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OHIO DENTAL ASSOCIATION
Informing - Representing - Serving

ODA Today

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

QuickBites

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Inside

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

Kasich announces appointments to state boards

Lindsey Landthorn
Staff Writer

Last month, Governor John Kasich announced two new appointments to the Ohio State Dental Board (OSDB), both of whom were recommended for appointment by the Ohio Dental Association (ODA).

Dr. Lawrence Kaye of Akron was re-appointed to a second term as a member of the OSDB as a dental specialist and is currently serving as the board's president. Dr. Kaye is a specialist in periodontology and has been in private practice for more than 30 years. He is a past president of the Akron Dental Society, a member of the Akron Capital Club for the Ohio Dental Political Action Committee and a past chair of the ODA Annual Session Committee. Dr. Kaye also serves as a part-time instructor in periodontology at Case Western Reserve University School of Dental Medicine. He received his B.S. from Marietta College and his D.D.S. and Certificate of Periodontology from Emory University School of Dentistry. Dr. Kaye's term on the board began on October 5, 2011 and ends on April 5, 2015.

Dr. Gregory McDonald of Springboro was appointed to the board as a general dentist. Dr. McDonald previously served one term on the OSDB from 2003-08, including serving as the board's president in 2007-08. He is in private practice and currently serves as chair of the ODA Forensic Dental Team. He is a past member of the ODA Council on Dental Care Programs and Dental Practice, a past president of the Dayton Dental Society and a former Clearcreek Township Trustee. Dr. McDonald received his B.G.S. from the University of Dayton and his D.D.S. from the University of Tennessee College of Dentistry. Dr. McDonald's term as a Board member began on October 5, 2011 and ends on April 5, 2015.

The OSDB is comprised of nine dentists, three dental hygienists and one member of the public at large. Drs. Kaye and McDonald join board members Douglas Wallace, D.D.S., Ketki B. Desai, D.D.S., Jacinto Beard, D.D.S., W. Chris Hanners, D.D.S., Marybeth Shaffer, D.D.S., Mary Ellen Wynn, D.D.S., Clifford Jones, R.D.H., Linda Staley, R.D.H., Constance Clark, R.D.H. and James Lawrence, public member. One position on the board designated for a general dentist remains vacant.

To contact the Ohio State Dental Board visit http://www.dental.ohio.gov/ or email dental.board@den.state.oh.us for more information.

Dr. Gregory McDonald of Springboro.

Dr. Lawrence Kaye of Akron.

ODA members participate in ADA House of Delegates

ODA Staff

Thirty-two ODA members participated in the American Dental Association's House of Delegates meetings held in Las Vegas during the ADA's Annual Session on Oct 10 - 14. These delegates and alternate delegates, who were selected by their Ohio peers at the local level, participated in discussions regarding various resolutions governing the internal operations of the ADA and setting ADA policy. ODA president, Dr. Mark Bronson, a general dentist from Cincinnati, who also serves as an ADA delegate, said "participating as a delegate at the national level allows the dentists of Ohio to help set the direction for the ADA."

One of the resolutions passed by the ADA House called for a governance study of the American Dental Association. Past ODA president and current ADA-trustee-elect, Dr. Joseph Crowley, a general dentist from Cincinnati, pointed out that "the Ohio Dental Association conducted a thorough governance evaluation eight years ago and it was very beneficial." Crowley noted that the ODA's Governance Task Force evaluated the efficiency and effectiveness of the ODA's governance structure and processes, including the ODA's council and committee structure, House of Delegates, communication tools, strategic plan and outcomes assessment strategies. "We made some significant changes that made the ODA more effective and efficient in the use of our members' resources," said Crowley, who hopes the ADA has a "similar experience" with its governance study.

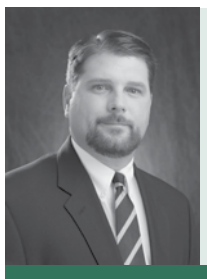
The ADA House also passed a resolution in response to the growing momentum in Washington for Congress to fund Medicaid back to the states through block grants. Congress may try to control its Medicaid spending by sending block grants to the states and then leaving it up to the states to determine how they would utilize the money in their respective Medicaid programs.

The resolution directs the ADA to advocate for adequate funding and safeguards in order to ensure that comprehensive oral health care for underserved children and adults are maintained in the event that the Medicaid block grant concept becomes law. Pursuant to the resolution, the ADA would oppose the block grant concept if adequate funding and safeguards are not put in place.

The House of Delegates was just one of many activities held in Las Vegas during the ADA Annual session. Attendees had the opportunity to attend continuing education courses, walk through one of the largest dental exhibit halls in the world and attend many other dental-related events. This year's general chairman of the ADA's Council on ADA Sessions was Dr. Kevin Laing, a general dentist from Van Wert, Ohio, who is a past chair of the ODA's Annual Session Committee and a former ODA officer. Laing said, "it was very humbling and rewarding to be involved in such a massive undertaking."

ODA executive director, David Owsiany, pointed out that the ODA was well represented at the ADA Annual Session. "Our delegation did an excellent job in testifying and giving input on resolutions during the House of Delegates meetings," said Owsiany, "and Dr. Laing did an outstanding job in chairing the Council on ADA Sessions."

Dr. Thomas Kelly, a delegate from the Greater Cleveland Dental Society, prepares to address the House floor while Dr. Roger Hess, ODA's treasurer waits for his turn to speak, at the ADA Annual Session in Las Vegas, October 10-14th.



The Director's Chair

David J. Owsiany, JD
ODA Executive Director

Truth or consequences on DHATs and access to care

Survey Says!

Last spring, the Universal Health Care Action Network of Ohio (UHCAN-Ohio) – a group that heretofore has had little interest in access to dental care – claimed that a survey it sponsored showed support for the "dental therapist model" in Ohio. And just last month, the Kellogg Foundation claimed one of its surveys showed that Americans supported the dental therapist concept as well. Interestingly, a close examination reveals that the questions and results of these surveys do not show support for the concept of a dental therapist at all.

For example, the UHCAN-Ohio survey asked questions about "specially trained dental technicians" who "can perform routine dental procedures, such as filling cavities" and that "such services would only be provided under the supervision of a dentist." It is no surprise that Ohioans might be comfortable with such a concept since expanded function dental assistants have been assisting with restorative procedures at the direction of a dentist since the 1980s.

And the Kellogg survey is even more disingenuous. While the survey respondents indicated some support for the training of dental practitioners to make preventive, routine care more accessible, the analyst who conducted the survey admitted "we did not provide them (the survey respondents) with a definition of dental therapists." If you want to get feedback on the dental therapist model, don't you think the survey should define what a dental therapist is?

Here is the real question: Whom would you rather have perform irreversible surgical procedures in your mouth, including utilizing a high-speed drill to cut tooth structure and perform extractions?

- A licensed dentist who has a graduate level degree from an accredited dental school such as Case Western Reserve University or The Ohio State University, or
- a high school graduate with 18 to 24 months training in a technical or community college.

That is the real choice, and, when confronted with that stark contrast, virtually all respondents would likely choose to be treated by a dentist.

The UHCAN-Ohio survey did reveal some interesting data on the frequency of visits to the dentist. More than 80% of the survey respondents reported that they see a dentist at least once every 2 years (52% once every six months, 19.4% once per year and 8.7% once every 2 years). 13.8% report seeing a dentist only when they had a need to be treated. 4.9% have not seen a dentist in many years and do not plan to, and 0.3 % have never seen a dentist at all. According to the UHCAN-Ohio press release, the rest (less than 1%) were unsure or did not provide an answer. So, we know that more than 80% of Ohioans get to a dentist regularly and nearly 14% visit a dentist when they have an oral health issue. From the data, the most logical solution would be enhancing oral health education so that more Ohioans understand the importance and cost-effectiveness of getting to the dentist on a regular basis and not just waiting until they have oral health issues. And, for the other 6% or so, the focus should be on getting them into a dental office or clinic in order to see a dentist on a regular basis.

