

ODA Today

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

QuickBites

Renew your Ohio Dental Association membership!

ODA membership dues were due Jan. 1 for the 2019 membership year. If you have not already paid your dues, you are considered past due.

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Renew your membership to continue receiving access to all the Ohio Dental Association has to offer. The ODA is here for you - we've got you covered!

If you are a retired life member or have already paid your dues, you do not need to take any action.

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Attend 2019 ODA Day at the Statehouse to help fight against unfair insurance practices, dental therapists

By Jackie Best Crowe
ODA Managing Editor

Day at the Statehouse, the Ohio Dental Association's most important grassroots advocacy event, will be April 10 in Columbus.

Day at the Statehouse gives dentists, dental residents and dental students an opportunity to speak with their legislators about issues important to dentistry and advocate for issues that impact their patients, their dental practices and oral health in Ohio.

Attendees will be asked to discuss several issues important to dentistry at this year's Day at the Statehouse.

Outside interest groups have been pushing for the creation of a new midlevel provider, or dental therapist, in Ohio. A dental therapist would receive just three years of post-high school training and would then be able to perform a broad range of dental services without a dentist ever being physically present, including diagnosis and treatment planning and irreversible surgical procedures such as the cutting of tooth structure with a high speed drill, extractions and restorations. The Ohio Dental Association opposes this proposal because it presents an unnecessary risk to the health of vulnerable dental patients and is a diversion of scarce resources that are better utilized supporting programs proven to improve access to dental care.

Attendees also will be asked to talk to their

See **ADVOCACY**, page 15

Register now for Day at the Statehouse at oda.org/events!



ODA Staff
ODA members meet with a legislative office during the 2018 ODA Day at the Statehouse. This year's Day at the Statehouse will be April 10. Visit oda.org/events to learn more and register.

ODA's access to care legislation signed into law

The ODA's advocacy team was able to get the language of its access to care legislation included in another bill and in front of the legislature. The bill passed the House and Senate, and on Dec. 19 Gov. John Kasich signed the bill into law.

This bill will:

- Update Ohio's dental laws to allow for the use of teledentistry to extend care into underserved areas of Ohio
- Create the Primary Care Dental Student Scholarship component of the Choose Ohio First Scholarship Program providing dental school scholarships for dental students who agree to practice in designated underserved areas upon

member benefits BUZZ

graduation

- Enhance the ability of dental auxiliaries to provide preventive dental services in schools and other public health settings
- Promote licensure portability to enhance Ohio's attractiveness as a state in which qualified dentists establish their dental practices

For full details on this legislation and how it affects the practice of dentistry, see page 3.

Leadership Institute breakout session to focus on effect of e-cigarettes on oral health

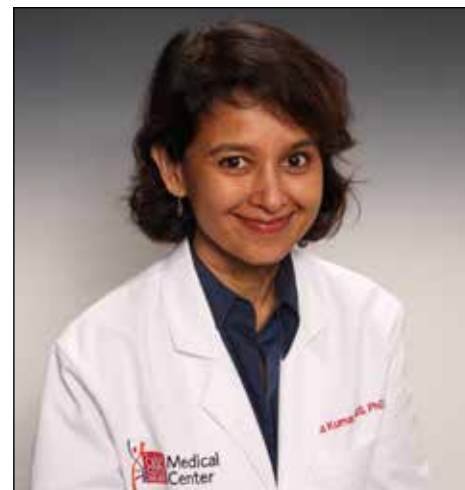
By Jackie Best Crowe
ODA Managing Editor

Dr. Purnima Kumar, a Professor of Periodontology at The Ohio State University, will be hosting a breakout session at the ODA Leadership Institute on "The Oral Health Implications of E-Cigarettes" on March 15.

Over the past 10 years, e-cigarettes have grown in popularity, and the common perception is that they are safe, Kumar said.

The breakout session will start with a broad overview of how human behavior effects health, for example how habits like overeating can lead to obesity. Kumar will then move on to talk about how e-cigarettes affect oral health and change oral bacteria.

"E-cigarette users are our patients that you can expect to see with periodontal disease or oral cancer in the future," Kumar said. "We need to start talking to patients to help them truly understand the multi-dimensional



Dr. Purnima Kumar, a Professor of Periodontology at The Ohio State University.

impact on oral health."

Kumar said it's important for dentists to talk to their patients about e-cigarette usage because healing is affected by e-cigarette usage,

REGISTER NOW!

ODA Leadership Institute is free for ODA members and dental students. Register online at 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.

and using e-cigarettes puts patients at risk for poor treatment outcomes and increases the risk for future disease.

Kumar said after attending the breakout session, dentists will be able to understand just how dangerous e-cigarettes are and how advertising is leading young people to believe that e-cigarettes are safer than regular cigarettes. But she said that e-cigarettes are

See **LEADERSHIP**, page 6



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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

Survey reveals valuable information about the ODA and trends in dentistry

As many of you know, we survey our member dentists following every ODA event (Annual Session, Leadership Institute, etc.) and about every product or service we provide to our members. We do this to ensure our events, products and services are meeting the needs and expectations of our member dentists.

In addition to these targeted surveys, we also commission an independent survey research firm to conduct a broad, comprehensive survey of the entire ODA membership periodically. We did such surveys in 1988, 1991, 1994, 1998, 2002, 2007, 2012 and again in 2018. While the surveys have changed and expanded over the years, the results give us valuable information and in many areas give us a look at trends as we compare to previous surveys.

The survey asks questions about ODA's priorities and various programs, including Annual Session, Leadership Institute, advocacy efforts, communications, insurance products, etc. The survey also asks respondents to rate the ODA's performance in various areas and about the value of membership. Finally, the survey gathers information on membership demographics and specifics about respondents' dental practices, including use of technology, acceptance of various dental benefit programs and income.

The results of the 2018 survey are now in and are overwhelmingly positive. In fact, in many of our priority areas, member satisfaction rates are in the 90+ percent range. These survey results provide a great deal of information for ODA leaders to consider as we continue to try to make the ODA as responsive to our member dentists' needs as possible.

Members' priorities and satisfaction

Lobbying, providing practice-related information, and monitoring the dental insurance industry continue to be the ODA's highest priorities in the membership's eyes. And the satisfaction rate for these areas continues to be very high.

- A total of 94 percent of the respondents are "very satisfied" (58 percent) or "somewhat satisfied" (36 percent) with the ODA's efforts in "providing members with information about issues affecting the practice of dentistry."
- A total of 89 percent of the respondents report being "very satisfied" (57 percent) or "somewhat satisfied" (32 percent) with the ODA's efforts related to "lobbying on behalf of the dental profession."
- A total of 73 percent of the respondents report being "very satisfied" (34 percent) or "somewhat satisfied"

(39 percent) with the ODA's efforts in "monitoring the dental insurance industry and advocating for dental insurance benefits."

The trend lines from the survey results show that the ODA's performance has improved over time. For example, in 2002, only 24 percent of respondents said they were "very satisfied" with ODA's efforts related to lobbying on behalf of the dental profession, but that number has risen steadily since then and in 2018, 57 percent of respondents report being "very satisfied" with ODA's lobbying efforts.

