May 2016
Volume 91 Issue 5

OHIO DENTAL ASSOCIATION
Informing - Representing - Serving

ODA Today

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

QuickBites

2016 ODA Annual Session registration opening soon!

Registration for the 2016 ODA Annual Session will open soon at www.oda.org/events.

The 2016 ODA Annual Session will be the main event celebrating the ODA's 150th anniversary. This year's Annual Session will be Sept. 15-18 at the Greater Columbus Convention Center.

Annual Session offers many opportunities for the entire dental team, including an expansive Exhibit Hall, hands-on continuing education courses, unique special events and more.

Visit oda.org/events for more information later this month and watch your mailbox for the Annual Session preview program.

Inside

Ohio Dental Association
1370 Dublin Road, Columbus, OH 43215-1098
www.oda.org

Dentists, students discuss important issues at ODA Day at the Statehouse

By Jackie Best
ODA Managing Editor

ODA Staff
Rep. Hearcel Craig (D-Columbus) meets with Dr. Canise Bean, Dr. Kara Morris, Dr. Homa Amini and OSU dental student Alan George at this year's ODA Day at the Statehouse.

About 145 dentists, dental residents, students and spouses met with their state senators and representatives at the 2016 ODA Day at the Statehouse.

"I was very glad to see that the size of the group who participated in the ODA Day at the Statehouse was one of the largest in recent memory," said ODA President Dr. Chris Connell. "The opportunity to speak with lawmakers or their staff members is an important activity for organized dentistry. Organized dentistry is able to provide a unified voice for our member dentists in significant numbers, with supportive information that demonstrates our positions with persuasive facts and figures. The positive relationships that we have with many in the Statehouse keep this type of activity at the top of the member benefit list."

Day at the Statehouse is the ODA's most important grassroots advocacy initiative, where dentists have the opportunity to educate their legislators on issues important to dentistry. Attendees met with about 100 legislative offices on April 13.

"My favorite part of the day was meeting with the legislators," said Dr. Jennifer Kale, a general dentist in Akron and first-time attendee of Day at the Statehouse. "I was fortunate to accompany a very seasoned group of dentists who have attended many Day at the Statehouse events and have developed close relationships with the legislators. It was a great experience to watch and learn from them, which I feel gives me a good understanding of the day going forward for future events."

Before meeting with legislators, attendees had the opportunity to listen in on a conference call and attend legislative briefings where they learned details on the topics they were asked to discuss with their legislators and tips on how to have these conversations.

"As a first time-attendee of the ODA's Day at the Statehouse, I was very impressed with the overall organization of the day," Kale said. "I attended six meetings with the Akron Dental Society group and our Summit County legislators. Our group was well versed on the issues and the legislators were very receptive to our advocacy efforts."

One of the main issues that was discussed

See STATEHOUSE, page 2

ODA Foundation creates Darryl Dever Advocacy Scholarship

By ODA Staff

ODA Staff
Darryl Dever, the ODA's lobbyist for more than 30 years, speaks at a past ODA Day at the Statehouse event. The ODA Foundation will award the Darryl Dever Advocacy Scholarship to one dental student in Dever's memory each year. Dever died unexpectedly last year.

Beginning in 2016, the ODA Foundation will award the annual Darryl Dever Advocacy Scholarship in memory of the ODA's long-time lobbyist.

As the ODA's lobbyist for more than 30 years, Dever represented the best interests of dentists and their patients at the Ohio Statehouse. His successful lobbying on a variety of issues made an invaluable impact on the dental community.

To recognize Dever's commitment to organized dentistry and the dental profession, the ODA Foundation will annually award a scholarship to one dental student applicant who shows the highest commitment to advocacy for dentistry.

"After the untimely death of Darryl Dever, the ODA Foundation Board of Trustees passed a motion to create a scholarship in his name. This scholarship will be awarded to the applicant who has demonstrated a commitment to advocacy. We know that advocacy is the number one reason dentists value their membership in organized dentistry," said Dr. Kim Gardner, ODA Foundation chairman.

ODA Executive Director David Owsiany applauded the scholarship, stating "Darryl Dever was a tireless advocate for dentistry, who was beloved by many within the profession. This is a fitting tribute to

See DEVER, page 2

The Director's Chair

David J. Owsiany, JD
ODA Executive Director

150 years of professional ethics

As you know by now, the ODA is celebrating its 150th anniversary. Interestingly enough, so is the ADA's code of ethics. And these two events – the founding of the ODA and the creation of the ADA code of ethics – both of which occurred in 1866, are closely tied together.

At the founding meeting of the ODA in June of 1866, 41 dentists arrived in Columbus to create a statewide association for dentists in Ohio. By the end of the first day, the group had approved a constitution and bylaws. Then, a committee on ethics was appointed and on the second day of the meeting the group unanimously adopted the code of ethics drafted by the ethics committee. According to reports at the time, the ODA's code was believed to be the first written code of ethics in dentistry.

Article I of the ODA code dealt with the professional responsibility that dentists have to their patients, stating that the dentist should:

> "Manifest kind and sympathizing disposition, combined with a firmness in doing that which is right. He should exercise proper authority as far as his knowledge and judgment will warrant … His deeds, rather than his tongue should declare his ability … He should be in good physical health."

Article II of the ODA code dealt with the maintenance of professional character and the need for the dentist to "respect his fellow dentists, especially his seniors." It cautioned dentists not to make "disparaging remarks" regarding a patient's family dentist or to claim superiority over other practitioners.

Article III of the ODA code specifically limited a dentist's scope of practice to the treatment of the "diseases of dental organs and the mouth" and admonished dentists to recognize the "superiority" of physicians over general health and that physicians should recognize the superiority of a dentist's knowledge of the mouth.

Article IV directed that dentists had a duty to "enlighten and warn" the public about the dangers of "quacks" in dentistry.

The ODA's code served as the model for the ADA's Code of Ethics, which was adopted just a few months later. In fact, the structure and certain passages of the ODA's code were identical to the original ADA Code of Ethics.

Article I of the first ADA Code of Ethics dealt with the "duties of the profession to their patients" admonishing the dentist to "be firm, yet kind and sympathizing so as to gain the respect and confidence of his patients" and to be "temperate in all things, keeping both mind and body in the best possible health."

Just like Article II of the ODA code, Article II of the ADA code dealt with "maintaining professional character" and directed that young dentists "should show special respect to their seniors" and "when consulted by the patient of another practitioner the dentist should guard against inquiries or hints disparaging to the family dentist."

Article III of the ADA code dealt with the "relative duties of dentists and physicians," declaring that "dental surgery is a specialty in medical science." It also provided that "the dentist is professionally limited to diseases of the dental organs and the mouth" and that dentists should recognize the "superiority of the physician in regard to diseases of the general system." Article III also provided that the physician should recognize the dentist's "higher attainment in his specialty" of dental surgery.

Finally, just like Article IV of the ODA code, Article IV of the ADA code stated that "dentists are frequent witnesses, and at the same time the best judges, of the impositions perpetrated by quacks, and it is their duty to enlighten and warn the public in regard to them."

It has been 150 years since these first codes of dental ethics were adopted and much has changed. Research has demonstrated the interconnectivity between oral health and overall health making interdisciplinary interaction between dentists and physicians much more common and necessary. Professional regulation and other statutes protect dental patients from unsavory practitioners that were once known as "quacks."

Today, the "ADA Principles of Ethics and Code of Professional Conduct" deals with many more and different issues as dental care has dramatically advanced from what it was 150 years ago. Today's ADA code has sections on patient autonomy, nonmaleficence, beneficence, justice and veracity. But one thing remains constant just as it was 150 years ago: organized dentistry continues to be committed to the promotion of professional ethics and the advancement of dentistry. And that will never change.

STATEHOUSE, from page 1

at this year's Day at the Statehouse was opposition to the creation of a dental therapist in Ohio. The ODA has recently become aware that legislation creating a midlevel provider, or dental therapist, may be introduced in the Ohio legislature.

Attendees also spoke to their senators in support of House Bill 95, ODA's legislation that seeks to prohibit dental insurers from dictating prices for services that the insurers do not even cover. House Bill 95 was passed by the Ohio House and is pending in the Ohio Senate.

A third issue that dentists discussed during meetings with their representatives was increasing dental Medicaid fees.

"While the issues that were discussed with lawmakers in the Ohio Statehouse were familiar, they continue to be important, particularly when speaking with new lawmakers, who may not be familiar with our issues and our stance on them," Connell said. "New midlevel providers, pending legislation for non-covered services, and support for increased reimbursement through Medicaid continue to be important issues on the advocacy agenda for the ODA."

Thank you to all who attended this year's ODA Day at the Statehouse!

ODA Staff

Dr. James Cottle, Dr. Fred Alger, and OSU dental students David Gorenz and Kylen Hughes meet with a legislative office at ODA Day at the Statehouse.

DEVER, from page 1

recognize his long-standing positive impact on dentistry over the last 30 years."

Donations can be made to the ODA Foundation in tribute to Dever's life and to help support the annual award, which will vary in amount each year. Contributions by check may be mailed to the ODA Foundation at 1370 Dublin Rd., Columbus, OH 43215, noting "Daryl Dever" in the memo of the check. To give with a credit card go to oda.org/donate/foundation/ and choose "In Memoriam" under Donation Type.

"This scholarship will be an everlasting tribute to a man who dearly loved the dental profession and worked tirelessly to educate our state legislators about issues pertaining to the dental profession. Although Dever will be missed, his legacy will go on through the awarding of this scholarship," Gardner said.

Change of address?

Contact the ODA Membership Department if you have moved your home or practice, changed your phone number, changed your name or changed your email address.

membership@oda.org
(800) 282-1526

ODA Today

Member of the American Association of Dental Editors

Matthew J. Messina, DDS
Executive Editor

Jackie Best
Managing Editor

Amy Szmania
Advertising Manager

ODA Executive Committee:
Chris Connell, DDS
President

Kevin Laing, DDS
President-Elect

Steve Moore, DDS
Vice President

Thomas Paumier, DDS
Immediate Past President

Sharon Parsons, DDS
Secretary

Brian Hockenberger, DDS
Treasurer

Michael Halasz, DDS
Speaker of the House

ODA Management Staff:
David J. Owsiany, JD
Executive Director

Peg Cissell, CPA
Director of Finance, COO of ODASC

Michelle Blackman
Executive Assistant/Director of Governance and Operations

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

Christopher Moore, MA
Director of Dental Services

Suzanne Brooks
Director of Meetings and Conventions

Karli Hill
Director of Membership and Marketing

Kristy Kowalski
Manager of Public Service and ODA Foundation

Jackie Best
ODA Today Managing Editor

The Ohio Dental Association, although formally accepting and publishing the reports of committees and the essays read before it, holds itself wholly free from responsibility for the opinions, theories or criticisms therein expressed, except as otherwise declared by formal resolution adopted by the association. *ODA TODAY* (USPS# 0009-846) is published monthly for $15 per year by the Ohio Dental Association, 1370 Dublin Road, Columbus, OH 43215-1098. Periodicals postage paid at Columbus, OH. POSTMASTER: Send address changes to Ohio Dental Association, 1370 Dublin Road, Columbus, OH 43215-1098. Inquiries regarding advertising should be directed to the advertising manager, at (614) 486-2700 or (800) 282-1526.

