

# ODA Today

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

## QuickBites

### 2012 ODA Day at the Statehouse March 14, 2012

Save the date for the 2012 Ohio Dental Association Day at the Statehouse, held Wednesday, March 14, 2012, in Columbus. Meet with legislators one-on-one and advocate for issues that impact dentistry in Ohio. Call Jackie Best at 800-282-1526 with any questions.

### 2012 ODA Leadership Institute May 18-19, 2012

The 2012 Ohio Dental Association Leadership Institute will be held May 18-19, 2012, at the Hilton Columbus at Easton Town Center. Look for more details to come soon.

### 2012 Annual Session September 13-16, 2012

The 2012 Annual Session will take place from September 13-16 in downtown Columbus. Be a part of the largest dental exhibition in the five-state region, visit [www.oda.org](http://www.oda.org) for more information.

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## Ohio's GKAS kick-off held at Case Western Reserve University

Jackie Best  
Staff Writer

Volunteers provided more than \$178,000 in free services to 525 underserved children at the Ohio Dental Association's 10th annual Give Kids a Smile program kick-off event Friday, Feb. 3, at Case Western Reserve University School of Dental Medicine in Cleveland, according to preliminary estimates.

The ODA selects a site each year to hold the kick-off and showcase the commitment and caring of all Ohio Give Kids a Smile volunteers. Programs are held throughout the year in Ohio; some are large group events, many others are held in private dental offices, and in several rural communities programs are held in all elementary schools within a school district.

The 2012 Give Kids a Smile kick-off event was held by the ODA in conjunction with the Greater Cleveland Dental Society, the Case Western Reserve University School of Dental Medicine and students from Cleveland elementary schools.

"We had a good time and a good turnout," said Dr. Tom Kelly, coordinator of the Greater Cleveland Dental Society's Give Kids a Smile program. "The kids were great, they got lots of care."



Joseph W. Darwal Photography  
Dr. Kim Gardner, President-Elect of the Ohio Dental Association presents Director of the Ohio Department of Health, Dr. Theodore Wymyslo and U.S. Senator Sherrod Brown (far left) with a certificate of thanks for participation at the 2012 Give Kids a Smile kick-off event, held Friday, February 3, at Case Western Reserve University School of Dental Medicine in Cleveland.

An estimated 40 dentists from the Greater Cleveland Dental Society and more than 300 other volunteers, including dental students, contributed their time at the event to help improve the dental health of underserved children and to spread awareness about oral hygiene.

"To be able to help more than 500 kids in one morning is a great thing to do," Dr. Kelly said. "It raises awareness – locally, statewide and nationally – as to the need for care for everyone, but especially for children."

Students from William Cullen Bryant, Clark and Scranton elementary schools,  
**See GKAS, page 14**

## Study finds Kellogg's cereal has high amounts of sugar as foundation pushes for dental therapists

Jackie Best  
Staff Writer

As the W.K. Kellogg Foundation moves forward with investing \$16 million to push for the creation of dental therapists in various states, including Ohio, a recent study found that at least five of Kellogg's cereals contain significant amounts of sugar.

"If Kellogg was truly concerned about oral health, they would stop peddling sugary cereals to America's children," said David Owsiany, executive director of the Ohio Dental Association.

A study published by Environmental Working Group in December 2011 found that out of 84 popular brands studied, Kellogg had five cereals included in the list of 10 cereals with the most sugar based on their nutrition labels. Ranking number one is Kellogg's Honey Smacks, with 55.6 percent sugar by weight. That means a one-cup serving of Honey Smacks contains more sugar than a Hostess Twinkie, according to EWG's analysis.

The top 10 also includes Kellogg's Froot Loops Marshmallow at number three with 48.3 percent sugar, Kellogg's Smorz at number seven with 43.3 percent sugar, Kellogg's Apple Jacks at number eight with 42.9 percent sugar and Kellogg's Froot Loops Original at number 10 with 41.4 percent sugar, according to EWG's analysis.

Meanwhile, the W.K. Kellogg Foundation, along with Community Catalyst (a nonprofit advocacy organization that works to build

community leadership in health care), launched an initiative in 2010 to invest \$16 million by 2014 in the Dental Therapist Project, which includes efforts in Kansas, New Mexico, Ohio, Vermont and Washington, according to a news release found at the foundation's website, [www.wkkf.org](http://www.wkkf.org).

In Ohio, the Kellogg Foundation is using the Universal Health Care Action Network (UHCAN) as its agent to push dental therapists. UHCAN-Ohio is most identified with its efforts to push for a single payer health system in Ohio and for its support of President Obama's health care reform. Until receiving the grant from the Kellogg Foundation, UHCAN-Ohio had little involvement or interest in oral health issues.

The Dental Therapist Project aims to expand access to dental care in underserved communities to help prevent, identify and treat oral problems by increasing the number of dental therapists, according to the release.

"It is time now for more states and tribal nations to seriously consider new and proven approaches – such as the dental therapist model – as a way to bring critically needed oral health care services to vulnerable children and families," said Sterling K. Speirn, president and CEO of the W.K. Kellogg Foundation, according to the news release. "Oral health is essential to overall health, yet good, regular oral health care is out of reach for far too many people in this country."

Dental therapists receive two years of training and can provide preventive care,

fillings and extractions.

"Organized dentistry in Ohio differs with the Kellogg Foundation on their myopic orientation to midlevel providers when viewed from the perspective of educational and economic feasibility, and also with its parent corporation on the nutritional value, caloric intake implications and cariogenicity of some of their products that are aimed at and marketed to appeal to children," said Dr. Henry Fields, a past president of the Ohio Dental Association, current chairman of the ODA's Task Force on Auxiliary Utilization and Access to Care and current vice chairman of the ADA's Council on Governmental Affairs.

The ODA opposes adding these dental therapists because they would be able to perform irreversible procedures with little or no supervision. Ohio does not currently allow dental therapists, and no legislation has been introduced for this to happen.

"As we have been saying, the proposals from the Kellogg Foundation in favor of creating mid-level dental providers will undermine the dental team, result in a lower standard of care and divert resources from proven access to dental care solutions," Owsiany said. The study showing Kellogg is pushing cereal products that may be a major contributor to damaging the oral health and overall health of millions of Americans certainly raises serious questions about Kellogg's credibility on issues related to oral health."



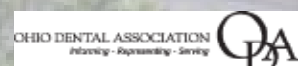
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## Day at the Statehouse

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## State restructuring Ohio Medicaid's managed care program

### ODA Staff

The state of Ohio is restructuring Ohio's Medicaid managed care program. The new structure intends to reward providers for value rather than volume and will reduce the number of service regions from eight to three.

The Ohio Department of Job and Family Services (ODJFS) announced January 11, 2012, that it has issued a request for applications (RFA) from qualified managed care organizations interested in providing service to Ohioans enrolled in Medicaid. The ODJFS Office of Ohio Health Plans (Ohio Medicaid) currently oversees seven health plans that serve the needs of more than 1.6 million low-income, Medicaid-eligible Ohioans. Many dentists already have been approached by Medicaid HMOs or their dental component subcontractors to join their networks in anticipation of the future.

Ohio Medicaid will evaluate managed care plans that respond to the RFA based on their past performance in coordinating care and providing high-quality health outcomes. Ohio Medicaid also will use new managed care contract language that is based on model health plan contract

language.

In this attempt to restructure Ohio's Medicaid managed care program, Ohio's Medicaid "Paying for Performance" program is taking a new approach to paying providers by resetting Medicaid payment rules to reward value rather than volume. It is unknown at this time what this approach will mean for dentistry.