ODA Annual Session

The survey results include valuable information on the ODA Annual Session as well. Attendees of Annual Session continue to rate the event well with 28 percent giving it an "outstanding" rating and 53 percent saying it is "very good." Those readers who regularly attend the ODA Annual Session already know that we do an excellent job in gathering information and feedback from Annual Session attendees, but this membership survey allows us to gather information from those members who did not attend Annual Session, including their recommendations for continuing education topics, pricing, exhibit preferences, etc. All of this information will be valuable for the Annual Session Committee as they continue to work to find innovative ways to attract new attendees.

ODA staff and communications

The survey also gathered a great deal of information related to our communications with member dentists. I am most proud of the member satisfaction rate related to interacting with ODA staff members. We take pride in being able to help members with any questions they might

See SURVEY, page 4



Halasz in Wonderland

Michael Halasz, DDS
ODA President

SAD

I hate winter. I hate the cold weather. I hate the snow. I'm an outdoors guy and you can't be outdoors in the bitter cold weather. Don't even suggest skiing. The last thing I need is another pricey habit. Golfing and collecting guitars is expensive enough, not to mention the fact that I have three kids in college. "Oh, but the snow is so pretty!" NO! NO, IT'S NOT! Well maybe it starts out that way, but it somehow morphs into big piles of dark gray mush that don't melt until May. Perhaps it's because winter is just too damn long. We start the cycle with two weeks of spring and immediately go into five and a half months of summer (I love summer). Then we get two weeks of fall followed by five and a half miserable months of winter. I'm usually OK until after the holidays. Then about this time of year, I kick myself in the butt for not moving to Florida about 15 years ago when a couple of my dentist friends asked if I would join their practice near Orlando. OUCH! (That was me kicking myself!)

There have been studies to point out reasons for the winter doldrums, or "seasonal affective disorder." (SAD seems like an appropriate acronym.) The Mayo Clinic

says that it could be related to the lack of daylight messing with our circadian sleep cycles. It could be due to a drop in serotonin and/or melatonin levels, as well. While those reasons may have validity, I think it's much more basic than that.

In my column last month, I mentioned that many of us make New Year's Resolutions, only to find ourselves falling off whatever wagon upon which we climbed. Maybe that's it! That's the reason for the letdown. We tend to make these grandiose promises to ourselves or set goals that are simply out of reach. Don't get me wrong, I think that goal setting both personally and professionally is extremely important, but be reasonable. "I'm going to lose 100 pounds and go to the gym every day this year." Um, no you're not. On the way to the office, you pass Tim Horton's, Starbuck's and Bill's Donuts. It ain't happening. Plus, if you lose that much weight that quickly, you are bound to put it back on. There are studies to back that. Here's a more reasonable goal ... start a healthier lifestyle to include eating better and exercising regularly. If you lose a few pounds a month, that's doable. I'm not trying to get preachy, but you get the point.

In the office, we set goals to keep it real so that our support staff doesn't get burned out. (In my case, I'm such a fantastic guy to work for, I'm sure my team just jumps out of bed every day ready to help stamp out oral disease!) We all have goals and targets. It gives us some extra incentive. Nobody cares as much about your practice as you, unless your spouse/partner works in your office. The games we play with goals and targets help to keep our teams on task. It gives them accountability. Plus, the goal-game is fun. We all understand that. But make

the goals reachable. "Sally, you need to keep your hygiene schedule 100 percent full and you will get a bonus." Good luck with that one. Sally will look at you like a teenager that was just told she's not allowed to text her friends anymore. She knows it's impossible, so there's no incentive. Just dangle the carrot within reach.

"OK, Mike, I know all that. What's your point?" My point is that we are putting WAY too much stress on ourselves, our staffs and our families. While goals and challenges are necessary and healthy, setting them too high and out of reach can be very detrimental. You already lie awake at night because you're worrying about how you're going to get three kids to six weekend activities. You already lie awake at night because you're worrying about your son driving back from San Diego with two college buddies. You already lie awake at night because some distracted moron caused your daughter to be in a fender-bender. (But it's the lack of daylight messing with your sleep patterns. RIIIIIIIGHT!) Now you throw a few ridiculous work-related and personal goals on top of things and, VOILA! You have the doldrums. So what do we do? We go to our physicians and they put us on Lexapro, Zoloft or some other SSRI. Please don't misunderstand. There is certainly a time and a place for these medications. But if we removed some of the external sources of stress, perhaps we wouldn't have to medicate ourselves.

Yeah, I get it. These days our lives are more hectic. Dentistry is more difficult due to external interferences. Both spouses/partners work outside the home and it makes it more difficult to juggle family schedules. Our kids are involved in

See SAD, page 10

ODA Today

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Eric S. Richmond, Esq.
ODA Director of Legal &
Legislative Services

During the last hours of the 132nd General Assembly, Senate Bill 259 passed both houses. This legislation aims to increase access to care in Ohio. After passage in the General Assembly, Gov. John Kasich signed the bill into law Dec. 19, 2018. The elements of this bill will go into effect March 20. The paragraphs below aim to summarize the new law to help dentists understand the impact it will have on dental practices in Ohio.

Update Ohio's dental laws to allow for the use of teledentistry to reach underserved areas of Ohio (ORC 4715.43-4715.436)

In the new law "teledentistry" means the delivery of dental services through the use of synchronous, real-time communication and the delivery of services of a dental hygienist or expanded function dental auxiliary (EFDA) pursuant to a dentist's authorization. Further, the use of "synchronous real-time communication" means a live, two way interaction between a patient and a dentist conducted through audiovisual technology. Any dentist who wants to provide dental services through teledentistry must have a permit issued by the Ohio State Dental Board (OSDB). The OSDB will create rules to implement the new law including requirements for issuance of a permit. If a permit is granted, by holding that permit the dentist gives authorization to the OSDB to request a list of all locations where a dental hygienist or EFDA provided services or expect to provide services through teledentistry.

Under a teledentistry permit a dentist may authorize a dental hygienist or EFDA to perform services and the dentist may prescribe a drug that is not a controlled substance while not being physically present.

In order for a hygienist to perform services in teledentistry, he or she must:

- Have at least one year and a minimum of 1,500 hours of experience in the practice of dental hygiene.
- Complete a course on identification and prevention of potential medical emergencies as described in ORC 4715.64.
- Have the authorizing dentist evaluate his or her dental hygienist skills.
- Comply with written protocols and standing orders established by the authorizing dentist.

In addition to the services listed in ORC 4715, a hygienist can now perform the following additional services at the direction of an authorizing dentist through teledentistry:

- Place interim therapeutic restorations, so long as the hygienist has successfully completed a state dental board approved course in the proper placement of interim therapeutic restorations.
- Apply silver diamine fluoride, so long as the hygienist has successfully completed a state dental board approved course in the application of silver diamine fluoride.

In order for an EFDA to perform services in teledentistry, he or she must:

- Have at least one year and a minimum of 1,500 hours of experience practicing as an expanded function dental auxiliary.
- Complete a course on identification

and prevention of potential medical emergencies as described in ORC 4715.64.