Legal Briefs

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

Preventing embezzlement in your dental office

Embezzlement is a crime of opportunity, and it happens because it can. It is impossible to know the exact prevalence of embezzlement in dental offices as much goes undetected and unreported, but studies indicate that at least one in three dentists will be embezzled throughout the life of the practice. Dentists are particularly susceptible to fraud and embezzlement as small business owners because they have a limited number of staff to segregate duties. Furthermore, many dentists choose to delegate the day-to-day operations to office staff and fail to adequately monitor employee activities, creating opportunities for them to commit fraud. Fortunately, you can help prevent employee abuses and preserve the financial integrity of your practice by instituting a few simple controls and policies. The ADA, in its manual "Protecting Your Dental Office from Fraud and Embezzlement," recommends taking the following steps to protect your practice from embezzlement:

Screen prospective employees

• *Background checks* – Background checks on prospective employees are a good tool to help minimize your exposure to embezzlement. Furthermore, background checks may limit your liability arising from claims of negligent hiring, which is a cause of action whereby a court may hold an employer responsible for injuries caused by one employee to other employees, patients and the public at large if the employer failed to make a reasonable inquiry into the employee's background. Lastly, background checks may decrease the likelihood of discipline-related problems at the office, as well as workplace violence.

• *Credit checks* – You should also consider performing a credit check on any prospective employee who will have contact with the office finances, including handling large sums of money or exercising financial discretion. Credit checks reveal the applicant's work history, debts and other monetary-related records.

• *Drug testing* – Drug testing is another option you may wish to consider in the hiring process, as these tests may help identify individuals who are dependent on alcohol and drugs.

Policies and procedures in day-to-day operations

• *Set a good example* – It is amazing how employees notice every action of the owner of a business.

• *Educate employees* – Employees need to know that fraud will not be tolerated, the consequences of being caught and the damaging effects of embezzlement on the entire dental practice.

• *Office policy* – Require employees to acknowledge in writing that they have read and agree to comply with all office policies.

• *Fair treatment* – Treat employees well and give them a fair, competitive salary. Low employee morale creates a fertile atmosphere for fraud.

• *Reporting program* – Establish procedures for employees to confidently report suspicious behavior.

• *Use a lock and key* – A practical, affordable way to protect valuable office resources such as blank checks, receipts, prescription pads and accounting records is to lock them up. Only allow trusted employees access during office hours.

Create a climate of accountability

• *Monitoring system* – Employees need to understand their job responsibilities and feel they are trusted. However, the U.S. Justice Department estimates that as many as 80 percent of the nation's employees will steal from their place of employment when no active monitoring system is in effect. Embezzlement is generally defined as "the intentional and fraudulent taking of another person's property by one who has been entrusted with the property for his/her or another's own use." What makes embezzlement different from ordinary theft is that the embezzler is, by definition, someone you trust, such as an office manager, supervisor or some other employee. Therefore, it is important to openly and randomly monitor employee activity. It is also important to consistently enforce your office policies.

• *Discipline policy* – Your employee office manual should clearly state which internal steps, up to and including termination, will be taken if an employee is caught stealing or committing fraud in any way, manner or form. You should also disseminate a strong policy denouncing any employee theft or fraud and declaring the practice's intention to pursue such offenses, both criminally and civilly, to the fullest extent of the law. You should also have written policies on ethical behavior signed by all employees.

Install a system of checks and balances

• *Separation of employee duties* – Responsibility for all aspects of cash management should be assigned to different staff members, where possible. For example, the person responsible for reconciling bank balances to account balances should not be assigned functions relating to receipt or disbursement of cash or preparation or approval of payment vouchers.

• *Rotate personnel* – Rotate those who handle cash transactions and cross-train employees.

• *Require vacations* – At least one full week every year and not just when the dentist is on vacation. During that vacation time, have another employee perform the work of the absent employee.

• *Monitor suspicious behavior* – Be aware of an employee who is overly protective of day sheets, ledgers, or computer records or who volunteers too eagerly and protectively to open mail and go to the bank.

• *Cash controls* – Closely monitor accounts paid with cash and make deposits daily.

• *Check controls* – Sign all of your own checks; a signature stamp invites theft. If someone other than the dentist has

See EMBEZZLEMENT, page 4

AADA hosts Cleveland Rocks 2016 Conference

By ODA Staff

Photo submitted by AADA

Conference co-chair Connie Karlowicz (center) introduces ODA Director of Legal and Legislative Services Nathan DeLong (left) and ODA Executive Director David Owsiany (right).

The Alliance to the American Dental Association held its AADA Conference 2016 in Cleveland in April. The national conference was last held in Cleveland in 1993.

"As AADA president, I had an opportunity to suggest where I would like to hold Conference 2016, and I naturally wanted to bring it HOME," said Sue Gardner, president of the AADA. "The Alliance of the Ohio Dental Association is highly respected for our commitment to serving with our dental spouses in our communities, on the state and national level."

The AADA's Conference is one of two meetings held each year and focuses on dental health education, advocacy and well-being workshops. Awards are presented at the three day conference and several CE opportunities are offered.

"My favorite part of Conference is connecting with and working alongside this extraordinary group of dental spouses in support of the dental profession, our dental families and our communities," Gardner said. "It is especially exciting to have a large group of dental student spouses and new member dentist spouses to share the enrichment, mentorship and membership in AADA."

This year's Conference speakers included Sonja Lauren, author of "The Covered Smile: A True Story;" Dr. Don Lewis who spoke on fraud and white collar crime; Dr. Ron Arndt who talked about how having an "attitude of gratitude saved his life, his family and his practice;" Dana Hasting, CFP, MBA, MS, ChFC (financial planner), Dr. Mario Pavicic (certified dental coach), and Dr. Ron Arndt (session facilitator) provided tips, ideas and tools to craft a dental practice; and Leslie Franklin discussed the AADA and how to get involved locally and nationally.

Additionally, the American Dental Political Action Committee hosted a breakfast where ODA Executive Director David Owsiany, ODA Directory of Legal and Legislative Services Nathan DeLong and ADPAC Chair Dr. Bruce Hutchinson were featured speakers.

At the convention, the AADA recognizes the Thelma Neff award winners (lifetime achievement awards) and Beulah K. Spencer Awards (excellence for AADA members 10 years or less). This year, two Ohio women received the Beulah K. Spencer awards, Christy Paumier and Amanda Wise from the Alliance of the Stark County Dental Society.

Cleveland Rocks 2016 Conference was planned by a committee of about 12 AADA members. About 100 people attended the event.

"I have never been more proud to be a member of the Alliance of the Ohio Dental Association and believe this Conference will be remembered as one of the best ever," Gardner said. "We are very grateful to our ODA member dentist husbands for all their help and support for Conference and all activities we are involved in supporting the dental profession, which has been such a blessing for our families."

EMBEZZLEMENT, from page 3

authority to sign checks, require two signatures. Do not sign blank checks.

• *Divide bookkeeping responsibilities* – For example, check disbursements should never be prepared by the bookkeeper. Or, within the accounts receivable function, have one person write deposit slips for checks, but have another person take deposits with slips to the bank. Cross-train these positions, and shift responsibilities from time to time. If doing so is not possible in your office due to the size of your staff, consider using a part-time outside bookkeeper to handle some of these responsibilities.

• *Monthly reconciliation* – Perform a monthly reconciliation of the bank balance to assure recognition of all items recorded in the accounts.

There is no solution, of course, that can absolutely guarantee embezzlement does not take place in your practice. However, the steps mentioned above can help protect your practice by making embezzlement more difficult and allowing you to detect it more quickly when it occurs. For additional information on preventing embezzlement, talk to your personal attorney or accountant or contact the ODA legal department at (800) 282-1526.

OSU, CWRU dental schools win Gold Crown Awards

The Ohio State University College of Dentistry and Case Western Reserve University School of Dental Medicine chapters of the American Student Dental Association both received ASDA Gold Crown Awards.

CWRU won the Gold Crown Award for Quality of Website Information and OSU won first place for Predental Recruitment Initiative.

ASDA Gold Crown Awards are presented to an individual member or chapter in recognition of their accomplishments during the year.

Apply for a scholarship from the ODA Foundation

ODA Foundation scholarship applications for 2016 are now available. The deadline to apply is July 1.

Dental students who will enter their second, third and fourth year of dental school in September 2016, are Ohio residents, are members of ASDA and have financial need are eligible to apply for an ODA Foundation Dental Student Scholarship. OSU students entering their D4 year have the opportunity to apply for the Dr. James F. Mercer Leadership Scholarship, given to a student who shows exemplary leadership.

To download the scholarship application, visit http://oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/.

Member-Get-A-Member program: Support organized dentistry, earn $100 gift card

The American Dental Association's Member-Get-A-Member campaign can benefit current tripartite members while helping to grow participation in organized dentistry.

Dentists who recruit any new, active member before Sept. 30 will be rewarded with a $100 gift card for each new eligible member they recruit (up to five new members and $500).

Tripartite members know first hand the benefits of joining organized dentistry and are in a strong position to encourage non-members to join and strengthen the organization. More members in organized dentistry leads to a stronger voice, more resources and greater recognition for dentistry.

For more information about the program and complete rules, visit www.ada.org/8185.aspx.

Update your ADA Find a Dentist profile

The American Dental Association's consumer website, mouthhealthy.org, features a "Find a Dentist" section. Nearly 20,000 patients use this function to search for a dentist every month.

The Ohio Dental Association also refers patients to the ADA's "Find a Dentist" search feature to find a dentist in their area. Over the past several years, the ODA has been airing radio advertising campaigns across the state that highlight the importance of going to a dentist who is a member of the ODA. The radio ads refer listeners to the ADA's "Find a Dentist" search feature.

All ADA members are listed, with their name, phone number, address and specialty, but more information can be included to aid patients in their search. Information that can be added includes:

- Address and phone information (office hours, office address, etc.)
- Photo
- Practice information (practice website, languages spoken, type of payments accepted, etc.)
- Social media (office website, Facebook, Twitter)

To make sure the ADA includes the most relevant information, you will need to log in to ada.org and update your profile. To update your profile:

- Go to ADA.org
- Click on the link "Log in"
- To sign in, enter your member number and password (If you're not sure of your member number and password, simply call the Member Service Center at (800) 621-8099 for assistance)
- Once you are logged in, click on "My ADA." This takes you to the home page of your profile. You will then be directed to the main menu where you can choose the information you would like to update. (Update Profile, Update Address and Phone Number, View My Find-a-Dentist Profile)
- Once you have updated your information and uploaded your photo, click on save changes in each section and exit the main menu when finished.

