# **ODA Today** A publication of the Ohio Dental Association focusing on dentistry in Ohio

## **QuickBites**

#### Follow the ODA on Twitter!

If you haven't started following the ODA on Twitter, now is the time!

Keep up to date on ODA events, including the 2011 ODA Annual Session. Use the Annual Session hashtag (#ODA2011AS) for updates leading up to the meeting and to find useful information live at the Greater Columbus Convention Center Sept. 15-18.

Follow the ODA to find updates from organized dentistry in Ohio, including legislation and other important issues affecting dentists and patients.



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### Not registered for the 2011 ODA Annual Session? It's not too late!

**ODA Staff** 

It's not too late to take part in the largest dental exhibition in Ohio, September 15 -18 at the ODA's 145th Annual Session, in Columbus.

Dentists and staff members can still register onsite at the Greater Columbus Convention Center or online at www.oda. org. So, don't be caught looking back on the missed opportunity of being part of one of the region's finest dental meetings and fulfilling CE requirements before December 31st. Head into downtown Columbus and take advantage of the opportunities for education, entertainment and networking.

The entire dental team can benefit from the lineup of great continuing education courses and will enjoy great free activities such as the Welcome Reception, The Bash!, and daily drawings held especially for attendees in the Exhibit Hall.

Continuing education at Annual Session is a great way to recharge your batteries and renew enthusiasm for the profession. There will be opportunities to discuss some of the latest techniques and technologies with colleagues.

Speakers this year include Dr. Howard Glazer, Dr. Robert Lowe, Dr. Michael Miyasaki, Dr. Charles Wakefield, Dr. Robert Vogel, and Dr. Paresh Shah. Your staff will be impressed with Kristy Menage Bernie, RDH, Anne Guignon RDH, Karen Davis, RDH, Lois Banta, and The Disney Institute. These are only a few of the marvelous speakers who will enlighten and inspire dentists and their teams.

To add to the excitement, Annual Session's Exhibit Hall provides a glimpse at some of the latest products for the dental office. More than 200 companies will be represented, providing a unique opportunity to shop for everything an office needs.

Annual Session is an opportunity that



2010 Annual Session attendees and exhibitors enjoy mingling at The Greater Columbus Convention Center, in downtown Columbus. The Convention Center will hold the 2011 ODA Annual Session Sept. 15-18. This year's Annual Session offers over 60 continuing education courses, an expansive Exhibit Hall and much more.

should not be missed. Onsite registration is available each day during the meeting.

From Thursday, Sept. 15 to Saturday, Sept. 17, the registration desk will be in Exhibit Hall C of the Greater Columbus Convention Center. On Sunday, registration will be located in Concourse C. New this year, online registration via the ODA's website at www.oda.org is available anytime allowing attendees to select courses before heading to the convention.

To guarantee the best possible experience at Annual Session, the ODA asks those planning to register onsite to arrive no later than one hour before the first CE course they plan to attend to allow plenty of time to process information. In addition, it is wise to choose alternate courses in the event primary choices sell out.

Fees for onsite registration are \$60 for

ADA members, \$30 for retired life members and \$30 for staff. Spouses who are not on the office staff and dental students always register free. Registration hours are as follows:

**Onsite registration hours** 

Thursday, Sept. 15: 7:30 a.m. – 7:00 p.m. Friday, Sept. 16: 7:30 a.m. - 6:00 p.m. Saturday, Sept. 17: 7:30 a.m. - 5:00 p.m. Sunday, Sept. 18: 7:30 a.m. - 12:00 p.m.

Onsite registration fees

ADA members: \$60 ADA retired-life members: \$30 Non-members: \$310 Dental office staff: \$30 Other students: \$15 Spouses (non-office staff): Free Dental students: Free Dental hygiene students: Free

#### **ODA House of Delegates to consider membership dues changes and** profits are growing and most recently, other issues report and resolution from the Task Force on

During the Ohio Dental Association's Annual Session, to be held Sept. 15-18, the ODA's House of Delegates will consider a series of resolutions that will impact dentistry in Ohio and the operations of the ODA.

The House of Delegates is the ODA's main policy-making body and is made up of dentists who are elected from their local component dental societies, the officers of the ODA and one student delegate each from The Ohio State University College of Dentistry and the Case School of Dental

This year the 144 delegates will consider various proposals related to the practice of dentistry in Ohio.

The Task Force is proposing a series of changes to the set of duties that may be delegated to Expanded Function Dental Auxiliaries and certified dental assistants. The House of Delegates will consider a Auxiliary Utilization and Access to Care.

One issue the House of Delegates will consider is the nomination of Dr. Ronald Lemmo for ADA Treasurer at the 2012 ADA House of Delegates. Based on review of Dr. Lemmo's volunteer experience, exposure at the ADA level and knowledgebase for association finances, the ODA's ADA Leadership Nomination Committee unanimously supported Dr. Lemmo for the ADA Treasurer position.

The ODA House of Delegates will also consider important issues related to the internal administration of the ODA, including a membership dues increase of \$25, from \$250 to \$275.

The ODA's Finance Committee is recommending the change for a number of reasons. For more than a decade, the ODA has derived its income from three main areas of support: membership dues, Annual Session and investment income. Neither membership revenue, nor Annual Session

both have been declining. The Finance Committee reports that only once in the past eleven years has the ODA's earned income covered the operational expenses. Investment income, which includes dividends from the ODA's subsidiary, has covered the operational shortfalls and kept the Association from a deficit spending situation. But, that income source is far from predictable according to the Finance Committee and if the ODA unwisely begins to draw from those reserves, then the third major income stream, investment income, will also begin to shrink.

It has been six years since the last ODA dues increase, representing less than a 1.67% annual increase. If the proposed dues increase is approved, the ODA dues will still remain the second lowest in the country and lower than the dues of some of the larger components in the state. The ODA Finance Committee argues "this organization over

