

## QUICKBITES

### REGISTER NOW FOR ODA ANNUAL SESSION

The Ohio Dental Association 2021 Annual Session will be a hybrid meeting this year with an in-person meeting in Columbus, Ohio from Sept. 30-Oct. 2, and a virtual component available from Sept. 30-Dec. 31.

Attend in-person AND take advantage of up to 30 hours of virtual CE courses, free with registration!

The 2021 ODA Annual Session will offer many opportunities for attendees to connect, learn and excel, including CE courses, new technology, exhibitor networking and special events.

Register and learn more at [www.oda.org](http://www.oda.org).

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## RECONNECT WITH COLLEAGUES, EARN CE AT ODA ANNUAL SESSION

By ODA Staff

After more than a year without in-person meetings, the ODA is excited to reconnect at the 2021 ODA Annual Session in Columbus from Sept. 30-Oct. 2.

### RE-CONNECT WITH FRIENDS, COLLEAGUES AT SPECIAL EVENTS

ODA Annual Session will feature opportunities to re-connect with your friends and colleagues in person at social events. You can also make it a team event and re-connect with your team outside of the office after this difficult year.

This year's ODA Annual Session will have several special events where you can re-connect with your colleagues and enjoy time with your team:

- Comedian Greg Hahn: Live at the ODA Annual Session! From 5:15-6 p.m., Thursday, Sept. 30.
- Dinner with the Speakers at Jeff Ruby's Steakhouse from 8:30-11 p.m., Thursday, Sept. 30.
- New Dentist Social: Denmark on High from 9-11 p.m., Thursday, Sept. 30.
- MATCH @ ODA Annual Session from 12-1 p.m., Friday, Oct. 1.
- Keynote: Bertice Berry, Ph.D. from 1-2 p.m., Friday, Oct. 1.



Photo by Jackie Best Crowe, ODA Managing Editor  
Re-connect with colleagues, friends at the 2021 ODA Annual Session, which will take place Sept. 30-Oct. 2 in Columbus.

- Celebrating Women in Dentistry: Honoring 2020 ODA President, Dr. Sharon Parsons and Other Female Dental Leaders from 2:30-4:30 p.m., Friday, Oct. 1.
- Callahan Celebration of Excellence

See ANNUAL SESSION, page 10

REGISTER NOW AT ODA.ORG



## ODA VIRTUAL DAY AT THE STATEHOUSE HELPS ESTABLISH, RENEW RELATIONSHIPS WITH LEGISLATORS

Advocacy

By Jackie Best Crowe  
ODA Managing Editor

The 2021 ODA Day at the Statehouse was held as a virtual event this year due to restrictions on gatherings in Ohio at the time and preferences of certain legislators.

"It is always important for ODA members to have good relationships with their legislators," said Dr. Bruce Grbach, chair of the Ohio Dental Political Action Committee (ODPAC). "Holding a Virtual Day at the Statehouse helped us establish and renew those relationships after an almost two-year break."

Day at the Statehouse is a vital, yearly event that gives dentists, spouses and dental students an opportunity to speak one-on-one with legislators about issues important to dentistry and advocate for patients, dental practices, and oral health in Ohio. Over the years, this grassroots event has served an integral role in delivering organized dentistry's message at the Statehouse.

"I believe that it is the responsibility of all professionals to be literate in the government affairs that impact their profession," said Dr. Hal Jeter, a general dentist in South Point. "For me, participating in Day at the Statehouse is about establishing a relational link to my legislator. As a constituent and



Photo submitted by Dr. Hal Jeter  
Dr. Hal Jeter attends a meeting during the ODA Virtual Day at the Statehouse with Dr. Hans Guter and Dr. Scott Balzer and staff members from the office of Sen. Bob Peterson (R-Washington Courthouse). They were joined on the call by Eric Richmond, ODA director of legal and legislative services.

as an informational resource I hope to help guide my legislator as he makes decisions on issues that impact my practice and dentistry in Ohio."

Jeter added that the COVID-19 pandemic further emphasized the importance of

meeting and establishing a relationship with legislators.

"When COVID first became a word in my vocabulary, I started paying even

See STATEHOUSE, page 7

## PREMIUM INSTALLMENT & TRUE-UP REPORTING FOR PRIVATE EMPLOYERS

Story Submitted by Sedgwick

Employers must pay premiums timely to the Ohio Bureau of Workers' Compensation (BWC) to receive and maintain workers' compensation coverage.

Through the year, employers have been making premium installment payments based on estimated payroll. As we near the conclusion of the 2020 policy year (July 1, 2020 through June 30, 2021), BWC will be requiring all employers to reconcile ("true-up") the payroll that was used to estimate their premium with their actual payroll for the policy year. BWC will also be sending information regarding premium installments for the upcoming 2021 policy year (July 1, 2021 through June 30, 2022).

### IMPORTANT REMINDERS

BWC mailed 2021 estimated annual premium notices along with your installment schedule around May 1, 2021.

- If you expect your payroll to change during the 2021 rating year from the estimate provided, you can call BWC at 800-644-6292 and request a change to your payroll and installment schedule.
- Failure to make installment payments based on the installment schedule can result in lapses in coverage, therefore make sure installment payments are paid by the due dates as noted on the installment schedule. The first installment payment was due by mid/late June 2021.
- If you paid your full 2021 premium by the June installment due date, you can earn a 2% Early Payment Discount. There is no need to switch to an annual installment, but the premium must be paid in full by the due date. BWC will issue the 2% refund the following month. BWC was expected to mail notices regarding the July 1, 2020 through June 30, 2021 true-up around July 1, 2021. True-up reporting and payment is due by August 15, 2021.
- Failure to true-up and pay any additional premium will result in your policy being removed from all discount and rebate programs and it will remain ineligible for discounts and rebate in future years.

Employers can receive a rebate for paying premiums and completing true-up online with BWC's Go-green Rebate Program.

*Sedgwick is endorsed by the ODA Services Corp. to provide Workers Compensation discounts to ODA members. If you are currently enrolled in the ODA's Workers Comp program through Sedgwick and have any questions regarding premium installments or the true-up process, contact our Sedgwick program manager, Dom Potina, at 614.579.4723. If you would like more information about enrolling in the ODA's Workers Comp program through Sedgwick, visit [www.odasc.com](http://www.odasc.com).*

## DENTAL PRACTICES LARGELY EXEMPT FROM NEW OSHA STANDARD, SHOULD STILL TAKE CERTAIN ACTION STEPS

COVID-19, Regulatory Compliance

Dental practices are mostly exempt from the Occupational Safety and Health Administration's new emergency temporary standard to protect health care workers from COVID-19, providing they are not treating COVID-19 positive or COVID-19 symptomatic patients.

Dental practices should continue to follow and document certain work practices such as:

- Pre-appointment screenings.
  - Screening everyone (patients, non-employees on site, and staff) prior to entry and not permitting to enter those with suspected or confirmed COVID-19.
  - Having a written COVID-19 plan.
- The American Dental Association is expected to release an updated toolkit. For more details, visit [ada.org/virus](http://ada.org/virus).

Dentists should also be aware that the guidelines set out by the Ohio State Dental Board regarding care during the COVID-19 pandemic remain in effect. View the guidelines at <https://dental.ohio.gov/News/ohio-state-dental-board-covid-19-update-dental-offices-opening-on-may-1-2020>.

Additionally, CDC guidance states that people should continue to wear a mask in health care settings. Learn more at [https://www.ada.org/-/media/CPS/Files/Articles/Toolkits/CDC\\_COVID-19\\_PPE\\_and\\_Screening\\_FAQ.pdf](https://www.ada.org/-/media/CPS/Files/Articles/Toolkits/CDC_COVID-19_PPE_and_Screening_FAQ.pdf).

## CYBERSECURITY INCIDENT INVOLVING MEDICAID VENDOR REPORTED

Medicaid

On May 19, 2021, Ohio Medicaid vendor Maximus learned of a cybersecurity incident involving an application related to Medicaid providers' credentialing and licensing data in Ohio, according to the Ohio Department of Medicaid.

The incident potentially impacted some personal information about Medicaid providers (such as names, dates of birth, and Social Security numbers) provided to the ODM or to a managed care plan for credentialing or tax identification purposes. According to Maximus's investigation, there is no evidence that any of this information has been misused.

Maximus is offering complimentary credit monitoring services to individuals who may have been impacted by this incident—namely, Medicaid providers who supplied personal information to ODM or an Ohio managed care plan for purposes of credentialing or tax identification.

Beginning June 21, affected Ohio Medicaid providers should have begun receiving notices from Maximus regarding a cybersecurity incident potentially exposing personal data. The letters are coming through Experian.

This cybersecurity incident did not affect patient or Medicaid beneficiary information.

Upon discovery, Maximus took the impacted application offline, launched an investigation with a cybersecurity firm, activated response protocols, and notified law enforcement.