ODA Meeting & Event Calendar

May

12-13 Executive Committee
13 Forensic Dental Team
13 Task Force on Auxiliary Utilization and Access to Care
20 ODA Foundation Board of Directors
20 Council on Membership Services
30 ODA office closed

Jun.

8 Get to Know the ODA New Dentist Event
13 Subcouncil on New Dentists (call)
16-17 Annual Session Committee
24 Finance Committee

ODAF raffle tickets support grants, scholarships

The annual ODA Foundation raffle is one of the primary sources of funding for oral health-related grants and scholarships. Raffle tickets are $100 each, two for $175 or six for $500, and only 700 will be sold.

This year's raffle prizes are:

- Winner's choice of a 2 year/10,000 mile lease (terms established by Crown Mercedes) on a 2016 Mercedes GLC300 4MATIC car or $20,000 cash
- A piece of fine jewelry or watch valued at $3,000
- $1,000 cash

The drawing will be held Sept. 17 at 11:30 a.m. in the Annual Session Exhibit Hall.

Tickets purchased before Aug. 12 will be entered into an additional Early Bird Drawing for $500 cash on Aug. 19. Winners need not be present to win.

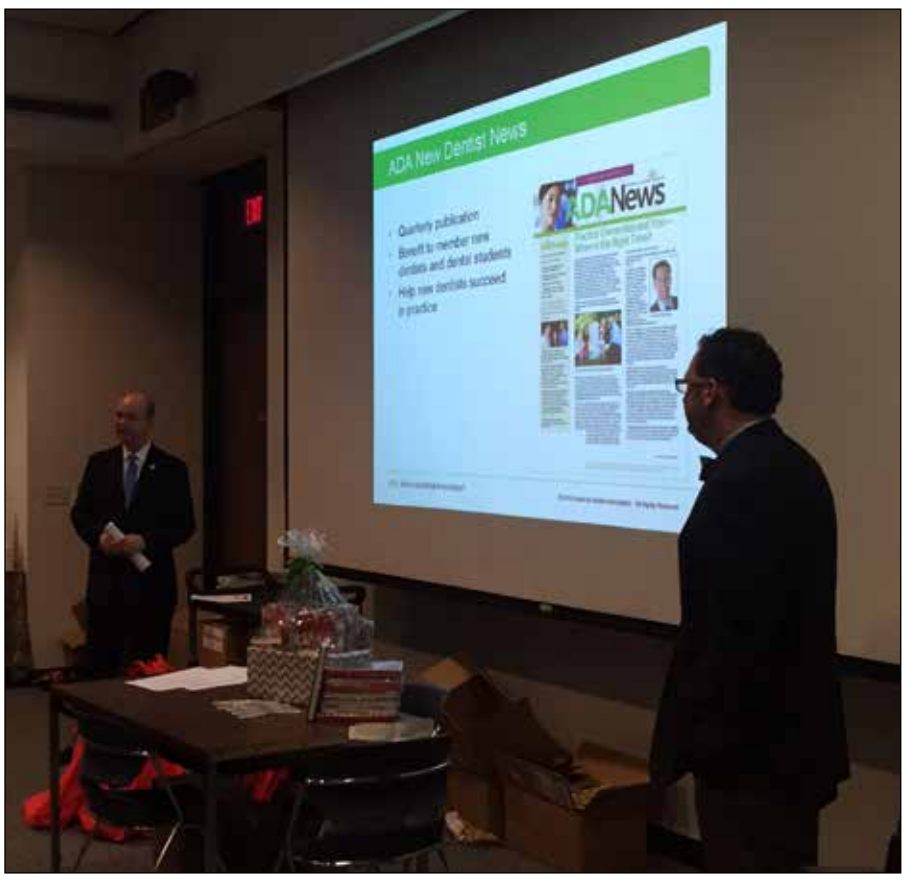
For more information about the raffle and how to purchase tickets, visit http://oda.org/community-involvement/oda-foundation/odaf-raffle/.

Apply for an access to care grant from ODAF

The ODA Foundation's 2016 access to care grant application period is now open. Nonprofit organizations that meet the needs of Ohioans through access to needed dental care or oral health education are encouraged to apply for program funding.

The deadline to submit an application for funding consideration is July 1. Priority consideration will be given to projects that have documented the need for the program, show long-lasting results, and are geared toward the underserved.

For more information, visit oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/.



Submitted photo

Dr. Tom Kelly and Dr. Jason Streem speak to CWRU dental students at National Signing Day.

Graduating dental students sign up for tripartite membership

By ODA Staff

This year, 138 graduating dental students signed up for organized dentistry through National Signing Day events at the Case Western Reserve University School of Dental Medicine and The Ohio State University College of Dentistry.

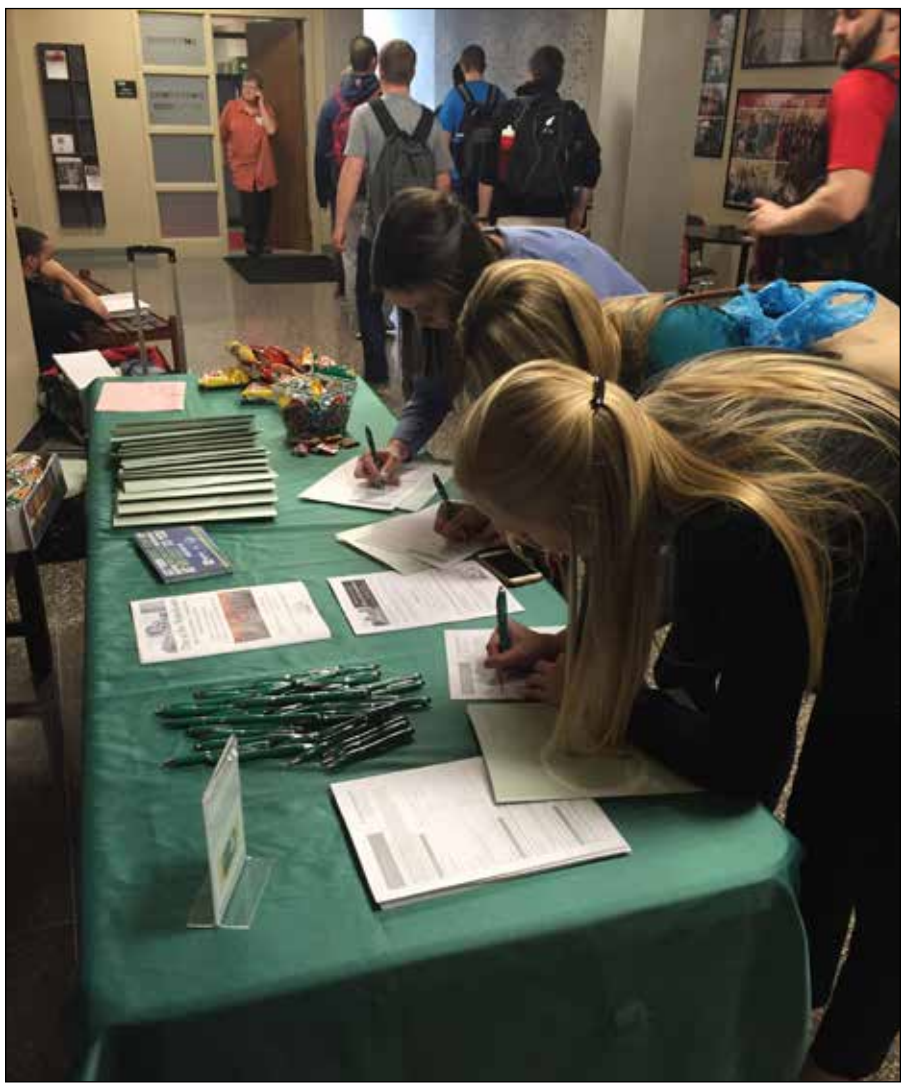
The ADA's National Signing Day program aims to increase visibility and awareness of membership in organized dentistry and to encourage new dentists to sign up for membership in the ADA, Ohio Dental Association and their local component societies.

The Columbus Dental Society supported the 2016 National Signing Day at the OSU College of Dentistry on April 1. At the event, 84 students submitted membership applications, which is about 76 percent of the 2016 graduating class.

At the CWRU School of Dental Medicine, the Greater Cleveland Dental Society supported the 2016 National Signing Day on April 8. At the event, 54 students submitted membership applications, which is about 75 percent of the 2016 graduating class.

Once these students receive their licenses, they will be transitioned into active membership.

These new members will be part of the Reduced Dues Program, which reduces membership fees by 100 percent during their first year after dental school, 75 percent during their second year, 50 percent during their third year and 25 percent during their fourth year.



ODA Staff

OSU dental students participate in National Signing Day.

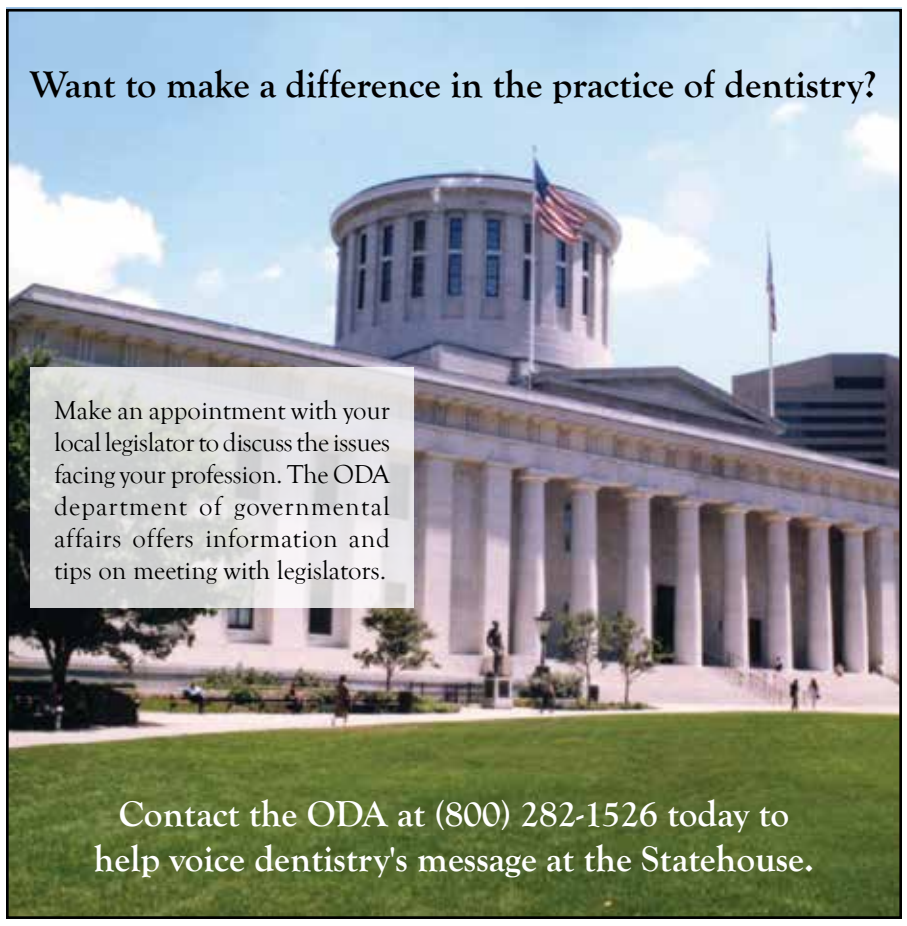
2016 ODA member logo available for members to download

The 2016 Ohio Dental Association member logo is now available for members to download.

