March 2012
Volume 87 Issue 3

OHIO DENTAL ASSOCIATION
Informing - Representing - Serving

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.

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 ODAAnnual 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 for more information.

Dues Reminder

ODA membership dues were to be paid by January 1, 2012. Non-renewed memberships will lapse on March 31, 2012.

Inside

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

Leadership Institute draws state leaders, set for ground breaking weekend

Jackie Best
Staff Writer

ODA Executive Director David Owsiany, addresses attendees at the 2011 Leadership Institute as members of the legislative panel look on. From left to right: Darryl Dever, ODA Consulting Lobbyist; Dr. Joe Crowley, ODPAC Chair; Dr. Burt Job, 7th District representative to ADPAC; Keith Kerns, Director of Legal and Legislative Services and Dr. Henry Fields; Vice Chair of ADA Council on Government Affairs.

Ohio State football coach Urban Meyer will headline the Ohio Dental Association's Leadership Institute this year, where he will share his knowledge and leadership expertise with dentists who attend.

The ODA Leadership Institute is Friday, May 18, 2012, and Saturday, May 19, 2012, at the Hilton Columbus Easton Town Center, 3900 Chagrin Drive, Columbus, OH 43219.

Meyer is the 24th head coach of the OSU football team and has a history of strong leadership and success. Meyer has the second-best winning percentage among current major college coaches with a rate of .814. He has won two national championships with the University of Florida and has received two national coach of the year honors. Meyer is already off to a strong start with the Buckeyes, as experts say his 2012 recruiting class is among the top five in the nation.

The other keynote speaker will be Yvette McGee Brown, Ohio Supreme Court Justice. She was the first African-American woman elected to the Franklin County Common Pleas Court and the first African-American woman to serve as a justice on the Ohio Supreme Court. A focus of Brown's career has been advocacy for children and families. Brown was elected to the Franklin County Court of Common Pleas, Domestic Relations and Juvenile division, in 1992 and left that position in 2002 to create the Center for Child and Family Advocacy at Nationwide Children's Hospital.

The ODA Leadership Institute will begin with registration at 10 a.m. Friday, May 18, 2012, followed by a welcome from Dr. Mark Bronson, ODA president. After lunch will be a legislative update from the ODA government affairs team, Mr. Darryl Dever, ODA consultant; Mr. Keith Kerns, ODA director of legal and legislative affairs; and Mr. David Owsiany, ODA executive director.

Also in the afternoon will be a Deans' Roundtable featuring Dr. Jerold Goldberg from Case Western Reserve University School of Dental Medicine, Dr. Patrick Lloyd from The Ohio State University College of Dentistry, and Dr. Marsha Pyle from the University of Missouri-Kansas City School of Dentistry.

The afternoon will also feature two breakout sessions where dentists will get to choose from three presentations to attend. The sessions will include a presentation on dental insurance and other third-party payer issues presented by Mr. Chris Moore, ODA director of dental services, and a presentation on how to communicate oral health issues with your patients and the community presented by Angela Krile of Krile Communications and Dr. Matthew Messina. The third presentation will showcase ODASC products as well as highlight offerings from Bank of America. The night will end with a reception at Hilton Hotel's Easton Sports Club.

The second day will feature a presentation by Meyer and discussion of the health care reform law and the U.S. Supreme Court by Owsiany. The day also will include an update from Dr. Charles Steffel, ADA Seventh District trustee, and an ODA Executive Committee town hall meeting.

Watch for more information and registration materials from the ODA about this exciting event.

Ohio State University dental students attend first Advocacy Academy

Jackie Best

The Ohio State University chapter of the American Student Dental Association has teamed up with the Ohio Dental Association to create a new program to teach dental students about advocacy.

The new program – Advocacy Academy – kicked off Feb. 8 when eight members of the OSU ASDA chapter came to the ODA for an evening to learn the ins and outs of lobbying.

Keith Kerns, director of legal and legislative services at the ODA, provided the students with information about exactly how the Ohio legislature works and gave them tips about how to lobby.

Ryan Hinkle, legislative liaison for the OSU ASDA chapter, said one of the most beneficial parts of the session was learning about the dos and don'ts of lobbying.

"There were things you wouldn't necessarily think to do or avoid. That was probably the most beneficial part," he said. He added that having a solid background of how things work at the state level – who has the power to do what and exactly how a bill becomes a law – is important.

Kerns also shared some of his own experiences with lobbying, which Michael Pappas, OSU ASDA chapter president, said was interesting to hear about.

"It was nice to sit down with Keith and hear his own experience on what he does on a daily basis and how he tries to form these relationships," Pappas said. He added it was helpful to learn about what students can do in the short term and the long run to build relationships with legislators.

The idea behind the Advocacy Academy is for eight to 10 students to spend an evening learning about how to lobby, and then schedule meetings with their legislators to begin building relationships. Each session will have a new set of students.

The first session and the next two sessions will be geared toward preparing for ODA Day at the Statehouse on March 14. The monthly sessions after Day at the Statehouse will focus on building longer term relationships, and the students will schedule meetings with the legislators representing their home towns.

Pappas said they would like to begin fostering relationships with legislators while they are students so they will already have a relationship in place if an important issue comes up while they are students or after they graduate.

Students in attendance at the first Advocacy Academy were from left to right: Ryan Shurtz, Joel Richards, Andrew Hansen, Michael Pappas, Jonathan Mason, Mike Border, Nathan Prueter and Ryan Hinkle.

Hinkle said it's important to start thinking about legislative issues as a student because after graduation, these issues could have a major impact on dental practices. He also said he hopes getting students involved early in their careers will help legislators realize how important dental issues are.

Health Care Reform Debate

Can Congress require the purchase of health insurance? A Debate

A Note from the Executive Director: On February 16, 2012, the Columbus Dispatch newspaper published opposing columns from Capital University law professor Dan Kobil and me regarding the U.S. Supreme Court's consideration of the federal health care reform law. The high court is scheduled to hear oral arguments in this landmark case on March 26-28, and a decision is expected by June or July. Because the case will have a significant impact on dentists in their roles as health care providers, consumers of health insurance, small businesses, and employers, the ODA Today is reprinting the op-eds in their entirety. My column, arguing that Congress exceeded its constitutional authority in enacting the individual mandate is reprinted below while Professor Kobil's piece arguing in favor of the individual mandate's constitutionality is reprinted on the next page. I hope you find the exchange interesting and informative.

The Director's Chair

David J. Owsiany, JD
ODA Executive Director

Obamacare's individual mandate is unconstitutional

On March 26-28, the U.S. Supreme Court will hear oral arguments in the legal challenge to the 2010 federal health care reform law. While the court will consider several issues related to the Affordable Care Act, the main challenge is to the individual mandate, which requires virtually every American to purchase health insurance by 2014. The Supreme Court's decision will have broad ramifications for health care in America, the scope of federal power, and even the November presidential election, since the Affordable Care Act is President Barack Obama's signature legislative achievement.

It is sometimes forgotten in today's era of ever-expanding federal power that the federal government's authority is limited to those powers specifically enumerated in the Constitution. More than 220 years ago, James Madison, the "father of the Constitution," wrote that the "powers delegated" by the Constitution to the federal government are "few and defined." Pursuant to the Constitution's design, as reflected in the Tenth Amendment, those "powers not delegated to the United States by the Constitution" are "reserved to the states respectively, or to the people."

