation has passed its zenith. They expect you to tell your children that

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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
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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.

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Legal Briefs

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

Important for dentists to know rules on phone book, Internet ads

As the economy sputters and competition for patients intensifies, many dentists are seeking new methods to expand and strengthen their practices. One such method is to establish an advertising campaign. However, before a dentist undertakes such a strategy, they must become familiar with the regulations and restrictions related to advertising.

State regulations and the profession's ethical code govern all types of dental advertisements. Some dentists may find it surprising that governmental entities, such as the Ohio State Dental Board, are able to regulate advertising given the free speech right afforded by the Constitution. But courts have permitted the regulation of advertising in order to protect the interests of consumers.

Courts do require, however, that any regulations directly advance a significant governmental interest, such as protecting consumers, and be narrowly tailored so as not to restrict any more speech than is necessary.

Television and radio spots, Web sites and all categories of print advertisements, including newspaper, magazines, yellow pages, signs, school or church bulletins, billboards and other mediums, are subject to regulation. There are several general rules that dentists should follow when engaged in advertising of any kind to avoid difficulties.

First and foremost, advertising must be true and accurate. State regulations and the American Dental Association's Principles of Ethics and Code of Professional Conduct (Code) require that dental advertisements avoid statements that are false or misleading in nature. Advisory Opinion 5.F.2 of the Code sets out a few examples of what should be avoided:

- Statements that contain a material misrepresentation of fact
- Omitting facts that are necessary to

make the statement as a whole not misleading

- Statements that are likely to create an unjustified expectations about what the dentist can achieve
- Unsubstantiated statements claiming the services provided by the dentist are superior to those provided by other dentists

OSDB rules cite additional examples of statements to avoid. Specifically, Ohio Administrative Rule 4715-13-03 prohibits the following:

- Statements that falsely indicate the number of years in practice
- Statements that misname or misrepresent any anesthetic, drug, material or medicine administered by a dentist
- Statements that misrepresent any dental method employed by the dentist

Second, dentists should clearly announce to the public which dental practitioners are offering services in an office. Board rules require the names and conferred degrees of all dentists offering to practice dentistry within a facility be

listed prominently at the front or main entrance of the practice. The names of deceased or retired dentists should not be posted at the front or main entrance or be utilized in advertisements of any kind.

Dental Board rules also require that all advertisements contain the name of the owner(s) of the dental practice and the dental degree that the owner was conferred. This requirement extends to any print, broadcast or Internet advertising (Web sites, social networking sites, etc.) and to any signs located outside of the office.

Third, the public should be aware of the level of training of the dentist advertising services. Accordingly, dental board rules require all specialists to list their ADA-recognized specialty directly after or below their name in all advertisements. General dentists are also advised to list the term "general dentist" directly after or below their name in all advertisements. This is because board rules prohibit statements made by general dentists that advertise the rendering of specific dental services unless the advertisement also includes the phrase "general dentist."

Use of the terms "family dentist," "cosmetic dentist" or "implant dentist" should be avoided. The board considers these terms misleading because they imply a level of specialty training to the public that is not recognized by the ADA. However, a dentist could use the phrase "family dental services," "cosmetic services" and/or "implant services" or similar derivations provided the term "general dentist" or the ADA-recognized specialty designation appears directly after or below the dentist's name. General dentists may also advertise the provision of ADA-recognized specialty services if the term "general dentist" is used.

The board's rules also address advertising in telephone books and other directories. Dentists are prohibited from advertising under telephone book headings that are not ADA-recognized specialties (i.e. cosmetic) or ADA-recognized specialties, unless the dentist is a specialist in that area.

Finally, dentists should pay close attention to their advertising practices. A dentist is responsible for all content and placement of advertisements under dental board rules and the ADA Code of Ethics. Mistakes on the part of staff members or advertising agencies will not excuse violations of board rules so it is important for dentists to remain personally engaged in the process.

Board rules require dentists to maintain a copy of all advertising from print media, broadcast media (television and radio) or via the Internet in the office for a period of at least two years. Board officials may ask to inspect these copies to ensure compliance with advertising rules.

For help with drafting an advertisement or for more information on advertising, dentists should contact the ODA legal department. The department regularly reviews and comments on draft advertisements for ODA members in order to ensure regulatory compliance.

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.

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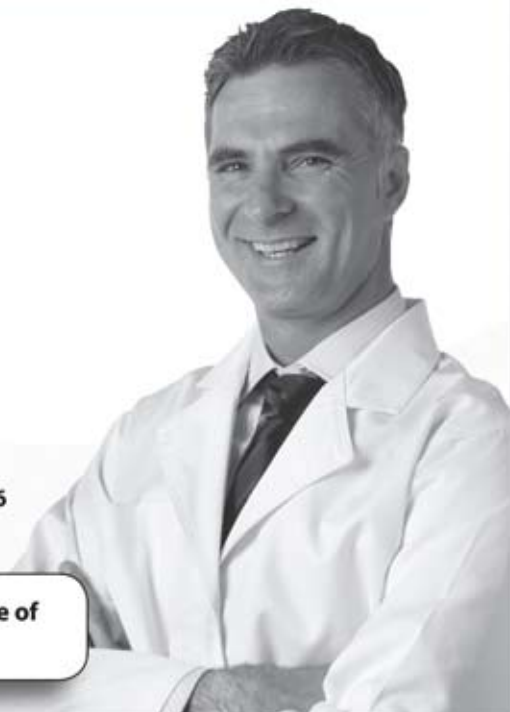
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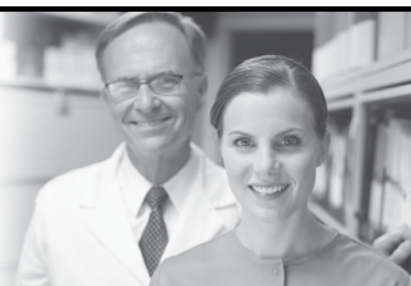
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Dental devices seized from Florida manufacturer

On Jan. 5 and 6, US Marshals, acting under a court order sought by the US Food and Drug Administration, seized all dental devices from Rite-Dent Manufacturing Corporation, located in Hialeah, Fla.