In fact, the dental profession has focused its efforts on getting more Ohioans into the dental delivery system and it appears to be working. According to a report released by the Ohio Department of Health earlier this year, "overall, the oral health of Ohio's children is improving." The report notes that the "percentage of children who have experienced tooth decay" has decreased and the "percentage of children with untreated cavities has significantly declined" in recent years. Moreover, the report notes that the "percentage of children with dental sealants has shown a steady increase over the years," due, in large part, to the Department of Health's school-based sealant program and other similar programs, including the Case Western Reserve University School of Dental Medicine's Healthy Smiles program. In fact, the dental schools at both The Ohio State University and Case Western Reserve University have significant outreach programs that provide care to the underserved and teach social responsibility to dental students that often turns into a lifelong commitment to helping underserved populations.

Organized Dentistry and Access to Care

ODA members continue to demonstrate commitment to address access to care in a variety of ways. For example, through the ODA's Give Kids a Smile program, ODA member dentists provided over $1.1 million in care in 2011 and $8.2 million in donated care since 2003. And through the dental OPTIONS program – which is a public-private partnership between the ODA and the Ohio Department of Health, dentists provided $1.6 million in donated care this past year and nearly $15.2 million in donated care since OPTIONS began in 1997. These volunteer programs are just the tip of the iceberg in what dentists provide to underserved Ohioans. According to a recent independent survey, the typical ODA dentist donates more than $13,000 in free care annually to underserved patients. This translates into more than $40 million in donated care to underserved Ohioans annually.

In 2003, the ODA worked to have legislation passed at the Statehouse that created the Ohio Dentist Loan Repayment Program. This program, which is entirely funded by a $20 surcharge that dentists pay on their biennial licenses, has placed 15 dentists in designated underserved areas of Ohio providing care to thousands of low-income Ohioans.

The ODA has also pursued legislation to create flexibility within the dental delivery system so dentists can more easily extend their teams into public health settings. Just last year, the ODA secured passage of legislation that permits dentists to send their hygienists, who have appropriate training, into certain settings, including nursing homes and schools in underserved areas, to see patients. The dentist is obliged to provide a follow-up examination and subsequent treatment.

And over the last decade, the ODA has led the advocacy efforts to retain the adult dental Medicaid program in Ohio. While most states have either eliminated or severely limited coverage for adults in their Medicaid programs, Ohio has maintained comprehensive coverage for

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Politics & Policy

Legal Briefs

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

License renewal due by end of year; process changed by recent legislation

This fall, dentists and dental hygienists will receive licensure renewal information from the Ohio State Dental Board. As was the case during the last two renewal periods, the board will direct licensees to renew licenses and report continuing education compliance online. The information and payment of the renewal fee is due by December 31, 2011.

While the basic requirements of licensure renewal are unchanged from prior years, a bill adopted last year by the Ohio General Assembly made several important revisions to the process for dentists who fail to renew by the end of the year.

House Bill 215, passed unanimously by the state legislature and signed into law by Governor Strickland in 2010, made several important changes to the operations of the Ohio State Dental Board. HB 215 focused primarily on enhancing the due process protections afforded to dentists who are the subject of board disciplinary action. Specifically, the bill created a statute of limitations on board investigations, increased discovery rights for dentists charged with a violation of the practice act, created an investigatory review panel, established term limits and a rotation system for administrative hearing officers and placed limitations on the board's subpoena power. In addition to these major changes, HB 215 also created a new structure for the board to implement in the event that a dentist fails to renew their dental license by December 31.

Under the previous law, a dentist who failed to renew found their license automatically suspended beginning on January 1 of the next year. The license could be reinstated by paying the registration fee of $245, a reinstatement fee of $81 and completing any other requirements imposed by the board. A typical penalty imposed by the board for such a violation was the completion of continuing education in ethics.

However, the previous law occasionally created other difficulties for dentists who failed to renew. These dentists risked facing an additional charge of practicing dentistry without a license if the dentist continued the treat patients after the new year because their license was suspended by operation of law effective January 1. Additionally, insurers, both dental and malpractice, sometimes treated the automatic suspension as a rationale for cancelling liability coverage for the dentist or denying claims which were submitted by the dentist during the period of suspension.

The new provisions of HB 215 will help eliminate these difficulties. Instead of an automatic suspension for failure to renew a license, HB 215 creates a grace period and requires the dental board to send a notice to the dentist who fails to file the renewal paperwork and/or submit the fee. This notice must be made via certified mail and be sent no later than January 31. The grace period created under HB 215 allows the dental license to be renewed with the submission of the paperwork, the payment of the biennial registration fee of $245 and the payment of a late fee in the amount of $100 at any point until April 1. The dentist's license remains valid and in good standing during the grace period as long as the dentist remains in compliance with all other aspects of the dental practice act.

If a dentist fails to submit the necessary paperwork, renewal fee and/or the late fee by April 1, then the board may initiate disciplinary action against the dentist in order to suspend the dentist's license. A license which has been suspended as a result of this disciplinary action can be reinstated with the payment of the biennial registration fee and an additional fee of $300.

Finally, under the previous law, a dentist's failure to submit proper evidence of completed continuing education credits constituted a failure to renew registration and resulted in an automatic suspension of the dental license. HB 215 disconnects the continuing education requirements from the renewal process in some respects.

Dentists must still complete 40 hours of continuing education by the end of the biennium. However, if the board believes that the dentist has failed to complete the requirement, the board must pursue disciplinary action against the dentist as a matter separate from a renewal violation. Separation of these two issues will provide the dentist accused of a deficiency with due process protections and a forum to submit proof of their compliance with the CE requirement rather than face automatic license discipline.

Regardless of the new changes to the renewal process, dentists are wise to be proactive on licensure renewal. Any dentists or dental hygienists who have not received renewal information from the board by December should contact the board immediately in order to obtain the information.

For more information on the license renewal process or the provisions of House Bill 215, please contact the ODA department of government affairs at (800) 282-1526.

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.

Interested in advocating on dentistry's behalf? Want to make a difference in the practice of dentistry?

Make an appointment with your local legislator to discuss the issues facing your profession. The ODA department of governmental affairs offers information tips on meeting with legislators.

Contact the ODA at (800) 282-1526 today to help voice dentistry's message at the Statehouse.

Nominations Sought for Ohio State Dental Board Positions

A call for nominations is now extended for the position of dentist board member for the Ohio State Dental Board.

The Ohio Dental Association has the opportunity to recommend nominees to the Governor of Ohio for two possible dentist board member openings on the Ohio State Dental Board (OSDB), which may be vacant in April 2012. These board member positions are designated for general dentists. The ODA Executive Committee is seeking potential candidates who are interested in serving in this capacity on the Ohio State Dental Board. The term of office for Ohio State Dental Board members is four years.

Criteria that the ODA Executive Committee is seeking in candidates includes:

- being in practice at least five years
- being familiar with Ohio's Dental Practice Act
- having knowledge about regulatory issues related to dentistry
- having a history of support/involvement with ODA governmental affairs and activities such as ODPAC membership, grassroots efforts, etc.

Please send nomination letters along with the nominee's CV, to the ODA Executive Director, 1370 Dublin Road, Columbus, OH 43215 by December 31, 2011.

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adults. This translated into more than $120 million annually in dental care to Medicaid-eligible adults.