Since the federal government can only do what the Constitution allows, where does it get the authority to require every American to purchase health insurance with specifically mandated benefits? In enacting the individual mandate, Congress relied on the Commerce Clause, which gives Congress the authority to "regulate commerce…among the several states."

For the first 150 years of our nation's existence, the federal government's size and scope were limited as Madison envisioned. Congress exercised its commerce power sparingly.

Then, in 1942, the Supreme Court ruled that Dayton-area farmer Roscoe Filburn could not grow wheat in excess of limits set in a federal statute even though he used the excess wheat to feed his family and livestock. The court found that Filburn's use of his own wheat crop meant that he did not buy wheat on the open market and, if other farmers did the same, there would be an aggregate effect on interstate commerce.

Filburn's case ushered in an era of dramatic federal expansion with Congress enacting various far-reaching laws under its expanded commerce power. Many legal scholars criticize the court's decision in Filburn's case as giving Congress power well beyond any reasonable interpretation of the Commerce Clause. The health care law's supporters are trying to expand that power even further.

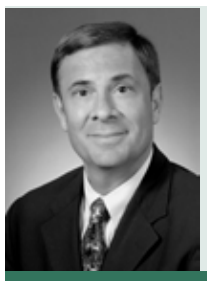
The Obama administration claims that almost everyone will eventually use health care services, even those individuals who do not purchase health insurance. This leads the administration to somehow conclude that not buying health insurance is an economic activity that affects interstate commerce thereby empowering Congress to enact the individual mandate.

The Obama administration's position is a radical expansion of federal power since almost everything someone does or chooses not to do under this expanded view of interstate commerce would potentially be subject to federal regulation. In reality, Congress is regulating "inactivity" by requiring the purchase of health insurance merely because someone exists. Congress has never before used its commerce power to compel people to enter the marketplace or purchase a product just because they are breathing. As U.S. District Judge James L. Graham wrote last year, if the mandate is upheld "it is difficult to see what the limits on Congress's Commerce Clause authority would be."

America's constitutional design limits the federal government's power in order to preserve the states' primary role in our governance structure and to protect individual liberty. The last 70 years of federal overreaching has altered that original design. States spend their resources trying to comply with various federal mandates, instead of finding innovative public policy solutions as the laboratories of democracy. It is telling that 26 states, including Ohio, have challenged the constitutionality of the Affordable Care Act. And individual liberty is increasingly under federal attack, as evidenced by the Obama administration's recent contraceptive mandate infringing on the religious liberty of certain individuals and charities.

George Mason University Law Professor Jeremy Rabkin recently wrote that upholding the mandate would "make the Constitution an open-ended charter of coercion," authorizing the federal government do anything it pleases, with little regard for states and individual liberty. It would effectively turn Madison's constitutional design on its head. America's highest court should tell the Congress "enough" and restore our constitutional design.

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



Guest Column

Dan Kobil
Professor at Capital University Law School

The minimum coverage provision is constitutional

The Supreme Court will soon decide whether the minimum coverage provision of the Patient Protection and Affordable Care Act, (cleverly called the "individual mandate" by critics), is constitutional. Under longstanding constitutional precedent, this requirement that everyone maintain a minimum amount of health insurance is a valid exercise of Congressional authority.

The Constitution gives Congress complete power to regulate interstate commerce. From the start, this has been interpreted broadly. Chief Justice John Marshall, who was well acquainted with the framers of our Constitution, wrote in 1824 that Congress can regulate "every species of commercial intercourse."

The commerce power also permits Congress to reach activities that "substantially affect" interstate commerce. If this were not so, individuals could argue that by keeping their own activities entirely within one state, they can avoid federal regulation. Indeed, racially discriminatory hotels and restaurants, people "home growing" marijuana, and companies that polluted "local" waterways have raised this argument when they sought to evade federal law. The Court, however, has consistently held that the Congress has the power to regulate such activities because in the aggregate, they affect commerce.

Opponents of the minimum coverage provision raise similar contentions: it in no way affects interstate commerce, they argue, if we simply remain commercially inactive and refuse to buy health insurance. But that is demonstrably false. Those who do not or cannot buy health insurance are still engaging in an economic act: self-insuring. Virtually everyone who self-insures for an extended period must rely on the rest of us to subsidize their inevitable health care costs. And this affects interstate commerce to the tune of billions of dollars.

Hospitals are prohibited from denying necessary medical care based on inability to pay. And as a society, we commendably provide charitable support and Medicaid to those who cannot afford health insurance.

Thus, when self-insurers get ill, they seek "free" medical services from charities, the government, or hospitals. Yet these costs must be borne by someone. In 2008, self-insurers consumed $116 billion of services, but could pay for only about $43 billion of their health care. Over $70 billion was passed on to others in the form of higher fees and health insurance premiums.

Given the massive economic effect that self-insurers have on interstate commerce in health care, Congress has the power to regulate this market. The Patient Protection and Affordable Care Act, regulates the types of coverage that must be offered and bars insurers from denying coverage to those with preexisting illnesses.

But as a corollary to this requirement that insurance companies accept everyone, Congress also had to prevent "free-riders" from waiting until they are seriously ill to buy health insurance, which would drive up insurance costs for all. Hence, the law requires everyone to maintain a minimal level of health insurance. This is unquestionably a "necessary and proper" means of making the regulation of health insurance effective.

Nevertheless, opponents argue that the law is unconstitutional because Congress can only regulate activity, not the inactivity of failing to purchase health insurance. But as conservative Sixth Circuit Judge Jeffrey Sutton recognized, this "activity/inactivity" distinction has no support in the text of the Constitution or the decisions of the Supreme Court.

And if such a distinction were recognized, it would soon collapse into incoherence. If BP is required by federal law to install a costly blowout-preventer on its oil-rigs, is "inactivity" (its refusal to buy safety equipment), being regulated by Congress? It would not take lawyers long to become quite expert in characterizing all sorts of regulations as burdens on inactivity.

In the end, Congress has passed only two laws in the past 75 years that exceeded its commerce authority. Both involved the regulation of activities that were utterly non-commercial: the possession of a gun near a school, and violence against women. Unlike those laws, the minimum coverage provision, with its focus on commercial activity, does not come anywhere close to the edge of Congressional power.

So what about the horrible things that opponents fear could result from upholding the Act? What is to stop Congress from requiring that everyone buy a GM car or obtain a Fannie Mae loan?

The answer is, the people. Us. If Congress were to mandate any of the extreme things suggested by critics, the makeup of our legislature would change at the next election. And that could occur in the 2012 election, as Republicans vow to repeal the Act.

The healthcare case is politically charged and raises numerous constitutional questions. But if the Supreme Court decides on the basis of the law as it has been laid down for most of our history, the minimum coverage provision is here to stay—unless it is changed through the democratic process.

Dan Kobil is a professor at Capital University Law School where he teaches Constitutional Law.

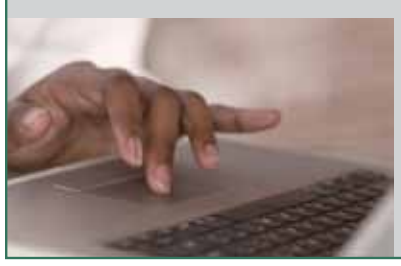
Want updates on the latest dental news in Ohio?

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.

Sign up for

NewsBytes!



Case Western ASDA chapter focusing on outreach

Jackie Best
Staff Writer

The Case Western Reserve University chapter of the American Student Dental Association has been busy this year, focusing on outreach activities with underserved populations as well as outreach to undergraduate students who might be interested in attending dental school.