- Have the authorizing dentist evaluate his or her skills as an EFDA.
- Comply with all written protocols or written standing orders established by the authorizing dentist.

An EFDA can perform the following services, in addition to the services already authorized by ORC 4715.64(A) (2-11), at the direction of an authorizing dentist through teledentistry:

- Place interim therapeutic restorations, so long as the hygienist has successfully completed a state dental board approved course in the proper placement of interim therapeutic restorations.
- Apply silver diamine fluoride, so long as the hygienist has successfully completed a state dental board approved course in the application of silver diamine fluoride.
- May perform standard, diagnostic radiologic procedures, so long as he or she holds a valid dental X-ray machine operator certificate issued by

the board pursuant to ORC 4715.53.

To authorize services and have a hygienist or EFDA perform those services, the authorizing dentist must prepare a written authorization including:

- The authorizing dentist's name.
- The name of the dental hygienist or EFDA.
- The patient's name.
- The name and address of the location where the services are being provided.
- The date of authorization.
- A statement signed by the hygienist or EFDA agreeing to comply with written protocols and standards established by the authorizing dentist.
- Any other information that the authorizing dentist considers appropriate.

In addition to the written authorization the following must also occur:

- The patient must be notified that an authorizing dentist will perform a clinical evaluation through teledentistry.
- The patient is given an explanation of alternatives to teledentistry and the capabilities and limitations of teledentistry.

• The patient consents to the provision of services, and that is documented in the patient file. If the services to be provided include interim therapeutic restorations or silver diamine fluoride the informed consent rules in division (C) of 4715.436 apply.

To begin the exam the dentist first will establish the patient's identity and physical location through the synchronous, real-time communication. The authorizing dentist will provide dental care through teledentistry as appropriate with standards of care by diagnosing and creating a treatment plan. The authorizing dentist will then specify the services the dental hygienist or EFDA can provide to the patient.

The authorizing dentist retains the same responsibility for ensuring patient safety and quality of service to teledentistry patients as to in-person patients. The authorizing dentist may not have more than a total of three dental hygienists and EFDAs working under the dentist's teledentistry authorization.

Last but certainly not least, the new law

See SB 259, page 4

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NW Dayton: Collecting \$450K on only 2.5 days a week. Predominantly PPO

with some FFS and no Medicaid or Managed Care. Over 2200 active patients. Real estate for sale.

SE of Toledo: Grossing over \$700K. Free standing building on a busy street. Over 3100 active patients with an average of 50 new patients monthly. Five operatories and room to expand. Building also for sale.

Cincinnati: Collecting \$430K on 3 days a week. 40 new patients/month. 5 ops -room to expand. Real estate available.

Medina County: Grossing \$150K per year on 2 days/week. 100% FFS. No lease, great merger opportunity.

NW Dayton: Grossing \$330K per year on 2 days/week. 1300 active patients, 30 new patients/month.



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SURVEY, from page 2

have regarding a plethora of matters, including risk management, legal and regulatory compliance, and third-party payer issues. We are blessed to have a staff at the ODA that is knowledgeable, dependable and respectful. The survey results confirm this.

Most members report having interaction with ODA staff in the last year. Of those who have called, written or emailed ODA staff, 95 percent report being satisfied (81 percent very satisfied and 14 percent somewhat satisfied) with their most recent contact with ODA staff. ODA staff rate incredibly high on being courteous/respectful (98 percent), helpful (98 percent), knowledgeable (96 percent), easy to reach (95 percent) and in keeping the membership well informed (92 percent).

Additionally, the vast majority of readers of this publication find that the "ODA Today" provides valuable dental practice-related information.

Products and services

The survey also gathers valuable feedback on how members feel about various ODA-endorsed products and services. Obviously, this information will be useful to the relevant departments and councils/committees as they seek to improve the members' experience.

Interestingly, 75 percent of the respondents reported they would be interested in participating if the ODA began a group buying program, and 20 percent of the respondents reported that they currently offer an in-office dental benefit plan to their patients. This information will be valuable as the ODA researches the possibility of creating a member group buying program for dental supplies and offering assistance with in-office dental benefit plans for our members.

Value of membership

When asked about the value of membership in the ODA, 36 percent reported the ODA was an "excellent" value and 42 percent rated ODA membership as a "good" value. Ninety-three percent of respondents said the ODA was "moving in the right direction."

Dental practice trends

The survey also collects interesting data related to membership and dental practice trends in Ohio.

The percentage of sole proprietorships is shrinking while the percentage of employee dentists is growing within the membership. This reflects current trends in the dental practices as consolidation continues to accelerate and group practices continue to grow in popularity.

In 2012, only 29 percent of the respondents reported that their number of patients was increasing. That number is up to 44 percent in 2018. I think that in 2012 the survey caught the impact of the slow economy after the 2008-09 recession, and the 2018 survey is now reflecting that the economy has recovered, at least to some degree. In looking at members' acceptance of dental benefits, managed fee for service and PPOs continue to grow. Acceptance of Medicaid remains stagnant at around 22 percent with respondents citing low reimbursements as the primary reason for not accepting Medicaid.

The vast majority of members (71 percent) report providing volunteer care to the needy and at substantial levels, with the average annual dollar value of donated care at more than \$18,000. This confirms what we already know: dentistry is a giving profession.

Dentists' personal income generally rose from 2012 to 2018, after being stagnant between 2007 and 2012. In 2018, 54 percent of respondents reported per-

sonal income of more than \$200,000. Over time, respondents' reported overhead has remained amazingly constant – 59 percent in 1994 and 60 percent in 2018. Sixty-four percent of respondents reported that their practices use electronic health records

The percentage of respondents reporting that they practice in a suburban community continues to rise and is at 68 percent as compared to 16 percent in urban areas and 16 percent in rural areas. The percentage of female respondents continues to grow as well, reflecting the growing gender diversity of the dental profession. In 1998, only 4 percent of the respondents were female while in 2018, that number had grown to 24 percent.

Learn more at the ODA Leadership Institute

Obviously, there is a great deal of valuable information included in these results. If you would like to learn more about the survey, Martin Saperstein, Ph.D, the founding president of Saperstein Associates Survey Research Firm, will be giving a keynote presentation "Survey Research and the State of Dentistry in Ohio" at the ODA Leadership Institute on Saturday, March 16. Learn more about Leadership Institute and register at oda.org/events.

SB 259, from page 3

requires insurance companies to treat the services provided through teledentistry the same as if they were done in person. This means that they must pay the same reimbursement as if the service was done in person.

Enhance the ability of dental auxiliaries to provide preventative dental care in schools and other public health settings (ORC 4715.64)

An EFDA may perform the following services in a public school or in connection with other programs a government entity administers when the supervising dentist is not physically present:

- Recementation of temporary crowns or recementation of crowns with temporary cement.
- Application of topical fluoride.
- Application of fluoride varnish.
- Application of disclosing solutions.
- Application of desensitizing agents (except silver diamine fluoride).
- Caries susceptibility testing.
- Instruction on oral hygiene home care, including the use of toothbrushes and dental floss.

