

# ODA Today

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

## QuickBites

### Have a question? The ODA has an answer

The ODA is Ohio's resource for the dental profession. When a member has a question or needs something, he or she should contact the ODA first. Odds are the information is available through membership.

Members can call the ODA at (800) 282-1526 with questions, plus visit [www.oda.org](http://www.oda.org) 24/7 for up-to-date information.

The ODA's online resource library, found at [oda.org/resource-library/](http://oda.org/resource-library/), contains information related to practice management, regulatory compliance, legal questions and more.

So next time your office has a question, remember to contact the ODA first by calling (800) 282-1526, emailing [dentist@oda.org](mailto:dentist@oda.org) or visiting [www.oda.org](http://www.oda.org).

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## The Ohio State University College of Dentistry hosts national Give Kids A Smile kickoff event

By Jackie Best Crowe  
ODA Managing Editor

The Ohio State University College of Dentistry hosted the American Dental Association Foundation's Give Kids A Smile national kickoff event on Feb. 2.

At the student-led event, 171 children received free dental exams, cleanings, extractions, fillings, crowns, and education on how to maintain good oral health.

"This is the 12th Give Kids A Smile day at the College of Dentistry and we're pleased to be the site of the national kickoff," said Dr. Patrick Lloyd, dean of the College of Dentistry. "This event has important and positive outcomes for everyone involved. Parents are able to secure dental care for their children when they might not otherwise be able to afford that care; our students, who plan the day, begin to consider hosting Give Kids A Smile events in their own practices when they graduate; and the children have the opportunity for brighter futures because they are not hindered by low self-esteem due to poor oral health."

Children in need were bused in from local schools, and the dental school also had appointments available for the public. At the event, 122 cleanings, 299 X-rays, 129 fluoride treatments, 108 sealants, 40 fillings, 18 crowns, 17 extractions, and three pulp-tomies were provided.

"For many kids, a Give Kids A Smile event is their first real dental experience, and we want it to be a great first experience for them so that taking care of their smiles becomes a



A patient receives a high five during the Give Kids A Smile national kickoff event at The Ohio State University College of Dentistry. See page 7 for more photos of the event.

ODA Staff

lifelong habit," said Dr. Joe Crowley, president of the American Dental Association and a dentist from Ohio. "Kids with poor oral health status are almost three times as likely to miss school as a result of dental pain. Our goal is to provide the care they need and put them on a path to a lifetime of good health so they can succeed and make their dreams reality."

A committee of students organizes the GKAS event at Ohio State, and this year the

organization of the event was led by third-year dental student Haella Holmes. At the event, 230 dental school students, 60 dentists and five hygienists volunteered their time. Ohio State has held GKAS events twice annually since 2012, providing care for more than 1,100 children throughout Ohio and providing more than \$318,000 in treatments.

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## ADA president to speak at ODA Leadership Institute

By Jackie Best Crowe  
ODA Managing Editor

American Dental Association President Dr. Joe Crowley will be speaking at the ODA Leadership Institute on March 23 and 24 in Columbus.

The 2018 Leadership Institute – People, Purpose & Passion: The Pathway to Success – will be at the Hilton Columbus Polaris Hotel. The event will feature keynote presentations, roundtable discussions, breakout sessions and opportunities for camaraderie and fellowship.

Crowley will speak about "Resources for a Thriving Dental Practice: The ADA Center for Professional Success" on March 23 along with Dr. Betsy Shapiro, director of the ADA Center for Professional Success. The ADA's Center for Professional Success is a recent initiative to provide member dentists with innovative resources related to practice management, regulatory compliance, third-party payer issues and risk management.

The Center for Professional Success is a



ADA President Dr. Joe Crowley will speak at the 2018 ODA Leadership Institute.

Web portal that can be accessed at [Success.ADA.org](http://Success.ADA.org). ADA staff members maintain and update the website. It includes everything from calculators, continuing education,

### REGISTRATION INFORMATION

Registration is free for ODA members, dental residents and dental students. Register online at [www.oda.org/events](http://www.oda.org/events) or call 800-282-1526. Or mail in the paper registration form that was mailed to ODA members along with a brochure in January. Registration is limited, so please register early.

articles and more. During the discussion, Crowley and Shapiro will show dentists how they can navigate and use these resources to improve their practices.

On March 24, Crowley will be giving an ADA update along with ADA Treasurer Dr. Ron Lemmo and ADA Seventh District Trustee Dr. Billie Sue Kyger. Attendees will have a chance to hear about Crowley's year as president so far, as well as highlights about what's going on at the ADA.

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Ohio Dental Association  
1370 Dublin Road, Columbus, OH 43215-1098  
[www.oda.org](http://www.oda.org)



**2018 ODA Leadership Institute**  
March 23-24 | Hilton Columbus Polaris Hotel | [oda.org/events](http://oda.org/events)

*People, Purpose & Passion: The Pathway to Success*



## The Director's Chair

David J. Owsiany, JD  
ODA Executive Director

## Doers and Talkers

I recently watched paid advocates for dental therapists wearing green scarves testify about access to dental care in Ohio at a legislative hearing. During the testimony, I thought about what I had seen less than a week before at the national kickoff for the Give Kids A Smile program held at The Ohio State University College of Dentistry, where dozens of volunteer dentists, dental students, faculty and staff provided dental care and oral health education to more than 170 Columbus-area school children.

That scene was replicated at the Case Western Reserve University School of Dental Medicine in Cleveland and in dental offices and clinics across the state and the country. In Ohio alone, 2,350 dentists and other volunteers will host 136 Give Kids A Smile events across the state providing more than \$1 million worth of dental services to more than 24,500 Ohio children. In the 15 years of the Give Kids A Smile program, more than \$14 million of dental care services have been provided to more than 250,000 Ohio children.

And that is just what has been done at Ohio Give Kids A Smile programs. There are many other critical programs through which Ohio dentists provide volunteer care to under-served Ohioans, including the Cincinnati Dental Society's "Leave No Vet Behind" program and the Remote Area Medical missions across the state. In fact, a recent survey found that the typical dentist in Ohio provides more than \$13,000 in free care annually, which amounts to a total of more than \$40 million in donated services every year.

Just as I reflected on the amazing generosity of the dental profession, the paid advocate pontificated that dentists' volunteerism is insignificant. Tell that to the hundreds of thousands of Ohioans who have benefited from these GKAS and other worthwhile programs throughout the years! And then it dawned on me that there are "doers" and there are "talkers." The talkers deal in "what ifs" or "if only" and are quick to criticize the doers who are actually doing something about the problems the talkers just talk about.

The paid advocate went on to suggest that recent legislative developments in Ohio have done little to address access to dental care. Again, that would be news to the thousands of Ohioans who now have access to dental care because of legislation pushed by the ODA and passed by the Ohio General Assembly.

Over the last two decades, proposals have been floated by representatives of both parties to eliminate dental coverage for adults in Ohio's Medicaid program. The ODA led the advocacy efforts to educate policymakers about the importance and cost-effectiveness of the adult dental Medicaid program. And today, because of those efforts, Ohio is one of only a handful of states that has comprehensive Medicaid dental coverage for adults. I don't remember seeing any green scarves in those Finance Committee hearing rooms as we worked to save the adult dental Medicaid program back then.

A few years ago, the ODA lobbied for an increase in the dentists' biennial licensure fees to create the Ohio Dentist Loan Repayment Program (ODLRP). Through the ODLRP, 25 dentists have relocated to designated shortage areas providing care to tens of thousands of Medicaid and other under-served patients.

In 2010, the ODA successfully advocated for restoration of the school-based fluoride rinse program. Today, tens of thousands of Ohio school kids who live in areas that do not have fluoridated water systems benefit from the fluoride rinse program, providing valuable protection against dental disease and decay.