At the end of the past semester, about 13 dental students traveled to Chichicastenango, Guatemala, and provided care for more than 200 patients in four days.

Another outreach event focused on providing care for HIV/AIDS patients. Two ASDA members, Mike Davis and Adam Kennedy, met with social workers from the AIDS Taskforce of Cleveland to discuss basic dental knowledge.

"Since HIV/AIDS patients are a hugely underserved community, we also provided 'goody bags' with dental supplies from Proctor and Gamble and an info sheet with clinic and care facilities for these patients," said Ilia Oukhalov, president of the ASDA CWRU chapter.

The chapter also has been working to reach out to undergraduate students through its pre-dent committee, which is led by Kristina Bourquin, by visiting different schools in and around Cleveland.

While visiting the schools, ASDA members talk to undergraduate students about ASDA dentistry in general. They also give the students a chance to become involved with the group through a pre-ASDA membership. So far, there are about 15 members from two different schools, and ASDA is in contact with about five more schools.

The chapter is planning a pre-dent day, where some of these undergraduate students can come to Case Western to tour the dental school and attend informational sessions. ASDA members will also demonstrate how to do impressions and other activities.

"I think that's going to be a pretty good day," Oukhalov said. He added that getting pre-dentistry students involved helps to give them some background information to make the transition into dental school easier.

Another major focus of the ASDA chapter this year has been to expand membership participation, which the organization has done by emphasizing committees such as the pre-dent committee. All Case dental students are members of ASDA, however a core 15 or 16 members are the most active, while other members participate in some activities. By creating various committees, the organization has been able to shift the focus away from relying on the president and get more members involved.

"It's a big turnaround from previous years," Oukhalov said.

The organization also is working to improve its website. They hope to create an events calendar that will include events from all university groups. That way, students could check the site for all event information rather than keeping track of separate emails, Oukhalov said.

Members also keep busy with many ASDA events. They attend regional and national meetings, sponsor a vendor day where students can purchase equipment and hold a golf outing as a farewell to fourth years. They are involved with local dental societies and participated in Give Kids a Smile day in February.

National lobby day is another event members participate in, where they head to Washington, D.C., to speak with national legislators about dental issues. Last year they participated in ODA Day at the Statehouse in Columbus and plan to attend again this year. The students pair up with dentists to speak with state legislators, and Oukhalov said attending the national day helps to prepare them for the state lobbying day.

"Last year we had about 10 members, and this year I'm confident we can beat that," he said. "I feel that at our school, the advocacy part has been pretty strong."

Oukhalov said being involved with ASDA helps dental students get to know how dentistry works behind the scenes and helps them develop leadership skills. He said he also enjoys connecting with other dental students through ASDA.

"I love getting to meet other students across the country," he said. "It's always interesting to know you are part of this big community – it's not just you by yourself."

More information on Case Western Reserve University's ASDA chapter can be found by visiting http://dental.case.edu/asda/.

Case Western Reserve University ASDA chapter participates in a mission trip to Guatemala in December 2011. Dr. Jose Juan (center), a local Guatemalan dentist from the city of Chichicostenango, is flanked by ASDA students from left to right: Edgar Lam, Josh Gropper, Ilia Oukhalov, Dr. Juan, Caleb Conrad, Magen Turk, Reshma Kumar, Devin Conaway, Jeanette Hanna, front row are: Pedro (local Guatemalan boy), Reema Patel, Halle Waters, and Thomasa (local Guatemalan girl). The dental students were able to treat 230 patients over the course of four days.

Legal Briefs

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

Incentive program for transition to electronic health records operational

In one of his first acts as president, Barack Obama signed the American Recovery and Reinvestment Act (ARRA) of 2009 into law. Now known as the "stimulus bill," the legislation sought to provide a boost to the nation's economy by funding infrastructure projects and other initiatives. One such initiative was the creation of an incentive program to promote the use of electronic health records.

In 2010, the Center for Medicaid and Medicare Services (CMS), issued its final rule on the incentive program for electronic health record transitions by Medicaid and Medicare providers. Incomplete or misinformation on this rule and the standards surrounding it continues to cause confusion for many dental offices and has led many offices to incorrectly believe that they must implement electronic records by 2014 or some other date. However, nothing in the ARRA, CMS incentive program or any other section of the law requires dental offices to implement electronic health records in the office by any certain date.

But, dental offices that participate in the Medicaid program or are providers through Medicare, may be eligible for monetary incentives if the offices implement electronic health records that meet CMS guidelines.

The program will provide incentive payments to eligible professionals (EPs) and eligible hosptials (EHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. Eligible professionals, including dentists, can receive up to $63,750 over a maximum of six years of participation in the program. The EHR incentive program is administered by individual states. Ohio's incentive program began in June and will continue until 2021. 2016 is the last year a provider may begin participation in the program.

In December, CMS issued an update on the Medicaid incentive program which showed that 638 dentists had received over $13.5 million in incentive payments nationwide. For more information on the incentive program, visit the CMS EHR Incentive program website at www.cms.gov/EHRIncentivePrograms.

Electronic health records can be a useful tool for dentists and patients as they provide an avenue to ensure accurate and complete information on a patient's health history. Additionally, they can provide a sound mechanism for the exchange of information between providers coordinating a patient's care.

Dentists would be wise to explore the option of establishing an electronic health records system in their offices for these reasons, in addition to the monetary incentive outlined above. However, it is important to once again note that there is no current requirement that dental offices maintain an electronic health record system by 2014 or any other date.

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.

Medicaid EHR Incentive Program – December 2011

	EPs	Payments
Physicians	10,530	$220,174,410
Nurse Practitioners	2,432	$51,637,750
Acute Care Hospitals	1,020	$789,434,833
Dentists	638	$13,557,500
Physicians Assistant	166	$3,527,500

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 and tips on meeting with legislators.

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

Numbers to know

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

Dental OPTIONS
(888) 765-6789

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 Department of Health
(614) 466-3543

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.

Quick Bites

FDA investigating illegal online sale of handheld dental X-ray units

The U.S Food and Drug Administration is warning dental and veterinary professionals to not purchase or use certain potentially unsafe hand-held dental X-ray units. The FDA is concerned that these devices may not be safe or effective and could expose the user and the patient to unnecessary and potentially harmful X-rays. The units, sold online by manufacturers outside the United States and directly shipped to U.S. customers, have not been reviewed by the FDA and do not meet FDA radiation safety requirements.

The Washington State Department of Health alerted the FDA after tests on a device purchased online revealed it did not comply with X-ray performance standards.

As a result, the FDA is investigating the extent of the problem and notifying state regulatory authorities, dental professional organizations and other health organizations about the safety risks. To date, no adverse events have been reported.

A hand-held dental X-ray unit is a small, portable device that is intended for dental X-ray examinations. All units that have been cleared by the FDA bear a permanent certification label/tag, a warning label, and an identification (ID) label/tag on the unit. Use of these devices requires a prescription from a licensed practitioner.

"Health care professionals using these devices should verify they are purchasing and using those that have been reviewed and tested to meet FDA's standards," said Steve Silverman, director of the Office of Compliance in the FDA's Center for Devices and Radiological Health.