The seizure of dental products valued at \$208,910 follows an FDA inspection that found significant deficiencies in the company's manufacturing processes that may affect the safety and effectiveness of the products.

The seized products include Alginate Impression Material, Ultra Impression Material, Enamel Bonding System, Pit and Fissure Chemical Curing Sealant, Tooth Shade Resin Material, Cavity Varnish, Polycarboxylate (PCA) Cement, and Zinc Phosphate Cement, all used in the practice of dentistry. FDA inspections of the Rite-Dent facility, most recently in November 2010, revealed continuing significant deviations from the current good manufacturing practice requirements for the products. Good manufacturing practice requirements help to ensure the safety and effectiveness of medical devices.

FDA's recent inspection also confirmed that the company had not obtained FDA marketing approval or clearance for a device called the Ultra Impression System.

The company also failed to notify the FDA regarding a correction it made to a device called the Alginate Impression System.

The FDA previously warned the company about these and similar violations during FDA inspections in 2005, March 2010, and May-June 2010, as well as in a 2005 Warning Letter.

The FDA advises health care professionals to discontinue use of these products.

"The FDA expects medical device producers to follow good manufacturing practice and to obtain clearance or approval of the devices that they market," said Jeffrey Shuren, MD, Director of FDA's Center for Devices and Radiological Health. "If firms ignore these requirements, we will take appropriate action to protect public health."

Kasich names new ODH and Medicaid directors

In January, Gov. John Kasich appointed new directors of the Ohio Department of Health (ODH) and the Office of Ohio Health Plans (Medicaid). Below is a closer look at both directors.

Dr. Theodore (Ted) Wymyslo, the new director of the Ohio Department of Health, has 30 years of experience in primary care as a practicing family physician, educator and administrator. Most recently, he has been a strong advocate for implementing the patient-centered medical home model of care in Ohio. Wymyslo previously served as the Program Director of the Family Practice Residency Program at the Miami Valley Hospital for 18 years. He received his MD from The Ohio State University College of Medicine.

John McCarthy, the new director of the Office of Ohio Health Plans (Medicaid), most recently served as Medicaid director in the District of Columbia. McCarthy worked in the administration of DC Mayor Adrian Fenty, a Democrat who lost his re-election bid in November. McCarthy has previously worked with Ohio Department of Job and Family Services and the Ohio Department of Developmental Disabilities on a number of Medicaid redesign projects and is familiar with Ohio and its structure. He earned his master's of Public Affairs from Indiana University School of Public Affairs.

Tax extension measure affects dental offices

In December 2010, the US House of Representatives joined the Senate in passing a two-year extension of the 2001 and 2003 tax cuts with bipartisan support. This legislation, which contains provisions supported by the American Dental Association, offers benefits for many dentists and patients.

The ADA and volunteer dentists, focused its grassroots efforts in support of this legislation. Printed below is a summary of the legislation. It is the most recent example of how the ADA's advocacy efforts can directly impact member dentists.

The legislation (H.R. 4853) could affect dentists in several areas, including:

Individual Tax Relief and Benefits:

- Extends the Bush tax cuts which would otherwise expire at the end of 2010 for all individual income tax brackets through 2012;
- Extends the current capital gains and dividend rates, as well as marriage penalty relief, through 2012;
- Extends the student loan interest deduction (SLID) through 2012;
- Extends exemption of the alternative minimum tax (AMT) through Dec. 31, 2011.
- Sets the estate and gift tax exemption at \$5 million per person (\$10 million per couple), with a top tax rate of 35 percent for amounts over that, through 2012;
- Provides a payroll/self-employment tax holiday during 2011 of two percentage points. (Employees will pay 4.2 percent on wages and self-employed individuals will pay 10.4 percent.)

Business Tax Relief :

- Provides for a continuation (through Dec. 31, 2012) of the current 50 percent bonus depreciation for investments in new business equipment;
- Extends through 2011 the new markets tax credit designed to encourage investment in businesses in low-income communities; and
- For taxable years beginning after Dec. 31, 2011, extends the 2007 increase in the maximum amount and phase-out threshold under Section 179 (up to \$125,000 can be deducted and the phase-out threshold is \$500,000, indexed for inflation), thereby allowing businesses to continue a more rapid depreciation of costs.

Note: For taxable years beginning in 2010 and 2011, up to \$500,000 can be deducted and the phase-out threshold is \$2 million. This post-2007 increase came about as part of the Small Business Jobs Act.

Dentists should consult their own accounting or tax consultant for advice related to their own specific circumstances.



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ODA Meeting & Event Calendar

Mar.

- 7 Subcouncil on New Dentists Meeting
- 18 Council on Membership Services Meeting
- ODASC Board Meeting

Apr.