That same year, the ODA had legislation introduced to create the Oral Health Access Supervision Program (OHASP), which is an innovative program that allows dentists to send hygienists into public health settings to provide dental services. Patients are provided access to a dental home and receive a follow up appointment with the dentist.

While I listened to the paid advocate criticize programs like the OHASP, I received an email message from a dentist at Nationwide Children's Hospital discussing how beneficial OHASP has been in allowing them to extend care to children in Early Head Start programs in Franklin County. They are doers at Nationwide Children's Hospital!

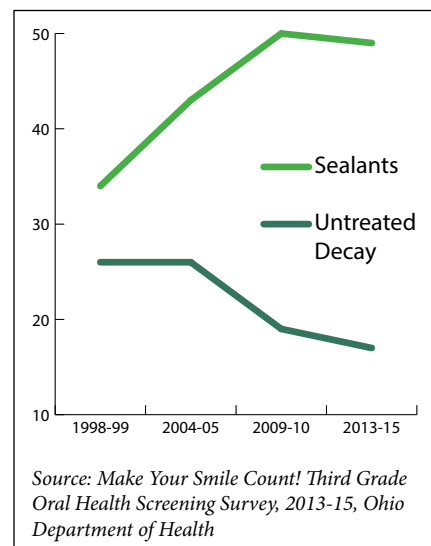
We have also worked to amend the Dental Practice Act and accompanying rules to permit the existing dental team members – including certified dental assistants, EFDAs and dental hygienists – to provide prevention services to patients in various settings, regardless of whether a dentist is present. As a result, more prevention services are being provided in under-served settings across Ohio.

The paid advocate concluded his remarks by suggesting that the ODA's

advocacy efforts have failed to "move the needle" on access to dental care. Tell that to the millions of Ohioans who have benefited from ODA's advocacy efforts and the access to care programs that arose from those efforts

But you don't have to just rely on the anecdotal stories from dental clinic directors who say they would have had to close their doors had dental coverage for adults been eliminated in the Medicaid program or from kids who now have a dental home because of the Ohio Dentist Loan Repayment Program or who are regularly being treated in Head Start programs because of OHASP. Those stories are real and reflect the human element of our successful advocacy efforts.

Recent studies and data also tell the story of improved access to dental care in Ohio. According to the Ohio Department of Health's most recent oral health survey of third-graders, 80 percent of third-graders have seen a dentist within the past year, which far exceeds the national target of 49 percent. Moreover, 93 percent of third-graders had seen a dentist in at least the last three years. The survey also showed that between 1998 and 2015, the percentage of children with untreated cavities decreased substantially while the percentage of children with dental sealants steadily increased. In fact, the percentage of Ohio children with one or more dental sealants is 49 percent, which is well above the national target of 28 percent.



The recently released State Health Assessment report provides further confirmation of improved access to dental care in Ohio. Specifically, the State Health Assessment found that the percent of children ages 3 to 17 with unmet dental care needs decreased from 6.8 percent in 2010 to 5.4 percent in 2012 and 4.6 percent in 2015, a 30 percent decline over the five year period. Ohio also fares well with adult oral health. According to

See DOERS, page 4



## President's Message

Steve Moore, DDS  
ODA President

## A unified voice makes a strong voice

Advocacy is possibly the most important benefit the ODA provides our members. Support of ODPAC (Ohio Dental Political Action Committee) and ADPAC (American Dental Political Action Commit-

tee) is crucial to maintain our wonderful profession. A unified voice makes for a strong voice! Dentistry is ranked as one of the most trusted and admired professions in the United States. But if you listened to proponents of the dental therapist and the Kellogg/Pew Trust, you would think Ohio dentists and team members do little, or virtually nothing, to help the underserved. Despite the fact that it is estimated that the typical Ohio dentist provides approximately \$13,000 in free care on average yearly (which adds up to approximately \$40,000,000 statewide).

February is Children's Dental Health Month. It is the traditional kickoff to the Give Kids A Smile program. Ohio was honored to host the national kickoff of GKAS 2018. Throughout the year, approximately 2,350 Ohio dentists and staff will donate over \$1,000,000 of dental care to 24,000 children through GKAS. Executive Director David Owsiany's column "Doers and

Talkers" makes clear the effort Ohio dentists have made to help the underserved.

We have a great profession. I hate to see it destroyed by "deep pocket" paid advocates who promote a plan that would result in a misdirection of funds and develop a two-tiered system of dental care. Those dollars could be more efficiently utilized to support the existing practice model. This is why I feel strong support of ODPAC and ADPAC is more crucial now than ever.

Email Dr. Moore at [smoore@oda.org](mailto:smoore@oda.org).

Donate to the Ohio  
Dental Political Action  
Committee (ODPAC) at  
[oda.org/advocacy/](http://oda.org/advocacy/)

## ODA Today

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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

Today's dental marketplace is increasingly competitive, driving dentists to seek out new ways to market their practices and attract new patients. However, there are several legal and regulatory restrictions on dental marketing that dentists must consider before engaging in a new advertising campaign.

State regulations and the profession's ethical code govern all types of dental advertisements. Television and radio spots, websites and all categories of print advertisements, including newspaper, magazines, yellow pages, signs, school or church bulletins, billboards and other mediums, are subject to regulation. There are several general rules that dentists should follow when engaged in advertising of any kind to avoid difficulties.

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

- Statements that contain a material misrepresentation of fact
- Omitting facts that are necessary to make the statement as a whole not misleading
- Statements that are likely to create unjustified expectations about what the dentist can achieve
- Unsubstantiated statements that claim the services provided by the dentist are superior to those provided by other dentists.

The Ohio State Dental Board has also developed a regulatory scheme governing how a dentist may advertise in print, radio, TV, Internet and other mediums. Basic guidelines to comply with these rules include:

- Avoid making false or misleading statements
- Include the name of the owner dentist(s) and their degree conferred in all ads
- Avoid using the names of deceased or non-practicing dentists in ads
- Use the phrase "general dentist" in any advertisements that mention specific dental services that are offered to patients
- List your board approved specialty if applicable
- Avoid terms like "family dentist," "cosmetic dentist" or other phrases that suggest a specialization in an

## Be cautious with advertising, referral incentive programs

unrecognized area.

However, questions regarding the advertising regulations are often fact specific so dentists are wise to work with legal counsel or contact the Ohio Dental Association prior to engaging in an advertising campaign in any of these formats.

A lesser-known restriction, but one that carries potentially stiffer penalties, is Ohio's anti-kickback law. The law is intended to help protect patients and health care payers against fraud and abuse and to prevent financial incentives from influencing health care providers' treatment recommendations and decisions. Though the focus of the law is seemingly meant to address provider-to-provider and agent/broker-to-provider referral corruption, the law is written broadly and actually applies to everyone. Therefore, dental offices that are considering establishing a referral incentive program for current and new patients must be familiar with this law in order to avoid pitfalls.

Ohio Revised Code section 3999.22 makes it illegal for anyone to "knowingly solicit, offer, pay, or receive any kickback,

bribe, or rebate ... in cash or in-kind, in return for referring an individual for the furnishing of health care services ... for which whole or partial reimbursement ... may be made by a health care insurer." Any violations of this section are considered felonies under the law.

Despite this broad prohibition against any kind of payments – gift cards, cash, gifts, etc. – in exchange for referrals, there are several important exceptions outlined in the law that may still allow dentists to pursue a patient referral program. First, the law excepts those referral payments that are authorized by a health insurance contract and does not apply to deductibles or copayments. The law also does not apply to a health care practitioner who provides services that are not covered by the patient's health insurance plan.