To ensure this, users should:

- Verify the presence of required labels on the device.
- Ask vendors whether the device has been reviewed and cleared by the FDA.
- Access the FDA Medical Device Approvals and Clearances searchable database to verify that the X-ray unit has been cleared by the FDA.
- Contact their state regulatory agency if they become aware of a device that may be hazardous or does not meet the FDA's requirements.

The FDA will continue to monitor this problem and keep the public informed as new information becomes available.

Questions about this alert can be directed to the Division of Small Manufacturers, International and Consumer Assistance (DSMICA) at DSMICA@FDA.HHS.GOV, 800-638-2041 or 301-796-7100.

OSU dental student receives ASDA scholarship

Dental student Michael Pappas, Ohio State University College of Dentistry Class of 2014, is the recipient of the American Student Dental Association's Ryan Turner Memorial Scholarship.

Mr. Pappas, whom ASDA called "a role model" for his peers, receives a $1,000 scholarship with an additional $500 for his school's ASDA chapter.

The scholarship is given in memory of Ryan Turner, a district trustee and dental student at the University of Michigan who passed away in 2007. The award "honors those who have demonstrated the same qualities and characteristics Turner exhibited through his service to ASDA," said ASDA officials.

Dental Insurance Corner

TPAs using a controversial payment method

Christopher A. Moore, MA
ODA Director of Dental Services

Two more third party administrators (TPAs) have begun using a controversial payment method as a means of reimbursing dentists who have provided care to patients covered by self-funded/self-insured benefit plans that utilize the TPAs' administrative services.

The Ohio Dental Association has received a number of calls from ODA member dentists concerning the TPAs' payment modality. Instead of reimbursing the dentist via check or electronic funds transfer, the TPAs send the dentist a credit card or simply a credit card number to pay for those dental services the dentist has submitted a claim for. None of the dentists who have contacted the ODA are in contracting arrangements with either of the TPAs or have any requested to be paid in this manner.

Dentists must pay a transaction fee in order to use the card just as they would if a patient presented a credit card to make a payment. No dentists have reported to the ODA if they ran the new card for payment, and if they did, what the transaction fee was to do so. Last year however, a dentist processed a similar card from a different TPA and reported being charged a 5 percent fee, which is well above the 1 to 3 percent fee that would normally be expected.

It is unknown what the TPAs send to patients of dentists who don't accept assignment of benefits.

In a December 27, 2011 letter, one of the TPAs informed Ohio dentists it was implementing a new payment processing system effective January 2012 and that "providers must use the new system in order to avoid interruption of payments." The letter also called on dentists to contact the TPA to receive a registration code and to pre-register for the service.

In a January 13, 2012, letter to a dentist who complained about the new payment system, the TPA justified its position by stating it "is in the process of implementing a change in which payments are made to providers due to the Ohio Revised Code 3901.381. To explain further this change is being made for the following reasons:

> If [a provider] submit claims for payment electronically, [the TPA] is required to make payment to [the provider] electronically. This is due to the Ohio Revised Code 3901.381 revised payment procedures for TPA's, specifically stating 'A third party payer shall transmit electronically any payment with respect to claims that the third party payer receives electronically.' Several PPO's are now requiring electronic payment as part of their network lease agreement. Additionally, [the TPA] is taking this opportunity to 'go green' and eliminate paper checks and explanation of benefits. In order to accomplish the Ohio Revised Code and the other reasons listed, all providers are receiving payments in this manner. Per your credit card agreement a provider cannot discriminate as to who they accept credit card payments from.
>
> If you are interested in having your interchange rate adjusted, please let us know and we will have someone get in touch with you.
>
> Please let us know if you still have concerns accepting your [TPA] payments in the form of a credit card. If this is still a concern we will notify your credit card company that you are refusing to accept a card payment from us, which is a violation of your credit card agreement."

This same TPA has also used language with the explanation of benefits (EOB) information it provided to another dentist calling on the dentist to "register now with [the TPA] to receive future electronic payments and review remittances online. Registration is required to receive payments electronically." Upon contacting the TPA, the dentist reported he was told the electronic claim payments were to be made via credit card methodology and not via electronic funds transfer (EFT) that would deposit reimbursement amounts directly into the dentist's bank account.

Last year, as reported in the August issue of this column, the ODA expressed its concerns to another TPA that was using credit cards as its dental benefit reimbursement method. That company has informed dentists that it will issue checks to those dentists who request to opt out of the card payment program.

The ODA Dental Insurance Working Group focused on the most recent TPA actions during its February meeting.

"We are very concerned and outraged about the tactics that are being used by at least one of the TPAs," stated Sharon K. Parsons, D.D.S., chair, Council on Dental Care Programs and Dental Practice. "We have reviewed some of that TPA's written correspondence to dentists in addition to hearing reports from dentists of what they've been told over the phone and are concerned that the TPA is providing dentists with information that is incorrect, disingenuous and in some cases appears to be a heavy-handed way of trying to force dentists into accepting their new method of payment."

It has been reported in this column that the 2009 state operating budget contained a provision (Ohio Revised Code 3901.381(F)) requiring third-party payers that receive electronic claims from contracted providers, including dentists, to electronically pay those providers for those claims. The law, which became effective on October 16, 2010, also prohibits providers from refusing to accept these payments because the payment was transmitted electronically.

The Ohio Department of Insurance has provided regulatory guidance to the insurance industry relative to this law. In a September 27, 2010 letter, the ODI stated insurers are required to make a good faith effort to obtain a provider's account information in order to make electronic payments.

However, if an insurer is unable to obtain that information either because

See TPAs, page 11

Ohio's unclaimed property law affects dentists statewide

ODA Staff

Generally, all states including Ohio have some type of unclaimed property laws that declare money, property or other assets to be abandoned after a period of inactivity. Abandoned or unclaimed property is not a tax, but as states become strapped for cash, it has become a significant source of revenue. Additionally in this information age, states have become much more effective in locating businesses that have never filed an unclaimed property report, and that can lead to an audit. All businesses that are located and/or operate in the State of Ohio or hold funds due to Ohio residents are required to file an Annual Report of Unclaimed Funds.

Assets in a dental practice that could be considered unclaimed funds may include payroll (wages, bonuses, commissions); expense reimbursement checks; insurance proceeds due an individual; credit refund checks; refund and rebate checks; customer deposits; and other intangible interests or benefits. There are three types of accounts that are exempt from the unclaimed funds reporting in Ohio. They are:

- Wages less than $50 issued on or after July 1, 2000.
- Gift Certificates
- Business to Business Transactions that are limited to funds paid or received as the result of the company's receipt or issuance of an invoice.

Dental offices should be aware that, in Ohio, property is generally presumed abandoned if it remains unclaimed by the owner for three to five years and the practice cannot locate the owner. One exception is payroll checks, which can only be held for one year.

Reporting Unclaimed Property in Ohio

Ohio businesses have a number of responsibilities concerning unclaimed property. Initially, written notice must be sent to the apparent owner of the unclaimed property, if known. The State requires that an OUF-8 Notice of Unclaimed Funds form be sent to owners of dormant accounts with a balance of $50 or more before the funds are reported as unclaimed. If after the mailing the property still remains unclaimed, businesses must report the property to the Ohio Director of Commerce. The reports are due before November 1 for the year as of the preceding June 30th and are filed using an OUF-1 Unclaimed Funds Reporting Form. Most importantly, businesses are required to turn over any and all unclaimed property to the state. Stiff penalties apply to businesses who fail to comply with any of these requirements.

