

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

# **QuickBites**

# Frank Gates MCO open enrollment began April 30

The Ohio Bureau of Workers' Compensation (BWC) has announced the open enrollment dates for the 2012 Managed Care Organization (MCO) Open Enrollment period. The MCO Open Enrollment period began April 30, 2012, and concludes on May 25, 2012, at 5 p.m.

The ODA is now endorsing Frank Gates Managed Care Services (MCS), to our members for workers' compensation managed care services.

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If you have any questions, please contact Frank Gates Managed Care Services Customer Care department at 1-866-915-3764.

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# Urban Meyer to headline Leadership Institute; breakout sessions to inform dentists about hot topics

### **ODA Staff**

Headlining the 2012 Leadership Institute will be Urban Meyer, head football coach at The Ohio State University. Meyer is the 24th head football coach at OSU and previously was the head football coach at the University of Florida, the University of Utah and Bowling Green State University. At Leadership Institute on Saturday, May 19, Meyer will discuss his time as a football coach and the leadership roles he has had over the years.

Meyer's winning percentage through the conclusion of the 2009 season of (.842) was the highest among all active coaches. He will focus on the importance of leadership to his success over his 20 plus years at the collegiate coaching level when addressing attendees at the Leadership Institute.

Additional keynote speaker Jvette McGee Brown, an Ohio Supreme Court justice, will speak on Friday, May 18. Brown is the first African-American woman to serve on the Ohio Supreme Court and was a founding president of the Center for Child and Family Advocacy at Nationwide Children's Hospital.

In addition to hearing quality leaders speak at Leadership Institute, dentists will also have the opportunity to attend two out of four breakout sessions to gain knowledge on some of today's hottest topics in dentistry.

**Dental Insurance and Your Practice** will be presented by Chris Moore, ODA director of dental services. In this session, dentists will be provided with helpful information and tools to fully understand issues concerning dental insurance and third-party payers. It will address dental insurance and third-party payment trends, concerns and commonly asked questions. It will also provide dentists with resources they can use after the session. Qualified attendees will receive one hour of CE credit.

**Communicating Your Message** will be presented by Angela Krile, of Krile Communications, and Dr. Matthew Messina, *ODA Today* executive editor. This interactive breakout session will focus on helping dentists develop skills to communicate oral health issues with patients and the community. It will teach dentists about proper communication techniques for addressing issues and challenges surrounding dentistry.

My Practice Needs Money will be presented by Will Berisford.

senior vice president at Bank of America Practice Solutions. This session will focus on how today's economic challenges affect the way dentists conduct business. Topics will include recent trends in the dental market and how to use practice statistics to produce growth. This session also will explain what a dentist should expect when reaching out to the bank for a new equipment loan as well as how to refinance debt.

**ODA Services Corp – How can it help my Practice?** will be presented by Peg Cissell, ODA director of finance and COO of ODASC. This breakout session will focus on the quality products and services ODASC offers to ODA member dentists at a discount. Dentists will learn about new products and what's available, including whitening gel, website services and health insurance. Dentists will learn how ODASC can ultimately save them



Ohio State head football coach Urban Meyer addresses the media at a news conference earlier this year.

the cost of their annual dues.

In addition to the breakout sessions and well-known speakers, other informational opportunities are planned for the ODA 2012 Leadership Institute.

Leadership Institute will include a Dean's Roundtable with a discussion with the deans of three dental schools, a legislative update, a discussion of the health care reform law and how it could be affected by the U.S. Supreme Court, a Seventh District Trustee update and an ODA Executive Committee Town Hall meeting.

Leadership Institute is May 18 and 19, 2012, at the Hilton Columbus at Easton Town Center, located at 3900 Chagrin Drive in Columbus.

Registration is available at www.oda.org or by phone at (800) 282-1526.

# Head Start aims to provide comprehensive dental care for low-income children

### Jackie Best Staff Writer

A program that provides educational and health resources to children in low-income families is making a push to help these children find dental homes.

Head Start is a federal program started in the 1960s for children from birth to age 5 from low-income families aimed at preparing them for school. The program promotes cognitive, social and emotional development and provides participants with health, nutritional and social services. Head Start serves more than 1 million children nationally each year. As a part of the program, children must receive a physical examination and a dental examination and any follow up care that is needed, said Lawrence Hill, DDS, MPH, who is the dental home initiative state team leader for Head Start in Ohio, director of the Cincy Smiles Foundation and former dental director of the Cincinnati Health Department, Dr. Hill said the Head Start

program experiences difficulties finding dentists willing to participate than physicians. "We need participating dentists," Dr. Hill

said.