See HOD, page 9



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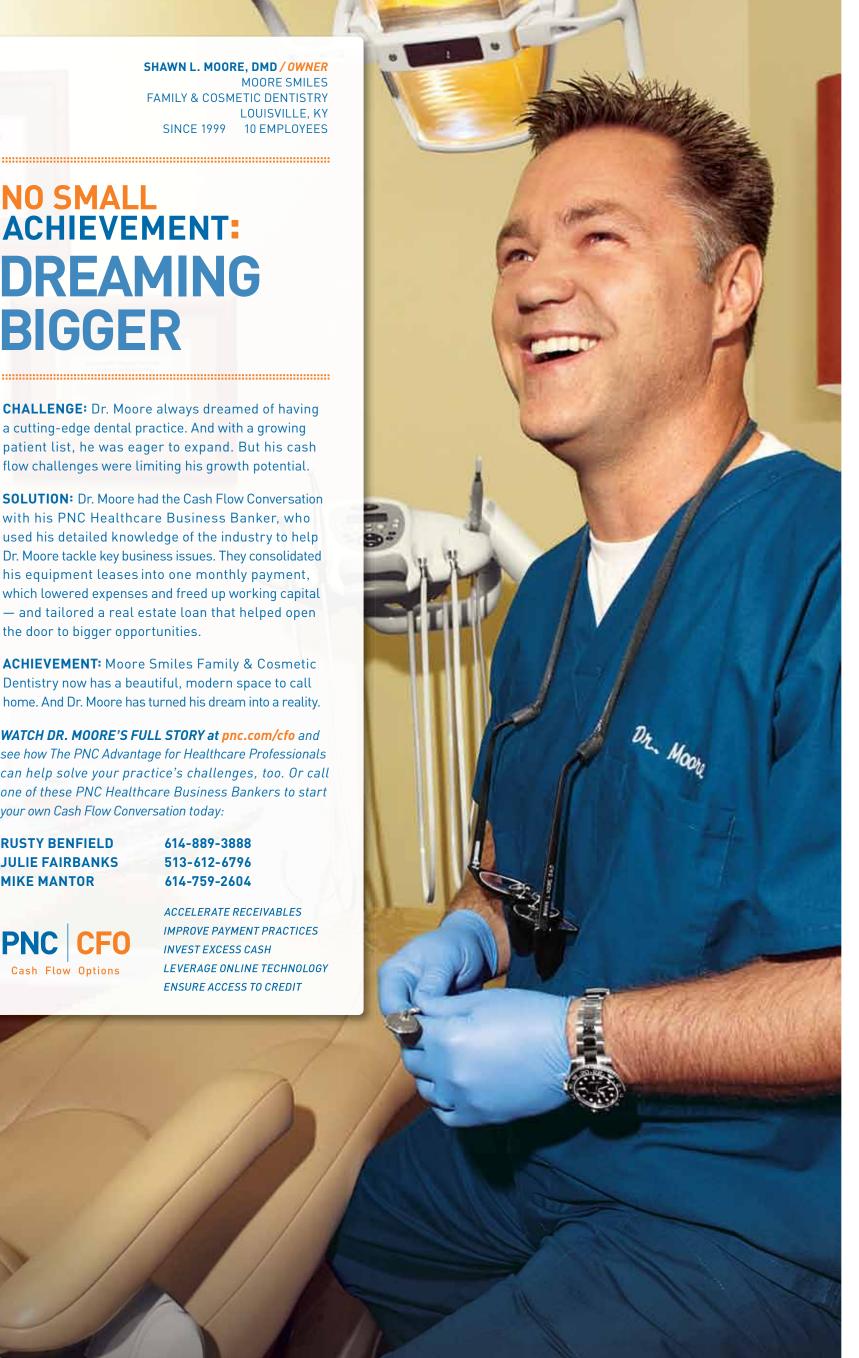
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# **Presidential Update**

## ODA President Dr. Thomas Matanzo looks back on successful term

Ohio Dental Association President Dr. Thomas Matanzo will conclude his term at the end of the ODA House of Delegates in September. In this Q&A with ODA Today, Dr. Matanzo reflects on his term.

# Overall, how do you think your year as ODA president went? Was it what you expected?

Overall, ODA presidency was what I expected it to be. The year was very positive in many ways, including that we saved the Adult Dental Medicaid program from being cut from the budget, prohibited legislative bills that were damaging to dentists from being on the agenda, and also over the course of the year we were able to prevent DHAT's from entering Ohio. I was also pleased with a very strong Leadership Institute, held in May in Columbus, where I was able to meet many of our younger members.

# What do you feel was your biggest success during your term as ODA president? What was your biggest challenge?

Maintaining the Adult Dental Medicaid program was our biggest success because of the new administration's (Kasich) commitment to balancing the budget while facing an \$8 billion short fall. Surviving that challenge was a huge success for organized dentistry in Ohio. However, the DHATs issue will be a persistent challenge for the future and we will have to continue to educate policy makers and media on the fact that only dentists are trained to perform irreversible surgical procedures safely.

How has organized dentistry played a

## role in helping the profession during your term as president?

One of the many joys I experienced as ODA President was going to the various local component dental societies and being able to hear firsthand from member dentists about their concerns and challenges for the future. I was able to share information about the work we are doing at the state level and this was very fulfilling to me. It was interesting to see that dentists across the state have similar concerns and challenges. I believe that we all have the same goal of wanting the dental profession to continue to be as strong in the future, as it is today. The ODA is working to make that happen.

## What would you like to see the ODA accomplish in the next five years?

It's simple. I would like to be able to hand over to the next generation the same great profession that I was given upon entering dentistry.

# As a dentist and active participant in organized dentistry, what do you feel will be the greatest challenges facing the profession in the years ahead?

We must continue to plan and program proactively for the changing demographics of our membership, while also maintaining the high standards that characterize our organizational integrity. It is imperative for the younger generation to become involved with organized dentistry and step up to the challenges of the future. As the baby boomer generation reaches retirement age, and our profession becomes more diverse, the ODA will have to address various challenges, including



Ohio Dental Association photo

ODA President Dr. Thomas Matanzo addresses attendees at the 2011 Day at the Statehouse, held April 13 in Columbus.

reduced dues revenue and remaining relevant to all Ohio dentists.

# Dr. Mark Bronson will take on the responsibility of ODA president for the 2011-2012 term. What advice do you have for him?

I have had the opportunity to work with Mark for the last three years and I'm very confident that he will be an excellent leader and president of the ODA. I don't feel the need to give him advice because I believe he will do an outstanding job. Just don't forget, I'm the immediate past president!

## What advice do you have for new dentists getting started in the profession?

Two words: get involved. Give input into things that you do not like and would like

to see changes in. This is your profession, and you are welcome to speak up and improve the profession as you would like to see

# What, or who, helped you make the decision to pursue dentistry as a profession?

My father-in-law, Dr. John H. Irvin encouraged me when I was in college to pursue dentistry as a profession and I have not regretted that decision one day. So, I am very thankful for his guidance.

In the course of my experience as the president of the Ohio Dental Association, I have thoroughly enjoyed my time. It has been a pure pleasure serving not only with the other officers of the ODA but working with the best staff that any dental association could ever have.



#### **Dreaming about retirement?**

What would happen to your retirement dreams if you became too sick or hurt to work and could no longer...

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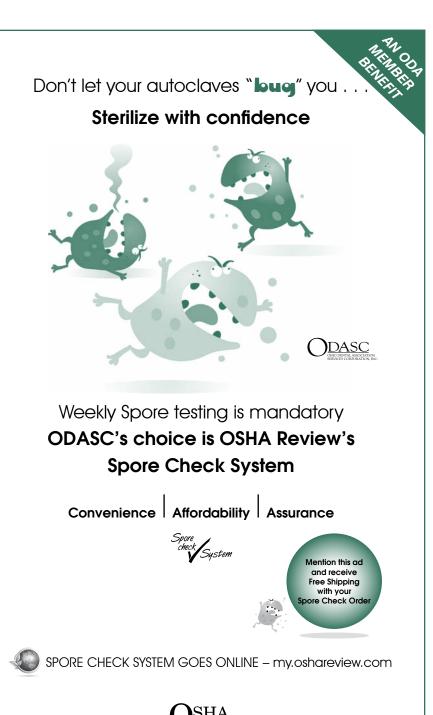
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# From the Corner Office



The Director's Chair

David J. Owsiany, JD ODA Executive Director

On August 5, I had the privilege of addressing the incoming class at the Case Western Reserve University School of Dental Medicine. It was great to meet the next generation of dentists and to share some thoughts with them as they commence their dental education and their journey toward becoming dental professionals. Below is an edited version of my remarks to the Class of 2015.

Dean Goldberg, Faculty, Staff, Friends, Family and most importantly Class of 2015:

It is my honor to be here for your White Coat ceremony.

First, I want to welcome you to the Case Western Reserve University School of Dental Medicine. You are the cream of the crop. Your undergraduate records and academic credentials make you part of an elite group of students. I congratulate you on your achievements and on your acceptance into the dental program here at Case

The Case School of Dental Medicine is truly a thriving and innovative educational environment. You will receive a world-class dental education from esteemed dental educators, many of whom are nationally recognized experts in their fields of study. The School of Dental Medicine enjoys great support from within the university and is recognized as a leader in dental education across the country. In the next four years, you will gain valuable knowledge in the classroom and you will develop excellent clinical skills in a supportive and collegial environment.