The ODA member logo can be used by dentists on their websites, electronic communications and e-newsletters to highlight their membership in the ODA.

To download the member logo, visit oda.org/account/logo/. After logging in and agreeing to the terms of use, members will be able to download the logo.

Using the ODA member logo on websites and other electronic communications is a members-only benefit that allows dentists to showcase their membership in the ODA.



Amalgam separation in the dental profession – the time is now

By Michael Toole
Vice President of Sales and Marketing at Solmetex, LLC

In the dental profession, there are very few subjects more polarizing than amalgam separators and amalgam waste. Which begs the question … why?

Since the passing of the Clean Water Act in the 1970s, it has been the policy of the United States that "Pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner."[1] As of January 2016, there are 12 statewide mandates in other states and approximately 25 municipalities, some of which are in Ohio, requiring dental offices to manage their amalgam waste. Though it has been delayed many times, some expect the U.S. EPA to eventually issue some type of national mandate on the use of amalgam separators based on the patient and methodical process it has exhibited over the past 15 years.

History

In the late '90s, concerns of mercury levels in the environment came on the horizon by many organizations. The Quick Silver Caucus (QSC) was one of these organizations that led the conversation and brought this issue to the forefront, and was instrumental in getting regulations passed in Canada, New England, New York and New Jersey.

The American Dental Association (ADA) has recognized the concerns of amalgam in the environment, however, it did not feel that a national regulation on amalgam waste was required and has been steadfast against any unwarranted national environmental regulation. In 2007, the ADA added the installation of amalgam separators by dentists who place or remove amalgam to its list of Best Management Practices for Amalgam Waste (BMPs). While coal burning power plants are the number one human contributor of mercury in the environment, dentists and amalgam waste have been identified as a contributor of mercury in the waste stream.[2]

In 2010, the EPA proposed and drafted a nationwide regulation. This regulation was reviewed and debated for several years, and was reintroduced in September 2014. Since its re-introduction there have been many public comments both for and against. The EPA seems determined to address all comments and move the regulation forward. The EPA has announced that this proposed regulation has been delayed again, this time to December 2016.

Highlights from the Proposed Regulation:

Implementation Period:

- Existing dental practices will have three years to comply and install an ISO 11143:2008 approved amalgam separator at the 99 percent removal rating.
- New practices will have 90 days to comply and install an ISO 11143:2008 approved separator at the 99 percent removal rating.
- Dental offices that currently have an amalgam separator installed will have 10 years to comply and ensure they are using an ISO 11143:2008

See AMALGAM, page 15

Ohio Good DEED Program recognizes environmentally friendly practices in dental offices

By ODA Staff

The Ohio Good DEED (Dedicated to Environmental Excellence in Dentistry) Program continues to expand as it celebrates its sixth anniversary.

The voluntary program is a collaboration between the Ohio Dental Association and the Ohio Environmental Protection Agency to recognize dental offices for implementing simple, innovative solutions to reduce their environmental impact.

The program has two levels of participation:

- In the Gold Tier, dentists agree to adhere to the ADA's Best Management Practices (BMP's) for Amalgam Waste, which includes use of an ISO 11143 compliant amalgam separator, while also abiding by the relevant waste disposal laws that are currently in place.
- In the Gold and Green Tier, dentists agree to adhere to everything that is included in the Gold Tier, while also incorporating basic recycling practices for office paper, lead, and having recycling programs in place for amalgam, fixer and used X-ray tubes (if in use). Dentists are also asked to implement at least 10 other pollution prevention practices into their office.

To participate in the program, offices need to fill out a checklist indicating compliance with all requirements.

Dentists who place or remove amalgam need to install an amalgam separator to participate in the program, which typically costs between $500 and $700. Dentists who do not place or remove amalgam do not need an amalgam separator.

In addition to helping the environment, the Good DEED Program helps demonstrate to regulators and the general public that dentists are being environmentally responsible without the need for additional regulations.

Virtually every dentist in the Cleveland area already meets the program participation requirements. All they need to do is apply.

Currently, the ODA is aware that the Northeast Ohio Regional Sewer District (NEORSD); and sewer districts in Akron, Euclid, Kent, Solon and Twinsburg have dental specific amalgam waste disposal requirements in place.

In NEORSD, dentists are required to follow the American Dental Association's Best Management Practices for Amalgam Waste (BMPs), which include use of an ISO 11143 compliant amalgam separator if they place or remove amalgam.

In Akron, dentists who place or remove amalgam are required to follow the ADA's BMPs and are strongly encouraged but not required to install an amalgam separator.

In both areas, dentists have reported that it has been easy to work with the sewer districts to comply with the requirements.

However, each sewer district has different requirements based on their individual

See ENVIRONMENT, page 13

Dental Insurance Corner

CMS delays enforcement of prescription drug rule again

By Christopher Moore, MA
ODA Director of Dental Services

The Centers for Medicare and Medicaid Services (CMS) has again delayed enforcement of its new prescription drug rule to Feb. 1, 2017. The previous deadline was June 1, 2016.

This change and outreach efforts to dentists by numerous organizations, including CMS, drug companies and dental suppliers, have sparked many calls to the ODA from member dentists about the rule and their obligations.

Once the rule's enforcement date takes effect, CMS will essentially require every dentist who writes prescriptions for senior citizens to take some form of affirmative action with respect to Medicare to ensure coverage of those patients' prescription drugs. The enforcement of these prescription drug coverage rules is currently scheduled to take effect on Feb. 1, 2017. It is recommended that dentists act by Aug. 1, 2016 to ensure all of the necessary paperwork is completed by the Feb. 1 date.

"Dentists who fail to enroll as a provider, formally opt out of Medicare or sign up as an ordering/referring provider will eventually see their patients' claims for otherwise Medicare covered medication denied," said Dr. Manny Chopra, chairman of Ohio Dental Association Council on Dental Care Programs and Dental Practice. "To ensure this doesn't happen, dentists with Medicare covered patients should act before next year's deadline."

> "Dentists who fail to enroll as a provider, formally opt out of Medicare or sign up as an ordering/referring provider will eventually see their patients' claims for otherwise Medicare covered medication denied. To ensure this doesn't happen, dentists with Medicare covered patients should act before next year's deadline."
>
> *– Dr. Manny Chopra*
> *chairman of Ohio Dental Association Council on Dental Care Programs and Dental Practice*

The new prescription drug rule is similar to an existing rule that calls on Medicare to deny diagnostic service claims, including those for laboratory and diagnostic imaging services, for Medicare covered patients that are ordered by providers, including dentists, who have not taken the appropriate action with Medicare. The difference being that Medicare will not pay the pharmacy for the prescription as opposed to the oral pathology lab or the diagnostic imaging service for the ordered service.

There are several factors for dentists to consider when deciding what course of action to take.

First, it is important to understand what Medicare covers when considering whether to become a Medicare provider or opt out as one.

Medicare neither covers nor pays for most routine dental services such as fillings, cleanings, radiographs and dentures, even if they are provided in a hospital. Payment for these and any other non-covered dental service is the patient's responsibility.

It does cover a very narrow and limited set of dental services – those necessary to provide certain Medicare covered medical services, e.g., extracting a tooth as part of treating a fractured jaw, maxillofacial surgery for pathological or traumatic medical conditions, prosthetic rehabilitation to replace or treat certain oral and/or facial structures related to covered medical and surgical interventions such as cancer surgery, extracting teeth prior to jaw radiation treatment, oral examination prior to kidney transplantation and certain medical procedures that dentists are licensed to perform such as a biopsy for oral cancer.

Secondly, dentists should consider the impact their decision will have upon patients who are covered by Medicare Advantage Plans.

Medicare Advantage Plans are private health insurance plans that are approved by Medicare and are part of the Medicare program. Individuals have the option of joining a Medicare Advantage Plan or remaining in the traditional Medicare fee-for-service program. Those who join a Medicare Advantage Plan will generally receive all their Medicare-covered health care services through that plan. This coverage can include prescription drug coverage. Medicare Advantage Plans include: health maintenance organizations, preferred provider organizations,

See MEDICARE, page 9

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

MEDICARE, from page 8

private fee-for-service plans, medical savings account plans and special needs plans. Oftentimes Medicare Advantage Plans offer extra benefits and lower co-payments than are found in the Medicare fee-for-service program. Medicare Advantage Plan enrollees, however, may be restricted to seeing participating providers or certain hospitals in order to receive benefits.

Some Medicare Advantage Plans offer enhanced dental benefits as part of their benefit offerings in hopes of enticing individuals to purchase their plans. These dental benefits can range from basic diagnostic and preventive services to comprehensive dental coverage. Certain procedures will also often be accompanied by copays and may require the beneficiary to go to a contracting dentist.

It is important for dentists with Medicare Advantage Plan patients who have dental coverage to fully understand what impact the dentist's decision will have on their patients' dental benefits though those plans. Medicare Advantage Plans are not permitted to provide reimbursement for any dental services they may cover if the patient receives those services from a dentist who has opted out. It is unknown what they will do if care is provided by a dentist who has registered as an ordering/referring provider.

