

ODA Today

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

QuickBites

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2012 ODA Leadership Institute May 18-19, 2012

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

2012 Annual Session September 13-16, 2012

The 2012 ODA Annual Session will take place from September 13-16 in downtown Columbus. Be a part of the largest dental exhibition in the five-state region, visit www.oda.org for more information.

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Day at the Statehouse helps protect future of dentistry

Jackie Best Staff Writer

About 140 dentists, dental students and spouses came to Columbus for the ODA Day at the Statehouse on March 14, where they spoke with legislators to help provide dental practices with some "legislative insurance."

"The attendance was excellent – we had dental students represented, and the member dentists coming out just was fantastic," said Dr. Mark Bronson, president of the Ohio Dental Association.

Dr. James Karlowicz, of Dover, and his wife, Connie, who is a member of the Alliance to the Ohio Dental Association, have been attending the ODA's Day at the Statehouse since it first began.

"I would have to say that this particular visit, particularly with as many as 30 dental students, was extremely gratifying," Dr. Karlowicz said.

Mrs. Karlowicz described Day at the Statehouse as a way to provide "legislative insurance" to dentistry. She said discussing dentistry with legislators is important so that dentists can practice the way they think is best for their patients.

"Only you know what's best for your practice and what's best for your patients, so you are the one who must speak up for your practice and your patients," she said. "Others are not going to speak for you. So that's why we go – to protect our practice."

She added that there is strength in numbers, so the more dentists who speak to their legislators, the stronger the message will be.

Although attendance was high this year, Dr. Bronson said there are still some geographical areas that do not have dentists attending Day at the Statehouse and talking to their legislators.

"We have some areas in the state we do not have covered," he said. "We need some member dentists from those particular areas to step up, to foster those relationships, to be able to teach these legislators about what we do in our profession."

Student attendance

About 30 dental students from The Ohio State University and Case Western Reserve University attended Day at the Statehouse this year. The students were paired up with mentor dentists, and they attended meetings with legislators together.

"Especially for students who had not lobbied before, it was nice to have an experienced person there, someone who knows the issues at hand," said Ryan Hinkle, a dental student at The Ohio State University who attended Day at the Statehouse. He added that the mentoring program also was a great way to get to know other dentists.

He decided to attend Day at the Statehouse after attending a national student lobby day in Washington, D.C., last

See STATEHOUSE, page 5



Senate President Tom Niehaus (center), meets with Dr. Michael Schaeffer (left) and Dr. Matthew Parker (right) at the 2012 Day at the Statehouse to discuss issues in the dental profession.

Yvette McGee Brown a featured speaker at ODA Leadership Institute

ODA Staff

The 2012 ODA Leadership Institute will be held on May 18-19, at the Hilton Columbus at Easton Town Center. Ohio State head football coach Urban Meyer and Ohio Supreme Court Justice Yvette McGee Brown, will headline the Leadership Institute this year as keynote speakers.

The ODA Leadership Institute will begin with registration at 10 a.m. on Friday, May 18, 2012, followed by a welcome from Dr. Mark Bronson, ODA president and keynote speaker Yvette McGee Brown. After lunch will be a legislative update from the ODA government affairs team, followed by a Deans' Roundtable featuring Dr. Jerold Goldberg from Case Western Reserve University School of Dental Medicine, Dr. Patrick Lloyd from The Ohio State University College of Dentistry, and Dr. Marsha Pyle from the University of Missouri-Kansas City School of Dentistry.

The afternoon will also feature two breakout sessions where dentists will get to choose from four presentations that focus on varying topics important to dentistry.

Saturday will feature a presentation by Meyer and discussion of the health care reform law and the U.S. Supreme Court by Mr. David Owsiany, ODA executive director. The day will also include an update from Dr. Charles Steffel, ADA Seventh District trustee, and an ODA Executive Committee town hall meeting.

Justice Yvette McGee Brown brings over 20 years of leadership experience to share with ODA members at the 2012 Leadership Institute. She was the first African-American woman elected to the Franklin County Common Pleas Court. In January 2011, she became the first African-American woman to serve as a Justice on the Supreme Court of Ohio.

Justice McGee Brown was first elected to the Franklin County Court of Common Pleas, Domestic Relations and Juvenile division in 1992. As lead Justice Yvette McGee Brown Juvenile Court Judge, she led the creation of the Family Drug Court and the SMART Program, a truancy and educational neglect intervention program.

ODA president Dr. Mark Bronson said "the ODA is excited to have Justice Yvette McGee Brown as our kick-off speaker for the 2012 Leadership Institute. Her background, leadership and commitment to public service serves as an example for all of us who strive to be leaders in our profession and our communities."

Justice McGee Brown graduated from Ohio University in 1982 with a degree in journalism/public relations. She continued her education at The Ohio State University Moritz College of Law, earning her Juris Doctorate in 1985.

An active community and corporate leader, Justice McGee Brown has served on the boards of Ohio University, The Wexner Medical Center at The Ohio State University and the National Council of the OSU Moritz College of Law.

Justice Yvette McGee Brown will speak at the Leadership Institute on Friday, May 18. For additional information on the 2012 ODA Leadership Institute please see page 10 or visit www.oda.org.



Justice Yvette McGee Brown Juvenile Court Judge, she led the creation of the Family Drug Court and the SMART Program, a truancy and educational neglect intervention program.



Ohio Dental Association
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Annual Session - Sept. 13-16, 2012 - Columbus, Ohio
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CAPTURE YOUR POTENTIAL





President's Message

Mark Bronson, DDS
ODA President

What ODA membership means

As you know, it is an important time to be a member of organized dentistry. As I travel the state in my capacity as ODA president, talking to various local dental societies and other dental groups, I like to ask my colleagues a series of questions that revolve around what our profession would look like if the ODA did not exist.

Without organized dentistry, would we be the only remaining healthcare profession that is independent with a majority of practitioners in private practice? Would there continue to be a collaborative oral healthcare system led by licensed dentists? Without the ODA, would thousands of Ohio children receive dental care through Give Kids a Smile programs throughout the state? Would there be any negotiation with the EPA on wastewater to ensure regulations are based on sound science? Without the ODA, would Medicaid-eligible adults in Ohio still have access to dental coverage? The answer to all of these questions is obviously "no." Your commitment to organized dentistry is an investment in the strength of our profession. By standing together with 75 percent of our colleagues, we ensure ourselves an opportunity to shape the environment in which we practice our craft and provide care to our patients.

But, much work remains. Registered dental practitioners and other forms of

mid-level providers do not represent a safe or viable solution for access to care. Mid-level dental providers would be a step backwards in protecting the public and promoting quality care. Nevertheless, the Kellogg Foundation and its agent in Ohio, the Universal Health Care Action Network, continue to push the concept of mid-level dental providers in Ohio. Under this radical proposal, these new dental providers would only get two years of post-high school training but would be permitted to perform an array of dental procedures – including restorations and extractions – with no onsite supervision of a dentist. This represents an unacceptable standard of care for the citizens of Ohio. We currently have dental teams that work efficiently, safely, and economically. Now is not the time to experiment with new gimmicks in the name of the underserved. The ODA will educate policymakers so they understand that only a dentist has the training and skills to perform irreversible, surgical dental procedures. If it wasn't for the ODA, who would be leading the efforts in Ohio on educating policymakers on the effectiveness of the current dental delivery team and the dangers associated with mid-level dental providers?

We must continue to work to protect the dentist-patient relationship. We also need to continue to battle against unnecessary government regulations and interference with our practice. These are but a few of the significant challenges facing dentistry in Ohio – important issues that we would be unable to affect as individuals. The ODA does that for us.

Membership in the ODA also includes access to a wide variety of valuable products and services, including quality affordable health insurance and group-

discounted workers' compensation coverage. Additionally, membership brings with it access to quality continuing education and practice management resources to ensure that our professional goals are realized. Membership also includes a 24/7 portal to professional resources in the form of the members' only section of the newly-revamped www.oda.org and real-time updates from the ODA Twitter feed (@OhioDentalAssoc). This is just a sampling of the resources available to us. When we need assistance with the day-to-day business of dentistry, the structure of our practice or the environment of the profession, the ODA is our most effective ally.

ODA membership is not just a good professional decision and sound business expense – it is demonstrating support for our profession. We're moving forward together to ensure a future as bright as our past.

To ensure that bright future, we are planning several events in Ohio that you

will find valuable.

On May 18 and 19, 2012, the ODA will host its annual Leadership Institute at the Hilton Hotel at Easton in Columbus. The Leadership Institute will feature a Deans Roundtable with OSU College of Dentistry's Dr. Patrick Lloyd and Case Western Reserve University School of Dental Medicine's Dr. Jerry Goldberg as well as other interesting and educational speakers. And on September 13-16, 2012 the ODA's Annual Session in Columbus will feature dozens of opportunities for high quality continuing education, the largest dental exhibit hall in the five state area, and other social and professional events.

Please plan to join us for these important ODA meetings. I encourage you to attend and look forward to seeing you there.

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The Supreme Court and Health Care Reform: The rest of the story



The
Director's
Chair

David J. Owsiany,
ODA Executive Director

Last month, the *ODA Today* featured a forum on the main issue in the case pending before the U.S. Supreme Court challenging the constitutionality of the Affordable Care Act, known to some as "Obamacare." We featured competing columns discussing whether the Commerce Clause of the U.S. Constitution authorized Congress to mandate that every individual purchase health insurance that contains a federally-defined level of essential benefits. I was pleased to receive several positive comments from readers who enjoyed reading the arguments on both sides of the case's main issue.

This month, I discuss the other issues that have been raised in this potentially landmark case, which will likely have a significant impact on the delivery of health care and the scope of federal power in America for years to come.

Penalty vs. Tax

As discussed last month, the Obama administration argues that the individual mandate is authorized under Congress's Commerce Power. The administration also argues that if the high court does not find that the Commerce Clause authorizes the individual mandate, the mandate is still authorized through Congress's taxing power. The Obama administration contends that the financial penalty that individuals would have to pay under the new law, if they do not purchase the mandated health insurance, amounts to a tax and is therefore authorized pursuant to the Constitution's provision granting Congress the authority to "lay and collect taxes."

A related issue is whether the Anti-Injunction Act prohibits the courts from even having jurisdiction to consider the constitutional challenges to the individual mandate. The Anti-Injunction Act is a nearly 150 year old statute that bars lawsuits challenging the application or collection of taxes until tax payments are due.

The individual mandate is not scheduled to take effect until 2014 and any penalty would not be due until 2015. If the court concludes that the individual mandate's penalty is a tax, it could delay

consideration of the challenges to the mandate until 2015.

Many commentators are skeptical that the Supreme Court will conclude that the individual mandate's penalty is a tax especially since the Obama administration and congressional supporters consistently and publicly insisted the penalty was not a tax when Congress considered and passed the Affordable Care Act in 2010.

Severability

If the Supreme Court determines that the individual mandate exceeds Congress's constitutional authority, the court may have to determine whether the rest of law should remain in effect. The question is not necessarily whether those other provisions are unconstitutional but whether those other provisions can function without the individual mandate.