Moreover, you will also learn how to use your skills for the benefit of the community. Very early in your dental school career, you will have the opportunity to participate in the Healthy Smiles Sealant program where you will provide sealants to Clevelandarea school children. Then throughout your dental education experience you will provide treatment to various populations in the dental school's clinics and through outreach programs like Family First and Give Kids a Smile.

All of this makes for a truly special experience here at Case.

Undoubtedly, in choosing Case, you were attracted by the special experiences available to you. And I am sure that as you commence your dental education, you have thought about the opportunities that will be available to you four years from now. Many of you will choose private practice. Others may choose a career in dental education or in the corporate world. Some of you will choose to continue your education in dental residency programs.

And I am sure that many of you are hoping that the investment you are making in your dental education will pay off so that in the future you will have opportunities that will provide you with an income that allows you to have a comfortable lifestyle.

There is nothing wrong with wanting to live a particular lifestyle but getting a dental education means more than just trying to secure a certain level of income. Today you are not just commencing your dental education, you are entering into a profession. And as a dental professional, you will experience not just wonderful opportunities, but also challenges and responsibilities.

## Address to the incoming class at Case Western

In a few minutes, you will take the Professional Oath.

In that oath, you will pledge yourself to the service of humanity, your patients, your community and your new profession.

you will specifically pledge to never subordinate the interests of your patients to other considerations such as money or convenience. You will commit yourself to act with integrity, to continually seek knowledge, to support dental education and to build professional trust.

This oath is not just something you take on the first day of dental school and then forget about. The oath defines the principles that should guide your actions throughout your dental school career and your career as a dentist.

When your dental education is complete and you become a licensed dentist, you will be charged with following the American Dental Association's *Principles of Ethics and Code of Professional Conduct*.

Like the oath you are taking today, these ethical principles call on dentists to follow the highest ethical standards, with caring for your patients as the paramount consideration. Because of this patient-centered focus and the education and training a dentist receives in dental school, dentists are afforded the privilege and obligation of self-government.

The ADA Code defines the true, ethical professional as one who possesses the qualities of compassion, kindness, integrity, fairness and charity.

So what does all this focus on ethics and professionalism mean? Why does it matter?

As some of you here know, I am a lawyer by training – not a dentist. As a lawyer who has represented the dental profession in various capacities for 17 years, I know first-hand the professional reputation of both lawyers and dentists.

you all know the dismal reputation of the legal profession, but it did not have to be that way for the lawyers. Lawyers have played an important role throughout American history.

Thomas Jefferson - the author of the Declaration of Independence, our founding document that declared our independence from Britain - was a lawyer.

Abraham Lincoln began his career as a small town lawyer, in Springfield Illinois, before becoming U.S. president, writing the Emancipation Proclamation and ultimately saving our great nation.

Thurgood Marshall fought for civil rights as a lawyer before becoming the first African American Supreme Court Justice.

When the Soviet Union collapsed in the 1990s and the former Soviet republics sought to reestablish themselves as free and independent nations, they turned to American lawyers to help them create a system that promoted democratic values, justice, liberty and the rule of law.

Unfortunately, the image of the legal profession today is not defined by these great professionals or their achievements. The image of lawyers is often one of greed – putting self-interest ahead of the public interest.

The legal profession is more identified with late night TV ads from personal injury lawyers urging you to call 1-800-GET-CASH if you believe you have somehow been aggrieved.

And unfortunately, in recent years, we have seen other great professions – like the accounting and banking professions – become embroiled in scandals that have greatly damaged their professional reputations.

In contrast, the image of the dental profession is largely positive. The Gallup Poll regularly asks Americans to rate the trustworthiness of various professions. Dentists always rate in the top ten trustworthy professions – ahead of other highly regarded professionals including journalists, accountants, bankers, law enforcement officers, college professors and even clergy members. I don't need to tell you where the lawyers ranked!

It is worth asking "why are dentists held in such high esteem?" I believe it is because dentists have followed their principles of ethics and code of professional conduct. They put their patients first.

It was dentistry that promoted the fluoridation of community water systems, which has dramatically reduced childhood dental disease.

Dentistry has pioneered technology to improve oral health, oral function, and dental esthetics. Dentists regularly help their patients by relieving their oral pain, restoring their oral function, and even improving their appearance.

Dentists have lived by a professional code that promotes putting patients first,

ethical behavior within the profession and the practice of dentistry, life-long learning, and expanding access to care for the underserved.

Outside of the dental office, dentists are leaders within their own communities, often volunteering to direct worthwhile charitable and benevolent causes.

This is the legacy of the profession you have chosen, and it is the legacy that you must live up to.

I am not suggesting the dental profession is perfect. No profession is and every profession has its outliers but generally dentists work to promote their patients' interests and the public's interests above their own personal interests. And in many ways that defines a true professional.

More than 220 years ago, as Benjamin Franklin left the Constitutional Convention in Philadelphia after our founding fathers drafted the U.S. Constitution, he was asked "Well, Mr. Franklin, what have we got?" And Benjamin Franklin responded: "A Republic, if you can keep it."

Well, if I ask you here today - what have you got? The answer would be "a wonderful profession, if you can keep it."

And the way to keep it is to be the best dental student you can be. Learn the art and science of dentistry and develop your clinical skills. But that is not enough.

I challenge each of you to become involved in your new profession, get involved in the American Student Dental Association, and stay involved in organized dentistry throughout your career.

I challenge you to honor the oath you are about to take and live the principles of ethics and code of conduct throughout your professional lives. The generations of dentists who went before you worked to secure, foster, and nurture the trust of the public. And they did so through their commitment to ethics and professionalism.

your mission is to maintain that trust so that some day you can hand off to the next generation of dentists the legacy of professionalism that is being handed to you today.

I wish you good luck in all your future endeavors, and I look forward to working with you as we continue to enhance this great profession that you have chosen.



# **Politics & Policy**



Legal Briefs

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

Every ten years following the national census the political landscape of each state, and potentially the nation, is changed. The recent release of the census results provided detail into population growth and shifts between states and within states. Based on these results, the 435 seats in the US House of Representatives must be redistributed to the states to preserve the doctrine of "one person, one vote." Similarly, Ohio's state representative and state senate districts must be redrawn to reflect population shifts which have occurred within the state.

Last month, Governor John Kasich called together Ohio's Apportionment Board, the entity charged with creating the 99 Ohio House districts and 33 Ohio Senate districts that will be used beginning in 2013. The Ohio Constitution establishes the Apportionment Board as being comprised of five elected officials: the Governor, the Auditor of State, the Secretary of State and two members of the General Assembly, one from each party.

As a result of last fall's Republican sweep at the polls, four out of the five members of the Apportionment Board are Republicans: Kasich, Secretary of State Jon Husted, Auditor David Yost and Senate President Tom Niehaus. Former House Speaker and current Minority

#### Policymakers begin process to draw new legislative districts

Leader Armond Budish is the lone Democrat on the panel.

The Apportionment Board is required to meet between August 1st and October 1st and must publish a new set of legislative districts by October 5th. Once the plan is published, it cannot be changed until the results of the following federal census are released or if a court requires the districts to be redrawn.

In order to withstand a court challenge the new General Assembly districts must meet certain criteria. First, the districts must meet a "ratio of representation" which requires the districts to have substantially the same population. A district is generally considered acceptable if it is between 95% and 105% of the target ratio.

Secondly, the district must be contiguous and compact. If possible, a House district should be composed of whole counties. But, when that is not possible the districts must be drawn in a way to keep local governments in the same district. Complicating matters, each Senate district must also be contiguous and be comprised of three House districts.