- 1 Callahan Commission Meeting
- 6 OPTIONS Steering Committee Meeting
- 7 Executive Committee Meeting
- 8 Ad Interim Committee Meeting
- Executive Committee Meeting
- Strategic Planning Committee Meeting
- 9 Strategic Planning Committee Meeting
- 12 Council on Dental Care Programs and Dental Practice Dinner Meeting
- 13 ODA Day at the Statehouse
- Council on Dental Care Programs and Dental Practice Meeting
- 15 Annual Session Committee
- 22 ODA Office Closed for Holiday
- 29 ODA Foundation Board of Trustees 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 demonstrate 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 Jan. 1, 2001, or later are eligible. Past 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 a person or entity that positively impacts access to dental care in Ohio by offering free or reduced-fee services to underserved populations.

Nominations for the 2011 Awards of Excellence will be accepted through March 25, 2011. Award entry information and nomination forms are located at <http://www.oda.org>. Information may also be obtained by contacting Michelle Blackman at the ODA at (800) 282-1526 or michelle@oda.org.

The 2011 Awards of Excellence recipients will be honored at a special ceremony during the ODA's 145th Annual Session, which runs Sept. 15-18, 2011 in Columbus, Ohio.

Prescription drug abuse bill on fast track

ODA Staff

State Representatives David Burke (R-Marysville), a licensed pharmacist, and Dr. Terry Johnson (R-Portsmouth), an osteopathic physician, recently unveiled their effort to combat prescription drug abuse, a problem that has reached epidemic proportions in the state.

Rep. Danny Bubb (R-Mount Union) who is working closely with Burke and Johnson on the effort, said the problem threatens to "ruin a generation" of Ohio citizens if the state does not act.

Reps. Burke and Johnson presented their plan to the media and the House Health, Human Services and Aging Committee in early February. Committee Chair Lynn Wachtmann (R-Napoleon) stated the legislation would be placed on the "fast track."

If enacted, House Bill 93 would make several changes to Ohio law and provide state regulators with additional authority to curb illegal prescription drug use. The bill defines and calls for additional regulation of "pain management clinics," establishes a statewide take-back program which will secure and destroy unused medications and establishes the authority to institute a Medicaid lock-in program which would cut down on doctor shopping and fraud by preventing Medicaid recipients from visiting multiple pharmacies and providers.

The bill would also place limits on physicians' and dentists' ability to personally furnish controlled substances to patients. Specifically, prescribers would be prohibited from personally furnishing more than 2,500 dosage units in a 30-day period and would be prohibited from personally furnishing to a patient an amount of a controlled substance that exceeds the amount necessary for the patient's use in a 24-hour period. Any administration of controlled substances to a patient incident to or during a procedure is exempt from the limitations.

Finally, the bill calls for the Ohio State Pharmacy Board to make improvements

to the state's prescription drug monitoring database know as OARRS (Ohio Automated Rx Reporting System). The board is charged with making recommendations on improvements to OARRS, making it a "real-time" drug database that permits information to be immediately submitted to the database and immediately accessible, and the costs associated with the recommendations.

Burke said one of the goals of the bill was to have OARRS function as a useful tool for providers and law enforcement and not a "historical archive" of a patient's prescription drug utilization.

Several provisions in the bill were derived from the report of the Ohio Prescription Drug Abuse Task Force commissioned by then-Gov. Ted Strickland last year. The task force issued a comprehensive report to policymakers in October. The Ohio Dental Association served as a member of the task force.

Rep. Johnson, in his first term as a state legislator, spoke from personal experience on the importance of immediate action. A former Scioto County coroner, Johnson said the most pressing concern in his county was prescription drugs, ahead of jobs and all other issues.

"Scioto County experienced a 360-percent increase in fatalities over the last 12 years," Johnson told members of the Health Committee, which he claimed was directly related to prescription drug overdoses and drug-related crime.

Orman Hall, director of the Ohio Department of Alcohol and Drug Addiction Services, complimented the legislators for taking on the issue. Hall stated the amount of controlled substances distributed in Scioto County during the past year was the equivalent of 123 doses for every person living in the county.

Burke attributed part of the blame to a handful of "rogue professionals" in certain areas of the state and promised to reign in their operations.

"We're not backing down," Burke said.



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Dental Insurance Corner

Dental insurance and covering another dentist's practice

Christopher A. Moore, MA
ODA Director of Dental Services

"No good deed ever goes unpunished." This saying could be very apt when it comes to trying to do the right thing in the wrong way. A good example of this involves billing dental insurance for care provided by one or more well-meaning dentists who are covering the practice of a disabled, ill, injured, impaired or deceased colleague.

In these situations, the covering dentist(s) typically provides his/her services at no charge to the practice and expects patient and insurance payments to be directed to the practice. The hope is that the covering dentist(s) will be able to maintain the practice's viability until the dentist they are filling in for returns or the practice is sold.

Many times the covering dentist(s) just wants to provide care without any entanglements with, or even knowledge by, dental insurance or managed care plans of their involvement in the office. Failure to properly disclose what is going on in the practice, however, can lead to unintended and untoward consequences for all involved.

Correctly completing the American Dental Association's dental claim form is critical to both ensuring proper reimbursement for the provided services and for avoiding legal improprieties. Particular attention should be paid to claim form sections Billing Dentist or Billing Entity (boxes 48 through 52A) and Treating Dentist and Treatment Location Information (boxes 53 through 58).

The ADA's *Current Dental Terminology 2011-2012* instructs that the Billing Dentist or Billing Entity section "provides information on the individual dentist's name...or the name of the group practice/corporation that is responsible for billing and other pertinent information. Depending on the business relationship of the practice and the treating dentist, the information provided in this section may not be the treating dentist." This section should not be completed if the patient is submitting the claim directly to the insurance company.