## AT A GLANCE: IMPORTANT DATES & EVENTS

Dates & Deadlines	
7/5	ODA Office Closed for Holiday
8/13	Annual Session Early Bird Registration Deadline
8/15	BWC True-Up Reporting and Payment Deadline

Events	
7/17	New Dentist Family Zoo Day - Columbus
9/30-10/2	ODA Annual Session - Columbus

Meetings	
7/9	Finance Committee
7/12	Subcouncil on New Dentists
7/12	Annual Session Committee
7/21-23	Executive Committee Retreat
7/23	ODA Services Corp. Board
7/27	Council on Dental Care Programs and Dental Practice
8/4	Dental Education and Licensure Committee
8/6	Council on Membership Services
8/13	Council on Access to Care and Public Service
8/18	Subcouncil on Diversity and Inclusion
8/30	ODA Foundation Board

## 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. 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.



**David J. Owsiany, JD**  
ODA Executive Director

### THE DIRECTOR'S CHAIR

Legal, Annual Session

During ODA's upcoming Annual Session, I will be presenting a course along with Dr. Mark Alexandrunas regarding issues that dental practice owners and dentist-employees are frequently confronted with during their relationship with each other. We hope to share ideas in order to head off potential conflict between employer dentists and their employee dentists down the line. We will present the course, "Dental Compliance: What You Need to Know as an Owner, Associate or DSO-Dentist," on Friday, Oct. 1 at the Columbus Convention Center from 3:30 to 5:30 p.m. as part of the ODA's 155th Annual Session. The Course Code is F39.

Below is a preview of one of the issues we will likely discuss: restrictive covenants or covenants not to compete within employment contracts.

Most dentist employment contracts include a "restrictive covenant" or "non-compete" clause. Generally, this type of clause is intended to prevent an employee dentist from competing with the employer dentist after the end of the employment relationship.

Usually these "non-compete" clauses include a specific time period following conclusion of employment

## BOTH PARTIES NEED TO UNDERSTAND THE IMPACT OF RESTRICTIVE COVENANTS

and a specific geographic area. For example, a contract may state that the employee will not practice dentistry or otherwise offer dental services within a five mile radius of the employer's dental practice for two years after the end of employment.

In order for these contract provisions to be enforceable, they must be "reasonable" in the duration and geographic area. In determining reasonableness, courts will consider the employer dentist's interest in protecting his or her investment in the practice along with the burden imposed upon the former employee and any potential burden on the public and patients.

According to the ADA's "Dentist Employment Agreements: A Guide to Key Legal Provisions," an employer uses this type of clause to "protect the practice from an employee-dentist who might utilize the contacts and experience gained through the employment to establish a nearby competing practice." The employee, on the other hand, may want to consider the impact of signing such an agreement because he or she would likely be contractually forbidden from starting a practice, working as an employee or even purchasing another practice within the restricted area during the restricted time period.

Dentists on both ends of the equation – the employer and the employee – should have a clear understanding of the terms of the employment contract because they can have significant ramifications and conflicting interpretations.

For example, determining how to

### AT A GLANCE

Most dentist employment contracts include a "non-compete" clause intended to prevent an employee dentist from competing with the employer dentist after the end of the employment relationship.

Usually these clauses include restrictions on a former employee's ability to practice for specific time period within a specific geographic area following conclusion of employment.

Both the employer and the employee should have a clear understanding of the terms of the employment contract because they can have significant ramifications and conflicting interpretations.

### INTERESTED IN LEARNING MORE?

**Dental Compliance: What You Need to Know as an Owner, Associate or DSO-Dentist**

**Presented by:** Mark Alexandrunas, DMD and David J. Owsiany, JD  
**When:** Oct. 1 from 3:30-5:30 p.m.  
**Course Code:** F39

Is your practice compliant? Is your license at risk for discipline or penalties? Whether you are an independently owned, or a DSO-affiliated practice, join your colleagues for an innovative program exploring the challenges and opportunities facing dentists. ODA Executive Director David Owsiany, JD and entrepreneur Mark Alexandrunas, DMD present their perspectives on the ways that organized dentistry helps every dentist. The fundamental responsibilities of licensed dentists will be discussed along with tips on practicing as an employee dentist. As regulations are added, the complexities of dentistry change. In order to remain efficient, ethical and compliant, you need to know the new rules. Every dentist is responsible for being compliant with regulations. If you aren't constantly monitoring how the goalpost is moving, you are probably out of compliance somewhere! These are the "need-to-know" rules and regulations for all practicing dentists! Support provided by the ODA Council on Membership Services

Register now at [www.oda.org](http://www.oda.org).



See COVENANTS, page 5

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## MEMBER BENEFIT BUZZ

### HAVE A PROBLEM WITH A DENTAL INSURANCE SITUATION? THE ODA MAY BE ABLE TO HELP!

**Dental Insurance, Membership Benefits**

If you have been unsuccessful in resolving a third-party payer situation, you may want to consider submitting information to the Ohio Dental Association's Dental Insurance Working Group (DIWG) to determine if the ODA has a role in addressing the matter.

The DIWG is comprised of a dedicated group of ODA member dentists who volunteer their time to determine the ODA's formal role in addressing dental insurance-related questions, concerns and complaints involving dental insurance and third-party payers that are submitted by ODA member dentists.

The working group has served for many years as an advocate and counselor to ODA members who have encountered problems with insurance companies and third-party payers.

The working group has assisted many ODA members to address problems they were unable to resolve on their own, and has worked to facilitate the two-way flow of communication between the dental profession and Ohio-based dental insurance companies. The working group has addressed such issues as:

- Denials or limitations for certain services (such as core buildups, crowns, endodontic therapy, scaling and root planning and radiographs).
- Payment of non-contracting dentists.
- Applications of participating provider agreements.
- Application of least expensive alternative benefit clauses.
- Participating provider listings.
- Focused review, utilization review and other types of audits.
- Dentist rating systems.
- Overpayment recovery.
- CDT dental code usage.
- Unfair cuts to fee schedules.

While some insurance companies choose not to work with DIWG in a meaningful way, many are very responsive in addressing issues of concern ranging from clarifying their decisions to revising their practices.

There are several ways for members to submit an issue to the DIWG:

- Via our secure online portal at <https://www.oda.org/member-center/resources/dental-insurance-assistance/>.
- Via email to [dentist@oda.org](mailto:dentist@oda.org).
- Via fax at (614) 486-0381.
- By mail to ODA Dental Insurance Working Group 1370 Dublin Rd., Columbus, Ohio 43215.



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

**LEGAL & LEGISLATIVE**

Legal

Being a member of organized dentistry provides plenty of benefits. Those benefits range from savings on products and services used in dental offices to continuing education opportunities to legislative advocacy. Along with these benefits, your membership also offers you access to necessary information in the dental community. This information covers almost every aspect of the dental practice, from COVID updates and recommendations that we have seen throughout the last year to other legal and regulatory compliance resources.

In the last year the ODA legal and dental services department has fielded thousands of phone calls with questions from dental offices across the state on a variety of legal and regulatory issues. While a good number of the calls in the last year have been COVID specific, the other questions have common themes. In June, July, August and September this column will address the 10 most common legal questions received from dental offices. Last month, the column addressed the issues of: (10) Antitrust and insurance issues and (9) Animals in the office.

**8.) USE TAX**

A use tax is a tax on the storage, lease, rental or purchase of tangible personal property for which no sales tax has been paid. The use tax has been in effect in Ohio for several decades. The purpose of the use tax is to protect Ohio vendors from unfair competition from out-of-state sellers. In-state merchants are required to collect sales tax when selling to an Ohio resident or business. Without the imposition of a use tax, the incentive would be for Ohioans to always look out of state for office purchases.

The use tax is most common with purchases made from an out-of-state vendor who does not charge sales tax; however, the use tax also applies to purchases within Ohio when not enough sales tax was charged. The use tax rate is equal to the sales tax rate in the county where the purchaser uses the property.

Service providers such as medical and dental offices are not exempt from the use tax. In fact, Ohio law specifically mentions dentists as falling within the definition of a consumer for purposes of the sales and use tax. The law outlines that those purchases made by dentists, physicians and other health care providers in connection with the practice of medicine and dentistry are taxable.

The department specifically identifies the purchases of medical equipment, gloves, masks, scrubs and other supplies as being subject to the use tax in its informational publication on service providers and the use tax. The purchase of office equipment such as computers, printers, desks, chairs and lamps, and the purchase of cleaning supplies, lawn care services and janitorial services are also subject to taxation. Finally, the department also considers the purchases of dental

**TOP 10 LEGAL ISSUES IN A DENTAL OFFICE - PART 2**

prosthetics, either with or without a prescription, from dental laboratories to be taxable.

In most instances, a sales tax is paid by the dentist at the time of purchase of these products. However, if no sales tax is paid, the purchase is subject to the state use tax. It is important for dentists to work with a tax professional to determine if use tax may be due and to begin the process to file payments.