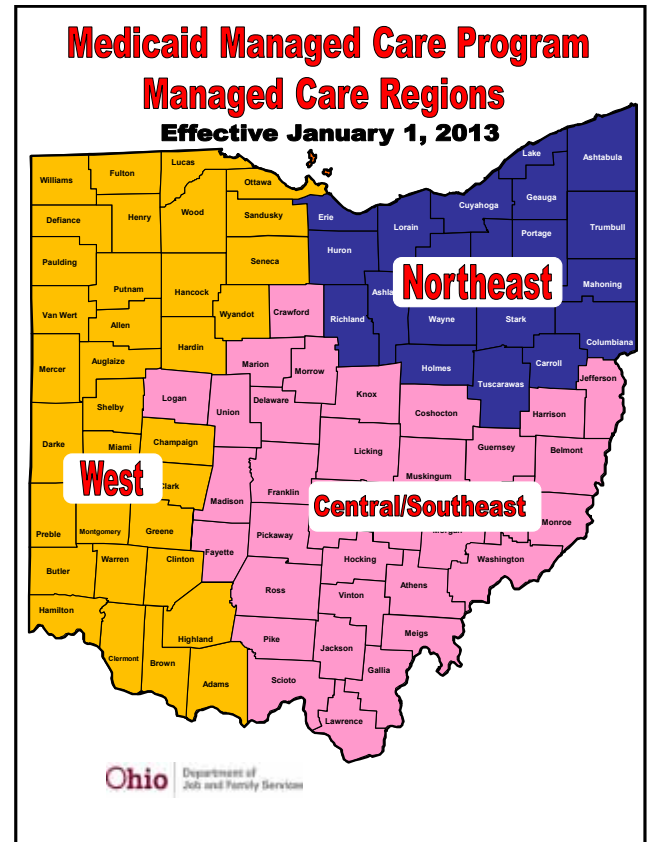
The new managed care contract language is based on model health plan contract language created by Catalyst for Payment Reform (CPR), an independent, nonprofit organization that works to leverage the collective strength of private- and public-sector health care purchasers in hopes of achieving better and higher-value health care. Ohio Medicaid recently became the first state Medicaid program in the nation to partner with CPR.

The new contracts will increase expectations regarding the national performance standards managed care plans must meet to receive financial incentive payments, and plans will be required to develop incentives for providers that are tied to improving quality and health outcomes for enrollees.

The new agreements reduce the number of service regions from eight to three and combine coverage for the Aged, Blind and Disabled (ABD) and Covered Families and Children (CFC) populations in each region. Currently, separate contracts are administered for the CFC and the smaller ABD populations in each region.

Currently, there are two Medicaid HMOs in each of the eight regions. Under the new plan, there will be four Medicaid HMOs in each of the three regions.

Roughly three out of four Ohio Medicaid recipients who are in Medicaid's managed care program will



Standing: Cheryl DeVore, Chad Hanke, Terry Thomas  
Seated: Nicholas Vesha and Tamara Zwick

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be affected in some way. The managed care program changes will not affect the Medicaid fee-for-service program that covers the remaining roughly one out of four Medicaid recipients.

The population to be served under the RFA includes approximately 1.6 million individuals enrolled in Ohio's CFC program, 125,000 enrolled in the state's ABD program, and 37,000 children with special needs. Ohio's Medicaid program serves a total of more than 2.1 million low-income Ohioans. Enrollment under the new contracts is expected to begin January 1, 2013. To view the RFA, go to <http://jfs.ohio.gov/RFP/>. Additional announcements and updates will be provided at <http://mcp.ohio.gov>.

The state hopes the new design will deliver efficiencies and program improvements, giving managed care plans the tools to adapt to the 1 percent reduction in administrative rates provided in last year's state budget bill, to create an estimated two-year savings of \$144 million.

The ODA's Medicaid Working Group intends to closely monitor this process and its impact on dentists and their patients. Recommendations will be made for any appropriate action for the ODA to take as needed.

**Want updates on the latest dental news in Ohio?**

NewsBytes, the ODA email newsletter, is sent to members regularly to help keep them up to date on the latest news affecting their patients and their practices.

To register for this informative e-newsletter, or to update your email address, send an email to [dentist@oda.org](mailto:dentist@oda.org).

Sign up for **NewsBytes!**





### The Director's Chair

David J. Owsiany, JD  
ODA Executive Director

Last month, on Martin Luther King Jr. Day, I read an interesting study in the December 2011 edition of the *Journal of the American Dental Association* that shows the number of practicing African American Dentists in Cuyahoga County has decreased significantly since 1985. The study, authored by Francis Curd, DDS, DMD, the assistant dean of clinical education at LECOM School of Dental Medicine in Bradenton, Florida; Mildren McClain, Ph.D., an assistant professor at the School of Dental Medicine at the University of Nevada Las Vegas; and Clifford McClain, an associate professor in the College of Education at the University of Nevada Las Vegas, also demonstrates that dental practice distributions followed the migratory pattern of the black population from Cleveland to the suburbs.

The study shows that in 1970 there were 44 black dentists practicing in

## New study highlights changes in demographics in Cuyahoga County

Cuyahoga County and that number rose to 80 in 1985. By 2000, however, the number of black dentists practicing in Cuyahoga County shrunk to 62, and by 2010, it was down to 41. Moreover, fewer of those dentists remained in the city of Cleveland as many black dentists in Cuyahoga County moved their practices to the eastern suburbs, following the migratory patterns of the rest of the black population.

These practice patterns and demographic shifts are likely to have significant ramifications for the provision of dental care in the black community within Cuyahoga County. The authors note that "patients prefer having dentists who are of the same race or ethnicity, and dentists who are minorities tend to treat more patients who are minorities than do dentists who are not minorities." Moreover, the study's findings "support the concept that a lack of available minority dentists could affect the delivery of dental care services to minority populations."

The problem may be even more compelling in light of the declining number of African American dentists and

dental students. The authors note that previous studies found "a critical national shortage of practicing black dentists." The shortage is due to dentists retiring and "low enrollment of underrepresented minority students in dental schools." The authors state that "although the United States has become more diverse, with minorities making up 35 percent of total U.S. population in 2010, only 13.8 percent of practicing dentists in 2006 were minorities." The authors also note that "only 12 percent of people entering dental school in 2008 were from underrepresented populations, and only 5.5 percent were black."

The experience in Cuyahoga County and the national shortage of black dentists raise serious concerns related to the availability of dental care for African Americans, especially in metropolitan communities similar to Cleveland. The authors made a series of recommendations to address the issues raised in their study, including the following:

- More determined and effective efforts need to focus on recruiting and enrolling greater numbers of black

students in dental schools across the nation.

- Similar to the way in which rural communities have recruited medical professionals to practice in their communities across the years, perhaps cities and municipalities could be encouraged to provide incentives to minority dentists to practice in certain demographic locations.
- Since it may be years until the shortages in black dentists are resolved and because many minorities do visit dentists of other races and ethnicities, all dental students should continue to be exposed to a curriculum and a school culture that focuses on the importance of treating patients from diverse backgrounds.

MLK Day gives us all the opportunity to celebrate diversity and how far we have come as a nation in terms of racial harmony. The JADA study reminds us of how far we still have to go in certain areas, including oral health care. ADA members can read the full study online at: <http://jada.ada.org/content/142/12/1385.abstract?related-rls=yes&legid=jada;142/12/1385>.

## ODA launches new updated website using membership input

### ODA Staff

The ODA's new website launched last month unveiling a new look and an enhanced personalized user experience. One-click access to important information and events, an intuitive navigation structure and featured stories are all part of the online visitor experience. The new ODA website improves the appearance and functionality of [oda.org](http://oda.org) as well as the overall user experience and aims to satisfy the high expectations of ODA members.

The previous site, launched in 2000, had been in service for more than 11 years and was due for a remodeling that allows visitors to take advantage of the many technological advances arriving on the scene over the past decade. ODA leaders and staff spent nearly 22 months working on the project and are very excited to bring the fruits of that effort to ODA members, partners and the public.

### Expanded functionality

Improving the online experience for ODA members was a primary motivation during the design and construction of the new site. It is significantly easier to navigate and in a quicker and more efficient manner delivers the value expected by members. The project team focused on making the site easier to use and incorporated features common to modern sites such as account set-up, access to an account history, the ability for account-holders to manage passwords, and online commerce – most importantly, online dues payment and membership renewal.

"Today almost everyone uses the web to pay bills and manage accounts," said ODA Subcouncil on New Dentists chairman and principal on the project Dr. Zach Mellion. "We absolutely needed to deliver these options to our members."

Additionally, the new ODA website displays streaming video, allows for event registration and hosts a downloadable resource library. "The site is designed with the end-user experience in mind – especially that of our younger members who have enormous expectations when it comes to technology," said Mellion.

### News and Events

ODA members regularly report that access to relevant information is at or near the top of their priority list for

organized dentistry. Accordingly, the online presentation of news and events received particular attention. Users will be able to register for events – including the ODA Annual Session – and take advantage of popular calendar-syncing options. A new searchable Research Library is also available for accessing documents hosted by the ODA. Volunteer opportunities are also presented and available to all members of the ODA.