Finally, and most importantly, the restriction does not apply to the offering of discounts or reductions in prices. This exception provides a simple avenue for dentists to offer incentives to patients who refer their friends and family into the practice. A discount off of future services, or

new pricing structures for certain procedures can be offered in exchange for the referral of new patients under Ohio law.

While offering discounts on future services for patient referrals does not violate Ohio's anti-kickback law, offering incentives (cash, gift card, contest prize, credit toward treatment, etc.) for positive online reviews violates the terms of service for many review sites and may elicit the attention of the Federal Trade Commission (FTC) for possible violation of federal truth-in-advertising standards. The FTC has issued guidelines with regard to offering incentives for reviews and testimonials, which require appropriate disclaimers to be included in order to avoid misleading the reader. Failure to include such disclaimers would likely also be a violation of the profession's ethical code.

Dentists seeking to step up their marketing campaign and attract new patients are strongly encouraged to seek advice from legal counsel prior to instituting a referral incentive program or an advertising campaign to discuss these issues and avoid any difficulties that may arise.



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## ODA Seeking Nominations for Awards of Excellence

By ODA Staff

The Ohio Dental Association is seeking nominations for its 2018 Awards of Excellence program.

The ODA's Awards of Excellence program recognizes those who offer distinguished service to dentistry and improve oral health care by offering treatment, outreach or education.

Members and local dental societies are encouraged to nominate those they know who have made extraordinary efforts to improve the dental profession.

The Awards of Excellence program includes the following five award categories:

- **Distinguished Dentist Award** – the most prestigious of the ODA's awards, is presented to an ODA member who has demonstrated service, commitment and dedication to the profession throughout his/her career. Nominees should display leadership, dedication, commitment and outstanding contributions at the local, state and national levels.

- **Achievement Award** – is presented to a dentist or an individual who has made outstanding contributions to the dental profession and to oral health. Nominees are not required to be dentists, but should display a personal and professional commitment to the profession and the public's oral health. These individuals are honored as ambassadors for the profession to the community.

- **Marvin Fisk Humanitarian Award** – honors ODA members who offer dedication to improving oral health care in at-risk communities. Nominees may have served overseas or closer to home, spending time and often their own finances and other personal resources to help improve oral health care and fight illnesses.

- **N. Wayne Hiatt Rising Star Award** – is presented to an ODA member in practice 10 years or less who has demonstrated outstanding leadership and commitment to organized dentistry. ODA members who began to practice January 1, 2007 or later are eligible. Past award honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplishment within the profession.

- **Access to Dental Care Program Award** – honors an outstanding program (not an individual) that helps reduce the access to care problem in Ohio by offering free or reduced fee dental care to underserved populations.

To submit a nomination, please review the entry guidelines and submit all required documentation along with an Awards of Excellence nomination form, which can be found at [www.oda.org/about-the-oda/call-for-nominations](http://www.oda.org/about-the-oda/call-for-nominations) or you may contact Michelle Blackman at [michelle@oda.org](mailto:michelle@oda.org) or at 800-282-1526.

The deadline to submit nominations for the Awards of Excellence is April 20, 2018.

The ODA will present the awards during the ODA's 152nd Annual Session in September 2018 in Columbus.

### DOERS, from page 2

the State Health Assessment report, 65.3 percent of adults visited the dentist within the previous 12 months, which is above the national average of 64.4 percent.

The State Health Assessment also demonstrates that Ohio's dentist workforce is larger than the typical state and is growing even when adjusted for population growth. For example, in 2012, the population to dentist ratio was 1,789 to 1. In 2013, it was 1,746 to 1 and in 2015 the population to dentist ratio was down to 1,710 to 1. Ohio fares much better than the national average in population to dentist ratio, which is 2,590 to 1.

So while the talkers continue to talk, the ODA and its partners will continue to DO – because we know there is more to be done. We will continue to extend care to under-served areas through innovative programming, enhance and extend prevention ser-

vices into more settings and create incentives for dentists to provide care to under-served patients.

We will also continue to advocate for proven strategies that have a demonstrated history of effectiveness in addressing access to dental care. In fact, just last year we successfully advocated for doubling the capacity of the Ohio Dentist Loan Repayment Program, which will double the number of dentists who can access loan repayment in exchange for providing care in professional shortage areas in Ohio. And the ODLRP is entirely funded by the dentists of Ohio!

We are also currently working to pass legislation to update Ohio's laws to allow for tele-dentistry. This would allow dentists and dental clinics to utilize technology to extend even more dental care into under-served settings and professional shortage areas.

We DO all this because we know that actions do more for Ohio citizens than mere words.

### GKAS, from page 1

"Give Kids A Smile is first and foremost about impact," said Dr. William Calnon, president of the ADA Foundation. "Ohio State's 2018 Give Kids A Smile program is a perfect example of our profession coming together, and bringing together others who have valuable skills and talents to share, to generate better health outcomes for kids in need. We admire the passion that the Ohio State team brings to the GKAS program."

The kick-off event is one of many Give Kids A Smile programs that will take place throughout the year to help children in need receive access to quality dental care. Participating dentists decide the scope, location, number of children and dates of their events. Programs range from educational events to basic screening and preventive care to full restorative.

In 2018, more than 500 Ohio dentists are planning to volunteer their time through various GKAS efforts.

Support for the GKAS program comes from national sponsors Henry Schein, Colgate and KaVo Kerr.



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

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



Dr. Perrino has been a practicing dentist for over 30 years. He is actively involved in organized dentistry, having served on numerous committees and councils at the local, state, and national level. Dr. Perrino was admitted to the Ohio Bar in 2014 and will be assisting in the representation and defense of dentists in all practice related matters.



Ms. Sandra Ertel, paralegal, has assisted Dr. Recker and Dr. Perrino in preparing for, and attending, depositions, court appearances and hearings in multiple states.

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## ODA to host Peer Review, risk management CE course

The Statewide Peer Review Workshop will be held in the morning of Friday, March 23 from 8 a.m. to 10:30 a.m. (registration will begin at 7:30 a.m.) at the Hilton Columbus Polaris just prior to the Ohio Dental Association's 2018 Leadership Institute.

Attendees will learn regulatory and legal compliance strategies, risk management practices, proper peer review procedures, and how to utilize peer review in their offices while earning 2.5 hours of continuing education (CE) credits.

Attendance at the Statewide Peer Review Workshop is open to all ODA members including component dental society peer review committee chairs, committee members, and executive staff. A continental breakfast will be provided to all attendees. There will be no fee to attend.

To register or for more information, email [denise@oda.org](mailto:denise@oda.org).

## Don't forget to renew tripartite membership

Ohio Dental Association membership dues must be paid by April 30 for the 2018 membership year in order to continue receiving exclusive member benefits.

Any member who did not pay their dues by Jan. 1, 2018, is considered past due. Dentists who have not already renewed their membership should do so as soon as possible so that membership benefits, including receiving the "ODA Today," do not lapse at the end of April.

Members can renew online at [oda.org/renew](http://oda.org/renew), by mail to Ohio Dental Association, P.O. Box 182039, Dept 367, Columbus, OH 43218-2039, by fax at (614) 486-0381 or by phone at (800) 282-1526.

New this year, the ODA will be offering an installment payment program, where dentists can pay their 2018 membership dues over the course of several months. Payments will be divided into monthly installments concluding in April 2018. To utilize this payment option, dentists need to complete an in-year dues installment payment program form, which is included with dues statement mailings.

Dentists can also pay their dues using Reward Program Payment with Benco Dental. The Reward Program Payment allows dentists to redeem their Benco Dental BluChips® for a dues credit toward their ADA, ODA and local dental society dues. In order to use this payment option when paying dues, dentists will need to contact Benco Dental by logging onto [mybencorewards.com](http://mybencorewards.com) or calling (800) GO-BENCO ext. 2005 and request that their BluChips be redeemed for membership dues.