The Apportionment Board will hold a series of 11 public hearings throughout the state to garner input from the public on the reapportionment plan. Additionally, Secretary Husted recently launched a website, Reshapeohio.org, which allows the public to try its hand at the reapportionment process using the same software as the Apportionment Board.

Kasich and the Apportionment Board are targeting September 26, 2011, as a final meeting date in which to adopt the new districts.

Separate from the Apportionment

Board's role of redrawing General Assembly districts is the process by which Ohio's Congressional districts are to be reshaped.

The drawing of the new Congressional districts is similar to the reshaping of General Assembly districts in many respects. For instance, Congressional districts must be as equal in population as practicable and strive to be compact and contiguous. Other principles to be considered when drawing new districts include preserving political subdivisions and local governments, communities of interest and ensuring that new districts do not deny or abridge the right to vote on account of race, color or status as a member of language minority group.

However, there is one major difference between the federal and state redistricting processes. Congressional districts are established in state law. This means that the Ohio General Assembly must pass and the Governor must sign into law legislation establishing and describing the new districts. This is a highly political process, which made the outcome of the recent gubernatorial and Ohio House of Representatives elections of great interest not just to the citizens of Ohio, but also to party leaders in Washington. These leaders realized that control of the Governor's office and the Ohio House (control of the Ohio Senate was not in question during November's election) would determine how the newly drawn districts would lean politically.

Unfortunately, as was the case after the last census in 2000, Ohio will lose representation in Congress. Even though population has increased in Ohio since 2000, it did so at a smaller rate than other areas of the country. This will result in a

loss of 2 congressional seats beginning in 2013. New York will also lose two seats and several other states in the northeast and the "rust belt" will also lose a seat. Southern and western parts of the country continue to gain congressional representation as a result of the census. Texas adds four new seats and Florida will add two.

This reapportionment will mean that Ohio's delegation will consist of sixteen members instead of eighteen. It also means that Ohio will only be allocated 18 Electoral College votes, one for each elected official sent to Washington (16 members of the U.S. House of Representatives and two Senators). In 2008, Ohio held 20 Electoral College votes.

2012 is shaping up to be another closely contested election year. With several crucial races expected, ODPAC, the Ohio Dental Political Action Committee, will be working hard to ensure that pro-dentistry candidates find success. Dentists interested in getting involved are encouraged to contact ODPAC at (800) 282-1526 to find out how they can help.

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

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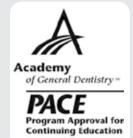
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#### **COURSE DATES:**

Oct 5-6: Minneapolis, MN
Oct 21-22: Orlando, FL
Oct 28-29: Philadelphia, PA
Nov 9-10: Detroit, MI
Nov 11-12: Houston, TX

Nov 15-16: Seattle, WA ~ Level 1 and 2

Dec 2-3: Columbus, OH



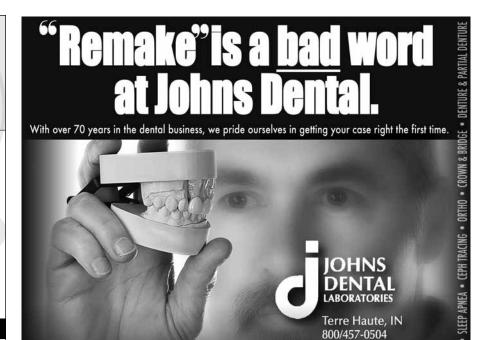
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# QuickBites

#### Three tips on improving your practice's search engine ranking

The May issue of the MSDA Newsletter, the publication of the Maryland State Dental Association, offers readers three tips for achieving top search engine rankings for their practices.

First, develop a web site as the cornerstone of your marketing strategy. Don't stint premium designs. Include keyword-rich content, new patient forms, appointment request pages, easy navigation and patient education. These things will make your site more attractive and will increase your ranking.

Second, optimize your web site for local search. Search engines use complex algorithms when determining which sites rank at the top of the page for specific keywords, so hiring a third party dental search expert may be a good option to ensure your site achieves a high natural search ranking. Your strategy should include keyword identification and analysis; keyword-rich content; quality link building; place page setup and verification; local directory submissions; and patient reviews.

Third, keep your web site fresh. Content that is regularly updated, timely and relevant is a key to online practice success. Regular updates can help ensure a higher ranking in search engine returns.

## **ODA Meeting & Event Calendar**

Sept 15-16 ODA Office Closed for Annual Session 15-18 ODA Annual Session

22 ODA Foundation Board

Oct.

28 Council on Access to Care and Public Service

#### 2012 GKAS registration opens Oct. 1

The tenth-annual Give Kids a Smile (GKAS) is set for Friday, Feb. 3, 2012, and registration for the program begins online at http://www.ada. org on Saturday, Oct. 1.

The American Dental Association and sponsor partners will once again provide free oral care products and/or screening materials to dentists who register early. The deadline to be considered for oral care products and/or screening materials is Nov. 12, 2011.

GKAS is a program through which volunteer dentists and other dental professionals provide a range of dental services and programs to underserved Ohio children for free. Dentists provide whatever level of service they are comfortable with, from visual screenings to comprehensive oral examinations and restorative treatment.

Dentists determine the number of children they want to see, the site for their event and the event date. While the official day of GKAS

is nationally recognized the first Friday of February, the concept of this program is to provide dental care on whatever date(s) work best for participating volunteers.

The Ohio Dental Association provides event ideas, resources and assistance for dentists who are planning an event. For more information about holding a GKAS event, contact Kathy L. Woodard, ODA director of public service, at (800) 282-1526.

The 2012 planning guide, health history and consent forms and a materials order form with resources offered by the ODA will be available online at http://www.oda. org on the Give Kids a Smile page by Oct. 1, 2011.

Since the event's inception in 2003, ODA members have provided over \$8.2 million in free dental services to more than 168,000 Ohio children in need.



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# **Dental Insurance Corner**

## Dental Insurance Corner

#### Dental Insurance Corner: ADA considering possible class action lawsuits against insurance carriers

Christopher A. Moore, MA
ODA Director of Dental Services

#### History and results of legal action

In June, this column reported on the creation FAIR Health, Inc. and its development of the FH Consumer Cost Lookup (http://www.fairhealthconsumer. org), a web site that provides free health insurance information, such as zip code specific average fees, to assist patients in managing their health care costs.

FAIR Health is an independent, nonprofit organization with offices in New York City and Syracuse, New York. It was created in 2009 as a result of settlement agreements between then New York State Attorney General Andrew Cuomo and numerous health insurance companies doing business in the state of New York. Cuomo had alleged a company called Ingenix, a subsidiary of UnitedHealth Group that provides health care information, technology, research and consulting services, and many health insurance companies had potential conflicts of interest in a system that the insurers were using to calculate reimbursement for patients who received care from out-of-network health care providers.

Cuomo's legal action ultimately resulted in the creation of FAIR Health and its development of "a non-industry, independent database, which can be used by insurers to help determine reimbursements for out-of-network charges and provide patients with a clear explanation of the reimbursement process."

The American Dental Association has also participated in lawsuits of national significance to dentistry that have defended sound science and fair dealings on behalf of patients and the profession. The ADA has filed several class action lawsuits aimed at defending the dentist-patient relationship and halting what the ADA has seen as unlawful industry practices.

In a 2001 case, the ADA and two member dentists filed a class action suit against Aetna charging the carrier with breach of contract, libel and unlawful interference with the dentist-patient relationship.