### Membership management

Thanks to ever-advancing technology, the ODA now offers online dues payment options – a major goal of the project. Members and prospective members are able to renew or activate their membership from the convenience of their homes or offices through the web. They also have access to printable receipts and their account history – features long in demand. The expanded membership profile allows for an increasingly personalized online experience and links to the American

See WEBSITE, page 13

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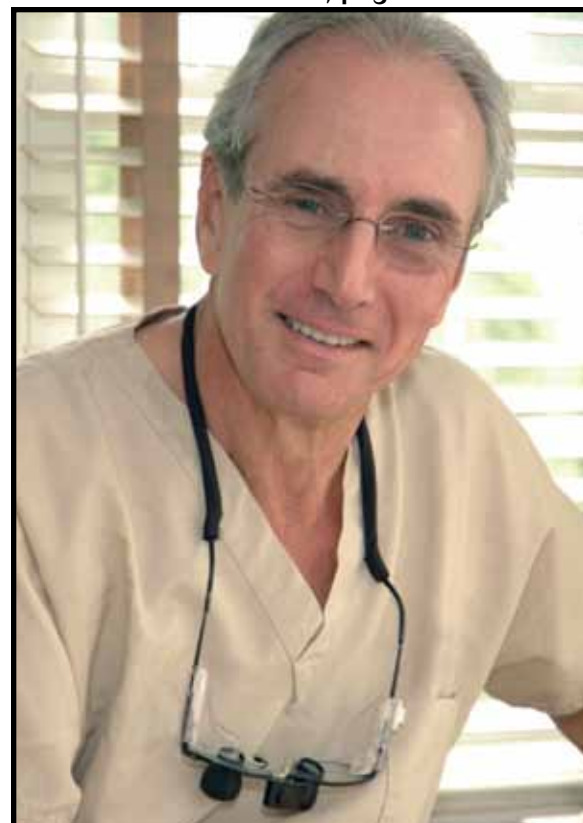
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## Legal Briefs

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

## Boards finalize regulations to implement new Rx bill

Last year, the Ohio General Assembly and Gov. John Kasich adopted House Bill 93, a measure aimed at combating prescription drug abuse and diversion. HB 93 made several changes to Ohio law, including requiring licensure and additional oversight of pain management clinics, establishing a statewide take-back program to secure and destroy unused medications and providing Ohio Medicaid with the authority to institute a lock-in program to cut down on doctor shopping and fraud by preventing Medicaid recipients from visiting multiple pharmacies and providers.

The bill also placed limitations on the ability of physicians, dentists and other prescribers to personally furnish controlled substances to patients. Personally furnishing refers to a prescriber's ability to dispense a controlled substance to a patient for the patient's use outside of the office setting. Some medical and dental offices engage in this practice as a convenience for patients. The administration of controlled substances, including anesthetics, to a patient during a visit is not considered personally furnishing under the law.

Prior to the passage of HB 93, there were no limitations on a prescriber's ability to personally furnish drugs to patients. Unfortunately, a handful of medical offices in the state had exploited this fact to essentially operate unlicensed pharmacies, commonly referred to as pill mills, out of their offices.

As a result, House Bill 93 prohibits prescribers from personally furnishing more than 2,500 dosage units total during a 30-day period and prohibits prescribers from personally furnishing one patient an amount of a controlled substance that exceeds the amount necessary for the patient's use in a 72-hour period. The bill also requires that a prescriber report certain information to the Ohio Board of Pharmacy (OBP) on any controlled substances that are personally furnished to a patient for inclusion in the state's prescription drug database.

Last fall, the OBP finalized these new reporting requirements through administrative rule. Under the new regulation, a prescriber who possesses controlled substances for the purpose of personally furnishing those drugs to a patient must report, on a weekly basis, the national drug code of the drug dispensed, quantity and number of days' supply dispensed, source of payment and date the drug was furnished. Additionally, the prescriber must report their name, address, phone number and DEA number; and the patient's name, address, phone number, date of birth and gender. If no activity occurs during

a week, the OBP requires the prescriber to file a "zero report" to announce the inactivity.

An initial draft of the regulation proposed by the OBP would have required every prescriber who possessed controlled substances to engage in the weekly filings even if the prescriber did not intend to personally furnish the drugs to patients. The ODA objected to the initial draft during an OBP public hearing on the rule. David J. Owsiany, ODA executive director, informed the OBP that many dentists possess controlled substances for the sole purpose of administering those drugs to patients incident to dental procedures and urged changes to the draft.

"Such a requirement would place an undue burden on dentist small business owners," Owsiany said. "The requirement would also create additional responsibilities for [OBP] personnel in collecting and reviewing hundreds of unnecessary reports."

The OBP ultimately amended the regulation as a result of ODA objections.

House Bill 93 also called for changes in the prescription drug database known as Ohio Automated Rx Reporting System (OARRS). OARRS was created by legislation passed by the General Assembly in 2005. OARRS collects detailed prescription information and is utilized by law enforcement entities to monitor the misuse and diversion of controlled substances. OARRS also may be accessed for free by prescribers to obtain information on controlled

substances dispensed to patients of record.

HB 93 required all professional licensing boards that regulate prescribers to establish standards on when it may be necessary for a prescriber to access the OARRS database prior to issuing a prescription for controlled substances or other dangerous drugs. The Ohio State Dental Board (OSDB) recently finalized its regulation on the OARRS review process. The new regulation went into effect December 28, 2011.

The OSDB rule requires a dentist to use "sound clinical judgment" in determining whether a patient should be prescribed a drug and calls on the dentist to consider whether to access OARRS if "the patient exhibits signs of drug abuse or diversion." The rule goes on to describe some circumstances that could trigger this consideration, including: having a history of drug-related criminal activity, receiving drugs from multiple prescribers; having a known history of chemical abuse or dependency; requesting drugs by street name, color or identifying remarks; frequent requests for early refills; and frequent reports of lost prescriptions.

Dentists should document their consideration of these issues and if an inquiry to the OARRS database is warranted, the dentist also should document receipt of that information in the patient's record. In the event an OARRS report is not immediately available prior to the issuance of a prescription, the

**See BOARDS, page 5**

ODA Government Buzz gives members a snapshot of the current status of dental-related policies and legislation. **The Issue** tells you who, what and why; **Current Buzz** gives you a status updated on the issue; **ODA Actions** highlights your professional association's activity and position; and **Next Steps** anticipates what's around the corner and, in some cases, identifies what ODA members can do.

The Issue	Current Buzz	ODA Actions	Next Steps
Practice Management CE	New dental board proposed rule codifies policy announced last summer to allow up to 6 hours of practice management CE to count toward license renewal each biennium.	The 2010 House of Delegates adopted Resolution 10-10 which called on the ODA to support "the concept of practice management continuing education as an integral part of a dentist's training and life-long learning and that it should be recognized in the state's education requirements."	Dental board will hold a public hearing on the proposed rule this spring during a board meeting. ODA plans to testify in support of the new rule.
Mid-level Providers	Kellogg Foundation grant recipient Universal Health Care Action Network (UHCAN) continues to promote the creation of a midlevel dental provider. UHCAN appears to have dropped the term DHAT (dental health aide therapist) in favor of "registered dental practitioner" (RDP) and "advanced registered dental practitioner" (ARDP). Under the UHCAN proposal, an RDP would receive 24 months of training and have the ability to perform supragingival scaling, restorative procedures, administer local anesthesia and perform "simple" extractions. An ARDP would be a hygienist who with 12 months of training would be permitted to perform RDP duties. Similarly, RDPs would be permitted to work as a hygienist with 12 months of additional hygiene training.	The ODA continues to oppose the mid-level provider concept and is educating policymakers on the issue. The ODA objects to the creation of a mid-level dental provider because it would lower the quality of dental care in Ohio and divert resources from proven access to care programs.	While there is no legislation currently pending on mid-level providers, UHCAN-Ohio has publicly promised that a bill creating mid level dental providers will be introduced in 2012. ODA members will have the opportunity to discuss the mid-level provider issue directly with legislators during the Day at the Statehouse on March 14, 2012.
Prescription Drugs	Governor Kasich recently created an "Opiate Action Team" to continue work on the state's prescription drug abuse and diversion epidemic. The Team held an informational meeting on February 1 and provided an update on its progress. The Ohio Department of Alcohol and Drug Addiction Services produced a short video summarizing the progress which can be viewed by visiting: <a href="http://youtu.be/GDAOcwZx9Tc">http://youtu.be/GDAOcwZx9Tc</a>	The ODA continues to monitor legislative and regulatory action on the issue and its potential impact on dentistry.	State Representative Terry Johnson (R-Scioto County) and State Senator David Burke (R-Marysville) plan to introduce new legislation to follow last year's House Bill 93. The bill will be introduced in mid-February. Johnson and Burke are both healthcare providers in addition to serving as legislators. Johnson recently called the state's prescription drug problem "almost biblical" in nature.

## Non-covered services bills gaining steam in state legislatures

### ODA Staff

In the past few years, several states have enacted laws to stop or limit insurance companies from being able to determine what contracting dentists can charge for services the insurance company does not cover. Currently, more than half of the country's state legislatures have adopted laws that prevent the capping of fees for non-covered services.