The Treating Dentist and Treatment Location Information section "must be completed on all claims. Information that is specific to the dentist...who has provided treatment is entered in this section."

Failure to properly complete the claim form, including correctly identifying the actual treating dentist, could amount to insurance fraud.

Health care fraud may occur when an individual or entity intentionally deceives or misrepresents the health care services that have been provided knowing that this act could result in some unauthorized benefit or reimbursement.

Failure to properly identify both the billing dentist or entity and the treating dentist would typically be considered as intentional misrepresentation and likely viewed as fraudulent behavior.

Similarly, submitted claims that cannot be reconciled with the documentation in the patient record could present significant concerns for the practice and/or treating dentist(s) relative to continuity of care, claims/chart reviews or audits or in responding to patient complaints that are submitted to peer review, the Ohio State Dental Board or

the courts.

Oftentimes third-party payers are tipped off to apparent claim form improprieties by patients who question an explanation of benefits that does not accurately reflect who actually treated them. Random or programmed claims/chart reviews can also reveal who actually provided the care.

While some states have regulations that specify requirements for dental records, Ohio does not have regulations that directly address the recordkeeping that must be maintained in situations where one or more dentists cover for another dentist's practice. It is expected however, that the record accurately reflect both the care that was provided as well as the actual treating dentist if multiple dentists are rendering care in the same practice.

Professional liability insurance companies also note that inaccurate and/or inadequate patient records can prevent them from successfully defending dentists against meritless malpractice complaints.

Things can get a little trickier when any of those involved are members of a preferred provider organization, dental health maintenance organization or other type of contracting dentist network or organization.

It is a very good idea to have some form of written agreement between the practice and the dentist(s) who are covering it. It is particularly so when any of the involved parties are in a contracting agreement with a third-party payer.

Non-contracting dentist covering a contracting dentist's practice

Generally speaking, insurance reimbursement for any work done by a non-participating dentist will be sent directly to the patient/subscriber, even if the non-participating dentist is covering for a practice that is participating with the insurance company. A patient's assignment of benefits to the practice will not supersede this.

If the non-participating dentist wants the insurance check to go directly to the practice, then he/she will likely need to sign a participating provider agreement with the plan(s) with which the office contracts. This contract can typically be limited to those services the dentist provides in the practice and would not have to apply to work the dentist does in his/her own dental practice.

Once this agreement is in place (along with the written agreement between the covering dentist and the practice), then the insurance plan will send its reimbursement checks directly to the practice. The covering dentist will be listed in the plan's participating provider directory as an associate of the practice he/she is covering for. Patients the covering dentist sees in his own practice would not be entitled to the discounted fees. The limited contract between the dentist and the insurance plan may be terminated by either party as the need arises.

Since contracts are typically not retroactive, it is important to be as proactive as possible in addressing these contractual issues to ensure proper and timely reimbursement to the practice.

Contracting dentist covering a non-contracting dentist's practice

Similar concerns exist when a contracting dentist covers the practice

of a dentist who does not contract with the same plans as the covering dentist.

Reimbursement checks for work done by the contracting dentist will typically be sent to the non-contracting practice. The reimbursement amount however, will be at the participating dentist's fee level and the participating provider contract will prohibit balance billing the patient.

In order for the non-participating practice to be able to balance bill the patient, the participating dentist will likely first need to inform the contracting insurance plan that the dentist wants to be considered a non-participating dentist for work done at the non-participating practice location only. Once the dentist finishes covering for the practice, then he/she should inform the plan of this change in status.

Ethical, regulatory and contractual considerations

The ADA's *Principles of Ethics and Code of Professional Conduct* and the Ohio Dental Practice Act both provide guidance relative to the ethical and regulatory aspects of addressing this issue.

The ADA's *Principles of Ethics and Code of Professional Conduct* calls on dentists to communicate truthfully. It specifically states that "dentists shall not represent the care being rendered to their patients in a false or misleading manner."

From a regulatory perspective, the Ohio Dental Practice Act authorizes the Ohio State Dental Board to take disciplinary action against dental licensees or permit holders who obtain or attempt "to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice."

Additionally, the OSDB may take action against licensees or permit holders who know this type of misrepresentation or deception is happening in their facility

and permit it to occur on a recurring basis.

Participating provider agreements address this issue in a variety of ways. They often expressly prohibit dentists from collecting any fee for services contained on a claim on which false information has been consciously provided.

Submitting for services not actually performed, misrepresenting the rendering provider and submitting claims for services performed by non-participating dentists under a participating provider's license number are all typical examples of prohibited acts in participating provider contracts.

Lessons learned

Proper documentation is a must for ensuring continuity of care, proper billing and reimbursement and risk management. This includes written agreements between the involved parties and the legal and ethical obligations to properly complete the dental claim form.

It may be necessary to consult with competent legal counsel to clarify expectations and protocols for the involved parties, including any contracting dentist organizations.

It may also be necessary to contact the applicable contracting dental plans to determine the appropriate steps to take to ensure the interests of all involved are properly accounted for.

"A recurring theme for dentists to minimize their troubles with third-party payers and regulators is to make accurate reports to dental insurance and have the proper documentation to back up what they're submitting claims for," stated Steven R. Moore, DDS, chair of the Ohio Dental Association Council on Dental Care Programs and Dental Practice. "Another theme is the necessity to clearly understand any contractual obligations that must be met."

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, fax to (614) 486-0381 or email chrism@oda.org.

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Strengthening the backbone of dental practice financial systems

Submitted by **Lisa Philp, RDH, CMC**
President, Transitions Group

There are many systems at work in every dental practice that keep it running smoothly on a daily basis. Some of the most important are financial management systems.