Create Choose Ohio First Scholarships for dental schools**(ORC 3333.61)**

The deans of both dental schools in Ohio are required to jointly develop a proposal for the creation of a primary care dental student component of the Choose Ohio First Scholarship Program. This scholarship will provide for students from communities that are a dental health resource shortage area. To receive the scholarship the student must commit to practice dentistry in a dental health resource shortage area for not less than four years and accept Medicaid patients, without restriction, as compared to other patients, in a proportion that will be specified by the scholarship. The creation of this scholarship will allow for students that come from underserved areas to return to those areas and increase the access to care for their hometowns.

Enhance Licensure portability (ORC 4715.01)

Now Ohio will recognize students who take and receive a passing score from the Commission on Dental Competency assessments and the Council of Interstate Testing Agencies. This increases the number of testing agencies that qualify for a student to obtain a dental license. The increase in permitted examination administering agents will increase the number of dentists who could become licensed in Ohio.

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Call today for a free consultation.

Don't forget to renew tripartite membership

Ohio Dental Association membership dues must be paid by April 30 for the 2019 membership year in order to continue receiving exclusive member benefits.

Any member who did not pay their dues by Jan. 1, 2019, 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, 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.

The ODA is offering an installment payment program, where dentists can pay their 2019 membership dues over the course of several months. Payments will be divided into monthly installments concluding in April 2019. 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 or calling (800) GO-BENCO ext. 2005 and request that their BluChips be redeemed for membership dues.

If you are a retired life member or have already paid your dues, you do not need to take any action.

Dentists who supply sleep apnea appliances for patients covered by Medicare may need to obtain a surety bond

The Center for Medicare and Medicaid Services (CMS) is notifying all Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) suppliers announcing that dentists are required to obtain at a minimum a \$50,000 surety bond per location, according to the American Dental Association. The bond must be obtained within 60 days of receipt of CMS' formal notification.

This will not affect most dentists and will only affect those dentists who are enrolled as DMEPOS (durable medical equipment) suppliers for MEDICARE using the 855S form, according to the ADA. This does not affect Medicare Advantage or Medicaid.

According to the ADA, the only device that is at issue for dentists are sleep apnea appliances for seniors.

For more information, contact the ADA at 800-621-8099.

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/. These posters are only available to ODA members.

ODA Meeting & Event Calendar

Feb.

- 1 Give Kids A Smile Day
- 8 Council on Membership Services
- 8 Leadership Development Committee
- 13 Dental Education and Licensure Committee

Mar.

- 1 Finance Committee
- 8 ODASC Board
- 14 Executive Committee
- 14 Annual Session Committee
- 15 Ad Interim and Strategic Planning Committees
- 15 ODA Leadership Institute
- 15 ODA New Dentist Beer School Social
- 16 ODA Leadership Institute
- 16 MATCH @ Leadership Institute
- 16 Subcouncil on New Dentists
- 16 ADA Leadership Nomination Committee

Save the date for the 2019 ODA Annual Session: Oct. 3-6

Mark your calendar for the 2019 ODA Annual Session, which will be Oct. 3-6, 2019 at the Greater Columbus Convention Center.

The ODA typically holds Annual Session in September, however, the American Dental Association annual meeting will be held Sept. 5-9, 2019 in San Francisco. Because of the ADA's meeting date, the ODA Annual Session will be in October to avoid a conflict.

Register now for the 2019 ODA Annual Session at oda.org/events before prices go up.



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Survey research expert to speak at ODA Leadership Institute

By ODA Staff

Would you like the latest information on trends in dentistry here in Ohio? Do you ever wonder what the general public knows or thinks about dental specialists? Do pre-election political polls seem less reliable in recent years?

You can get the answer to these and many other questions at the 2019 ODA Leadership Institute. On Saturday, March 16, Martin Saperstein, Ph.D., president of Saperstein Associates, a Columbus-based survey research firm, will present his keynote presentation entitled "Survey Research and the State of Dentistry in Ohio."

Saperstein has worked with the ODA for more than 30 years conducting various survey research projects. In the fall of 2018, Saperstein conducted a broad and far-ranging survey of the ODA membership. Saperstein has conducted similar surveys of ODA members at various intervals throughout the last 30 years. This allows him to place the current survey results in the context of past results to track trends in practice modalities, demographics, dental benefits, attitudes toward organized dentistry and other aspects of dentistry.

Additionally, in the spring of 2018, Saperstein conducted a survey of the public in Ohio to gather information related to the public's understanding of specialties in dentistry and the effect that specialty advertising has on the public's decisions related to seeking care, including choice of providers. This information is particularly timely in light of the recent scrutiny dental specialty recognition and advertising have received. In fact, in 2017, the ADA revised its process for recognizing special-

ties by creating the National Commission on Recognition of Dental Specialties and Certifying Boards. Many states, including Ohio, have had their specialty advertising regulations challenged by those dentists who wish to call themselves specialists in areas of dentistry that are not recognized specialties by the ADA or the state dental boards.

Saperstein said "the survey data on the public's attitudes and knowledge related to dental specialties should be valuable to state dental boards that are trying to protect the public from being misled by false or inconsistent claims of specialty."

Finally, Saperstein will also address the state of survey research, explaining techniques that are used to gather reliable data and protect against bias. He will also explain how the science of survey research has evolved in recent years due to advancements in technology and other developments.

Saperstein earned his Ph.D. from The Ohio State University and founded his survey research firm, Saperstein Associates, in 1980. His firm has done quantitative and qualitative research for organizations in the public sector, including several central Ohio cities and school districts as well as public universities, including The Ohio State University and Columbus State Community College, and in the private sector including Nationwide Children's Hospital, the Columbus Dispatch and Time Warner.

ODA President Dr. Michael Halasz said "Marty Saperstein has done some really interesting survey research related to dentistry that I am sure will be valuable information for all of the Leadership Institute attendees. I am looking forward to his presentation."

LEADERSHIP, from page 1

simply another addiction.

"It's important to talk to each and every patient and patient's parents or caregiver and tell them that e-cigarette addiction is best broken before it gets started."

Kumar said it's important for dentists to break the misconception that e-cigarettes are safe before a whole new generation of people become addicted to nicotine. She said smoking is at a historic low, but it has taken years of fighting to get to this point and it's still not eliminated. E-cigarette addiction must be stopped before the cycle of addiction continues.

E-cigarette usage is most popular among 18- to 25-year-olds, Kumar said. Because of this, new dentists are in an especially good position to have peer-to-peer conversations with their patients about e-cigarette usage.

She said she hopes attendees will leave Leadership Institute as advocates.

"I hope they will take this and become advocates for improving human behavior," she said. "Health through better human behavior should be the focus, not simply filling cavities."

Kumar received her dental degree from Annamalai University in India and her PhD in Molecular Microbiology and Masters in Periodontology from The Ohio State University. In addition to teaching, she also maintains an active research laboratory that is funded through the NIH and industry supported grants. She

has several publications in peer-reviewed scientific journals, and has written book-chapters in molecular microbiology and periodontology. She has also been invited to lecture at several national and international meetings on the microbial etiology of periodontitis.