No entity has done more to address access to dental care in Ohio than the ODA. And we will continue to explore innovative solutions that ensure patients have access to the full range of services that only a dentist can provide. However, the ODA will not support efforts to permit under-trained individuals to perform irreversible, surgical procedures. Moreover, especially in the current tight fiscal environment, it makes little sense to waste resources on creating some new untested provider outside of the current dental delivery team. Instead, we will continue to focus our efforts on getting underserved patients into an increasingly more robust dental delivery system that already serves the vast majority of Ohioans so well.

Use tax amnesty program

Lindsey Landthorn
Staff Writer

As part of the Ohio Department of Taxation's increased enforcement of Ohio's use tax, the department is implementing the Consumer Use Tax Amnesty program, which began on October 1 and extends until May 1, 2013.

In early 2011, the department announced a stepped up emphasis on collection of Ohio's use tax. This increased effort is twofold: firstly, the department is focused on educating Ohio businesses about the use tax and how to comply, and secondly, identifying those businesses which should be paying the use tax and bringing them into compliance.

Ohio's use tax has been in effect for decades and exists to protect Ohio vendors from unfair competition from out-of-state sellers. In-state merchants are required to collect Ohio sales tax when selling to an Ohio resident or business. Without enforcement of the use tax, Ohioans could simply utilize out-of-state vendors for office purchases, avoiding any sales tax and ultimately hurting Ohio businesses.

The most common use tax situation is a purchase made from an out-of-state vendor who does not charge sales tax; however, the use tax also applies to purchases made within Ohio when insufficient sales tax was charged. In that situation, the use tax due is equal to the sales tax rate of the county in which the consumer uses the property.

Service providers, including medical and dental offices, are not exempt from the use tax. Ohio specifically identifies dentists as falling within the definition of a consumer for the purposes of sales and use tax. The law outlines that the purchase of medical equipment, gloves, masks, scrubs and other supplies, along with office equipment such as computers, printers, desks, chairs and lamps, and the purchase of cleaning supplies, lawn care services and janitorial services are subject to the use tax. The department also considers the purchase of dental prosthetics from dental laboratories, with or without a prescription, to be taxable.

Under the new amnesty program, consumers with outstanding use tax liability may have the opportunity to pay the tax without interest, civil or criminal penalties. Should amnesty be granted, the Tax Commissioner will waive all use tax liability due prior to January 1, 2009, and the consumer must make a non-refundable payment of all of the use tax due on purchases made on or after January 1, 2009 through the end of month prior to the month in which amnesty is requested. Businesses who qualify for amnesty under the program, and who have at least $1,000 in tax due, may also qualify for a no-interest payment plan. Consumers who apply for amnesty will also be required to register for Ohio use tax and either file returns on a regular basis or report and pay the use tax on their annual tax returns.

A consumer may only apply for amnesty once during the program. Additionally, consumers are not eligible for amnesty if they have received an assessment for unpaid use tax, or if they are registered for Ohio use tax as of June 2, 2011. All applications and supporting documentation submitted are subject to review by the Tax Commissioner. If the department determines that the consumer is not eligible for amnesty, the department will issue an assessment for the balance of the consumer's use tax liability, plus interest. However, those consumers may still qualify for the department's Voluntary Disclosure Program. That program allows a business to enter into an agreement to register and begin remitting use tax on future purchases. The agreement will also require the business to pay any outstanding use tax incurred over the previous four years, plus interest. The department will, however, waive the 15 percent penalty and any tax due prior to the four year look back period as long as there is no finding of fraud.

More information regarding the use tax amnesty program and the voluntary disclosure program is available on the Ohio Department of Taxation's website, http://tax.ohio.gov/divisions/sales_and_use/index_use.stm or by calling the ODA's department of governmental affairs at 1-800-282-1526.

Numbers to know

American Dental Association
(800) 621-8099 or (312) 440-2500

Dental OPTIONS
(888) 765-6789

Ohio Department of Health
(614) 466-3543

Ohio Dental Association
(800) 282-1526 or (614) 486-2700
Fax: (614) 486-0381
E-mail: dentist@oda.org

Ohio Dental Association Services Corp. Inc. (ODASC)
(800) 282-1526 or (614) 486-2700

Ohio State Dental Board
(614) 466-2580

Medicaid
Dentists who need to enroll as a Medicaid Provider should contact the HMOs directly. For problems with Medicaid, contact the ODA at (800) 282-1526.

Staffed Dental Societies:
Akron Dental Society
(330) 376-3551

Cincinnati Dental Society
(513) 984-3443

Cleveland Dental Society
(440) 717-1891

Columbus Dental Society
(614) 895-2371

Corydon Palmer Dental Society
(330) 759-5085

Dayton Dental Society
(937) 294-2808

Stark County Dental Society
(330) 305-6637

Toledo Dental Society
(419) 474-8489

QuickBites

ODA membership dues payments due Jan. 1, 2012

Ohio Dental Association members will receive tripartite membership dues statements this month. ODA membership dues payments are due Jan. 1, 2012 for the 2012 membership year.

Tripartite membership affords member dentists access to experts on regulations and legal issues; savings with member discounts on continuing education, insurance plans and more; success in protecting patients and the profession of dentistry from third-party interference; the ability to stay informed with free updates and phone consultations and access to information on dental news 24/7 at the ODA website, http://www.oda.org, and the American Dental Association website, http://www.ada.org.

Dues may be paid by phone at (800) 282-1526, fax at (614) 486-0381 or mail at Ohio Dental Association, PO Box 182039, Dept. 367, Columbus, OH 43218.

Retirees: Don't forget to update your membership

The end of a calendar year often brings thoughts of retirement. Ohio Dental Association members who have retired from the practice of dentistry can receive ODA benefits at a fraction of the cost of active membership.

ODA members with Retired Membership status pay a quarter of ODA active dues but receive 100 percent of the benefits. To qualify for Retired Membership, dentists must no longer earn an income of any kind by means of their dental license. Dentists must also submit an Affidavit for Retired Membership, which is then reviewed by the dentist's local component society, the ODA and the American Dental Association.

Members over the age of 65 might also be eligible for reduced ODA membership dues. Dentists eligible for Life Membership must be at least 65 years old and have 30 consecutive years of membership. Dentists who are 65 or older and have 40 years of total membership are also eligible for Life Membership.

Additionally, members who qualify for both Retired and Life Membership are eligible for Retired Life Membership. Retired Life members can enjoy ODA membership at no cost. However, if Retired Life members wish to continue receiving *ODA Today*, they must subscribe to the publication for $15/year.

Dentists who are interested in obtaining Retired, Life or Retired Life Membership status should contact the ODA Membership Department at (800) 282-1526 or membership@oda.org.

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ODA seeks nominations for Awards of Excellence

ODA Staff

Each year, the Ohio Dental Association honors those who have offered distinguished service to dentistry, and members and local dental societies are encouraged to nominate those they know who have made extraordinary efforts to improve their profession and their world.

The ODA Awards of Excellence recognize men and women who give of their time, their talent and, often their treasure to improve oral health care by offering treatment, outreach or education.

The most prestigious of these awards is the Distinguished Dentist Award, which has been presented annually since 1967 to a dentist who has demonstrated service, commitment and dedication to the profession throughout his or her career.

Nominees for the award must be ODA members in good standing and should display leadership, dedication, commitment and outstanding contributions at the local, state and national levels.

The Achievement Award, given since 1978, honors those individuals who have made outstanding contributions to the dental profession and to oral health. Nominees are not required to be dentists, but should display a personal and professional commitment to the profession and the public's oral health. These individuals are honored as ambassadors for the profession to the community.

The Marvin Fisk Humanitarian Award honors those who offer dedication to improving oral health care in at-risk communities. They may have served overseas or closer to home, spending time and often their own finances and other personal resources to help improve oral health care and fight illnesses, such as oral cancer.