Forty-two states have introduced legislation to limit fee capping on non-covered services. The first state to enact a law was Rhode Island in 2009. In 2010, 30 states filed a bill and 15 of them passed that bill into a law. In 2011, 24 states filed a bill and 10 states enacted them into law. This year, six states have legislation that is awaiting action in committees.

Legislation limiting fee capping on non-covered services is supported by the American Dental Association. The ADA opposes capping fees on non-covered services and any third-party contracts that establish fees for nonscheduled services. The 2009 ADA House of Delegates adopted Resolution 59H-2009, which calls on the organization to "actively pursue legislation to prohibit [non-covered services] provisions" and "encourage constituent dental societies to work for the passage of state legislation to prohibit insurance plans from applying such provisions."

Additionally, the National Conference of Insurance Legislators (NCOIL) has weighed in on the issue. NCOIL is an organization composed of state legislators with an interest in promoting sound insurance public policy. In 2010, NCOIL adopted model legislation for use by states in implementing laws to restrict dental plans from capping non-covered service fees. NCOIL extensively debated the model bill and the organization's Health, Long-Term Care and Health Retirement Issues Committee held four separate meetings on the topic. The resulting model act makes clear that NCOIL does not believe dental plans should be able to cap non-covered service fees.

The NCOIL model bill also highlights a concern for states to consider when taking up the issue of non-covered services legislation. The bill points out that "concerns exist that dental plans may react by adopting a strategy of covering all services at a nominal or de minimus fee" and cautions that "such a strategy... [to] avoid the impact of this model bill is contrary to the spirit and intent of this model legislation."

This concern was realized in one state that enacted a law to prohibit insurance companies from setting fees for services they do not cover. The state of Virginia passed two bills on the topic in 2010.

Virginia's new laws define covered services as "... health care services for which benefits under a policy, contract, or evidence of coverage are payable by a dental plan, including services paid by the insured's, subscribers, or enrollees because the annual or periodic payment maximum established by the dental plan has been met." However, upon passage of the legislation in Virginia, some insurers began covering previously uncovered services at nominal rates.

Another way some insurance companies are getting around the laws, according to ADA legislative reports, is to give dentists the option of signing a contract in compliance with the law, or one that allows the insurance company to cap fees for non-covered services. Often times, the contract without the non-covered services provision contains other provisions less advantageous to the dentist than the contract that includes the

caps on non-covered services.

Although many states have enacted non-covered services legislation, the issue has been hotly debated. Insurance companies and unions interests have stood as opponents to this type of legislation in some states, claiming it would increase costs for consumers. However, state dental associations have said costs would not rise for consumers, and would instead be set at the dentist's normal rate. Associations also have voiced concerns that if insurance companies are able to cap fees for non-covered services, the added cost would be shifted to uninsured patients.

Moving forward, six states are expected to take action on bills that are pending in their committees, and other states are likely to create legislation that would prohibit or limit insurance plans from capping fees on non-covered services.

### 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.

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### BOARDS from page 4

dentist should indicate the reason why the report was not available in the record.

For purposes of both the OBP personally furnishing rule and the OSDB database rule, reported drugs include all controlled substances in schedules 2-5 and all dangerous drugs containing carisoprodol or tramadol.

Please contact the ODA Department of Government Affairs at (800) 282-1526 to obtain more information on the provisions of HB 93 or these new regulations.

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.

## Fraudulent fax update

On Jan. 3, the American Dental Association was alerted that many dentists across the country had recently received a fraudulent membership renewal communication via fax to their dental offices indicating payment should be sent to a post office (P.O.) box in Brockton, Mass. This prompted the ADA to distribute an alert that afternoon about the fraudulent invoices to member and nonmember dentists with an email address in the ADA database, leadership and staff at state and local dental societies, recognized specialty organizations and other organizations and individuals within the dental community. The ODA was also responsive to the fraudulent membership renewal communication fax and sent an email Newsbyte to all members immediately alerting dentists about the potential fraud.

Since the initial communication, the ADA has continued to work closely with U.S. Postal Service authorities. The following is a brief summary of action that has been taken to protect ADA members:

- On Jan. 5, within 48 hours of learning about this issue, the ADA filed a civil action in the Boston federal court that issued a temporary restraining order requiring that any mail sent to the P.O. Box listed in the fraudulent invoices should be held by the U.S. Postal Service and not made available to the individual renting the P.O. Box.
- On Jan. 17, the temporary restraining order was converted into a preliminary injunction, and we are now permitted to release information regarding our legal efforts on behalf of our members.
- The U.S. Postal Inspection Service is considering instituting an investigation and has also referred the matter to the U.S. Attorney's office in Boston for possible criminal prosecution.

ADA Executive Director, Dr. Kathleen O'Loughlin, stated, "We are pleased with the immediate action of our legal team and the efforts of staff to get the word out quickly to dentists throughout the country. We also recognize the actions of constituent and component societies who acted swiftly to post alerts on their websites and help with the communications efforts."

## Ohio Department of Health accepting applications for the Ohio Dentist Loan Repayment Program (ODLRP)

The Ohio Department of Health (ODH), Oral Health Section will immediately begin accepting applications for the Ohio Dentist Loan Repayment Program (ODLRP). The application deadline is March 1, 2012 (postmarked).

To qualify for loan repayment, dentists must provide services in federally designated dental health professional shortage areas (HPSA's) or state defined dental shortage areas in Ohio for a minimum of 40 hours per week. Services must be provided for Medicaid-eligible persons and others without regard to a patient's inability to pay. Applicants who are currently funded from the National Health Service Corps (NHSC) or Dentist Workforce Loan Repayment Program (DWLRP) are not eligible to participate. Only general and pediatric dentists are eligible for this loan repayment program.

The application and instructions can be found on the Ohio Department of Health, Oral Health Section website at: <http://www.odh.ohio.gov/odhPrograms/ohs/oral/oral1.aspx>.

For questions or information about the program, contact Sandy Brado at 330.643.1300 or by email to [Sandy.Brado@odh.ohio.gov](mailto:Sandy.Brado@odh.ohio.gov).

## CareSource launches member feedback program

CareSource is pleased to announce the launch of their new CareSource iConnect Program. The purpose of iConnect is to establish a community comprised of members to serve as the voice of the consumer.

iConnect members will be asked to offer feedback on various CareSource related topics, questions and polls through electronic channels such as phone calls, text messages, email and social media communities. Members will also have the opportunity to attend live events throughout the year.

The iConnect program revolutionizes how CareSource connects with consumers by creating multiple ways for members to provide feedback. Through a multiple touch point and at-will response system, CareSource looks to improve communications with those members that might not have had a voice under existing circumstances.

"Our top priority is understanding the needs of our members to improve their health care experience. The iConnect program will help us do just that by infusing real time member feedback into our decision making process," said David Mezzanotte, vice president of sales and marketing at CareSource.

CareSource members can join iConnect by phone (888) 882-3613, email [iConnect@CareSource.com](mailto:iConnect@CareSource.com) or online at [www.caresource.com/iconnect](http://www.caresource.com/iconnect).

### About CareSource

CareSource is a non-profit health plan founded on the principles of quality and service, delivered with compassion and a thorough understanding of the Medicaid consumer. By staying true to its mission of making a difference in the lives of underserved people by improving their health care, CareSource has become one of the largest and fastest growing Medicaid managed care plans in the nation. Today, CareSource serves more than 900,000 Medicaid and Medicare Advantage consumers in Ohio and Michigan.

With a strong focus on preventive care, CareSource utilizes a continuum of care model to members at all stages of health and illness. In addition to all required services, CareSource offers extra benefits such as a 24-hour nurse advice line, transportation to doctor's appointments and a variety of care management programs. For more information about CareSource, visit [www.caresource.com](http://www.caresource.com).



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The Ohio State University College of Dentistry is seeking candidate for a full-time, clinical track position as Associate Director, General Practice Residency Program. The appointment will be at the rank of Assistant or Associate Professor.

The Ohio State University College of Dentistry is the third largest public dental school in the United States, and it is the only public dental school in Ohio. The college is divided into eight sections or academic units. All major clinical dental specialties are represented. The primary area of responsibility of the faculty position includes all phases of hospital and clinical postdoctoral education in general dentistry and in all phases of inpatient and ambulatory dental care. The successful candidate must be capable of enhancing clinical teaching and patient care, guiding resident development and demonstrate a commitment to the broader goals of a college and university. Additionally, the successful applicant must be eligible for licensure in Ohio, credentialing in The Ohio State University hospitals, and be eligible for the State Of Ohio Moderate Sedation permit. (For details go to, <http://www.dental.ohio.gov/forms/csapp.pdf>.)

