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Volume 91 Issue 11

OHIO DENTAL ASSOCIATION
Informing - Representing - Serving

ODA Today

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

QuickBites

Save the date for the ODA Leadership Institute

The Ohio Dental Association Leadership Institute will be March 17 and 18, 2017, at the Hilton Columbus Polaris Hotel.

Leadership Institute is the ODA's award-winning program developed to help all ODA members become more successful and effective leaders.

Watch the "ODA Today" and ODA's electronic newsletter, "NewsBytes," for more details about the 2017 Leadership Institute.

Inside

Dr. Joe Crowley elected ADA president-elect

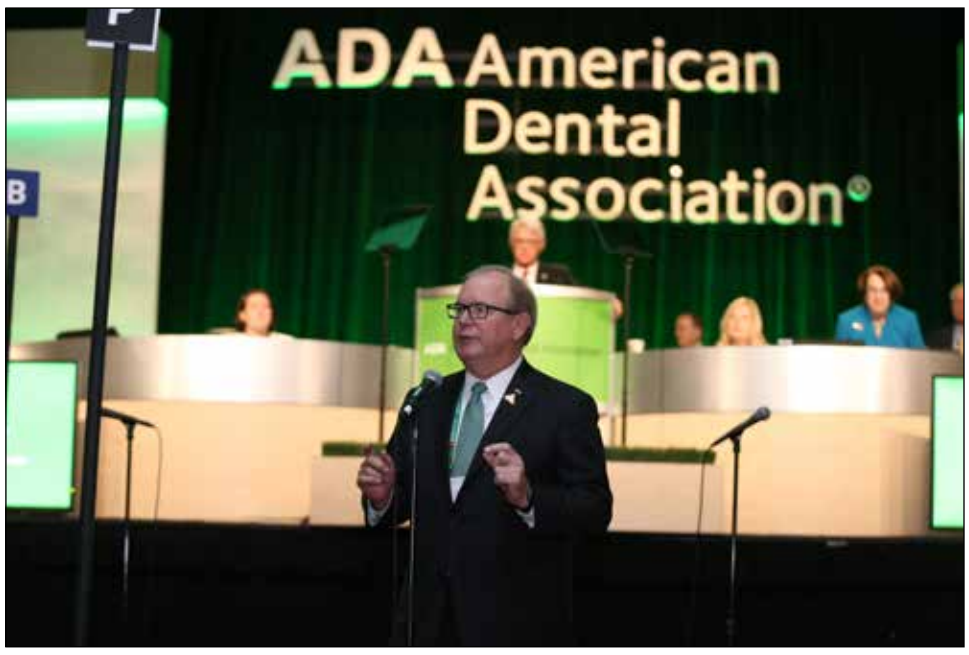
By ODA Staff

On Monday, Oct. 24, 2016, the American Dental Association's House of Delegates elected Dr. Joe Crowley, a general dentist from Cincinnati, to be ADA's president-elect. He will be Ohio's first ADA president in more than 80 years.

Crowley has a long history of holding leadership positions within organized dentistry. He served as president of the ODA in 2006 and served on the ADA Board of Trustees for the last four years. He received the ODA's highest honor, the ODA Distinguished Dentist Award, in 2013 and is a past president of the Cincinnati Dental Society and a past chair of both the ADA's Council on Government Affairs and the Ohio Dental Political Action Committee.

ODA president, Dr. Kevin Laing, a general dentist from Van Wert, said that "Dr. Crowley's focus on the future of the dental profession is exactly what we need right now. Joe is willing to break the mold and innovate, and this leadership style is what is going to drive the ADA to greater relevance for the membership and greater success in achieving the mission of the ADA."

Crowley defeated two other members of the ADA Board of Trustees, Dr. Terry Buckenheimer from Florida and Dr. Hal Fair from South Carolina. Crowley noted that the campaign brought all three of the candidates closer. He told the ADA House of Delegates immediately after the election results were announced that he "started the campaign with two friends and ended the campaign with two great friends." Crowley also thanked the members of the Ohio and Indiana Dental Associations for "their tremendous support and friendship over many years."



Submitted photo
Dr. Joe Crowley thanks the ADA House of Delegates for voting to name him president-elect on Oct. 24. Photo by EZ Event Photography, courtesy ADA News. © 2016 American Dental Association.

Crowley emphasized during his campaign that "the status quo is not acceptable in light

See CROWLEY, page 7

ODA president: Dentists must band together under unified banner to protect patients, profession

Tripartite membership renewal season approaching

By ODA Staff

As membership renewal season approaches, tripartite members should watch their mailbox and inbox for dues renewal statements.

"We are just returning from the American Dental Association House of Delegates that was held in Denver, and it has been striking to witness the discussions about how the dental profession is under attack from so many directions at this moment," said ODA President Dr. Kevin Laing. "Our only hope is for dentists to band together under the unified banner of the ADA so that we can push back against these outside pressures to protect our patients, our practices and our families. I urge all dentists to become involved in organized dentistry, but if you can't give your time – at the very least you should support the efforts of your colleagues by renewing your membership. It is a very small price to pay in order to save our profession, not to mention the myriad of other benefits that are available to members. Please renew today to support the ADA, your ODA, as well as your local component society!"

The Ohio Dental Association is the primary advocate and resource for dentists in Ohio, and dentists who renew their membership will continue to receive exclusive benefits.

Benefits the ODA has to offer include:

- Easy access to information through the "ODA Today" and "NewsBytes," the ODA's e-newsletter, including regulatory compliance updates and other information that affects dental practices
- Advocacy on behalf of the profession to protect the sanctity of the dentist-patient relationship and guard against

ODA Staff
ODA members receive discounts on CE and Annual Session registration.

See RENEWAL, page 2

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www.oda.org

The Director's Chair

David J. Owsiany, JD
ODA Executive Director

Lucy Hobbs opened the door to dental school for women 150 years ago

As you know, the ODA has been celebrating its sesquicentennial anniversary throughout 2016. The ODA's founding, however, was not the only significant dental-related event that happened in Ohio in 1866. That same year, Lucy Hobbs became the first American woman to earn a dental degree when she graduated from the Ohio College of Dental Surgery.

Hobbs' unconventional life began in upstate New York where she was born in 1833. Her mother died when she was around 9 years old. Shortly after her mother's death, her father married his sister-in-law, who then died just two years later as well. Throughout her life, Lucy believed that this experience of losing her mother and step-mother led to her strong independence. Lucy attended boarding school in New York between 1845 and 1849, receiving an education sufficient enough to allow her to begin a teaching career at age 16.

Lucy Hobbs

She moved to Michigan where she taught school for 10 years. While in Michigan, she developed an interest in medicine. At age 26, Hobbs moved to Cincinnati with the intent to study medicine at the Eclectic Medical College. She was denied admission because of her gender and was advised to consider a career in dentistry instead of medicine.

At the time, dental education usually began with a preceptorship with a dentist, followed in a minority of cases with enrollment in dental school on the recommendation of the preceptor. In 1861, there were only three dental schools in the United States: The Baltimore College of Dental Surgery, founded in 1840, the Ohio College of Dental Surgery, founded in 1845 in Cincinnati, and the Pennsylvania College of Dental Surgery, founded in Philadelphia in 1856. Many dentists entered practice only having completed a preceptorship, while others spent a term or less in a dental college without earning a degree. At the time, a significant minority of practicing dentists actually earned a dental degree.

Hobbs had difficulty finding a preceptorship as most male dentists felt it could be damaging to their careers if they were to take in a female student. She began studying under Jonathan Taft, who would later serve as president of the ODA and ADA and also served as dean of the Ohio College of Dental Surgery. After three months studying with Taft, she finally landed a preceptorship with Dr. Samuel Wardle, who was a graduate of the Ohio College of Dental Surgery.

Hobbs said of Wardle: "To him alone belongs the honor of making it possible for women to enter the profession. He was to us what Queen Isabella was to Columbus; may his name, like hers, be revered by every woman in the profession." While she was studying with Wardle, she paid her expenses by sewing clothes for others after hours. After several months studying and training with Wardle, Hobbs applied to the Ohio College of Dental Surgery but was denied admission because she was female.

Despite her rejection from the Ohio College of Dental Surgery, Hobbs was not deterred. Wardle encouraged her to open her own dental office, even though she did not have a dental degree. She opened her practice in Cincinnati in 1861. Her timing could not have been worse as the Civil War broke out just as she was opening her new dental practice. The following year, she moved to Iowa to get further away from the war zone. She opened a dental practice there and quickly established a strong reputation as "the woman who pulls teeth."

Her practice in Iowa was successful, and in 1865, the Iowa State Dental Society changed its bylaws to allow women into membership. On July 19, 1865, Hobbs was elected into membership of the Iowa State Dental Society, becoming the first woman in history to become a member

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RENEWAL, from page 1

unnecessary regulations
- Personal guidance from ODA staff on legal and regulatory compliance issues, including the Medicare prescription drug rule
- 24/7 access to resources on the ODA's website, www.oda.org
- Discounts on CE and Annual Session registration
- Volunteer opportunities such as Give Kids A Smile events
- Free employment posters that can be downloaded from www.oda.org
- Discounts on products and services that are endorsed by ODASC based on cost and quality
- Access to the ODA's health benefits plan, the ODA Wellness Trust
- Networking events to meet other dentists from across the state
- Free access to the ODA Leadership Institute, an award-winning leadership training program
- Access to the ADA's free insurance contract analysis service
- Access to ODA's classified ads
- And more!

Dentists can use Benco BluChips to pay membership dues

The Ohio Dental Association began offering a new way for dentists to pay their membership dues beginning with the 2016 membership year – Reward Program Payment with Benco Dental.

The Reward Program Payment allows dentists to redeem their Benco Dental BluChips® for a dues credit toward their ADA, ODA and local dental society dues.

Dentists can redeem 15,000 BluChips for a $200 credit, 30,000 BluChips for a $400 credit and 60,000 BluChips for an $800 credit toward their dues. The credits can also be combined to request a credit closest to the dentist's total amount owed for national, state and local dues. If a dentist's BluChip redemption does not cover the full cost of dues, the ODA will bill the dentist for the remaining balance.