The Affordable Care Act includes dozens of provisions, other than the individual mandate, that relate to the Act's overall scheme to provide universal coverage. Those provisions include expanding Medicaid eligibility, requiring "guaranteed issue," which forces insurers to cover people with preexisting conditions, requiring "community rating," which mandates that premiums may not vary according to health status, providing government financial assistance to assist certain individuals to pay premiums for mandated insurance coverage, addressing the creation of state insurance exchanges, etc.

The 26 states challenging the individual mandate argue that Congress could not achieve its overall goal of near universal coverage, without the individual mandate and without the ability to achieve near universal coverage, Congress would not have enacted the rest of the provisions of the Affordable Care Act. Moreover, the states argue that the law is so long and complex that the court is not in position to determine which provisions should remain and which should not. As such, the states argue that the individual mandate cannot be severed from the rest of the provisions of the health care reform law, and the court should invalidate the entire Affordable Care Act.

The Obama administration concedes that the guaranteed-issue and community rating provisions are indeed inseparable from the individual mandate. Many health care experts and economists agree that without an individual mandate, the guaranteed issue and community rating provisions would foster a "death spiral" because insurers would be required to insure people with high risk health conditions without being able to price premiums appropriately for the increased risk. The Obama administration argues

that if the individual mandate is found to exceed Congress's constitutional authority, the guaranteed issue and community rating provisions should be struck down as well, but the other provisions should remain in effect.

Medicaid Coercion

The Affordable Care Act requires states to expand their eligibility requirements so that nearly all people under the age of 65 with household incomes at or below 133 percent of the federal poverty level will be eligible as of 2014. It is estimated that approximately 16 million additional people will be eligible for the federal-state program across the country. States that do not follow the new eligibility requirements risk losing all

federal Medicaid funds. Under the new law, the federal government will pay 100 percent of Medicaid expenses for the first two years and will gradually reduce its contribution to 90 percent in 2020. Ohio Governor John Kasich's Office of Health Transformation estimates that the new requirements will result in more than 900,000 Ohioans joining the Medicaid rolls and will cost the state an additional \$2.3 billion over the six year period from 2014-2019.

The 26 states challenging the Affordable Care Act argue that the Medicaid expansion is a violation of the Spending Clause because it is coercive by conditioning receipt of all federal Medicaid funds on the states expanding

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Legal Briefs

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

Problem employees can disrupt any business, but they have potential to do significant damage to small businesses. This is particularly true in dental offices, where employees work closely with the public and in close proximity to other staff members. One of the most difficult issues a dentist must handle as a small business owner is confronting problem employees about their deficiencies. However, by implementing a few protocols, dentists can make this difficult process easier and more effective.

First, dentists should remember that Ohio is an employment-at-will state. This means that an employer can hire or fire someone for any reason or no reason as long as they are not doing so in a discriminatory manner. Employees should be made aware of this fact by including a simple employment-at-will statement in the office's employee manual.

Documentation is key component of employee discipline

Even though Ohio is an employment-at-will state, dentists are still wise to conduct periodic reviews of all employees and utilize a structured, progressive form of discipline.

Performance reviews serve an important purpose and should be conducted on a periodic basis, either annually or more frequently for newer employees. As part of this process, the dentist must document strong and poor performance areas accurately. But while accuracy is important, the dentist must also be careful to avoid any statements that could be interpreted as discriminatory in nature.

For instance, imagine that Dental Assistant X, who is 50 years of age, is not completing tasks in a timely manner. Proper documentation of the deficiency would simply state: Dental Assistant X is not completing tasks in a timely manner and must improve. Improper documentation of the deficiency would read as: Dental Assistant X is not completing tasks as quickly as 20 years ago and is lagging behind the new dental assistants.

Employees age 40 or older are considered a protected class of persons under the law and a claim of discrimination

could arise from their termination, demotion or other adverse employment action. But in order to be successful in an age discrimination claim, the employee must show that his/her age was the cause of the adverse employment decision. The improper documentation example above could make it difficult for an employer to defend such a claim.

Other protected classes include: race, religion, national origin, gender, family status, sexual orientation, genetic status, physical or mental disabilities, and veteran status.

Once complete, employees should be asked to sign the review and it should be maintained in the employee's personnel file. The periodic review process is important, but dentists should not hesitate to take disciplinary measures in between those reviews. It is wise to deal with employee issues as they occur. First, it may help cure the deficiency. Second, it will ensure that there are accurate accounts of the deficiency. Finally, it will provide the dentist with rationale to terminate the employee if necessary.

Most businesses employ some form of progressive discipline, including an oral warning, leading to a written warning explaining the potential consequences if

the problem is not corrected. Finally, if the deficiency is not cured, formal action in the form of probation, suspension or termination. This process varies from business to business but the basic principles remain: the expectations and discipline should be clear to the employee and it should be documented in the employee's personnel file.

Proper documentation of an employee's deficiencies will prove invaluable in the event that termination is warranted. An arsenal of documentation is a great deterrent to potential claims of wrongful termination or employment discrimination.

In addition to containing an employee's periodic reviews and disciplinary history, the dentist may also consider including other items as part of the personnel file. The original employment application and applicant resume, job description, salary history, professional credentials, employment forms, vacation and sick leave requests, notes pertaining to injuries and jury duty notices can all be included as part of the file.

Personnel files should be maintained as confidential to everyone, including the employee themselves. There is no law that permits an employee full access to the personnel file their employer maintains for them. The file is strictly for the employer's use.

However, there are two limited instances where an employee may be able to access certain portions of the file. First, Ohio Revised Code 4113.23 requires an employer to provide an employee with access to "any medical report arising out of any physical examination by a physician or other health care professional and any hospital or laboratory tests which examinations or tests are required by the employer as a condition of employment or arising out of any injury or disease related to the employee's employment." Substance abuse testing and a post-exposure evaluation are two such instances that may occur in the dental setting. Second, Ohio Revised Code 4111.14 allows an employee to access their own wage and hour records.

Dentists should review their office's personnel process to ensure compliance with these protocols. For more information on these or other employment issues, please contact the ODA legal department at (800) 282-1526.

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

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

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

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

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

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Medicaid eligibility.

The Obama administration argues that Medicaid will still be a voluntary program for the states, and that Congress has every right under its constitutional spending power to attach conditions to federal funds given to states. Essentially the Obama administration argues that if a state does not want to follow the new requirements, they can cease accepting federal Medicaid funds. The states say that is no choice at all since there is no feasible alternative for providing health care for the needy.

Conclusion

The Supreme Court heard oral arguments in the landmark case challenging the Affordable Care Act on March 26 – 28 and is likely to issue its decision this summer. The court's decision will undoubtedly have a significant impact on the future of health care and the balance of power between the federal government and the states.

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year. He said he had a lot of fun lobbying, and it is also something that is necessary for dentistry.

Hinkle said feedback from the students was positive, and he hopes even more students will attend next year.

"This was my second time at Day at the Statehouse, and each year it's been very well put together," said Brian Custer, a second year dental student at Case Western Reserve University. "I absolutely love what we're doing for the future of me practicing dentistry and people who will be entering the field of dentistry."

Custer said that a few people in his family are physicians, and he has seen how that profession has taken a dramatic turn over the past 25 years. He decided to attend Day at the Statehouse to make sure the same thing doesn't happen to dentistry.

"I strongly believe in trying to keep what we have and preserve it, or improve upon it for future generations," he said.

Custer said participating in Day at the Statehouse or other advocacy activities is something every dentist and dental student should do at least once in his or her life. He said it's important for new dentists to always be taking up the reigns to protect the profession and dental patients for the future.

Dr. Karlowicz said having so many students attend Day at the Statehouse took the day to a whole new level because it shows a commitment to the future of dentistry.

The issues

This year, attendees spoke to their legislators about mid-level providers and non-covered services.

Although no legislation exists yet to bring mid-level providers to Ohio, the United Health Care Action Network of Ohio continues to push for the creation

of a mid-level provider.

Dr. and Mrs. Karlowicz and Dr. Bronson all agreed that the students had a particularly strong voice in talking to legislators about the negative impact mid-level providers would have in Ohio. The students could directly explain the education they are receiving before they are allowed to perform any procedures on patients and compare that to the two years of training mid-level providers would receive.

"They're in the midst of it; they can give direct feedback on what they're currently going through," Dr. Bronson said of the educational process.

Custer said he told legislators he is at the end of his second year in dental school, and he is very happy to have a dentist who will oversee any procedures he does next year when he starts clinics. A mid-level provider, on the other hand, would be able to perform procedures with little or no direct supervision after two years.

"I thought giving our perspective really helped bring home that issue," Custer said.

Hinkle said mid-level providers are becoming an important issue for dental students, and it was a motivating factor for students to attend Day at the Statehouse this year.

Dentists also spoke to legislators about co-sponsoring or supporting a bill that would prohibit insurance companies from setting fees for non-covered services.

Dr. and Mrs. Karlowicz attended meetings with Dr. Philip Dixon and his wife, Carolyn, of New Philadelphia, who were attending Day at the Statehouse for the first time. They said Dr. Dixon has direct knowledge of non-covered services, so he was able to talk to legislators about his own personal experiences.

"He had a different perspective, and

I learned from his as well," Dr. Karlowicz said, adding that first time attendees can be just as successful at Day at the Statehouse as people who come every year.

Mrs. Karlowicz said having a team of dentists and dental students attend meetings together strengthened the message to legislators because they could each provide a different perspective and share their personal experiences.

"I would encourage dentists to be mentors and take students with them – they really add to the situation," Mrs. Karlowicz said.

Meeting with legislators

Most dentists received a positive response from the legislators they met with.

Hinkle said he got a positive response from both legislators he met with, and he has heard from other students that their meetings also went well.

"The legislators actually listened to us," he said.

Dr. and Mrs. Karlowicz spoke to two legislators, one with whom they have built a relationship and one they were meeting for the first time.

"You cannot create a relationship with a legislator on only visiting once a year," Mrs. Karlowicz said. "You definitely need to correspond with them throughout the

year on your issues."

She recommended that if a mid-level provider or non-covered services bill is introduced in the House or the Senate, attendees should immediately send an email to the senators and representatives they met with to remind them of the issue and see if they have any questions. She also said attending local events is a great way to build a relationship.

"If you have the opportunity to go to a fundraiser, even if it's just a coffee fundraiser, take the opportunity again to say hello and talk to them," she said. "If they can recognize you, it really strengthens that relationship."

Before meeting with legislators, dentists received a briefing on the issues and tips about how to discuss the issues with their legislators from David Owsiany, ODA executive director, and Keith Kerns, ODA director of legal and legislative services.

"Keith said you would get a rush," said Dr. Karlowicz of meeting with legislators. "You do! You feel like 'I'm talking to someone who's in the political arena, making a difference in the district.' I do the same thing, except in a different way. We're not all that much different."

Planning is already underway for the 2013 ODA Day at the Statehouse. Please contact Jackie Best at Jackie@oda.org to receive the latest updates on Day at the Statehouse and other legislative events.