Dr. Hill has been involved with Head Start since the 1970s, and he said finding dentists to participate in Head Start has been

"Disease prevention and early treatment becomes the foundation for these kids having good oral health the rest of their lives, and that's what we're trying to promote," Dr. Hill said.

According to a Head Start study, about 55 percent of children participating in the

a challenge throughout its existence. The program recently implemented the dental home initiative that is led by a leader in each state after trying a few other approaches to providing these children with dental care.

"About eight years ago, Head Start provided grants to about 50 communities to improve compliance with the program's dental standards," Dr. Hill said. In an effort to make resources go further, Head Start later contracted with the American Academy of Pediatric Dentistry. Now, the dental home initiative aims to ensure all Head Start children have access to ongoing comprehensive oral health preventive and treatment services. program during 2007-08 had a dental home. The study found that 63 percent of children enrolled in Head Start received at least one dental service during 2007-08, and

50 percent received more than one service. "These are the kids who have the most tooth decay and really are the ones who very often don't have access to care," said Paul Casamassimo, DDS, MS, chief of dentistry at Nationwide Children's Hospital. Dr. Casamassimo collaborates with dental students and residents to provide screenings to Head Start participants in Columbus and is also involved with a project in about five counties across Ohio to screen Head Start

See HEAD START, page 8





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

# In the News

# Street of Dreams a success at Case Western Reserve University

### **ODA Staff**

Students from Case Western Reserve University School of Dental Medicine toured dental offices in the Cleveland area and got the opportunity to learn about their options post-graduation.

"The students get to see how their education translates into day-to-day work," said Sara Fields, assistant director of alumni relations at the CWRU School of Dental Medicine.

More than 20 students attended the Street of Dreams on April 25, which was a collaboration between the Ohio Dental Association, the Greater Cleveland Dental Society and Case Western Reserve University School of Dental Medicine.

Dr. Tom Kelly and Dr. Stuart Katz served as tour guides for the group as they toured five dental practices in the Brainard Medical Building in Lyndhurst, Ohio. In previous years, students did not usually visit this many practices, Fields said.

The students, all in their third or fourth year of dental school, were picked up by

a bus and taken to the medical building. They were then split into two groups to tour the dental practices and had a chance to ask questions at each office.

"Students mentioned they enjoy seeing the various office set-ups and how the dentists are running their businesses to give them ideas for what they want to do in the future," Fields said.

After visiting the offices, the day concluded with an informal reception, where students received additional information about organized dentistry and had a chance to interact with participating dentists and staff.

"Dentists appreciated the event because they enjoy interacting with students and being any kind of help they can be for them," Fields said.

Fields said the event is a good opportunity for students to network with actual practitioners, and all of the dentists are open to being contacted by the students afterward.



Case Western Reserve University School of Dental Medicine third and fourth-year students gather with Dr. Stuart Katz (far left) and Dr. Tom Kelly (far right) to attend the 2012 Street of Dreams in Cleveland, Ohio.

Dr. Rebecca Davis, Dr. Miguel DeFina, Dr. Lawrence Frankel, Dr. Marc Fried, Dr. Roger Hess, Dr. Jay Resnick, Dr. Katherine Rockman, Dr. Richard Streem, Dr. Evan Tetelman and Dr. Jeffrey Young all hosted students at their dental practices.

Participating students included, Chigozie Achuko, Jason Choo, Devin Conaway, Allegra Daniher, Kristin Donaldson, Beth Doroghazi, Ashlee Goodman, Ryan Jensen, Phuong Nguyen, Tony Petrone, Sandon Wiedemann, Lily Zhang, Ana-Luiza Arruda, Kate Cartwright, Ellen Huh, Tuan Ly, Brian Redditt, Michael Richards, Julia Salmeron, Jennifer Sanders, Wendy Tran and Molie Xu.

The Ohio State University will hold a similar event for dental students in August 2012.

For information on how to get involved with the Street of Dreams program, please contact Joe Potestivo, ODA membership services manager at Joe@oda.org.