The ADA claimed Aetna violated its contract with its subscribers by failing to substantiate lower payments to out-of-network dentists when it did not pay the dentists' actual charges. The ADA also contended Aetna misrepresented how it determined the usual, customary and reasonable (UCR) amounts it paid to out-of-network dentists and knew, or should have known, its payments were below proper UCR amounts.

The lawsuit also questioned Aetna's use of explanation of benefits (EOB) language with unwitting patients of out-of-network dentals that it would not pay the dentists' actual charges because the "provider has engaged in misconduct by attempting to charge excessive and unreasonable fees."

The lawsuit's resulting 2004 settlement required Aetna to take steps to ensure increased predictability and speed of claims payment and to reduce the administrative requirements it placed on dentists seeking payment for services rendered. The insurer also agreed to increase the rate of auto-adjudication of claims submitted by dentists, to disclose its claim reimbursement methods regarding downcoding and bundling and to refrain from automatically downcoding

or bundling claims for covered services under dental plans. Aetna also agreed to establish a \$4 million settlement fund for dentists and to contribute \$1 million to the ADA Foundation.

In a 2002 case, the ADA and three member dentists filed a class action suit against WellPoint Health Networks Inc., and it's wholly owned subsidiary, Blue Cross of California, charging the insurer with similar misdeeds as alleged in the Aetna case. The following year the ADA filed racketeering charges under the Racketeer Influenced and Corrupt Organizations Act (RICO) against CIGNA Corp., MetLife Inc. and Mutual of Omaha, alleging they had conspired to "deny, reduce and delay" payments to dentists under contract to their plans.

#### What the ADA is considering

The ADA is again evaluating the possibility of initiating additional class action lawsuits on the profession's behalf. Two possible cases are under consideration: one, an Ingenix type of case involving underpayments to out-of-network dentists based on skewed fee data and the other a recoupment case that would challenge the practice of some third-party payers to assert overpayment with regard to one patient and then recoup the alleged overpayment by lowering reimbursements for other patients.

#### What the ADA is looking for

According to the ADA, the profile for a potential class action plaintiff in an Ingenix type of case is a dentist who:

- Is a non-participating provider who treated a patient covered by a large payor's dental plan and submitted a claim under an assignment of benefits and
- Received an EOB from the plan reflecting a reimbursement amount that falls below what he/she should have been paid based on what the dentist believes would be indicated by the unbiased applicable geographic and other relevant data and
- Properly appealed to the payor its reimbursement decision (which generally means: the dentist submitted an appeal within the time allowed by the payor; the dentist's challenge is documented

in letters, e-mails, etc., or is recited on an appeal form available from the payor; the term "appeal" is explicitly used, or any word is used that, to a reasonable person, would signify that the dentist appealed the reimbursement decision made by the payor, e.g., "challenge," "dispute," "contest," "object to," etc.; coupled with a demand that the amount of the reimbursement be increased or reviewed for the purpose of determining the correct amount) and

• Received a rejection of the appeal from

According to the ADA, the profile for a potential class action plaintiff in a recoupment case is a dentist who:

- Is a non-participating provider who treated a patient covered by a large payor's dental plan and submitted a claim under an assignment of benefits and
- Received reimbursement for the treatment provided to that patient and
- Received subsequent notification from the payor alleging that it overpaid the

dentist in connection with that patient and that the payor is entitled to recoup the (alleged) overpayment and

• Either later or as part of the same notification the payor informed the dentist that it is lowering reimbursement amounts for another patient, or for other patients, in order to recoup the (alleged) overpayment.

Dentists who believe their situations meet the criteria for either of these possible cases should contact the ADA staff, either Mike Kendall at kendallc@ada.org or Cathryn Albrecht at albrechtc@ada.org.

"We have heard accounts from Ohio dentists who have been adversely affected by the same insurance industry practices that the ADA is looking to take legal again against," stated Steven R. Moore, chairman, ODA Council on Dental Care Programs and Dental Practice. "ODA members who believe they meet the profile of a class action plaintiff may want to contact the ADA."

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



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#### HOD, from page 1



Ohio Dental Association photo

Delegates participate in the 2010 ODA House of Delegates. This year's House of Delegates will take place Sept. 15-16 at the Hyatt Regency Hotel in downtown Columbus, in conjunction with the 2011 ODA Annual Session.

the last decade has demonstrated its dedication to responsible and conservative fiscal management and now asks for this increase to insure that the ODA can continue to operate in the same efficient, effective manner in the future."

Among other issues to be discussed is the dissolution of the ODA Relief Fund Trust.

The Ohio Dental Association Relief Fund Trust has existed for many decades for the purpose of granting financial assistance to needy dentists, dental spouses or minor dependents who, because of debilitating medical conditions, could no longer meet basic living expenses. When aid was granted, it was funded in collaboration with the American Dental Association, Ohio Dental Association and local components.

Beginning January 1, 2012 the ADA will no longer solicit donations for the Relief Fund or participate with the states in the administration or funding of relief grants. The ADA will only become involved when a state's relief assets are totally exhausted. The ADA cites a lack of applications as the reason for the change. In 2010, only 18 relief grants in 11 states were made, down from 101 grantees in 1993. Since 1997, the ODA Relief Fund Trust has given grants to just four dentists.

Other issues to be discussed include

allowing tripartite membership dues to be paid in installments within a membership year as well as changing the names of and standards for the Council on Dental Care Programs and Dental Practice and the Council on Access to Care and Public Service.

An election for a position on the American Dental Association's Board of Trustees representing the Seventh District (Ohio and Indiana) will take place on Thursday, September 15, 2011. Dr. Joseph Crowley, a general dentist from Cincinnati, and Dr. Steve Simpson, an orthodontist from Hudson, are running for the position. The winner will assume office in October of 2012.

The delegates will also hear presentations from several dental leaders, including Seventh District Trustee Dr. Charles Steffel and Indiana Dental Association President Dr. Terry Schechner.

Additionally, ODA President Dr. Thomas Matanzo will pass the gavel to ODA President-elect Dr. Mark Bronson.

See the box on this page for a complete listing of all resolutions to be presented to the 2011 ODA House of Delegates.

The October issue of ODA Today will provide coverage of the 2011 Annual Session and House of Delegates meeting.

#### Resolutions for consideration by the 2011 HOD

The 2011 ODA House of Delegates will consider the following resolutions at its September 15 and 16, 2011 meeting, which will be held at the Hyatt Regency Hotel in Columbus, Ohio.

- **Resolution 01-11:** To Support the Nomination of Dr. Ronald Lemmo for ADA Treasurer at the 2012 ADA House of Delegates
- Resolution 02-11: ODA Membership Dues Increase
- Resolution 03-11: Dissolving the ODA Relief Fund Trust
- Resolution 04-11: To Provide the ODA Officers and Executive Editor and 7th District Trustee with an Allocation for their 2011-2012 Service
- Resolution 05-11: Allow Tripartite Membership Dues to be Paid in Installments within a Membership Year
- Resolution 06-11: To Change the Names of and Standards for the Council on Dental Care Programs and Dental Practice and the Council on Access to Care and Public Service
- Resolution 07-11: Honorary Membership for Dr. Jerold S. Goldberg

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# OSU dental students tour dental offices, participate in new dentist panel at 2011 Street of Dreams

#### Stephanie Pilgrim Managing Editor

On Aug. 12, 11 Ohio State University College of Dentistry students toured dental offices and had the opportunity to talk with practicing dentists at the 21st annual Street of Dreams event.

The event, supported by the American Dental Association, Ohio Dental Association, Columbus Dental Society and OSU, is an award-winning, real-world educational adventure exposing third- and fourth-year Ohio dental students to active dental practices.