## ODA event to help match dentists looking for a job with dental offices looking to hire

The ODA Subcouncil on New Dentists is hosting an event immediately following Leadership Institute to help dentists, dental residents and dental students who are looking for a job match up with dentists who are preparing for a practice transition or looking to expand their practice.

MATCH is a free event for members and will be held on March 24 from 11:30 a.m.-2 p.m. at the Hilton Columbus Polaris Hotel.

Those looking to sell a practice, buy a practice, hire an associate or become an associate are all invited to attend this unique event.

To register, visit [oda.org/events](http://oda.org/events).

No outside companies or vendors will be included in this program, and attendees are not required or guaranteed to make a "match" at the event.

## ODA Meeting & Event Calendar

### Mar.

- 2 Finance Committee
- 5 ODA Foundation (call)
- 6-7 Council on Dental Care Programs and Dental Practice
- 7 Day at the Statehouse
- 9 ODASC Board
- 22 Executive Committee
- 22 Council on Access to Care and Public Service
- 22 Annual Session Committee
- 23 Peer Review Workshop
- 23 Joint Ad Interim and Strategic Planning committees
- 23-24 Leadership Institute
- 24 MATCH event
- 24 Subcouncil on New Dentists
- 30 ODA closed for holiday

### Apr.

- 8-10 ADA Dentist and Student Lobby Day
- 27 Callahan Memorial Commission

## Ohio Dental Association seeks information on donated care

The Ohio Dental Association is looking for information about donated care that is provided across the state. This information assists the ODA's lobbying team in advocating for legislation related to dentistry and shows legislators the caring generosity of Ohio dentists.

To report donated care, visit [oda.org/community-involvement/report-donated-care/](http://oda.org/community-involvement/report-donated-care/). Reported information will only be used collectively, and no names of dentists or offices will be used unless the office is contacted for permission.

## Download and print employment posters online

ODA members can download and print employment posters from the ODA's website for free. All employers are required to post numerous employment posters in their offices. To download the posters, visit [oda.org/member-resources/employment-posters/](http://oda.org/member-resources/employment-posters/). These posters are only available to ODA members.

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## ODA LEADERSHIP INSTITUTE AGENDA

### Friday, March 23, 2018

10:00 a.m. - 11:00 a.m.	<b>Registration</b>
11:00 a.m.	<b>Welcome</b> , Dr. Steve Moore, ODA President
11:00 a.m. - 12:00 p.m.	<b>10 Truths About Leadership</b> , Pete Luongo
12:00 p.m. - 1:00 p.m.	<b>Lunch</b>
1:00 p.m. - 2:00 p.m.	<b>Breakout Session Round 1</b>
2:15 p.m. - 3:15 p.m.	<b>Breakout Session Round 2</b>
	Breakout Session Round 1 and 2 Topics:
	<ul style="list-style-type: none"> <li>• Best Practices in Dental Office Human Resources</li> <li>• Dental Marketing Made Simple</li> <li>• Pain Management in the Dental Office: An Update on Ohio's Prescribing Rules</li> </ul>
3:30 p.m. - 4:30 p.m.	<b>Resources for a Thriving Dental Practice: The ADA Center for Professional Success</b> , Dr. Joe Crowley, ADA President, and Dr. Betsy Shapiro, Director of the ADA Center for Professional Success
4:30 p.m. - 4:45 p.m.	<b>Presentation of ODA's Component Dental Society Membership Awards</b> , Dr. Steve Moore and Dr. Ruchika Khetarpal
4:45 p.m. - 6:00 p.m.	<b>Reception</b> , hosted by Superior Dental Care

### Saturday, March 24, 2018

7:30 a.m. - 8:30 a.m.	<b>Registration and Breakfast Buffet</b>
8:30 a.m.	<b>Welcome</b> , Dr. Steve Moore, ODA President
8:30 a.m. - 9:30 a.m.	<b>ADA Update</b> , Dr. Joe Crowley, ADA President; Dr. Ron Lemmo, ADA Treasurer; Dr. Billie Sue Kyger, ADA Seventh District Trustee
9:30 a.m. - 10:30 a.m.	<b>Legislative Town Hall/Election Preview</b> , ODA Legislative Team
10:30 a.m. - 11:30 a.m.	<b>The Oral Health - Systemic Health Connection: What's the Evidence?</b> , Dr. Thomas Paumier
11:30 a.m.	<b>Closing Remarks and Adjournment</b>

## CONTINUING EDUCATION

Attendees of the 2018 ODA Leadership Institute have the opportunity to earn up to 5 CE credits. Complete CE information can be found on [www.oda.org/events](http://www.oda.org/events).

## REGISTRATION INFORMATION

Registration is free for ODA members, dental residents and dental students. **Register online at [www.oda.org/events](http://www.oda.org/events)** or call 800-282-1526. Or mail in the paper registration form that was mailed to ODA members along with a brochure in January. Registration is limited, so please register early.

### LEADERSHIP, from page 1

Crowley is a general dentist from Cincinnati and a past ODA president.

In addition to hearing from Crowley, attendees will hear a keynote presentation from Pete Luongo, former president and CEO of the Berry Company, a small business marketing company. Luongo will present "10 Truths About Leadership ... It's Not Just About Winning," which is based off of his behavior-driven model "The Leadership Pledge" that focuses on

people, support, expectations, feedback, and accountability.

Attendees will also have the opportunity to attend two breakout sessions on March 23. Topics include dental marketing, human resources and opioid prescribing rules.

The day will conclude with a reception sponsored by Superior Dental Care.

On March 24, attendees will hear a keynote presentation from Dr. Tom Paumier, a past ODA president and general dentist from Canton who serves on the faculty of

the Mercy Medical Center Dental General Practice Residency program. He will discuss "The Oral Health-Systemic Health Connection: What's the Evidence?"

Leadership Institute will also feature a legislative town hall and election preview. Attendees will have the opportunity to earn up to five CE credits.

Leadership Institute is the ODA's award-winning program developed to help all ODA members become more successful and effective leaders. Attendees consistently rank the event as one of the top

leadership development workshops. This event is free for ODA members, dental students and dental residents.

For more information about Leadership Institute and to register, visit [oda.org/events](http://oda.org/events) or watch your mailbox for a brochure.

## Learn about oral health-systemic health connection at 2018 ODA Leadership Institute

*Editor's Note: Dr. Tom Paumier will be presenting "The Oral Health-Systemic Health Connection: What's the Evidence?" on March 24 at the ODA Leadership Institute. Visit [oda.org/events](http://oda.org/events) to register and for more information.*

By Dr. Tom Paumier  
ODA Past President

Nearly every week in the ADA Morning Huddle there are multiple news stories related to a chronic disease and how bacteria in the mouth and oral health may impact that condition. The mainstream media is writing more and more articles related to the oral health/systemic health connection. Unfortunately beyond the headline, the strength of the science to support the claims may not be very good. Being a science and evidence based profession, we need to dig "beyond the headline" to understand what the association is.

My goal in the upcoming presentation at the ODA Leadership Institute is to provide you the tools to better evaluate journal articles and the strength of the research methodology used, to critique the conclusions and why even peer reviewed articles may be somewhat misleading. I hope to clarify what the evidence is related to how oral health impacts many chronic medical conditions including cardiovascular disease, stroke, diabetes, cancer, rheumatoid arthritis and others.

This information will help you better communicate with patients the importance of maintaining good oral health and the value of regular cleanings and exams. And that their oral health may impact their



Dr. Tom Paumier

overall health.