Kumar's breakout session is sponsored by the Ohio Chapter of the International College of Dentists.

The 2019 ODA Leadership Institute – Aim High, Soar High – will be held on March 15-16 at the Hilton Columbus at Easton. The event will feature keynote presentations, roundtable discussions, breakout sessions and opportunities for camaraderie and fellowship.

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 and dental students.

Discounted hotel rooms are available at the Hilton Columbus at Easton Hotel (3900 Chagrin Drive, Columbus, Oh 43219) for \$197 per night. Rooms must be booked by Feb. 18 to receive a discount. To reserve a room, call (614) 414-5000 and reference the group code ODA.

Register now for Leadership Institute at oda.org/events or watch your mailbox for a brochure. Spaces are limited!

The 2019 ODA Leadership Institute is sponsored by Superior Dental Care.

ODA LEADERSHIP INSTITUTE AGENDA

Friday, March 15, 2019

- 10:00 a.m. - 11:00 a.m. **Registration**
 - 11:00 a.m. **Welcome**, Dr. Michael Halasz, ODA President
 - 11:00 a.m. - 12:00 p.m. **An Insider's Look at the Political Climate in Washington**, Mike Graham, ADA
 - 12:00 p.m. - 1:00 p.m. **Lunch**
 - 1:00 p.m. - 2:00 p.m. **Breakout Session Round 1**
 - 2:15 p.m. - 3:15 p.m. **Breakout Session Round 2**
 - Breakout Session Round 1 and 2 Topics:
 - The Power of Advocacy: Delivering a Positive Message for Dentistry
 - Update on Dental Insurance Issues in Ohio
 - E-Cigarettes and Oral Health
 - 3:30 p.m. - 3:45 p.m. **Presentation of ODA's Component Dental Society Membership Awards**
 - 3:45 p.m. - 4:45 p.m. **Reflections on Leadership: A Conversation with Dr. Joe Crowley**, Moderated by ADA 7th District Trustee Dr. Billie Sue Kyger
 - 4:45 p.m. - 6:00 p.m. **Reception Honoring Dr. Joe Crowley**
-
- ### Saturday, March 16, 2019
- 7:30 a.m. - 8:30 a.m. **Registration and Breakfast Buffet**
 - 8:30 a.m. **Welcome**, Dr. Michael Halasz, ODA President
 - 8:30 a.m. - 9:30 a.m. **Survey Research & the State of Dentistry in Ohio**, Martin Saperstein, Ph.D.
 - 9:30 a.m. - 10:30 a.m. **ODA Town Hall**, ODA Executive Committee
 - 10:30 a.m. - 11:30 a.m. **The Leadership Formula**, Robert Stevenson
 - 11:30 a.m. **Closing Remarks and Adjournment**
-
- 11:30 a.m.-1:30 p.m. **MATCH Event**, hosted after the formal programming by the ODA Subcouncil on New Dentists

CONTINUING EDUCATION

Attendees of the 2019 ODA Leadership Institute have the opportunity to earn up to 5 CE credits. Complete CE information can be found on www.oda.org/events.

ACCOMMODATIONS

The ODA has secured a block of rooms at the Hilton Columbus at Easton. To reserve a room, call (614) 414-5000 and reference the group code ODA. **Reserve a room at the Hilton Columbus at Easton by Feb. 19** to receive a discount.

REGISTER NOW

Registration is free for ODA members and dental students. **Register online at 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.

Looking for a job or to buy a practice? Looking to hire an associate or sell your practice? Attend the ODA's MATCH event

Immediately following the ODA Leadership Institute, the ODA Subcouncil on New Dentists will host a MATCH event 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 and will take place from 11:30 a.m.-1:30 p.m. on Saturday, March 16.

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

After registering, attendees will be contacted by the ODA to gather more information to enhance and personalize the process.

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.

To register for the MATCH event visit oda.org/events. Those who are unable to attend the Leadership Institute may register separately for the MATCH event.

For more information, email karli@oda.org.



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Dental Insurance Corner

ODA confronts Aetna about concerns with new electronic payment policy

By Christopher Moore, MA
ODA Director of Dental Services

The Ohio Dental Association has expressed its concerns to Aetna concerning a letter it sent to at least one ODA member dentist regarding Aetna's new payment practices.

According to the letter, Aetna stated it had "changed our payment policy to only send electronic payments." The letter also said the dentist "must enroll in an electronic option, like EFT [electronic funds transfer], by February 1, 2019." It did not, however, state what Aetna would do if the dentist did not do as Aetna wished.

"This is very similar to the situation we faced a few years ago with MetLife," said Dr. Manny Chopra, chairman of Ohio Dental Association Council on Dental Care Programs and Dental Practice. "Both carriers left readers of their letters with the impression that the dentist might not get paid if he/she didn't sign up for electronic payments, but neither came out and directly said that. Both also focused on the benefits that the dentist would enjoy if he/she signed up for electronic payments, though they led with statements that dentists were 'required' to sign up."

Dentists who have contacted the ODA in the past regarding this issue

all indicated that they did not want to be paid in this matter. Their concerns included matching electronic payments to explanation of benefits (EOB), ensuring the accuracy of electronic deposits, reconciling electronic deposits to practice management and accounting software and general reluctance to being forced to provide their banking information to an insurer that had not shown a willingness to work with them as opposed to dictate to them. None of the dentists are in any kind of contractual relationship with the insurance company.

"Just like we did a few years ago with MetLife, the ODA has gone to bat for the profession by going directly to Aetna with our concerns over their actions," Chopra said.

Aetna does not cite any statutory or regulatory authority behind its requirement and it appears its position is only justified by its own internal policies.

However, the legally enforceable provisions of a participating provider contract, when signed by the dentist, might obligate acceptance of electronic payments – another reason that contracts should be thoroughly reviewed before signing, including utilizing the ADA's Contract Analysis Service.

In a Jan. 10, 2019, letter to Aetna, Chopra stated "we have serious concerns with the approach Aetna has taken to

implement its new payment policy. By not giving dentists the option for how they would like to receive payment, Aetna has taken a heavy handed approach to implement a policy that may benefit Aetna but will cause significant problems for dentists who do not or are unable to currently accept electronic payments as their preferred method of receiving payment. We firmly believe the dentist-third-party payer relationship should be based on collaboration and cooperation so that both parties may receive mutually beneficial outcomes. We believe Aetna's handling of this issue is inappropriate and does not lend itself to any sort of mutual collaboration or cooperation. We object to Aetna's current electronic payment requirement position and respectfully ask that you provide dentists with an option, not a requirement, for how they are to be reimbursed. Whatever Aetna's ultimate action on this issue is, we expect that Aetna-covered patients will receive the dental benefits that they are entitled to irrespective of the dentist's acceptance of

electronic payment from Aetna."

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

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

The letter further stated if an insurer is unable to obtain that information either because the provider refuses to provide it or for any other reason, the

See PAYMENT, 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."

Questions about health insurance?

ODASC, an ODA member benefit, can help.