Dentists should consult with their Benco Dental representatives and tax professionals about any tax implications related to using Benco Dental BluChips to pay for membership dues.

Benco Dental BluChips cannot be used toward ODPAC or ODAF contributions. Acceptance of Benco BluChip for dues payments does not constitute an endorsement of Benco Dental or its products and services.

In order to use this payment option when paying dues, dentists will need to contact Benco Dental by logging onto mybencorewards.com or calling (800) GO-BENCO ext. 2005 and request that their BluChips be redeemed for membership dues.

How to renew

Membership dues statements will be mailed out this month. Members will also receive an electronic renewal notice via email directing them to www.oda.org/renew to pay their dues. Members who indicated on their 2016 renewal statement that they prefer to receive membership communications electronically will not receive a paper statement in the mail and will only receive e-notifications.

Members will be able to renew online at oda.org/renew, by mail to Ohio Dental Association, 1370 Dublin Rd. Columbus, OH 43215, by fax at (614) 486-0381 or by phone at (800) 282-1526.

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

ODA membership renewal will open this month, and dues are due Jan. 1, 2017, for the 2017 membership year.

Membership Status

Ohio Dental Association members who have retired from the practice of dentistry can receive ODA benefits at a fraction of the cost of active membership.

ODA members with Retired Membership status pay 25 percent of ODA active dues but receive 100 percent of the benefits. To qualify for Retired Membership, dentists must no longer earn an income of any kind by means of their dental license. Dentists must also submit an Affidavit for Retired Membership, which is then reviewed by the dentist's local component society, the ODA and the American Dental Association.

Members over the age of 65 might also be eligible for reduced ODA membership dues. Dentists eligible for Life Membership must be at least 65 years old and have 30 consecutive years of membership. Dentists who are 65 or older and have 40 years of total membership are also eligible for Life Membership. ODA members with Life Membership status pay 75 percent of ODA active dues.

Additionally, members who qualify for both Retired and Life Membership are eligible for Retired Life Membership. Retired Life members can enjoy ODA membership at no cost. However, if Retired Life members wish to continue receiving "ODA Today," they must subscribe to the publication for $15 per year.

Dentists who are interested in obtaining Retired, Life or Retired Life Membership status should contact the ODA Membership Department at (800) 282-1526 or membership@oda.org.

ODA Today

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Legal Briefs

Nathan E. DeLong, Esq.
ODA Director of Legal & Legislative Services

Dentists should seek guidance when closing a practice

Closing a dental practice many times is much more complicated than turning off the lights and locking the door. As dentists contemplate the closure of an office, there are several key points to consider.

Announcing the closure of a practice is a critical step in the process that could cause difficulty for the dentist if not handled appropriately. From a treatment perspective, the dentist must avoid claims of "abandonment." A dentist may be held liable for "abandonment" when he or she does not provide adequate notice to the patient that the dentist will no longer provide services and that lack of notice and refusal or inability to provide treatment caused injury to the patient.

The ADA's Principles of Ethics and Code of Professional Responsibility outlines that a dentist has an obligation to a patient of record to do no harm and that "once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient's oral health is not jeopardized in the process."

Furthermore, the Ohio State Dental Board has issued a policy statement on terminating a relationship with a patient and considers abandonment of a patient a potential violation of the standard of care. The board recommends that the dentist make all efforts to give the patient sufficient notice of termination of the relationship, stabilize the patient's condition and cooperate in transferring the patient's records to a new dentist.

The dentist should also announce the closing of an office and retirement from the profession, if applicable, to other professional entities. Referral sources should be notified to facilitate proper patient care. Dentists should also inform the board and the DEA (if he/she holds a DEA number) of his or her retirement from practice and contact the ODA to inform organized dentistry of the status change. This could result in a savings in annual dues. Finally, the dentist should contact their insurance agent to make changes to the general office liability policy, disability income policies and weigh options for continuing coverage for malpractice claims.

Records retention is another key area of consideration for dentists. The ODA successfully advocated for the installation of a four year statute of repose that has helped create some certainty in the area of malpractice actions, but several other factors come into play when considering how long to maintain patient records. Some third-party payer contracts and malpractice policies require retention for a specified period of time, Medicaid requires that records be retained for at least six years and HIPAA regulations require covered entities to be able to provide a six year accounting of any releases of health information upon the request of a patient. Consequently, many dental consultants recommend that patient records be retained for at least 10 years. Dentists should seek out their tax professional for assistance with a retention schedule for financial records.

If a practice is forced to close sooner than expected due to the death of the owner dentist there are some special factors that must be considered. Ohio law requires that a dental practice be owned by a licensed dentist, which many times may leave the surviving spouse or family member in a difficult situation. For a short period of time, usually 90 days, the board will allow the office with some flexibility to continue to operate without an owner dentist. However, during this period, the office must be taking steps to wind up and close the practice or seeking a buyer to take over the operations.

The surviving spouse or family member must be cognizant of state law requirements and ensure that a licensed dentist is overseeing any patient care that occurs. Many component dental societies operate volunteer programs to assist in these cases. If possible, patients should be brought to a natural stopping point in their treatment or be referred to another practitioner for continued care. The office should not accept new patients during this period.

Closing a dental practice can create many difficulties. For that reason, the American Dental Association has developed a "Guide to Closing a Dental Practice" available free for ADA/ODA members in the professional resources section of www.ada.org. The guide includes helpful tips on a variety of issues, including how to inform the staff of the transition, end of life details and updating your insurance portfolio. It also provides useful letter templates to inform patients of the closing or a transition to a new dentist and insurers of the business closing and use of a volunteer dentist as the practice winds down. Though the guide provides critical advice, dentists should always consult with professionals, such as an attorney and accountant, before moving forward.

The ODA Foundation also has created an "In Any Event" guide to help dentists develop, preserve, and settle their dental estate. To download the guide, visit oda.org/resource-library and search for "In Any Event," or call the ODA Foundation at (800) 282-1526.

Moving?
New phone number?
New email address?

Let the ODA know!

Contact the Ohio Dental Association Membership Department if you are planning to move your home or practice or if you have changed your phone number, changed your name or changed your email address.

Via email: membership@oda.org

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

By phone: (800) 282-1526

An unknown population

By Donna Ginsterblum RDH, MS

Oral health in America has improved over the last century due to many factors. However, for low socio-economic groups dental health has not seen the increase in improvement of that of the general population. And there are even greater discrepancies in oral health among certain subpopulations.

As members of low socio-economic groups, inmates have extensive caries and periodontal disease. Inmates have more missing teeth and a greater percentage of unmet dental needs than compared to employed adults.[1,2]

Females in particular have become a growing proportion of the prison population. The number of females sentenced to more than one year in state or federal prison increased by almost 3 percent between 2012 and 2013, while the number of males increased by only 0.2 percent. Of these female inmates, 25 percent are incarcerated for drug offenses compared to 15 percent of the males.[3]

Female inmates present differently in health status than their male counterparts. The general health of incarcerated women is worse than that of incarcerated men and also that of women in the general population. They report histories of alcohol and drug abuse, sexually transmitted diseases, sexual and physical abuse, and mental illness. A 2006 department of justice study reported the comparative prevalence of mental health problems in state prison was 75 percent for women versus 55 percent for men.[4]

Since low socioeconomic status is known to affect oral health in the incidence of caries, missing teeth, and periodontal disease, the addition of lifestyle factors such as drug use and violence exacerbates these conditions. Chronic drug abuse and poor oral hygiene result in root caries and rampant decay. Many female inmates have endured abusive relationships resulting in loss of teeth due to physical violence. Dental care is a low priority in such an environment. Lack of education and dental knowledge, unhealthy lifestyles, and poverty have created a population with significant dental needs that is absent from mainstream dental practices.

When these women arrive in the prison environment, they typically have a combination of missing teeth, decay and periodontal disease often resulting in the need for extractions. Restoring such a compromised dentition to function becomes the responsibility of the institution's dentist.

Providers of dental treatment to this group face challenges that are different than private practice in general. In addition to extensive clinical needs, these patients' personalities and low educational level add another layer to already difficult cases. Patience and a non-judgmental attitude are required every day.

Inmates are a segment of society that is largely hidden from the public and female inmates are a microcosm that is unfortunately increasing. There is little research about these patients or attention directed to those who treat them. An awareness of the presence and dental status of this population will shine a light on those dental professionals who have chosen to help them.

1. Mixson J, Eplee H, Feil P, Jonas J, Rico M. Oral Hygiene Status of a Federal Prison Population. J Pub Health Dent 1990;50:257-261.

2. Saliva ME, Carolla JM, Brewer TF. Dental Health of Male Inmates in a State Prison System. J Pub Health Dent 1989; 49:83-86.

3. Bureau of Justice Statistics, US Dept. of Justice. Prisoners in 2013, pub. 2014.

4. James DJ, Glaze LE. Bureau of Justice Statistics Special Report: Mental Health Problems of Prison and Jail Inmates (NCT 213600) Washington, DC: US Dept. of Justice, 2006

Donna Ginsterblum RDH, MS is a dental hygienist employed by MidAmerica Health, Inc.

ODA seeking nominations for council positions

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

The ODA is seeking nominations for at-large positions on the association's Council on Access to Care and Public Service, Council on Dental Care Programs and Dental Practice and the Council on Membership Services. Nominations for these at-large council positions are open to all ODA members. The term of office for at-large council members is two years and the terms for these at-large council positions to be filled will be effective from September 2017 – September 2019.

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

The at-large council positions include:

Council on Access to Care and Public Service

- The Council on Access to Care and Public Service develops and implements public service programs of the association and develops and implements ODA sponsored access to dental care programs.
- There is at least one at-large position available on the council in September 2017. The member to fill the at-large position(s) would have a term of office from September 2017-September 2019.
- Nominees for the at-large position(s) on this council should have an interest in access to care.