Financial management systems contribute to the revenue engine of the practice and include financial arrangements, insurance claims management, pre-determination management, treatment planning and accounts receivable. But the backbone of the financial management systems is the written financial policy.

Unfortunately, many practices that have a financial policy may not be including the right options, the right level of detail and using the policy in the right way to enhance patient communication.

Without a written financial policy and team collaboration and understanding of the different options patients have to pay for their dentistry, it is challenging to achieve patient clarity regarding your payment expectations and the case acceptance that's possible. But, when there is a consistent policy that everyone can communicate, there is less stress, less leniency and less chaos.

Here is a look at what an effective financial policy should include and how it should be used.

Be specific

In basic terms, a financial policy is a list of the different ways patients can pay for care, clearly communicating payment options and responsibilities. But to maximize patient understanding, clarity and case acceptance, the financial policy should be very specific.

First, a financial policy should list all

payment options available. One of the biggest benefits of a written financial policy is it immediately shows patients all their choices and makes it easy for them to see the dental practice has a solution that will serve their needs. The list should include cash and checks, an accounting reduction for prepayment if allowed by your state law and all major consumer credit cards the practice accepts. If the practice allows payment by appointment, provide detail on payment expectations and cancellation policies. Also remember to list all patient financing programs along with the specific plans available.

Use it!

A financial policy cannot do its job as one of the most important financial systems within the practice if it's left to languish in a drawer.

The sooner a dental practice communicates to patients that it has the financial solutions to help them get the dental care they need, the more the patients will regard the dentist as their oral health advocate, which can lead to greater satisfaction with the practice.

Consider putting a copy of the financial policy in new patient welcome kits and post one in the office. Because the money conversation should take place once a trusting relationship is built, it would be unwise to post the financial policy on the practice's Web site. Instead, post a statement on the Web site of the practice's commitment to finding both clinical and financial solutions that enable patients to enjoy oral health.

Most importantly, when the treatment plan is created and the patient is taken to a private environment to sit down and discuss the investment that's associated with the recommended dentistry, it's the

dentist's obligation to "inform before you perform."

One of the most-seen breakdowns in patient relationships is improper explanation of fees when the patient is in an upright and coherent state. One of the best ways to ensure patient understanding is using a written financial policy during the treatment and fee discussions. This allows patients to both hear and read their payment choices, enhancing learning and information retention.

Include a patient payment agreement form

Once the patient has committed to the dentistry and has chosen his or her preferred payment option, documenting the conversation with a patient payment agreement form is critical.

This form ensures the patient understands what he or she is agreeing to and is meant to protect both the patient and the practice. The patient payment agreement form should detail the payment option chosen and the patient's payment responsibilities, including amounts and the dates payment is expected. Patients should sign the agreement form and keep a copy for their records. The other copy should be filed in their patient file.

In the unlikely event that a patient is reluctant to sign the patient payment agreement form, the practice should not move forward with care.

Benefits for the patient and practice

There are many ways a written financial policy benefits patients and dental practices.

First, there is more clarity in communication, so patients are happier, and there are fewer unanswered questions. Patients don't have to try to "remember" what the dentist said and what they committed to after they've left the practice because they have it in writing.

Second, a financial policy demonstrates

to patients that the dentist is committed to finding a way for them to get the care they need. A financial policy will make dentistry affordable, increasing case acceptance.

Dentists will also have more consistency and fewer "special cases" where patients are allowed to pay in a manner that is not beneficial to the practice because of their particular circumstances.

If a dentist does not currently have a written financial policy and patient payment agreement form, it should be at the top of the practice's "to do" list. Get the team involved and pay attention to detail.

There are some great resources available to help. CareCredit, endorsed by the Ohio Dental Association Services Corp., Inc. (ODASC), has a customized financial policy and patient payment agreement form available to practices that offer their program. For information, visit <http://www.carecredit.com/financialpolicy>.

A financial policy is the backbone of a dental office's financial systems. When the dentist and his or her team creates and uses a strong financial policy they not only keep the practice healthy, but patients are happy and healthy as well.

About the author: As CEO of Transitions Group, Lisa Philp works with dentists and their teams on a daily basis, solving problems and streamlining systems and processes within the practice. Ms. Philp is a certified effectiveness trainer, certified facilitator in Integrity Selling and a Certified Management Consultant. Ms. Philp is an authentic and engaging speaker and author who shares her passion for dentistry and practical, real-life solutions.

Editor's note: The opinions expressed in this article are those of the author and not necessarily the views or opinions of CareCredit, this publication or the Ohio Dental Association.



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OWSIANY, from page 4

the American people no longer have the will to cope with their problems, that the future will be one of sacrifice and few opportunities. My fellow citizens, I utterly reject that view."