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ATTORNEY AT LAW Frank R. Recker has practiced general dentistry for 13

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800.224.3529 (p) 888.469.0151 (f) recker@ddslaw.com (e) years and served as a member of the Ohio State Dental Board before entering the legal profession. Areas of practice include:

- Administrative Law before State Dental Boards
- Dental Malpractice Defense
- Practice-related Business Transactions

Dr. Recker also represents multiple national dental organizations and individual dentists in various matters, including First amendment litigation (i.e. advertising), judicial appeals of state board proceedings, civil rights actions against state agencies, and disputes with PPOs and DMSOs.

A sampling of various cases can be obtained online. Questions regarding representation can also be addressed to Dr. Recker via e-mail at recker@ddslaw.com.

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# From the Corner Office

# Health Care Reform, Judicial Activism and Judicial Selection



The Director's Chair

David J. Owsiany, JD ODA Executive Director

I have received a significant amount of positive feedback related to my recent series of columns on the U.S. Supreme Court's consideration of the legal challenges to President Barack Obama's health care reform law. This month, I continue to discuss issues related to this potentially landmark case that will likely have an impact on the scope of federal power and the provision of health care in American for years to come.

### President Obama on Judicial Activism

Last month, during the oral arguments, several Supreme Court justices asked tough questions of President Obama's top appellate lawyer, Solicitor General Donald Verrilli, effectively challenging the administration's position that the health care reform law did not unconstitutionally expand the federal government's authority. Perhaps fearing the court may not rule his way, President Obama responded a few days later by contending that the court would be taking an "unprecedented, extraordinary step" if it overturned "a law that was passed by a strong majority of a democratically elected Congress." He warned that the justices would be engaging in "judicial activism" by striking down the Affordable Care Act's individual mandate

Regardless of what one thinks of the Affordable Care Act, it clearly would not be "unprecedented" or "extraordinary" for a court to strike down a law enacted by an elected legislature. The courts have exercised the authority of "judicial review" - that is, the authority to strike down legislation passed by a legislature if it violates the Constitution - since the Marbury vs. Madison case in 1803. As University of St. Thomas Law Professor Michael Stokes Paulsen recently pointed out, the court "has struck down many scores of acts of Congress and hundreds upon hundreds of acts of state legislatures."

Despite the president's claims, the question is not one of judicial authority. Almost no serious legal scholar would suggest that the judicial branch does not have the authority to invalidate a statute it finds to be inconsistent with the U.S. Constitution. The real question is: when or otherwise illegitimate. Paulsen notes that no precedent is squarely controlling the issues in the health care reform case and that certain aspects of the Affordable Care Act push the limits of Congressional authority in a way that has never before been breached.

The main issue in the case is whether the Commerce Clause authorizes Congress to mandate that practically every American must purchase health insurance with a government-defined benefit package. As Paulsen and many other legal scholars and political commentators have noted, if the court determines Congress exceeded its Constitutional authority, its decision would hardly be unprecedented or extraordinary.

### Judicial Selection

While it is always difficult to predict how justices will rule in a particular case, several legal scholars and court watchers have suggested that Justice Anthony Kennedy might be the swing vote that determines the fate of the Affordable Care Act's individual mandate.

It is widely expected that the liberal justices, including Justices Ruth Bader Ginsburg and Stephen Breyer, both of whom were appointed by President Bill Clinton, and Justices Sonia Sotomayor and Elena Kagan, both of whom were appointed to the high court by President Obama, will rule in favor of the Obama administration and uphold all aspects of the Affordable Care Act. Some scholars have suggested that the more conservative justices, including Chief Justice John Roberts and Justice Samuel Alito, who were appointed by President George W. Bush, Justice Antonin Scalia, who was appointed by President Ronald Reagan, and Justice Clarence Thomas, who was appointed by President George H. W. Bush, are likely to find the individual mandate to be unconstitutional. This could mean that, with four votes in favor of the law and four votes against at least a portion of the health care reform law, Justice Kennedy may be the deciding vote.

It is interesting that Justice Kennedy could determine the fate of President Obama's signature legislative achievement. In 1987, then-President Ronald Reagan nominated Robert Bork to the high court. Bork was arguably one of the most qualified people ever nominated. He was a legal scholar who was a recognized expert in antitrust and constitutional law. He had served as Solicitor General of the United States and was a federal circuit court of appeals judge at the time of his nomination.

Bork was also an out-spoken conservative who was skeptical of the liberal legal establishment that dominated the courts and legal academia from the New Deal to the time of his nomination. He believed in interpreting the Constitution according to its original meaning, including the constitutional concepts of a limited federal government, federalism, and the separation of powers between the branches of government in order to protect individual liberty from government overreaching.