**7.) TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS LICENSE**

Over the past few years there have been numerous questions regarding whether or not a dentist needs to have a Terminal Distributor of Dangerous Drugs License (TDDD). This question has intensified in the past 12 months due to suppliers requiring paperwork with orders asking dentists if they have a TDDD. The important thing to remember is that unless your practice has changed significantly in the past year or two there has been no change

in the exemption from obtaining a TDDD for most dentists.

The significant portion of the law to most dentists is the exception to having a TDDD. That can be found in O.R.C. 4729.541 "Exemption from licensure as terminal distributor of dangerous drugs." In this section the exemption applies to "(A) (1) A licensed health professional authorized to prescribe drugs." That is a simple section of the code. However, the revised code can be complicated and here, there is an exception. So in this case the exception to the exception can be seen in section (D) "Any of the persons described in divisions (A) (1) to (12) of this section shall hold a license as a terminal distributor of dangerous drugs in order to possess, have custody or control of, and distribute any of the following: (1) Dangerous drugs that are compounded or used for the purpose of compounding; (2) A schedule I, II, III, IV, or V controlled substance, as defined in section 3719.01 of

**AT A GLANCE**

Use tax is paid on storage, lease, rental or purchase of tangible personal property for which no sales tax has been paid.

Dentists are generally exempt from having a Terminal Distributor of Dangerous Drugs license unless they possess, have custody or control over, and distribute dangerous drugs that are used in compounding or a schedule one-five controlled substance.

Documentation is key in terminating the dentist patient relationship. In the written communication terminating a patient ensure you will still provide emergency care for a reasonable amount of time and that the patient has the right to a copy of their dental records.

See LEGAL, page 5



**Practices for Sale**

Hamilton Co: Grossing \$650K/year. 4 ops. 3,000 sq/ft. Digital PAN, digital x-ray, Cerec. RE available. Great visibility.

Toledo: Consistently collects \$800K/year. 25 new pts per month. 4 ops with room to expand. Seller will stay for transition.

NE Cleveland Suburb: Collecting \$380K/year. Mix of FFS/PPO patients. Low overhead. 3 ops. Eaglesoft. Seller retiring.

Columbus: 100% FFS practice. Operating part-time, collecting \$180K per year. Desirable location on west side. 6 ops.

North Central Ohio Orthodontic: Started from scratch in 2015. Revenue over \$300K on 10 days a month. 100% FFS. 4 chairs.

NE Cleveland Suburb: Grossing \$400K. 4 ops. Mix of FFS, PPO & Medicaid. 2500+ active patients, 40 new patients monthly.

Clermont County: Grossing \$480K. 3 ops with room for expansion. Paperless with digital x-ray and digital PAN.

Columbus: Grossing \$325K/year on 3 days a week. Mix of FFS & PPO. 4 ops with room to expand.

SE Ohio: Mostly FFS. \$188K in revenue. 2200 active pts, 20 new patients a month. Located on busy street.

Dayton: Grossing \$360K on 2 days/week.

Mix of FFS, PPO and Medicaid. 3 ops, room for expansion. 1400 active pts.

NE of Akron: All FFS. \$350K in revenue. 4 ops with room to expand. Real estate available. Located on busy road.

SE of Toledo: Revenue of \$700K. Free standing building, high visibility. 3100+ active pts, 50 new pts/month. 5 ops.

Stark County: Collecting \$480K/year. Mix of FFS and PPO. Eaglesoft. 4 ops. Digital xray & PAN. Great visibility. Seller retiring.

West Cleveland: Grossing \$750K per year. FFS/PPO. Paperless. 7 ops, room to expand. Real estate for sale.

East Cleveland Suburb: 100% FFS, revenue \$1.7M, paperless with CBCT. 5 ops with room to expand.

Lake County: Grossing \$400K on only 18 clinical hours a week. 3 ops with one more plumbed. FFS/PPO. Merger opportunity.

Tuscarawas Co: 100% FFS practice with 6 ops. Digital x-ray, digital PAN. Real estate available. Collecting \$450K per year.

Springfield: Shell practice with historic revenue of \$500K. 3 fully equipped ops, 2 more plumbed. Digital x-ray & PAN.

East Akron Suburb: 3 ops, room to expand. Grossing \$250K per year. PPO/FFS. Real estate available.

Dayton: Grossing \$500K on 3 days/week. Mix of FFS & PPO. 1700 active patients. Digital x-ray, digital PAN, and Cerec.

SW Ohio: Holistic practice in desirable city. Collecting over \$950K per year. Digital x-ray, digital PAN, Cerec. 5 ops with room.

East Cleveland Suburb: Grossing \$1.1M. All FFS. 6 ops. Digital x-ray and CBCT. Paperless. 30 new patients per month.

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LEGAL, from page 4

Revised Code."

This section of the law has not been changed since it was implemented in 2017. Therefore, outside of drastic changes in an individual practice the exception should still be met and therefore the office should not have to obtain a TDDD. To reiterate, dentists who possess, have custody or control of, and distribute dangerous drugs used in compounding or schedule one through five controlled substances must have a license, but everyone else does not. Further, the person selling items that would require a TDDD to purchase must check to see if buyer has a TDDD (O.R.C. 4729.51(B)). This requirement would prevent a dentist who does not have TDDD from purchasing a dangerous drug that would require a TDDD.

**6.) TERMINATING THE DENTIST PATIENT RELATIONSHIP**

Terminating the dentist-patient rela-

tionship requires the dentist to exercise care to avoid potential legal and ethical implications.

The utmost concern when terminating a relationship with a patient of record is to avoid patient abandonment. The American Dental Association "Principle Rules and Code of Professional Conduct" states that "once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist." Further, the Ohio State Dental Board considers abandonment of a patient to be a potential violation of the standard of care, which could be grounds for discipline. Additionally, patient abandonment may also be the basis of a civil lawsuit if the dentist does not provide adequate notice of termination and the refusal of treatment leads to injury to the patient.

Even with these liabilities there are appropriate ways to end the patient-dentist relationship that can minimize the risk. This is important because in certain situations termination is the

right, and possibly the only decision for the dentist and the patient.

When a patient relationship is terminated there is always going to be some risk. Timing and cooperation with the patient can alleviate most of the risk, if done appropriately. The best way to avoid a claim of abandonment is to avoid terminating the dentist-patient relationship during the course of treatment. Dentists should make an effort to get the patient to a natural stopping point in their care prior to termination. This is the ideal situation, which understandably is not always possible or practical.

In situations where the relationship must be terminated prior to completion of treatment, the dentist should discuss the issue with the patient, make every attempt possible to ensure the patient's oral health is stable, offer to assist the patient in obtaining a new dentist to complete the treatment, and if possible, obtain the patient's consent to terminate the relationship. Documentation of all of these efforts is paramount. Each interaction with the patient should be written down

and maintained in the patient's record. Documentation of the termination of the dentist-patient relationship should always be done in writing, preferably by certified mail. In this communication it should be clear that the dentist is terminating the relationship and offer to provide copies of the patient's records, including X-rays and impressions, to a new dentist with the patient's written request. The letter can discuss the reason for termination (e.g., the patient's failure to follow the instructions related to treatment, missed appointments, etc.) however, it does not have to give a reason.

The role of dental ethics and the law is to protect the patient. With that in mind, they generally favor the patient having adequate notice and opportunity to secure a new dentist. To minimize the risk when terminating the relationship the dentist should provide care in any dental emergency for a reasonable amount of time (usually 30 to 90 days) while the patient is looking for a new dentist. This assurance of emergency dental care should be in the written terminating communication.

COVENANTS, from page 3

the non-compete clause. There was a dispute as to whether the seller was actually practicing within the 30 mile restricted area. Apparently, the seller was practicing in an office that was less than 30 miles away from his former office when measuring the distance in a straight line (or "as the crow flies") but when driving between the two offices, the distance traveled was more than 30 miles. The court utilized "a straight-line distance" standard as opposed to driving distance and ultimately found that

the seller violated the non-compete clause. As you can see from this case, understanding the precise terms of the contract is critically important.

Another tricky area involves determining which dental offices are used for purposes of the geographic restriction. This is simple if the employer has one office in which the employee works. Any geographic restrictive covenant would be measured at a distance from the employer's only office. But what if the employer has multiple offices? I have seen contracts where the restrictive covenant applies

to every office the employer owns. It is unclear whether a court would find such a restriction to be reasonable where the employer has several offices spread out over a relatively large geographic region, including some offices in which the employee dentist has never worked. This would be a significant burden placed upon the employee after the employment relationship ends. An alternative would be to apply the geographic restriction only to those offices in which the employee regularly works.

The bottom line is that both the

employer dentist and the employee dentist should have a clear understanding of the terms of their contract, especially any restrictive covenant, which can have a significant impact on both parties after the employment relationship ends.