Since 1991, the N. Wayne Hiatt Rising Star Award has been presented to a dentist in practice 10 years or less who has demonstrated outstanding leadership and commitment to organized dentistry. ODA members who began to practice January 1, 2002 or later are eligible. Honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplishment within the profession.

The Access to Dental Care Award is given to an entity that helps reduce the access to care problem in Ohio by offering care to underserved populations through free or reduced fee dental care.

Nominations for the 2012 Awards of Excellence will be accepted through April 30, 2012. Award entry information and nomination forms are located at www.oda.org or you may contact Michelle Blackman at the ODA at 800-282-1526 or at michelle@oda.org.

The 2012 Awards of Excellence recipients will be honored at a special ceremony during the ODA's 146th Annual Session, which runs September 13-16, 2012 in Columbus, Ohio.

Rulings against dentistry in North Carolina, New Jersey

The Federal Trade Commission ruled this summer that the North Carolina State Board of Dental Examiners' efforts to block non-dentists from providing teeth whitening services constituted an "unreasonable restraint of trade and an unfair method of competition." A key point in the case was that the board issued "cease and desist" orders to people who did not have dental or hygiene licenses and who, therefore, were not under its jurisdiction.

Chief Administrative Law Judge D. Michael Chappell said the board lacked authority over non-dentists providing teeth whitening goods or services at salons, retail stores and mall kiosks. The judge concluded that "...dentist members of the board had a common scheme or design, and hence an agreement, to exclude non-dentists from the market for teeth whitening services and to deter potential providers of teeth whitening services from entering the market."

The ruling also forbids the board from engaging in similar anticompetitive conduct in the future and required it to send retraction letters to the 42 non-dentists previously warned.

The New Jersey Dental Association also lost a lawsuit to halt the Beach Bum Tanning salon chain's teeth whitening services.

NJDA alleged unfair competition on behalf of its members and accused the salons of practicing dentistry without a license. The judge ruled that, as a professional association, NJDA could not enforce provision of the Dentistry Act through unfair competition claims.

National health spending expected to grow faster in coming years

National health care spending is expected to grow 5.8 percent per year for the period 2010 through 2020, 1.1 percentage points faster than the expected average annual rise in gross domestic product (GDP). As a result of this growth, health spending will go from accounting for 17.6 percent of the GDP to 19.8 percent in 2020, according to a study published in the August issue of Health Affairs. National health care spending reached $2.6 trillion in 2010, reflecting a growth rate of 3.9 percent over the previous year, the slowest growth rate for that sector of the economy ever recorded.

The study's authors note that health spending growth is expected to jump to 8.3 percent in 2014, when major coverage expansions from the Affordable Care Act begin.

"The expanded Medicaid and private insurance coverage are expected to increase demand for health care significantly, particulary for prescription drugs and physician and clinical services," the authors state. They note that, concurrently with an increase in overall health spending, the federal government's share of that spending is expected to grow from 27 percent in 2009 to 31 percent by 2020.

Have a question? Contact the Ohio Dental Association!

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

ODASC's health care provider rate increase lowest in several years

ODA Staff

The Dentists' Choice Health Care Plan (DCHCP), offered through the Ohio Dental Association Services Corp., Inc. (ODASC), announced in August one of its lowest rate increases in several years - 7.03%. As a result of State of Ohio regulations, the renewal was then delayed so subscribers' premiums remained unchanged from August 1, the date of the scheduled renewal, through October 31 effectively reducing the renewal increase from 7.03% to 5.5% for current enrollees.

The DCHCP has a history of below-average rate increases with annual renewals averaging 8.8 percent annually over the last 8 years. It is this rate stability that dentists often cite as a reason for belonging to the group. The DCHCP, insured through Medical Mutual of Ohio, provides a cost-effective solution for many ODA member dentists and their staffs. Currently, more than 2,500 dentists and their employees participate in the DCHCP. The size of the group translates into more stable premiums over time, as the cost of claims is spread across a large number of people – not just the dentist and his or her staff.

The DCHCP structure is unique. ODA members and their staffs apply individually to the plan, but once the application is approved, each participant is part of the larger group. Because everyone applies individually, each person in the office can select his or her own plan. Not all participants are required to have the same plan. There are also no participation or contribution requirements for the employer, as applicants apply individually and not as a group.

One of the more significant benefits of the DCHCP is that participants cannot be singled out for a rate increase due to claims. On an individual plan, or even a small group plan, if a participant has claims that year (no matter the claim) his or her rates will likely go up at renewal.

Also, because each applicant is rated individually, if one person in the office has a health condition, there is no need to worry that everyone in the office will have to pay higher premiums. Each applicant is rated individually, so a coworker's or employer's health will not affect premiums. In a small group plan, if one person in the group has a health condition, all the other people in the office are "rated up," which means they all pay a higher premium because one employee has a health condition. In the DCHCP, that will not happen.

The DCHCP is only available to ODA member dentists and staff members who work at least 20 hours or more per week for an ODA member. Staff members can apply for the plan even if the dentist they work for is not enrolled.

The DCHCP can only be purchased through the Ohio Dental Association and not from any outside agent. The unique plan has the potential to have lower rates than what an ODA member would pay with an outside carrier – even if that carrier is Medical Mutual of Ohio.

An additional benefit of participating in the DCHCP is that the program is sold by salaried and licensed ODASC employees, and not commissioned agents. Dentists and their staffs will get honest answers to questions and quality advice on how to best address their most important insurance concerns.

ODASC employees are paid solely to provide assistance to members and to help them meet their insurance needs. They have ODA members' and their staffs' best interest in mind, and not the commission they are going to earn.

For more information in the Dentist's Choice Health Care Plan, call ODASC at (800) 282-1526. ODASC staff members can answer any insurance questions, assist dentists and staff with finding an insurance product that meets their needs and possibly help control their healthcare costs.

Want updates on the latest dental news in Ohio?

Sign up for NewsBytes!

Send an email to dentist@oda.org to register

ODA Meeting & Event Calendar

Nov.

4 ODASC Board of Directors Meeting
Statewide Subcouncil on Peer Review
7 Subcouncil on New Dentists Meeting
10-11 Annual Session Committee Meeting, Executive Committee Meeting
16 ODA Foundation Meeting
18 ODPAC Board of Directors Meeting
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Dental Insurance Corner

Dental Insurance Corner: Core build-up code revisited

Christopher A. Moore, MA
ODA Director of Dental Services

According to the ADA's Current Dental Terminology 2011-2012 (CDT), the D2950 (core buildup, including any pins) procedure code "refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used." It is used when "a material is placed in the tooth preparation for a crown when there is insufficient tooth strength and retention for the crown procedure." The D2950 code "should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation."

While the D2950 procedure code, nomenclature and descriptor are straight forward, inappropriate use of the code by third party payers or dentists can cause problems for all involved.

Insurance company actions that cause concern for dentists

At various times the Ohio Dental Association's Dental Insurance Working Group receives complaints from ODA members concerning core buildup claims that have been denied because, according to the insurance company's explanation of benefits (EOB), a core buildup is considered part of the crown. Such a poorly worded EOB often raises the ire of the working group, treating dentist (both of which are upset with the carrier) and the patient (who is just plain confused and mad at everyone).

Employers are certainly free to fund their dental benefit plans to best meet their objectives. Such funding options may include the decision to not cover a core buildup procedure as a covered benefit or to include reimbursement for it as part of the payment for the crown. It is inappropriate however, in the working group's opinion for third parties to state or infer that a core buildup is considered part of the crown when it is clearly a separate and distinct procedure.

In fact, it is the policy of the American Dental Association to consider "the systematic combining of distinct dental procedures by third-party payers that results in a reduced benefit for the patient/beneficiary" to be a potentially fraudulent and abusive third party payer practice. The ADA believes plans that choose to bundle procedures "should allow the sum of the fees for the crown and the crown buildup as the total fee for the procedure and provide the appropriate benefit."