Council on Dental Care Programs and Dental Practice

- The Council on Dental Care Programs and Dental Practice assists the membership in addressing issues related to regulatory compliance, dental insurance, managed care, Direct Reimbursement, dental practice and risk management.
- There is at least one at-large position available on the council in September 2017. The member to fill the at-large position(s) would have a term of office from September 2017-September 2019.
- Nominees for the at-large position(s) on this council should have knowledge of and interest in third-party reimbursement issues, managed care, direct reimbursement, dental practice, and environmental and dental practice management issues.

Council on Membership Services

- The Council on Membership Services coordinates and implements member recruitment and retention activities for the association.
- There are two-at-large positions available on the council in September 2017. The members to fill the at-large positions would have terms of office from September 2017-September 2019.
- One at-large council position is designated for a member with an interest in the council's duties and one at-large council position is designated for a member from a large group practice.

Nominations for the above noted council at-large positions are now being accepted through Dec.31, 2016. To submit a nomination, please review the submission information and council descriptions at www.oda.org/about-the-oda/call-for-nominations or you may contact Michelle Blackman at michelle@oda.org or at 800-282-1526.

ODA Meeting & Event Calendar

Nov.

1-2 Council on Dental Care Program and Dental Practice
4 Council on Membership Services
9 Dental Education and Licensure Committee
11 ODASC Board of Directors
15-16 Executive Committee
16 ODAF Board of Trustees
18 ODPAC Board of Directors
18 Subcouncil on New Dentists
24-25 ODA office closed for holiday

Dec.

1-2 Annual Session Committee
23 ODA office closed for holiday
26 ODA office closed for holiday
30 ODA office closed for holiday

Nominations sought for OSDB position

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

The Ohio Dental Association has the opportunity to recommend nominees to the governor of Ohio for one possible dentist board member opening on the Ohio State Dental Board (OSDB), which may be vacant in April 2017. The board member position is for a general dentist.

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

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

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

Nominations for the Ohio State Dental Board member position are due by Dec. 31, 2016, and should include a letter of nomination and the nominee's curriculum vitae. Please submit nominations to: Ohio Dental Association, Attention: David Owsiany, Executive Director, 1370 Dublin Road, Columbus, OH 43215, or to david@oda.org.

The importance of glove ergonomics to dentistry

By Reva Darling Goucher
Association Gloves

The dental profession began using disposable gloves nearly three decades ago but until recently, the long-term ergonomic effects of prolonged use of gloves were largely unknown. While highly effective in preventing cross-contamination and ensuring clinician and patient safety, the daily use of traditional disposable gloves can contribute to debilitating musculoskeletal disorders (MSDs).

Encasing your hand, fingers and wrist in gloves is like wearing a giant rubber band. The constriction caused by compression over time can affect delicate nerves and blood vessels. Additionally, engaging in prolonged muscle effort using chronic, repetitive movements of the hand and wrist, especially with the hand in "pinch" position, can result in serious hand and wrist conditions such as hand fatigue, tendonitis and carpal tunnel syndrome. Over 50 percent of dental professionals have reported hand fatigue[1] and 65 percent of registered dental hygienists reported having carpal tunnel syndrome. Signs of MSDs include decreased range of motion, loss of normal sensation and movement, decreased grip strength and loss of coordination. These serious conditions are painful and lead to loss of productivity, excessive medical costs and potential long-term damage if untreated. Fortunately, these conditions are preventable.

Over the past several years, there have been many notable improvements in glove manufacturing. Concerned manufacturers, such as Microflex, have endeavored to address the growing concern about MSDs for the dental profession and have engineered materials to help minimize muscle exertion. They have developed several ambidextrous nitrile and neoprene gloves that are extremely thin, malleable, and do not force the thumb into an unnatural posture. To verify their new nitrile formulas reduce hand stress, Microflex sought out and gained a special ergonomic certification from an independent firm that specializes in testing ergonomic product claims. Choosing a glove with an ergonomic certification is significant to the long-term protection of dental professionals.

What is the benefit of using an ergonomically certified glove? "A product that has received certification provides measurable ergonomic benefits to the anticipated users by improving comfort and fit and by minimizing the risk factors that may contribute to the development of ergonomic injuries," according to U.S. Ergonomics.

A comprehensive study conducted by U.S. Ergonomics found that Microflex XCEED®, Ultraform® , and Neogard® gloves markedly reduced muscle effort compared to other leading competitors' brands. In side-by-side testing, the gloves even outperformed bare-hand manipulations in some cases, showing a reduction in muscle effort compared to not wearing gloves. The lessened effort reduces the chances of developing injuries, pain and MSDs.

As a dental professional, your hands are one of your most precious assets. Educate your staff on the importance of ergonomic safety and be sure you are making knowledgeable product selections for those products you use on a daily basis. Look for the U.S. Ergonomics seal, ensuring the products you and your staff are using are designed to help prevent MSDs and prevent long-term damage.

For more information and to order or request free glove and mask samples, call Association Gloves at 877-484-6149 or shop securely online at dentalassociationgloves.com.

1. Guignon, Anne Nugent Registered Dental Hygienist (RDH), MPH "What's happening to your hands?" Accessed Sept. 14, 2011.

Reva Darling Goucher is marketing manager for Association Gloves, wholly owned by the Michigan Dental Association, focused on meeting the examination glove needs of dental association members across the United States. Association Gloves is now endorsed by the Ohio Dental Association Services Corp. (ODASC) and has been providing quality, brand-name, value-priced gloves to association members since 2007.

ODASC endorses glove and supplies program

The Ohio Dental Association Services Corp. (ODASC) now has an endorsed glove and supplies program, administered by Association Gloves, that brings members high-quality products at an exceptional value.

Association Gloves also offers access to an easy recurring order program and great personal service. Buying through the glove program creates non-dues revenue stream for the ODA. Offices have to purchase gloves, masks and disposable products, so why not buy them from Association Gloves, the organization that saves dentists money and supports the ODA?

For more information, visit www.odasc.com and choose "Practice Resource Products" and then "Association Gloves" or call (800) 282-1526.

To place an order or request free samples, call 877-484-6149 or visit dentalassociationgloves.com.

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of the changes we are facing as an association and as a profession." Crowley concluded that "we must be committed to take action so that our members understand that we are working on their behalf to make every member succeed."

Following the election, which was held in Denver at the ADA annual meeting, Crowley was sworn in as ADA president-elect, a position he will hold until he is sworn in as the 154th president of the ADA in Atlanta on Oct. 23, 2017.

Dr. Thomas Paumier, a general dentist from Canton, past ODA president and chair of the Crowley Campaign Committee, said that "Joe won the election because his passion showed through. He will be a passionate advocate for our members, our profession and our association."

Dr. Joe Mellion, an orthodontist from Akron and ODA past president who coordinated campaign activities in Denver, said that "it has been an honor to work with Joe and to call him my friend."

The ODA has a long history of producing ADA presidents. In fact, in the first three decades of its existence, six Ohio dentists served as ADA president. However, it had been more than 80 years since the last person from Ohio served as ADA president. Below is a list of ADA presidents from Ohio:

George Watt	Xenia	1862-63
Jonathan Taft	Cincinnati	1868-69
George Keely	Oxford	1876-77
Frederick Rehwinkel	Chillicothe	1877-78
Henry Smith	Cincinnati	1881-82
Charles Butler	Cleveland	1888-89
Homer Brown	Columbus	1913-14
Lafayette Barber	Toledo	1916-17
Frank Casto	Cleveland	1934-35
Joe Crowley	Cincinnati	2017-18

ODA Executive Director David Owsiany said "it is fitting that Dr. Joe Crowley was elected ADA president during the ODA's 150th anniversary year because he exemplifies all of what we have stood for throughout our history, including a commitment to ethics and professionalism and passionate advocacy for dentistry."

Dr. Dale Anne Featheringham, an orthodontist from Mansfield/Westerville and a member of the Crowley Campaign team, agreed, saying that "Joe is the right person at the right time to lead our profession. He will be a great ADA president."

Kyger joins ADA Board of Trustees

By ODA Staff

Dr. Billie Sue Kyger

On Oct. 25, 2016, Dr. Billie Sue Kyger was sworn in as the 7th District trustee to the ADA. Kyger is a general dentist in Gallipolis and served as ODA president in 2002-03. Kyger will be one of 17 ADA district trustees. As the 7th District trustee, she will represent Ohio and Indiana on the ADA Board of Trustees. Kyger was elected trustee by the Ohio Dental Association's House of Delegates in September 2015.

Kyger has served in many different capacities at the national, state and local levels, including on the ADA Board of Trustees' Budget and Finance Committee and on the Ohio State Dental Board from 2004 to 2011, including a term as board president in 2010.

ODA President Dr. Kevin Laing, a general dentist from Van Wert, said that "Dr. Kyger has served with distinction in every position she has held in dentistry, and I am sure she will do the same as the 7th District ADA trustee. To have the input of a dentist that practices in a rural setting will be of great value to the Board and assures that the issues affecting so many of us will be addressed."

Kyger's term will run through the 2020 ADA House of Delegates meeting. She is following Dr. Joe Crowley who was elected ADA president-elect as his trustee term ended on October 25.

ODA members hold leadership roles at the American Dental Association

By ODA Staff

Dr. Ron Lemmo

With Dr. Joe Crowley being elected president-elect of the American Dental Association, Ohio will have its first ADA president since Dr. Frank Casto of Cleveland who served as ADA president in 1935. However, Crowley is not the only ODA member serving in a leadership role at the ADA. Dr. Ron Lemmo, a general dentist from Cleveland and past ODA president, is serving in his second three-year term as the ADA's treasurer and Dr. Billie Sue Kyger, a general dentist from Gallipolis and past ODA president, has succeeded Crowley as the ADA Seventh District trustee. That means there are three ODA members currently serving on the ADA's 23 member Board of Trustees.