Review of applications will begin immediately and continue until the position is filled. Salary and academic rank are commensurate with qualifications. The selected candidate will participate in the intramural faculty practice.

For more information about the college, the program and this position, visit: <http://dent.osu.edu>. **Requirements:** Applicants must have a DMD or DDS degree and advanced training in AEGD/GPR from a CODA accredited program; prior experience in a hospital-based dental clinic, and be eligible for licensure in Ohio, credentialing in The Ohio State University hospitals, and be eligible for the State Of Ohio Moderate Sedation permit. **Desired:** Administrative and academic experience.

*Applicants should provide a personal statement delineating qualifications and career goals, and provide three references and curriculum vitae. Applications or inquiries should be sent electronically to:*

**Dr. Dan Reed, Search Committee Chair, General Practice Residency,**  
[reed.172@osu.edu](mailto:reed.172@osu.edu).

*To build a diverse workforce Ohio State encourages applications from individuals with disabilities, veterans and women. EEO/AA employer*

## ODA Meeting & Event Calendar

Mar.

- 2 Council on Membership Services
- 13 Council on Dental Care Programs & Dental Practice
- 13 ODPAC Board
- 14 Day at the Statehouse
- 14 Council on Dental Care Programs & Dental Practice, Dental Education & Licensure Committee, Subcouncil on the New Dentist
- 29 Task Force on Access to Care, Executive Committee
- 30 Executive Committee, Ad Interim Committee, Strategic Planning Committee

Apr.

- 13 ODASC Board, ODAF Board
- 20 Callahan Memorial Commission, Council on Access to Care & Public Service

### 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 and tips on meeting with legislators.

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



Access articles from current and past issues of *ODA Today* by visiting <http://www.oda.org>.

## 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 demonstrate 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 Jan. 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 a person or entity that positively impacts access to dental care in Ohio by offering free or reduced-fee services to underserved populations.

Nominations for the 2012 Awards of Excellence will be accepted through March 25, 2012. Award entry information and nomination forms are located at <http://www.oda.org>. Information may also be obtained by contacting Michelle Blackman at the ODA at (800) 282-1526 or [michelle@oda.org](mailto:michelle@oda.org).

The 2012 Awards of Excellence recipients will be honored at a special ceremony during the ODA's 145th Annual Session, which runs Sept. 13-16, 2012 in Columbus, Ohio.

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### Want updates on the latest dental news in Ohio?

NewsBytes, the ODA email newsletter, is sent to members regularly to help keep them up to date on the latest news affecting their patients and their practices.

To register for this informative e-newsletter, or to update your email address, send an email to [dentist@oda.org](mailto:dentist@oda.org).

Sign up for

**NewsBytes!**



## Dental Insurance Corner

### Ohio's external review appeal process and the dentist's role as an advocate for patients in obtaining benefits

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

For over a decade Ohio has had a law that provides protections for consumers whose health insurance claims have been denied or reduced in coverage. The law, the Patient Protection Act of 1999, grants consumers the right to request an appeal of their insurer's decision and provides them with "the opportunity to request an independent, external review for denial, reduction, or termination by their health carrier of certain health care services. Based on the reason for denial, the [law] requires health carriers to provide either an external clinical peer review by an accredited independent review organization (IRO) or a contractual review by the Ohio Department of Insurance (ODI)."

Understanding this law, the appeal process and the dentist's role in it can assist practitioners in providing the appropriate guidance to their patients. A patient who believes his or her insurance company has inappropriately denied a claim should first appeal the denial through the insurer's internal appeals process. Resources that can assist patients in making this appeal include their benefits booklet, workplace human resources department and insurance company customer service personnel.

If the carrier denies this appeal, then the patient may want to consider filing an additional appeal, external to the

insurance company. Grounds for appeal could include challenging a claim that was denied because the service is not covered under the patient's insurance policy or because the service is not medically necessary or is experimental or investigational.

An appeal of a claim denied because it is not covered under the patient's policy and it is not a question of medical necessity should be directed to the Ohio Department of Insurance's Consumer Affairs division (at either 1-800-686-1526 or [www.ohioinsurance.gov](http://www.ohioinsurance.gov)) to initiate another appeal – this one for a contractual review of what the patient's benefit plan entitles them to. ODI will then work with the patient and their insurer to achieve resolution. Reviews generally take 30 days. There is no cost to the patient to initiate this review.

During 2009, ODI performed 18 dental contractual external reviews resulting in consumers receiving \$6,146 in benefits that had been previously denied by their insurance company. Dental reviews were the top reason for ODI contractual reviews during the year.

If the claim was denied or reduced in scope, however, because the insurer determined the service or treatment was not medically necessary, experimental or investigational, then the patient may want to consider taking the denial to an external review with an independent review organization (IRO). IROs utilize experts who are knowledgeable on the patient's specific condition to review the case. The patient must contact his or her

insurance company to initiate an external review.

An appeal is generally eligible to go to an IRO review if the insurance company's internal process denied the appeal because the service was deemed not medically necessary and the treating practitioner documents the service and all care related to it will cost more than \$500 if not covered. The patient must also request the external IRO review within 180 days of receiving the insurance company's internal appeal decision.

An IRO has 30 days to make its decision. While not generally applicable in dental situations, this time frame can be expedited if the patient's health condition requires it.

IRO decisions in favor of the patient are binding on the insurer and the patient still retains his or her right to bring a lawsuit even if the IRO decision is not in their favor. There is no cost to the patient to initiate an IRO external review.

One dental case for \$486 went to an IRO external review during 2009.

The law applies to most major medical health insurance plans, including health maintenance organizations (HMOs) and preferred provider organizations (PPOs), and most public employee benefit plans but not to self-insured or self-funded plans that are governed by the U.S. Department of Labor.

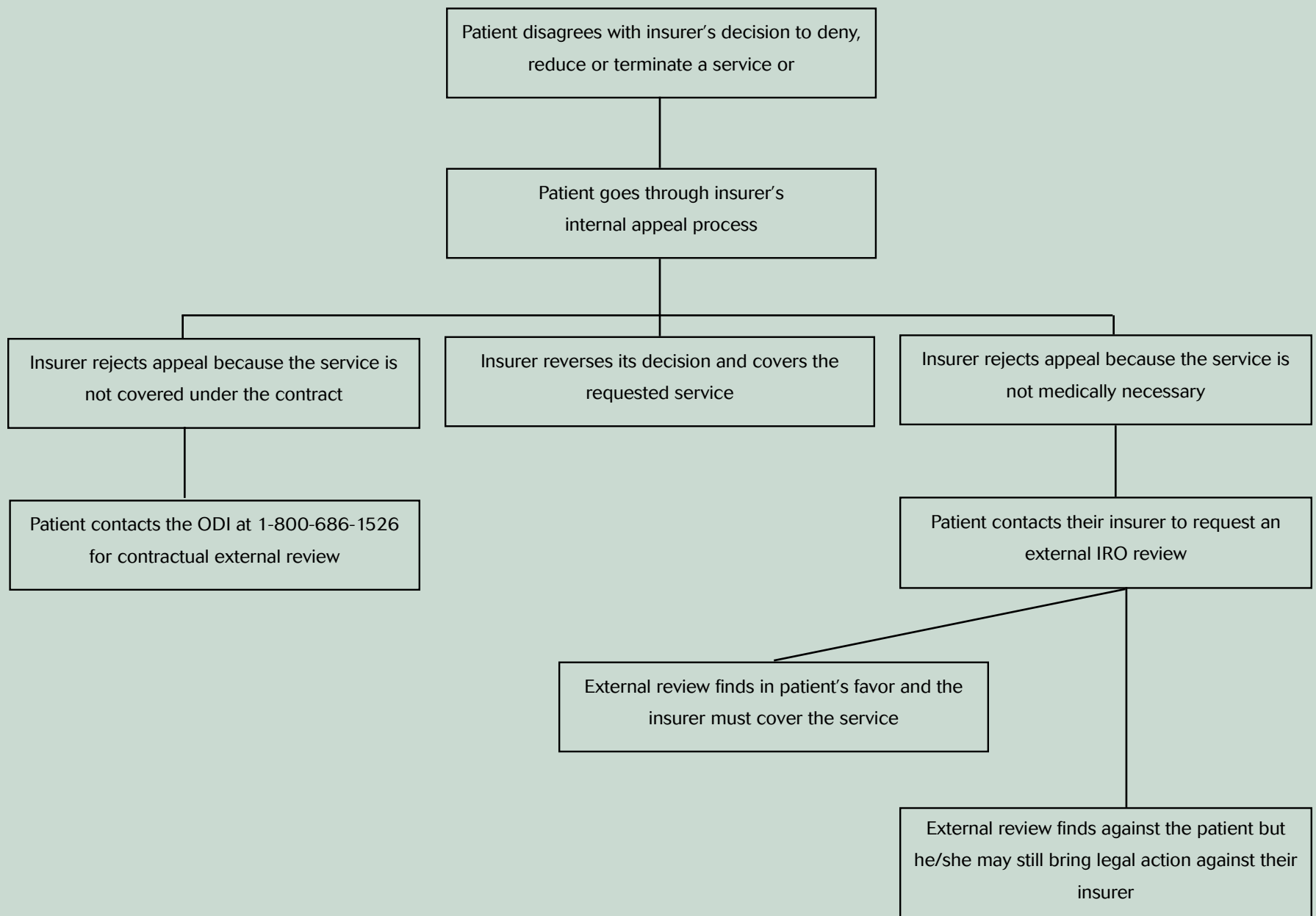
"Dentists who are familiar with Ohio's external review process can better serve as advocates for their patients who have claims that appear to be inappropriately

denied," stated Sharon Parsons, D.D.S., chair, ODA Council on Dental Care Programs and Dental Practice.