Many dental benefit plans exclude core buildups from coverage unless endodontic treatment has been previously performed. Some however, do cover them in addition to the crown, generally at a frequency of once per tooth every five years. Many carriers also categorize buildup claims as being subject to dental consultant review and typically expect the dentist to have radiographs as documentation of the procedure's necessity.

There are times when insurance companies see core buildup claims that are inconsistent with the D2950 descriptor. These typically involve cases when a base or filler is placed only to restore undercuts and tooth structure that is removed during the crown preparation and fails to meet the D2950 code descriptor. In this type of situation, the carrier will generally provide reimbursement for the crown while denying the buildup claim.

If a core buildup has been done on a tooth that subsequently needs a post and core (D2952 or D2954) within a 60-month time frame, then some carriers will allow the post and core claim with a deduction for the fee previously paid for the D2950.

Carriers may waive the 60-month limitation if a tooth which has had a buildup is subsequently treated with endondontic therapy and then requires another core buildup. A core buildup done by the same dentist within 12 months of four or more surface restorations will often be disallowed if root canal therapy is not performed in the intervening time. Some payers allow buildups on endodontically treated posterior teeth with multiple surface restorations.

Third party payers may also deny buildup claims that are performed in conjunction with inlays.

Many carriers consider a core buildup inclusive of the post and core services (D2952, D2953, D2954, D2957) and will not reimburse the separate charges if the services are provided on the same date of service. Crowns and core buildups that are submitted with the same date of service may also both be denied unless there is documentation to show the crown was actually seated at a later date. Some payers may also deny buildup claims that are performed on the same date of service as a crown (which is also seated on the same date) unless the crown is created by a Cerec machine.

To help minimize core buildup claim problems, dentists may want to consider including information with the initial claim submission (e.g., current periapical radiographs with a detailed, tooth specific narrative including the amount of remaining tooth structure and any available photographs) that describes the necessity of providing the buildup procedure.

Dentists' actions that cause concern for insurance companies

Third party payers have concerns when either contracting or non-contracting dentists appear to be inappropriately utilizing the D2950 code.

As has been mentioned, carriers are justifiably concerned when dentists report core buildups on claims that do not meet the criteria of the D2950 code descriptor, e.g., calling a base or filler used only to restore an undercut and tooth structure when prepping a tooth for a crown.

According to the American Dental Association's Principles of Ethics and Code of Professional Conduct, "a dentist who incorrectly describes on a third party claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party."

Insurance carriers can readily determine when an individual dentist's claim submission practices that fall outside of the statistical profile set by area dentists' claim submissions.

Once identified, the insurance company may send the dentist a letter informing him/her of the results of their statistical analysis. One such letter that a dentist sent the ODA stated, in relevant part:

"You are receiving this letter because we have identified a claim submission pattern from your dental office that does not appear to be consistent with other general dental practice locations in your geographic area. We recognize that there may be many unique characteristics of a dental practice that could cause different claim submission patterns.

Specifically, we have determined that:

- Of the 16,560 general dental practices submitting claims to [the insurance company] with 20 or more crowns placed in 2010, a core buildup did not precede placement of a crown in the majority of the cases.
- Your specific claim submission patterns indicate that over 95% of the time in 2010 you submitted core buildups with crowns. The analysis of dental practices submitting core buildups was adjusted based upon patient age, tooth position, and history of endodontic treatment to allow a proper comparison.

By definition a crown buildup is necessary only when there is sufficient crown retention form of the remaining tooth structure. Based upon the above information, we are interested in understanding the reasons for this pattern and may contact your office. It is our goal to continue to monitor this and other patterns of claims submitted to us because we have a fiduciary responsibility to our clients to pay for services that are necessary, appropriate and that meet generally accepted standards of dental care.

If you care to contact us to provide more information about our findings, please call …"

Oftentimes dentists take this type of letter as more than just a statement of statistical facts relative to how their practice compares to those of their colleagues. This concern may be well-founded as some insurance companies may follow-up with even greater scrutiny and/or take other types of action if the dentist either does not change their practice patterns or fails to provide a "satisfactory" explanation for their current utilization of the procedure in question.

Dentists who receive this type of letter may be best served by consulting with their attorney before responding to it.

"Many within the dental profession and the insurance industry have concerns with how certain procedure codes are reported and acted upon," stated Sharon Parsons, D.D.S., chair, ODA Council on Dental Care Programs and Dental Practice. "It is important for dentists to utilize the CDT in the manner that it is intended and to accurately report the procedures they provide and for insurance companies to properly explain their benefits decisions to all involved."

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.

ODPAC contributors help voice dentistry's message at the Statehouse

Lindsey Landthorn
Staff Writer

2011 proved to be an incredibly successful year for the Ohio Dental Political Action Committee (ODPAC). Not only was it ODPAC's most successful fundraising year on record, but ODPAC also had great success advocating for Ohio's dentists at the Statehouse.

ODPAC successfully advocated for continued dental Medicaid coverage for both children and adults, even with the state facing an $8 billion dollar budget deficit. ODPAC also successfully led the efforts to exempt dental practices from burdensome pharmacy licensing and record-keeping requirements proposed by policymakers.

"These accomplishments would not be possible without a powerful political action committee," said ODPAC Chair Dr. Joseph Crowley.

ODPAC received over $240,000 in donations this year, with around 40 percent of active ODA members joining ODPAC. This support allows ODPAC to be in a strong, solid position to impact the general election.

"ODPAC continues to be one of the strongest voices at the Statehouse," said ODA Executive Director, David J. Owsiany. ODPAC's Capital Club program also played a large role in the successful fundraising year. Membership in a Capital Club requires a minimum $250 ODPAC contribution, and the members meet once a year for a dinner with legislators and policymakers. At this past Annual Session, ODA President, Dr. Mark Bronson, encouraged the growth of the Capital Club program. "We must charge our members to take the successful Capital Club concept and expand it across the state," he said. Capital Clubs have dramatically increased the number of dentists participating in ODPAC at an advanced level.

With a new dues cycle beginning, ODA members have an upcoming opportunity to support ODPAC's important mission. "Without the support of ODA members we could not have a strong voice at the Statehouse," said Crowley. "We want to thank everyone for their support in 2011, and hope that we can build on our success and make ODPAC even stronger moving forward," he added.

Below is a list of 2011 Ohio Dental Political Action Committee contributors whose support helped ODPAC experience its most successful year on record.

To learn more about contributing to ODPAC, call the ODA at (800) 282-1526 or visit http://www.oda.org.

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Opinion & Editorial

The Explorer

Matthew J. Messina, DDS
Executive Editor

Security

I had the chance to sit down for lunch recently with a group of younger dentists. We talked about the future, and their perception of where the profession was going. They had significant concerns about changes that threatened their dreams and made them wonder if their practice would exist in the way they had planned.

Like most of society today, their biggest concern was for long-term security. They expressed a willingness to trade future opportunity for security. While they admitted that they had entered the profession with a desire to own their business and make their own decisions, they were drawn to the appeal of joining a corporate dental practice, and receiving the security of a steady paycheck. They were attracted to the idea of being able to practice without the rigors of managing staff and making so many decisions on how to practice.

I shared with them my belief that we will see an increase of corporate involvement in dentistry. I don't mean just the franchised dental offices, but major corporations or hospital systems employing dentists, by purchasing existing practices and bringing the dentist in-house, much as they have done with many physicians. While the apparent increase in security that comes from working for a large corporation is attractive, I shared the following story with them.