With this in mind, dentists have four options to consider:

- Do nothing. Typically, only a "good" option for dentists who do not write prescriptions or order laboratory or diagnostic imaging services for patients covered by Medicare. Doing nothing means the dentist's prescriptions for their Medicare covered patients will be denied. Similarly, oral pathology and imaging services that are ordered by the dentist will not be covered. Both scenarios will surely lead to an angry patient, pharmacist and/or oral pathologist.
- Enroll as an actual Medicare provider. Dentists who provide Medicare covered services and want to accept Medicare's allowed fee as reimbursement should enroll as a Medicare provider. This may be done by completing the CMS Form 855I (which can be downloaded by visiting http://oda.org/resource-library/ and searching for Medicare) and returning the paper form to the Medicare contractor for Ohio (CGS Administrators, LLC, Provider Enrollment Department, P.O. Box 20017, Nashville, TN 37202-0013) or online using Medicare's online Provider Enrollment, Chain and Ownership System (PECOS) at: https://pecos.cms.hhs.gov/pecos/login.do.
- Opt out of the Medicare program. By submitting an affidavit to the Medicare contractor for Ohio (CGS Administrators, LLC, Provider Enrollment Department, P.O. Box 20017, Nashville, TN 37202-0013) the dentist can opt out of Medicare. Once opted out, the dentist will be out for a two year period of time after which CMS will automatically continue the dentist's opt out status for another two years unless the dentist informs CMS otherwise. Opting out means neither the patient nor the dentist may receive reimbursement from either Medicare or a Medicare Advantage Plan for any Medicare covered service the dentist provides. It also means the patient's prescription drugs, oral pathology and imaging services will be covered. Both an American Dental Association developed sample affidavit and a sample private contract may be obtained at http://oda.org/resource-library/ by searching for Medicare. The private contract, which essentially is a Medicare specific financial understanding and consent form, must be used by dentists who opt out of Medicare prior to providing Medicare covered services to Medicare eligible patients. The document informs the patient the dentist has opted out of Medicare and that neither the patient nor the dentist may submit a claim to Medicare for the service. A private contract is not necessary if the dentist is only writing a Medicaid covered patient a prescription.
- Enroll as an ordering and referring provider. If the dentist does not provide Medicare covered services then he or she may use the CMS Form 855O (which can be downloaded by visiting http://oda.org/resource-library/ and searching for Medicare) to enroll as an ordering and referring provider. Just like dentists who opt out, patients of dentists who enroll as ordering and referring providers will see their prescription drugs, oral pathology and imaging services covered.

"The overwhelming feedback we've received from dentists is that it is much easier to complete the appropriate paperwork and mail it in to CGS than it is to do it online," Dr. Chopra said.

Dentists who either order or provide a Medicare-covered service to a Medicare beneficiary must maintain documentation for seven years from the date of service. Documentation includes written and electronic documents (including the ordering practitioner's national provider identifier (NPI) relating to written orders and requests for payments for clinical laboratory, imaging or other designated Medicare covered services.

Dentists do not need to enroll, opt out or be an ordering/referring provider in order to simply refer a Medicare-covered patient to a specialist. Similarly, dentists who do not provide services, prescribe or order Medicare-covered services for Medicare-covered patients do not need to enroll, opt out or become an ordering/referring provider.

The ADA has opposed the creation of these requirements and continues to work toward getting dentists exempted from them. The ADA's efforts have resulted in CMS' past announcements that delayed previous enforcement dates of the new rules to the newly announced Feb. 1, 2017 date.

Dr. Ralph "Jim" Snelson (far right) at the ADA House of Delegates in 1993. Also pictured are Dr. Ron Occhionero and Dr. L. Don Shumaker.

ODA past president Dr. Ralph "Jim" Snelson passes away

Warren, Ohio - Ralph E "Jim" Snelson, 80, died Friday, April 29, 2016 at Lake Vista of Cortland after a long illness. He was born on May 13, 1935 in Warren, the son of the late Dr. Ralph "Snick" and Anne Lewis Snelson.

Jim was a local dentist with Snelson & Snelson. He had partnered first with his father, Dr. Ralph A. "Snick" Snelson and then later with his son, Dr. Lee Snelson, who continues the family practice. He graduated from DePauw University, Greencastle, Ind. and in 1961 he earned his Doctorate of Dental Science from The Ohio State College of Dentistry.

Memories of Jim will be carried on by wife, Diane Woodward Snelson of Howland, sons, Dr. Lee (Angela) Snelson of Howland and Dr. Mark (Suzanne) Snelson of Gates Mills, OH, brother, Lynn A. Snelson of Cortland, and grandsons, Zachary Snelson, Colin Snelson and Dean Snelson.

Dr. Snelson has been very involved with his professional and civic organizations throughout his career. He served as president of the Corydon Palmer Dental Society and in 1993 he served as president of the Ohio Dental Association. Reflective on Jim's enthusiasm of life, was his slogan during his presidency "Forward Ever, Backward Never."

He was awarded the Ohio Dental Association's Distinguished Dentist Award in 2002 and their Achievement Award in 2015. He served on the American and Ohio Dental Political Action Committees as well as other task forces. He always demonstrated his passion and energy for the betterment of his profession and the community that he loved.

Dr. Snelson's other professional organizational affiliations include the American College of Dentists, International College of Dentists, Pierre Fauchard Academy and the Academy of Dentist International.

Giving back to his community was a lifestyle of Jim's for which he has been honored. He was awarded the Silver Beaver Award for his efforts with the Boy Scouts of America, named Warren's Community Star by the Warren Tribune Chronicle and Trumbull 100 that recognizes volunteers who go above and beyond to serve the community. He was elected into the Warren G. Harding's Hall of Fame.

His community commitment was just as impressive. They include organizations like Trumbull Lifelines, Trumbull Memorial Hospital Foundation Board, Christ Episcopal Foundation Board, and Past President of the Trumbull 100. He served as chairman of the United Way Campaign, Boy Scouts and a member of the Buckeye Club.

ODA Executive Director David Owsiany remembers Dr. Snelson as a "relentlessly positive leader and advocate for dentistry with boundless energy and enthusiasm. His optimism was contagious."

His family suggests contributions be made in the form of donations to Christ Episcopal Church Foundation, 2627 Atlantic St, NE Warren 44483, or to Lake Vista Foundation, https://donatenow.networkforgood.org/1319852, OPRS, 1001 Kingsmill Parkway, Columbus, Ohio 43229.

2016 ODA Annual Session Preview

Rapid change in the fabrication of crowns and fixed prostheses

By Gordon J. Christensen, DDS, MSD, PhD

2016 ODA Annual Session

The 2016 ODA Annual Session is Sept. 15-18 in Columbus and will feature a variety of nationally known speakers, CE, the largest Exhibit Hall in the area and special events. Registration will open soon. Visit oda.org/events for more information, and watch your mailbox for a preview program. Dr. Gordon Christensen will present the Christensen Bottom Line 2016 on Sept. 15.

A significant change is occurring in fixed prosthodontics, and, in my opinion, there is no question but that it will continue. Many dental laboratories have closed in the past few years. According to the National Association of Dental Laboratories (NADL), approximately 5,000 laboratories closed in the period from 2006 through 2013, with 9,042 laboratories now functioning (Bennett Napier, CAE, chief staff executive, NADL, written communication, April 2, 2014). Why are dental laboratories closing? One reason is that laboratory owners cannot afford to upgrade their facilities to include expensive digital technology such as scanners, milling machines and the various accessory items. Another major reason is the significant percentage of crowns being made offshore. NADL estimates that approximately 34 percent of crowns currently placed in the United States have been made offshore (Bennett Napier, written communication, April 2, 2014). A third significant reason is the lowering of laboratory prices seen nationally and the inability of small dental laboratories to compete with the laboratories that are oriented toward mass production of indirect restorations. So what does the future hold in terms of the obvious major changes now going on in the fabrication of crowns and fixed prostheses?

In this column, I will discuss the changes in fabrication of indirect restorations and the various steps necessary in the primary methods of fabricating restorations, as well as compare the potential influence each technique has on dental practices and the cost of each concept. This information should assist dentists attempting to make a decision about which of the methods of crown and fixed-prosthesis fabrication to use in their practices.

The techniques and times I have listed in the following information are based on my long experience mentoring numerous conventional-fixed-prosthodontic study clubs and accomplishing research about scanning and in-office milling.

CONVENTIONAL CROWN AND FIXED-PROSTHESIS FABRICATION

All dentists are familiar with this concept, to varying degrees. A typical technique follows, for comparison with the other methods:

- appointment 1, diagnosis and treatment planning;
- appointment 2, tooth preparation (including anesthesia, tooth preparation, tissue management, making a conventional impression, and fabrication and seating of a provisional restoration), which requires about one-half hour to one hour, depending on the speed of the clinician and the difficulty of the clinical situation;
- appointment 3, seating the restoration (including elective anesthesia, removal of the provisional restoration, trying on the final restoration, seating the final restoration and removing the cement debris), which requires about one-half hour.

The total time for one crown accomplished in the conventional manner is about 1.0 to 1.5 hours, plus the time needed for diagnosis and treatment planning.

Advantages

What are the advantages for the dentist and patient when crowns are made by means of the conventional technique?

- Accomplishing typical uncomplicated conventional-fixed-prosthodontic procedures is a process well known to most dentists and a major part of the activity of general dental practices. Most dentists are comfortable with conventional procedures, and many do not see the advantages of changing to other techniques.
- The conventional technique adapts to all clinical situations requiring crowns or fixed prostheses, although some situations are difficult.

Disadvantages

What are the disadvantages related to fabricating crowns by means of conventional techniques?

- The procedure requires two appointments.
- Conventional impressions are messy.
- Many patients dislike having impression materials in their mouths, some even feeling claustrophobic.
- The patient must use a provisional restoration for an average of two to three weeks.
- Trays and impression materials are costly.
- There can be significant infection control and clinical challenges when attempting to disinfect impression materials, which often are affected negatively by infection control agents.

FABRICATING CROWNS BY MEANS OF ELECTRONIC SCANNING AND LABORATORY CROWN FABRICATION

Clinicians Report (previously CRA) has conducted research on scanning and in-office milling for about 28 years. When one assesses the experience and the findings of these researchers, there is no question that scanning works well and that the final restorations are acceptable clinically. That conclusion is now common knowledge among clinicians who scan tooth preparations. How does this technique compare with conventional crown fabrication? Below I outline the two approaches to it: one involving the use of a remote dental laboratory and the other involving the use of a nearby dental laboratory.

Using a remote dental laboratory

This is how the technique proceeds when the laboratory is at a distance.

- appointment 1, diagnosis and treatment planning;
- appointment 2, tooth preparation (including anesthesia, tooth preparation, tissue management, scanning the impression, sending it electronically to a laboratory, and fabricating and seating the provisional restoration), which requires about one-half hour to one hour;
- appointment 3, seating the restoration (including elective anesthesia, removal of the provisional restoration, trying on the restoration and seating the restoration), which requires about one-half hour.

The overall clinical time for this technique is similar to that required for the conventional technique, about 1.0 to 1.5 hours, plus the time needed for diagnosis and treatment planning.

Using a nearby dental laboratory

This is how the technique proceeds when the laboratory is nearby.

- appointment 1, diagnosis and treatment planning;
- appointment 2, sending the scanned impression of the tooth preparation to a nearby laboratory (thus eliminating the need to fabricate a provisional restoration) and having the patient remain in the office for a short time while the crown is made; this concept eliminates the third appointment and allows the crown to be prepared and seated in one appointment of about one hour or slightly longer, depending on the location of the local laboratory.

The overall clinical time for this technique is similar to that required for the conventional technique, about 1.0 to 1.5 hours, plus the time needed for diagnosis and treatment planning.