Questions about the health coverage appeals process can be directed to call the ODI consumer hotline at 1-800-686-1526 or by going to <http://www.insurance.ohio.gov/Consumer/Pages/HealthCoverageAppealToolkit.aspx>.

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, fax to (614) 486-0381 or email [chrism@oda.org](mailto:chrism@oda.org).

### How a patient may appeal a decision by their insurance company





## Electronic Insurance Claim Management System provides savings to members

The Ohio Dental Association Services Corporation, Inc. (ODASC) endorses ClaimX, an electronic insurance claim management system that interfaces with your practice management system.

The program sends dental insurance claims electronically for 25 cents each. Many dentists are currently paying 45 to 55 cents for the same service. In addition, ClaimX will provide free software, free training, free support and no contract or set up fees.

ClaimX uses the fastest, easiest technology and is backed by more than 55 years of combined experience in the field. By using ClaimX, members can save more than 30 percent per month in processing claims compared to the national average.

The ClaimX program was tested by a few ODA members and was given high marks for support, ease of use, integration with current practice management systems, a noticeable reduction in claim processing times and a significant reduction in costs.

ClaimX enables dentists to submit claims, view claim information and choose which to send or hold; print required paper claims to the newest dental claim form – including your NPI number; store NPI numbers – there is no need to upgrade your practice management system because there's no place for your NPI, and ClaimX will take care of it; use the latest techniques to keep up with the status of your claims in real-time; receive responses electronically and view electronic responses – EOBs, rejects, alerts and daily reports; manage claims with watchdog<sup>™</sup>, see the average number of days each insurance company takes to pay a claim and see the expected payment date for each outstanding claim; check patient eligibility before an office visit (this is an optional benefit); and utilize National Electronic Attachment, Inc (NEA), an electronic attachment clearinghouse used by ClaimX to submit required attachments of any type, for example, digital radiographs, periodontal charting, narratives, EOBs, lab reports, doctor notes or any other document required to process a claim.

ClaimX integrates with more than 70 dental practice management systems – the most popular being Dentrix, Practice Works, EagleSoft, Open Dental, Dental Vision, Mogo, EasyDental and SoftDent.

If you are a young dentist starting out

or an older dentist who feels the expense of a software system is not justified, there are ways to utilize the ClaimX service to make operations more efficient. You first need an NPI number, the Internet and computer for your office. There is free dental practice management software available, for example, OpenDental (<http://www.opendental.com>). Customer service is available for around \$1,000 a year if needed. But you would not be paying the tens of thousands of dollars on other packages that also require you to purchase yearly support at \$2,000 per year. The free option is a way to modernize/equip your office without major expense.

The ClaimX technology reduces claims-processing time. Your office also can save time using the batch processing option. The technology provides billing fee options to fit any size office. Whether you do 50 or 15,000 claims per month, you will save money. It provides the same services that others provide, but for a lower cost – especially with the ODA member discount.

ClaimX will provide two free months of electronic dental claim submission service to any ODA member enrolling with ClaimX before April 30, 2012. Included with this offer are no contracts, no setup fees, no cancellation fees, no maximums/minimums, free installation, free software, free support, free real-time claim status checking and then .25 cents per claim after the two free months of service.

To get started, call ClaimX at (866) 886-5113 and select Option 1. When speaking with the ClaimX representative, dentists should specify they are ODA members to receive the discount. The representative will fax the dentist a three-page enrollment package, which dentists can complete and fax back to ClaimX.

In a few days, the office will receive a welcome package via USPS. In the package will be an installation/training form asking for a date and time that works for the dental office to complete the free installation/training. Fax the form back to ClaimX, and a ClaimX staff member will call the dentist's office on the requested date and time.

If you have any additional questions regarding this member benefit, call ClaimX at (866) 886-5113, and select Option 1.

### Frequently Asked Questions

- Do I need high-speed (broadband) Internet access? **Yes**
- Does Claim X work with my current practice management system? **Yes**
- Can I send Medicaid claims? **Yes**
- Can I call support if I have a question? **Yes (and it's free)**
- Can I submit digital radiographs and periodontal charting? **Yes (NEA, Inc. is required)**
- Are there any contracts? **No**
- Are there any set-up fees? **No**
- Are there any charges for installation, training, or support? **No**
- If I wish to stop using the service, is there a cancellation fee? **No**
- What is the fee per claim? **25 cents**



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### ODA Today Classified Advertising

Classified ads appear in each issue of ODA Today. The cost is \$55 for members (\$88 for non-members) for the first 40 words. Each additional word is \$1. Ads may be submitted via mail or fax to the attention of Amy Szmania, advertising manager, or by email to [amy@oda.org](mailto:amy@oda.org). The deadline to place, cancel or modify classified ads is the 1st of the month prior to the month of publication.

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

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## The Explorer

Matthew J. Messina, DDS  
Executive Editor

## Trustworthy

A patient came in the other day with an emergency. She had fractured a molar crown. I quickly looked it up in her records and confirmed my fears. Yes, it was one of mine. I had placed the crown just a bit less than 2 years ago.

Why did it break? Insufficient prep? Occlusion too heavy in excursive movements? Lab problem – voids in the porcelain? Patient chewing on rocks? Bad karma? Just plain bad luck? Who knows? Doesn't matter. I stand behind my work, and I'll remake it.

My lab has a policy of remakes, where they will replace a crown for five years if the patient has been in every six months for routine hygiene visits. This patient has been somewhat irregular, with her last hygiene visit 10 months ago.

To the lab, her warranty is null and void. I have choices to make. Lie to the lab about her hygiene visits, but that's not who I am. I could explain to the patient that her being overdue for hygiene had voided her warranty. That's the truth, but it comes across as a slippery way to win on a technicality.

So I remade the crown... with no questions asked. Fundamentally, trustworthiness is to say what you mean, and mean what you say.

For my taste, today there's too much fine print. Ads on TV are filled with misleading information. Offers are bait and switch, or outright lies. The worst are the ones that have claims that are

technically true, but it doesn't mean what you think it does. The advertiser isn't lying, but they are misleading people into thinking what they want to believe by telling only partial truths.

This has been seen in retail sales and politics since the dawn of advertising, but it is now creeping into dentistry at a rapid pace. Free exam and X-rays. But the asterisk (\*) says this offer is not applicable if you have insurance or are on public assistance. I can foresee many occasions where patients come in with the coupon only to be told, yes the offer exists, but not for you.

In some ways, this is easier to do as the solo practitioner gives way to corporate ownership of the practice.

"That's our policy!" But when the customer complains it becomes, "I'd like to help you sir, but they won't let me."

In my office, I am the "they," so I consider my policies very carefully. There is nowhere to pass the buck.

Trust is difficult and time consuming to develop, especially today. People have been burned too often and are wary. But people are looking for someone they can trust. It's very challenging to build a society on caveat emptor (buyer beware) and fine print. People need to feel secure and to know that they can rely on professionals to be as good as their word.

Trust is easily lost – thrown away quickly with careless words or actions. Once damaged, trust can be almost impossible to restore. That's why it is so valuable. Trust is the currency of our

profession, because trust is built when no-one is looking, and patients can't see what we are doing. They have to trust us to allow us to work, and we need their trust to have our treatment be a success.

My patient was pleased that I took care of her and made things right. She expected that, because it is what she believed I would do. I had been working for years to lead her to that faith in me, but she still was surprised when I was as

good as my word.