Additionally, you will be better equipped to converse with your physician colleagues as to why they should be asking their patients when they last saw a dentist. Since medical reimbursement has become more outcomes and value based, there may be incentives for physicians to refer their patients for a dental checkup if their chronic medical condition may improve with improved oral health. For many dentists who have open chair time, this information could provide a communication plan to better market your practice to the community at large as well as other health care providers.

*Dr. Tom Paumier is a past ODA president and general dentist from Canton who serves on the faculty of the Mercy Medical Center Dental General Practice Residency program.*

“Matt Scherer handled the sale of my pediatric dental practice. He was always available to answer any questions and handled all of my nervous concerns about the transition. I have worked with other brokers and his professionalism far exceeded any others.

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### Check out the ODA's podcast!

The ODA has launched a new podcast series called ODcAst: The Ohio Dental Podcast! This podcast is a convenient communications vehicle featuring ODA staff members and other experts discussing the latest information related to the ODA and dentistry in Ohio.

Recent topics include:

- new opioid prescribing rules for acute pain in Ohio
- new mandate requiring most dental offices to have an amalgam separator
- membership benefits
- an advocacy update

To listen to the podcast, visit [oda.org/resource-library/](http://oda.org/resource-library/) and click on "ODcAst: The Ohio Dental Podcast."



# 2018 national Give Kids A Smile kickoff event at The Ohio State University



ODA Staff  
A committee of students organizes the GKAS event at Ohio State. Ohio State has held GKAS events twice annually since 2012, providing care for more than 1,100 children throughout Ohio and providing more than \$318,000 in treatments.



ODA Staff  
OSU College of Dentistry Dean Patrick Lloyd speaks at the GKAS national kickoff event.



Photo by ADA News.  
© 2018 American Dental Association  
Shayleen, 10, left; Joelle, 10, right; and Grayson, 9, say "thank you" after receiving care at the GKAS national kickoff. Students were bused in from local schools, and appointments were available to the public at the event.



ODA Staff  
Haella Holmes, a third-year dental student and president of the Ohio State University College of Dentistry's Give Kids A Smile program, with ADA President Dr. Joe Crowley.



ODA Staff  
At the GKAS kickoff event, 122 cleanings, 299 X-rays, 129 fluoride treatments, 108 sealants, 40 fillings, 18 crowns, 17 extractions, and three pulpotomies were provided.



Photo by ADA News. © 2018 American Dental Association  
OSU third-year dental student Louis Konstan and Malachi, 7, give a thumbs up at the GKAS national kickoff event.



ODA Staff  
At the GKAS kickoff, 230 students, 60 dentists and five hygienists volunteered their time.



ODA Staff  
Third-year dental student Kyle Spackman made balloon animals for kids at the GKAS national kickoff event.



ODA Staff  
ADA President Dr. Joe Crowley, past ADA president Dr. Gary Roberts, Debbie Dalin and GKAS founder Dr. Jeff Dalin, receive a tour of the OSU GKAS event from Kyle Boyd, a fourth year dental student.

## Dental Insurance Corner

## Proper use of the gingivectomy/gingivoplasty and crown lengthening codes for restorative purposes

By Christopher A. Moore, MA  
ODA Director of Dental Services

There is no way a dentist can prevent a third-party payer from auditing or “red flagging” his/her claims. A dentist’s actions, however, can impact the likelihood of unwanted insurance company scrutiny.

For example, providing significantly more crowns or core buildups or doing more than two quadrants of scaling and root planing on the same date of service are things that, while they may be legitimate and warranted, are likely to garner the attention of certain carriers. Another procedure, while not as high profile as the other examples, that can be an issue for some dentists and insurance companies involves use of the gingivectomy or gingivoplasty (D4212) and crown lengthening (D4249) procedure codes. Insurance companies can relatively easily determine “higher than normal” crown lengthening procedure claim submissions, which can spark enough interest by the carrier to lead to an audit or review of the dentist’s

patient records.

### D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

The D4212 code is intended for use when a gingivectomy or gingivoplasty is needed to allow the dentist access to provide a restorative procedure. It is done, according to Dr. Charles Blair in “Coding with Confidence: The ‘Go To’ Dental Coding Guide: (2017 CDT Edition),” by removing healthy gum tissue “to reduce pocket depths around teeth making the area easier to access and restore or to take an impression. The gingivectomy is performed to access and restore suprabony pockets.”

The method the dentist uses to remove the tissue, e.g., scalpel, electrosurgery, laser, etc., is not a factor in using the code. The D4212 code should be reported to the patient’s insurance plan on a per tooth basis.

Insurance companies vary in how they process D4212 claim submissions. Some will deny the D4212 claim if the service is done on the same date as the restoration

while others will consider it part of the restorative fee. Many will expect an adequate time to elapse before a final crown preparation is performed. If future claims and/or the patient record do not indicate that this healing time has occurred, then the carrier may deny the D4212 claim outright. Some may even deny it when the restoration is performed on a later date.

D4212 should not be utilized if the gingivectomy or gingivoplasty is done as part of periodontal treatment which is more appropriately reported on a per quadrant basis using either the D4210 or D4211 code.

Additionally, the D4212 code should not be reported when the dentist simply packs cord. Carriers typically consider this service to be part of the crown procedure and fee.

### D4249 clinical crown lengthening – hard tissue

The CDT 2018 lists D4249 as a procedure “employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.”

Careful review of the D4249 descriptor indicates that it would be inappropriate to

report it on an insurance claim when the actual service met the criteria for the D4212 code. There is no such thing as a “soft tissue” crown lengthening procedure code. The dentist must reflect a full thickness flap, remove bone to gain restorative access and alter the crown to root ratio to be considered a hard tissue crown lengthening. Blair notes that “altering the crown to root ratio involves removing alveolar bone circumferentially around the tooth to expose tooth structure that had been subosseous prior to crown lengthening surgery, so that newly exposed tooth structure may be prepared to help retain a planned restorative procedure (e.g., a crown) in addition to whatever tooth structure was already exposed above the alveolar bone prior to the crown lengthening.”

The D4249 procedure must also be performed in a periodontally healthy environment. If done to treat periodontal disease then one of the osseous surgery codes (D4260 or D4261) would be the appropriate code to report. Additionally, many insurance companies will include reimbursement for the crown lengthening procedure within their reimbursement for the osseous surgery.

It would not be appropriate to use the D4249 code to report a “closed”

See CODES, 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](mailto:chrism@oda.org). To see past issues of the Dental Insurance Corner, visit [www.oda.org/news](http://www.oda.org/news) and choose the category “ODA Today” and subcategory “Dental Insurance Corner.”

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**CODES, from page 8**

hard tissue laser procedure unless the dentist reflects a full thickness flap. A more appropriate code to use for this service would be the D4999 (unspecified periodontal procedure, by report) code that Blair suggests includes an extensive narrative and a request for a D4249 as an alternate benefit.

Use of a laser does not change the criteria that must be met in order to use the D4249 code. Insurance companies base their reimbursement on the procedure that was provided and not the technique or technology used to perform it. However, the carrier can use the type of technology that the dentist employs to make inferences regarding some of the services that were provided. For example, if the dentist uses a laser that is only designed for soft tissue surgery and not hard tissue (bone) surgery, then many carriers will infer that only a soft tissue gingivectomy or gingivoplasty was actually performed, rather than the hard tissue bone removal required for use of the D4249 procedure code.

Most carriers will expect to see a reasonable healing period of generally six

weeks between the date of the crown lengthening procedure and the date the final crown preparation is performed before they will provide reimbursement. If the restorative services are provided on the same date of service as the crown lengthening then the dentist should strongly consider providing a detailed narrative with the claim explaining the necessity of providing the restorative service without waiting for healing to occur.