ODA president Dr. Kevin Laing, a general dentist from Van Wert, pointed out "it is really unprecedented for the ODA to have three of its members serve on the ADA's board at the same time and each of them – Joe, Ron and Billie Sue – bring strong leadership qualities to the ADA. We are very proud of each one."

The three board members are not the only ODA members who are serving in leadership capacities at the ADA.

Dr. Mark Bronson, a general dentist from Cincinnati and past ODA president, is chair of the ADA's Council on Government Affairs. ODA's Vice President Dr. Mike Halasz, a general dentist from Dayton, is the chair of the ADA's Council on Ethics, Bylaws, and Judicial Affairs. Dr. Tom Paumier, a general dentist from Canton and past ODA president, is the chair of the ADA's Busyness Task Force and serves on the ADA Board of Trustees' Committee on Budget and Finance.

Other ODA members serving at the ADA level include:

- ADA Council on Advocacy for Access and Prevention – Dr. Paul Casamassimo
- ADA Council on ADA Sessions – Dr. Nanette Tertel
- ADA Council on Communications – Dr. Canise Bean
- ADA Council on Dental Practice – Dr. Chris Connell
- ADA New Dentist Committee – Dr. Lauren Czerniak
- ADPAC – Dr. Brittany McCarthy
- ADA Council on Scientific Affairs – Dr. Anita Aminoshariae and Dr. Angelo Mariotti
- ADA spokesperson – Dr. Matthew Messina

ODA Executive Director David Owsiany said that "Ohio has such great leaders at the national level because of our talented volunteers, aided by the ODA's really strong commitment to leadership development though our Council and Committee system and our Leadership Institute and Executive Committee retreats. By the time our leaders are serving at the ADA, they have had a significant amount of leadership training and experience."

Paumier agreed, saying "I appreciate the ODA's commitment to ensure all volunteers have the opportunity to hone their skills and develop into leaders in their practices, in their communities and within organized dentistry. It really sets us apart."

Interested in advocating on dentistry's behalf?

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

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

Have a question? Contact the Ohio Dental Association!

dentist@oda.org | (800) 282-1526 | (614) 486-2700

Dental Insurance Corner

MetLife payment methods questioned

By Christopher Moore, MA
ODA Director of Dental Services

The Ohio Dental Association has expressed its concerns to MetLife Dental regarding its decision to require dentists to enroll in electronic funds transfer (EFT) and utilize EFT as the only payment method for provider reimbursement.

Many dentists have contacted the ODA regarding MetLife's decision. All indicated that they did not want to be paid in this matter. Their concerns included matching electronic payments to explanation of benefits (EOB), ensuring the accuracy of electronic deposits, reconciling EFT deposits to practice management and accounting software and general reluctance to being forced to provide their banking information to an insurer that has not shown a willingness to work with them. None of the dentists are in any kind of contractual relationship with MetLife.

In a letter to MetLife Dental, Dr. Manny Chopra, chairman of the Ohio Dental Association Council on Dental Care Programs and Dental Practice, said "we have serious concerns with the approach MetLife has taken to implement its new payment policy. By not giving dentists the option for how they would like to receive payment, MetLife has taken a heavy handed approach to implement a policy that may benefit MetLife but will cause significant problems for dentists who do not, or are unable to, currently accept EFT as their preferred method of receiving payment. We firmly believe the dentist-third-party payer relationship should be based on collaboration and cooperation so that both parties may receive mutually beneficial outcomes. We believe MetLife's handling of this issue is inappropriate and does not lend itself to any sort of mutual collaboration or cooperation. We object to MetLife's current EFT position and respectfully ask that you provide dentists with an option, not a requirement, for how they are to be reimbursed. Whatever MetLife's ultimate action on this issue is, we expect that MetLife-covered patients will receive the dental benefits that they are entitled to irrespective of the dentist's provision or non-provision of their EFT information to MetLife."

Chopra went on to provide MetLife with a copy of an Ohio Department of Insurance (ODI) letter that addressed electronic payments and the department's expectations for handling them.

In 2010, the Ohio General Assembly adopted a state operating budget containing a provision (Ohio Revised Code 3901.381(F)) requiring third-party payers that receive electronic claims from contracted providers, including dentists, to electronically pay those providers for those claims. It also prohibited providers from refusing to accept these payments because the payment was transmitted electronically. The law went into effect Oct. 16, 2010.

ODI subsequently provided regulatory guidance to the insurance industry relative to the law. In a Sept. 27, 2010 letter, ODI stated insurers are required to make a good faith effort to obtain a provider's account information in order to make electronic payments.

The letter further stated if an insurer is unable to obtain that information either because the provider refuses to provide it or for any other reason, the insurer must continue to make timely payments to the provider in the same manner it had prior to the Oct. 16 effective date of the law.

ODI also informed insurers of concerns providers were expressing after the law was adopted relative to overpayment recovery and reconciliation of payments and instructed insurers to work with providers to address those issues.

ODI also noted it would be a direct violation of Ohio law for an insurer to make a direct withdrawal from a provider's bank account.

Many insurance companies have utilized this ODI guidance to allow contracting dentists who electronically submit claims to opt out of receiving electronic payments by asking the dentist to sign documentation effectively requesting to opt out of receiving electronic payments. Once these carriers receive the opt-out documentation from the dentist, the insurers then reimburse the dentist with a paper check.

As noted, this law applies to contracting dentists. None of the dentists who have contacted the ODA are contracted with MetLife.

MetLife has given no indication what it will do if the dentist does not provide his/her banking information.

"We do not know if MetLife will continue sending paper checks to dentists who do not provide them with the information necessary to conduct EFT or if they will disregard the assignment of benefits and send the check to the patient," Chopra said. "We do not believe MetLife will require patients to provide their banking information for EFT. And we do not believe patients would be willing to provide this information if requested."

Dr. Chopra added, "We fully expect

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

Grant recipient travels to schools to provide dental care to children in need

By Jackie Best
Managing Editor

Traveling Smiles, Miami County Portable Dentistry, received the ODA Foundation's first Callahan/Henry Schein Cares Award for Improving Access to Care with additional support from the ODA Foundation. The Callahan/Schein award is a $2,000 grant awarded to an access to care organization in Ohio, and this year the ODA Foundation gave an additional $3,000 toward the organization.

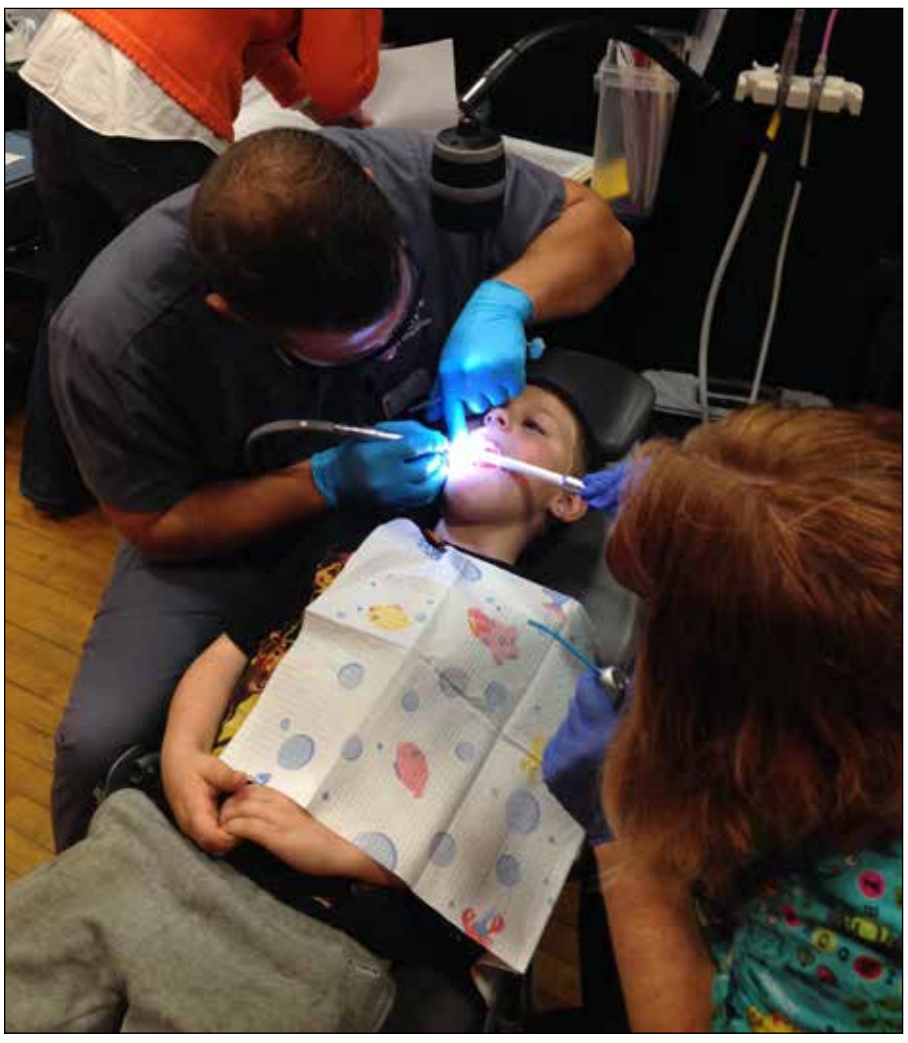
"The choice of the Miami County Dental Clinic Traveling Smiles program was actually an easy selection as the review committee unanimously gave the program perfect scores," said Dr. Kim Gardner, chair of the ODA Foundation Board of Trustees. "It represents what the Foundation is looking for when it approves an organization for a grant. This group is directly providing care to an underserved population and the care is comprehensive in nature. Our funds are making an important impact on the health of individuals."

Traveling Smiles is an outreach program through the Miami County Dental Clinic to provide comprehensive dental care to uninsured, underinsured and low-income children in Miami County at their schools.

The program began in 2011 after the board members of the Miami County Dental Clinic realized the clinic was mainly seeing adults, and that the ability to go into schools would help them treat more children. A grant from the Physicians' Charitable Foundation of the Miami Valley helped them purchase portable dental equipment to get the program started.