Filing a Negative (None) Report

Even if a practice's records show that the company is not holding any unclaimed funds, or if all owners respond to the OUF-8 Notice of Unclaimed Funds mailing, a Negative (NONE) Report using the OUF-1 Unclaimed Funds Reporting Form still must be filed annually.

The Ohio Department of Commerce, Division of Unclaimed Funds, in conjunction with the Ohio Business Gateway (OBG) offers companies the option of filing their Annual Report of Unclaimed Funds via the Internet. If your company currently files reports with other state agencies (sales and use tax reports) through the OBG you may use your existing account information to log-in and file your unclaimed funds report file. First time users will have to register their company with the OBG prior to filing. If filing manually, complete the top portion of the OUF-1 form; check NO and sign the report and mail. For more information visit www.ohio.gov/unfd/faq.

If you have any questions or concerns about filing unclaimed funds reports, talk to your accountant or other advisers.

ODA SERVICES ENDORSED WEBSITE SOLUTION ATTRACTS NEW PATIENTS

Today more than ever, people are turning to the Internet as a simple means of learning about their medical and dental health. Having a great website that provides information on dental procedures, conditions, and treatment options will help current and prospective patients become better informed on the services and care you provide. An effective website is also a great referral tool, because it's a simple way for your current patients to introduce others to your practice. No matter how it's used, a great website WILL help you grow your practice.

Recognizing the importance of a strong online presence, ODA Services Corp. was compelled to assist doctors in their search for an excellent dental website design firm. After carefully evaluating the website design, content, and ease of use of several website development companies, ODA Services Corp. selected ProSites as the preferred solution for ODA members.

"After a thorough review of possible website providers, ODA Services Corp. endorsed ProSites because of its innovative technology and reputation for excellent customer service. We are confident ProSites will deliver the website solution ODA members need and the value they want," remarked Dr. Tom Graham, Chairman of ODASC.

Attracting New Patients Just Got Easier

As the dental industry's fastest growing website design and Internet marketing firm, ProSites makes it both easy and affordable for dental professionals to launch a high-quality website that attracts new patients from the Internet. In addition to the excellent patient-oriented content that is provided, each website includes interactive features that help streamline patient communications and online appointment requests.

Setting the industry standard, ProSites website designs are more graphically compelling than typical dental websites. The exceptional layouts, attractive color schemes and premium photographic images are certain to impress visitors and enhance your professional image. Flash movie introductions, patient education videos, a customizable smile gallery and an online appointment request page are just some of the many elements included in every ProSites website, at no additional charge. The websites also include advanced search engine optimization (SEO) techniques for maximum exposure on top search engines like Google, AOL, Bing and Yahoo! SEO is a blend of content enhancement, link placement, and HTML code that provides optimum results for each given search query.

Discover Greater Flexibility

ProSites was the first website design firm to introduce a content management system (CMS) to the dental community. Their proprietary CMS (or "Web Engine") allows you to make changes to your website at anytime. Uploading photos, videos and editing text can all be done with "point & click" ease from the comfort of your office, home, or anywhere you have an Internet connection. You also have the option to change the complete look and feel of your website as often as you like by selecting a new design from ProSites' growing collection of site styles; it's like getting a new website without having to pay for it! No other website design firm offers this unique flexibility.

Keeping your website up to date is equally as important as the content that appears on it, which is why ProSites developed FutureNow™ assurance. FutureNow™ assurance means your website will never become outdated; because every time ProSites releases a new feature, enhancement or page option, you receive the upgrades free of charge.

Committed To Your Success

ProSites doesn't merely furnish doctors with a great website; they deliver exceptional customer service and support. Their friendly, helpful and qualified staff is ready to deliver white-glove service anytime you call. The entire ProSites team is as passionate about customer service as you are about patient care. It's no wonder why ODA Services selected ProSites as the endorsed website provider for ODA members.

Try Before You Buy

If you've thought about getting a new website for your practice but aren't sure where to begin, you're in luck. ProSites offers a Free Test Drive that lets you build a high-quality website in less than five minutes! There's no payment or obligation of any kind and you'll have the benefit of seeing your actual website before you spend a dime. Visit www.prosites.com/Ohio and give it a try right now – you'll be impressed!

For more information about ProSites, or to take the FREE Test Drive, visit their website at www.prosites.com/Ohio or call toll-free (888) 617-7247.

Give Kids a Smile

The ODA Executive Committee and staff thank all Give Kids a Smile volunteers for their commitment to this program. We know there are many professionals who give their time and talents to help children throughout the year. Space precludes us from listing the name of every volunteer; however, you are all very much appreciated and you do make a difference. Below is a list of participating dentists by dental society as provided through press time. Participating clinics and other organizations are listed on page 9. Please contact Laura Maguire, ODA public service assistant, at laura@oda.org or (800) 282-1526, if there are corrections or additions to this list.

Akron
Sima Chegini
Eric Dennis
Kristine Drummond
Nivine El-Refai
Kristi Engler
John Gerstenmaier
Don Gordon
Anne Gormley
Ann Graney
Brian Hivick
Jennifer Jerome
Shahir Khalil
David Kimberly
Rebecca Kucera
Nick Limbert
Greg Mertes
Chase Pearson
Mark Perko
Wayne Pressler
Raj Vij
Michael Willmann

Central Ohio
Alissa Gibson
Ryan Higgins
Irene I. Lin
Glen A. McMurray
Autumn Sackett
Mitchell Schwartz
Darrel L. Scott
Tyler L. Scott

Cincinnati
Greg Davis
Rebecca Hayden
Daniel J. Kelley
Larry Kluener
Eric Koren
David Morrison
James Pierce
Cindy Pong
Mona Rinaldi
Michael T. Schaeffer
Andrea Schmerler
Vladimir Shapiro
Katie Stewart
Drake T. Tollefson
Shelley Tretter

Columbus
Homa Amini
Janet Bolina
Paul Casamassimo
Brian Dansie
Jonathan Draney
Stephanie Furlong
David Itkoff
Christian Johnson
Angelo Mariotti
Kyle Reynolds
Chris Rosenvall
Aparna Sadineni
Hiliary Soller
Rosalyn Sulyanto
Bobby Thikkurissy
Katie Vincer Sears

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Eastern Ohio
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Jim Fraser
Jack Irvin
Thomas Matanzo
Rob Ronevich
Ryan Starkey

Greater Cleveland
Maryam Azadi
Jeff Campbell
John Carlozzi
Jeff Castell
Renee Commarato
Chris Connell
Tom Coreno
Kari Cunningham
Mark Domo
Shanee Edmonds
Lora Elias
Fady Faddoul
Michael Gallagher
Tom Gerosky
Jerold Goldberg
Leonor Hernandez
Roger Hess
Linda M. Hippler
Jennifer Kale
Tom Kelly
Linda Kerata
Susan Klingshirn
Sylvia Kramer
James Lalumandier
Ron Lemmo
Phil Michaelson
Greg Myers
Ron Occhionero
Dennis Ostrowski
Stephan Parker
Patrick Poland
Russ Pollina
Rockland Ray
Samir Ridha
Rick Rzepka
Mike Sabat
Karen Schen
Megan Shiga
Donald Shingler
Audrey Sookoo
Zenobia Tamboli
Sorin Teich
Evan Tetelman
Carol Toutant
Steven Woyat
April Yanda
Michael Zabell

Hocking Valley
Glenn Burns
Jennifer Lape
John P. Smith, Jr.