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

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

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

A MESSAGE FROM THE OHIO DENTAL ASSOCIATION FOUNDATION

As the Ohio Dental Association Foundation continues its mission to improve the oral health of the citizens of Ohio and enhance the dental profession in the state, **we have expanded our funding focus.**

While we will continue to offer scholarships to established residents of our state studying at either of Ohio's two dental schools, we are now also poised to better serve our members and communities by funding grants for programs that can directly help improve the oral health of underserved Ohioans. Imagine the difference we can make to the start-up of a free dental clinic in Ohio, or helping to fund a mobile unit that travels to underserved areas of the state without the restrictions of being an education-only foundation.

The ODAF has given over \$547,000 in grants and scholarships to dental education in Ohio since 1995 – and your past support has helped make this happen.

- Your dollars have supported grants to dental residency programs in Akron, Canton, Cincinnati, Columbus and Youngstown.
- They have also funded community outreach programs at the two dental schools that serve our state's most vulnerable populations: children and the elderly.

Your donations have helped hundreds of dental students offset the cost of tuition and other dental school expenses.

- With the cost of four years of dental school in Ohio ranging from \$265,000 to \$343,000, our scholarships make a difference.
- In 2011, \$47,000 in scholarships was collectively awarded to 10 Ohio dental students.
- These students had an average dental school GPA of 3.843 on a 4.0 scale – and significant financial need.

Your continued support will help the foundation keep its funding momentum strong for future grants and scholarships.

As we look to the future of new fundraisers and planned giving, we offer the following suggestions as a simple and affordable way that you can make a **tax-deductible donation now:**

- Make a \$25 donation. If each of the ODA's 4,317 active members gave just \$25, the Foundation could give more than \$100,000 in additional grants to support oral health in Ohio.
- Establish a minimum pledge of \$1,000 payable at \$250 twice a year for two years.
- Donate any other amount or in any other manner that fits your budget and philanthropic needs.
- Donations can be made by mail to the ODA Foundation at 1370 Dublin Rd., Columbus, OH 43215, by phone to (800) 282-1526, or securely online at <https://oda.org/account/login.dT/donate/foundation/>.
- To make a donation or learn more about establishing a pledge or other forms of giving, call (800) 282-1526

Jack Spratt, DDS

Jack Spratt, DDS
Chairman, ODA Foundation



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Adjusting our moral compass

Kevin J. Hanley, D.D.S.

The *New York State Dental Journal*, January 2012

There was a time when dentists were also barbers. So were physicians. They were known as "barber surgeons," and they would cut your hair, remove hangnails, work on and extract teeth, cut out gallstones and perform other medical procedures. This was back in the Middle Ages, and I doubt these practitioners would have been ranked in the top five of respected professions.

However, as time progressed and science took over, the standing of dentists and physicians improved, and they were regarded as being among the most respected people in society. They were able to shake the snake-oil salesman image by utilizing sound scientific judgments in their treatments and putting the patients' needs first.

When I entered dental school, dentistry was one of the most respected professions in the United States. It consistently ranked in the top five, even though I constantly heard from people, when they would ask me what I was studying in college and I told them dentistry, that, although it was nothing personal, they hated the dentist. They may have hated us, but they sure respected us.

In the most recent Gallup poll about honesty and ethics in which dentistry was cited (2009), only 57 percent of respondents ranked dentistry as high or very high in these two categories. That

was down from 62 percent in a similar poll taken in 2006. Above dentistry in the 2009 poll were nursing, the most respected profession in the survey, druggists, medical doctors, police officers and engineers. And the trend seems to be continuing downward.

At the ADA Annual Session in October, Ann Boyle, interim provost and vice chancellor for academic affairs at Southern Illinois University, maintained that a Google search on health profession scandals would generate more hits for dentistry than medicine, chiropractic, nursing and pharmacology. If true, this is a frightening development. I did do that Google search, using "ethical scandals in the health professions," and did not generate many hits about dentistry at all. It seemed the most hits were about Dr. Doyle's lecture itself. However, the causes of such results, if they are there, are familiar.

Self promotion and commercialization of dentists and dentistry and promotion of excessive treatments are among the major causes of this downturn. We see it every day with the explosion of advertising in all forms of media, whether print, radio, video or online. Is it any wonder the public feels that dentists have only their own self interests at heart? With all this bombarding of their senses, what else are they to think?

I recently read a very funny blog online about why dentists hate their patients. It went into all the things we must put up with to treat patients: How the patient doesn't really think it's bad to be late for an appointment, or to blow it off totally, or how they complain when the treatment hurts due to their own self-neglect, as well as a host of other such niceties we deal with every day in our professional lives. I read readers' comments that were attached at the end of the article. The very first comment had to do with how much dentistry costs and the suggestion that the dentist is only in it for the money. I just shook my head sadly.

But that seems to be the public perception of dentistry these days. Who can blame them? When a patient can go to 12 different dentists and get 12 different opinions, it makes for some confusing situations. And 12 different opinions are what I would expect. Each dentist has his or her own view about what constitutes appropriate treatment. Each is comfortable doing certain procedures and uncomfortable doing others. Each will be motivated by his or her own inner compass.

Dentistry is not an exact science, and it is open to interpretation. However, what is not open to interpretation is the ethical treatment of our patients. We are obligated to treat each patient ethically

and to the best of our abilities. We must not suggest treatments that would violate this principle. And this is where some dentists seem to get into trouble. These are the dentists who do not have the proper foundation on which to make ethical decisions.

Ethics is being taught in the dental schools in an attempt to address this problem. Ethics courses are offered as well to practicing dentists to help them make the right choices when treating patients. As we all should know, here in New York State, the ethics course is a requirement for licensure. It is hoped that such courses will help practicing dentists make the correct choices when faced with an ethical dilemma.

Unfortunately, we may be swimming against the tide. Ethics is instilled in a person early in his or her development. If that training is not there from the beginning, trying to implant it in a mature adult can be very difficult. But this is a battle we must continue to wage, for we owe it to ourselves, our profession and, most importantly, the public who trust us with their care.

To do anything less would be... unethical.

Annual Session set for groundbreaking event to include national speakers

ODA Staff

The stage is set for the 2012 Ohio Dental Association Annual Session, Capture Your Potential, September 13 - 16, 2012, in Columbus, Ohio.

"It's a special meeting," said this year's Annual Session General Chairman, Dr. Nanette Tertel, of the event scheduled at the Greater Columbus Convention Center. It's made special, in large part, because members of the Annual Session Committee visit major conventions around the country to find just the right mix of speakers and events for the Ohio meeting.

"We see all of the major speakers that are on the circuit," Tertel said. "We bring the very best of those major meetings back to Columbus."

This year, attendees will have the

opportunity to take continuing education from such luminaries in the profession as Drs. Robert Edwab, Corky Willhite, Lee Ann Brady, Gary DeWood, Douglas Lambert, John Flucke, Ross Nash, Martin Trope and Brian Novy. And great lectures are just part of the educational experience. Most of this year's clinicians will also be presenting hard to find hands-on workshops. Dental team members and front desk staff will also be interested in speakers Kirk Berhendt, Lacy Phillips, and Judy Zack Bendit, RDH.

Another great feature for team members will be the Plaque Attack Track, featuring a variety of speakers and topics all set in one room. The different speakers come into the same room, so staff can comfortably stay in one classroom without worrying about getting to different presentations in unfamiliar locations on

time. The featured presentations are not repeated on any day so there is no concern with doubling-up on CE. After attending each Track, attendees receive an itemized CE slip to document each separate presentation.

With more than 200 companies represented, the ODA's Exhibit Hall is the largest dental exhibition in the five-state region. From toothpaste to lasers, the hall offers the best opportunity to comparison shop under one roof. The 2012 ODA Exhibit Hall hours will be from Noon to 6:30 p.m. on Thursday, September 13; 10 a.m. to 6 p.m. on Friday, September 14; and 10:00 a.m. to 2:00 p.m. on Saturday, September 15. The Thursday evening opening reception in the Hall from 5 to 6:30 p.m. will again offer attendees the opportunity to shop in a fun and festive

See ANNUAL SESSION, page 11

New infectious waste regulations proposed

ODA Staff

A bill recently introduced in the Ohio Senate would make significant changes to the definition of infectious medical waste, alter disposal requirements for that waste and require that all generators of infectious wastes register with the Ohio Environmental Protection Agency (OEPA).

Under the Senate Bill 294, which was introduced on February 9, 2012, all infectious waste generators would be required to register with the OEPA. Additionally, a generator which produces more than 50 pounds of infectious waste per month would also be required to pay a \$50 fee along with the registration. Registration renewal would be required every two years.


The new registration structure would be a significant change from current law, which does not impose any registration requirement on small generators of infectious waste, defined as entities producing less than 50 pounds of waste per month. The vast majority of dental offices are considered small generators.

The bill also broadens the definition of infectious waste to include human blood and all "substances that were or are likely to have been exposed to or contaminated with" an infectious agent along with other wastes that are currently considered infectious wastes, such as sharps and laboratory wastes.

Senate Bill 294 could also change the way that small generators dispose of infectious waste. Current law allows a small generator to dispose of properly packaged untreated waste in the solid waste stream. Senate Bill 294 may alter this process and require small generators to treat the waste or utilize a special medical waste hauler to dispose of the infectious waste.


"The ODA is closely monitoring the bill and will work to ensure that any regulations are based in sound science and do not overburden dentists," said David Owsiany, executive director of the Ohio Dental Association.


The bill is assigned to the Senate Agriculture, Environment & Natural Resources Committee for consideration.



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ODA Meeting & Event Calendar

Apr.

- 6 ODA Office Closed for Holiday
- 13 ODASC Board Meeting
- 20 Callahan Memorial Commission Council on Access to Care & Public Service
- 27 New Practice Symposium

May

- 11 Statewide Subcouncil on Peer Review Meeting
- 17 Council on Membership Services Meeting
Executive Committee Meeting
Annual Session Committee Meeting
- 18 Executive Committee Meeting
Subcouncil on the New Dentist Meeting
- 18-19 ODA Leadership Institute (Hilton Columbus/Easton)
- 19 ADA Leadership Nomination Committee
- 28 ODA Office Closed for Holiday



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Operation T.A.C.T.I.C. continues to prove importance among young adults

The 2012 report of U.S. Surgeon General Regina Benjamin, MD, MBA, "Preventing Tobacco Use Among Youth and Young Adults" states "rates

of smokeless tobacco use are no longer declining, and they appear to be increasing among some groups."

Based on recent Ohio tobacco use surveys, Ohio is one of the "groups" seeing an increased use of smokeless tobacco in youth.

The Surgeon General's report cites that 1 in 10 high school seniors nationally use some form of smokeless tobacco. The Ohio Dept. of Health's 2011 Youth Risk Behavior Survey reports 27.7 percent of Ohio high school seniors surveyed said they used smokeless tobacco at least once within the previous 30 days, with the average use by students in grades 9-12 at 21.1 percent.