Guided by Dr. Beth Loew, dental students visited the Columbus-area offices of Drs. Bruce Baloy, Scott Nieman, and Augusto Fojas. CDS staff was also in attendance.

Following the tours, students attended a reception and a new dentist panel discussion. ODA members involved in the panel included Drs. Eric Buck, Jared Zwick, and Matthew Parker. Columbus Dental Society President, Dr. Denise Hering, moderated the new dentist panel.

Participating OSU dental students rated the 2011 Street of Dreams event positively, and they indicated the event would help



Ohio Dental Association photo
OSU dental students participated in a new dentist
panel discussion led various area dentists. Twenty-six
students participated in the Street of Dreams event

them in making decisions when it comes to starting their own practice.

Since its inception in 1990, Street of Dreams has been taking dental students out of the classroom and into dental practices in order to help them learn from practicing dentists about the dental care delivery environment and dental practices generally.

For more information on the Street of Dreams program, contact the ODA at (800) 282-1526 or membership@oda.org.

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The Explorer

Matthew J. Messina, DDS Executive Editor

#### Friendly Skies

I'm at the airport today, which is rather unusual for me. I confess to being something of a workaholic. This trip planned suddenly because of a family illness, but, I still can't just relax. I always see something interesting when I get out of the isolated world of the dental office and observe how things work (or don't) in other businesses.

I find that there are a number of parallels between dentistry and flying. In both cases, we see people not at their best. Patients are generally stressed in the dental office, and about the same percentage of the population expresses that they don't like to fly. One of the challenges we share with airline employees are that customers are often irritable and demanding. Out of fear and frustration, they will lash out at the closest person, not that the employee has done anything particularly wrong.

There are also conditions that impact the experience of the customer that are out of the control of the business. I can be the world's best pilot, but a flight can be bumpy or delayed by weather. Likewise, as the world's most compassionate and talented dentist, there are appointments that may be long or uncomfortable in spite of my best efforts to the contrary. Unexpected things happen, and we have to deal with them.

What differentiates us from the airlines is how we try to deal with our patients. Looking at my experiences today, I resolve to try to be as far removed from the airline industry as possible.

My flight is delayed, of course, so I'm now watching the long awaited arrival of my aircraft with keen interest. As the plane pulls up, I see the ramp crew maneuver the conveyor belt up to the back cargo door and begin to unload the bags. They take the first fifty bags or so and put them on a cart, then move the conveyor to the front of the plane and angle it up to meet the end of the jetway. The bags they have unloaded are now moved up the conveyor to be carried into the jetway to meet the passengers as they deplane. After this, the conveyor is again moved back to the end of the plane, and the bags which were checked through to baggage claim are removed and put on a cart to be taken into the terminal.

Let me understand what just happened. I paid the \$25 to check my bag, and the airline employees touch it once each time, to put it on the plane or take it off. Someone who avoided the fee forces the ramp crew to touch the bag twice each time, and to do this in a hurry while trying to get the plane in and out of the gate quickly, which matters to me as the flight is already delayed.

I resolve to try to put systems in place that reward patients who do what we ask them to do, which improves their care and makes the office run more smoothly. I resolve not to reward patients who make life more difficult.

Speaking of rewards, since I had to make this trip at the last minute, I know that I am paying more for this flight than anyone else on the plane. For this, I am treated by the airline to . . . the same terrible service as everyone else. I'm now in a middle seat in the second to the last row and the lady next to me is offering her opinion on my column as I write it. (For the record, she agrees with me).

I resolve to acknowledge my best customers. We all know that there are patients who are the heart and soul of our practice. I may not always be able to change the difficulty of the dentistry I have to do, but I can make sure that they know how much we appreciate them. I

resolve to provide priority time for these special people. As much as possible, we should make their experience smooth and frustration free. It is time for them to feel the love.

That's not to say that we make life difficult for our problem people. I want them to love their time with us as much as everyone else. It's just that if I reward 'the squeaky wheel gets the grease', I risk creating more squeaky wheels.

Seth Godin has written recently on 'defining quality'. I was struck by his definitions, and how they relate to my examination of my office.

Quality of Design: Thoughtfulness and processes that lead to user delight, that make it likely that someone will seek out a product, pay extra for it or tell a friend.

Quality of Manufacture: Removing any variation in tolerances that a user will notice or care about.

We have the ability in dentistry to affect both. Quality of Design for us is providing comprehensive care and functional esthetics that lead patients to better health and a full appreciation of the beauty of their smile. They can look good, and feel good, and have it last for a lifetime. That's quality!

Quality of Manufacture revolves around the systems and process that we create with our staff. For us, the patient experience is part of the product, from the first phone call to the final settlement of the account financially. When a patient can enjoy their time with us, value what we do, and pay for it with appreciation, that's quality too!

They're telling me I have to turn off my 'approved electronic device' and place my tray table in its full upright and locked position, so that will have to do for this month. I resolve to get back to the office on Monday and forget the friendly skies; I would much rather work toward an office that is 'the happiest place on earth!'

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



Learning to Fly

Ben Lamielle, DDS Guest Columnist

# Don't sweat the small stuff

I'm thrilled to announce that my wife and I have been blessed again with children. That's right, not child, children. On June 24th my wife and I welcomed twins, Gwendolyn and Harrison, to the family. I'm just as pleased to report that everyone is happy, healthy, and doing well. Numerous times over the past few weeks I've heard the comment, "I bet you're not getting much sleep." I always kind of nod my head and feign agreement but if I'm being totally honest it really hasn't been that bad. But don't tell my wife.

I remember when our son was born there were many sleepless nights and days of exhaustion. At that time I was only working a 4 day work week yet remember wishing I could cut back to 3. This time around I'm working 5 days a week, I'm getting the same amount of sleep as before they were born and after I've had my morning cup of coffee there seem to be very few days where I'm dragging. All of this with double the babies. I've been spending some time reflecting on why this is. What I've come up with is, in addition

to an amazing wife and great support from family and friends; I've been forced to develop a better appreciation of what is and is not important at my office. Because I've been able to do this I devote less time to the unimportant and more time to sleep.

I think it's fair to say that most of us hold our practices very near to our hearts. In a way they are our babies. First time parents tend to worry about every little thing their baby does or doesn't do, the same likely holds true for how we treat our practices.

The most notorious example of this with babies is waking up in the middle of the night with the totally unwarranted yet equally unsettling feeling that it's just too quiet in the house. This leads us to tip-toe to the nursery. The next thing we know we've got our head in the crib with our ear next to the baby's mouth to make sure we can still hear them breathing or worse yet we wake them up just to reassure ourselves that nothing is wrong. (And please, don't tell me that you never did this with your first child.) Of course it's a totally irrational thing to do but the reason we do it is because we care and we don't know any better. I think we do a lot of similarly irrational things at our offices, especially if we don't have a lot of experience.

We just don't realize how resilient and self-sufficient babies and our offices can be. If we feed them when they're hungry, change them when they're wet, take them to the doctor and love them with all our heart they'll turn out just fine.

Like many of you I like things to be done just right at the office. Whether it's

a crown prep or the way my staff answers the phone, I want things done a certain way. No matter how great our staffs or how proficient our skills we probably spend too much time worrying about stuff that really isn't that critical. Over the past weeks I just haven't had the time to be a perfectionist and guess what? The office is still breathing.

I've come to the realization that the important thing is the results. So what if my front desk didn't use the exact verbiage that I'd like them to on their last incoming call? If they still converted the caller into a new patient I don't need to have them come in a half hour early the next morning to review conversation keys. If I decide to change how we block time on the schedule, I don't need to spend 3 hours crafting a 5 page staff memo when a 10 minute conversation will accomplish the same result. I really don't need to wake up at 4:00 in the morning because I'm worried about losing the patient who doesn't want to pay their balance because they think their insurance should pay for everything. I'm just too busy being a father to worry about things that aren't that important.