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STATEHOUSE, from page 1



more attention to the government horizon and the role it played as the pandemic continued to impact dentistry," he said. "I feel that it is now more important than ever to realize that things that happen in this world can easily happen to us; none of us live in a bubble. Therefore, as government makes decisions and sets policy directly or indirectly affecting our profession, it is essential that we remain abreast and connected to our representatives. Personally, I can imagine that they truly desire to have a communication line when considering issues that they personally have little to no experience or knowledge in. Unfortunately, too often those of us who advocate for the true betterment of our profession remain mute while the screaming voices of more radical and skewed views pervade the Capitol. Dentists have a voice and we need to use it. Make a phone call or write an email or note to your state or federal representative. Just share your thoughts. To resurrect a quote I heard long ago: 'It's better to be at the table than on the menu.'"

Dr. Dale Anne Featheringham, an orthodontist in Wooster, said she thinks it's important for dentists to attend Day at the Statehouse so that legislators can hear from their constituents who are being affected by certain legislation.

"I think that it's important for legislators to hear from our lobbying team, but I also think that legislators want to hear from constituents, and from people that will actually be impacted by the decisions that they are considering," she said. "On the flip side, I think that it's important for Ohio dentists to attend Day at the Statehouse to see ODA advocacy in action. I remember my first time at Day at the Statehouse - I was blown away with the level of activity, effort and passion that it took to accomplish this event. My awareness was raised that even though Day at the Statehouse was impressive, advocacy was going on on my behalf all throughout the year."

At this year's virtual event, attendees contacted more than 80 offices. Attendees met with legislators or their staff via Zoom or over the phone and also provided information via email.

"My legislative meeting this year was by telephone," said Dr. David Vorherr, a general dentist in Cincinnati. "The timing was such that I was in my car at a highway rest stop at the appointed time for the return call from my legislator. I made a point of my location because I knew she had just introduced 'Distracted Driver' legislation. These unusual circumstances gave us a connection and we had a positive discussion on dental therapists and non-covered services, resulting in her supporting us on these issues. The meeting went very well because it was able to be less scripted than usual and more matter of fact. She shared about her and her children's' dental experiences."

A top priority for attendees this year was talking to their legislators about prohibiting dental insurance plans from setting fees for dental services the insurance company does not cover for the enrollee. This practice is fundamentally unfair and unnecessarily interferes with the patient-dentist relationship.

Attendees were also asked to talk to their legislators about dental therapists. Outside interest groups have been pushing for the creation of a new midlevel provider, or dental therapist, in Ohio for several years. 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. At Day at the Statehouse, attendees had the opportunity to educate legislators about why it is crucial that a dentist diagnose and treat patients for patient safety.

"After seven years of Statehouse advocacy it is painfully clear that legis-

**"Dentists have a voice and we need to use it. Make a phone call or write an email or note to your state or federal representative. Just share your thoughts. To resurrect a quote I heard long ago: 'It's better to be at the table than on the menu.'"**

- Dr. Hal Jeter  
 General dentist in South Point

lators need to be reminded annually by dentists and dental students of our educational requirements and expertise in patient treatment and our difficulties in dealing with insurance companies on unfair dental practices," Vorherr said. "To my fellow ODA members I ask: Please take a day off and advocate for dentistry. You will be well prepared by the ODA staff and probably paired with a veteran and maybe some dental students for this important event."

Parker Heiner, a dental student at The Ohio State University College of Dentistry, attended Day at the Statehouse for the first time this year. He said he attended because he wanted to take action and address issues with legislators in order to improve policy for the profession and patients.

"The legislators and their staff were receptive and also gave good feedback on how we can make progress on our agenda," Heiner said. "I also learned a lot from the other ODA members as we

prepared for and held our meetings. I was a bit nervous as this was my first time attending, but the dentists on the calls helped me understand where I could add value to the meetings with my experiences as a student."

Heiner said that before the event, he spoke to Dr. Henry Fields, a professor at the college of dentistry and a past president of the ODA, who gave him two pieces of advice.

"First, legislators like to talk to young potential voters and hear our positions, potentially even more than those from an older practicing dentist," Heiner said. "Secondly, if we don't speak for ourselves and dentistry, no one else will - we individuals make up organized dentistry, and relying on a few voices simply isn't enough. There is legislation that exists or needs to exist that will affect students, so we need to speak up about it."

Featheringham said that "Attending Day at the Statehouse is a way to see your dues dollars at work in a tangible way, to become informed about the issues that are important to us as dentists and small businesspeople, and to feel that you did your part in protecting our wonderful profession."

Grbach said that although meeting with legislators virtually was different than in the past, attendees were still able to have conversations about issues important to the profession just like at past Day at the Statehouse events.

"I think the Virtual Day at the Statehouse was a tremendous success," Grbach said. "I want to thank all the ODA members who took the time to meet with their legislators. I hope that we will be returning to an in person Day at the Statehouse next spring. I missed seeing all of my friends and colleagues."



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Ohio Dental Association  
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 Fax: (614) 486-0381  
 E-mail: dentist@oda.org  
 www.oda.org

Ohio State Dental Board  
 (614) 466-2580

**Medicaid**  
 Dentists who need to enroll as a Medicaid Provider may contact Ohio Medicaid at (800) 686-1516 and may also need to contact the Medicaid HMOs directly. For problems with Medicaid or the Medicaid HMOs, contact the ODA at (800) 282-1526.

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# DENTAL INSURANCE CORNER

## ODA PETITIONS DELTA DENTAL FOR A FEE INCREASE

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

The Ohio Dental Association has presented a written request to Delta Dental of Michigan, Ohio, and Indiana that calls for Delta Dental to take immediate steps to address its reimbursement rates by 1) increasing dental reimbursement rates and 2) incorporating an annual cost of living increase to its reimbursement practices.

The letter is a formal follow-up to the ODA's past discussions on the reimbursement issue. ODA representatives have been talking to Ohio-based dental insurers and Ohio Medicaid about the increased cost of care that dentists have been incurring as result of the COVID-19 pandemic since mid-March of 2020. The American Dental Association has been addressing it at the national level. The message has been reimbursement levels need to reflect the higher costs of personal protective equipment (PPE). Various payers have indicated that they're considering different options to address the issue and some acted.

In making the request, the ODA also recognized Delta Dental's efforts to assist Ohio dentists (e.g. the program Delta Dental developed with Henry Schein to provide a \$1,000 credit for dentists to use towards dental products and/or services from Henry Schein, Delta Dental's payment policy changes relative to limited problem focused exams and interim therapeutic restorations) and the pandemic created challenges that adversely impacted the dental insurance industry and its plan sponsors, subscribers and beneficiaries.

"While we appreciate the efforts that Delta Dental has already taken to assist Ohio dentists, we also call upon Delta Dental to address dentist practices' financial issues in a more comprehensive and sustainable manner in the form of an ongoing fee increase," said Dr. Manny Chopra, chairman of Ohio Dental Association Council on Dental Care Programs and Dental Practice.

Even though data shows the cost of living in general and the cost of providing dental care has increased significantly, Delta Dental has not granted its network dentists a fee increase in about a decade. According to the U.S. Bureau of Labor Statistics, the inflation rate in the United States has ranged from 0.7% to 3.0% since 2011 and currently stands at 1.7%. The price of inflation for dental services over the same time period has ranged from 1.43% to 3.42% and currently stands at 1.43%.

The COVID-19 pandemic has only increased dentists' costs while at the same time restricted their ability to treat as many patients as they had pre-pandemic.

Delta Dental's contractual prohibition on its network dentists from billing patients in any way for their increased cost of providing care, utilizing non-covered services price restrictions while at the same time refusing to reimburse dentists for their personal protective equipment (PPE) costs and down coding practices has only heightened the financial strain that Delta Dental is placing upon Ohio dental practices, particularly in light of Delta Dental's dominant position in Ohio's dental benefits marketplace. This financial limitation can constrict dentists' ability to utilize evolving and improving technology to provide their

patients with an optimal diagnosis and treatment.

It is the ODA's position that it is inappropriate for dentists to have to solely bear the increased cost of providing care in a safe and responsible manner.

"We believe Delta Dental recognizes the need to provide dentists with a fee increase and is trying to determine the best way to address the issue in a long-term manner that preserves the integrity of its business model while also providing dentists with fair reimbursement," Chopra said. "We sincerely hope Delta Dental incorporates and acts on the ODA's recommendations as it conducts its review of the fee increase issue in as expeditious manner as possible."

Late last year the ODA acted on another fee matter when it expressed its formal concerns to Aetna regarding the insurer's decision to substantially reduce reimbursement to dentists in

the Aetna Dental PPO network. That action was in response to a number of ODA member dentists who contacted the ODA after receiving a letter from Aetna Dental PPO that it would be utilizing a new fee schedule in mid-December 2020. All of the dentists who contacted the ODA reported the new fee schedule would result in an approximately 20% fee reduction to the discounted PPO fees that were already in place.