The 2008 Ohio Youth Tobacco Survey, conducted every two years by the ODH, shows smokeless tobacco use at 5.6 percent for middle school males and 17.2 percent for high school males. In 2000, those percentages were 8.2 and 15.3 among middle and high school users respectively. However, in 2002, 2004 and 2006, percentages of smokeless tobacco use by male students in Ohio declined before rising again.

The Surgeon General report also states that "nicotine is just as addictive as heroin and cocaine," and that teens are more sensitive to nicotine and can become dependent quicker than adults.

Educating young adults about the risks of smokeless tobacco can help prevent and reduce use in Ohio – and the Ohio Dental Association's Operation T.A.C.T.I.C. (Teens Against Chewing Tobacco in the Community) program is a good resource to help spread that message.

The video alone is compelling enough to make anyone stop and think. It tells the story of an Ohio man who started using smokeless tobacco in 1984 at the age of 13. In 2002 – only 31 years old – he died of cancer after extensive surgeries resulting in the removal of his tongue and the loss of his voice. Kevin left behind a widow and two young sons. A two-minute video segment is available online at <http://oda.org/community-involvement/operation-tactic/> – the entire video is 13 minutes long.

The TACTIC program materials contain information, statistics, activities and other



resources to help the presenter educate program participants. Incorporating this program into school health and diversion programs, and community education events is a good way to spread the message about the health risks and potential dangers of smokeless tobacco use. As it is reported that children as young as 10 start using smokeless tobacco products, early education and intervention can make a difference.

For the past several years, Operation T.A.C.T.I.C. presentations have been requested at a number of annual school/community events in Ohio, with dentists and school nurses presenting to hundreds of students from elementary through high school grades. This trend continues in 2012, with events already scheduled this spring in Allen, Morrow, Portage and Putnam counties

Dr. Jennifer Kale, chair of the ODA's Council on Access to Care and Public Service, presented the T.A.C.T.I.C. program to about 180 middle and high school students in the Windham Exempted School District in Portage County on March 21 as part of a tobacco awareness program at the school. Unfortunately, she said, smokeless tobacco use seems to be very prevalent in this community. "Several students admitted that they regularly used smokeless tobacco, and the majority said they have family members who also use it regularly." The program was well received, she said, adding that the visuals of Dipper Dan and the T.A.C.T.I.C. video particularly made an impact. "The kids could actually see the physical damages that can be caused by smokeless tobacco use, instead of just being told about it."

Operation T.A.C.T.I.C. comes in binder and VHS format, or CD-ROM or DVD versions which contain the video and written materials in PDF format. The program is \$52 plus shipping (and in Ohio, appropriate Ohio sales tax by county). The ODA also has Dipper Dan, a series of three typodonts, available to lend members for large group presentations.

To order Operation TACTIC for your office or to give to a school, contact Laura at (800) 282-1526.

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Dental Insurance Corner

Procedure codes continue to evolve with dentists' input

Christopher A. Moore, MA
ODA Director of Dental Services

The newest version of the American Dental Association's Current Dental Terminology (CDT) will take effect on January 1, 2013. It will be the culmination of much work at the ADA and particularly the ADA Council on Dental Benefit Programs (CDBP) and its newly formed Code Advisory Committee (CAC).

The CDT will then be revised and updated on an annual basis.

Even though the new code will not be effective for many months, dentists who would like to see changes made to the current CDT should start developing their suggestions now for possible inclusion in the 2013 version.

The CAC will be working on the code throughout the summer. Any dentist, or for that matter any person or organization, who has code revision recommendations should submit it to the ADA by June 1, 2012.

In developing code revision recommendations, it is important to remember the stated purpose of the CDT, i.e., "to achieve uniformity, consistency and specificity in accurately reporting dental treatment." It should also be noted that inclusion of a particular code does not mean that it will be covered as a benefit by third party payers.

Some within the dental insurance community have concerns with the ADA's new process for revising the CDT. Under the old process, an ADA committee known as the Code Revision Committee (CRC) was comprised of an equal number of dental professionals and third party payer representatives.

The CRC was set up in response to an August 17, 2000, action by the federal government to designate the ADA CDT as a HIPAA standard code set. This designation ensured that the current version of the ADA CDT was the standardized code that all had to use and recognize when submitting or processing electronic dental claims. For practical purposes it also effectively made the CDT and the ADA claim form the standard for use with paper claims.

Some may remember at the turn of the century that major players within the

dental insurance industry had developed their own dental procedure codes which were different from the ADA CDT. The existence of two codes represented significant concerns relative to uniform coding and communication as well as who would ultimately control the codes that dentists used to communicate the treatment and services they had provided.

Designation of the ADA CDT as a HIPAA standard code set was hailed at the time by many within the dental profession as a significant accomplishment for standardizing dentist-third party payer communications.

In the following decade, the CRC served to make decisions relative to the CDT in accordance with the initial term of the legal settlement that served as the basis for designating the CDT as a standard HIPAA code set. The ADA has reported that while the legal settlement remains in effect, those involved in agreeing to it are now in a different term of the agreement, a term that does not call for the CRC's existence.

In response to complaints that the CRC needed to be more responsive to the needs of the profession and the public, the ADA has created the CAC and its new process for revising the CDT. For example, one concern with the old process was that tie votes were a relatively common occurrence because the CRC was comprised of an equal number of dental professionals and third party payer representatives. A tie vote could significantly diminish the chances of a proposed code revision from being ultimately adopted. At times minor differences of opinion seemed to stonewall the progress.

The ADA is reaching out to all stakeholders to be involved in the process, including third-party payers and dental specialty organizations. Many within the dental profession believe the new CAC process will better meet the needs of all involved.

They argue the new process will be more responsive to an evolving profession. In a recent online *ADA News*, ADA CDBP chairman, Dr. Jim Richeson said, "a code set that provides specificity is also needed to allow dentists to code for what they do. This has always been the position of the ADA; that dentists must

accurately code for the procedure that is performed, not for any other reason, including maximizing claims adjudication. It is only possible to fulfill that mandate if the code set provides the means to accurately and specifically code for what a dentist does. Having an accurate code for each procedure performed does not mean that there will be a third-party payer benefit provided for the procedure."

"This is consistent with the stated purpose of the CDT Code. All procedures need a means to record and report them but not all procedures will have a reimbursable benefit," Dr. Richeson said.

According to the online *ADA News*, if a dentist provides a service that is not adequately addressed in the CDT, then he/she "is forced to record a code that only comes close to correctly describing the service rendered, or must use an unspecified code, usually with the last three digits being 999."

Dr. Richeson notes that "since claims data is mined for numerous purposes, accuracy and specificity in the CDT Code are essential."

As mentioned earlier, some on the payer side of the argument have concerns with the ADA's new process for revising the CDT.

Dental benefit plans contend they do not want to reimburse for services or procedures that have not been proven to be effective or for codes that are developed simply as a means of unbundling inter-related services from an overall procedure in order to create more billable items. They are also concerned that the existence of a code can give an unproven procedure undeserved credibility.

ODA member dentists, however, should not let these concerns deter them from submitting their code revision recommendations.

"I encourage ODA members to participate in the code revision process by submitting their recommendations on how the procedure code can be improved," said Sharon K. Parsons, D.D.S., chair, Council on Dental Care Programs and Dental Practice (CDCPDP). "If members feel that changes should be made to the CDT, they can do something about it."

Dentists who want to submit their

ideas may find it helpful to know the guidelines the ADA Board of Trustees has established for use by the CDBP in its code evaluation and decision process. They include:

- Code change request evaluation should be based on the need for documenting procedures based upon the patient's dental needs and not on services covered by any applicable dental benefit plan.
- Procedures that are being provided by dentists to patients should have a code available for documentation.
- Procedure code nomenclatures and descriptors should be clear and unambiguous.
- Nomenclatures and descriptors address the manner in which the procedure is delivered, and should not include references to time intervals when the procedure may be reported, or limitations on reporting with other procedures.
- The alleged potential for abuse or fraudulent use of a code should not be considered as an evaluation guideline.
- Community standards of care should not limit consideration of other evaluation criteria.

Inquiries about the code revision process should be directed to ADA CDBP staff at 800-621-8099, 312-440-2500 (direct dial) or dentalcode@ada.org.

The Ohio Dental Association is also active in the code revision process. The ODA Dental Insurance Working Group and its parent council, the CDCPDP, review code revision recommendations that are submitted to the ODA by member dentists who would like to solicit the ODA's support for their ideas.

Dentists who want to utilize this mechanism should provide the ODA with a copy of the information they provide to the ADA. This information, along with a request for the ODA's support, may be submitted to the ODA Dental Insurance Working Group at 1370 Dublin Road, Columbus, Ohio 43215 or via fax to (614) 486-0381 or via email to chrism@oda.org.

Editor's note: Dental Insurance Corner is intended to offer information and general guidance but should not be construed as legal advice and cannot be substituted for the advice of the dentist's own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances. ODA members who would like to submit a dental insurance related question, problem or concern may do so by sending the appropriate information to the ODA Dental Insurance Working Group, 1370 Dublin Road, Columbus, OH 43215, or 614-486-0381 FAX, or chrism@oda.org.

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

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ODA Foundation prepares for 2012 scholarship and grant process

ODA Staff

The ODA Foundation achieved a significant milestone last year – surpassing the half million dollar mark in scholarships and grant awards.

Since 1995, over \$547,000 has been awarded for dental education in Ohio. Over the past several years, contributions and proceeds from the Foundation’s former raffle fundraiser specifically helped hundreds of future dentists and other aspiring dental professionals offset the cost of tuition – and made a difference for thousands of Ohioans through grants to community education programs. The Foundation also awarded grants to dental residency programs in Akron, Canton, Cincinnati, Columbus and Youngstown that enhanced their residency curriculums and educational outreach programs.

Foundation grants have helped Ohio’s two dental schools develop and expand community oral health education programs that serve our state’s most vulnerable populations: children and the elderly.

The Foundation is expanding its focus to include not just dental education related causes but also other important oral health programs including those targeted at addressing access to dental

care. The Foundation now has the opportunity to make a bigger difference to Ohioans in need by funding programs with a direct patient care component.

ODA members, community organizations, health professionals, and others are encouraged to look at the ODA grant application and guidelines online, and to encourage eligible programs to apply for a 2012 grant. All grant applications must have a letter of support from their respective component dental societies and meet criteria as outlined in the application.

The Foundation will continue to provide scholarship opportunities to dental students entering at least their second year this fall at the Case Western Reserve University School of Dental Medicine and The Ohio State University College of Dentistry, with demonstrated academic excellence and financial need.

“With the cost of four years of dental school in Ohio ranging from \$265,000 to \$343,000, our scholarships do make a difference to dental students,” said Dr. Jack Spratt, chairman of the ODA Foundation. Funding on a smaller scale will also be available for strong applicants entering an Ohio EFDA program later this

year.

The Foundation grant and scholarship applications are available online at [http://oda.org/community-involvement/oda-f-grants-and-scholarships/](http://oda.org/community-involvement/oda-foundation/oda-f-grants-and-scholarships/).