ODASC is a resource for all health insurance options and ensures ODA members have a quality, affordable plan available to them and their staffs.

ODASC Representatives can walk you through the various health care benefit options available. They are licensed agents who are salary-based and do not make a commission on sales, so you can be assured they have your best interest at heart.

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Volunteers needed for RAM Ashtabula event

By ODA Staff

Remote Area Medical (RAM) is planning its second event in Ashtabula to be held on April 5 through April 7. Volunteer general dentists, oral surgeons, hygienists, assistants and EFDAs are needed to hold another successful event that provides free dental services to the community.

RAM held its first event in Ashtabula in 2018 where 57 dentist volunteers provided care to more than 600 patients totaling \$332,692 in free care.

"The experience absolutely was the highlight of my and my two partners' careers," said Dr. Debra Balogh-Crombie, 2019 dentist lead for RAM Ashtabula. "My third patient at 8:30 a.m. at the April 2018 clinic had been waiting in the parking lot since 2:30 a.m. He was a Navy veteran who served in the Korean War. He was on a fixed income and had significant tooth pain on his left side. After I extracted a couple teeth, he startled me when he took my hand in his, teared up and said 'Thank you. My wife died this year and I miss her so much. I have been putting off getting this taken care of because of the cost. I can't believe you all are doing this. I can't believe there are doctors who are doing this for free – giving of themselves. It's what I did for my country. Thank you from the bottom of my heart.'"

The 2019 event will take place at the Ashtabula Town Square Mall on April 5 through April 7 from 7 a.m. until 5 p.m. each day. Dental services include cleanings, fillings and extractions (both simple and surgical) and radiographs are available on-site. Most patients are adults, but pediatric dentists are also welcome to see children that come with their families.

"No matter how you feel about access to care, volunteering at clinics like this is a way to show that our profession truly cares about this problem and we are doing something about it. If we as dentists choose to not come together and address this issue, then we choose to let others make legislative changes without us. If we don't like the outcome – we have only ourselves to blame. Get involved and make a difference, it may just change your life," said Balogh-Crombie.

Dentist volunteers at the RAM Ashtabula event will receive volunteer CE credit through a new ODA program – the ODA Volunteer Connection. This program was



Submitted photo
Dr. Debra Balogh-Crombie speaks with a patient during the RAM Ashtabula 2018 event. "The conversation I had with this patient moved me and has permanently impacted me regarding participation in these clinics. It made all the hard work worth it," she said.

Ohio Dental Association Volunteer Connection

The ODA Volunteer Connection is a new program created to connect dentists with volunteer opportunities at clinics and events providing free care in Ohio to help increase access to care. Dentists earn one CE credit unit per 60 minutes of clinical volunteer service and may claim up to 13 hours of CE credit per biennium from this category. To view all volunteer opportunities that are part of the ODA Volunteer Connection, visit <https://oda.org/community-involvement/volunteer-opportunities/list/>.



created to connect dentists with volunteer opportunities at clinics and events providing free care in Ohio to help increase access to care. Dentists earn one CE credit unit per 60 minutes of clinical volunteer service and may claim up to 13 hours of CE credit per biennium from this category.

To learn more about Remote Area Medical and sign up to participate, go to <https://www.ramusa.org/>. To view all volunteer opportunities that are part of the ODA Volunteer Connection, visit <https://oda.org/community-involvement/volunteer-opportunities/list/>.

PAYMENT, from page 8

insurer must continue to make timely payments to the provider in the same manner it had prior to the Oct. 16 effective date of the law.

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

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

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

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

Additionally, according to the ADA, there are no federal requirements that dentists must accept an EFT. The regulations require transmission via the standard EFT only when the dentist requests electronic payment.

Aetna has given no indication what it will do if the dentist does not sign up for electronic payments.

"We do not definitively know if Aetna will continue sending paper checks to dentists who do not sign up for electronic payments or if they will disregard the assignment of benefits and send the check to the patient," Chopra said. "We do know from past experience with MetLife that when the dentist informed the carrier that they did not want to be paid in an electronic format that MetLife continued to send them paper checks without any negative repercussions to the dental practice. We do not believe Aetna will require patients to provide their banking information so Aetna may pay them electronically instead of the dentist or that patients would even be willing to provide this information if requested."

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

Dentists should note that there is no requirement that any third-party payer honor assignment of benefits. As such dentists should continue to monitor their claims submissions to determine if Aetna or any other carrier is not honoring an assignment directive.

Both the ODA and the American Dental Association have formal policies indicating that third-party payers should give dentists the choice for how they want to be reimbursed.

"There are pros and cons to every payment mechanism," Chopra said. "Dentists need to evaluate them and make a decision that's in the best interest of their patients and their practice and third-party payers must recognize this if they want a true collaboration with the dental profession."

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—Dianne Anderson, DDS

www.oda.org

ODA seeks nominations for Awards of Excellence

By ODA Staff

The Ohio Dental Association is seeking nominations for its 2019 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 Jan. 1, 2009 or later are eligible. Past award honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplish-

ment 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.

Nominations for the 2019 Awards of Excellence are now being accepted. 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 or you may contact Michelle Blackman at michelle@oda.org or at 800-282-1526.

The deadline to submit nominations for the Awards of Excellence is April 15, 2019.

The ODA will present the awards during the 2019 ODA Annual Session in October 2019 in Columbus.



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

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



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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SAD, from page 2

more activities than we ever were. We are just plain busier. It's so much easier and convenient to take "mother's little helper" than to re-organize and lower the bar just a bit. "What?!? 'Lower the bar?' That's just crazy talk!" What's crazy is the fact that your plate is already over-loaded and you keep adding more. (And I'm not talking about the midnight buffet plate from the cruise you just took, although that could be part of the reason you need to lose 100 pounds!) Every once in a while, you reorganize, declutter and purge your home. Maybe it's time you reorganize, declutter and purge your life. The only difference is that you won't have to have a garage sale! Give yourself some mental breathing room. Give yourself a solid eight hours of sleep. Give yourself a real cure for the doldrums, not just a "band-aid" that you swallow.

The good news is that if you are truly suffering from a simple casual case of "seasonal affective disorder," Spring arrives next month on the 20th at 5:59 p.m. So there's daylight at the end of the tunnel.

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The Explorer

Matthew J. Messina, DDS
Executive Editor

The barber surgeons

Over the years, I've had a close relationship with the people who cut my hair. Now, before you say that I don't have any hair to cut, when you don't have much – what you do with it matters! I always try to find a shop that's close to work. The barber is a wonderful source of information. Between my barber in Fairview Park and the owner of the Day Spa/Salon next door to my office, nothing happened in the city that these two didn't know. Seeing them on a regular basis kept me plugged in to local events, government planning, church dealings, and general gossip. I respect people who work in hair, probably because of the close connections of dentistry and barber surgeons.

Barbering, the styling of men's hair, was introduced in Rome about 296 BC.

Barbers quickly became both popular and prosperous as "barber shops" opened up all over Rome and were immediately the center of daily news and gossip. Barber surgeons were jacks-of-all-trades and pulled teeth, performed minor surgery, cut hair and applied leeches. The barber dentists usually pulled teeth to treat decay, but they also knew how to fill cavities and created false teeth out of human teeth and cow bone.