Advantages

What are the advantages for the clinician and the patient when the impression is scanned and sent to the laboratory digitally for crown fabrication.

- It eliminates the well-known mess involved in making a typical impression.
- It averts the claustrophobic feeling that some patients experience when impression material is placed in their mouths.
- The patient has the perception that the practice is up to date with the latest technology.
- There are no infection control challenges, because the impression is digital.
- Assuming a laboratory with a milling machine is close by, or even in your building, and you have arranged a milling time with the laboratory, you have the opportunity to seat the crown shortly after sending the digital information to the laboratory. In other words, the patient needs only one

See CHANGES, page 11

CHANGES, from page 10

appointment for the tooth to be prepared and the crown to be placed in the mouth.

- A provisional restoration is not necessary if laboratory milling is done during the tooth preparation appointment.
- If the crown is made by a laboratory and seated during the preparation appointment, the dentist does not have to purchase an expensive milling machine for the clinical office.
- Some dental laboratories now are discounting crown prices as much as 25 percent for scanned impressions sent electronically versus conventional impressions.
- This concept can require less time for the clinician if the impression is scanned and the restoration is milled during one appointment.

Disadvantages

What are the disadvantages for the clinician and the patient when the impression is scanned and sent to the laboratory digitally for crown fabrication.

- You must obtain a scanner. Costs of some scanners are $11,995 (True Definition Scanner, 3M ESPE, St. Paul, Minn.), $19,740 (Apollo DI, Sirona, Long Island City, N.Y.), $25,000 (PlanScan, Planmeca, Roselle, Ill.), $26,000 (CS 3500, Carestream Dental, Rochester, N.Y.) and $49,999 (Cerec AC Connect Omnicam, Sirona, Long Island City, N.Y.).
- Use of the new technique and technology requires a significant learning period.
- Some tooth preparations are difficult to scan if margins are deeply subgingival, the field is contaminated with blood or saliva, or the patient is uncooperative. When these situations occur, some dentists revert to making conventional impressions, whereas other dentists who are experienced with scanning can overcome these difficult situations and make successful scans.

FABRICATING CROWNS BY MAKING A DIRECT INTRAORAL SCAN OF THE TOOTH PREPARATION AND MILLING THE CROWN IN THE CLINICAL OFFICE

Thousands of dentists worldwide use this technique with success; a few others have tried the concept and abandoned it. The technique follows:

- appointment 1, diagnosis and treatment planning;
- appointment 2, tooth preparation (including anesthesia, tooth preparation, tissue management, scanning the impression, sending the impression data to a milling machine in the clinical office, milling the crown in the clinical office and seating the crown), which requires about one hour.

Advantages

What are the advantages of fabricating crowns by scanning an impression and milling the crown in your office?

- The technique requires only one clinical appointment, unless complications in scanning or milling occur.
- Most patients prefer the fact that the procedure requires one appointment instead of two.
- If dental staff members are educated in scanning and milling restorations, the dentist can perform other procedures while the staff member scans the impression and mills the restoration.
- The technique adapts well to full crowns and onlays.
- The mess of making a conventional impression is eliminated.
- Infection control challenges associated with conventional impressions are eliminated.
- It averts the claustrophobic feeling that some patients experience when impression material is placed in their mouths.
- The patient has the perception that the practice is up to date with the latest technology.
- There is no provisional restoration, because the milling is done during the tooth-preparation appointment.

Disadvantages

What are the disadvantages of fabricating crowns by scanning an impression and milling the crown in the clinical office?

- You must obtain a scanner and milling machine. Costs of example systems, including a scanner and a milling machine, are $139,995 (Cerec AC, highest-level retail model), $119,500 (Planmeca PlanScan) and $85,000 (Carestream CS 3000 Milling Machine).
- Use of the new technique and technology requires a significant learning period.
- Some tooth preparations are difficult to scan if margins are deeply subgingival, the field is contaminated with blood or saliva, or the patient is uncooperative. When these situations occur, some dentists revert to conventional impression techniques, whereas other dentists experienced with scanning can overcome these difficult situations and make successful scans.

PREDICTIONS

In my opinion, after amassing many years of experience with all of these methods and having success with each, I predict the following.

The conventional concept will remain a prominent technique for many years. The reasons are simplicity, versatility, dentists' familiarity with the procedure and relatively low cost.

Scanning in the clinical office and having a laboratory mill the restorations will become popular as scanners come down in price, especially if they can be leased instead of purchased (a situation that is coming). However, several years will be required for these devices to make an impact on general dentists.

Scanning and milling in the clinical office will continue to grow slowly. The nearly 30 years of development of this concept and the relatively small percentage of general dentists using it after that many years is indicative of continued but slow growth.

Another concept, three- dimensional printing of crowns and other objects, is on the horizon and already is being used for some laboratory items. Depending on how fast this concept grows and the pricing of printers, which is now high, 3-D printing may grow faster than the scanning and milling concept.

SUMMARY

In summary, all of these concepts for making crowns are working adequately, as evidenced by their acceptance in the field. Dentists already have a well-known and acceptable technique, that of using conventional impression methods and laboratory support. However, scanning impressions and fabrication of restorations in a nearby laboratory or in the clinical office have advantages that will influence many dentists to change to these techniques.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the American Dental Association.

Dr. Christensen is the director, Practical Clinical Courses, and a cofounder and the chief executive officer, CR Foundation, Provo, Utah. He also is an adjunct professor, University of Utah, Salt Lake City. He is a diplomate of the American Board of Prosthodontics.

Reprinted from Journal of the American Dental Association, Vol 45/8, Gordon J. Christensen, Rapid Change in the fabrication of crowns and fixed prostheses, Pages 862-864, Copyright (2014), with permission from Elsevier.

2016 ODA Annual Session Speaker Preview

The Christensen Bottom Line 2016

Gordon J. Christensen, DDS, MSD, PhD
Thursday, Sept. 15
9 a.m. to 4 p.m. (1-hour lunch)
Course Code T10

Gordon J. Christensen is Founder and Chief Executive Officer of Practical Clinical Courses (PCC), Chief Executive Officer of Clinicians Report Foundation (CR), and a Practicing Prosthodontist in Provo, Utah.

Since 1976, Gordon and his wife Dr. Rella Christensen have conducted research in all areas of dentistry and published the findings to the profession in the well-known CRA Newsletter, "Clinicians Report."

Gordon is an adjunct professor at the University of Utah, School of Dentistry. He has presented thousands of hours of continuing education globally, made hundreds of educational videos used throughout the world, and published widely.

Dr. Gordon Christensen will present The Christensen Bottom Line 2016 at the ODA Annual Session on Thursday, Sept. 15.

The Explorer

Matthew J. Messina, DDS
Executive Editor

Fortune cookie wisdom

My son Brian and I had takeout Chinese food for dinner the other night. His fortune cookie said, "A dose of adversity is often as needful as a dose of medicine." We both agreed that sounded like something written by someone in deep you-know-what who was trying to make himself feel better. So many of our problems are the result of situations we create ourselves. As we sit, mired in our self-made crisis, it is comforting to tell ourselves that we're better for it.

How many times did I see friends (and myself) up late at night studying or writing a paper at the last minute? I work better under pressure, right? Sadly, what we produce right at the deadline seems excellent because we have no other choice. We tell ourselves that it's great, since we couldn't do it over if it was awful. Our mind rationalizes and makes us feel better. We print the paper and hand it in, mentally closing the book and moving on. We have coping mechanisms to keep us sane in a world of time sensitive material. "Done is better than perfect" is the motto.

But sometimes, adversity can bring out the best in us. A few months ago, Sir George Martin passed away and much was written about his influence in the music world. Martin was the man who discovered four obscure British musicians in Liverpool and became their first producer. He liked their sound and energy, but he just didn't think The Beatles could write songs.

Martin found a song he liked and purchased the license. He gave it to them and had them record it. John Lennon and Paul McCartney loathed this. They went to Martin and offered to write their own song. In 1962, "Love Me Do" became the first hit for the Beatles. In the face of opposition and criticism, they found their creative spirit and became better songwriters.

Sir George liked John, Paul and George Harrison, but wasn't very impressed with Pete Best, their original drummer. Martin went to hire studio musicians for the recordings, but John, Paul and George fought the loss of control and fired Pete Best. They hired Ringo Starr and got back to work.

But Sir George didn't think there was any way that Ringo was going to cut it, so he brought in a session drummer to sit in for the next recording. Bringing his A-game, Ringo excelled on the next track, and the rest, as they say, is history.

Even though we find ourselves in a situation we wouldn't have chosen, we do better work, because we have no choice but to do better work.

I'm a Beatles fan, but really prefer their early work, when they were young, and hungry and innovative. Later, like most of us, they became complacent as fame became easier. When they were four unknowns struggling to make it, people like George Martin could tell them they weren't any good, and they would respond to the criticism by getting better. When they were The Beatles, no one challenged their work, so OK was acceptable and it sold. It made money, so it was great, right? … or good enough … or just OK?

When we started in practice, we had to be great. We had to get better. There was no other choice. I have a cartoon in many of my lectures. It has a dinosaur wearing a T-shirt that says "Evolve or Die"

But recently, we had become more complacent. We were doing well enough. We didn't have to be that attentive or innovative. Everything was OK … acceptable. Now the situation has changed. As a profession, we have been given the gift of adversity. We can choose to bring our A-game and do better work or go the way of that dinosaur.

So, time to put a smile on my face and get back to work. I'm already whistling. As you know, "I get by with a little help from my friends!"

Oh, and there was a second fortune cookie with that dinner. Mine said, "A smile is nearly always inspired by another smile." Maybe there is something to this fortune cookie wisdom …

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

It's Your Choice

Robert Buchholz, DDS
Guest Columnist

Say 'Uncle' … Part 2

Last month I alluded to the fact that some of our profession's specialists might have a more advantageous status in their dealings with third-party payers.

Well … yes they do … and more than just a few specialists reside in our profession's penthouse accommodations.

For you "young'uns," way back when there were dinosaurs roaming our profession … beginning in the 1970s – almost ZERO specialists signed contracts that bound them to a specific fee schedule. In general, very few if any dentists signed any contracts with third-party payers. At that time historically, to the best of my memory, Delta Dental of Ohio was the only dental insurance plan that required a signature on a contract that defined the cost restrictions attached to specific covered procedures. Delta had a fee schedule that the majority of dentists were comfortable with and their signature was an indicator of approval.

In the 80s, third-party payers took a cue from their medical reimbursement experiences and introduced Health Maintenance Organizations … HMOs. The dental equivalent was known as a DHMO (Dental Health Maintenance Organization). There remains remnants of HMO dentistry in today's insurance marketplace, but the percentage of individuals insured with this type of insurance reimbursement is small.

"If at first you don't succeed-try-try again"… and third party payers did. They introduced the preferred provider organization concepts during the mid- to late-80s (PPOs). This has become the primary reimbursement business model in the 21st Century.