The Senate Democrats and liberal advocacy organizations organized an See OWSIANY, page 7

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does a court go too far in striking down a statute or upholding it?

According to Paulsen, "judicial activism" occurs when judges "make up" the law in a manner that is "contrary to true legal authority." Paulsen notes that courts do this when they "invent rights not supported by the text of the Constitution" or invent powers for the federal government that are not justified by the Constitution's "language and logic." The flip-side of "judicial activism" is "judicial passivism" where courts refuse to act in accordance with judicial obligation by allowing the legislative branch to enact laws that violate individual constitutional rights or exceed their legislative authority under the Constitution.

In the context of the Affordable Care Act, Paulsen concludes that, despite President Obama's suggestion otherwise, it would be difficult to say that a decision either way on the constitutionality of the individual mandate would be "activist" and most importantly...

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# **Politics & Policy**



Legal Briefs

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

Last month, State Sen. Bill Seitz (R-Cincinnati) and State Rep. Bob Hackett (R-London) introduced legislation which would prohibit dental insurers from establishing fee schedules on dental services that the insurers do not cover for enrollees. The ODA strongly supports the effort.

Sen. Seitz's proposal, Senate Bill 324, is assigned to the Senate Insurance, Commerce and Labor Committee for consideration. Similarly, Rep. Hackett's House Bill 497 is assigned to the House Insurance Committee for study. Rep. Hackett serves as the vice chair of the committee. (Note: Members of these respective committees are listed at the end of this article.) Senators Frank LaRose (R-Akron), Bill Beagle (R-Tipp City) and Tom Patton (R-Strongsville); and, Representatives Peter Beck (R-Mason), Matt Huffman (R-Lima), Danny Bubp (R-West Union), Terry Johnson (R-Portsmouth), Lorraine Fende (D-Willowick), Bob Hagan (D-Youngstown) and Vernon Sykes (D-Akron) have already endorsed the respective bills as cosponsors.

Over the past several years, 27 states have enacted laws to stop or limit insurance companies from being able to determine what contracting dentists

# Non-covered Services Legislation Introduced at Ohio Statehouse

can charge for services the insurance company does not cover. Additionally, the National Conference of Insurance Legislators (NCOIL) has weighed in on this issue. NCOIL is an organization comprised 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. Sen. Seitz and Rep. Hackett utilized the NCOIL model bill as a basis for their current legislation.

ODA support for the Seitz and Hackett proposals stems from a 2009 ODA House of Delegates Resolution which called for the ODA to "pursue all avenues, which may include legislative advocacy, regulatory advocacy, legal action or any other means necessary" to stop the practice of insurers dictating fees for services that are not covered services under the subscriber agreement.

ODA leaders attempted to work directly with insurers to address concerns over the practice. However, when those discussions proved unproductive, the ODA shifted its focus towards a legislative remedy. In March, over 130 ODA member dentists, spouses and dental students descended on the statehouse as part of the annual ODA Day at the Statehouse advocacy event and addressed the non-covered services issue directly with legislators.

Day at the Statehouse attendees educated legislators on this issue and pushed for legislative action for a variety of reasons. First, action is necessary to prevent cost shifting to uninsured patients. Opponents of non-covered services bills, often suggest that the practice of establishing fees for non-covered services prevents an increase in dental costs. However, in reality, these unfair provisions do not produce any overall savings; and instead will result in a cost shifting from those with insurance to those who do not have dental insurance and may be the least able to afford dental services. This scheme may be a money maker for dental insurers, but is not a cost savings for those who pay for and consume dental services. Over 36 percent of Ohio adults aged 18 to 64 and over 60 percent of elderly Ohioans do not have any type of dental insurance coverage.

Second, action is necessary to protect dental practices as small businesses. Dental fees reflect the extremely high overhead costs of operating a dental practice. The artificial limitation of fees on non-covered services could have a troubling impact on the viability of some practices, especially those in low-income and underserved areas.

Third, action is necessary due to the vast market power that dental insurers maintain. Antitrust restrictions prohibit dentists from banding together to demand fair treatment and resist abusive market power by insurance companies. Accordingly, dentists are left with the unenviable choice of accepting the fee limitations for non-covered services in the provider agreement or lose a substantial percentage of their patient population. The only place dentists are the total service of the provider agreement or lose a substantial percentage of their patient population.