Another area of concern to insurance companies involves what dentists report relative to the teeth adjacent to the tooth that receives the crown lengthening procedure. Many would likely take a dim view of a D4249 claim that is submitted for each of the adjacent teeth when the dentist actually created a smooth contour from the alveolar crest of the crown lengthened tooth to the alveolar crests of the adjacent teeth.

Blair reports that "if a distal or proximal wedge procedure (D4274) is performed in conjunction with hard tissue crown lengthening (D4249) on the same service date, it is usually considered part of that procedure and not reimbursed separately."

The documentation contained in the

patient record represents the dentist's only "defense" should he/she become the subject of a third-party payer audit or review concerning the dentist's use of the D4249 code. It also represents the information that will likely be necessary to include with the initial claim submission or, if necessary, upon appeal.

Should the dentist become the subject of an insurance company audit or review, he/she should anticipate that the insurance company's auditors will expect to see the following in the affected patient's records:

- Pre-operative periapical radiographs.
- Tooth number(s).
- Current periodontal chart.
- Photographs, if available, if the tooth is fractured off at or below the gum line and the fracture is not obvious on the radiograph or documented location of decay or lost tooth structure.
- Anesthetic record.
- Documentation:
  - That a crown or other type of restorative procedure is indicated for the tooth in question.
  - That the tooth is periodontally healthy (since a tooth in an un-

healthy periodontal condition, e.g., chronic periodontitis, would not receive crown lengthening but would more appropriately be treated with the appropriate periodontal procedure).

- Of tooth specific tissue removal.
- Of tooth specific bone removal.
- Of the placement of an adhesive or sutures.

While not in the patient's record per se, the dentist should realize that a review of his/her appointment book/schedule should reflect the types of procedures that were performed.

The insurance company will expect that the tooth will still have adequate periodontal bone support after a crown lengthening procedure. Frequency limitations of one tooth per lifetime may apply pending the patient's benefit plan, and other insurance company policies may apply too.

While crown lengthening may be done for restorative or cosmetic reasons, it should be noted that many if not most insurance plans do not cover it if the procedure is done solely for cosmetic purposes.

"It is always important that dentists utilize the procedure codes that most accurately reflect the procedures they provide," said Dr. David Kimberly, chair of the ODA Council on Dental Care Programs and Dental Practice. "It is also just as important that dentists realize the importance of the patient record in providing for continuity of care and also forming the basis to defend themselves should the care that's being provided ever be called into question. If dentists take all of the proper steps and have good documentation but still find themselves at odds with a third-party payer, then they should consider utilizing the ODA's Dental Insurance Working Group as a resource in addressing issues they can't resolve on their own."

**Resources**

Participating provider contracts and manuals should be readily accessible to the dentist and billing staff and must be complied with to ensure the dentist is fulfilling his/her contractual obligations.

Participating provider manuals can also be helpful to non-participating dentists by providing insight to the carrier's expectations with respect to documentation and other matters.

The dentist should ensure his/her practice has the most recent version of the ADA dental procedure codes, i.e., CDT 2018: Dental Procedure Codes (CDT), and may also want to consider utilizing the additional resources available from the ADA (<http://www.ada.org/en/publications/ada-catalog/cdt-products>) and/or publications from Blair ([www.practice-booster.com](http://www.practice-booster.com) or 866-858-7596).

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## CHAIRMAN'S CHOICE

## Making a great living/life in dentistry

*Editor's Note: Dr. Elizabeth Mueller, a pediatric dentist in Cincinnati, is the ODA Annual Session 2018 general chairman. Throughout the year, she will be sharing details on some of her favorite CE programs being offered during the ODA's 152nd Annual Session, Sept. 13-16, 2018 in Columbus. Here is her second installment.*

By Dr. Elizabeth Mueller  
2018 ODA Annual Session Chairman

I have been thinking about dentistry since I went to dental school almost 40 years ago in 1977. I, single mindedly, honed my professional skills from 1977 to 1983, when I got out of pedo school. Then my real education started.

I quickly learned that having great clinical skills was just the ante in this complicated poker game of private practice dentistry. Managing the holy trinity of patients, parents and staff would require relationship skills that I did not have. I did not know a payable from a receivable and I still don't know the difference between accumulated amortization and accumulated depreciation.

I found myself struggling with the business of dentistry. Sure, we have all heard the "drill it fill it bill it" rhyme. But, that assumes we have already attracted a willing patient and knew how to handle the money when we got it. Marketing the practice, managing your business, while practicing good clinical dentistry, is REALLY HARD.

At Annual Session in Columbus, on Friday, Sept. 14, your ODA is offering many classes to fill in the gaps left by your traditional dental school education. Dr. Howard Farran is offering his ONE DAY MBA program, sharing his techniques to improve productivity and expand your business using business planning in operations and finance, e-commerce and Internet marketing. He will teach us the real reason people put off dental treatment. He will teach you how to manage your people, your time and your money. Check out his website for full course de-



Dr. Howard Farran will present his One Day MBA program at the ODA Annual Session on Sept. 14.

scription, [www.howardfarran.com](http://www.howardfarran.com). Come and be a "Townie" for the day and I can guarantee that you will not doze off during Howard's presentation!

And, the ODA is also presenting Susan Gunn, THE expert on using QuickBooks in your dental practice, on Thursday, Sept.

*More Engagement*  
➡ *More Achievement*  
ODA Annual Session - Sept. 13-16, 2018

Featured speakers at the 2018 ODA Annual Session include:

Judy Bendit, RDH  
Dr. Charles Blair  
Dr. Jeff Brucia  
Dr. Gordon Christensen  
Dr. Howard Farran  
Dr. Kathy Flaitz  
Dr. Gary Glassman  
Susan Gunn

Dr. Brian Harris  
Dr. Mel Hawkins  
Dr. Doug Lambert  
Dr. Roger Levin  
Dr. Don Lewis  
John Molinari, PhD  
Dr. Mark Murphy  
Betsy Reynolds, RDH

13. With over 70 percent of practices using QuickBooks, Susan Gunn's mission is to help dentists merge their practice management software (Dentrix, Eaglesoft, etc.) with their financial management software in "back to back accountability." Does your QuickBooks AR match your practice management AR? Monthly? Yearly? Ever? For more information, check out her website at [www.susangunnsolutions.com](http://www.susangunnsolutions.com).

The course fee will include a valuable QuickBooks manual for every attendee, a \$125 value!

Both of these courses will open your eyes to new ways of managing your practice and make your life less stressful, along with a greater return on your CE investment.

Come to the ODA Annual Session! Sept. 13-16, 2018.

### Live podcast recording at ODA Annual Session!

Dr. Howard Farran will be recording segments for his Podcast, "Dentistry Uncensored," on the evening of Sept. 13 in the Exhibit Hall! Save the date for this exciting opportunity.

### 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](mailto: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 [www.oda.org](http://www.oda.org).



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## How to choose the right SEO provider for your dental practice

Story Submitted by ProSites

Looking for a dental search engine optimization (SEO) provider can be painful. With everyone from local agencies to online marketing behemoths offering SEO, the process can be as unclear as online dating. Compound this with the added pressure of having your dental practice's reputation on the line, and it might seem tempting to skip the hassle. Since that's definitely not in your best interest, we've compiled a list of red flags and questions to make selecting the right dental SEO provider easier for your practice.

### Here are the red flags and areas to keep in mind when choosing an SEO provider:

**1. Get to know them.** First things first – look the company up online, visit their website and check out their social media pages. How do they come across? Do they appear professional? Trustworthy? Caution, this one is tricky because, as anyone who has ever dabbled in online dating can tell you, things are not always as they appear on the Internet. An appealing online presence is a huge component, but it can be subjective, so don't base your selection on looks alone. It's also important to consider how providers interact with current and prospective clients. When responding to client feedback online are they professional and courteous, or do they respond to any less-than-stellar reviews with hasty, defensive comments? If you feel uncomfortable observing how a provider communicates with people online, imagine what it would be like to be on the receiving end.