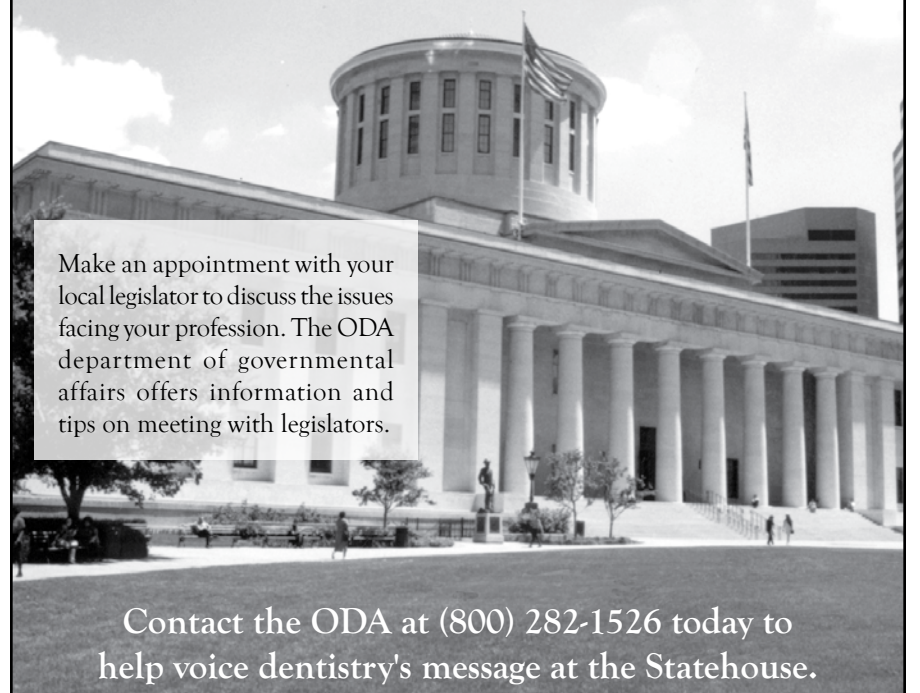
Reagan had faith in America and the American people. He believed his country was a force of good in the world and that it did not have to apologize to the rest of the world. He believed in American exceptionalism and, like Abraham Lincoln a century before him, Reagan understood that America was the "last best hope of man on Earth."

I am not suggesting that we need

leaders today to advocate for solutions that were right three decades ago. But our leaders today could benefit from understanding the leadership of Reagan. He spoke and acted with clarity and forthrightness. He did not shrink of the challenges that presented him. And while, as all leaders do, he had to compromise on certain details, he remained loyal to his principles and his vision for America.

Today, we could use a principled, visionary leader like Reagan. Unfortunately, one has not emerged from either side of the aisle.

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.

Contact the ODA at (800) 282-1526 today to help voice dentistry's message at the Statehouse.



The Explorer

Matthew J. Messina, DDS
Executive Editor

Paraprosdokian

A paraprosdokian is a figure of speech in which the latter part of a sentence or phrase is surprising or unexpected in a way that causes the reader to reinterpret the first part. It is often used for humorous or dramatic effect.

Over the years, I have collected many of these unusual comments. Just for fun this month, to the right are some for your reflection.

We'll get back to the heavy issues of the day soon enough, but let's relax and smile a bit for now. Enjoy!

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

- Do not argue with an idiot. He will drag you down to his level and beat you with experience.
- The last thing I want to do is hurt you. But it's still on the list.
- Light travels faster than sound. This is why some people appear bright until you hear them speak.
- If I agreed with you, we'd both be wrong.
- The early bird might get the worm, but the second mouse gets the cheese.
- You do not need a parachute to skydive. You only need a parachute to skydive twice.
- To steal ideas from one person is plagiarism. To steal from many is research.
- Why does someone believe you when you say there are four billion stars, but check when you say the paint is wet?
- How is it that one careless match can start a forest fire, but it takes a whole box to start a campfire?
- Whenever I fill out a registration form, in the part that says "In case of emergency, notify," I put "DOCTOR."
- Always borrow money from a pessimist. He won't expect it back.
- Some cause happiness wherever they go. Others whenever they go.
- When tempted to fight fire with fire, remember that the Fire Department usually uses water.
- A clear conscience is usually the sign of a bad memory.
- You're never too old to learn something stupid.
- To be sure of hitting the target, shoot first and call whatever you hit the target.
- Nostalgia isn't what it used to be.
- I used to be indecisive. Now I'm not sure.
- I always take life with a grain of salt...plus a slice of lime...and a shot of tequila.



Between the Lines

Ken Jones, DDS, JD
Guest Columnist

Oh, no! Not again!

I thought we had this issue settled. I thought we fought the fight years ago and either lost out or won. I thought we all decided that fluoride was a good thing, but some folks were just too cheap or didn't much care if our young people stayed dentally healthy.

I guess I was wrong. And this time, I may just do something different, like speaking my mind. Or I may just ignore the whole thing and let someone else worry about it.

Yes, dear mothers and fathers, fluorosis can occur if you give your kids too much fluoride, but give them none and we'll see that caries rate start to rise. Pay attention to the rules of fluoride use. If it's in your water supply, you probably don't need your pediatrician to give your kids a

prescription for more. Perhaps we need to educate our kids' physicians again as well.

And applying it to the surface of the teeth doesn't cause fluorosis, just stronger teeth that are healthier than ever. Maybe, if you're really concerned about those pearly whites, you might not try to make them quite so pearly white. I've had a number of patients who have been referred in for root canals after a combo of dental and iatrogenic bleach jobs given over, and over, and over, and...Well, you get the point.

I really don't think I'll be able to change the minds of the weirdos out there who oppose fluoride because they're convinced that Hitler was the first one to put it into the water supply and then he used it to torture his enemies. Yeah, I saw that argument again yesterday. And the local politician who wants to remove it from a local water supply must not have done much credible homework either, since his arguments were about as vague as a typical political promise.

Another argument I've heard recently (again) is that fluoride in the water supply is too expensive for us poor taxpayers. What craziness. It should be obvious to anyone with even a small amount of common sense that increased caries

means a whole lot more cost increase in the taxes we pay that go to Medicaid as well as for everyday, out of pocket dental costs for those not getting that public-paid medical and dental coverage.