See LEGISLATION, page 5

### Members of the House Insurance Committee Ask for support of House Bill 497

Rep. Jay Hottinger (R-Newark) (614) 466-1482 Rep. John Adams (R-Sidney) (614) 466-1507 Rep. Courtney Combs (R-Hamilton) (614) 644-6721 Rep. Tim Derickson (R-Oxford) (614) 644-5094 Rep. Tony DeVitis (R-Cuyahoga Falls) (614) 466-1790 Rep. Michael Henne (R-Clayton) (614) 644-8051 Rep. Ross McGregor (R-Springfield) (614) 466-2038 Rep. Kirk Schuring (R-Canton) (614) 752-2438 Rep. Barbara Sears (R-Sylvania) (614) 466-1731 Rep. Robert Sprague (R-Findlay) (614) 466-3819 Rep. Lynn Wachtmann (R-Napoleon) (614) 466-3760 Rep. John Carney (D-Columbus) (614) 466-2473 Rep. Michael Ashford (D-Toledo) (614) 466-1401 Rep. Tracy Heard (D-Columbus) (614) 466-8010

Rep. Tom Letson (D-Warren) (614) 466-5358

Rep. Clayton Luckie (D-Dayton) (614) 466-1607

Rep. Michael Stinziano

(D-Columbus) (614) 466-1896

The Issue	Current Buzz	ODA Actions	Next Steps
Mid-level Dental Providers	Over 130 ODA member dentists, spouses and dental students attended the annual ODA Day at the Statehouse event in mid-March. Attendees met with legislators to discuss a variety of legislative issues, including the mid-level dental provider proposal being circulated by the Kellogg Foundation and others. Reports from the meetings were overwhelmingly positive. Legislators clearly heard organized dentistry's strong opposition to this proposal.	The ODA continues to oppose the mid-level provider concept and is educating policymakers on the issue, including that only dentists have adequate training to perform irreversible surgical procedures and that this radical proposal could divert resources away from proven access to care solutions.	There is no legislation currently pending on mid- level providers.
Non-covered Services	27 states have adopted laws that prevent insurers from capping fees for dental services that are not covered services. The National Conference of Insurance Legislators (NCOIL) adopted model legislation for use by states in implementing laws to restrict dental plans from capping non-covered service fees.	The ODA is working with State Sen. Bill Seitz (R-Cincinnati) and State Rep. Bob Hackett (R-London) on the non-covered services issue. Sen. Seitz recently introduced Senate Bill 324, which would ban this fee capping practice by insurers. Rep. Hackett has introduced an identical companion measure, House Bill 497, in the Ohio House of Representatives.	ODA members are encouraged to contact state legislators and ask them to support House Bill 497 and Senate Bill 324. State legislator contact information can be found by contacting the ODA department of government affairs at (800) 282-1526 or by visiting http://www.legislature.state. oh.us/
Asset Protection	Reps. Christina Hagan (R-Alliance) and Lou Blessing (R-Cincinnati) recently introduced House Bill 479, which would update and strengthen Ohio's trust laws and increase the homestead exemption to allow professionals more options to protect assets.	The ODA supports House Bill 479.	The bill is assigned to the House Judiciary and Ethics Committee for consideration.

# **In Other News**

# Ohio General Tax Amnesty Program under way

### **ODA Staff**

The Ohio General Tax Amnesty Program is now under way and lasts until June 15, 2012.

Through this program, taxpayers can catch up on certain back taxes that were due on or any time before May 1, 2011, without having to pay any penalties and only having to pay half of the interest due.

If the Department of Taxation has issued a billing or assessment notice or if an audit is under way, the unreported or underreported tax does not qualify for the amnesty program.

To apply for the program, taxpayers must complete the applications and returns and submit them along with the full payment of the tax and interest to Ohio Department of Taxation, General Tax Amnesty, P.O. Box 804, Columbus, OH 43216-0804. Payments can be made by paper check, money order or cashier's check. Information must be mailed and cannot be filed online.

The applications and more information, including a calculator to identify how much interest is owed, can be found at ohiotaxamnesty.gov.

Applicants will receive a letter indicating whether their application was approved or denied within 30 days after the application is received.

The program was created by House Bill 153, Ohio's biennial budget bill, which Gov. John Kasich signed into law in June 2011. The law also created a Consumer's Use Tax Amnesty Program, which is also under way but separate from the General Tax Amnesty Program.