In today's world, trust experienced is remarkable . . . since it is so rare.

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

“Fundamentally, trustworthiness is to say what you mean, and mean what you say.”

Visit <http://www.oda.org> for current and archived ODA Today stories.

Opinions and views expressed in the editorial – including letters to the editor – and guest columnist areas of ODA Today are solely those of the author and not necessarily the view of the Ohio Dental Association. They should not be construed as legal advice, substituted for the advice of a dentist's own legal council or perceived as an endorsement or statement of fact by any leadership, staff or members of the Ohio Dental Association. Dentists should always seek the advice of their own attorneys regarding specific circumstances.



## Between the Lines

Ken Jones, DDS, JD  
Guest Columnist

## Past! Present! Future?

"I tend to live in the past because most of my life is there." Herb Caen

Yeah, I know, this is February, not New Year's, but I'm writing this as I wait for the ball to fall in Times Square. Not that I'll be awake that late, but I can dream, can't I? Let's talk about plans and predictions, real and imagined, past, present and future, and for better or worse.

Recently, I've thought a lot about the past. I've never been one for making New Year's resolutions, because I know they'll usually end up in the dumper. This year, my only promise is to stay healthy and make it to 2013.

This weekend, though, I've been looking back at a lot of the old stuff I've written. My ability to predict the future was both good and bad.

After a decade plus, we're still talking about, writing about and dealing with

problems of access, ethics, politics, ego, drug use, over-diagnosis and over-treatment. We still have dentists who feel they're above treating those in need. Dentistry is going downhill as fewer graduates can afford to go into private practice. Talking with them sometimes gives one a feeling of desperation. I don't foresee this getting better. I guess it's really true that the more things change, the more they stay the same.

It was in early 2004 when I wrote the following: "Lately, there has been a lot of rhetoric about the unmet dental needs of low/no income patients in Ohio. We've come up with some dandy solutions. Coronal polishing; student loan repayment; GKAS. The Ohio Dept. of Jobs & Family Services has, in recent years actually increased welfare reimbursement to an almost breakeven level." At that point I could count on about a 75 percent return on Medicaid patients compared to those who paid the bill themselves. Today? Some of my compatriots say maybe 50 percent, if you're lucky.

Yep, those things really solved the problems, huh? Well, just flash forward seven years to 2011, when I had to hang up the handpiece. Let's see, now, somewhere along the way, we stuck in the expanded function auxiliaries and the dental assistant radiographers. Yes sir, those were supposed to do it all to take care of all the dental needs of all the poor and needy, and the middle-class, as well

as the good, cash-paying patients in the great state of Ohio.

Some segments of the dental profession have now foreseen the next and future solution to universal access. It's going to be the DHAT. Well, you all know my opinion of that option, right? All by itself, it ain't gonna work. OK, you ask, what will work? Well those changes are a possible start, but we still can't do it all ourselves. How about some patient responsibility? When will those of us who think they know it all realize that they don't have a clue. A great many of today's needy patients take no better care of their oral environment than they did in the past. That will not change in the future. Count on it.

I've said before that some folks have called me a cynic. That used to bother me but I felt a lot better about myself when I read the following Sidney J. Harris quote. His description reminded me so much more of some of our loudest critics, most still within our profession, when he said, "A cynic is not merely one who reads bitter lessons from the past, he is one who is prematurely disappointed in the future."

I guess when I listen to some of those dental health detractors, I've just got to consider the source, since I still have hope for both the public and the profession.

Once again though, the future, to some extent, is still up to you. Do me proud, OK? And Happy 2012.

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

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## Is any treatment better than no treatment at all?

Anita Aminoshariae, D.D.S.

**Bulletin of the Greater Cleveland Dental Society, Winter 2012**

It may be true that it is easier to recruit a midlevel provider (MLP) to rural areas than a dentist. Some have even argued that "any treatment is better than no treatment." According to National Public Radio on November 14, 2011,<sup>1</sup> Julie Rovner reported "in medicine midlevel providers are filling in the shoes of so many physicians."

There is a vast difference between what is proposed for midlevel treatment for patients in a medical practice vs. treatment in a dental practice. Physician assistants (PA) and nurse practitioners (NP) have more comprehensive training than what is proposed for MLP's (18-24 months after high school). Furthermore, PA's and NP's do not irreversibly remove tissue or perform permanent treatments on any patient.

The problem necessitating the interest in deploying MLP's seems to originate from the fact that people need better access to dental care. According to Laird Harrison in Oct 20, 2011 Medscape Today<sup>2</sup>, "At least 4 states are considering legislation to launch new midlevel provider programs, David Jordan, dental access director at Community Catalyst, told Medscape Medical News. Minnesota already has such a program, and dental therapists practice in Alaskan indigenous communities under a federal mandate."

We need health care providers who want to be on the front line of managing chronic disease and can independently manage the disease in the patients they treat.

The high cost of training medical or dental students and the debt that these students acquire would make

them more likely to pursue careers in metropolitan, affluent areas and state-of-the-art practices. One solution might be introducing a Loan Repayment Program like the one in effect in Ohio. In 2003, the Ohio Dental Association (ODA) created the Ohio Dentist Loan Repayment Program. This program is funded by a \$20 charge to all licensed dentists in Ohio and then the Ohio Department of Health leverages that funding to obtain additional federal support to provided more dollars for loan repayment. This of course occurs

every two years consistent with biennial licensure. The ODA has also designed a program where hygienists, under an indirect supervision of a licensed dentist, can provide care in underserved areas. The dentist would then follow-up on any care rendered during a subsequent visit.

Is any treatment better than no treatment at all? The answer is absolutely not. Misdiagnosis and mistreatment are unprofessional, unethical, irresponsible and detrimental to the public. If any dentist mistreated any patient, then that dentist

would be liable and held accountable by laws and regulatory guidance that provide an appropriate standard of care. The question then remains whether we adopt "dual standards of care"? I would hope that we never have to think about answering this last question – it is not, and never will be, in the best interest of the patient.

1. <http://www.npr.org/templates/story/story.php?storyId=129398647>.

2. <http://www.medscape.com/viewarticle/751861>.

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## WEBSITE, from page 3

Dental Association's online profile so that members may easily update information presented by the popular and valuable Find-a-Dentist module available to the public.

### Member resources

In addition to all of these exciting enhancements many other new features are available to ODA members. A resource library allows for the instant download of publications, informational pieces, meeting materials and more. Members are also able to conveniently and securely contribute to the Ohio Dental Association Foundation (ODAF) and the Ohio Dental Political Action Committee (ODPAC). Finally, the site allows for quick connection with colleagues through its online membership directory located under the "login" tab.

### Advertising

The rebuilt website is serving advertisers as well. All of the information needed to purchase classified and display advertising is available. Display

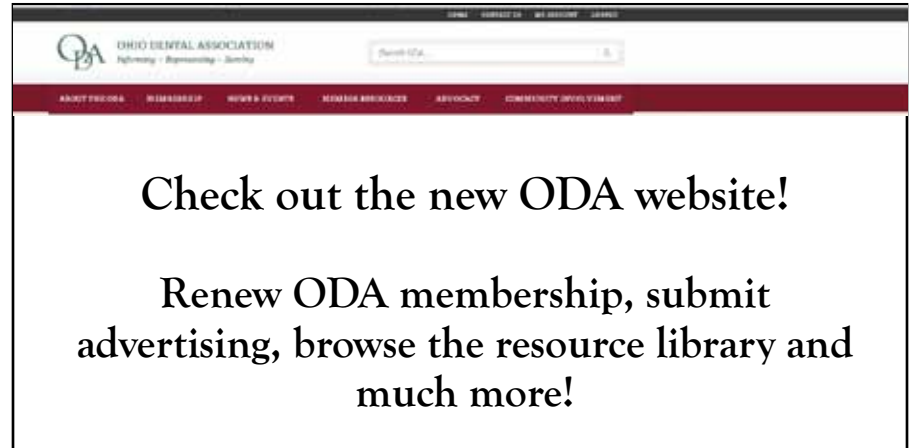
advertising will continue to run exclusively in the ODA Today while classifieds will run both online and in the publication. Individuals are also able to pay for advertising online – though all advertising submitted online is subject to ODA approval.

### Mobile

Recognizing the trend toward accessing the web using a hand-held device, a mobile-friendly version of the new ODA website has launched in conjunction

with the live site. Members now have on-the-go access to the association and the most important information about the profession. The site was also designed with users of the popular iPad in mind who can now access the full site on their tablets.