**2. What's their MO?** You've done some cyber-stalking, but that's not enough. Now's the time to dig a little deeper and, unlike the second date, playing coy isn't advised. When considering a dental SEO provider, it's important to know how they operate because your practice's reputation is on the line.

In recent years search engine ranking methodologies have become more stringent, but not all SEO providers have updated their practices accordingly. Black-hat SEO techniques, such as keyword stuffing and link farming, target search engines rather than a human audience, which results in a poor user experience. At first you may see a jump in your website's ranking but, like a short-lived romance, you'll soon learn it wasn't worth the effort. That's because search engines base rankings primarily on user experience, and your site will be black-listed faster than you can say "au revoir."

**3. Some things are too good to be true.** We've all been there – blinded by love at first sight (or something like that) – our general discernment momentarily disabled. Don't worry, we're not judging! There's an entire genre of reality TV based on the premise. Sure, it's easy to raise an eyebrow when this season's bachelorette, a former-model-turned-pediatric-neurosurgeon, says she's looking for a soulmate who shares her dream of creating a haven for abandon three-legged dogs. But, potential red flags in the realm of SEO can be a bit more subtle.

Some red flags to look for include promising you Page 1 results or claiming to be Google SEO Certified. Spoiler alert – Google does not offer certification in SEO (though companies can be

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### The Explorer

Matthew J. Messina, DDS  
Executive Editor

## Advocacy vs. Politics

The ADA and the ODA have political arms, ADPAC and ODPAC respectively. They also have a Council on Governmental Affairs. These are two separate entities, for a good reason, as the difference between politics and advocacy are increasingly on display these days. Many people consider politics as a dirty business and don't want to have anything to do with it. Our elected legislators are individually nice people who went into public service with the intention of making the world a better place. However, the current binary division of the United States into red and blue camps has lost sight of that responsibility.

The politics of the 21st century, sadly, has become a world of absolutes. Republican/Democrat; red/blue; yea/nay

(lots of nay); win/lose. Compromise has become a sign of weakness. Each side will stand on an ideological position because an individual can't afford to be shown as wrong and deviation from the party ideology represents disloyalty. As each side continues shouting, everyone moves to the corners of the room and the middle ground is left abandoned, like no-man's land. It's World War I without the trenches.

It is through this landscape that the profession of dentistry has to navigate. Individual dentists may have personal political views, but the association must advocate for the profession as a whole and our patients as individuals. Each dentist can decide to participate in the political process if they wish, but we all have a role to play in the legislative process. These are subtle differences here, however they are distinctions we need to make.

ODPAC and ADPAC contribute to candidates of both political parties. Building relationships with candidates grants us access to legislators in the future. As a profession, we need friends on both sides of the aisle to accomplish the goals of protecting the patients and ensuring that the practice of dentistry in the U.S. remains a viable business venture in this health care landscape. Dentists are, indeed, both small business owners and employers at the same time they are health care providers and healers. It is the founda-

tion of trust that we have cultivated as a profession that allows us the gravitas we need to achieve our legislative agenda. We are the pre-eminent source of oral health information and our commitment to prevention is the envy of the rest of the health care world. We need to jealously guard that position of honor, as it is the key to our success.

But there are others seeking to sway the legislature to their views. Their lobbyists sing a song of an easy fix to resolve the crisis in access to dental care. The ODA has long recognized that some of our most vulnerable patients need help in achieving the level of dental care that we all deserve. We have been working diligently for years to achieve that end. So why is it that groups like the Pew Charitable Trust and the Kellogg Foundation find some receptive ears for their tale?

Since its founding, the United States has grown rapidly and the pioneer spirit is still alive and well. We are attracted to the new, the bold, the innovative. It's sexy to look for a new proposal, a different way of doing things. Legislators are excited about acting like we are doing something, making change, boldly charting a new course. The metrics of gradual improvement are less compelling, even though that is where real success lies.

This crystallized for me the other weekend when Seth Godin boldly claimed that "the Super Bowl is for losers!" And we

can learn an important lesson from the stadium builders.

You see, the "New York Times" reported that the people of Minnesota spent half a billion dollars (that's \$500 million, or \$500,000,000) to build a new stadium and make deals to allow them to host the big game. Like every other city who has invested heavily in the NFL in the recent past, they will almost certainly lose money, likely a lot of money!

So why do people in government keep doing it? Making a bad bet that even Vegas oddsmakers wouldn't take?

The answer is that well-meaning, smart people fall prey to a common trap in human behavior (and we can learn from this lesson).

1. The project is now – it's a crisis, we can't take time to study it, we have to decide, it's yes or no. Apathy can be turned into a binary decision, support or opposition, you're in or you're out.
2. The project is specific – Could the people of Minnesota have found other ways to effectively invest \$500 million. Sure. Lots of them! That's the problem. There are an infinite number of options, each with their own small group of supporters, each one would make a difference. But this is just one clear, identifiable, concrete idea.
3. The end is in sight – when you

See **POLITICS**, page 15



### The Happy Dentist

Najia Usman, DDS  
Guest Columnist

## A life lived well

One is lucky if one is surrounded by people who call us into occasional introspection. It is very easy, especially for those of us in our private offices, to create a cocoon where we interact with those people who make us feel we can do no wrong. In my life that person who calls me out fairly regularly is my mother. One day, a few years back, she asked me in a "very-matter-of-fact" fashion "What do you do for others?" before I could reply that "I treat patients with excellent care"... she stopped me with the interjection "... and I don't mean your profession, because you earn your livelihood that way." That made me pause for a minute, but I understood what she meant. I responded with the "I want to do more, but balancing four kids with my practice keeps me really busy." Awkwardly I served an apologetic "but we make our donations." It's amazing how parents can make you feel like you are still a stumbling child even when you are 40 something, and I was embarrassed ...

Up until this point, I was feeling pretty satisfied from a life checklist perspective, but then my mom added a few more steps to the proverbial staircase of life. It made me reflect on the meaning of life and how as a human being we have to make that shift from inward focus to ultimately outward focus for a sense of long-term personal fulfillment. I started looking around me for examples of people who were not only ambitious and successful, but who were now dedicating themselves to serving humanity. Not only did I see these people take on huge projects alongside their professional commitments, but I saw they all had wonderful attributes. Every single one of those people was peaceful and soft-spoken. They appeared happier

and productive in all of their relationships. They were humble and respectful to everyone.

On the flip-side, we can ask why is it that many people in this same privileged group self-destruct, often in the prime of their lives? Some torpedo their marriages. Some decide to be self-indulgent with their time, money and resources. Some even try to fill their empty cup with drugs and alcohol. It's sadly cliché. Human beings by nature, especially high earning professionals, are always "upping the ante." The irony is that the more we try and fill the empty cup, the bigger the emptiness becomes. An inwardly focused life, by definition fosters the selfish wolf with the insatiable appetite. When we look outside ourselves and identify with those who struggle or have less, it wakes up our bond with humanity. To live a life that incorporates some service is in my opinion an antidote to many issues that plague us. By physically involving yourself in a cause, you are also creating a circle of companions that further contributes to this outward growth.

So enough philosophy, I am so fortunate to have many friends and role-models who go on missions to perform free health care either in America or abroad. I have one friend who uses his brilliant photography to help raise funds to build schools for girls in impoverished countries. I have another friend who after losing her adult child has the fortitude to fight for opioid awareness. I am inspired that for these people, their causes are live driving force.