In the end, barbers became surgeons in the same way gun slingers became enforcers in the Old West – they happened to be the people with the right tools and enough experience to use them. The gun-slingers had a horse and a gun, and the barbers had a set of knives that they kept sharp and clean, and they had a great deal of practice with them. Since barbers doubled as manicurists, they became adept at digging out hangnails and ingrown nails and hair. They also lanced boils and minor skin irritants. They began by checking the mouth for infections and cavities and eventually came to pull teeth and lance infected gums. As their knowledge and skill set was built up, they took on apprentices, who learned similar surgeries by practicing. There were top-level practices that caused qualified physicians to pull out of the surgical trade as well. Feudal lords imposed justice on their territories and often would put doctors to death for malpractice, so few

were likely to attempt anything as risky as surgery. Few people had the money to pay surgeons, anyway, while barbers were cheap, and became plentiful.

It was only in the early 1800s that dentists, barbers and surgeons were separated as professions. As knowledge of anatomy and medical procedures became more precise, an increased number of patients began surviving surgery and the procedures became more elaborate and dramatic. As fewer barbers were called upon to perform advanced surgery, that aspect of the profession died out. The last reported barber-surgeon died in the 1820s.

Visiting my barbers over the holidays, as always I found Jimmy and Tommy surrounded by a chatty crowd that filled their barbershop in downtown Worthington. As usual, various sports were on the TVs and lively discussions were occurring. Some hair was even being cut!

They know that I'm a dentist, so we talked teeth. We also talked about people. I'm always impressed by the similarities between dentists and the barber or hairstylist. Over the years, I've had only five people cut my limited hair. My son Brian is at Notre Dame and tells the story of Armando, who has cut the hair of undergraduates for more than 30 years. Apparently, alumni come back onto campus for a football game or other event and make a point to have Armando cut their

hair. Armando has such a loyal following that Brian can't get an appointment, so his hair is done by Chris (Armando's son) while on campus. Over the summer, Brian sees Jimmy here in Worthington. After we moved to Columbus, my wife still regularly returned to Cleveland to have her hair styled.

So what inspires this loyalty? Is it the way someone actually cuts hair? I don't think so. It is the relationships that people develop that make returning for a hair appointment a social, feel-good experience. A good hairstyle is just a nice byproduct of the friendship.

That's really the way that dentistry works when a patient and dentist develop a positive relationship. It allows us to provide the best patient care and a patient to reach health because we come from a position of trust. When patients know you care, then you have the ability to work together for their health. As I tell my students all the time, patients don't expect you to be perfect. But they expect you to care! And that let's us see the world as we hope it would be and lead people to that place. We dentists are the source of information on health, which is much better than just gossip. We have come far from our barber surgeon past, but luckily, we have kept the good part! After all, it's all about relationships!

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



It's Your Choice

Robert Buchholz, DDS
Guest Columnist

What! ... Huh! ... OMG!

I have never had an op-ed topic blow up around me while I was in the process of bloviating about it!

The art of opinion writing mainly revolves around reacting to events that have occurred in the past and not so much those actions that are ongoing. "The dust needs to settle before an opinion is rendered," has always been a belief of mine.

Literally as I commenced writing about 'Juuling' (Jan. 2019/ODA Today) one of America's investment banks downgraded Altria's stock value (the manufacturer of Marlboro cigarettes) because the company's spokesperson stated that they had an interest in taking a financial stake in Juul Labs.

In only two years, Juul Labs went from controlling 0 percent, to over 70 percent of the vaping market (2015-2017)!

A few days later, Altria followed their previous announcement with a new one. The company was making an investment of almost \$17 billion in Cronos – a Canadian marijuana company (a 45 percent stake with the potential of extending that to 55 percent in the future), as well as purchasing a minority position in Juul Labs. Now, Altria controls 35 percent of Juul Labs!

The deal by Altria, a high yield/dividend company, basically insures its stockholders that they've got (portfolio wise) their future financially covered by partially or totally controlling perhaps two of the most physically and mentally addicting drugs in the "dopamine enhancing" market.

And if there's any doubt as to what really drives everything in life, Altria threw an additional \$2 billion in bonus money for Juul Labs' employees. That's \$1.3 million for each of Juul's 1,500 employees and

would certainly make me pause and probably buy in (see definition of BLACKMAIL) if I were a Juul Labs employee!

I now understand what role nicotine played in my life. Unfortunately, as a teen I did not!

Alcohol, tobacco and Cannabis products are not going to be banned.

For all of the posturing and naysaying being done, both for and against these products, it's the "who" and the "what" entities – those that are cashing in ... they are the ones that really bother me!

Every individual that pontificates about all the good things certain products provide i.e. – "a Juul is best used for smoking cessation via vaping," or – "THC oils are to be used as medicinal adjuncts for pain control," or – "reduced percent alcoholic liquids (3.2 percent liquors) are less likely to result in alcoholism," ... these types of comments should make our antennae go up and make us search and seek out information about those individuals that monetarily stand to gain the most!

I've listened, online, to the two founders of Juul Labs. They'll readily sit in front of cameras pleading their case that the Juul is a smoking cessation tool that will help smokers quit inhaling carcinogens and hopefully lead them towards entirely quitting combustible products containing nicotine.

And they're RIGHT!

But they're not going to talk about the possibility that for every individual that uses their product for cessation purposes, there is also X number of teens that have begun a lifetime of nicotine addiction, in addition to the possible use of combustibles, as a result of exposure to Juuling. If any of you doubt me, then please research how Juul Labs has marketed their

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.

Interested in learning more about vaping?

The ODA Leadership Institute will feature a breakout session on e-cigarettes and oral health. Leadership Institute will take place March 15 and 16 in Columbus. Learn more and register at oda.org/events.

product so successfully over the past three years.

So here we are again, basically at another nicotine standoff, worldwide, and wondering how the FDA can begin to address this current dilemma. Frankly, I have to complement the two founders of Juul Labs because what they invented was genius and a perfect "catch 22." How can you ban a product that possibly helps smokers become non-smokers?

The product isn't bulky and is easily palmed just like a cigarette (easily hidden). The Juul's shape is unobtrusive, modern looking and sleek. In other words it has the "wow" factor and it's "cool." The nicotine that is delivered in that first and every puff of vapor droplets is not harsh but is a dissolved salt form of nicotine, delivering almost the same type of stimulating rush-like effects that a burning cigarette offers.

It tastes good too! Flavors include: mango, creme brûlée, Virginia tobacco, mint, classic tobacco, cucumber, menthol and fruit. And each pod of Juul liquid (the part that turns into vapor) conveniently

equals the nicotine content of a pack of cigarettes.

"Yippee!"

Simply put, the FDA got caught with their backs turned and their shorts in a knot. The newest technological advancement in vaping by Juul Labs has managed to latch onto our immature adolescents over the past three years. And yet, the Juul has assisted many a smoker transition from combustible tobacco sources of nicotine to probably a much safer alternative of delivery, known as vaping.