**LEGISLATION, from page 4** — from this abuse is the legislature.

Dentists impacted by non-covered services provisions and who support legislative action on this issue are strongly encouraged to contact the following Senate members of the legislature to urge their support of these important bills. Members of the House can be found previously on page 4.

Members of the Senate Insurance, Commerce and Labor Committee Ask for support of Senate Bill 324

Sen. Kevin Bacon (R-Columbus) (614) 466-8064 Sen. Keith Faber (R-Celina) (614) 466-7584 Sen. Cliff Hite (R-Findlay) (614) 466-8150 Sen. Jim Hughes (R-Columbus) (614) 466-5981 Sen. Shannon Jones (R-Springboro) (614) 466-9737 Sen. Kris Jordan (R-Powell) (614) 466-8086 Sen. Tim Schaffer (R-Lancaster) (614) 466-5838 Sen. Edna Brown (D-Toledo) (614) 466-5204 Sen. Capri Cafaro (D-Hubbard) (614) 466-7182 Sen. Joe Schiavoni (D-Canfield) (614) 466-8285 Sen. Nina Turner (D-Cleveland) (614) 466-4583

The General Tax Amnesty Program began May 1, 2012, and lasts for 46 days, through June 15, 2012.

The following Ohio taxes are eligible for the program:

- Individual Income
- Individual School District Income
- Commercial Activity Tax (CAT)Sales and Seller's Use (the
- Consumer's Use Tax is not eligible for the General Amnesty Program)
- Employer Withholding
  Cabaal District Employeer
- School District Employer Withholding
- Corporation Franchise
- Pass-Through Entity
- Estate
- Gross Receipts of a Natural Gas
  Company or a combined Electric and
  Gas Company
- Motor Fuel
- Cigarette or Other Tobacco Products
- Dealers In Intangibles

# **ODA Meeting & Event Calendar**

- 8 Dental Insurance Working Group11 Statewide Subcouncil on Peer ReviewODA Foundation Ad Hoc Committee
- Callahan Memorial Commission 17 Council on Membership Service
- 18 Executive Committee Subcouncil on the New Dentist Annual Session Committee
- 18-19 ODA Leadership Institute (Hilton Columbus/Easton)19 ADA Leadership Nomination Committee
  - 20 Executive Committee Meeting Annual Session Committee Meeting
  - 28 ODA Office Closed for Holiday
  - 6 Dental Education & Licensure Committee
  - 8 ODA Foundation Board
  - 12 Dental Insurance Working Group
  - 13 OPTIONS Steering Committee
  - 29 Council on Access to Care & Public Service

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# QuickBites

# Kasich appoints David Kimberly, D.D.S. to radiation advisory board

David R. Kimberly, D.D.S., M.D., of Akron (Summit Co.) has been appointed to the Ohio Department of Health's Radiation Advisory Board.

The ODA put forward Dr. Kimberly's name to ODH which forwarded it to the governor for the formal appointment. Members of the Radiation Advisory Council are appointed by the governor for five year terms. The council's duties include: advising and consulting with the Public Health Council on the development of rules; advising and consulting with the director concerning the administration, implementation and enforcement of Chapter 3748 of the Ohio Revised Code; and advising and consulting with the director in the development of inspection criteria, procedures and guidelines to be used in the radiation control program.

Dr. Kimberly also serves as a subdistrict representative on the ODA Council on Dental Care Programs and Dental Practice.

# DEA sets new registration fees

Washington-The Drug Enforcement Administration scheduled a mid-April fee increase for new and renewing registrants, rejecting an American Dental Association objection to the agency's fee calculation methodology.

Dentists who prescribe controlled pain medication will pay a three-year registration fee of \$731, or approximately \$244, annually under the new fee schedule, which the DEA planned to announce in mid-March. The current fees were set in 2006.

DEA registration fees affect a wide variety of entities including dentists, physicians, pharmacies, hospitals/clinics and professional schools that register every three years for locations where controlled substances are handled.

The ADA objected to the method the DEA used to calculate the new fee schedule, which amounts to a \$60-a-year increase over the current fee. In a draft notice scheduled for Federal Register publication, the DEA said that "one association" commented about "the unfairness of the 'weighted-ratio' methodology for fee calculation."