Today, Traveling Smiles serves five out of the seven school districts in Miami County. The program's goal is to eventually serve all seven districts. The program utilizes three portable dental units that are staffed by dental professionals. More than 1,100 uninsured students have been provided with more than $250,000 in free dental services through this program.

The dental team members provide comprehensive care to children at their school, and focus on three facets of dentistry: prevention, treatment and education. The program cares for children regardless of their ability to pay. For care that is beyond what can be completed through the Traveling Smiles program, children are seen at the Miami County Dental Clinic or referred to a dentist in the area.



Submitted photo
Beau Calcei from the OHIO Project, a program where fourth-year dental students at The Ohio State University spend 50 days providing care in community clinics, with Tina Lee, a dental assistant for the Traveling Smiles program. The Traveling Smiles program received the ODA Foundation's first Callahan/Henry Schein Cares Award for Improving Access to Care.

The program has about a 45 percent retention rate, and now that the program is going into its fifth year, dentists are seeing an improvement in the oral health of their returning patients.

"We're having to do less and less work, and we find that the sealants are in place still," said Claire Timmer, executive director of the Miami County Dental Clinic. "We have parents coming up and asking when we'll be coming back. Principals come and ask when we'll be back. People are coming to rely on us because a lot of parents who work and have hourly jobs can't take off work or they can't get transportation for their kids. We're really serving that population that falls through the cracks."

The Traveling Smiles coordinator works with school nurses at each school to identify students who are in need of a dental home, complete paperwork and coordinate care.

Traveling Smiles employs one dentist who works there part-time, plus has three dentists who volunteer their time.

Additionally, the Miami County Dental Clinic and Traveling Smiles are part of the OHIO Project with The Ohio State University College of Dentistry, where fourth-year dental students spend 50 days providing care in community clinics across the state.

"It's good experience for the students to get out in the community and see the need, and they enjoy it," Timmer said. "The OSU students are wonderful because they're so eager to learn."

She added that for many of the students, it is their first time working with a dental assistant. And the program helps students to become faster and more confident, and it benefits Traveling Smiles because it allows them to see more children.

Over the summer, the program continued to stay busy even though kids were out of school. The program traveled to places like shelters, lunch programs, the local health department and neighborhood centers where they treated children and adults.

The Traveling Smiles program plans to use the grant to purchase supplies and provide free care for children who do not have any insurance.

"We're on target to really grow this year," Timmer said. "We couldn't do this without foundations like the ODA Foundation."

Timmer said the clinic is looking for more dentists to either volunteer or work part-time in the Traveling Smiles program to help accommodate the growth they are experiencing. Dentists who are interested should contact her at ctimmer@miamicountydental.org or 937-339-8656.

The Callahan/Henry Schein Cares Award for Improving Access to Care was established when the 2015 Callahan Memorial Award recipient, Stanley Bergman, chairman of the Board and CEO of Henry Schein Inc., donated the grant associated with the Callahan Award to the ODA Foundation. Henry Schein Cares Foundation matched the award to the ODA Foundation to establish the grant, which will be awarded annually to one access to care organization in Ohio whose efforts increase dental care to underserved populations of Ohio. The grant recipient is chosen by the ODA Foundation and Callahan Memorial Award Commission.

"We would like to thank Mr. Bergman and Henry Schein Cares Foundation for their generous donations to help improve access to dental care in Ohio," said Dr. Joe Mellion, chair of the Callahan Memorial Award Commission. "Their donations demonstrate their commitment to the profession of dentistry and improving oral health care."

Looking for a volunteer opportunity?

Check out the ODA's Volunteer Connection page, where you can find a list of volunteer opportunities for dentists and specialists listed by county. For more details, visit www.oda.org and click on "Volunteer Connection" under "Community Involvement."

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MetLife to provide the benefits that were purchased via the patient's dental benefits plan. Failing to do so could subject MetLife to a patient's complaint to the Ohio Department of Insurance or the U.S. Department of Labor that they are not receiving the benefits to which they are entitled."

Dentists should note there is no requirement that any third-party payer honor assignment of benefits.

The American Dental Association considered the issue of third-party payer payment choices at its 2016 House of Delegates.

Editor's note: Since sending the letter to MetLife, the ODA has received anecdotal reports from dentists that MetLife has agreed to their requests to not be paid via EFT.

Medical emergency preparedness for dental offices, part 2

The following article is part of a series of reviews encompassing various medical issues relevant to dentistry today. The ODA Dental Education and Licensure Committee (DELC) recruited a handful of experts to write these concise reviews to inform our member dentists about the most current opinions, positions and evidence on the topics. We hope these reviews cause our readers to do further research on the topics and stimulate discussions among peers. The articles have been reviewed by members of the DELC, but represent the opinions of the authors and not necessarily those of the DELC or the ODA.

By Larry J. Sangrik, D.D.S.

Last month's article discussed: 1) establishing a broader definition of medical emergencies during dental care, 2) recognizing that medical emergencies during dental treatment are more frequent than dentists commonly assume and 3) observing that lecturers and the public focus on six areas of preparedness. This month's article will explore those areas in more depth.

Dentist training: In addition to Basic Life Support (CPR), dentists should periodically take continuing education courses on a wide range of potential medical emergencies that could reasonably occur during treatment. The courses should cover identification and response to the problem. What constitutes an adequate course? There is no definitive answer. However, the American Heart Association (AHA) has decades of experience training health care providers to respond to full cardiac arrest (a problem infrequently faced by most health care providers). Although the techniques have evolved over time, the AHA has stood firm with regard to three specifics: training should be biennial, live and participatory. It is reasonable to assume that these three tenets transfer to general emergency training.

What topics should be included? Likewise, there is no authoritative list upon which everyone agrees. However, the topics required by the Ohio State Dental Board for a medical emergency course to prepare dental hygienists for general supervision are reasonable. They identify 10 broad topics.

- Syncope
- Cardiovascular disease: angina, infarction and arrest
- Blood pressure anomalies: hypertension and hypotension
- Asthma
- Chronic obstructive pulmonary disease
- Hyperventilation
- Allergic reactions
- Diabetes
- Epileptic disorders and seizures
- Bleeding disorders

Staff training: All too often, dentists take medical emergency courses but neglect to include the staff. In reality, response to any medical emergency should be a team approach. Everyone in the office should have a specific role, and that requires training. Tragedy occurred in Virginia to an 8-year-old girl who encountered respiratory problems during a check-up. According to the paramedic's report, upon arrival the squad found the dentist (ineffectively) administering CPR while the staff stood at the foot of the chair in a semi-circle sobbing uncontrollably. The staff's inaction during the crisis was a disservice to the patient and undoubtedly hindered the dentist's legal defense. Everyone, including the business personnel, should be involved in optimizing the quality of the dentist's response. The first stage of this training is defining specific areas of responsibility for each team member (e.g. who calls EMS, who starts oxygen, who is taking vital signs, who is keeping a written record of the event). These tasks need to be discussed, assigned and practiced before a crisis occurs. The American Dental Association offers several resources for dentists with regards to medical emergency preparedness, which can be found at www.ada.org/en/member-center/oral-health-topics/medical-emergencies-in-the-dental-office.

Mock Drills: Hospitals, shopping malls, airlines and sports stadiums train for a variety of emergencies they may reasonably encounter. Most parents would consider their children's school negligent if the school failed to hold routine fire and emergency drills. In much the same way, dental offices need to periodically practice for circumstances they reasonably may encounter. Educational experts agree, material is retained longer and more accurately if information is given in small increments and repeated periodically. Spending 5 minutes a month practicing a response to a single event (e.g. asthma) would allow the most common emergencies to be reviewed annually.

Written Protocol: Despite formal training and ongoing practice, memory cannot be trusted during a medical emergency. A voluminous textbook is too large and too detailed for quick reference. Experts agree a written emergency manual should be available that provides assistance in identifying the type of emergency encountered and an algorithm to respond appropriately. Commercially available models are convenient, while some offices prefer an individualized version more customized to their unique office needs. If the office utilizes the services of a hygienist under general supervision, appropriate algorithms for the hygienists also should be included.

Medications: Seven emergency medications constitute the core of a drug kit: aspirin, diphenhydramine, nitroglycerine, an asthma inhaler, epinephrine, ammonia inhalants and glucose. Other medications, depending on the nature of the dental practice, may also be appropriate.

Equipment: Equipment falls into two broad categories: monitors and therapeutic devices. Dentists should have a stethoscope and at least three sizes of sphygmomanometers. Given the low cost of glucose monitors and the frequency of diabetes in the population, it would also be prudent for dental offices to invest in one.

Regarding therapeutic equipment, without question, the most important device would be oxygen equipment to support both breathing and apneic patients. Sadly, it has been observed that many dental offices prepare solely for a patient that has stopped breathing. Yet they have no preparations for a patient that needs assistance to breathe. Two items are critical. Nasal canulae must be available to offer a defined amount of supplement oxygen. This will likely be the single most used piece of therapeutic emergency equipment. Secondly, offices should be capable of delivering a high concentration of oxygen to a poorly breathing patient via a non-rebreathing mask.

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Risk management in dentistry – an ethical 'fork in the road'

By Lawrence P. Rossoff, DDS, FICD, FACD
Guest Columnist

Famed New York Yankee Hall of Famer, the late and beloved Yogi Berra, once infamously said: "When you come to the fork in the road, TAKE IT!"

A brief and personal take on the evolution of "risk" in dentistry

Once upon a time there was only the dentist and the patient. No one came between the doctor and patient, and the relationship was unencumbered by any third parties.

Then, in the mid-1950s, California introduced the first actual dental insurance plans. And then, into the 70s, dentists were becoming compelled to sign contracts, the status of being a "Preferred Provider." Dentists now had to deal with dental plan administrators and consultants, who emerged as among the first intermediaries between the doctor and patient.

Some called these times "The Golden Age of Dentistry."