The new ODA website is intended to improve the appearance and functionality of [oda.org](http://oda.org) as well as the overall user experience and aims to satisfy the high expectations of ODA members. The website URL remains the same and can



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**GKAS, from page 1**

Carl & Louis Stokes Central Academy and the Buhner Dual Language School in Cleveland received comprehensive dental examinations and cleanings, along with fluoride varnish, sealants and/or x-rays as indicated for free. Many children who participated in the program had never been to a dentist.

"The children get a good first experience of going to the dentist. There's lots of positive energy about it," said Dr. Kelly, adding that it is fun for the kids to be able to go to the dentist with their friends from school.

This year's event at Case Western Reserve University School of Dental Medicine saw a record number of children, nearly 200 more than previous years, Dr. Kelly said.

He said the best part of the event every year is seeing the smiles on all of the kids' faces, both when they first arrive and see all of the fun entertainment, and after they have received care.

Children were sent home with a goody bag that included oral care products, along with items provided by the ODA and a report card for their parents describing the treatment they received at the kick-off event, and it also informed them of any additional care needed. Children who did not have a family dentist were provided with the phone number to the pediatric dental clinic at Case Western Reserve University School of Dental Medicine and contact information for the Greater Cleveland Dental Society so they could be matched up with a dentist if additional care was needed.

During the event, the Case Western Reserve University School of Dental Medicine opened its clinics to see only patients who were participating in the Give Kids a Smile program. The school's two clinics contain 120 dental chairs. First, second, third and fourth year dental students participated in the kick-off event. Children were also seen in the pedo clinic as well as the Ronald McDonald Care Mobile.

"The dental students are terrific, as are the staff at the school," Dr. Kelly said. "It's neat to see our future colleagues giving back already so early in their career."

In addition to exams and screenings, about 18 children who were pre-examined and diagnosed in need of care received restorative treatment in the Ronald McDonald Care Mobile, a three-chair mobile dental operator from University Hospital in Cleveland.

Kim Wheeler, weekend morning news anchor for WKYC news in Cleveland, was again the guest master of ceremonies for the ODA kick-off program Feb. 3 in the dental clinic lobby at the Case Western Reserve University School of Dental Medicine.

Speakers included ODA President-elect Dr. Kim Gardner; U.S. Sen. Sherrod Brown; director of the Ohio Dept. of Health, Dr. Theodore Wymyslo; Karen Butler, director of public health for the City of Cleveland; William A. Baeslack III, provost and executive vice president of Case Western Reserve University; Dr. Jerold Goldberg, dean of the CWRU school of dental medicine; and Chip Van Dalen with Henry Schein Dental.

Other dignitaries in attendance were the Ohio Representative, Nickie Antonio and Rep. Bill Patmon. Representatives of Henry Schein, a national Give Kids a Smile sponsor that provided additional financial and product support for the Cleveland event, attended along with Colgate's Bright Smiles Bright Futures team members.

Ronald McDonald, Slider from the Cleveland Indians, MoonDog and Sir C. C. from the Cavaliers, along with Dr. Rabbit (a Colgate mascot) and the Tooth Fairy entertained kids at the kick-off event.

Dr. Kelly said participating in Give Kids a Smile is a great avenue for local dentists to give back to their communities, and added that having this event at Case Western Reserve University School of Dental Medicine shows dental students how rewarding it is to give back.

On top of the kick-off event in Cleveland, about 100 other sites across Ohio representing 22 local component dental societies held Give Kids a Smile Day events. Some component societies such as Akron, Corydon Palmer, Lorain, Stark County and Toledo hosted large scale events.

Many individual dentists and dental students also participated by volunteering at schools to provide education and screenings or opened their own offices to provide care to underserved children.

Dr. Mike Halasz, participated in the Give Kids a Smile program Friday, Feb. 3, by seeing children from the Montgomery County Juvenile Detention Center at his office in Kettering, Ohio.

He saw about 15 to 20 children, doing general screenings, teeth cleaning and x-rays. Children who needed additional treatment were referred back to their family dentist if they had one, or they

were scheduled to come back to Dr. Halasz's office at a later time.

His office coordinated with the county to find children who most needed dental care. He said this year, the children he saw were actually in need, as opposed to previous years when some of them may not have had as much need.

Dr. Halasz has been treating patients from the detention center through the Give Kids a Smile program for the past few years and said he is glad to be giving them some care they might not otherwise receive. He also said it's important for these kids to have a positive role model.

"For me it's one way that I can give back – kind of pay it forward," he said. "Also, it's important for kids to know there are actually people out there that care about



Joseph W. Darwal Photography  
Ronald McDonald entertains a few of the hundreds of children that participated in the annual Give Kids a Smile event held at Case Western Reserve University School of Dental Medicine on February 3, 2012.

them."

In addition to the kick-off event, more than 600 Ohio Dental Association members and 1,100 other volunteers are expected to provide \$1 million in free dental services to underserved children for the 10th annual Give Kids a Smile program throughout the year.

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## Advocacy is top priority for Ohio State ASDA chapter

Jackie Best  
Staff Writer

The Ohio State University chapter of the American Student Dental Association has been focusing on advocacy and informing students about issues important to dentistry this year.

One of the main ways the chapter has done this is through ASDA's national lobby day. Last year the chapter sent nine members to Washington, D.C., to lobby congress on behalf of dental issues.

One of the top issues the students focused on was to have dentists and dental clinics included in federal disaster relief legislation. In case of a federal disaster, dentists would be able to provide necessary aide in certain situations. A health care bill that made emergency funds available to reach dental experts in case of disaster originally left dentists out of it.

"Seeing as we have adequate training to triage, we wanted to be included," said Michael Pappas, president of the OSU chapter of ASDA.

So far, the students have found success. The House of Representatives passed HR 2405, which includes dentists and

dental facilities in emergency response frameworks. The bill now awaits approval by the Senate.

In Ohio, the chapter is working on creating a program that would help teach dental students how to lobby. The chapter is pairing up with the Ohio Dental Association to have meetings where about eight to 10 different students each month will receive training. The students will set up meetings with their home district legislators and head to the statehouse to lobby on behalf of issues facing dentistry and build relationships for when future support is needed.

"Sometimes certain representatives might feel they want to introduce legislation that will affect how we practice," Pappas said. "They aren't the ones who have the education and training to make these types of decisions, and we can inform them."

The goal is to have about 50 students complete the training. Pappas added that he likes knowing he is helping to protect his future profession and, more importantly, patients who might be

affected by legislation.

Another way the chapter is advocating on behalf of dentists is by contributing to the American Dental Political Action Committee and the Ohio Dental Political Action Committee.

In 2010, about \$9,000 was contributed to ADPAC from the about 59 dental schools in the country, Pappas said. He said his organization found that unacceptable and decided to do something about it. The OSU chapter's goal was to donate \$1,000, and they were able to sign up 181 dental students and contribute about \$940.

The chapter now wants to put more focus on issues in Ohio and is sponsoring a similar program with ODPAC. The group has a goal of contributing \$1,000.

One of the chapter's biggest accomplishments of the past year was to help create awareness within the student body, Pappas said.

"We had lots of students who didn't even know what a mid-level provider was," Pappas said. A mid-level provider, also known as a dental therapist, is someone who goes to school for two years and is

then able to perform procedures with little or no supervision. Mid-level providers are not currently permitted in Ohio; however some groups are trying to introduce legislation to authorize them in the state.

The chapter created awareness through a "lunch and learn" for ASDA members with Keith Kerns, director of legal and legislative services at the ODA, to talk about issues facing dentistry and how ODPAC is working to advocate on behalf of dentists. The chapter also has held presentations to help inform dental students.

On top of promoting advocacy, the chapter also participates in other dentistry events. The group participated in Give Kids a Smile Day in February at West Franklin Academy, where they expected to see more than 400 children in one day.

Another big event for the chapter is its vendor fair. Each April, they host a day that starts with a CE lecture and continues on with dinner and an exhibit hall. The vendor fair is one of the largest in the country – last year there were about 56 vendors, and more are expected this year. All dental students are required to attend, and it is the only half day of the year when the entire dental school is shut down.

The OSU chapter of ASDA has about 204 members this year. While most schools auto-enroll, OSU is recruitment-based. The group has membership drives, and also has certain benefits and events for members only.

The OSU chapter also has been coordinating with the Case Western Reserve University chapter to work together on important issues on a state and national level. Both groups have students running for national offices with ASDA, Pappas said.

"It's pretty cool to see Ohio schools making a strong statement on a national level," Pappas said.

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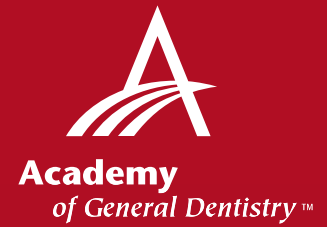
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