The focus of DEA's methodology is to account for Diversion Control Program costs among registrant categories and not to set fees according to registrant revenue or income from use of a DEA registration, the agency said. "DEA continues to review possible methodologies as technology continues to afford increased tracking and allocation of specific costs. However, at this time, DEA has determined that it is both practicable and reasonable to continue to apply the weighted-ratio methodology."



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

# Medicaid beneficiaries can pick from managed care plans

Ohio has picked managed-care organizations for new state Medicaid contracts that will provide health-care services for more than 1.5 million poor and disabled individuals

On April 6, 2012, state officials' selected Aetna Better Health of Ohio, CareSource, Meridian Health Plan, Paramount Advantage and United Healthcare Community Plan of Ohio

Medicaid beneficiaries will be offered five managed-care plan choices, up from the original two or three.

Ohio is also upping performance expectation in the contracts by linking a portion of each Medicaid managed-care plan's payment to standards aimed at making people healthier.

The plans will also have to develop financial incentives for hospitals, doctors and other providers that are tied to improving quality and patients' health.

Enrollment for patients begins in January 2013. The map below details the different managed-care regions throughout the state of Ohio.







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# Dental Insurance Corner

# Dental Insurance Corner: Update on TPAs' use of controversial payment method

Christopher A. Moore, MA ODA Director of Dental Services

In the March issue of the ODA Today, this column reported on a controversial payment method that some third party administrators (TPAs) had begun using 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.

Instead of providing reimbursement via check or electronic funds transfer, the TPAs were sending dentists a credit card or simply a credit card number to pay for those services dentists had submitted claims for. None of the dentists who had contacted the Ohio Dental Association were in contracting arrangements with the TPAs nor had any requested to be paid in this manner.

Dentists must pay a transaction fee in order to use the credit card number just as they would if a patient presented a credit card to make a payment. Dentists who processed the TPAs' credit card payments reported being charged as high as a 5 percent transaction fee.

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

One of the TPAs used what some considered to be spurious arguments to justify its position that dentists were legally required to accept this payment method. One argument cited existing state law governing electronic payments to participating providers who submit claims electronically. The other argument involved the claim that the dentist's credit care merchant agreement obligated him/her to accept this payment method.

In a strongly worded letter to the TPA, the ODA both refuted the TPA's arguments and requested it to allow dentists who do not want to be paid in this manner be allowed to opt out.

The TPA has not responded to the ODA's letter to date. Many dentists have indicated however, that after reading the March article they informed the TPA of their desire to opt out of the credit card payment method. Virtually all of them reported the TPA agreed to pay via check in four to six weeks after they recovered the funds that had been allocated to the credit card. One dentist in fact, indicated the TPA was a pleasure to deal with in opting him out of the payment method.

A handful of dentists reported a less favorable experience. It is unclear, however, if they expressed their wishes to TPA itself or the company that processes the credit card payments for the TPA.

"While we certainly believe the TPA should provide the courtesy of a response to our letter, we are pleased to hear the many reports from ODA member dentists that the TPA has agreed to reimburse them via check in accordance with those dentists' wishes," stated Sharon K. Parsons, D.D.S., chair, Council on Dental Care Programs and Dental Practice. "Swift ODA action and the many complaints that individual dentists lodged with the TPA about this matter may have resulted in the TPA's apparent changing of its position to now allow dentists the option to receive payment in a manner that makes the most sense for their practices."

The ODA Dental Insurance Working Group continues to closely monitor and respond to this situation as warranted.

Concerns involving TPAs that provide reimbursement in this manner are not limited to Ohio or even to dentistry. At least two other publications have alerted their readership to this payment method. The American Dental Association is monitoring the situation and other associations representing Ohio health care practitioners have reported their members have received payment in this manner.



Find current and archived stories from *ODA Today* online in the Resource Library at http://www.oda.org

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.

# 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.



### OWSIANY, from page 3 ·

unprecedented and aggressive effort to derail Bork's nomination. Senators publicly attacked Bork as out of the mainstream and special interest groups engaged in a paid television advertising campaign to generate opposition to Bork. One newspaper journalist even admitted that he secured a list of movies that Bork had rented from his local movie rental store in an unsuccessful effort to dig up some dirt

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on Bork.

The Reagan administration was illprepared for the well-organized attack on Bork whose nomination failed in the U.S. Senate by a 58-42 vote. The vacant seat Bork was nominated to eventually went to Anthony Kennedy in 1988, and he has served on America's highest court ever since.