But with this boom came the realization that dentists no longer had the same control over the doctor/patient relationship. Someone was looking over our shoulder. Submissions for "pre-authorization" had to be made. Rightly or wrongly, we were being judged, but equally or even more importantly, dental insurers were collecting claims data.

It's safe to say that dental insurers began to know more about your practice than you do. And they use their claims data to determine if your pattern of billing fits the "bell curve" of all general practices enrolled. Practice audits are conducted and consequences may be conveyed in a certified letter. The concept of dental insurance is a good one, but the execution was becoming more challenging.

Couple this with a heightened consumer awareness, through TV messaging of "extreme" treatment, and the "Hollywood Smile." Dentists were being courted by "practice philosophers" aimed at capitalizing on the public's desire to create smiles that resemble the cover girl or cover guy on the trending magazines. And dentists bought into it, and still do, with all the best intentions. The rub comes when promises made are not kept, at least in the eyes of the consumer/patient.

Whatever the motivation, dentists cannot, should not, guarantee anything. I contend that the four most dangerous words we can utter to patients are "I can do that." It's a great song from a great Broadway Play. You can think it, but be careful when you say it. Because if you say it, you better deliver, and if you don't deliver to the patient's heightened sense of expectation, and the accepted standard of care, the consequences and ramifications can be very costly in terms of time, dollars, reputation.

Into the 80s, we faced the HIV/AIDS scare, societal and regulatory pressures began altering the landscape of how dental practices prepared for safeguarding the delivery of their clinical care. Patients now aware and asking, "was that used before, and how was it cleaned?" Dentists now being required to fulfill an infection control expectation ranging from the public to the courts to state board regulators.

Another significant piece of the risk management picture was the introduction of HIPAA – Health Insurance Portability and Accountability Act, in 1996.

The privacy rule component came into effect on April 14, 2003, and defined Protected Health Information (PHI) as "any information held by a covered entity which concerns health status, the provision of healthcare, or payment for healthcare that can be linked to an individual."[1] Dentists were deemed to be "covered entities," and now vulnerable to OCR investigation and potential fines. We've seen five, six, and even seven figure fines reported, and we are seeing advanced notice of audits being conducted, which should concern every dentist wherever they practice.

And now, in 2016, we are in the age of more complex, more restrictive dental benefits, while the scope of available services has expanded to the delivery of high risk procedures such as: dental implants and retained prostheses, clear orthodontic trays and appliances, Botox; endo being done without rubber dams; while treating patients with complex medical histories and medication lists, in a far more litigious society; with office overheads reaching or exceeding 65 percent of revenue; under the pressures of increased production; with six figure student debt; where many dental school curricula don't have the available time to teach the business of dentistry; greater competition, fewer patients, and more open chair time. Is this not the perfect storm for professional crisis?

There is outstanding dentistry done every day, preserving dentistry's reputation as a noble profession. But it's not getting any easier.

Pro-active risk management and a return to sound ethical thinking must be in place to protect the patient and the doctor from the harms that lurk every day in practice.

The degree to which we honor the ethical oath we took can be reflected in the amount of risk we encounter in our practice and how we manage that risk. Can you protect your own self-interests and still act ethically?

A friend and respected colleague recently wrote in a Letter to the Editor in the "ADA News," in the context of an over-supply of dentists, "… in our very competitive industry unethical overtreatment will be, if not already is, a necessity to survive economically."

The principles of bio ethics … how do we stay true to our oath yet make the decisions that will advance the health of our patients while advancing the viability and profitability of our practices? This may be the quintessential question of our time and the challenge is simply put to us – we must strive to elevate our practices and our decision making to do the right thing at the right time for the right reasons.

We are at Yogi's ethical "fork in the road." Will you take it?

1. HIPAA Journal; HIPAA History

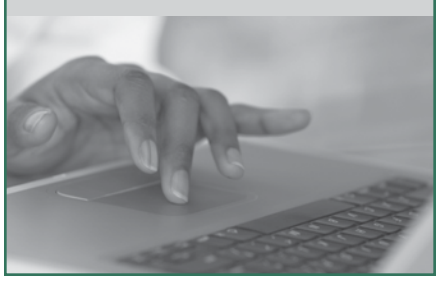
Dr. Rossoff is President/Owner of "Your Practice Elevator – Dental Risk Management Consulting" in Aurora, Ohio. He is a member of the ADA, ODA, Greater Cleveland Dental Society, and Akron Dental Society. Dr. Rossoff can be reached at (216) 630-4018 or Drlarry@yourpracticeelevator.com.

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.

To register for this informative e-newsletter, or to update your email address, send an email to dentist@oda.org.

Sign up for
NewsBytes!



The Explorer

Matthew J. Messina, DDS
Executive Editor

Some guy

One of my ENT physician colleagues asked me to see a patient for him, since she was having headaches that were refractory to his migraine treatments. During our interview, she reported that she had "had a root canal done" this past June. I asked who the dentist was, so that we could get the records to help determine why the tooth was still sensitive and to see if that had any relevance to her headache complaints. She was a patient of a larger office near here and told me that "some guy" had done it. She really couldn't remember the name.

I have to confess, that bothered me. Not just for myself, but for the dentist in question. After all, for most people, an endo is a rather memorable procedure. We were always taught to "never treat a stranger." From a patient perspective, I think it's important to never be treated by a stranger either.

The structure of the practice of dentistry is changing. Practice models are developing based upon a theory that the patient views dentistry as a commodity. For the commodity-based practice, any dentist will do. They feel that patients don't want to develop a relationship with their dentist. They just want to get the work done. The dentist is also just getting the dentistry done, and not directly responsible for any concerns. If a patient has a billing problem, call accounts receivable or customer service. The dentist is reduced to feeling that "I'd like to help you, but I just work here."

The expansion of reduced fee dental insurance plans feeds this mentality. Patients are forced to see a dentist on the list, and dentists have to treat the patients who have that insurance. Neither party has made a free decision to seek care at that office. Both have been coerced into a relationship, or more correctly doing business with each other. The dentist is often too beaten down by life to resist and gives in to the loss of control in a hope for security. A race to the bottom ensues – seeking faster, easier, cheaper, (but not always better) ways to treat patients.

The nature of patient referrals is different in a commodity market as well. The first question still is "who is your dentist?" followed by "Is he/she good?" However, the next question is "Is she/he in my plan?" There are less referrals or conversions from community involvement or word of mouth. If a patient's search for a new dentist begins with the list from an insurance company, how does the dentist differentiate themself in this new, commodity market? Even without insurance, a patient's search involves online reviews and referral sites. What's a dentist to do?

The answer lies in the same principles that it always has. Concentrate on the things you can control and let go the things you cannot. There are some people who will never be happy, so let them go. Concentrate on delighting the people you can reach. Which begins each day with the people we meet and treat.

Do we see our job as just "fixing teeth?" If so, we are buying into the commodity thinking and validating that concept. But just because patients seem to say they only want dentistry done, doesn't mean that they aren't open to something more, something better! A relationship built on the value of health. We can build a reputation for helping people achieve that.

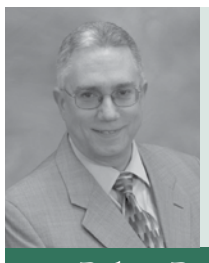
A successful reputation is achieved by doing the right things very well. The best way to maintain your reputation is to do things you're proud of. That reputation is based not only on your work, but what you've taught people to expect from you. We can aspire to a high standard and live up to the promises we make. That's hard work and commitment to live a life you believe matters. Or we can seek the quick reward of short-term decisions, easy solutions made to get us through today and hope people won't notice. A bumper sticker I saw last week had it right. "No amount of money can buy back your reputation." If we live the reputation we want to have, we are more likely to have a reputation we are proud to own.

My friend Mark Sanborn, the leadership expert, defines a professional as "a person who cares more about the solutions to your problems than you do." That is such an apt description of dentists. No other profession is so committed to putting itself out of business! Every day, we prove that we care more about the health of our patients than they show. We have been advocates for prevention since long before it was trendy or cool.

Before we can change the minds of others, we must first change ourselves. If we re-commit to the principles that we know work, we can avoid the slide into professional obscurity. I care too much about my patients to become just "some guy" who takes care of teeth. That's not why I became a dentist. Times are tough, but that's when the profession needs leaders. We are passionate about health and taking good care of people. If we let that show, we will discover (again) the fact that people want to be treated by someone who cares about them. They do value relationships.

Times have changed, but people's core values have not. When presented with a better choice, people will choose quality care from their dentist over having a tooth fixed by "some guy."

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



It's Your Choice

Robert Buchholz, DDS
Guest Columnist

Potpourri

This is a different spin from my usual type of Op-Ed. Whether I make your day sweeter smelling depends on you ... the reader. I hope you enjoy this blend of topics.

Floss vs. oral irrigation

For some reason during the second half of this year, the media decided to question the efficacy of using floss as part of a daily regimen of oral health activity.

Since nobody seemed able to instantly find any scientific articles that lent credence that flossing is beneficial, the media's conclusions seemed to lean towards the position that flossing isn't and never was relevant for oral hygiene on a daily basis.

"Oh, it's good for getting something that's stuck between teeth ... out ... but that's about the only benefit."

Almost simultaneously I was besieged on social media with advertisement postings by the manufacturer of the best-selling oral irrigation appliance.

I ventured onto their social media site and made a comment. "I like oral irrigation because I can direct the stream of pulsating water at a 90 degree or as close to a perpendicular angle to the gum line as possible ... which creates a negative pressure ... that sucks any debris out from between my teeth."

Barely 30 minutes passed and I was attacked for my comment and was judged to be uninformed by a fellow dental health professional (dental jargon gave away my critic). I was scolded for not knowing about scientific studies that verified flossing is the one and only supplement to brushing that can produce positive oral health results.

And ... 30 minutes after that verbal jousting, a representative from the oral irrigator manufacturer chimed in with a comment that stated, "We have hundreds of scientific studies that support our product's equivalence to flossing."