Keely
Richard Johnson
Richard Kennedy
David Kirkpatrick
Steve Moore
John Tranovich
Robert Ward
Jim Welland

Lorain County
Richard Fogel
Laura Gushue
Tom Leatherman
Scott Nagy
Laura Pall
Ronald Reber
Ihor Suszko
Melanie Satterfield

Maumee Valley
Andrew Aderman
David Behringer
Sheridan Bilen
Scott T. Brown
Michael Carpenter
George Cochran
Gregory Cousino
Thomas Cromwell
Jonathan Eckhardt
Jeffrey Heinrichs
S. Craig Herman
Kirk McKibben
Michael Mott
Stanley Tipton
Paul Wyse

Medina County
Jamison Hendricks
Scott McCune
Jennie Nichols
Charles Pfister
Carol Ricci
Kathy Brisley-Sedon

W.D. Miller
Geoffrey Bauman
Tom Beattie
Gary Debevoise
Sam Kiner
Sy Nguyen
Scott Null
Tim Wigal

North Central
Bart Colahan
Thomas Guernsey
Gregory Hart
Joseph Kim
Donn Lidington
James Loch
Patricia Sharp
Lata Stefano
Timothy Sulken
George Trask

Northeastern Ohio
Richard Cavolo
Sheldon Cohen
Kim Gardner
Cary Goldstein
Mitch Henn
William Nelson
Lisa Richards
Greg Snevel

Northwestern Ohio
Kim Best
Nancy Dysinger
Jack Felton
Bruce Heater
Emily Heintzelman
Nancy Kettinger
Kathryn Lewis
Bruce Mutchler
Tim Sulkin

Ohio Dental Association & Colgate's Bright Smiles Bright Futures Mobile Dental Van
Mario Alemagno
Rebecca Davis
Chineze Enwonwu
Glenn Goodrich
Ebony Jordan
Rebecca Kucera
Sheikha Tschand
Mark Vogley

Rehwinkel
Joshua A. Burns
Phil Burwinkel
Daniel J. Clark
Levi Hamilton
Joseph F. Jordan
Lesia Langston-McKenna
Leslie Nechvatal-Uhelski
Dalton Thomas

Southern Ohio
Robert Barnett
James Curtis
Stephen Fitzer
Teresa Martin
Robert Nelson
Gregory Prater
Steven Scurlock
Brooke Williams
Larry Wright
Phil Brown

Stark County
Brian Amison
Brian Ash
Jon Ash
Valerie Bell
Kent Berg
Mike Bernard
Jim Birong
Tom Birong
Larry Brandau
Erick Chamblee
Ben Cook
Randy Crawford
Steve Dowell
Dave Farinacci
Dave Fleming
Gary Giammarco
Steve Girdlestone
Rick Huetter
Jeremy Huttner
James Madigan
Moemen Metwally
Frank Omerza
Steve Parker
Tom Paumier
Cindy Rohrbaugh
Ron Saxen

Brent Sedon
Len Sedon
David Severson
Ron Stanich
Erwin Su
Jeremy Unger
Joe Wigfield
Mike Williams
Sam Wise
Jim Yonally

Toledo
Ted Beitelschees
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Steve Shall
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Eugene Simon
Tracy Tran
Frank Tuzzio
Shea Walkup
Jacqueline Yoon
Melissa Young

Western Ohio
Chris Ashby
Chuck Edelen
William "Lee" Huskey
Lytha Miller
Damen Patel
Jeff Van Treese

Dental Clinics
Akron Community Health Resources Dental Clinic
Case Western Reserve University School of Dental Medicine
Choffin Career and Technical Center Dental Clinic
Colgate Bright Smiles, Bright Futures Mobile Van
Compassionate Care Free Clinic
Cuyahoga Community College Dental Hygiene Clinic
DCNWO, Blanchard Valley Clinic
Dental Center of Northwest Ohio
Eastern Gateway Community College
Fortis College Dental Assisting Clinic
Huron County Health Department
Lakeland Community College Dental Hygiene Clinic
Lorain County Community College Dental Hygiene Clinic
Lorain County Health & Dentistry
Medina County Oral Health Coalition
Northwest Ohio Dental Clinic at Henry County Health Department
Nutter Center in Dayton
Owens Community College Dental Clinic
Portage Community Health Resources Dental Clinic
Primary Health Solutions in Middletown
Ronald McDonald Care Mobile
Shawnee State University Dental Hygiene Clinic
Sinclair College Dental Hygiene Program
St. Elizabeth Humility of Mary Health Partners Dental Clinic
Summa Health System Center for Dental Health
The Ohio State University College of Dentistry
Third Street Family Health Services
University of Toledo Medical Center Dental Clinic

And a special thank you to the dental students from Case Western Reserve University School of Dental Medicine and the Ohio State University College of Dentistry.

TPAs, from page 7

the provider refuses to provide it or for any other reason, the insurer must continue to make timely payments to the provider in the same manner it had prior to the October 16 effective date of the law.

The ODI also informed insurers of providers' main concerns with electronic claims payment (overpayment recovery and reconciliation of payments) and instructed insurers to work with providers to address those issues.

"We fail to see how the TPA can use this law to justify its position," stated Parsons. "This law and the ODI regulatory guidance only applies to insurance plans regulated by the state of Ohio, not the self-funded or self-insured plans that the TPA administers benefits for. It seems the TPA is trying to have it both ways, saying that dentists have to abide by this law while they do not."

While there may be some in the market place, the ODA is not aware of any PPO contracts that require dentists to accept payments from the PPO via credit card in addition to the discount the dentist agrees to take as part of being in the PPO network.

It appears at least one of the TPAs has issued a credit card number as payment to a dentist who does not accept credit cards at all. This dentist reported that upon complaining, the TPA would first have to address the credit card payment and then would issue a check.

It is unknown how a credit card issuer would respond to a complaint that a dentist refused to accept a credit card payment made by a business such as a TPA as opposed to an actual patient.

"We believe this is much larger than an Ohio only issue," Parsons stated. "We have learned that dentists from across the country have issued complaints to their credit card processors about these tactics. In light of legislation that has curtailed some of the credit card companies income streams, this may even be a broader consumer issue and not just limited to dentistry. We question whether there are any unstated reasons why a TPA would want to pay in this manner. In at least one case, the TPA has issued the dentist an actual card which is more costly to produce than a check and even more costly than to pay via electronic funds transfer."

"The ODA has expressed its strong concerns to the TPAs about their credit card payment methods, and we are waiting for their response," Parsons said. "We don't know if the TPAs are financially benefiting in some way by paying dentists via credit card. We do believe, however, that this practice unnecessarily increases the dentist's cost to provide care without adding anything to the quality of the care."

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.

Opinion & Editorial

The Explorer

Matthew J. Messina, DDS
Executive Editor

It's not logical

Dale Carnegie warned us that "when dealing with people, remember you are not dealing with creatures of logic, but with creatures of emotion." With each passing year, I become more aware of the truth of that observation.

The continuing efforts of the Kellogg Foundation and other proponents of dental health aide therapists (DHATs) or alternative intermediate dental personnel play to the emotions of the public and members of the legislature. They present the sympathetic stories of people who could clearly benefit from dental care but cannot receive the care for financial reasons. A caring public responds the only way they can to this emotional appeal and asks that we do something . . . anything, to help these people.

The dental profession counters with logical arguments, which are well reasoned and accurate. But will they sway the day? Emotion seems to trump logic, and we get frustrated if we seem unable to win the argument on this uneven playing field.