The Foundation Board of Trustees continues to raise funds from member dentists in order to continue and expand its good works. ODA members can continue to support the ODA Foundation through donations or by planned giving. Donations can be made by check or credit card and mailed to the ODA Foundation at 1370 Dublin Rd., Columbus, OH 43215, or by calling (800) 282-1526. Donations can also be made securely online at <https://oda.org/account/login.dT/donate/foundation/>.

For additional information, visit the



A mobile dental unit, Smile Station, will soon begin to serve patients in Mahoning and Trumbull counties. The ODAF awarded a grant to help with this new unit for the St. Elizabeth’s Dental Primary Care Residency program in Youngstown in 2011.

Foundation online at <http://oda.org/community-involvement/oda-foundation/> or call Kathy L. Woodard, director of the ODA Foundation at the number above.

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

Each year, a list of ODAF donors who have given more than \$500 to the Foundation is published in ODA Today. This is the list of donors who achieved that level and above as of December 31, 2011.

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Deans to host roundtable discussion at Leadership Institute

ODA Staff

The Ohio Dental Association's 2012 Leadership Institute will feature a dean's roundtable, where the deans from three dental schools will discuss issues facing the dental profession.

Dr. Jerold Goldberg, of Case Western Reserve University School of Dental Medicine; Dr. Patrick Lloyd, of The Ohio State University College of Dentistry; and Dr. Marsha Pyle, of the University of Missouri-Kansas City School of Dentistry, will participate in the roundtable discussion, where topics will include access to care, mid-level providers and more.

Dr. Pyle said the biggest issue she sees in the dental profession is the role of dentistry in health care.

"The critical aspect of this issue is whether oral health care is a right or a

privilege, and whether we believe, as the 2000 Surgeon General report indicates, that you cannot have health unless you have oral health," she said. "It factors into the discussion of access to care and how we work in relationship with other health professions for the ultimate benefit of each patient's care."

Dr. Lloyd agrees the biggest issue facing dentistry today is access to care, and finding the right partners to address the issue is essential.

"While many outside the dental profession believe the current lack of oral health care available to many Americans is exclusively 'a dentistry problem,' there is overwhelming evidence that this gap in services is, in actuality, a societal problem," he said. "Our challenge now is to determine which organizational,

industrial, and governmental groups will be the best and most effective partners in creating a system that overcomes the myriad barriers to oral health care."

Dr. Pyle said significant disparities in oral care exist among different populations, and a complete structural overhaul may be needed to eliminate these disparities. She also said dentists and other health care professionals should have a strong understanding of each other's roles and work together to provide patients with the care they need.

Dr. Lloyd said it is important for dental professionals to collaborate with other groups to solve this problem.

"The future structure of health care in our country will be based on collaborations and partnerships," he said. "Addressing access to oral health care issues with

such an approach will help expose the complexities of the issue, and it will demonstrate our resolve to find practical and meaningful solutions."

In order for changes to be possible, Dr. Pyle said the high cost of education needs to be addressed.

"It is a factor in access to care from two perspectives," she said. "Because of the high cost of dental education, our profession is becoming more unreachable for those from less affluent backgrounds.

For students willing to take on high debt to pay for school, the debt load upon graduation influences the choices new dentists can make to start their professional careers. Personal choice to volunteer in underserved areas or choose a career as an educator is already a

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Help! I've been Yelped! Be proactive about your online reputation

Kris Anderson Peer Review & Ethics Coordinator & Kelly Isackson Electronic Communications Coordinator at Wisconsin Dental Association

The World Wide Web is today's version of the wild frontier or the Old West. There are few laws and it's every man and woman for themselves.

That is why it's more important than ever to take control of your online reputation.

You have one (like it or not). If you've "Googled" yourself recently, you know that. There is no opt-out option.

It's important to be proactive in managing your online reputation. Also important is to keep in mind that dentistry is more unique than most professions, because it has additional considerations like patient privacy laws. The American Dental Association Code of Ethics states: The dentist has a duty to respect the patient's rights to self-determination and confidentiality.

Unfortunately, this doesn't prevent patients from talking about you online.

A few dentists with good reputations and clean records learned the hard way. Each made national headlines after falling victim to negative online patient reviews and campaigns.

Dr. Yvonne Wong of California was the subject of a negative review on Yelp.

The review read, in part, "Let me first say I wish there is a '0' star in Yelp rating... She treated two cavities...but my son w lightheaded for several hours... The metallic filling...has a small trace of mercury in it. I regret ever going to her."

Ouch. Dr. Wong had three options: 1) ignore it entirely; 2) contact the reviewer offline and address her concerns; or 3) file a lawsuit.

She chose option #3. Dr. Wong sued the reviewer and Yelp for libel, slander and intentional and negligent infliction of emotional distress.

The court ruled in favor of Yelp and the reviewer. Historically, third-party platforms have been immune in cases like this. The court ordered Dr. Wong to pay \$81,000 for the defendants' legal fees.

This is an example of a dentist who unintentionally turned one small Web posting into an avalanche.

Many think this unfair, but dentists often don't have an opportunity to respond to unfair online ratings due to patient privacy.

Simply acknowledging that a commenter is a patient can violate privacy rights. And, those rights aren't necessarily waived when a patient posts publicly.

Also, it is difficult to prove fact versus opinion. Dentists usually lose when the courts rule that patients' Internet comments are privileged commentary and opinion, to which they are entitled.

Then, there is the case of a California pediatric dentist, Dr. Edward Dove, who unwittingly became the star of the "I Hate Dr. Dove of Bakersfield" Facebook page.

The parent of one of his patients created the page after he claimed Dr. Dove extracted his son's teeth without anesthesia.

The page had more than 200 fans in less than 48 hours.

This example underscores how quickly people can mobilize online and the growing impact social media and review sites can have on a dentist's reputation.

You aren't powerless

Our intent is not to make you feel powerless, but to empower you with what you can do if someone posts something

negative about you online.

First, federal privacy laws do make it difficult for dentists to address individual patient complaints in a public forum, but nothing prevents you from talking generally about your practices and procedures.

Make sure your website features extensive information about your services, policies and staff. If people are compelled by what they read about you online (good or bad), they will likely visit your website.

Get media attention for your charitable care efforts. For example, if you volunteered for Give Kids A Smile® or other association volunteer programs, use the press release templates provided to members and submit to your local newspaper.

Second, get in touch with patients who have complaints and address their concerns offline. If you know who posted the negative comments and they are a patient, call them. Many times disgruntled patients just want to be heard. Giving them that opportunity might persuade them to update or remove the review. It has happened before.

Finally, people expect even the best businesses to have a few negative reviews. If you're a dentist with dozens of positive reviews, don't sweat the occasional 1-star rating.

Be proactive, not reactive

Effectively handling crises and negative online comments requires a proactive – not reactive – approach.

Proactive requires you to:

- Develop a plan outlining how your office will handle negative comments in the online community
- Build a positive reputation for your

practice which is easier and more effective than simply reacting to negative comments posted by others

- Not necessarily ignore negative comments, but reach out to online reviewers if you know who they are and open the lines of communication

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Dr. William Leffler reappointed to Ohio State Dental Board

Gov. John Kasich has reappointed Dr. William Leffler to the Ohio State Dental Board.

Dr. Leffler served one term on the board with distinction from 2007 to 2011 and has served as secretary. He was recommended for reappointment by the Ohio Dental Association.

Dr. Leffler is a past president of the Stark County Dental Society, past chair of the ODA's Council on Dental Care Programs and Dental Practice, and past chair of the American Dental Association's Council on Ethics, Bylaws and Judicial Affairs.

Dr. Leffler earned his D.D.S. from The Ohio State University School of Dentistry and has been in the private practice of dentistry since 1978. He earned his B.S. from Grove City College and his J.D. from the University of Akron School of Law. Dr. Leffler practices in Massillon, Ohio.

The ODA recommended Dr. Leffler as a strong candidate for reappointment to the Ohio State Dental Board after the ODA Executive Committee conducted extensive interviews to find the most qualified candidates.

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ANNUAL SESSION, from page 6

atmosphere, without competition from other events or programming. New this year, the ODA is offering an Exhibits Only Pass on Saturday, September 15, 2012. Any dentist or staff member can register to just visit the Exhibit Hall for no fee. The Exhibits Only pass is good only on Saturday, and does not include any advantage of other registration categories. Registrants in this category may not register for any CE courses – free or paid, can not attend the Table Clinics, can not receive any CE credits, or receive any other benefit included with other Annual Session registration categories and fees. Exhibits Only passes, or any other materials, will not be mailed and should be picked up at the on-site registration desk during Saturday Exhibit Hall hours, 10:00 a.m. to 2:00 p.m. on September 15, 2012.

The ODA's governing body, the House Of Delegates, will once again be meeting during Annual Session on Thursday and Friday, September 13 and 14. All ODA members are welcome to observe the delegate sessions.

One schedule note, selected CE courses will be available on Sunday, September 16, but all programming will end by 2:00 p.m. in respect of the Jewish holiday, Rosh Hashanah, which begins at sundown that day.

Detailed information including schedules can be found on the ODA's website www.oda.org in May.

The Ohio Dental Association has negotiated special rates at designated hotels.

Call your hotel of choice directly and indicate that you wish to secure the ODA Annual Session rate. You must request the Ohio Dental Association rate, otherwise you may be charged a higher rate. The following hotels have ODA Annual Session room blocks. Depending on the hotel, reservations may be required to be guaranteed by a deposit equal to one night's rate.

Hyatt Regency
Headquarters Hotel
350 North High Street
(800) 233-1234; (614) 463-1234
Single: \$158; Double: \$168

Crowne Plaza
33 Nationwide Boulevard
(800) 227-6963; (614) 461-4100
Single: \$149

Hampton Inn
501 North High Street
(800) 426-7866; (614) 559-2000
King: \$129; King Suite: \$159

The Drury Inn
8 E. Nationwide Blvd.
(800) DRURY INN; (614) 221-7008
Single or Double: \$127

The Columbus; A Renaissance Hotel
50 North Third Street
(800) 468-3571; (614) 228-5050
Single or Double: \$127
Group Code: ODA





The Explorer

Matthew J. Messina, DDS
Executive Editor

TMI

As many of you know, I read extensively outside of dentistry. I try to see what is going on in the world of business and attempt to find parallels to the practice of dentistry. Respected marketing guru Seth Godin was blogging recently about what he called "Information Density." From a marketing perspective, he was asking "How many choices should your customers have?" He was examining how much information should be presented, and how quickly are you asking for people to grasp the concepts and make choices?

His conclusion: "When talking to a stranger. . . to someone who isn't committed, the best path is clarity, which means simplicity. Few choices, no guessing, no hunting around."

"When talking to a fellow professional, a peer, or someone in the same groove as you, the goal is to maximize the useful density of choice. Put as much power in the hands of the user as possible."

"If you're a frustrated user, it's likely that the marketer/presenter/doctor has made a mistake and either split the difference in how much information and power was conveyed or missed the mark entirely in one direction or the other."

Seth Godin has hit the nail on the head with regards to the issues of informed consent and treatment presentations in the health professions.