We are all blessed to have an abundance of resources, so writing a check for a cause is appreciated, but we can and should do better. When we physi-

The views expressed in the monthly columns of the "ODA Today" are solely those of the author(s) and do not necessarily represent the view of the Ohio Dental Association (ODA). The columns are intended to offer opinions, information and general guidance and should not be construed as legal advice or as an endorsement by the ODA. Dentists should always seek the advice of their own legal counsel regarding specific circumstances.

cally align ourselves with a cause it puts us face to face with people less fortunate than ourselves. The personal benefits are too many to count. The more we give, the more we have. It makes us calmer in all of our relationships with our family, friends, patients and staff. I pray that all of us are able to grow old one day and sit and reflect with the youngsters around us

about life well lived. I promise you that I will not be talking about how quickly I did a root canal, or how many procedures I could fit in a day. I hope that I can explain that the best part of my life was the way I helped someone so they could also do it for someone else.

Dr. Usman may be reached at [usman@zoominternet.net](mailto:usman@zoominternet.net).

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SEO, from page 11

Google Premier Partners) and the sheer number of algorithm changes alone (500-600 times a year) make it impossible to guarantee a first page ranking. Plus, when

you consider the amount of revenue tied to Google's algorithm, sharing how to crack the code would be the equivalent of Colonel Sanders handing out his fried chicken recipe. So remember, sometimes when things look too good to be true, it's

because they are.

**Questions to ask when hiring a dental SEO provider:**

Knowing what to avoid is important, but so is knowing what to move towards. The questions below can help suss out a legitimate provider from the fly by night variety.

1. What strategies will you implement to improve our rankings?
  - a. Make sure the company is able to go into great detail about their plan on how they will work to get you better rankings. SEO strategies are very involved and a transparent company will have no problem explaining what they plan to do both on and off your website to improve your rankings.
2. How do you plan to create backlinks?
  - a. Backlinks are big parts of search engine rankings, but they're difficult to obtain. Low-quality or spammy backlinks can actually hurt you in the end. Make sure their backlinks are coming from reputable companies.
3. How often will you report on my progress, and what will that report look like?
  - a. SEO companies should provide some type of benchmark data and

reporting each month. You also want to see how often they share these reports with you, and how often you will have a call to check-in with them to go over results and adjustments to strategies.

4. Can you share experience of other clients?
  - a. Look for companies who can provide reviews, testimonials, and case studies from their clients to show success.
5. Can you guarantee that we will rank #1 for a major search term?
  - a. If a company says "yes" – run. No one can guarantee page 1 placement for a SEO search term.
6. Is there a contract and what happens if we cancel early?
  - a. It isn't uncommon for SEO companies to require a contract for at least a few months, as SEO does take a lot of work before results and search ranking improvements are shown – however, it is important to go into the agreement understanding all of the rules around it to protect your dental practice.
7. Why should we choose your company as a dental SEO provider?
  - a. This is open-ended and there isn't a "right" answer – but you do want to listen to their answer carefully. Do they intentionally make false claims or outright bash competitors? This may be a defensive signal and potential red flag. Ideally when someone answers this question, they'll simply explain the success of their clients and how they can help your practice.

With thousands of websites launching daily, SEO has moved from the nice-to-have column to the must-have side of the board. But, that doesn't mean you should jump into the proverbial bed with the first dental SEO provider you come across. There's a lot on the line, and a bad judgement call up front could mean the difference between growing your practice and burying it somewhere in the black hole of search results. When looking for a dental SEO provider, take your time and keep the red flags we've outlined in mind. Don't be shy about using the suggested questions above and let the answers guide your decision.

Questions? Reach out to a ProSites Internet Marketing Advisor at (888) 932-3644 to discuss how SEO can help you meet your practice goals. ProSites is endorsed by the Ohio Dental Association Services Corp. (ODASC).

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Left-Right: Chad Hanke, Tamara Zwick, Dean Kadri, Nikki Mesnard (front), Cheryl DeVore & Terry Thomas

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In past years, grants have been provided to help start new dental centers and programs, expand services through new dental equipment, provide supplies to bring dental care into schools and more.

Grant application packets and information can be downloaded at [oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/](http://oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/).

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### POLITICS, from page 12

build a stadium, you get a game. It's easy to see and describe. Other alternatives are harder to describe and less tangible.

4. People in power and people with power benefit – politicians seek high profile outcomes. But outcomes are different than results.

5. There's a tribal patriotism at work – "what do you mean you don't support our city?"

The advocates for dental therapists are using some of the same tools. We have been working to increase access to care for years, but now it's a crisis. "We have to do something, right now!" We don't have time to consider the metrics, or the fact that under the guidance of the ODA, the state of Ohio is meeting and exceeding the goals set for access. More than 80 percent of Ohio third-graders had seen a dentist each year during the period from 2013-2015, where the annual national goal was 49 percent for that interval. Another benchmark is in sealants, where 49 percent of Ohio children have sealants and the national target is 28 percent.

They have a specific solution; dental therapists. They will not consider any other solution. I know that the ODA has a number of proposals in the legislature and things already in place, but dental therapists are the one thing (and only thing) they will accept. No matter that Ohio already has a midlevel provider in place (we've had EFDA's for years and an EFDA can place restorations. Relative to a dental therapist, the only things an EFDA/ RDH is not authorized to do is extract teeth and remove decay/prepare teeth

with a handpiece, which are irreversible surgical procedures that should be done by a licensed dentist.)

They lobby for the dental therapist, they can even show you a picture of one. It doesn't get more concrete and visual than that. Legislators get to claim that they have taken action. Universities and community colleges get to train these individuals. There's power there. And, of course, the dentists are challenged with "what do you mean you don't support the kids?" They argue with emotion, where we counter with reason, metrics and facts.

The profession of dentistry has to stand firmly on what we know to be right. That our current team gives us the flexibility to provide the highest level of care to the greatest number of people. The ODA has in the past and is currently working to put policies in place to increase the reach and effectiveness of dentists and their teams. The right answer is often not the easy answer and the slow measured growth toward health is seldom sexy, but it remains the right thing to do.

Our effectiveness in advocacy comes from our willingness to see the big picture, the long haul. That's how we treat individual patients and it is what we bring to the political process. Because we care about people, we are willing to tell them things they don't want to hear and to guide them to do things that they need to do for their own good, even when they don't want to. That's how we achieve health, as individual patients and as society at large. One step at a time with a long-term plan and a firm hand on the wheel, steering the right course through the storm. Dentists have always been there for our patients and they need us now, more than ever.

Dr. Messina may be reached at docmessina87@gmail.com.



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## Dental Network Group

3<sup>RD</sup> ANNUAL

# 2018 SPRING SYMPOSIUM

**When: April 20, 2018**

8:30am-3:00pm

**Where: The Philip Heit Center**

150 W Main Street

New Albany, OH 43054

**Cost: FREE (includes lunch)**

**CE credit: earn up to 4 hours**

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**Keynote Speaker:**

Dr. Christopher Phelps,  
DMD, CMCT

### Event Schedule:

**For Associates and Students:**

**8:30<sup>AM</sup>** Mastermind Session with Dr. Phelps

**9:30-12<sup>PM</sup>** *Parade of Practices: A Behind the Scenes Tour of Successful Dental Practices*

**For Practice Owners:**

**10:00-12<sup>PM</sup>** *Get Quality New Patients and Guide Them to Yes!* presented by Dr. Phelps

**Free Lunch:**

**12:00-1<sup>PM</sup>** Lunch is provided for all registered attendees

**Combined Afternoon Sessions:**

**1:00-3<sup>PM</sup>** Ethical Principles of Persuasion for Dentistry

**3:00<sup>PM</sup>** Dental Network Group Awards; Happy Hour

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