Aetna justified its position by stating it had "conducted a thorough analysis of the dental costs in your area. With employers demanding lower costs


### AT A GLANCE

- ODA petitions Delta Dental for a much needed and long overdue fee increase.
- Also calls for annual dental reimbursement cost of living increases.
- Letter details reasons why a fee increase is warranted.

for all their benefits including dental

See FEE, 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 online at [www.oda.org](http://www.oda.org), by mail to 1370 Dublin Road, Columbus, OH 43215, by fax to 614-486-0381 or by email to [dentist@oda.org](mailto:dentist@oda.org). To see past issues of the Dental Insurance Corner, visit [oda.org/member-center/resources/dental-insurance-assistance/](http://oda.org/member-center/resources/dental-insurance-assistance/).



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# OHIO DENTIST LOAN REPAYMENT PROGRAM AWARDS NEW CONTRACTS TO HELP PROVIDE CARE TO UNDERSERVED

Access to Care

By ODA Staff

The Ohio Dentist Loan Repayment Program recently signed 2020 contracts with five new dentists and renewed contracts with three dentists who are serving in safety net dental clinics across Ohio. 2020 contracts were delayed because of the COVID-19 pandemic.

Through the program, dentists sign two-year contracts for \$50,000 of loan repayment for working in a designated shortage area and agreeing to provide dental services for patients without regard to the patient's ability to pay. They can contract for optional third and fourth years and receive up to \$35,000 in loan repayment for each of those years.

"I decided to continue to work in a safety net dental clinic setting and renew my contract with the ODLRP because of my low-income background as well as receiving payment for my student loans," said Dr. Katelyn Cody, who renewed her ODLRP contract for a third year while working at the Dental Center of Northwest Ohio. "Not only does the ODLRP help ease the burden of student loan debt, but it also allows me to focus more on treating low-income patients (instead of working in a private office to make more money to put towards student loans)."

The ODLRP, which is administered by the Ohio Department of Health, is fully funded by Ohio dentists, who pay a \$40 surcharge that goes directly toward the ODLRP when they renew

FEE, from page 8

benefits and to remain competitive in the industry, we must balance the needs of all stakeholders. For this reason, we are changing our Fee Schedule to lower the payment for certain providers in your geographic area for certain services." Aetna did not mention COVID-19 anywhere in its correspondence as a specific reason for its actions.

It is unclear the scope of Aetna's actions relative to number and/or geographic area of dentists involved, general dentists vs. specialists, etc. Aetna also did not provide any insight to any other actions it was taking to "balance the needs of all stakeholders" and only spoke to the fee cuts that affected dentists would take in order to remain in the PPO network.

While stating it "must balance the needs of all stakeholders," Aetna's letter did not provide details relative to how the other stakeholders' (e.g., Aetna itself, employers, subscribers, patients, insurance brokers, etc.) needs were being balanced, including whether any were being asked to make sacrifices comparable to what Aetna was imposing upon its network dentists.

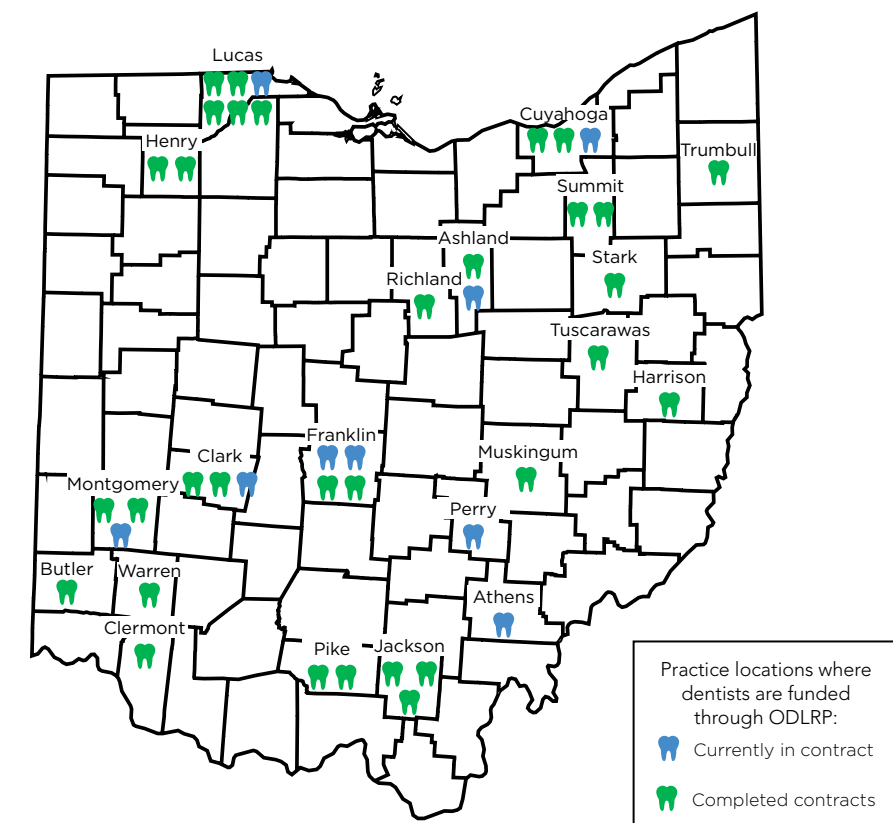

"Whether COVID-19 was part of the reason for Aetna's actions or it's simply employers wanting to pay less for their dental benefit, the ODA believed then and now that it is inappropriate for dentists to solely bear the burden of the costs that are necessary to provide responsible and safe dental care," Chopra said. "We recognize that all sectors of the economy have been impacted by many factors and are willing to work with Delta Dental, Aetna and other payers to develop appropriate ways to address cost of care issues."

"Not only does the ODLRP help ease the burden of student loan debt, but it also allows me to focus more on treating low-income patients (instead of working in a private office to make more money to put towards student loans)."

- Dr. Katelyn Cody  
ODLRP dentist at the Dental Center of Northwest Ohio

their licenses every two years. Since the program began, \$1,330,578 in ODLRP funding from the fee on

See ODLRP, page 11





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## APPLY TO PRESENT A TABLE CLINIC AT THE ODA ANNUAL SESSION

Annual Session, Event & CE

By ODA Staff

Annual Session attendees will have the opportunity to share dental practice information and earn continuing education (CE) credit, as well as prizes, by presenting a Table Clinic at the 2021 ODA Annual Session.

Table Clinics, which are informal, interactive presentations that last up to 15 minutes, are presented by dentists, dental students, dental staff and dental residents each year during Annual Session.

Presentation topics are designed to promote education and dialogue among dental professionals by addressing some of the clinical issues they face in day-to-day practice.

Presenters and other attendees have an opportunity to earn CE credit under the category G: Table Clinics of the Ohio State Dental Board's CE requirements.

Presenters can choose whether or not they wish for their Table Clinic presentation to be judged. Those presentations that are judged have an opportunity to win prizes:

- Best of Show: \$500 (Winner for Best of Show is not eligible in any other category or for any other monetary prize).
- Dental Residents: Two prizes, \$250 each.
- Pre-Doctoral Students: One prize, \$250.
- Dental Auxiliary (which includes students): One prize, \$250.

Winners will be recognized in an issue of the "ODA Today."

Judges are made up of a panel of ODA member dentists who evaluate those presentations that choose to be judged based on the quality and

Presentation topics are designed to promote education and dialogue among dental professionals by addressing some of the clinical issues they face in day-to-day practice.

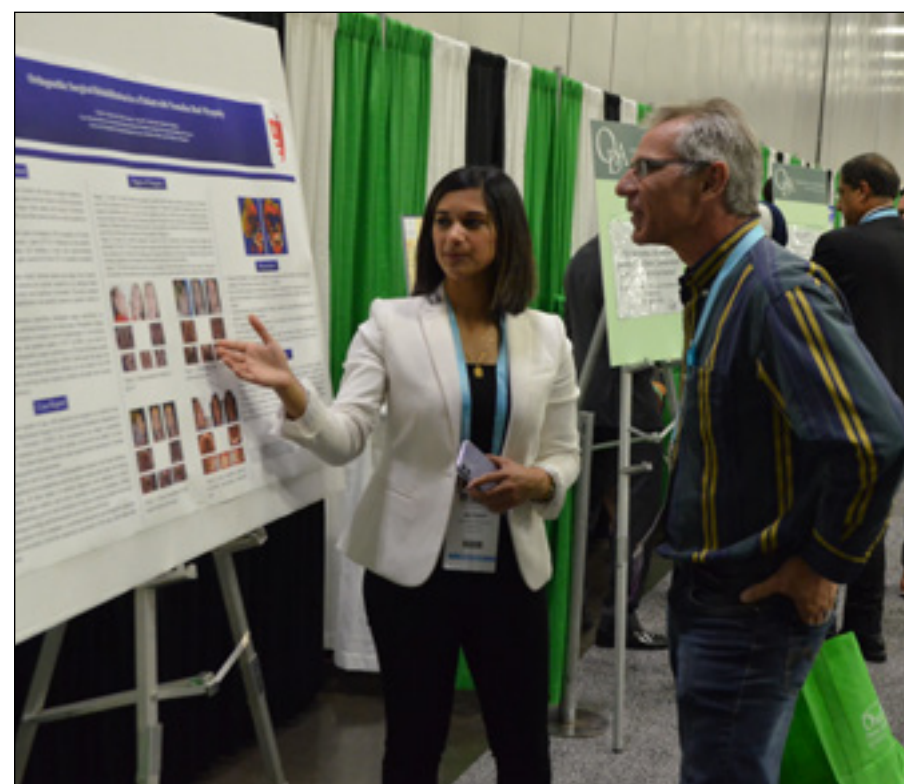


Photo by Jackie Best Crowe, ODA Managing Editor  
Table Clinics will be held Friday, Oct. 1 from 4 to 6 p.m. in the Exhibit Hall during the 2021 ODA Annual Session, held Sept. 30-Oct. 2 at the Greater Columbus Convention Center.