I hope that in 6 months, when I actually have a little more time for sleep, I don't revert back to my old ways of micromanaging. I hope that I'll trust that I've hired smartly, I've put good systems into place, and remember that what ultimately matters are the results. If I can do that and with some laid-back, easygoing 9 month olds who knows? I may just be able to enjoy a full night's sleep.

Dr. Lamielle may be reached at drlamielle@hilliardmoderndental.com.

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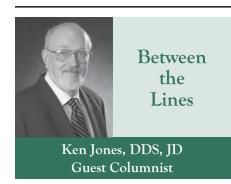
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# **Opinion & Editorial**



## Artificial Intelligence vs. **Natural Stupidity**

"Artificial Intelligence is no match for Natural Stupidity." Unknown.

OK, guys and gals, here's the deal. I don't do Facebook. I don't do "likes." As far as I'm concerned, friend is a noun, not a verb. I don't do LinkedIn, Myspace, or YouTube, either. And in my opinion, Twitter starts with "twit" for a reason. (Think about it!)

If you want me to join you on all the social networking sites or show you my scars in my latest video, forget it. I don't need to know (in 140 characters or less) what you had for lunch or which bathroom you're about to enter and why. My business should be none of your business, either.

Anyone who has missed the recent activities of the politicians caught (literally) with their pants down, usually in glorious living color, on all these sites must be deceased. It doesn't matter whether you want your missives and your mistakes passed on to the cyber-world or not, it's gonna happen eventually. And once they're loose upon the world, they're loose out there forever.

I don't even answer instant messages anymore. Of the last ten I've received, eight have been phony. They've been generated by some type of e-bot that is trying to invade my life. I try to be just as careful of my incoming e-mail, too. I need an attack by an insidious geek out there who has nothing more to do than try to vicariously be me and then screw up my computer and my reputation like I need a hole in my head. They deserve whatever punishment we can manage to unload upon them.

And therein lies a flip side of this vulnerable information overload coin. Soon, you will be required to participate in the coming electronic health records fiasco. We may as well repeal HIPAA right now, because our medical information will never be safe when each of our practitioners will have to make it accessible to all the rest of the healthcare world. Not while tainted e-mails and self-replicating viruses can cause such havoc.

Yes, you as dentists, will need to use computer programs that meet certain requirements, just like the medical side will. Not only will you need to update software in perpetuity, you will undoubtedly need to replace hardware much more often as well. You will need to be online and thus vulnerable to outside attack. Those of you who decide to use "cloud-computing" will never have my trust or my business. I'd rather not have to depend on a server somewhere in the world (India? China? The US? The moon? Who really knows where?) that holds all my information for the first hacker to find or the next tsunami to wipe out.

I think that hackers and their bots will find it easier to get at our information, because many of us will not bother to keep things secure. Many of us are just not that smart about it, and even if we are, the devious use of artificial computer intelligence may outwit the best of us. Where there's a will, there's a way.

So, for those of you who get a strange e-mail from me, saying something like, "I don't do that stuff," be aware that that's how I respond to your social network requests. If you didn't send me the request, then you may need to check your computers, your spam, and your e-mail accounts for something that has hacked your accounts.

That something may be more intelligent than we will ever be. It's definitely more evil.

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

#### Change of address?

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

Via email: membership@oda.org

By mail: Ohio Dental Association 1370 Dublin Road Columbus, OH 43215-1098

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# In Other News

## OSDB Nitrous Rules: What an office needs to know

If calls to the ODA are any indication, many dental offices remain confused about Ohio State Dental Board (OSDB) regulations that increase the permissible duties for dental team members.

Specifically, the regulations now allow properly trained dental hygienists to administer nitrous oxide under the direct supervision of a dentist. The regulations also allow hygienists, and dental assistants, including but not limited to expanded function dental assistants (EFDAs) and certified dental assistants (CDAs), to monitor nitrous oxide under a dentist's direct supervision. Dentists must retain documentation of the training received by dental team members in order to perform these duties.

Here are some of the most-asked questions to the ODA regarding the OSDB nitrous oxide regulations:

I'm a hygienist and I have met the OSDB's old regulations for monitoring nitrous patients. Do I have to be retrained to monitor patients?

No. If you met the OSDB's previous requirements for dental hygienists to monitor dental patients receiving nitrous oxide sedation, you can continue to monitor patients.

I'm a hygienist and I have met the

OSDB's old regulations for monitoring nitrous patients. Do I have to be retrained to administer nitrous oxide to patients?

Yes. It's a whole new ball game. If you want to administer, you need to meet the criteria set by the board which includes taking a CE course on administering nitrous oxide sedation.

I took the monitoring course offered to hygienists at last year's ODA Annual Session. What do I have to do to meet the requirements to administer

You have to take an administration course and follow the new guidelines. It does not matter where you took the monitoring course before. As a dental hygienist, if you want to administer nitrous oxide to patients, you must follow all of the new OSDB guidelines. You can continue to monitor patients without having to meet the new guidelines.

There's a nitrous course for just hygienists and nitrous course just for assistants - right?

No. There is a course that meets the OSDB educational requirements for administering nitrous oxide to patients and a course that meets the OSDB educational requirements for monitoring nitrous oxide. Hygienists and dental

assistants can take the monitoring course; only hygienists can take the administering course.

What is the process for my assistant to administer nitrous oxide sedation to my patients?

There isn't a process in Ohio for assistants to administer nitrous oxide sedation to patients. Assistants are not permitted to administer nitrous oxide. By following the OSDB guidelines, dental assistants can now monitor patients.

Is it true that if we've been doing this all along in our office we don't need to do anything different?

If hygienists have been trained as stated in the OSDB's prior requirements for monitoring nitrous oxide patients, and the office plans to continue to have hygienists only monitor patients, then you have met the requirements. Prior to this guideline change dental assistants could not monitor patients and hygienists could not administer nitrous oxide to patients. My assistant isn't an EFDA or CDA. Can she still be trained to monitor nitrous oxide patients?

Yes. As long as he or she meets all the criteria set forth in the guidelines by the OSDB, any assistant can qualify to monitor nitrous oxide patients. The OSDB regulations for nitrous oxide sedation are

printed in their entirety below.

#### Annual Session to offer course on monitoring nitrous oxide

A course meeting the Ohio State Dental Board's (OSDB) new regulations to allow properly trained dental auxiliaries to monitor nitrous oxide under the direct supervision of a dentist, will be given during the ODA's Annual Session in Columbus, Ohio on Friday, September 16, 2011 (Course Code F31.) The course is for hygienists, dental assistants, CDAs or CODAs, and EFDAs and provides the lecture and testing components needed to be in compliance of the OSDB's new regulations for monitoring.

The ODA is not offering a course to meet the OSDB's criteria for hygienists to administer nitrous oxide under the direct supervision of a dentist.

To monitor nitrous oxide in the dental office, dental team members must also have an appropriate CPR certification. The American Heart Association Basic Life Support training for Health Care Providers certification will be offered at Annual Session on Saturday, September 17 (Course Code S59.) Register for the ODA Annual Session online at www.oda.