Initially, acceptance of the PPO contractual products was lukewarm at best. Urban dentists were more likely to sign a contract than their rural counterparts.

If the PPO concepts were going to gain market share, payers needed to be more creative in marketing their product.

And creative they became …

The payers put out the word, especially with dental specialists, that the contracted fee schedules were "negotiable."

"Buchholz, how do you know that," I'm hearing, right now, from y'all as you read this op-ed.

The answer to your questioning is simple. Oral surgeons, periodontists and endodontists told me they were actively negotiating for increased fees that they deemed acceptable. Dental anesthesiologists and oral pathologists were and still are the stepchildren of our profession and to this day remain in the vast wilderness of whimsical reimbursement policy.

Third-party payers were picking off the specialists, location by location, in urban cities. Meanwhile the rural specialists heard, for the most part, only the sound of crickets for a few years. Then, they eventually caught up to their urban brethren.

Money talks and I'll leave it to you, the reader, to decide whether the specialists' decisions were driven by greed, fear or just plain economic survival as the reason(s) for signing the contracts.

Once the specialists "bought in," the PPO model gained grudged acceptance! The only problem created was the general dentist became a second class member of the dental profession at that moment.

I always believed in competing on a level playing field and that kind of naivety is still a part of my personality. But the facts are, the field is crowned in the middle and everything else drains laterally. Guess who sits at the highest point on our profession's playing field!

THE INSURANCE INDUSTRY IS IMMUNE FROM SOME ASPECTS OF ANTI-TRUST REGULATION!

DO YOU BELIEVE THAT AS LONG AS THIRD-PARTY PAYERS CAN CONTINUE TO DISCRIMINATE WHEN PAYING DENTISTS FOR SERVICES … THAT THE SOLO PRACTITIONER MODEL CAN SURVIVE?

Throughout the first decade of this new millennium third-party payers continued to squeeze practitioners financially. Between not raising "usual-customary-reasonable fees" and their persistence of only paying benefits for restorations that even though were still scientifically sound entities, were now shunned by the public … resulted in reimbursement dollars and general dentists' incomes staying relatively the same.

And then came the financial catastrophe of 2008-2009 …

If the PPO reimbursement model wasn't entrenched prior to '08, the years following '08-'09 codified these types of plans. Perhaps the worst insurance contractual clause I've ever read is: "When you sign up for one company's PPO plan … you are signing up for any other businesses that currently utilize our PPO product(s) and network." Adding further insult was the active involvement of the employee's business. They began adding additional incentives for their employees to enroll in their anointed PPO plan that they had purchased.

If I throw in the current social turmoil sweeping across our country and the rest of the world and delve deeply into the real employment numbers and the increasing numbers of individuals that no longer have dental benefits because they're retired and drawing Social Security, it's easy to understand how we now have a recipe that heavily stresses and weighs on the solo practitioner model.

I'll never forget the great Ohio State football coach, Woody Hayes, who loved history. He coached before OSU became THE OSU. He'd rather talk about George Patton than the X's and O's of football. If Woody was alive today he would tell each of us that the American Empire is in its declining phase. He would point to the income inequality arguments raging in our society. And ultimately he would highlight our country's movement toward a socialistic society.

If the future of our country is destined to become socialistic, one result of the change will be a single-payer health care system.

If and when this occurs … this time, unlike with the Affordable Care Act, dentistry will be included in the single-payer plan.

This will result in a period of chaotic years in all of the health care professions. As one who has worked for a single payer … the United States Navy in 1972-1974 … I predict that there will still be a dental profession … AND …

THE SOLO PRACTITIONER MODEL WILL SURVIVE THE TURMOIL!

You see, there will still be individuals that will recognize that government-dictated procedures and products are not necessarily what they want done in their mouths.

I've been on record as talking about "Speakeasy Dentistry." This will be the SOLO PRACTITIONER'S SAVING GRACE! Like the movie "Field of Dreams" … if you build it they will come and there will be nothing the government can do about it.

The only thing missing from this discussion is the word WHEN, and unfortunately I'm not that clairvoyant!

Keep those chins up folks!

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

Have a question? Contact the Ohio Dental Association!

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

The Happy Dentist

Najia Usman, DDS
Guest Columnist

My pleasure

At this juncture of my career, I find myself obsessed with practice management courses versus those courses that teach the latest and greatest in endodontic technique. Does it mean that I am at the pinnacle of being an endodontist and all that is to be learned has been learned? "No … of course not" she emphatically stated. Is it that I want to double the number of root canals that I do? Not quite; the answer lies in something that I do a lot of lately, which is soul searching. There has to be more to this than just "fixing teeth." There are so many ways that we impact people, and I don't mean just our patients. For many of us, regardless of our practice model, we are impacting the many people who work in our practice. This is something that I don't take lightly, and as a result I find myself drawn to all topics that concern the engagement of staff.

I recently attended a great lecture put on by an orthodontist in my community who invited a famous hotel operative to talk to staff and dentists about the hotel's hospitality service mantra. This makes sense for dentists since we are also in an elective service industry. We took our whole office, and I could tell the staff was really fired up about the message. These were not only principals to be applied at the job but really life skills we could all benefit from. So while my staff was excited to hear the speaker's message, I found myself studying this particular speaker's own motivation. This was clearly someone who had "drank the Kool-Aid" from his company. Why though? Was he being paid a million dollars? I doubt it! This man was so enthusiastic about his message and his employer because HE BELIEVED. He believed HE was making a difference. He believed HE was representing a credible brand that echoed who he was as a person. Now the foundation of this particular hotel chain is that their service should anticipate and exceed expectations beyond one's imagination. The second pillar is the idea that every employee is concretely "empowered" with a certain monetary amount daily, to be creative and autonomous in these initiatives.

EMPOWERMENT is the new buzz word, and I used to think of this as a one-step tool of management to create success in business. I started looking around me at other businesses that were elective service oriented as well as other friends' practices who were highly successful. I was searching for examples of empowerment. The other day I was performing endodontic therapy on one of my friend/colleague's dental assistants. She was a young mom who came to the appointment with her 4-year-old child. Initially it was a consultation, but I felt that the outcome would be improved if we were to start the case immediately. The problem for this patient was how to manage her child for the next hour. I saw her make a few phone calls presumably to manage a few logistics and to my surprise her employer who had a day off came in with toys and treats to manage the child while her employee had her much needed treatment. Needless to say I was blown away by this display. Believe it or not, I call THIS empowerment.

Recently I received an email from a young lady who initially interned with us as a dental assistant from the local career center. She was so bright that I offered her a position in our practice. Regretfully, she had certain personal challenges that caused her to leave our employment, but I was so happy to hear that we had made such an impact in her development that she was now enrolling to become an EFDA and was motivated to become a dentist one day. I was so filled with joy to know that a few months in our practice gave this young lady the hope to strive beyond her wildest dreams. To me, this is also the meaning of empowerment.

When you believe in someone so much that you are a part of their journey by investing in them versus just concentrating on your own goals and journey, the energy you will see from your team will be unparalleled. They will be our biggest cheerleaders and advocates and everything will look after itself. We are always in search of that "magic bullet" which will be the key to success. If we seek every opportunity to empower through positive role modeling, education and sheer kindness that is truly a benchmark of our humanity, the words "our pleasure" will be sincere.

Dr. Usman may be reached at usman@zoominternet.net.

ENVIRONMENT, from page 7

permit with the EPA, and any sewer district could implement stronger requirements and enforcement mechanisms if they are not meeting EPA standards. Participating in the Good DEED Program helps dentists show the EPA they are doing their part to reduce mercury that is released into the environment so that onerous regulations are not needed.

Currently 146 dental practices at 161 locations with 262 dentists and 1,066 chairs are enrolled in the Gold Tier of the Good DEED Program, including Case Western Reserve University School of Dental Medicine, and 39 dental practices at 42 locations with 80 dentists and 255 chairs participate in the Gold and Green Tier.

Good DEED Program participants receive a certificate from the ODA, which can be displayed in their office to show their patients they are an environmentally friendly practice

The Good DEED Program was started May 31, 2010, and received a Golden Apple Award in 2010 from the ADA. In 2013 the ODA was recognized by the OEPA for successful participation in the Environmental Excellence Program (E3).

For more information about the Good DEED program and how to participate, visit oda.org/about-the-oda/good-deed-program/ or call the ODA at (800) 282-1526.

ODA Classifieds

Associate Wanted

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

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

Associate Dentist / Full Time and Rewarding. Dr. Mark Grucella and Dr. James George are in search of a full-time Associate Dentist to practice all facets of general dentistry inclusive of prosthetics. We have three practice locations, two in Akron and one in Canton. Our highly recognized practice offers a solid patient base, is privately owned with guaranteed compensation and bonus, full benefit packages inclusive of paid malpractice, vacations, health insurance, 401K and more. In this opportunity, you will have the support of a highly skilled and enjoyable staff including EFDA, CDA, Hygienist, Lab Technicians, and Front Desk Management team ensuring high quality of care. Eagerness to provide compassionate comfort and care is a highly desired trait. This is a perfect opportunity for a Dentist that enjoys creating new smiles and working in an ideal practice situation. Please submit resume by email to paul@ggdentist.com, fax (330) 376-5214 or call (330) 598-2411 to discuss this opportunity. To learn more, please visit our website at ggdentist.com.

Associate Dentists. Earn $230,000/yr plus benefits while providing general family dentistry in a technologically advanced setting. Dental Dreams desires motivated, quality oriented associate dentists for its BUSY offices in Chicago and surrounding suburbs, DC, LA, MA, MD, MI, NM, PA, SC, TX, and VA. We have FT, PT and Saturday only schedules available. Call (312) 274-4524, email hr@dentaldreams.org, or fax CV to (312) 464-9421.

Associate dentist needed for a busy private practice in Athens, OH. Excellent opportunity in a Fee-for Service practice. Modern office with exceptional team. Prefer dentist with experience and/or GPR. 4-5 days/week. E-mail CV to Gindre@aol.com or call (740)707-3639.

Associate Dentist needed for an exceptional opportunity with a possible buy-out option. The right candidate should be a quality oriented, personable dentist for our well established, busy, growing practice. Dependable staff, excellent salary, benefits & incentives. Email, call or fax Kay at kaymcowen@yahoo.com, office (937) 484-5775, fax (937) 484-5771.

Associate dentist opportunity available in well-established, high-tech Dayton/Kettering practice. A few years of experience preferred. Great earning potential with Sign On Bonus. Please inquire by email to shari@dayton-dentistry.com.