With regards to informed consent, we

have been told that we need to provide the patient with all the relevant information to allow the patient to make a decision as if they understood the risks and benefits as well as we do. For the patient who is deeply involved with their care, informed consent is relatively easy to achieve with a little effort on our part. When the patient is "in the same groove" with us, they own their condition and share in the discussions of treatment options and goals.

Our challenges are with the patient who "isn't committed, a stranger." They are unable to understand the myriad of information we can provide because they do not own their condition yet. Our goal would be to provide clarity and simplicity for them. Our challenge is to find clarity without oversimplifying the situation. The delicate balance in treatment planning has always been to provide the patient with information and choices at a time and depth that they are ready and able to receive. I have seen mistakes made on both ends of the spectrum.

My father was diagnosed with cancer five years ago. His oncologist is a talented and well-respected member of his field. He sat my father down and handed him photocopies of 36 pages of clinical studies detailing the treatment options available. He urged my mom and dad to read them over the weekend and let him know their choice on Monday.

In his mind, he had relieved himself of his duty to provide informed consent. He had given my father all the relevant information regarding risks and benefits of treatment. The physician had not in any way influenced my parent's decision. My dad is a very smart man, but he's not a physician. He had been given all of the relevant information, but it was useless to him since he had no frame of reference to put the findings into perspective. He had been given all of the power to make

the decision, but had no way to come to a conclusion.

We have also seen patients who are interested in their care, but who have been given limited options by their doctor because the doctor knew best what was in the patient's best interest. These are value judgments being taken away from the patient due to the paternalistic nature of the practice of medicine and dentistry.

Where health care was almost exclusively paternalistic in the past, the pendulum has swung to the patient side in decision making recently. This is a good thing overall, but successful empowerment of the patient requires a high level of effort on the part of the physician or dentist.

At a time where there is more information available than ever before, it is our responsibility to help patients filter that information and make informed decisions. That filtering is less about our assessment of the information than it is about our understanding of the patient. It is only when we know our patients as individuals that we can help them by correctly identifying their needs.

In this age of TMI (too much information), our presentations to patients require a high level of sophistication and a gentle touch to truly help them find their way to health. As professionals, we understand the information, but only as the patient's friend can we see what is relevant to them as they make decisions. Given the overwhelming information density present today, our goal should always be clarity - the clarity that comes from knowing and understanding who our patients are and what they value.

The old adage is "people don't care how much you know until they know how much you care." That has never been more true!

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



It's Your Choice

Robert Buchholz, DDS
Guest Columnist

Don't ever forget about 'IT'

During my professional career I've dealt with four, two by direct contact while the other two were via seminars or they made contributions to this publication. Three had a 'Patient First' bias and one was fiscally focused. Three of the four I've mentioned in op-eds.

My 'Three Amigos' are, in no order of favoritism, Gary Henschen, Dr. Ron Arndt and Ms. Sandy Roth. For a young practitioner I wouldn't hesitate to recommend their practice management services.

The remaining individual I'll refer to as 'It'.

'It' was everything advertised. 'It' came with a guarantee to increase my gross production by 30 percent. Since at that time I was part of a three man group practice, and a minority shareholder, an increase such as that was significant. This is how 'It' backed the guarantee.

'It' immediately raised fees 10 percent across the board, with no exceptions. 'It' also had a unique concept of diagnosing treatment. Without the patient being present, 'It' would pull the latest bitewing radiographs from the patient folder, hold them above head level to achieve optimum fluorescent light and pronounce repeatedly, chart after chart, this patient needs a "quadrant of crowns." If a tooth

had a previously placed MOD amalgam then a crown was needed...now! No consideration was given to the buccal lingual width of the restoration. My head was spinning after the first morning of consultation. I wanted to ask, "don't you think the patient should be examined before you condemn three teeth to be crowned?" But psychologically I knew it was best to hold my 'powder.' I glanced at an associate and he was looking askance at 'It' and I knew he agreed with my thoughts that "this is nuts," and both of us weren't going to adopt this philosophy of practice.

To top things off, when we went to lunch, before we dined, 'It' insisted that all of us (staff) bow our heads and pray. And pray I did, but 'It' didn't get sick from lunch, dinner or breakfast, and the office remained closed for an entire week as 'It' continued to preach the gospel of greed.

'It' flourished in the '80s. Some dentists bought into the philosophy and others refused. I was saddened when I received a call from the Secretary of the state Dental Board. He asked, "Would you give Dr. X (an "It" disciple) a call, because I can't... tell Dr. X (for us) that we (the Board) are receiving complaints over diagnosis", in other words...have him wise-up.

"It" was the impetus for writing the editorial which recommended that practice management gurus should be licensed. I hypothesized that the American College of Dentists might be the vehicle that could shepherd such a program. Dr. Steve Simpson, the liaison for the ACD in Ohio, thought the same, and asked the Board of the ACD to place the editorial and topic on their agenda, for review, at the national meeting, last Fall in Las Vegas. Dr. Gordon Christensen also wrote a letter supporting my editorial concept.

Steve and I share the same ideal, if you

don't ask the question you don't get an answer.

Alas, the ACD Board met and adjourned with "no action to be taken" on our concept. It's not that they didn't agree with our thoughts and ultimately, our concerns for the profession. According to Dr. Steve Ralls, the ACD executive director, they all believed it was a "good idea." Their association doesn't have the staff, finances and logistics to implement a program of this importance.

Dr. Ralls believes that perhaps the ADA and its C.E.R.P. program could be the vehicle for monitoring the ethics of practice management consultants.

Right now the ACD is more concerned with "corporate dentistry" Ralls stated. Better known as 'DSOs' the ACD is scrambling to deal with them.

Their worry has merit, verified by a source, who desires to remain anonymous. Their experiences were shared via e-mail, through a third party friend of mine, after meeting(s) with the former CEO of a large corporate dental entity.

These are a few of the (supposed) quotes of this CEO:

- "If a doctor can do one crown he can do two"-if two, then four"
- "Adult sealants are grossly underutilized"
- "A practice that grosses \$700,000 can always do \$1,200,000 in a short time"
- "The dentist gets 30 percent, hygiene collections should be in the 50 percent range and we (the corporation) will negotiate the best supply deals and the highest reimbursement rates because of our (market) size,"

Such bravado. He must have hired several "Its" to accomplish his ventures.

While Dr. Ralls would like to defer to the ADA for oversight of my weighty

See BUCHHOLZ, page 13

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Between the Lines

Ken Jones, DDS, JD
Guest Columnist

No Clue

"Lawyers spend a great deal of their time shoveling smoke." Oliver Wendell Holmes Jr. (1841 - 1935) Actually, they're not the only ones.

Ok, this month, for better or worse, I'm taking off the non-latex rubber gloves and putting on the legal, boxing ones. (And, as my disclaimer, this column should NOT be construed as legal advice.) If you do want legal advice from me, then get out the checkbook, because some of the messages I've gotten recently show that many of you just don't have a clue.

Some notes for young dentists (and a lot of older ones, too):

Board policy defines how much you can charge to copy records and x-rays for a departing patient. That same policy and our own dental ethics say that you can't refuse. My view is that you're stupid if you do refuse. You open yourself up for legal action, and those patients will never be back. My experience says that if you're nice to them, in spite of the current rejection, at least some of them will return to your care. (And they don't repeat nearly as many nasty things to their friends about you either.)

Not every practice management guru is competent to tell you how to practice ethically. They may enable you to fool yourself into thinking that making a lot of money is the be-all and the end-all of your professional existence, but for the good

ones of you out there, patient health is the right goal. A good living will come as a result. If your proudest accomplishments are the number of implants, crowns and deep scaling you can convince patients to let you do, you're just an ethical dilemma waiting to happen.

So, if your employer wants you to over-diagnose or diagnose up to a several thousand dollar fee for every patient, resist, even if it means looking for a new job or getting out there on your own in private practice. And if that philosophy is your ideal practice already, get a grip on your ego. Not every patient wants or needs the extreme makeover that would make you (or your employer) lots of bucks. Don't over-state the need and don't try to make a fortune overnight at someone else's expense.

Understand that Medicaid fraud is a federal offense. There have been and will be federal indictments. Think about how long it took you to get through your undergraduate and dental school years. Think about never again having a license.

Along the same train of thought, understand that your improper personal use and improper prescribing of narcotics is usually a state offense, although it could go federal, depending on the circumstances. Think about how long it took you to get through your undergraduate and dental school years. Think about never again having a license.

Professionals who deal narcotics are a bane on our existence. Yeah, maybe you don't personally put the Percocet in their mouths, but writing the prescriptions for patient after patient is just as bad. You and I both know a lot of those pills end up where they shouldn't. Ask the guys around the state who've been indicted recently.

I've spent some time looking at online advertising again. Repeatedly, the words "unethical," and "misleading," and "undue influence" come to mind. State law

requires the owner dentist's name be on the advertising. It's your responsibility, not the guru who sells you your website. Also, remember that "testimonials or endorsements may be made only by patients of record." It gets pretty obvious when your staff "likes" every entry on your Facebook page just to build your numbers. And I'm still amazed by how many offices those two or three constantly pictured women frequent as patients.

Since social networking is the coming thing in business, it behooves you to think a little before you post something. Folks, it's out there forever. Even if you think you took it down, someone, somewhere, has a copy on their computer. It will come back to bite your nether region some day. And, at this point, your practice Facebook page is still advertising, and subject to the same

rules as any other advertising.

Thankfully, most patients are actually smarter than you think. They seldom believe all the egotistical BS they find in your advertising, and especially on your websites, at least not for very long. It stunned me to hear how many patients said they did Internet searches for "rich dentist," "wealthy dentist," or "affluent dentist" before they looked for a new dentist. Maybe the OSDB would approve a CE course in how to advertise legally and ethically. Maybe it should be mandatory.

As Judge Judy is willing to say, "You get where I'm going with all of this, don't you?" You decide what your future and your reputation are worth.

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

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issues, I expect no future euphoria. What has happened is our professional organizations have become enablers. Not unlike an alcoholic among his or her friends, everyone recognizes the problem but refuses to do an intervention. I'm afraid to because...(fill in the blank)! That includes the ADA, the AGD, and yes, not all but most state and local components.

When was the last time you heard or read of someone being stripped of membership in a society or association because of their ethical misdeeds. The Ohio State Dental Board would rather rehabilitate than strip a license, even though they know full well where the worst professionals are practicing. The Board enables! And the dental schools, which should, in today's world, have a test that applicants should take prior to admission, that would reveal an individual's lack of a moral compass, still refuse to take the lead even though they're the initial gatekeeper of our profession (enablers also).

It's not all gloom. I doubt that many have heard of SPEA. A while ago, at the University of Southern California some dental students began a study club called the Student Professionalism & Ethics Association. SPEA groups have sprouted in 30 dental schools. At Tufts, there are 50 student members. The ACD has helped in the formation of these groups throughout the country and this past year in Las Vegas it became official...there is now a national SPEA. The local groups are student directed but DO NOT want any tie with any national dental associations. They're on the Web...look them up!

A profession in need of CPR and some USC students may have begun its resuscitation.