I'm no authority on how to combat this new craze amongst our youth. Removing restroom doors from bathroom stalls and putting up vape detectors in middle and high schools won't get it done!

Maybe one of you, our members, will also have a "genius" moment. If so, bring that idea to the Spring 2019 ODA Leadership Institute. There'll be a vaping breakout session during the meeting!

... to be continued!

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

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Just Think About It

Paul S. Casamassimo, DDS, MS, FAAPD, FRCSEd, Guest Columnist

Should you really be a dentist?

A perennial challenge in dental academia is how do we choose the best candidates applying to dental school. Over decades, criteria have shifted from purely academic performance and test scores to a “portfolio” or “dossier” of characteristics believed to be important for the dentist of today. Alas, there is no universal agreement, and like many admission processes in higher education, it is hard to predict who will make the cut, frustrating applicants and families alike.

I am proposing a totally new approach

to dental admissions and it has a sound evidence base (well, at least as good as the evidence for the existence of Big Foot). Unlike the drifting admissions standards of today that shift with society’s leanings, this approach is based on genetics and the weight of characteristics I’ve observed in myself and in those who have become successful in our field. Here is how the theory goes.

Every high-performing dentist has the “gadget gene,” a set of base sequences on the X-chromosome (yes, it thus applies to both male and female dentists, and people from every race, so is as non-discriminatory as possible) and while there is no established DNA test for the gadget gene yet, it can be identified by a simple test of 10 questions that anyone thinking of dentistry can take and predict their success and can offer support to their applications to dental school. Try it for yourself and see if you really should be in dentistry!

1. Shiny things are better than those that are not

Yes [] No []
You think you learned that in dental

school, right? Wrong! If you’re really dentist-material, you’ve always liked shiny stuff like jewelry, chrome on cars, and pretty much anything that can be polished.

2. When I walk through a DIY big box store, I always see neat stuff I want to try (and wonder, “Gee, how can I use that in the office?”)

Yes [] No []
Alas, we are genetically programmed problem-solvers and always looking for ways to do things better, faster and simpler. It is not a bad trait, really, but can get us into trouble in romance and some home improvement projects!

3. If I have to purchase or replace any tool, instrument or device, no matter how simple, I will choose the one with the digital read-out ...

Yes [] No []
Let’s face it, if we could get torque-metered extraction forceps or alginate spatulas with tachometers, we’d be at least tempted! Admit it, you like to look at the tachometer in your automatic-transmissioned car!

4. I can pretty much make anything work (clinically) ...

Yes [] No []
Were you that kid in preschool who had to be counselled because you kept trying to pound the square peg into the round hole – and did it? There’s a reason why the phrase “It works in my hands” is chiseled in the base of the statue of G.V. Black in Chicago!

5. For any task (or dental procedure) suggested in question 4 above, I have concocted a scientific theory that explains why it works

Yes [] No []
A part of the gadget gene is a poorly understood OCD sequence that does not allow a real dentist to do things without some kind of rationale, even if we have to make it up – you do know that we make up a lot of stuff we do in the absence of evidence, right? Hey, remember that instructor in dental school who always said to you to “just do what I told you?”

6. In truth, I really like to talk about minutia (like dental coding) ...

Yes [] No []
Engineers have their belt calculators, fashion designers their fabric swaths, and we have dental coding as our common language. If you are honest in taking the gadget gene test, admit that the mention of dental coding gives you a little tingle.

7. If something breaks down (like equipment in the office), I struggle not to at least try to fix it although I know that it might not be the best idea ...

Yes [] No []
This is often the point where staff and family are forced to call an intervention and the gadget gene’s control over us is put on the table so healing therapy can begin.

8. As a kid, I kept the crayon coloring between the lines (and I still like to draw carious lesions and periodontal pocketing on my charts rather than just put in numbers and colored fill-ins)

Yes [] No []
Theorists still struggle to explain why we dentists do that! Freud suggested that dentists live in between two- and three-dimensional worlds, constantly struggling to find a home – no, he didn’t, but I had you believing me, didn’t I?

9. When in public, while watching TV or a movie, and in most social situations, I make a judgment about people’s dentitions before anything else

Yes [] No []
It might be that piece of spinach between the teeth or that crooked lateral, but we tend to be drawn to and judgmental about others’ teeth. Don’t be hurt by people’s awkward reaction to you when you make a dental comment about some scantily clad contestant on “The Bachelor” or “Bachelorette” – you really can’t help yourself.

10. I tend to have to finish things (like reading this column to the end or getting that last hunk of calculus)

Yes [] No []
See, you just wasted 5 minutes! We are compulsive, but also just have to get the detail, whether it’s that perfect shade match or that last blade of cut grass off the sidewalk. That’s who we are!

So, how’d you do? If you answered all 10 “yesses” then you have full penetration of the gadget gene, for better or worse. You are also probably an orthodontist, endodontist or prosthodontist and if your “yesses” were emphatic, you were



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Rocky River, Ohio Dental Office for lease. Great location with plenty of parking. The unit has 3 operatories with room to expand, separate waiting room, reception area, large staff area with staff rest room, private back office, lab area, separate sterilization area and a storage room. Furniture and select Dental equipment available for sale. Please contact (440) 653-1688 cell or rcty16@gmail.com for information.

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DENTIST, from page 13

probably a dental hygienist before dental school.

If you got five to seven "yesses" you are probably still a very good dentist although you tend to be one who asks patients questions while you treat them, still have to work to control reactions like "oops" or "darn it" while handling sharp instruments in a patient's mouth, and extrude that first test drop of local out of the needle in the patient's field of vision. You're also likely a periodontist or oral surgeon.

Any fewer than five "yesses" suggests that you might be happier writing poetry or tending goats or llamas and if you made it through dental school, you have a mid-life crisis looming and could very well end up creating chainsaw sculptures out of logs in the mountains – or you are a pediatric dentist, public health dentist, or oral pathologist! You probably also went to dental school to please mom and dad and if that's the case, you have bigger issues than the gadget gene!

If you're a general dentist, you could fall anywhere on the "gadget gene spectrum" and the first step in the healing journey, as they say, is awareness and then to accept who we are!

Dr. Casamassimo may be reached at casamassimo.1@osu.edu.

ADVOCACY, from page 1

legislators about prohibiting dental insurance plans from setting the fees for dental services the insurance company does not cover for the enrollee.

Day at the Statehouse will include a luncheon for attendees, briefings from the ODA advocacy team on current topics affecting dentistry in Ohio and tips on how dentists can effectively discuss those issues with legislators.

Attendees may also participate in a conference call prior to Day at the Statehouse that will provide an overview of the issues dentists will be asked to discuss with legislators during the event. Before the event, attendees will also receive written materials about the topics that will be discussed.

This year's event will be at the The Athletic Club of Columbus. To register or for more information, visit oda.org/events, email liz@oda.org or call the ODA at 800-282-1526.

The ODA has reserved a block of rooms at the Sheraton Columbus Hotel at Capitol Square for \$149 per night. To reserve a room, call (614) 365-4500.

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