Associate Dentist Wanted! Columbus. We are seeking an upbeat associate dentist who really wants to make a difference in the lives of his or her patients. We are willing to consider a new graduate or an experienced dentist. Dr. Steven England is the practice owner and we currently seek ONE associate. You will not have to compete for patients with other associates! We offer $65/hour salary, and, when you are ready, a 30% commission on collections. Our collection rate is 98%. We also competitive benefits and a great work/life balance! You will have a lot of flexibility in your hours and time off. Dr. England, the practice owner, provides a wide variety of dental services including IV sedation, dental implants, oral surgery, biopsies, oral cyst removal, dentures, partials, endodontic therapy (including molars) and, of course basic and complex restorative services. Dr. England was the recipient of the American Association of Endodontists Award when he was a student, and he also received the Midwest Implant Institute's Presidential Award. He is a fantastic mentor! You will learn a lot from him, no matter your level of experience. Our experienced staff is ready to help you succeed! Please call our office today at (614) 276-1661 to schedule an interview. You may also reach Dr. England at his email address, englandds@juno.com. And be sure to visit our website at www.Dr.StevenEngland.com.

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

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

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

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

Dental Associate. Well established, growing, busy dental office in Dublin is looking for an Associate Dentist 3 days a week that has at least 2- 3 yrs. of experience and is looking to grow professionally in a private practice setting, should be available flexible hours. Dependable staff along with EFDA, excellent compensation package available. Please contact aparna@dublinmetrodental.com.

DentalOne Partners is actively recruiting for General Dentists to join our affiliated practices in the Cleveland area. These practices have an established patient base and a constant flow of new patients. When joining an affiliated DentalOne Partners practice, you can expect FULL clinical autonomy and freedom from Medicaid. But most importantly, you can focus on what matters most: patient care, while maintaining an exceptional work-life balance. DentalOne Partners provides the managerial, the marketing, and the technical administrative expertise; you provide the talent & passion for your craft. Full time and part time positions available. DentalOne Partners also offers an excellent relocation package. Contact Mary Barfield at Mary.Barfield@DentalOnePartners.com or call (864) 313-8429 ASAP to learn more about these opportunities!

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.

Dental Front Desk Manager. We are seeing an experienced full time front office patient service representative to work at our busy dental office in Dublin, Ohio. The successful applicant must have the following to be considered for the position: understand dental technology; must have previous "Dental" front office experience of 1-2 years; able to schedule appointments for patients; must have excellent communication skills both verbal and written; computer literate a must, knowledge of Dentrix software helpful. Email resumes to Karen Amerine: officemanager@dublindentalassociates.com.

Do what you do best - practice dentistry, while we take care of the rest. ImmediaDent is seeking Full Time and PRN Dentists with a passion to provide quality comprehensive dental care in our modern offices throughout Ohio, Indiana, and Kentucky. ImmediaDent offers all phases of general dentistry to a mix of new and existing patients on a scheduled and walk-in basis in all 24 locations. The ideal dentist for ImmediaDent enjoys performing a variety of dental procedures and is experienced in all phases of general dentistry including oral surgery and endodontics; new graduates with great clinical skills are encouraged to apply. Relocation and Sign-on Bonus up to $25k available for specific locations. To apply today, visit www.immediadentcareers.com or contact Chad Johnson at (913) 428-1679 or via email at chadjohnson@immediadent.com to learn more.

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

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

Flexible Locum Tenens Opportunity – Midwest Dental is seeking experienced dentists to fill daily/weekly/monthly locum tenens needs to cover leaves and extended vacations. Perfect for dentists wanting to pick up extra hours. We offer competitive pay and give you complete freedom to work as many locum sessions as you'd like! May involve travel with overnight stays. Typically includes 32-36 hours/week when needed. Opportunities are available at practices across the country. Contact Carly Rufledt at (715) 225-9126 or crufledt@midwest-dental.com.

Great Dentists Wanted – Lorain & Macedonia OH – $$$$ signing bonus: Midwest Dental is seeking great dentists to lead our Merit Dental practices in Lorain and Macedonia. This position offers excellent compensation and

Advertisers Index

benefits, a great work-life balance, and unlimited opportunity for professional development. Our support team handles the administrative details, allowing you to lead your team while focusing on dentistry. If you possess a passion for providing quality care and are looking for a rewarding career opportunity, please contact Brad Smith at (715) 590-2467 or bsmith@midwest-dental.com.

South Eastern Ohio General Dentist Practice in beautiful edge of Appalachia in search of a Dentist for a rural community. Our growing practice in a gorgeous facility with competent staff is in need of an enthusiastic Dentist willing to perform all aspects of General Dentistry. Compensation or Associate Dentist position will be considered on an individual basis depending on experience and extended goals of applicant. Contact: (937) 587-3903 of fax resume to (937) 587-3302.

Tiffin, OH dental practice is in search of an associate. Very busy practice with dentist's schedule booked ahead 2 months. Flexible schedule available for associate for 2 - 4 days/week. Thriving practice with a majority of fee-for-service patients. Staff is experienced and associate will be working with an EFDA. High income potential. Candidates with endodontic and oral surgery experience preferred but not required. Please send CV and inquiries to ohdentist70@gmail.com.

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

We are looking for and enthusiastic dentist to care for our patients in our Englewood and Troy Ohio practices. Both are general practice, digital x-ray, cerec technology, established practices. Please contact Mr. Sullivan at 937-430-4317.

Equipment for Sale

GENDEX & DEXIS INTRAORAL X-RAY SENSOR REPAIR. We specialize in repairing Gendex & Dexis dental x-ray sensors. Repair & save thousands over replacement cost. We purchase old/broken Sensors! www.RepairSensor.com, (919) 924-8559.

KODAK/CARESTREAM & SCHICK - INTRAORAL X-RAY SENSOR REPAIR. We specialize in repairing Schick CDR & Kodak/Carestream RVG 5100 & 6100 dental X-Ray sensors. Repair & save thousands over replacement cost. We purchase old/broken sensors! www.RepairSensor.com / (919) 924-8559.

Statim 5000 Sterilizers, WhisperVac Central Vacuum, Jun-Air Compressors, 4-Meditorq slow-speed HP, 2-large Ultrasonics. Ortho units+chairs, Cannon XSI-100-Macro, MR-14EX ring-lite, Biostars, Wehmer Ceph-wall-mount, 90 KVP Belmont non-digital (free), Model trimmers, Orthhopli pliers, ioscogro@yahoo.com, (330) 843-0974.

Practice for Sale

Brand new dental practice for sale at 60% of my construction and equipping cost. Because of circumstances beyond my control, I closed my office after one month of operation. Located in Northeast Ohio in the lovely village of Columbiana, Ohio, an up-and-coming community located only an hour from Pittsburgh, PA and half an hour from Youngstown, OH. Please contact Dr. Frank Wanat at (330) 506-7931 for a virtual or physical tour of this state-of-the-art practice.

Many General Practices: #OH-1287, Cleveland County 9 ops, 4000 sq ft. Gross collections $1,100,000. WILL SELL QUICKLY! #OH-1267, Warren County. Strong growth. Practice well-established. Listing price INCLUDES 2nd location (Carlisle, OH); #OH-1180, Clark County. 4 Operatories. Loyal patient base. 50 minute drive from Columbus. #OH-1265, Franklin County. ASSOCIATE WANTED 6 Operatories: for details contact Jason Gamble, MBA, NPT (National Practice Transitions, LLC) (614) 648-8118 x229, j.gamble@NPTdental.com or www.NPTdental.com.

Medina County. $650K. No medicaid or DMO. Fast-growing community. 6 ops in upscale facility. Digital pan & intraoral. Many amenities. Brief transition period. Call (330) 283-0946.

Practice for sale in Mansfield area. Incredible growth potential in this underutilized facility. The practice is currently seeing patients three days a week, with $305,000 in gross revenue. The practice has five operatories and could easily be expanded. The purchase of the practice comes with an option to purchase the building. Asking $212,500. Call Practice Directions (614) 450-0993. Email dryoung@practicedirections.com.

Practices for Sale – Ohio. Please call Steve Jordan, (330) 335-9042 or visit pmagroup.net.

Toledo Area. $1.2M opportunity. Very efficient with 52% overhead. No Medicaid. Excellent transition, motivated seller. Move-in condition. Call Stephen, (419) 491-4549.

Very modern, paperless, general practice for sale South of Akron. All the bells and whistles with great patients and the best staff you could ever ask for! Gross Collections $800K. Please contact Tom at pfsmolar@gmail.com for more information.

Space Available

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

Northeast Cincinnati / Loveland / Deerfield Township. 1400 sq. ft.; ideal for dental specialist; approximately $30,000 of leasehold improvements - electric, plumbing, cabinets in place; 2 private bathrooms; ADA accessible; high traffic and visibility; excellent parking; call: (513) 793-4770 or (513) 683-3900.

Opportunities in Northeast Ohio. Equipped dental office space for rent in specialty practice in Beachwood Ohio. Please call (216) 464-8985 for more information.

Pataskala, Ohio. For lease, available immediately. 1150 sq. ft office space used for 10+ years as a dental office. Two operatories plumbed and wired for dental equipment. Reasonable rent includes all utilities except for phone and cable. Call Daryl at (614) 804-2278.

Professional Dental Services

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

Miscellaneous

AFTCO, the oldest (since 1968) and largest dental transition firm in the U.S., is expanding once again. We are looking for enthusiastic sales professionals who want a new and lucrative career in the ever-expanding healthcare business. Our average consultant has been with us for over 19 years! If you are a motivated, independent self-starter, and if high commission income potential interests you, then visit our website at www.aftco.net and send your resume to careers@aftco.net.

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

ODA Today Classified Advertising

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

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

AMALGAM, from page 7

amalgam separator at the 99 percent removal rating.

Exemptions:

- Any dentist that places or removes amalgam will be required to install an amalgam separator. Some possible exemptions will be orthodontists and periodontists, providing they can prove they do not work with amalgam.

Change out:

- The proposed regulation states that dental offices must follow manufacturer's guidelines when changing out their containers OR change it once a year, whichever comes first.

Maintenance:

- Each dental office will be responsible for tracking and managing the waste generated by their amalgam separator. This includes log sheets, shipping information and recycle certificates.

While amalgam separators are the focus of the proposed regulation, it also includes the use of disposable chairside traps and contact amalgam waste buckets for items that come in contact with amalgam.

Conclusion

Amalgam separation has been extremely effective in mandated states and municipalities as a way to reduce mercury from the waste streams. Dentists are encouraged to be aware of the pending EPA regulation and to consider voluntary adherence to the ADA's BMPs in the meantime.

Solmetex is a leader in amalgam separation technology and waste removal compliance, enabling dental offices to confidently run their practice safely and with a clear conscience. Solmetex is endorsed by the Ohio Dental Association Services Corp. For more information, visit www.odasc.com.

1. Pollution Prevention act of 1990. Public Law 101-508

2. Mercury Source Control & Pollution Prevention Program Evaluation; Association of Metropolitan Sewerage Agencies (AMSA) March 2002

Visit **www.oda.org** for current and archived "ODA Today" stories