EARN FREE CE AT TABLE CLINICS DURING ODA ANNUAL SESSION!

**What:** Table Clinics.  
**When:** Oct 1 from 4-6 p.m.  
**Where:** In the ODA Annual Session Exhibit Hall at the Greater Columbus Convention Center.

Register now for ODA Annual Session at [www.oda.org](http://www.oda.org)!



effectiveness of the presentation. Judges use criteria including mastery of subject, scientific content, relevance to dentistry, delivery, professionalism, use of visual aids and the presenter's ability to handle questions.

Table Clinics will be held Friday, Oct. 1 from 4 to 6 p.m. in the Exhibit Hall during the 2021 ODA Annual Session, held Sept. 30-Oct. 2 at the Greater Columbus Convention Center. Presentations are given several times during the two-hour time slot, and there is no viewing or presenting fee to registered attendees.

Individuals interested in presenting must complete a Table Clinic application at <https://www.oda.org/events-ce/annual-session-2021/attendees/table-clinics/>. The application deadline for those that wish to be included in the competition to be judged is Sept. 10 and for those that prefer to present without being judged for the competition is Sept. 17.

Table Clinics are presented inside the Exhibit Hall, where vendors will showcase the latest dental trends and technology. Dentists and staff can talk with representatives on-site and try out products for themselves.

For more information about presenting, attending or judging at this year's Annual Session Table Clinics, contact Denise Boltz, at (800) 282-1526 or via email at [denise@oda.org](mailto:denise@oda.org).

To register for ODA Annual Session, visit [www.oda.org](http://www.oda.org).

*\*Please note: There is no guarantee that a prize will be awarded.*

ANNUAL SESSION, from page 1

from 6:30-11:30 p.m., Friday, Oct. 1.  
• The BASH! Celebrating 2021 ODA President Dr. David Kimberly, Featuring Kyle Primous and the K-Street Band from 9 p.m.-1 a.m., Friday, Oct. 1.

### EARN CE BEFORE THE END OF THE BIENNIUM

ODA Annual Session is also an opportunity to earn any CE you need before the end of the biennium to renew your license on Dec. 31, 2021, at a reasonable price.

Scheduled in-person speakers include:

- Dr. Uche Odiatu speaking on nutrition.
- Dr. Stanley Malamed speaking on dental emergencies.
- Dr. Bill Scarfe speaking on radiology.
- Dr. Jamison Spencer speaking on TMJ.
- Dr. Josh Austin speaking on dental materials.
- Judy Bendit, RDH, speaking on dental hygiene and Silver Diamine Fluoride (SDF).
- Judy Kay Mausoff speaking on customer service.
- Shannon Nanne, RDH, speaking on vaping.
- Tija Hunter, CDA, speaking on dental assisting.
- Christine Taxin speaking on front desk and billing.

Participation workshops will be a highlight of this year's Annual Session with many speakers offering hands-on opportunities and hard-to-find workshops.

REGISTER NOW AT ODA.ORG

### CONNECT WITH VENDORS IN THE EXHIBIT HALL

The 2021 ODA Annual Session will feature an in-person Exhibit Hall, included free with the cost of registration.

- On-site Exhibit Hall hours will be:
- Thursday, Sept. 30 from 12-6:30 p.m.
  - Friday, Oct. 1 from 10 a.m.-6:30 p.m.
  - Saturday, Oct. 2 from 9 a.m.-1 p.m.
- Take this opportunity to re-connect with your sales reps and meet new vendors in person.

### REGISTER FOR THE 2021 ODA ANNUAL SESSION BY AUG. 13 TO RECEIVE A DISCOUNT

Registration for the 2021 ODA Annual Session is now available.

The registration fee for the 2021 ODA Annual Session includes:

- Attendance at the in-person Annual Session in Columbus and the ability to register for in-person CE courses.
- Access to up to 32 hours of free CE available online through Dec. 31.
- Access to our in-person and virtual Exhibit Halls.

Register by Aug. 13 to receive an early bird discount:

- Dental staff: \$75.
- ADA/ODA members: \$125.

Full information is available at [www.oda.org](http://www.oda.org). The ODA will not be mailing a printed program this year.

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Wednesday, June 30, 2021

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Wednesday, September 15, 2021

Webinar 7:00 pm - 8:30 pm (EST)

### Preparing for Transition: The DO's and DON'Ts

Wednesday, July 28, 2021

Webinar 7:00 pm - 8:30 pm (EST)

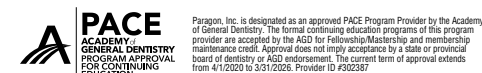
Friday, October 22, 2021

Webinar 11:00 am - 12:30 pm (EST)

Both webinars presented by a panel of dental transition experts and moderated by Berdj Feredjian, DDS, FAGD, Director of Continuing Education, Recruitment & Advanced Training for PARAGON Dental Practice Transitions.

This webinar qualifies for 1.5 hours of CE credit.

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## N. WAYNE HIATT RISING STAR AWARD: DR. RICHARD KEEFE

Awards of Excellence

By Jackie Best Crowe  
ODA Managing Editor



Dr. Richard Keefe is the 2021 recipient of the Ohio Dental Association N. Wayne Hiatt Rising Star Award.

As a new dentist, Dr. Richard Keefe is involved with giving back to his community and educating dental residents. In recognition of his efforts, he will receive the Ohio Dental Association N. Wayne Hiatt Rising Star Award on Friday, Oct. 1 at the Callahan Celebration of Excellence, held in conjunction with the 155th ODA Annual Session.

Keefe said it's a great honor to receive the award, and it's the result of a team effort. He said his whole team, their flexibility and willingness to accommodate, is the number one reason why he is where he is today.

Keefe graduated from undergrad at The Ohio State University in 2007, where he studied chemical and biomolecular engineering. He looked into continuing his education in the medical field as a way to help people get healthy, and realized that dentistry would be a good fit because of his engineering background related to physics and material science.

Keefe graduated from dental school at The Ohio State University in 2011 and then went on to do a two year GPR program at Mercy Medical Center in Canton. He bought a practice in Massillon after completing his residency and has been expanding his practice since then.

Keefe said his favorite part about practicing dentistry is problem solving the complex cases.

"With my engineering background, I like trying to solve problems in a unique way," he said. "With dentistry,

there are so many ways to solve the problem; it's about trying to find the best way to solve the problem. When someone's case is finished, no matter how small, seeing the change is always rewarding."

Since 2016, Keefe has been providing free dental care to homeless men through the Refuge of Hope shelter in Canton. He first learned about Refuge of Hope through his church, which helps with the food and clothing ministry there. Keefe said he heard a sermon series focused on how you can serve others using the talents God has given you, and he felt that he could use his skills as a dentist to do more to help those at Refuge of Hope.

Keefe began by providing screenings and care as needed for the residents for about two years, and then

"The ADA, ODA and different associations give you the security that you can still practice and you're going to be protected in your profession."

- Dr. Richard Keefe  
ODA Rising Star Award Winner

wanted to expand the care he was providing while also teaching dental residents. So he reached out to the residency director at Mercy Medical Center, and for the last several years residents have come to his office once a month to help provide care.

While providing free care, the residents are able to work with new technology like lasers, cone beam and guided surgeries, while also getting one-on-one mentorship from Keefe.

"We're serving men in the men's shelter; I feel like it's a big component to making an impact in the community and to build confidence in these men," he said. "They get a service they couldn't afford, and we get them in very quickly."

They provide comprehensive care, including full mouth rehab with implants, crowns and dentures.

Keefe said there are three major benefits to the volunteer work he is doing with the residents with Refuge of Hope: "The residents get to learn, the guys from shelter get a benefit of getting dental work done, and I get to teach. It's part of my mission of what God's called me to do."