We need to make it known that Health and Human Services (HHS) did not say take fluoride out of the water supply. It merely revised the amount they recommend, and they didn't drop it that much. The former lower guideline, 0.7 ppm (parts per million), is now the upper guideline. They didn't say it's not safe. They didn't say it harms kids. They didn't say "Remove it." They just said to adjust the levels a bit.

It's everyone's job to spread the word. Reassure your patients and don't let the politicians use us as their whipping boy. Fluoride is one of the best preventive services we can give our kids. Don't let them take it away. Speak up, once again.

Although, on second thought, maybe more decay will mean more work, even if it is on innocent little kids. Yeah, we'll beat that busyness problem one way or another. And maybe we should keep a supply of caramels in the waiting room, too.

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

The value of organized dentistry

Dr. Anita Aminoshariae

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It is no longer sufficient for a graduate dentist to just hang out their shingle stating "New Dentist" and wait for the mass influx of new patients to start making appointments the next day. Dentists graduating today face many difficult challenges and deciding where, when and how to establish their practice is more complex than ever before.

First, dentists have to be a "jack of all trades" and be clinically competent in all the dental disciplines if they want to successfully serve the needs of their patients by providing high-quality multidisciplinary care. Now, as impossible as it is to be the master in all aspects of clinical dentistry because of the wealth of didactic information needed as well as a background of quality supervised clinical experiences in all those disciplines, the current economic and clinical pressures on new clinicians is tremendous.

Second, with the passage of the new Affordable Care Act, many changes will need to be incorporated into dental and medical practices. Such as the Patient

Protection and Affordable Care Act authorizes grants to be awarded to eligible entities to create demonstration projects to train and employ alternative dental health care providers.

Third, new dentists face many significant economic challenges. Many graduate from dental school with a high student debt load. This high debt load decreases the flexibility for a new graduate to select the best possible practice option/location.

Fourth, the current economic crisis has impacted major industries – including the practice of dentistry. Patients are having to make choices about whether to make their mortgage payment, buy groceries – or purchase dental care, which by-and-large is generally elective health care.

Fifth, the ever-increasing cost of malpractice and frivolous law suits can limit clinicians' ability to enjoy their practice.

So, what can a clinician do to better mitigate some of the negative influences mentioned above?

I would suggest that the best single action a clinician can take to better minimize many of the negative issues

facing their professional careers is to be a member of organized dentistry¹ and, more importantly, take an active role in that organization(s) by serving on committees or as officers. Any dentist can benefit from professional interactions with his/her colleagues; can receive timely information on current guidelines/best practices, and evidence-based practice; participate in group rate insurance programs; keep up with the new regulatory guidance; be represented and have his/her voice heard. While individuals can impact the political process, political clout today is found in numbers.

Those who succeed professionally today are those who actively keep themselves abreast of technologies, best available current evidence and effective methodologies and marketing. Though joining organized dentistry cannot achieve "miracles," without it we have no voice, no representation, and we limit our vision of a productive and positive professional future.

References:

1. <http://www.ada.org/1385.aspx>

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OSDB issues changes for nitrous oxide in the dental office

ODA Staff

In December 2010, the Ohio State Dental Board issued new regulations that increase the permissible duties for dental team members.

Specifically, the regulations allow properly trained dental hygienists to administer nitrous oxide under the direct supervision of a dentist and permit expanded function dental assistants

(EFDAs), certified dental assistants (CDAs) and dental assistants to monitor nitrous oxide under a dentist's direct supervision. Dentists must retain documentation of the training received by dental team members in order to perform these duties.

Prior to engaging in the new duties, dental team members should review and comply with the guidance on this page.

Information for dental hygienists seeking to administer nitrous oxide (N2O-O2)

Dental hygienists must satisfy the following requirements:

- Complete a basic life-support training course certified by the American Heart Association, the American Red Cross or the American Safety and Health Institute and remain current at all times when administering N2O-O2 minimal sedation.
- Complete a six-hour course in the administration of N2O-O2 minimal sedation provided by a state dental board-approved permanent sponsor of continuing education.* The course must contain no less than four hours of didactic instruction and at least two hours of clinical experience.
- Successfully complete a written examination provided by the course sponsor.
- Successfully complete a clinical competency component provided by the course sponsor.
- Receive a certificate of completion issued by the course sponsor and maintain that certificate in the office(s) in which the dental hygienist practices.
- Document completion of basic life-support training and N2O-O2 training received on a form obtained from the OSDB. The form and documentation should be maintained in the office(s) in which the dental hygienist practices.
- Administration of N2O-O2 may only be performed under the direct supervision of a licensed dentist. Direct supervision requires that the supervising dentist be present in the facility at all times during performance of the task.
- The dental hygienist must physically remain with the patient at all times.
- The dental hygienist may not administer N2O-O2 to more than one patient at a time.
- The supervising dentist must approve the discharge of the patient.

Limited exemptions to training requirements:

- Dental hygienists who graduated from an American Dental Association Commission on Dental Accreditation-approved dental hygiene program on or after Jan. 1, 2010, and received equivalent training as part of that program are exempt from the training requirements outlined above. However, these hygienists must still complete and maintain the basic life-support training requirements.
- Dental hygienists who hold a current dental hygiene license or credential issued by another state for the administration of N2O-O2 minimal sedation may be exempt from the training requirements outlined above if the training received is substantially equivalent to the training required by Ohio. Hygienists seeking such an exemption should contact the Ohio State Dental Board to obtain a determination on the equivalency of their training.