Facts, however, are stubborn things that do not easily go away. When the emotion clears, if we look at the likely results of these proposals, we can hopefully begin to have legislators realize the difficulty in actually solving the access problem.

There is no shortage of desire to help the disadvantaged in our community. As a profession, dentistry has always been committed to helping people achieve their best possible health. In that regard, we are in agreement with the goals of the Kellogg Foundation and others. What we know from years of treating patients is that good intentions alone do not always translate into healthy results.

On the provider side of the equation, there are economic realities that seem to be missing from the treatment models presented by the advocates of DHATs. Providing dental care requires an office setting and support staff, both clinical and administrative personnel. There is the matter of equipment and supplies. Mundane things like rent, insurance and payroll. Everything from cotton rolls to computers cost money. The overhead of an average dental office is 60-70 percent of their regular fees. With reimbursement of public assistance patients at approximately 50 percent of regular fees, that means that, even without the salary of the dentist, the office is losing 10-20 percent on each procedure.

The argument that the dentist is too expensive, and that we could provide more care for the underserved with a cheaper provider is specious. Unless that new member of the dental team (DHAT or otherwise) is willing to pay for the privilege of treating patients, the economics still do not work out. If the government is willing to underwrite some of the costs of the clinic, then the economics work fine utilizing a dentist.

Dentists would be willing to treat more of the underserved population if they simply could break even on treatment, i.e. cover their overhead. What they cannot do is lose money providing care even when they are not collecting a salary on these patients. In fact, dentists of Ohio provide an estimated $40 million in donated care to the underserved annually. But charity is not a health care system.

If proper government funding would be provided for treatment of the underserved, a dentist is the most efficient person to treat patients, as he/she is uniquely qualified to provide all of the possible treatment required without any concerns about supervision.

From the patient side of the equation, there continues to be a huge gap between care that may be needed and the number of patients that actually come in for treatment. For all the emotional concern for unmet need, we see everyday people who have the means to pay for care avoiding dental treatment for a variety of reasons. For years, people have said, "you can lead a horse to water, but you can't make him drink." We all know this is true, but it is easy to forget in the emotion of the moment. You can make dental care free, but that doesn't mean that everyone will come in and have their teeth fixed. Much as we would like to, you cannot give people health.

From the personal perspective of the newly trained DHATs, I would feel bad for them if they are given advanced training, but then told that their practice careers are strictly limited. After years of working to create the dental team, the legislature would be creating a person existing outside of the framework of the team. The DHAT would be able to work in some office settings, but not in others. The current dental team has sufficient flexibility to meet all of the needs of the patient population in Ohio. We need to work together to find the most effective use of all the personnel we currently have. Spending additional time and money to create a curriculum to train new personnel and then waiting for them to enter the programs and graduate only delays our ability to help the public.

As members of the learned profession of dentistry, we owe it to our patients to show the legislators and the media the truth. The reality of the situation will not go away by the application of good intentions. Emotion leads to short term responses, but it's logical to find the right answers that will take care of people in the long term. It's not easy, but it's the right thing to do.

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

Learning to Fly

Ben Lamielle, DDS
Guest Columnist

Under promise, over perform

"I'll be shocked and disappointed and on the offensive. Unless something new arises from where we are today, it'll be behavior (from me) you haven't witnessed."- Ohio State Director of Athletics Gene Smith stating what his reaction would be if the NCAA issued harsher penalties than what the university had self-imposed for the recent transgressions of the Ohio State football team.

Growing up I played sports year round. Next to my parents there was no one who influenced me more than my coaches. One of the ways they influenced me was through quotes and sayings, famous or otherwise. Throughout the years it seemed like a day didn't pass when a new phrase wasn't introduced to my vocabulary. "Speak softly and carry a big stick." "Don't let your mouth write a check your body can't cash." "Actions speak louder than words." It was instilled in me from an early age to do big things, not speak big words. To this day I still try to live my life this way.

Unfortunately not everyone involved in our profession prescribes to this line of thinking. The other day I had a product rep guarantee that her product would produce a 50 percent reduction in sensitivity. When I asked her, "50 percent compared to what?" she was completely stumped and began to spout off some nonsense about proprietary secrets. Then I had a marketer tell me that if I would just meet with him he would show me how to double my monthly new patients. When I told him how many new patients on average we attracted to the office each month, he quickly amended his bold claim to something a lot less ambitious. Now these were sales people. I guess I expect a certain amount of embellishment from them. What makes me grind my teeth at night is when it's my peers who make promises that they have no way of knowing whether they will come true or not.

I probably have a conversation similar to the following at least once a week with one of my patients. "Mrs. Jones, your crown on the lower right needs to be replaced. There is a gap where the crown and tooth meet and you've developed decay in this area." To which Mrs. Jones responds, "But Dr. Lamielle, I don't understand, I know I don't floss, but my last dentist promised me this crown would last 25 years and it's only been on there for eight. How can this be?" If you are out there telling your patients that your crowns will last for 25 years or that your injections are always painless, stop. My advice to anyone who wants it is this: under promise, over perform. Strive to make the perfect crown that will last for 25 plus years but when your patient asks how long this crown should last tell them probably eight years. That way when the crown lasts for 20 years, the patient thinks, "Wow what a great crown, it lasted 12 years longer than it was supposed to. My dentist must really be good." Instead of this, "I can't believe this crown only lasted 20 years, it was supposed to last for 25. Dentists are just like politicians."

However, if this just isn't your style, then I encourage you to stand by your claims when they don't come to fruition. If you told your patient that they'd see a five shade improvement in the whiteness of their teeth after your "special" bleaching procedure and the patient is upset because they only improved 2 shades, be accountable. Don't try and back track on your claim or place blame on the patient (even if she drank two bottles of red wine an hour after the procedure.) Either get the result you promised or refund the patient's money. Broken promises without appropriate recourse harm the reputation of our profession.

By now most of you know how things turned out for the Ohio State football program and Gene Smith. The penalties they ultimately received from the NCAA were much harsher than what the athletic director and university imposed on its self. Don't be like Gene Smith. Don't speak with bravado and grandiosity when you're really not sure what may happen. And if you do and your words fall flat, be prepared to show the appropriate behavior. Either do everything you can to remedy the situation or admit your mistake and resign yourself respectfully from the situation.

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Between the Lines

Ken Jones, DDS, JD
Guest Columnist

Talk with me

Communication: (n) a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior. (http://www.merriam-webster.com/dictionary)

It's sometimes amazing how things happen in multiples. We've all had two or three patients die or move, all within a month or so. The group of dentists that used to meet for lunch finally reconvened, and suddenly, we're all retired and talking about our health problems. Last year, I and a half dozen of my friends from all across the country ended up in surgery, all in the space of a few weeks.

As we talked following treatment, we found that we all had stories from those illnesses that sounded familiar, and, surprisingly, we all had similar stories of patients who had contacted us who were unhappy with the way they were being treated as well. Communication (or the lack thereof) was the critical problem for all of us. It so often is, you know.

In my case, I just wanted to know why my meds were changed in the middle of the night. The one I had been on had been great, but then someone changed it to one that zonked me out and made me practically comatose. So, it was changed back to the one that did the job without side effects. But late one night, there was the troublesome medication once again. I asked, "Why the change?"