Or maybe a new association is in order. I'll call it the Ethical Dentists of America (EDA)! Our motto, 'We deliver oral health to Americans!' Our creed... We Are Givers...NOT takers!

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

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Associate Wanted

An advanced private dental practice on the east side of Cleveland is looking for an associate dentist to join our highly motivated and energetic team. A few years of experience are preferred. Please inquire by email to dentalhelp@gmail.com.

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An associate dentist needed for an exceptional opportunity who is quality-oriented and personable for a newly expanded office. Immediate opening in our well-established, busy and growing family practice. Dependable staff. Excellent salary, incentives and benefits. Please call (216) 661-2422 or fax (216) 661-2837.

An excellent opportunity, Cincinnati. We are currently seeking general dentists, periodontists, oral surgeons and pediatric dentists to become an integral part of our growing group practice. Income typically consists of a salary with bonuses based upon net production plus benefits including major medical and malpractice. This is not an independent contractor arrangement. No Saturdays or Sundays. Your quality of care and attention to patient satisfaction will determine your ultimate compensation. We are a group of highly spirited individuals with a sense of humor. I look forward to meeting you. Dr. Michael Fuchs (513) 697-2653; cell (513) 505-9987.

Associate for established practice in suburban Dayton, Ohio. Focused on restorative cosmetics and family dentistry. Excellent opportunity for a new graduate or young person who wants to expand their skills and experience. Call (937) 435-4150, email Cld47gt@aol.com. Website: www.GoDrD.com.

Associate dental position available in a group practice located in Ravenna, Ohio, 25 miles southeast of downtown Cleveland. We have both full-time and part-time positions available. Benefits include excellent medical insurance, family dental coverage, and malpractice insurance paid. We value professionalism and integrity. If interested please contact Dr. David Schlosser at Portage Dental Center, dschlosser@neo.rr.com.

Associate dentist: energetic general dentist needed for part-time associate position. Upscale private practice located in an affluent eastern suburb of Cleveland. Salary commensurate with ability and

experience. Please fax resume to (440) 349-0536.

Associate opportunities in Northwest Ohio. Excellent opportunities for general dentists with an expanding multi-location dental practice. Competitive compensation package including the following benefits: 401(K) + company match; paid lab fees; paid malpractice insurance; paid license renewals, membership dues and continuing education; health insurance; disability, life, vision and dependent care account. We invest in state of the art clinical and information technology. New graduates and experienced dentists welcome! Please call Ryan McAlees at (419) 724-1654 or email at ryan.mcalees@cornerdental.com.

Associate opportunity, Cincinnati, Columbus & Dayton. One to four days per week available. Contact Thomas Niederhelman, (614) 235-3411 or (740) 404-5677; e-mail Nieder1@sprynet.com.

Associate/partnership or office sharing available East side of Cleveland. Excellent opportunity for a dentist who is relocating, downsizing, semi-retiring, or in need of a satellite office. Interested parties call Dr. Nancy Arndt, (440) 449-0069.

Associate position available in Kettering, Ohio 2 days per week. Opportunity to increase to 3-4 days per week in October, 2011. Please call Mr. Sullivan @ (937) 430-4317.

Associate position with potential buyout opportunity of growing practice in Northwest Ohio. If you have a passion for providing comprehensive dentistry with a professional well-trained team, this opportunity maybe for you. Young graduates, or graduates of a GPR will be considered. Contact egentlecarindg@hotmail.com with resume.

Associate wanted. Full time position in the Cincinnati/Clifton area. Quality oriented, expanding practice, no Medicaid. Currently open three days a week, looking to expand to four days a week. Pay based on production, we pay lab bills. Partnership potential in the future. Contact Marc Lewis at (614) 581-7260 or email at Niederhelman@gmail.com.

Dental Care of Columbus group practice seeks an experienced g.p. capable of working several operatories with 2 full time assistants plus an EFDA. Earn \$1,200-\$1,500 per day as our practice is very busy. Resume to DentalCareColumbus@gmail.com or call (978) 526-7512. Totally flex hours and we can consider full time or part time if you own a small practice and are looking for several days per week to augment your income. We also purchase under-performing dental practices.

Dental Dreams desires motivated, quality oriented associate dentists for its offices in Illinois (Chicago & suburbs), Louisiana, Michigan, Maryland, Massachusetts, New Mexico, Pennsylvania, South

Carolina, Texas and Virginia. We provide quality general FAMILY dentistry in a technologically advanced setting. Our valued dentists earn on average \$230,000/yr plus benefits. New graduates encouraged! Call (312) 274-4524 or email dtharp@kosservices.com.

DentalCare Partners is an established practice management development company operating in nine states (Illinois, Indiana, Michigan, Ohio, Pennsylvania, Wisconsin, Kentucky, Tennessee and North Carolina). We are currently seeking highly motivated general dentists as well as specialty dentists and orthodontists for full and part-time positions. The ideal candidate must be concerned with quality patient care, a team player and a strong desire to learn, grow personally and professionally. Benefits will include a guaranteed salary with attractive earning potential, partnership opportunity, 401(k), health insurance, term life and vision insurance, short and long-term disability, malpractice insurance, paid vacations and continuing education. Interested candidates please contact Deborah Hammert at (800) 487-4867, ext. 2047, e-mail her at dhammert@dcpartners.com or fax resume to (440) 684-6942.

DENTIST: Associate with multiple days and hours to produce and be paid top dollar. Minimum \$150,000 per year. Benefits included based upon earnings. Sky is the limit here with multiple new patients available and a fantastic support staff. Greater Aurora area. Private practice, not a chain. Call (216) 870-1657 for a confidential interview. This is a wonderful opportunity for a dentist who really wants to have a long term career with high income.

Dentist associate opportunity, full or part time. Generous compensation for the right candidate. Future partnership/ownership possible. Residential suite adjacent to office is available. Practice located east of Cincinnati. Call Mr. Sullivan at (937) 430-4317.

Dentist, Cincinnati, OH (Deerfield Twp). Incredible opportunity available in one of the best practices in the area. The most advanced technology at your disposal. Implant and endodontic experience required. Contact JB at (513) 266-5644.

Dentist, Columbus, OH. We have a remarkable opportunity for the right person! Fixari Family Dental continues to grow, and we are searching for candidates for our state-of-the-art facility. We pride ourselves on providing an exceptional patient experience, and would enjoy the opportunity to consider you for our team. Email or call: Deb@FixariDental.com, (614) 866-7445.

Dentist Jobs: Aspen Dental offers tremendous earning potential and a practice support model that empowers dentists. We eliminate obstacles for dentists to own their own practice. Call: 866-451-8816. www.AspenDentalJobs.

com. EOE.

Experienced dentist needed for associate position in Western Cleveland suburb, 3 days per week. Progressive, friendly, modern family practice with great team and up-to-date facility. Guaranteed minimum pay, benefits including 401k. Potential to increase hours if desired. Please email resume to: AssociatePos@aol.com.

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ImmediaDent is seeking team-oriented individuals dedicated to delivering the highest level of patient care. We offer a flexible schedule with 3 day work weeks, great benefits, and competitive compensation. Opportunities throughout Ohio! If interested, please e-mail your resume to hr@immediadent.com.

Looking for an associate dentist in the Akron area. Modern office and a great staff make this a great place to work! Please email resume to doylestowndentalassociates@gmail.com. You may also call (440) 668-7668 for more details.

Looking for an experienced dentist to help out in a very reputable million dollar plus practice in Clintonville, Ohio. Also looking for a new graduate who is looking to learn and improve their skill set in the Columbus area with a possible buy in. Please fax resume to (614) 737-0644.

Partnership opportunity. Are you a quality oriented dentist seeking a premier dental practice that does high end cosmetic dentistry? Solo practitioner in Fairlawn area looking to retire in 2-3 years. If interested, please reply to ODA Box 201, 1370 Dublin Rd, Columbus OH 43215 with resume and references.

Well established growing practice seeking exceptional dentist to join our team. This is the opportunity you have been looking for! We are one of the top offices in Cincinnati. Our facility is fully digital, state of the art, and our staff is top notch. We enjoy getting to know our patients. Education and patient care is the focus of our staff. Don't miss this opportunity to be a part of something exciting and rewarding. We thrive to give our patients the best dental treatment and care they deserve. The success of our team has led to exceptional growth in our practice and we are excited about the opportunity to bring on another dentist to join our team. Call today to schedule an appointment to visit our office. Please contact us at (513) 753-0044 email at eastgatedental@gmail.com. Also, feel free to check out our website at Eastgatedentalexcellence.com.

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Interested in advertising? ODA Today reaches 5,600 dentists and their staff each month. Contact Amy Szmania at (800) 282-1526 or amy@oda.org for more information.

Seeking hard-working and energetic general practitioner for associate position to work in growing practice in Dayton, Ohio. Preferably, some experience beyond dental school suggested. Please fax CV to (937) 253-8071 attn: Shari.

Associate needed for exceptional opportunity in Northeast Ohio. New equipment and computerization in all operatories. Fee-for-service practice. Excellent income and benefits. Staff trained in full mouth rehabilitation and smile design. Must love dentistry and be a quality-oriented hard worker. Send resume to ODA Box 202, 1370 Dublin Rd, Columbus, Ohio 43215.

Equipment for Sale

Harvest/medical Centrifuge model #SMP2-115 like new, with six kits for producing Platelet Rich Plasma (PRP). Dental stools- 6 Adec black Dr. stools model 1600, 4 Dentsply black assistant stools. Will entertain best offer, (614) 237-2529. Ask for Dr. Jeff Hanin.

New BIOLASE Waterlase MD for sale in box, Columbus area. Retail for \$39,999 we are asking \$35,000. Contact information: DRJDUBOS@RROHIO.COM or phone (614) 425-1604.

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Dublin, Ohio. Rare purchase opportunity in Central Ohio's most desirable community. State of the art, digital, paperless, absolutely gorgeous office. Practice focused on wellness and comprehensive care for adult patients. Visit www.optimumoralth.com or e-mail tomsdoc@mindspring.com. Financially qualified inquiries only.

Established general practice in affluent NWOH suburb. Newer building with creative decor and 3 ops. Fee for service. Loyal patient base. Exceptional opportunity for relocating dentist or satellite location. Doctor retiring. \$268K sale price includes practice, building, and all contents. Email: nwohpracticesale@hotmail.com.

General practice, Toledo area. Well-established, busy practice located in a group of professional buildings. Real estate also available. Retiring seller prefers immediate sale. Contact: reggie.vanderveen@henryschein.com for details.

NPTN. Practices currently for sale in Columbus, Cincinnati, West Union, Piqua, and Willoughby Hills. Low commissions to sellers - no fees to buyers. Free appraisal/legal drafts with practice listing. Buyer representation available. Call Jason Gamble (614) 648-8118 or visit www.nptnetwork.com.

Practices for Sale - Ohio. Please call Steve Jordan, (888) 302-3975 or visit pmagroup.net.

Seeking motivated, ambitious dentist for our community, 25 miles north of Polaris Mall. Great potential for growth; only 3 dentists in county. Dental office, practice, and building available. Reply to retiringdds@hotmail.com.