Since 2016, Keefe has screened more than 130 men in the shelter and provided care for more than 80 men at a value of more than \$2 million.

Keefe is an active member of the American Dental Association, Ohio Dental Association and Stark County Dental Society.

"Organized dentistry is extremely crucial to help keep everybody to-

gether as far as setting up standards, access to information and communication," he said. "Overall, it's protecting dentistry itself. I couldn't go and lobby for rules and regulations as a single person, but organized dentistry can. I'm a general dentist and I can focus on serving my community and patients, and organized dentistry is helping protect that. The ADA, ODA and different associations give you the security that you can still practice and you're going to be protected in your profession."

He said that organized dentistry has been very welcoming and a great resource and support system. He said the mentors he has had through Mercy Medical Center and the Stark County Dental Society, like Dr. Tom Paumier who is receiving this year's Distinguished Dentist Award, have played a huge role in shaping his dental philosophy.

Outside of dentistry, Keefe enjoys golfing, landscaping and spending time with his family and children.

He said his wife, Kari, has been a huge support system throughout his career and growing his practice. They have two children, Bennett and Rowen.

The Rising Star Award recognizes a young leader in dentistry with outstanding leadership and initiative and a strong commitment to volunteerism within the community and the profession. This person must demonstrate promise for continued and future accomplishments within the dental profession, and must have been in practice for 10 years or less.



## DENTIST MetroHealth Family Dentistry Clinic Cleveland, OH

The MetroHealth System in Cleveland, OH, Department of Dental Medicine is seeking a Dentist to work at our MetroHealth Family Dentistry Clinic.

The MetroHealth Medical Center is an outstanding academic medical center and has been a major affiliate of Case Western Reserve University School of Medicine since 1914. The MetroHealth System is Cuyahoga County's public health system with aspirations to be the most admired public health system in the nation, renowned for our innovation, outcomes, service and financial strength.

The MetroHealth System offers a competitive compensation package, health insurance, paid time off, disability insurance, an academic appointment to the Case Western Reserve School of Medicine faculty at a rank commensurate with experience, CME opportunities, malpractice coverage, an impressive pension program with a generous employer match through the Ohio Public Employees Retirement System (OPERS), and an excellent environment for faculty members to develop strong clinical, research (basic and clinical), and quality improvement programs.

D.D.S. or D.M.D. from a school accredited by The Commission on Dental Accreditation (CODA) and eligibility for an OH license are required.

Interested candidates should submit a CV and Cover letter to:

**Domonique Allds, Director of Provider Recruitment**

Email: [dallds@metrohealth.org](mailto:dallds@metrohealth.org)

216-778-5064

MetroHealth Medical Center

2500 MetroHealth Drive, Cleveland, Ohio 44109

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ODLRP, from page 9

dental licenses has been awarded, in addition to \$832,000 in matching federal funding.

"I started off with \$260,000 in student loan debt," Cody said. "Serving in my third year currently, the ODLRP has helped me pay off \$85,000. The Medicaid reimbursement rates are low, and I was accruing almost \$1,200 a month in interest. I felt like I wasn't getting anywhere with the payments I was able to afford. The ODLRP is an extremely huge incentive to work with the underserved. I receive my normal pay in addition to loan repayment.

What many people do not realize about the ODLRP is that the money is tax-exempt, so, essentially, I would have had to make close to \$130,000 working if I wanted to pay off \$85,000 of my student loan debt."

Since the program began in 2005, ODLRP dentists have seen 165,214 total patients and provided 264,718 total visits. Approximately 77% of those patient visits (200,170) were provided to the underserved population, meaning they were paid by Medicaid, Medicare, a sliding fee scale, written off as no charge, or through another public assistance program.

"Working with the underserved, it is not uncommon to see multiple mouths full of root tips and abscesses on a daily basis," Cody said. "I get to educate patients on the importance of oral health and witness the transformations taking place as they progress through their

mental, social, and spiritual health have improved as well. Some of these patients have been walking around with the same infection in their mouths for years. It's amazing to see the increase in energy that they get after the infection is removed. I work later hours to accommodate those patients that are unable to take off work during the day."

Cody said that the COVID-19 pandemic created even more challenges for underserved patients to access dental care, and has highlighted the need for more Medicaid dentists.

"In the earlier pandemic days when we were seeing emergency patients only, the Dental Center of Northwest Ohio was open and many of our patients reported that several other offices serving the Medicaid population had closed completely or that they were unable to reach them," Cody said. "I was extremely busy from the overflow we were getting. Now that more people have been returning to the dentist, it's increasing the time it takes to deliver necessary oral health care services. We need Medicaid dentists more than ever right now."

Through the ODLRP, 32 dentists have practiced in 41 locations throughout Ohio. About two-thirds of them continue to work in the same or similar underserved areas of Ohio.

ODLRP dentists are currently serving in safety net clinics located in Ashland, Athens, Clark, Cuyahoga, Franklin, Lucas, Montgomery and Perry counties.

## ACCESS TO DENTAL CARE PROGRAM AWARD: METROHEALTH DEPARTMENT OF DENTAL MEDICINE

Awards of Excellence

By Jackie Best Crowe  
ODA Managing Editor

The MetroHealth Department of Dental Medicine, which serves patients in Northeast Ohio, will receive the 2021 Ohio Dental Association Access to Dental Care Program Award on Friday, Oct. 1 at the Callahan Celebration of Excellence, held in conjunction with the 155th ODA Annual Session.

The MetroHealth Department of Dental Medicine has a long history of providing dental care for those in need as well as providing education and training to dentists through residency programs.

MetroHealth started one of the first oral surgery residency programs in the country more than 100 years ago. Since then, MetroHealth has added a General Practice Residency Program in 1959, an AEGD residency program in 1995 and a pediatric residency program in 1999.

In 2017, MetroHealth began a collaboration with the Case Western Reserve University School of Dental Medicine, where students and residents rotate through MetroHealth clinics.

The department has a strong focus on systemic health and works to integrate care with physicians at MetroHealth. Examples include an initiative to lessen emergency department visits, collaboration with the sleep medicine department on treatment of obstructive sleep apnea, and treatment for clearance for oncological and orthopedic services.

The MetroHealth Department of Dental Medicine consists of 60 staff members, including 16 dentists, nine dental residents and two interns. It operates six dental sites, including the Cuyahoga County Corrections Facility, and clinicians provide dental services in the OR at three hospital sites.

The department provides specialty care in the areas of oral medicine, oral surgery, prosthodontics, endodontics, periodontics and pediatric dentistry, as well as preventative care and hygiene visits.

"The department is the largest provider of services to underprivileged in Ohio," said Dr. Gregory Heintschel, chairperson of the Department of Dental Medicine at MetroHealth System. "We are a huge access point for this population, not only for emergent and urgent care but ongoing and preventative care. We also offer several specialty services that are hard to come by."

The department also serves as a referral source for specialized care from several FQHCs in Northeast Ohio that provide basic dental care and partners with community organizations to address dental access issues with foster care children and those with addiction.

"We are a huge access point for this population, not only for emergent and urgent care but ongoing and preventative care. We also offer several specialty services that are hard to come by."

- Dr. Gregory Heintschel  
Chairperson of the Department of Dental Medicine at MetroHealth System



Photo submitted by MetroHealth  
MetroHealth Department of Dental Medicine is the 2021 recipient of the Ohio Dental Association Access to Dental Care Program Award. Pictured: Dr. Gregory Heintschel, chairperson of the Department of Dental Medicine at MetroHealth System.

underprivileged or part of the special needs population, with 85% being on Medicaid. A financial assistance program is also available to patients who qualify that allows them to pay for services based on a sliding fee scale.

"What really satisfies me is the ability to see patients who otherwise have very little opportunity to receive care, and constantly improving clinical care in exceptional facilities," Heintschel said.

In spite of COVID-19, the department had nearly 30,000 patient visits in 2020 and provided approximately \$4 million worth of care.

Heintschel said that the patient population being seen at MetroHealth is often orally and systemically the sickest of the sick, which creates a unique learning opportunity for the dental residents.

"Our GPR program is addressing

The majority of patients seen in the department of dental medicine are

See METROHEALTH, page 15



Matthew J. Messina, DDS  
Executive Editor

### THE EXPLORER SPREZZATURA

Opinion & Editorial

First appearing in Baldassare Castiglione's 1528 work "The Book of the Courtier," sprezzatura is an Italian word defined by the author as "a certain nonchalance so as to conceal all art and make whatever one does or says appear to be without effort and almost without any thought about it." It was the ability of a successful courtier to display "an easy facility in accomplishing difficult actions which hides the conscious effort that went into them."

Castiglione wrote "The Book of the Courtier" to describe an idealized courtier as one who could successfully keep the support of their ruler. The ideal courtier was supposed to be skilled in battle and in athletic events

but equally adept in music and dancing. However, the courtier who had sprezzatura succeeded in making these difficult tasks look easy without appearing calculating or motivated by ambition. Who knew that in 1528, Castiglione was describing one of the core skills of a dentist?