When no one could tell me, I asked to speak with the doc-on-call. When he finally showed up, he proceeded to tell me that I was not his patient and he didn't need to read my chart or to give me a reason for the medication change. At that point, I lost my temper, gave him some rather vocal advice, and told him to get out. That was the same night they told me Tylenol wasn't ordered for my headache, so I needed to take Percocet instead. You can guess my reaction to that one.

The dental stories my friends related were at least as troublesome. One woman, whose lifetime dentist retired, started as a new patient in an office that prides itself on three-month perio-scaling (never a prophy) for everyone, crown and bridge, implants, and upscale esthetic dentistry. It's also an office that follows a well known dental consultant's guide to increasing financial success (as opposed to the primary purpose of increasing patient health.) This patient didn't have much money, but she did have dental insurance. And she did have questions that were never answered except to say, "That's what Doctor says you need."

Since she had no decay and good oral hygiene, she wasn't sure why she needed to return every three months, and she wasn't sure why the fillings she had that were done as a young woman needed to be replaced with crowns. She didn't understand why the dentist's treatment sales person decided she could stretch the treatment out to take advantage of her insurance. If it was that needed, should it wait for over six years? She also wasn't sure why the dentist got so upset when she asked for a second opinion, preferably from a dentist in another office. And she was upset that this dentist would charge her to make a two page copy of her dental record, and wouldn't even duplicate the films.

In the second office, she actually talked with the new dentist. She said that he first asked her what concerned her about her oral conditions. She said the new guy actually listened. Since she didn't have X-rays, she wasn't charged much for the needed films, since her insurance wouldn't pay again. She learned what needed to be done (nothing) and what she might want done. She said that in about two minutes, she knew he cared about her as a person and not as a source of funding for a vacation home and a new car. She decided that this was the office for her. She wanted my friend to tell her how she should deal with the first dentist.

I advised them that she should let him know exactly how she felt. I told her to tell the dentist the same thing I told the doc-on-call who ticked me off so strongly and so loudly that night, and the advice I've told you folks before. Doctors Don't Have Patients. Patients Have Doctors. And the sooner we can get that through our heads, the better doctors we will be.

Communication is a two way street. The operative word in this editorial's title, "Talk With Me," is the word "With." It doesn't say "Talk to me" or "Talk at me." It doesn't care that you feel that you're too busy or important to think about my questions and issues or even to talk with me in person.

It does say "Listen to me and I'll listen to you." It says, "I know the questions I have, and I'd like answers that make me believe that you care. If you have questions, I'll try to answer them as best I can. I'll get better faster and stay healthier longer if you take the time to help me understand what's going on." Sometimes it says, "I've tried not to bother you, but no one else has the answers."

It really says, "Communicate with me." We'll both be better off when we do.

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

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.

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.

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 for established practice in suburban Dayton, Ohio. Focused on restorative cosmetics and family dentistry. Excellent opportunity for a new graduate or young person who wants to expand their skills and experience. Call (937) 435-4150, email Cld47gt@aol.com. Website: www.GoDrD.com.

Associate dental position available in a group practice located in Ravenna, Ohio, 25 miles southeast of downtown Cleveland. We have both full-time and part-time positions available. Benefits include excellent medical insurance, family dental coverage, and malpractice insurance paid. We value professionalism and integrity. If interested please contact Dr. David Schlosser at Portage Dental Center, dschlosser@neo.rr.com.

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 Ryan McAlees at (419) 724-1654 or email at ryan.mcalees@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.

Associate position with potential buyout opportunity of growing practice in Northwest Ohio. If you have a passion for providing comprehensive dentistry with a professional well-trained team, this opportunity maybe for you. Young graduates, or graduates of a GPR will be considered. Contact egentlecaringd@hotmail.com with resume.

Associate wanted. Full time position in the Cincinnati/Clifton area. Quality oriented, expanding practice, no Medicaid. Currently open three days a week, looking to expand to four days a week. Pay based on production, we pay lab bills. Partnership potential in the future. Contact Marc Lewis at (614) 581-7260 or email at Niederhelman@gmail.com.

Dental Dreams desires motivated, quality oriented associate dentists for its offices in Illinois (Chicago & suburbs), Louisiana, Michigan, Maryland, Massachusetts, New Mexico, Pennsylvania, South Carolina, Texas and Virginia. We provide quality general FAMILY dentistry in a technologically advanced setting. Our valued dentists earn on average $230,000/yr plus benefits. New graduates encouraged! Call (312) 274-4524 or email dtharp@kosservices.com.

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 with multiple days and hours to produce and be paid top dollar. Minimum $150,000 per year. Benefits included based upon earnings. Sky is the limit here with multiple new patients available and a fantastic support staff. Greater Aurora area. Private practice, not a chain. Call (216) 870-1657 for a confidential interview. This is a wonderful opportunity for a dentist who really wants to have a long term career with high income.

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, 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 JB at (513) 398-4448.

Dentist, Columbus, OH. We have a remarkable opportunity for the right person! Fixari Family Dental continues to grow, and we are searching for candidates for our state-of-the-art facility. We pride ourselves on providing an exceptional patient experience, and would enjoy the opportunity to consider you for our team. Email or call: Deb@FixariDental.com, (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.

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 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.

Partnership opportunity. Are you a quality oriented dentist seeking a premier dental practice that does high end cosmetic dentistry? Solo practioner in Fairlawn area looking to retire in 2-3 years. If interested, please reply to ODA Box 201, 1370 Dublin Rd, Columbus OH 43215 with resume and references.

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.

Equipment for Sale

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

Advertisers Index

lbs. Priced to sell quickly. Call Westerville Endodontics, (614) 882-8000.

Harvest/medical Centrifuge model #SMP2-115 like new, with six kits for producing Platlet Rich Plasma (PRP). Dental stools- 6 Adec black Dr. stools model 1600, 4 Dentsply black assistant stools. Will entertain best offer, (614) 237-2529. Ask for Dr. Jeff Hanin.

New BIOLASE Waterlase MD for sale in box, Columbus area. Retails for $39,999 we are asking $35,000. Contact information: DRJDUBOS@RROHIO.COM or phone (614) 425-1604.

Practice for Sale

Dental office, practice, and building for sale. Dentist retiring after 35 years. In county seat 35 miles north of Columbus. Large potential for growth. Located on town square. Has large waiting room, 2-3 operatories, lab, x-ray room. Respond to: retiringdds@hotmail.com.

Dublin, Ohio. Rare purchase opportunity in Central Ohio's most desirable community. State of the art, digital, paperless, absolutely gorgeous office. Practice focused on wellness and comprehensive care for adult patients. Visit www.optimumoralhealth.com or e-mail tomsdoc@mindspring.com. Financially qualified inquiries only.

General practice, Toledo area. Well-established, busy practice located in a group of professional buildings. Real estate also available. Retiring seller prefers immediate sale. Contact: reggie.vanderveen@henryschein.com for details.

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.

Practices for Sale – Ohio. Please call Steve Jordan, (888) 302-3975 or visit pmagroup.net.

Wanted to Buy

Dental practice wanted. Experienced general dentist looking to purchase practice in the Greater Columbus area. Willing to consider associateship with buy-in option. If interested, email jkmkdmd@gmail.com.

Space Available

Retiring, Stark County. Corner lot, brick building, 1400 square feet with unfinished lower level. Three rooms 9′ by 11′, two furnished. One Pelton & Crane unit, and one Kavo unit, both with Kavo electric motors. Contact dent4sale88@hotmail.com.

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.

Miscellaneous

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.

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. 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.