Nowhere was there a comment that stated;

A. "Maybe there are tooth contacts which are so tight that maneuvering floss between the teeth is impossible and if forced, the floss breaks or slams through the contact and damages the tissue between the teeth ... or worse ... shoves debris violently under the gum tissue ... it becomes trapped ... resulting in the formation of a gum abscess."

B. Or ... "some individuals are incapable of dexterously handling the nozzle of an irrigating device and therefore need to wear a bib and have a change of clothing to slip on after they're finished irrigating their mouth"

This issue demonstrated perfectly the environment all of us are currently living in.

There was a time period in my life when it was OK to say; "Both oral irrigation and flossing are wonderful adjuncts for great oral health. A patient that desires the ultimate in oral health would be best served by utilizing both tools but realistically should settle for the tool they're most comfortable utilizing."

Somehow in the last half century and worsening since the birth of the Internet and social media, we've lost the ability to find a middle ground. We seemingly can't say or write anything without it beginning a conflagration. And ... we've stopped listening to each other as the word compromise continues to disappear from our vocabulary.

Who knew a discussion about the merits of flossing could commandeer the front pages of newspapers!

Developing a test for wanna be dentists that reveals their MORAL COMPASS

Thank God my grandkids love soccer. The sport has opened a new avenue of social relationships for me while sitting on an outdoor folding chair on the PITCH'S sideline.

One new friend is employed at the University of Kentucky's College of Dentistry. She is working on her doctorate and is developing a test that screens future dental students' moral compass. Wouldn't it be wonderful if the profession could weed out those individuals that want to enter our profession for all the wrong reasons.

She and I discussed the "Wild Cards" such as the high cost of a dental education and the ever changing dental reimbursement issues that could sidetrack an individual's "compass" after acceptance and even following graduation and licensing. But we both agreed, getting rid of obvious driftwood prior to admittance is a worthwhile endeavor.

Stay tuned for future developments.

Final Word

Please take a moment to Google the following:

American Greed

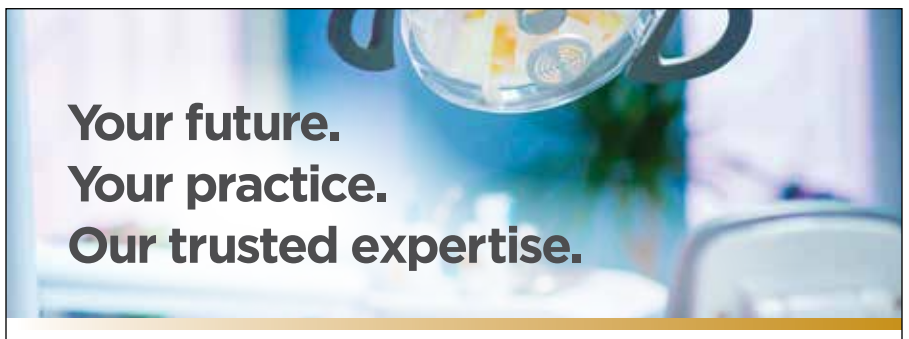
Greed Report: the diagnosis is bad. Should a second opinion be your first step?

by Scott Cohn @ScottCohn TV

Thu, Sept. 16 | 10:03 AM ET

This article is directed towards physician care but I suspect our profession could shoehorn itself into the same discussion.

Please foreword your favorite potpourri fragrances to rbuchh@windstream.net.



ODA Classifieds

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A small private office with large group benefits. We have thirteen fee-for-service practices. Emphasis on complete treatment. In-house ortho, surgery, endo, implants. Our doctors range in ages from 26 to 72. Full and part time positions are available in Columbus and NE Ohio. Call me for more information. Dr. Sam Jaffe (888) 764-5320 or sam@americandentalcenters.com.

Art of Smiles Dentistry. Our dental practice is located in Harrison, Ohio outside of the Cincinnati area. Our dedication to providing the highest levels of oral care in a convenient and comfortable environment has led to the rapid growth of our practice, now celebrating our 25th year. In order to accommodate this growth, we are looking to add an associate to work alongside our dentist in a modern state of the art office with the latest technology. The associate would quickly build up an active patient base and have the opportunity to treat many of our new patients each month. Competitive compensation and benefits package offered. (513) 367-4441, smile@artofsmilesdentistry.com.

Associate Dentist needed full-time in a beautiful state of the art dental practice located 1 hour from Columbus. Send resume to doctorsnet2002@yahoo.com.

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Associate Dentist wanted for a busy, well established practice in North Canton, Ohio. This is a full time position with a well-trained experienced staff. Great patient base, fully computerized office, including CAD CAM design. Practice is FFS only and compensation would be a guaranteed minimum plus production. To inquire call (330) 958-6390 or send CV to NorthCantonDDS@gmail.com.

Associate position available in Kettering, Ohio 2 days per week. Opportunity to increase to 3-4 days per week. Please call Mr. Sullivan @ (937) 430-4317.

Associate/Buy in wanted. Over 40 years at great location in Green, Ohio with vast amounts of traffic on two main roads including expressway. Presently FFS and Deltal Premier only. Looking for business knowledgeable man-wife team or wife only. Referring out vast amounts of dentistry. Resume to jckline49@roadrunner.com.

Columbus: Dentist and Assistant for New Holistic Children's Private practice in New Albany. If you are into nutrition, organics and whole body health this would be perfect for you. Send resume and head shot photo to naadultdentistry@gmail.com. (614) 775-9300.

Dayton. Well-established, fee-for-service office in a prime location. We practice comprehensive dentistry and have been recognized in the top 5%. Very patient focused with a large referral base and constant new patient flow. Well organized and strict monitoring of numbers and goals. Looking for an individual of similar values and the desire to become a true comprehensive dentist. We will guide the right person to become highly skilled and teach you how to ultimately love the field of dentistry. Full time. Surgical and sedation skills a plus, but any experience level considered. Send resume' to ThePractice@KondasDental.com or call 937-236-2800.

Dental Associate-3 days per week, Coshocton, OH. Looking for a part-time dental associate wanting to work M/W/F a week in our Coshocton OH office. Please email CV to tamcoa@hotmail.com. Fee for Service Office.

Dental Dreams is actively seeking motivated, quality-oriented associate dentists for our offices throughout IL, LA, MA, MD, MI, NM, PA, SC, TX, VA, and DC. We provide the ultimate in quality general dentistry to the entire family in a modern, technologically advanced setting with experienced support staff. Our highly valued Associates enjoy top tier compensation. Compensation: Sign on Bonus up to $30,000; Average compensation of full-time dentists in excess of $220,000/ per annum; Guaranteed base pay. Clinical Practice: Complete autonomy over treatment planning; Mentoring by top rated, experienced clinicians. Benefits: Health insurance; Malpractice insurance; Three weeks' vacation; Continuing Education; Relocation expenses; Visa and permanent residency sponsorship; Dental coverage for associates and immediate family members. Make Dental Dreams a reality for you. Please contact us to learn more about rewarding associate dentist opportunities with Dental Dreams. We offer full-time, part-time, and Saturday only schedules. Phone: (312) 274-4598. Email: Recruiting@DentalDreams.com. Website: www.dentaldreams.com.

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Endodontist. A large central Ohio general dental practice with associations to an orthodontist, periodontist, oral surgeon and pediatric dentist need an endodontist. One day per week starting with a guaranteed minimum salary. Will negotiate business relationship. Contact Brad at brad@anthonydental.com.

Established Pediatric/Orthodontic/Sports Dentistry Practice in Findlay, Ohio. 2600 square feet, two story, stand-alone dental office in downtown area. Owner is looking for associate/associates transitioning to ownership. To inquire call (419) 348-9555 or E-mail: win58@woh.rr.com.

Exciting opportunities for dentists, hygienists and assistants to provide children with quality dental care in schools in the Cleveland area and throughout Ohio. No evenings or weekends. Email resumes to jobs@smileprograms.com.

Family dental practice located in Cortland Ohio, ten operatory, three dentist, high volume, looking for the right candidate to start as an associate. Senior dentist is nearing retirement. This is a 30-40 hour/week position. State of the art facility including: Planmeca 3D and Cerec with a motivated, capable staff practicing all aspects of modern dental treatments. Prefer experienced, but willing to mentor the right candidate who is personable, capable, confident, kind, and engages the patients and staff. Candidate must be capable and willing to learn a wide range of treatments. Please email resume with your contact information to: dentalappscd@gmail.com.

Flexible Locum Tenens Opportunity. Midwest Dental is seeking experienced dentists to fill daily/weekly/monthly locum tenens needs to cover leaves and extended vacations. Perfect for dentists wanting to pick up extra hours. We offer competitive pay and give you complete freedom to work as many locum sessions as you'd like! May involve travel with overnight stays. Typically includes 32-36 hours/week when needed. Opportunities are available at practices across the country. Contact Colleen Bixler at (717) 847-9069 or cbixler@midwest-dental.com.

General Dentist. We are seeking a full-time experienced general dentist for our Wisconsin Office. Practice in a beautifully remodeled space in a great location, near Janesville/Madison. We are searching for a candidate who will be involved in the community in order to build long term relationships with our loyal patient base. Comprehensive benefit package offered, with Income Guarantee. $5,000 Signing Bonus and Relocation fees available! This position has future partnership potential. Email resume to dental2848@gmail.com.

General Dentist, Dayton Ohio. F.T. or P.T., Signing Bonus for F.T. Immediate opening due to retiring associate, salary plus 35% commission. Great income guaranteed. Call (937) 286-1156 or Klein890@aol.com.

General Dentist-Northeast Ohio. Seeking General Dentist preferably experienced in extractions, endodontics, and prosthodontics for either full or part-time position. Must have a total commitment to excellence. We offer competitive compensation, medical & other benefits. The newly remodeled practice is located in Northeast Ohio, 35 minutes from downtown Cleveland. Contact Dr. David Schlosser at dschlosser@neo.rr.com.