My uncle is a retired anesthesiologist. Nearing the end of his career, his anesthesia group provided services for a mid-size regional hospital in Ohio. Their company of four MD's and five CRNA's was approached by the hospital administration to leave private practice and become employees of the hospital. They were presented with a very attractive offer, and a contract to be the exclusive provider of anesthesia services for the hospital.

The members of the group debated, and eventually decided to join the hospital. Their existing support staff were let go, their billing office closed, and they became employees of the hospital. They were very pleased with their decision, and felt that they had achieved a comfortable level of security. They simply went to work when they were scheduled and had no concerns for billing or employees.

At the end of the three year term of their contract, the hospital presented them with a new agreement for the next three year period. The terms were not so favorable. "Economic conditions had changed," they were told. When the anesthesiologists objected, they were told that they were under no pressure to sign the new contract. They would simply be replaced by a new group of physicians. The anesthesia group had surrendered their physical capability to bill for their services, as the hospital had taken over all of the business functions of the group. They had no staff, and would have to begin their practice from scratch.

They tried to negotiate a better agreement. They were, after all, established in the community, and well liked by their patients. The hospital informed them that, while their reputation was excellent, business was business. A new group of physicians was recruited from a neighboring hospital, under the new contract. The original anesthesia group found themselves without a job, replaced by a group more agreeable to the hospital administration.

The tale has a happy ending, in that all of the physicians were able to move on and find new positions at other hospitals. However, the lesson learned for me in watching this play out was that security may be attractive, but it also can be fleeting. As always, each person needs to evaluate their own business opportunities and make the decision that is in their

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Between the Lines

Ken Jones, DDS, JD
Guest Columnist

Talk or Do

"Never confuse movement with action." Ernest Hemingway (1899 - 1961)

When it comes to "access," a lot of people around the country talk a really good game – and that's about it. They often have jobs where they don't treat patients, able to pay or not. They often put down others who disagree with their egocentric viewpoints. I've watched a number of those who are in dental education denigrate their profession while, out of the other corner of their mouth, they encourage their students to continue just going for the gold.

I've watched many of the dentists who work in the public sector, only a few of whom actually do some hands-on dental care, try to push things like DHATs as if there's no tomorrow. Often, those are educators, who may see dollar signs in DHAT education. Others seem to be the ones who administer clinics that get their full fees for Medicaid, not 40% like the rest of the Ohio dental profession. And often, in my observation, those clinics seem to turn out less work per patient hour than an office where the dentist has to be responsible for paying the overhead without a government subsidy.

Then again, maybe it's just that they (like the for-profit clinics) hire young and inexperienced dentists who can't find work elsewhere, and then they don't pay them much. One day soon, most of those employee dentists might be replaced by DHATs – they're even cheaper to employ, so you know they'll make a bigger profit for the administrative side.

And even more to the point, rarely, either in conversation with me, or on their internet public health listserve, do these dental talkers discuss what would really help access as well. A reduction in need due to better parental involvement with their kids' home care, an increase in fees to a level above average overhead, and patients who show up for appointments. Maybe that's not politically correct.

Some people, though, actually play a good game, and, generally, those people go quietly about their business while they do something about access. And, generally, they don't look for glory. Maybe they should.

I was recovering and bored a while back, and the telephone was about the heaviest thing my docs would let me pick up. I've got unlimited long distance service and the ability to hide the number on my Centurylink account, so I decided to do a little research. Maybe some of your staff will remember. I told them I had Medicaid coverage because I figured that they'd take that before they did it for free. I wanted to find out who's sincere and who's just running off at the mouth.

First, I called a number of the retail clinics that advertise so heavily around the country as well as in Ohio. Only one of them would accept me as a new Medicaid patient. All of them pushed CareCredit® though, and all of them offered me the opportunity to pay off my impending dental debt at 14 % plus instead. Oh, by the way, I can also use CareCredit® at my veterinarian's office to pay for "fixing" my dog and cat. Unlike many of the dental clinics, though, my vet won't have me apply for my max credit limit just to give him the float on my money until I can convince him to finally give me a refund for the overpayment.

Next I called some dental schools. I figured that if the public health educators are as serious about access as they'd like us to believe, then they'd teach their students that they have the responsibility to help care for those less fortunate. To my surprise, students do see some Medicaid patients – at least those who can make an appointment after they find their way through the telephone button maze that usually ends in a recording that so-and-so "is not available right now." Further inquiry confirmed, as I already suspected, that the faculty practices just looked for patients who could pay.

Then I called the offices of a number of private practice dentists who have publicly had a lot of things to say – both pro and con – about access and DHATs, and Kellogg and PEW. A number of them are, or have been, the voices of Ohio's organized dentistry, who I assumed would be leading the way. Not surprisingly, at least to me, only three of twenty-nine accepted Medicaid patients.

Those revelations led me to the question of how many dentists actually accept Medicaid in Ohio. The ODJFS website and its contact list was no help at all, so I called the media office. They actually contacted someone in the administrator's office who had someone tell someone else to call me and tell me they didn't know.

I had to make three more follow-up calls before someone finally figured out that there are 2,101 Ohio dentists accepting Medicaid. The State Dental Board then told me we have about 7,000 dentists in Ohio. OK, that's two out of seven that accept Medicaid. That's a lot better than some people would have you think.

And finally, maybe some more good news. I used the ADA search engine to pick sixty ODA members at random. Thirty-four of them scheduled me in, even believing that I was Medicaid eligible. (And, yes, I did cancel each appointment a couple of days later.) Maybe it's my imagination, or maybe I hit a lucky random streak, or maybe it's just the economy, but a few more of us seem to be seeing Medicaid patients today than ten or twenty years ago. I hope it's a sense of professional pride and responsibility that continues in the years to come. I hope it's not just the economic downturn.

So, when it comes to access, only you can decide if you want to be one of those who just talk, and complain, and say, "do as I say, not as I do, 'cause I don't, even though I said you should." Or maybe you want to be one of those who are going to just sit back and let others take your profession away from you.

Or maybe you want to be one of those who, quietly, do make a difference. Talk or do. It's your choice – for now.

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

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Ohio dentists provide care to underserved through Dental OPTIONS

ODA Staff

In the 14-plus years since the first patient was seen through the Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) program, volunteer treatment values total more than $15.5 million in dental care.

Since 1997, the Dental OPTIONS Program has helped many Ohioans in need of reduced-fee or free treatment. In the last year alone, over 2,000 people were helped by the Dental OPTIONS program.

The Dental OPTIONS program also increased from 934 participating dentists last year to 973 dentists currently participating in OPTIONS.

There is still an ongoing need for additional dentists to join the program and help those waiting in their communities. High unemployment levels have increased the number of people who are without dental coverage and in need of care.

Participating dentists can determine how many OPTIONS patients they personally will accept each year and how frequently new patients are accepted.

Eligible patients have no private insurance, few financial resources and are not eligible for Medicaid. They are often considered the "working poor" and generally work for minimum wage.

Over the last three months the Dental OPTIONS program has reported $535,727 in dentist treatment, up from $384,681 at the same time last year.

The Ohio State Dental Board also allows dentists who participate in the fully donated component of OPTIONS to receive continuing education credit.

For information about CE and OPTIONS contact Kathy Woodard, ODA DIrector of Public Service or vist http://www.oda.org/gendeninfo/LowIncome.cfm.