Information for dental team members seeking to monitor nitrous oxide (N2O-O2) minimal sedation

Dental team members (dental hygienists, EFDAs, CDAs and dental assistants) must satisfy the following requirements unless otherwise noted:

- Be at least 18 years of age.
- Have at least two years and 3,000 hours of experience in dental assisting (note: dental hygienists are exempt from this requirement).
- Complete a basic life-support training course certified by the American Heart Association, the American Red Cross or the American Safety and Health Institute and remain current at all times when monitoring N2O-O2 minimal sedation.
- Complete a six-hour course in the monitoring of N2O-O2 minimal sedation provided by an OSDB-approved permanent sponsor of continuing education.*
- Successfully complete a written examination provided by the course sponsor.
- Document completion of basic life-support training and N2O-O2 training received on form obtained from dental board. The form and documentation should be maintained in the office(s) in which the dental team member practices.
- Monitoring of N2O-O2 may only be performed under the direct supervision of a licensed dentist. Direct supervision requires that the supervising dentist be present in the facility at all times during performance of the task.
- A satisfactory initiation phase of N2O-O2 may only be administered by the supervising dentist.
- Under no circumstances may the dental team member administer, adjust, or terminate the N2O-O2. These functions may only be performed by the supervising dentist.
- The dental team member may not monitor more than one patient at a time and must physically remain with the patient at all times.
- The supervising dentist must approve the discharge of the patient. Dental hygienists engaged in monitoring of N2O-O2 must document the supervising dentist's approval for discharge of the patient.

Limited exemptions to training requirements:

- Dental team members who graduated from an ADA Commission on Dental Accreditation-approved program on or after Jan. 1, 2010, and received equivalent training as part of that program are exempt from the training requirements outlined above. However, these team members must still complete and maintain the basic life-support training requirements.
- Dental team members who hold a current license or credential issued by another state for the monitoring of N2O-O2 minimal sedation may be exempt from the training requirements outlined above if the training received is substantially equivalent to the training required by Ohio. Dental team members seeking such an exemption should contact the state dental board to obtain a determination on the equivalency of their training.

* – A permanent sponsor of continuing education includes the following: the American Dental Association, Ohio Dental Association and component dental societies; the National Dental Association and its affiliated societies; the American Dental Hygienists Association and its affiliated societies; dental specialty organizations affiliated with the ADA; accredited schools of dentistry or dental hygiene and hospitals, among others.

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GKAS, from page 1

news in Cleveland, was the guest master of ceremonies for the program preceding the volunteer care event.

The audience also heard from Matanzo, as well as Canton City Schools Superintendent Dr. Michele Evans, State Senator Scott Oelslager (R-North Canton) and football legend Todd Blackledge, retired NFL quarterback and broadcaster for ESPN.

Congressman James B. Renacci (R-OH 16th District) also spoke and presented a proclamation to the Ohio Dental Association in partnership with the Stark County Dental Society, for its outstanding achievement in providing oral health care to children.

"The children in our district deserve the opportunity for a healthy mouth and a healthy life," Renacci wrote in the proclamation. "For the past nine years, the Give Kids a Smile program has not only educated youth on proper dental hygiene, but provided dental health care to children who need it most."

Ash said he had the opportunity to follow up with many of the dignitaries and legislators in attendance after the event.

"They were all remarking on how wonderful it was to have the kids there to talk to them and encourage them," he said.

Children were also entertained by a children's choral group from Hartford Middle School in Canton. Dr. Rabbit (a Colgate mascot), the tooth fairy and Ronald McDonald were also at the event to mingle with children and adults.

Matanzo thanked all the volunteers from the American Dental Association, ODA, Stark County Dental Society, Alliance to the ODA, Stark Community College Dental Hygiene program, Colgate and Henry Schein Dental for helping make the event a success.

"It was not only the impressive show of support from an area congressman, a state

senator, the mayor, school superintendent, school principals and a former NFL quarterback, but it was the impressive show of the Stark County Dental Society dentists who took time from their busy practices to be available to treat children for free which impressed me the most," he said. "It was impressive to see two mobile dentistry vans parked outside to deliver treatment to these under-served children. The many organizations that were there, ready to serve, were also impressive. It was great to see dental supply companies at the ready to do their part. The whole community came forward to assist in whichever way they could."

Matanzo reinforced why the Give Kids a Smile program is so important.

"It was an occasion to reinforce the age-old answer to disease, 'an ounce of prevention is worth a pound of cure,'" Matanzo said. "Preventing dental decay is so much easier, less costly and more successful long-term than doing restorations."

Give Kids a Smile is the annual centerpiece to National Children's Dental Health Month, an initiative created by the ADA that focuses on providing oral health



Ohio Dental Association photo left to right: Drs. David Farinacci and Erwin Su, dental care coordinators; Dr. David Ash, Stark County Dental Society president; and Fonda Williams, City of Canton director of community development, address the crowd at the 2011 Give Kids a Smile kick-off event, held Friday, Feb. 4, at the Pro Football Hall of Fame.

education to all children regardless of their economic status.

Since Give Kids a Smile's inception, 155,000 underserved Ohio children have received donated dental services totaling more than \$7.2 million.

Over 600 Ohio Dental Association members and 1,100 other volunteers are expected to provide \$1 million in free dental services to underserved children around Ohio this year for the ninth-annual Give Kids a Smile (GKAS) program.

Numbers to know

American Dental Association
(800) 621-8099 or (312) 440-2500

Dental OPTIONS
(888) 765-6789

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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Dr. John Cucuras recently sold his Mansfield, Ohio dental practice to Dr. Dennis Custer. Practice Impact would like to congratulate both doctors and wish them much success in future endeavors.

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