Staff Dentist. High production dental practice in Northwest Ohio seeking full &/or part-time general dentists and part-time oral surgeon. Paperless system and digital x-ray. Great opportunity for recent grads to hone skills & speed, or experienced dentists to practice dentistry without the hassles of running a practice. Base salary commensurate with experience plus quarterly bonus available. Benefits include health insurance, retirement plan, flexible hours and days, professional liability insurance and some continuing education. Loan repayment site for eligible dentists. Please send CV to hrdepartment@dentalcenternwo.org. EOE

Seeking Associate with track to Partner. Practice located in Cincinnati Anderson/Eastgate area. Current 2 doctor practice. Highly profitable practice. This is an excellent opportunity for an amazing person. One state of the art location. Digital & Paperless. Please contact us for details. (513) 753-0044, eastgatedental@gmail.com.

Tired of the associateship or buyout that never seems to work out? If yes, then we have the associateship or fair buyout for you. Seeking a motivated, caring and hardworking general dentist for the Clayton/Englewood area of Dayton immediately. Please send CVs to daytondentist@hotmail.com or call Sharon at (740) 644-0571.

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

Wisconsin opportunities. General Dentists and Specialists - Dental Associates is opening new locations in Wisconsin. We foster a culture which invites our patients into our "dental home" and provides them with a caring and empathetic approach to dentistry. At Dental Associates you will not only experience the support and stability of working within a group, but also the flexibility of managing your own schedules and running your own practice. Dental Associates will ensure you have everything you need to be the best - state of the art technologies, guidance, staffing, scheduling, IT, patient financial services, accounting, marketing, continuing education and more. You will always be on the forefront of technologies and innovations and you will be able to develop relationships with other dentists and specialists. "Your practice within our practice". It's a win-win for all involved. Become part of this dynamic team and consider joining the other dentists practicing with us today. Signing bonus and relocation allowance available. Current positions available in Milwaukee, Appleton, Greenville and Green Bay, Wisconsin. Call Susan today at (800) 315-7007 or email sbullen@dentalassociates.com.

Equipment for Sale

Existing dental office in Cincinnati is moving to a new location. All chairs and equipment are available for quick sale. This includes 12 A Dec chairs with attached lights, DCI delivery units, digital Pan/Ceph machine, 4 intraoral x-ray machines, Statim 5000, Chemiclave EC6000, nitrous oxide delivery system, seven 55" televisions, doctor and assistant chairs, ScanX digital imaging system and 14 computer systems. Equipment sold "As Is" and on a first come, first served basis. For inquiries, please call (513) 226-4534.

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

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Cincinnati, Ohio - East Side Cincinnati - Practice For Sale. Established general practice located on the East side of Cincinnati, OH. Well-respected owner doctor selling all Fee For Service practice. Collected $750,000 in 2015 on a 4-day work week. Dentrix, digital radiographs, and intra-oral cameras. Contact George D. Stollings & Associates, Inc. (304) 486-5714 or george@gdstollingsassoc.com.

For Sale: #OH-1307, Fulton County. 5 ops. Collections $761,388. Net $415,505. #OH-1306, Clinton County. 5 ops. Collections $911,489. Net $430,265. #OH-1293, Lawrence County. 6 Ops. Collections $956,242. Net $404,217. #OH-1267, Warren County Two locations. Collections $741,000. OH-1245, Lake County. 4 Ops. Collections $368,437. Net $155,031. OH-1180, Clark County. 4 Ops. Collections $423,148. Net $179,479. Contact Jason Gamble. NPT (614) 648-8118 x229, j.gamble@NPTdental.com, www.NPTdental.com.

New, turn-key, paperless Dental Office available for sale or lease in Cincinnati. Four operatories with new 2016 A Dec chairs, digital panoramic x-ray and Nitrous Oxide delivery systems, new compressor and vacuum systems, and new computer hardware featuring Dentrix software and internet enabled security system. Office is located near Beechmont and Five Mile Rd intersection, in the Anderson Pointe Professional Building. Sale price of $449,000 includes real estate and all equipment that has been valued at over $130,000. Lease rental with equipment at $4750 per month. Owner financing is available. Ideal office for dental specialists or new dental graduates. *This is a once in a lifetime opportunity, first come first served!* For inquiries, please call (513) 226-4534.

Space Available

Dental office available for rent in Southwest Ohio. Continuously occupied by a high grossing practice since 1958. Location: 314 S. River Street, Franklin, OH 45005, midway between Dayton & Cincinnati. Suitable for solo practice or satellite office. Draws from Middletown, Carlisle, Franklin, Springboro, Germantown. Presently configured for 3 operatories and supporting rooms. Operatories look into private courtyard through floor to ceiling windows. Well maintained and up to date for all dental equipment. Patient parking on site. Additional lab space & storage available in adjacent building. This office is currently fully equipped with all digital equipment, including a new Pan-Ceph X-ray, autoclave, etc. The equipment in place is available for optional separate purchase. Monthly rent: $1,450 for 1400 square foot stand-alone building with parking. Please contact us directly for more information: Bruce Stewart (937) 746-8964 or Susan Stewart (937) 286-0073. office@archrec.com.

1,000 sq ft furnished 3-chair dental office near Henderson & Kenny Roads in UA for reasonable rent. All equipment, including very new Planmeca Digital Panorex, for sale for $90,000 (negotiable). Call Marian @ (614) 459-5511.

Equipped Dental Office Available. Professional office building located at 1170 Old Henderson Rd., premium location with excellent professional tenant base. RYMAC dental lab in the same building. This space is move-in ready for new Dental practice. Equipment and Furnishing are available for purchase from previous dentist. Property Manager is on premises for excellent service. Contact Dana Donnell for additional information at (614) 554-5459.

For lease: approx. 2600 sq ft. dental office; Mentor, Ohio. Great location - 18,000 cars daily, near Wal-mart, Bob Evans, Applebee's, K-Mart etc. Features 6 ops, lab, private Dr. office w/ private bath, customer and employee bath. Renovated approx 5 years ago, great condition. Call TR Hach (owner/agent) for details (440) 479-1607.

Move-in ready fully equipped dental office for sale/lease. Paperless Dental office for sale or lease. 5 ops fully equipped with digital X-rays and nitrous oxide delivery systems, phone systems and new computers. Centrally located in columbus on morse road in a busy shopping complex. If interested please call (614) 843-1952 for more details. Owner financing available.

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

Miscellaneous

"Ballpark" and "premier" editions. For buyers, sellers, estate planning, mediation, partnerships. General or specialty practices. Created by experienced practice brokers since 1992 For brochure: POLCARI ASSOCIATES. LTD (800) 544-1209, info@polcariassociates.com.

EMERGENCY, from page 10

Offices need oral-pharygeal airways, a pocket-mask and a bag-valve-mask to provide positive pressure oxygen to a non-breathing patient.

Most lecturers also favor having an automatic external defibrillator (AED) on the premises. While spontaneous cardiac arrest is rare in dental offices, quick use of an AED is the most important determinant of a successful outcome.

Dental procedures will continue to evolve in complexity and invasiveness. Concurrently, more patients with highly complex medical histories will seek dental treatment as medicine moves forward and the average age of Americans increases. The dental office of the 21st century must be a facility to address a crisis of any magnitude that can occur at any time.

This article is the second of two about medical emergency preparedness for dental offices. The first article appeared in the October "ODA Today."

Dr. Larry J. Sangrik is a full-time general dentist and lectures on medical emergency preparedness, dental fear and the use of conscious sedation in dentistry. He may be reached at info@interactivedentalseminars.com.

HOBBS, from page 2

of a state dental society. At that same meeting of the Iowa State Dental Society, Hobbs was named as a delegate to the American Dental Convention, which met in Chicago later that same year. In Chicago, the Iowa State Dental Society's delegation made a strong push for the Ohio College of Dental Surgery to admit Hobbs into its program. It worked. The Ohio College of Dental Surgery accepted Hobbs, and she moved back to Cincinnati to enroll in November 1865.

Because of her years of study and practice, she was required to attend less than one year of classes. In 1866, she received her diploma from the Ohio College of Dental Surgery along with the 15 men in her graduating class, making her the first woman to receive a dental degree.

Hobbs impressed her teachers. Upon graduation, Dr. George Watt, who was the first president of the ODA and taught chemistry at the Ohio College of Dental Surgery, said of Hobbs: "She is a credit to the profession of her choice and an honor to her alma mater. A better combination of modesty, perseverance and pluck is seldom, if ever, seen."

Taft said that Hobbs "was studious in her habits" and "had the respect and kind regard of every member of the class and faculty."

Following graduation, Hobbs moved to Chicago where she practiced for a little more than a year. She then relocated with her husband to Lawrence, Kansas, where she had a successful dental practice for more than 40 years.

While dentistry remained a male-dominated profession for many decades following Hobbs' graduation, there has been a significant change in recent years. According to data collected by the ADA's Health Policy Institute, only about 1 percent of dental students were female in 1968. By 1978, that number had risen to about 15 percent, and today, almost half of all dental students in America are female. In fact, in 2016, a majority of the graduating class from the Case Western Reserve University School of Dental Medicine was female for the first time in the school's history.

Lucy Hobbs' trailblazing persistence 150 years ago opened the door to dental education for the thousands of women who followed in her footsteps.

ODA Today Classified Advertising

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

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

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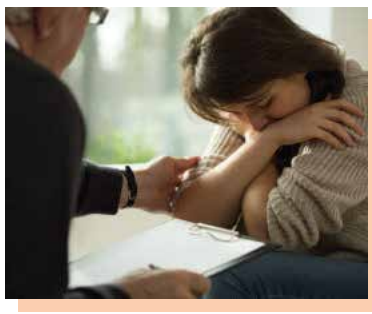

In general, following the unexpected death or disability of a dentist, practice value immediately begins to decline approximately 25% per month until a transition occurs. Unfortunately though, it could be weeks before a grieving loved one contacts the appropriate professionals to begin the search; and then additional weeks if not months before a proper transition is completed. By then, the practice could have little to no value remaining.

Gain Peace Of Mind Knowing YourPractice & Family Are Protected. Contact us today for more details , or to begin the process visit www.nptdental.com/protect!!

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