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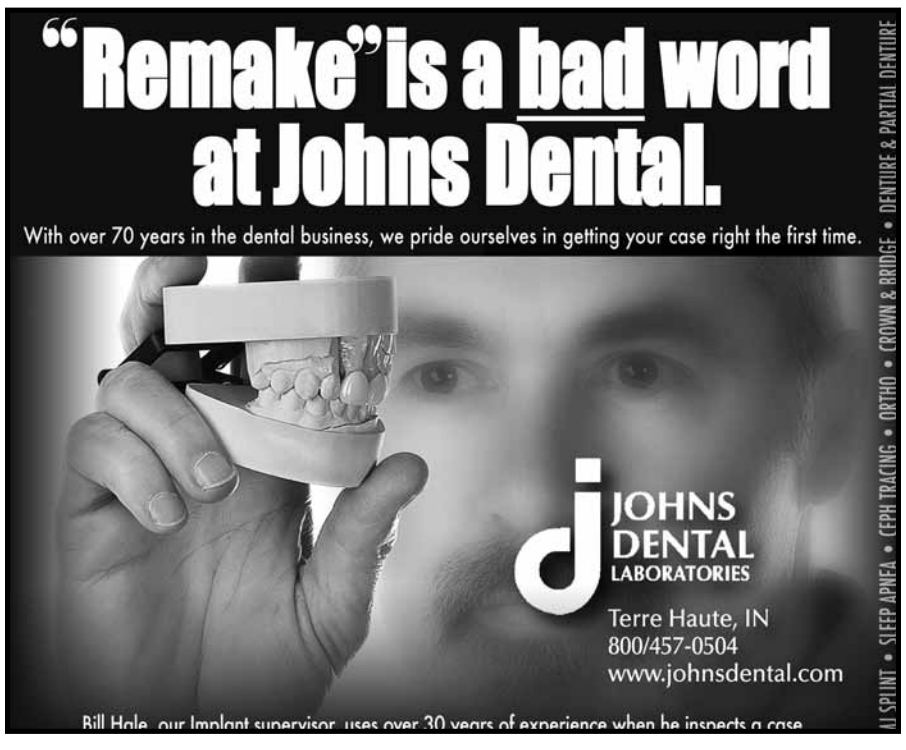

ODA Classifieds

Associate Wanted

An advanced private dental practice on the east side of Cleveland is looking for an associate dentist to join our highly motivated and energetic team. A few years of experience are preferred. Please inquire by email to dentalhelp@gmail.com.

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

An associate dentist needed for an exceptional opportunity who is quality-oriented and personable for a newly expanded office. Immediate opening in our well-established, busy and growing family practice. Dependable staff. Excellent salary, incentives and benefits. Please call (216) 661-2422 or fax (216) 661-2837.

An excellent opportunity, Cincinnati. We are currently seeking general dentists, periodontists, oral surgeons and pediatric dentists to become an integral part of our growing group practice. Income typically consists of a salary with bonuses based upon net production plus benefits including major medical and malpractice. This is not an independent contractor arrangement. No Saturdays or Sundays. Your quality of care and attention to patient satisfaction will determine your ultimate compensation. We are a group of highly spirited individuals with a sense of humor. I look forward to meeting you. Dr. Michael Fuchs (513) 697-2653; cell (513) 505-9987.

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 hours will include some Saturday and evening hours. Modern facility in recent construction includes digital and CEREC capabilities. Excellent, friendly staff; upbeat environment. Guaranteed hourly compensation with production-based commission. Opportunity for future partnership and/or full-time employment for the right candidate. Email resume to ohdoelin@neo.rr.com.

Associate dentist opportunity available in well established, 33 year old general practice in Euclid. Potential to purchase practice in the near future. Please call (216) 692-3777 or email resume to NCDental44117@sbcglobal.net.

Associate opportunities in Northwest Ohio. Excellent opportunities for general dentists with an expanding multi-location dental practice. Competitive compensation package including the following benefits: 401(K) + company match; paid lab fees; paid malpractice insurance; paid license renewals, membership dues and continuing education; health insurance; disability, life, vision and dependent care account. We invest in state of the art clinical and information technology. New graduates and experienced dentists welcome! Please call Pam Byrne at (419) 376-8338 or email at pam.byrne@cornerdental.com.

Associate opportunity, Cincinnati, Columbus & Dayton. One to four days per week available. Contact Thomas Niederhelman, (614) 235-3411 or (740) 404-5677; e-mail Nieder1@sprynet.com.

Associate/partnership or office sharing available East side of Cleveland. Excellent opportunity for a dentist who is relocating, downsizing, semi-retiring, or in need of a satellite office. Interested parties call Dr. Nancy Arndt, (440) 449-0069.

Associate position available in Kettering, Ohio 2 days per week. Opportunity to increase to 3-4 days per week in October, 2011. Please call Mr. Sullivan @ (937) 430-4317.

Cincinnati. Expanding, innovative group seeks outstanding general dentist. Compensation includes base salary, share of production, and comprehensive benefits including paid time off, health insurance, CE, 401k and more. Contact Fred White: (513) 721-3333.

Dental Dreams desires motivated, quality oriented associate dentists for its offices in Michigan (Flint & Saginaw), Illinois (Chicago & suburbs), Louisiana, Maryland, Massachusetts, New Mexico, Pennsylvania, South Carolina, and Texas. We provide quality general FAMILY dentistry in a technologically advanced setting. Our valued dentists earn on average $240,000/yr plus benefits. Call (312) 274-4524 or email dtharp@kosservices.com. New graduates encouraged, great place to start your career!

DentalCare Partners is an established 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.

Dentist associate opportunity, full or part time. Generous compensation for the right candidate. Future partnership/ownership possible. Residential suite adjacent to office is available. Practice located east of Cincinnati. Call Mr. Sullivan at (937) 430-4317.

Dentist, Bay Village, OH. Dental associate opportunity, part time. Great position for a dentist interested in working in a well-managed environment. If you like to do endo, extractions, and implants, we have a terrific opportunity for you. Please fax resume to 216-393-0100 or email Joyce at imagrammy04@yahoo.com.

Dentist, Cincinnati, OH. Incredible opportunity available in one of the best practices in the area. Cerec, Lasers, Intraoral cameras, etc. Implant and endodontics experience required. Please contact Brian at (513) 325-4009.

Dentist, Columbus, OH. Incredible opportunity available in one of the finest dental practices in the Midwest. Beautiful state of the art facility with terrific staff committed to keeping up with constant growth of fee for service dentistry. Cerec, Biolase, computers, lasers etc. Excellent interpersonal and clinical skills required. E-mail Deb at deb@fixaridental.com or call (614) 866-7445.

Dentist jobs: Aspen Dental offers tremendous earning potential and a practice support model that empowers dentists. We eliminate obstacles for dentists to own their own practice. Call (866) 451-8816. www.aspendentaljobs.com. EOE

Dr. D. Todd Russell seeking associate in well-established, state-of-the-art private practice for part-time associate with potential for full-time partnership. Candidate must have completed at least one year GPR, have excellent interpersonal, diagnostic, and technical skills, preferably experience with endodontic, oral surgery, and some orthodontic treatment. We offer excellent, outstanding staff and have excellent new patient flow. Please email resume to: MacedoniaDentalHeathGroup@gmail.com and visit our website at: www.Dr.ToddRussell.com.

Experienced dentist needed for associate position in Western Cleveland suburb, 3 days per week. Progressive, friendly, modern family practice with great team and up-to-date facility. Guaranteed minimum pay, benefits including 401k. Potential to increase hours if desired. Please email resume to: AssociatePos@aol.com.

Geriatric dentistry. Full-time/part-time general dentists needed for nursing home and homebound patients, throughout the state of Ohio. All transportation, equipment, supplies, auxiliary and administrative staff provided. Daily minimum rate $500+production+benefits. Join our team providing care for over 20 years. Please fax resume to (440) 888-8763.

ImmediaDent is seeking team-oriented individuals dedicated to delivering the highest level of patient care. We offer a flexible schedule with 3 day work weeks, great benefits, and competitive compensation. Opportunities throughout Ohio! If interested, please e-mail your resume to hr@immediadent.com.