Wanted to Buy

Dental practice wanted. Experienced general dentist looking to purchase practice in the Greater Columbus area.

Willing to consider associateship with buy-in option. If interested, email jkmkmd@gmail.com.

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Retiring, Stark County. Corner lot, brick building, 1400 square feet with unfinished lower level. Three rooms 9' by 11', two furnished. One Pelton & Crane unit, and one Kavo unit, both with Kavo electric motors. Contact dent4sale88@hotmail.com.

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Professional office building in fast-growing Grove City, OH. Presently a DDS office. Building is over 2500sf, not including a full basement. Building is functional, tasteful and boasts one of the best locations in the

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Building the office of your dreams

Back by popular demand: Your Ohio Dental Association and Bank of America Practice Solutions will help you through the process on Friday, April 27, 2012.

You will discover the keys to:

- Starting your first office.
- Expanding or relocating your current office.
- Utilizing experts in realizing your dreams.
- Achieving practice profitability

The ODA and Bank of America Practice Solutions have created a comprehensive learning seminar with you in mind. This round-table event will feature six industry experts in the area of starting a new dental practice. Join us for a morning of discovery and discussion as we explore the exciting new world of practice ownership. Featured speakers include:

- Doug Cosner, Team DDS Contractors – As a specialist in building dental practices, Doug has 30 years of experience and has constructed over 250 practices throughout the Central Ohio area and beyond. He will be discussing what to look for and what to avoid when building your new practice from design to construction.

- Jim Boltz, CPA and President of ZBCO and Co. – Jim’s group has been serving the tax needs, financial statement preparation and practice management strategies of dentists for over 37 years. Jim will be speaking on the implementation of effective business principals within today’s dental practice and how to use proper reports to manage towards success.

- Bob Brooks, Practice Endeavors – From the very beginning of his Real Estate career, Bob has focused on the Commercial space needs surrounding the practice of dentistry. Bob will speak on the importance of demographics and knowing who and where your patients are in selecting the location of your practice.

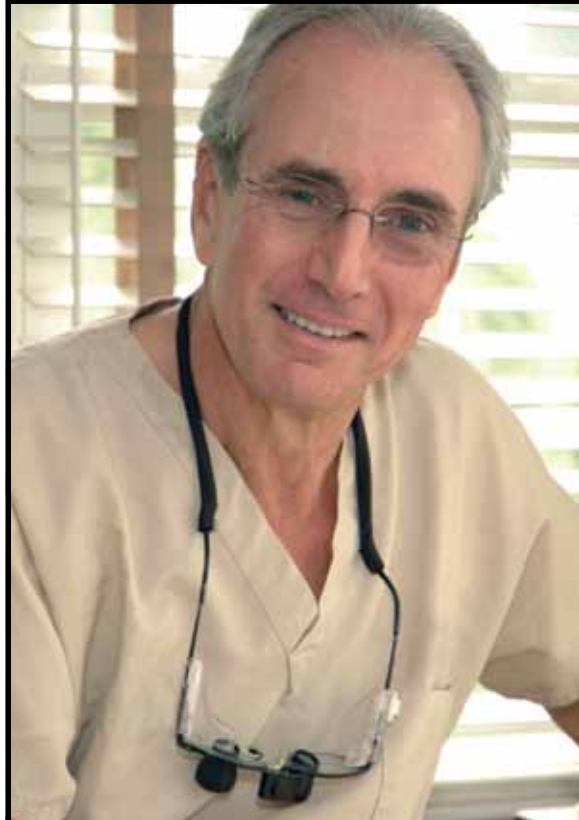
- The Paragon Program – Paragon was founded over 25 years ago by Ken Runkle. Paragon experts are some of the nation’s finest in practice management and are known as “The Profitability Experts.” They will be speaking on the 10 keys to profitability in today’s dental practice.

- Allan Thomas, Patterson Dental– Allan is an equipment and design specialist with 32 years of experience in the dental and construction industry. Allan will discuss the type of space to look for, how to design it, and how modern equipment and technology are utilized.

- Will Berisford SVP, Bank of America Practice Solutions – As a dental-specific lender, Will has provided financing for thousands of new and established practice owners throughout the Midwest. He will share what lenders look for in these economic times and the importance of cash flow in today’s dental market.

*Also, members from ODASC will be on hand to talk about some the great programs and services available through the Ohio Dental Association.

Space for the new practice symposium is limited and lunch will be provided. The event will take place from 8:30 a.m. to 1:00 p.m. at the Ohio Dental Association, 1370 Dublin Road, Columbus, OH 43215. The new practice symposium is free to ODA members and \$49 for non-members. Enroll today by calling Stacy at the ODA at 1-800-282-1526 ext. 19.



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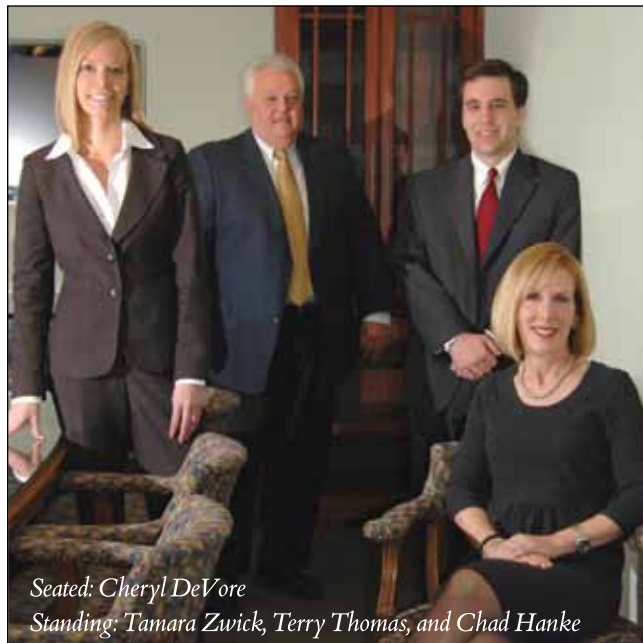
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Study finds increase in patients seeking dental care in ERs

Jackie Best
Staff Writer

A recent study found an increase in the number of patients seeking dental care in emergency rooms.

Preventable dental problems were the primary diagnosis in an estimated 830,590 ER visits nationwide in 2009, which is a 16 percent increase from 2006, according to research by the Pew Center on the States.

According to the study, the nine hospitals in Franklin County, Ohio, received 8,760 emergency visits in 2009 from Medicaid-enrolled or uninsured patients plagued with dental problems.

Treating dental problems in a hospital setting is often expensive. In 2006, treating 330,000 decay-related cases in the ER cost nearly \$110 million, according to the study. Some of this cost is often shifted to the states and taxpayers through Medicaid and other publicly funded programs.

Research has found that the cost of treating a Medicaid patient at a hospital is 10 times higher than if that patient were to go to a dentist for routine care, according to the Pew Center study.

Hospitals often do not have a dentist on staff and are unable to provide a long term solution for many dental problems. Because of this, many patients who are treated at hospitals for dental problems have a high rate of repeat visits, according to the study.

According to the study, some patients may not receive preventive dental care because they live far away from any dentists or they are unable to find a dentist who accepts Medicaid.

In 2009, more than 16 million children enrolled in Medicaid did not receive any dental care, and fewer than half of dentists in 25 states treated any Medicaid patients in 2008, according to the Pew Center research. Many Americans also do not have dental insurance and cannot afford dental care.

The Ohio Dental Association and its member dentists have long argued to policymakers of the importance of patients receiving treatment in dental offices as opposed to hospital ERs. "Over the last decade, the ODA has led the charge in advocating for the continuation of the adult dental Medicaid program," said Henry Fields, ODA past president

and current chairman of the Task Force on Auxiliary Utilization and Access to Care. "Our primary argument on this issue is that dental offices are cost effective and provide definitive care that hospital emergency rooms lack."

Improving access to dental care in Ohio

In addition to championing the continuation of the adult dental Medicaid program, Ohio Dental Association member dentists make improving access to dental care in Ohio a top priority. On average, dentists in Ohio each provide \$13,000 in free dental care every year to people in need. Listed below are a few programs aimed at providing care:

- Dental OPTIONS is a joint program between the ODA and the Ohio Department of Health that links low income patients with dentists who will provide free or reduced-fee dental care.
- ODA's Give Kids a Smile Program provides free dental services to disadvantaged children in Ohio.
- The Ohio Dentist Loan Repayment Program aims to draw dentists to state-designated professional shortage areas by helping pay off dental student loans

for dentists who practice in these areas.

- ODA's Smiles for Seniors provides information to assisted living facilities, senior centers and long-term care facilities to inform caregivers about maintaining good oral health for elderly residents.

- The ODA Foundation has funded more than \$547,000 in grants and scholarships to promote dental education and access to care since 1995.

Additionally, Ohio dentists provide support for several programs aimed at providing care.

- Restoration of the Fluoride Mouthrinse Program, which brought fluoride treatments to more than 30,400 students in Ohio in 2011.

- Dental hygienists were authorized in 2010 to go into public health settings to provide services without a dentist present. Patients receive a follow-up appointment with a dentist.

- In 2006, certified dental assistants were authorized to apply dental sealants under the direction of a dentist.

- Dentists can also receive a certain amount of continuing education credit for providing pro bono dental work.

The ODA recommends several actions to expand access to dental care even further. Expanding the Ohio Dentist Loan Repayment Program, supporting outreach education, creating scholarships for dental students who practice in underserved areas upon graduation and carefully expanding the role of current dental team members are just a few ways to improve access to oral health care.

DEANS, from page 10

consideration that is unrealistic for such graduates if they are to manage their debt."

The role of dentistry in health care, access to care and the cost of education are just some topics the deans will discuss. Each dean has a slightly different background, which will provide different perspectives throughout the discussion.

Dr. Goldberg became dean of the Case Western Reserve University School of Dental Medicine in 1997, where he led the way in creating a dental-medicine program that offers a dual D.M.D.-M.D. degree. Goldberg has served in a number of leadership roles at the university, including interim provost and interim dean of the School of Medicine. He participates in international volunteer work and co-founded a nonprofit organization for health care professionals to train medical personnel and perform reconstructive facial surgeries.

Dr. Lloyd became the dean of The Ohio State University College of Dentistry in 2011. Dr. Lloyd previously was dean of the University of Minnesota School of Dentistry. There he implemented a hospital-based general practice residency in dentistry and implemented the use of simulation technology to educate dental students. He also did an extensive amount of fundraising for clinical and basic sciences research programs.

Before becoming dean of the University of Missouri-Kansas City School of Dentistry, Dr. Pyle was an associate dean for education and a professor in the Department of Oral Diagnosis and Radiology at Case Western Reserve University. Dr. Pyle also was appointed to a three-year term to the state's Dentist Loan Repayment Board by Gov. Ted Strickland and was a staff member at Carl Stokes Veterans' Hospital in Cleveland.

The ODA's Leadership Institute is May 18 and 19 at the Hilton Columbus at Easton Town Center. For more information visit www.oda.org.



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