Courtiers in the 16th Century, like professionals in the 21st century, put on a daily performance for their peers and employers. With sprezzatura, a successful courtier created the impression that they had completely mastered the roles they played. A courtier's sprezzatura made them fully at ease and they appeared to be in total control of themselves. Castiglione wrote "the great virtue of sprezzatura is that it implies a greatness unseen, a potential implicit in its very subtleties and flaws, a strength held in reserve."

Sprezzatura may be an archaic Italian word for being able to ply your craft without visible effort, but it has value today. You may not have ever heard the term before, but you get the concept. A combination of grace and class and elan, people really can't put their finger on it, but they do want their dentist to exhibit sprezzatura. Patients understand that what we do is challenging. They just don't want to dwell on it. Tennis players grunt. Chess players furrow their brows and rub their eyes. News

reporters stand out in the rain and snow, just to make a point that they're working hard. But finer restaurants are peaceful and the chef and waiters wear clean smocks. We don't care to see the work that went into making the sauce. We want to savor the smell and enjoy the taste!

With good planning and communication with our staff, we can move efficiently through the day. Busy, but not rushed. Productive but not frantic. Peaceful and controlled, with time to sit down and talk to people. We develop clinical skills to allow us to be confident in our capabilities. To be able to competently offer treatment options and deliver excellent results. Practicing sprezzatura requires mastery of our craft.

Sprezzatura involves thorough understanding ourselves as well. As health care professionals, we are so focused on patient care that it can be easy to neglect our own self-care. We should work to build our emotional intelligence, exercising those skills the same way we build muscles. We can concentrate on the four pillars of emotional intelligence. Mastering self-awareness through turning into our emotions and understanding how they impact our performance. Regulating our emotions to allow us better self-management. Being aware of others'

emotions and having empathy, so that we can enjoy social awareness. Finally, social management permits effectiveness in our interactions and influencing others. Put all together, emotional intelligence fosters trust with patients, increases patient satisfaction with their care. Over time, it also reduces work burnout for us.

Entering clinic at the start of their third-year of training, my dental students don't have sprezzatura ... and no one would expect them to. They haven't yet begun to master their craft and lack the self-confidence necessary to practice with panache. But they know that this is a goal, even if they can't name it yet. It is important to learn from others, observing what some people do naturally and aspiring to be your best. That's one of the values of mentoring in the profession. We learn soft skills by watching seasoned professionals skillfully practicing their craft with enthusiasm and flair.

Sprezzatura is a subtle way to show others that you have the inner strength and capabilities that they want and need in their dentist and friend. It allows us to take care of people and lead them to better health. It quietly and confidently says "trust me" because I've got this ... which is possible, because we do!

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



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

### JUST THINK ABOUT IT

### SNAP AND CRAP

Opinion & Editorial

When the dental profession talks about improving Medicaid, we lament how low the fees are, but are reluctant to raise that issue with legislators or other decision-makers for fear of seeming to be self-serving. We've shied away from addressing this issue forthrightly for fear of bringing attention to our incomes or being seen as mercenary. Only in this period of social reckoning has the issue of inadequate funding for care of the poor and underrepresented been seen in a different light and highlighted the need to think differently.

It might be time to put low Medicaid fees into a different, more global perspective.

If you don't take Medicaid, you may be looking for something else to read right now, but as I tell my students and anyone with 20 or 30 years of practice experience, you should be paying attention. This is why. Companies that have become Medicaid managed care payers in all but a dozen states over the last two decades are learning strategies from what amounts to a government-sponsored test market, and some are already applying those lessons to your commercially insured practice. Yes, yours. And if you are waiting to read, "... and you'll be pleasantly surprised to know ..." about the previous sentence, wake up to the reality of dental care financing. Commercial and governmental payment systems are converging, faster than glaciers are melting in Greenland. Further, commercial and

government payment systems are accounting for more of the marketplace, while self-pay is shrinking as the baby-boomer generation ages. And, if dental care is folded into Medicare, self-pay will all but disappear. My point is we all should be concerned about trends affecting Medicaid, even if we have never seen a Medicaid patient.

Our profession's hand-wringing over raising Medicaid fees prompted me to wonder about other government-private sector relationships. Almost every day, the news has a heartwarming story about a generous contractor who takes 30 cents on the dollar to build a bridge. You must also remember when Elon Musk saved the space program by taking a fraction of the cost from the federal government of the SpaceX hardware he developed! Or how about, closer to home, the generosity of the pharmacy benefit managers (PBMs) in diligent management of Ohio taxpayer dollars in the Medicaid drug program? Of course you don't remember any of these! Never happened.

It seems that only the health disciplines are expected to figure out how to render quality care, employ millions of people, and support a huge part of the U.S. economy, while not covering costs! I asked myself is there any example of a government program in which the private sector makes 100 cents on the government dollar taking care of poor people, is proud about it, and in the process finds government fully supporting not just the service provided, but also the entire infrastructure to insure a safe, functioning system for all Americans?

Well, how about food stamps? The proper name is SNAP, which stands for Supplemental Nutrition Assistance Program. (I know I already lost readers who quit after the word "Medicaid" so "food stamps" may eliminate a few more who never have used them or don't know of their existence.)

So, SNAP works this way. Recipients qualify by income, with family size, unemployment or other criteria considered. Sound like dental Medicaid? Recipients can purchase certain items

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See SNAP, page 15

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Associate Dentist opportunity in busy Cincinnati office. Full or part time position available. Salary, incentives and full benefit package. No evening or weekend hours. Enthusiastic, quality-oriented professionals seeking independence, growth and financial stability may contact Dr. Michael Fuchs at (513) 505-9987 or [fdcal.jmf@gmail.com](mailto:fdcal.jmf@gmail.com). Ownership possible. Put a smile under that face mask!

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Located in rural community, 100% FFS practice. Outstanding patient base, stable economy. Would be a productive satellite office. Easy expansion within surrounding area to create a full time practice. Reply: [orthopractice563@gmail.com](mailto:orthopractice563@gmail.com).

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at advertised prices, just like any food store customer, and participating retailers offer no discount, and not every item on the shelves qualifies for purchase. Choices are sound ones for good health, but require recipient engagement for that benefit. What we don't see is that the money stream also includes the food production system, keeping it strong for everyone - not just the poor! All along the chain, participants benefit and the system is kept strong - to continue to serve both the poor and those who are not. Makes sense to me! So why doesn't dental Medicaid work that way?

Right now, our politicians are considering massive government programs to rebuild infrastructure that will pay competitive rates to companies and workers to bring the economy back, keep it strong, and benefit people of all socio-economic strata with fair wages and a nationally useful product.

METROHEALTH, from page 12

dental needs in the sickest of the community," he said. "That creates learning opportunities as well as collaborating and networking opportunities with physician colleagues as we integrate dental and medical."

The oral surgery residents also have a unique opportunity because MetroHealth is a level 1 trauma center, which gives them the opportunity to care for patients who have experienced traumatic events such as automobile accidents and gunshot wounds, as well as complex oral and maxillofacial surgery patients such as oral and pharyngeal and maxillofacial cancer patients.

The dental department is currently in the process of opening a new state of the art dental clinic in Ohio City. The clinic will feature advanced technology such as I/O

Why doesn't Medicaid work that way? We've lived through a year and a half of government programs that paid people to have the basics of life, but we have not raised Medicaid fees in two decades!

Much to the disappointment of health care disrupters, we will continue to rely on a private practice system for oral health of all Americans for the foreseeable future. Doesn't it make financial, strategic and ethical sense to have a system that not only allows the poor to receive the same standard of care as the rest of society, but maintains the integrity of that system for all Ohioans? Shouldn't we be maintaining our health system's infrastructure that impacts the health of all of us?

For just a few cents on the dollar - a can of green beans or spinach - we could achieve oral health equity, bring the poor into the mainstream care system, and strengthen the oral health infrastructure in Ohio! I believe it is time to make parity in Medicaid fees a priority for Ohio.

SNAP not CRAP!  
*Dr. Casamassimo may be reached at [casamassimo.1@osu.edu](mailto:casamassimo.1@osu.edu).*

cameras, CBCT, CEREC, Cad-Cam, 3-D printer, lasers and more.

Along with the opening of the new clinic, the department has been in discussions with public schools in the area and plans to begin doing outreach activities to teach students about healthy eating and tooth brushing.

Looking to the future, Heintschel said he has been collaborating and networking with individuals and institutions to determine how to develop a special needs dental clinic in Northeast Ohio.

"The greatest access to care issues revolve around patients of special needs," he said. "There are very few places for this cohort of patients to get routine and ongoing dental services."

The ODA's Access to Dental Care Program Award honors an outstanding program that helps reduce the access to care problem in Ohio by offering free or reduced fee dental care to underserved populations.





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