Looking for hard working, enthusiastic dentist to be part of our dental team. Part time opportunity which may lead to full time employment. Call (937) 432-6677 or fax (937) 432-9199.

We are currently looking for an Associate General Dentist with 2-3 yrs experience to join our team, for our busy dental office in Dayton, Ohio. Endo/Extractions/Surgery skills preferred; must be available to work at least 2-3 days each week. If you are interested in this opportunity please submit your resume to bonniem@daytondoc.com.

Well established growing practice seeking exceptional dentist to join our team. This is the opportunity you have been looking for! We are one of the top offices in Cincinnati. Our facility is fully digital, state of the art, and our staff is top notch. We enjoy getting to know our patients. Education and patient care is the focus of our staff. Don't miss this opportunity to be a part of something exciting and rewarding. We thrive to give our patients the best dental treatment and care they deserve. The success of our team has lead to exceptional growth in our practice and we are excited about the opportunity to bring on another dentist to join our team. Call today to schedule an appointment to visit our office. Please contact us at (513) 753-0044 email at eastgatedental@gmail.com. Also, feel free to check out our website at Eastgatedentalexcellence.com

Looking for an associate dentist in the Akron area. Modern office and a great staff make this a great place to work! Please email resume to doylestowndentalassociates@gmail.com. You may also call (440) 668-7668 for more details.

Advertisers Index

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Equipment for Sale

Our office purchased new intraoral wall ($1500), mobile ($1500) x-rays, handheld x-ray ($3695), chairs and units packages ($3695), implant motors ($1995) and more. Need to downsize. Everything brand new, still inbox w/warranty. (561) 703-1961. NYCFREED@aol.com.

SciCan HYDRIM L110w Large inst. washer. 1 year old, great working condition. 3 cycle washing (9-35 minutes), fully functional, includes multiple racks. Dimensions (w x h x d) 23.75"x33.5"x23.75". Weight 176 lbs. Priced to sell quickly. Call Westerville Endodontics, (614) 882-8000.

Practice for Sale

Dental office & practice for sale. Fantastically profitable small town practice. Fee for service only. $400K+ /yr working 3 ½ days/week. Very low overhead. Work less, keep more! Great potential. Contact dr.dan3@roadrunner.com.

Dental practice for sale – Lorain Ohio. Includes a 5000+ sq. ft. professional office building which can accommodate up to two separate practices. The second suite allows for rental income potential. Patient files and equipment may be included as part of the transaction. Location was previously used by an oral surgeon. This is a turnkey operation. If interested please call Donna at (419) 609-1311.

Good start up practice. 3 fully equipped operatories with x-rays, automatic processor, Pan. for $30K. Nice 1200 sq ft space in the heart of Northwest Ohio (Toledo).Contact Jeff or Hanh at (419) 473-3276 or (419) 356-7336 or shanna1999@yahoo.com or jeff.traudt.byei@statefarm.com.

Kentucky.Two separate practice ownership opportunities available. The right dentist can own this Florence or Carrollton practice without borrowing from a bank. Guaranteed salary with no cap on earning potential. Call Brian Whitley at (800) 313-3863 ext. 2290.

Medina, Ohio dental office for sale. $1.5mil gross, 9 ops, 3 hyg. Excellent opportunity. Call Dr. Don Moorhead/ Henry Schein Practice Transitions for info. (330) 659-9739 or CP (440) 823-8037.

NPTN. Practices currently for sale in Columbus, Cincinnati, West Union, Piqua, and Willoughby Hills. Low commissions to sellers - no fees to buyers. Free appraisal/ legal drafts with practice listing. Buyer representation available. Call Jason Gamble (614) 648-8118 or visit www.nptnetwork.com.

Massillon, OH. Great practice, 6 ops, beautiful décor; may consider associate with buy-in; professional condo parks. Call Doctors Network, (614) 306-8503.

North Canton, Ohio. 20 yr old general dentistry practice and building available for immediate sale. Doctor relocating. 5 fully equipped operatories, 1 full time hygienist. Great location, great staff, and low overhead. Call for more information at (330) 327-3342.

Practice for sale & Associate Position Available: 1. Practice for sale in Zanesville. Collections $527,000 in 2010. Excellent location. Buyer's choice: owner will retire or stay to work with buyer. 2. Associate position in Greenville with future partnership potential. More information at www.gdstollingsassoc.com or call George D. Stollings & Assoc. (304) 486-5714.

State of the art, beautiful and fully equipped dental office in North Columbus. Great visibility and access. Option to purchase the newly installed, high quality dental equipment. Perfect for specialist or general practitioner. Turn key opportunity. Please e-mail at: yourpractice@hotmail.com.

Space Available

Space available immediately in modern orthodontic office, rapidly growing Mason Ohio area. Open bay treatment area with 5 chairs, private consultation room with exam chair, and a private exam room for services including digital x-ray/Nomad. EagleSoft Dental System, computers, electric HS and other amenities. Ideal for pedo, endo or perio satellite. Send inquiries to cedar5236@gmail.com

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Temporary Coverage. Professional temporary coverage during vacation, maternity, and personal leaves keeps your production 'open wide'. Short-notice OK. No obligation quotes. Absolute confidentiality. Trusted integrity, since 1996. To receive coverage, (800) 600-0963. Register as a provider at www.doctorsperdiem.com. Email: docs@doctorsperdiem.com.

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

Moving?
New phone number?
New email address?

Contact the Ohio Dental Association Membership Department if you are planning to move your home or practice or if you have 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
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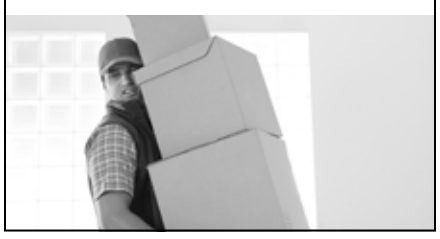

Dental OPTIONS

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2011 Dental OPTIONS Participants

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Craig J. Farrell
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personal best interest.

I believe the paradox is that the greatest security comes from being able to control our own destiny. And that ability to make decisions is what appears to have the greatest risk.

In the world today, people feel very threatened, and their greatest desire is for more security. For us, security exists in our being entrepreneurs. We need to remind ourselves that is why we went to dental school in the first place, and to be willing to take the risks to guide our future.

With that in mind, I would like to give my endorsement for the movie MoneyBall, currently showing in theaters. While it is a baseball movie, the lessons presented go far beyond sports, and you don't have to like baseball to enjoy the story.

Brad Pitt plays Billy Beane, the general manager of the Oakland Athletics in 2002. The movie tells the true story of how Beane and his assistant use computer-based statistics to select players for their team, ignoring the traditional scouting methods of the sport. Their task was to put together a winning team by finding players that the bigger money franchises overlooked. The A's needed to find good players cheaper than the wealthy teams. Using statistics gave them an edge.

I saw the movie with my family, and spent a good deal of time discussing it with my youngest son, Brian (age 13). For me, the most powerful message was that when you set out to do something, believe in it with your whole heart. Commit to it 100%. Believe it even if people tell you you're crazy, or that you will be a failure, or that you will get fired. If you do something, do it all the way, so you will never wonder, did it fail because it was a bad idea, or because I just gave up on it.

Today, there are so many pressures against us, it is easy to give in to the stress and take the easier way out. We need more commitment to our ideas. To believe in something so passionately that we will give maximum effort. Only then can we enjoy the fruits of our success, or understand what we have to change, because this idea received our complete support.

The future of dental practice is bright, but we must have the courage and commitment to make it happen for ourselves. Thomas Paine, essayist for the American Revolution, said, "I love the man that can smile in trouble, that can gather strength from distress, and grow brave by reflection." Once again, these are the times that try men's souls. But we can persevere and overcome!

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