#### Information for dental hygienists seeking to administer nitrous oxide (N2O-O2)

Dental hygienists must satisfy the following requirements:

- Complete a basic life-support training course certified by the American Heart Association, the American Red Cross or the American Safety and Health Institute and remain current at all times when administering N2O-O2 minimal sedation
- $Complete \ a \ six-hour \ course \ in \ the \ administration \ of \ N2O-O2 \ minimal \ sedation \ provided$ by a state dental board-approved permanent sponsor of continuing education.\* The course must contain no less than four hours of didactic instruction and at least two hours of clinical experience.
- Successfully complete a written examination provided by the course sponsor.
- Successfully complete a clinical competency component provided by the course
- Receive a certificate of completion issued by the course sponsor and maintain that certificate in the office(s) in which the dental hygienist practices.
- Document completion of basic life-support training and N2O-O2 training received on a form obtained from the OSDB. The form and documentation should be maintained in the office(s) in which the dental hygienist practices
- Administration of N2O-O2 may only be performed under the direct supervision of a licensed dentist. Direct supervision requires that the supervising dentist be present in the facility at all times during performance of the task.
- The dental hygienist must physically remain with the patient at all times.
- · The dental hygienist may not administer N2O-O2 to more than one patient at a
- · The supervising dentist must approve the discharge of the patient.

#### Limited exemptions to training requirements:

- Dental hygienists who graduated from an American Dental Association Commission on Dental Accreditation-approved dental hygiene program on or after Jan. 1, 2010, and received equivalent training as part of that program are exempt from the training requirements outlined above. However, these hygienists must still complete and maintain the basic life-support training requirements.
- Dental hygienists who hold a current dental hygiene license or credential issued by another state for the administration of N2O-O2 minimal sedation may be exempt from the training requirements outlined above if the training received is substantially equivalent to the training required by Ohio. Hygienists seeking such an exemption should contact the Ohio State Dental Board to obtain a determination on the equivalency of their training.

# ODA Foundation gives back -

**ODA Staff** 

As a young boy, Dr. Matt Lemke knew what he wanted to be when he grew up: a football player, perhaps a future member of the Cleveland Browns. It was in high school that Lemke began to think instead of dentistry – and credits his family dentist, Dr. Edward Jimenez of Middleburg Heights, as a role model. "Dr. Jimenez is a patient doctor. I constantly quizzed him during my regular dental visits and he was always happy to answer me in great detail. Then when I observed him one summer, my interest grew and I knew I wanted to be a dentist," Lemke said.

Lemke graduated among the top ten of his class from The Ohio State University College of Dentistry this past June, and is now in OSU's perio residency, which he will complete in 2014. He is also the only four-year scholarship recipient of the Ohio Dental Association Foundation, having received a total of \$11,000 in scholarship

assistance from 2007-2010. "I graduated from dental school

with \$200,000 in student loan debt," Lemke said. "Receiving the scholarship assistance from the ODA Foundation helped ease some of the financial worry. Knowing that I could reduce the amount of loan repayment that I have ahead of me by \$11,000 means a lot."

Married to his high-school sweetheart Lauren, he and his wife now have a onemonth old son, Benjamin Matthew. Upon completion of the residency program, Lemke plans to move back to the Cleveland area and practice there.

Each year, the ODAF provides dental scholarships to Ohioans pursuing a career in dentistry and Dr. Ron Stanich, current chairman of the foundation, said Lemke personifies the type of dental student the Foundation wants to help. "Dr. Lemke is committed to dentistry in Ohio, he was an

#### monitor nitrous oxide (N2O-O2) minimal sedation Dental team members (dental hygienists, EFDAs, CDAs and dental assistants) must satisfy

Information for dental team members seeking to

the following requirements unless otherwise noted:

- Be at least 18 years of age.
- Have at least two years and 3,000 hours of experience in dental assisting (note: dental hygienists are exempt from this requirement).
- Complete a basic life-support training course certified by the American Heart Association, the American Red Cross or the American Safety and Health Institute and remain current at all times when monitoring N2O-O2 minimal sedation.
- Complete a six-hour course in the monitoring of N2O-O2 minimal sedation provided by an OSDB-approved permanent sponsor of continuing education.\*
- Successfully complete a written examination provided by the course sponsor.
- Document completion of basic life-support training and N2O-O2 training received on form obtained from dental board. The form and documentation should be maintained in the office(s) in which the dental team member practices.
- Monitoring of N2O-O2 may only be performed under the direct supervision of a licensed dentist. Direct supervision requires that the supervising dentist be present in the facility at all times during performance of the task
- A satisfactory initiation phase of N2O-O2 may only be administered by the supervising dentist.
- Under no circumstances may the dental team member administer, adjust, or terminate the N2O-O2. These functions may only be performed by the supervising dentist.
- The dental team member may not monitor more than one patient at a time and must physically remain with the patient at all times.
- The supervising dentist must approve the discharge of the patient. Dental hygienists engaged in monitoring of N2O-O2 must document the supervising dentist's approval for discharge of the patient.

Limited exemptions to training requirements:

- Dental team members who graduated from an ADA Commission on Dental Accreditation-approved program on or after Jan. 1, 2010, and received equivalent training as part of that program are exempt from the training requirements outlined above. However, these team members must still complete and maintain the basic life-support training requirements.
- Dental team members who hold a current license or credential issued by another state for the monitoring of N2O-O2 minimal sedation may be exempt from the training requirements outlined above if the training received is substantially equivalent to the training required by Ohio. Dental team members seeking such an exemption should contact the state dental board to obtain a determination on the equivalency of their

exemplary student, and he had financial need," Stanich said. Funding for the ODAF

scholarships comes primarily from proceeds of the annual raffle, for which Lemke drew the winning ticket of the Early Bird Drawing at the ODA on Aug. 18. Winning \$500 is Dr. Phil Burwinkel of Hillsboro Oh, who is still eligible to win any of the three other great prizes that will be drawn during Annual Session on Sept. 17.

Tickets are still available by calling the ODA at (800) 282-1526, and are \$100 each or six

for \$500. The top prize is a 3-year, 15,000 mile/year lease on an Audi A-4 sedan or Volkswagen EOS hardtop convertible or the \$20,000 cash equivalent. Second



Dr. Matt Lemke drew the winning ticket of the Farly Bird Drawing at the ODA on Aug. 18.

place is a 55" flat panel television, and third place is \$1,000 cash.

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## **ODA** Classifieds

#### Associate Wanted

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Associate dentist: energetic general dentist needed for part-time associate position. Upscale private practice located in an affluent eastern suburb of Cleveland. Salary commensurate with ability and experience. Please fax resume to (440) 349-0536.

Associate dentist needed 36 hours/week. Not-for-profit clinic seeks community-oriented general dentist to provide care for low-income and Medicaid populations. New equipment, digital radiography, great supporting staff. Located in Troy, Ohio, a great place to live! For more information, please email lythak@gmail.com.

Associate dentist needed immediately for established private practice in growing area of NE Ohio. Candidate should have excellent interpersonal, diagnostic, and technical skills, an interest in being an integral part of our community, and an interest in expanding his or her repertoire to include endodontics oral surgery, and some orthodontic treatment. Associate

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

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Part-time dental associate (2-3 days/ week) wanted for Kenton Ohio dental office. Dentist must have excellent communication skills and be comfortable performing extractions, root canals, dentures and partials. Work with experienced, motivated staff and possibility of partnership or buy-out in future. Please email resume to tamcoa@ hotmail.com.

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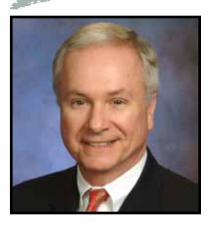
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800.224.3529 (p) 888.469.0151 (f) recker@ddslaw.com (e) Frank R. Recker has practiced general dentistry for 13 years and served as a member of the Ohio State Dental Board before entering the legal profession. Areas of practice include:

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