While Justice Kennedy has served with distinction on the court for more than 24 years, his record is undoubtedly less conservative than Bork's would have been. If Justice Kennedy is the deciding vote in favor of the constitutionality of the individual mandate next month, President Obama and the current group of congressional Democrats will owe a debt of gratitude to the Senate Democrats and their allies from the 1980s who derailed Bork's nomination paving the way for Kennedy's appointment to the court.

# **In Other News**

### HEAD START, from page 1

### participants.

Dr. Casamassimo said it is important for dentists to participate because getting these kids into a dental home at an early age to begin prevention will greatly reduce the likelihood of them having dental decay in the future. He said about 40 percent of Head Start participants have tooth decay and about 10 percent of them have experienced dental pain.

One challenge the program faces with matching up participants with dentists is many of the children and their families face financial difficulties, access to care problems and have a lack of resources, Dr. Hill said.

About 94 percent of children nationally enrolled in the Head Start program have health insurance, and 82 percent of those with health insurance are enrolled in the Medicaid/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program or a state sponsored child health insurance program.

The Head Start program has very limited funds to help pay for treatment of those children who do not have insurance, Dr. Hill said.

Another difficulty the program faces is finding dentists who are trained and comfortable treating young children.

One way Dr. Hill said dentists can overcome this is by attending a course that will be presented by Dr. Casamassimo at this year's ODA Annual Session that will focus on pediatric dentistry. The course will be held on Saturday, September 15, and is open to any dentist interested in learning more about pediatric dentistry.

"These are challenging children because they're young, so they don't quite understand why they need to be at the dentist, particularly the youngest of the group," Dr. Casamassimo said.

Dr. Casamissimo said it's especially important for pediatric dentists to participate in the Head Start program because they have the most resources to treat such young patients.

Dr. Hill said it can be frustrating for families when they are searching for a dentist and after several attempts, have still not found the necessary care. He said eventually these families have a tendency to give up on attempting to be treated.

"We've got to open up the doors so the families get a positive response when they contact dentists," he said.

Dr. Hill said it is difficult to pinpoint the number of dentists that participate in the program, but the goal is to net 16 new dentists for the program in Ohio.

Dentists who provide services on a volunteer basis and are not paid or reimbursed through Medicaid or another insurance program can receive a limited amount of continuing education credit for their participation in the program. trainer" sessions, where Head Start staff will learn how to teach participants about the importance of keeping appointments, home hygiene, proper diet and the importance of overall oral health.

Dr. Hill said he hopes to be able to put together expectations for dentists to help them understand the different challenges these Head Start patients face compared to their typical patients.

Despite these challenges, Dr. Casamassimo said many of the Head Start participants have a great relationship with their dentist, and added that the Head Start program is very good about working with dentists and participants to get them care.

He said he has seen a lot of success in a project in Ross County, where dental hygienists go into Head Start centers to help children with oral health issues and get them into a dental home. Dr. Casamassimo said there were about 200 children participating in the program, and they were able to find dentists to care for all of the children.

Dr. Hill said he has seen how important the dental aspect of this program is while he was a statewide reviewer who evaluated the dental components of Head Start programs.

At one school he visited, a teacher pointed out a student who was playing and interacting with all of the other students. The teacher said that for the first few months, that student did not interact or socialize with other kids, and usually would stand alone.

When the Head Start program began requiring children to have dental exams, they had a difficult time getting his parent to take him to the dentist, so the program made arrangements to transport him to the dentist.

The dentist found the child had multiple abscesses, decayed, fractured teeth, and there was no choice but to do a full mouth extraction. The teacher said that within two weeks after the treatment, the child was laughing, smiling and interacting with the other kids.

"We didn't necessarily change the outcome of his life," Dr. Hill said. "Obviously at this point this child is going to have a lot of hurdles. But what we did do was remove a major impediment and give that kid a chance. Until then, that child didn't have a chance."

Dr. Hill said that although this story

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demonstrates some of the challenges the Head Start program faces, it also shows how much of a positive impact it can have on a child.

Head Start has almost universally been recognized over the long haul as one of the most effective government programs, Dr. Hill said. Dr. Hill said low-income children who participate in this program have demonstrated greater success in school than low-income children who do not participate. In fiscal year 2009, Ohio received \$255,276,707 in funding for the Head Start program and had 37,072 children enrolled.

For more information about the Head Start program, visit http://www.acf.hhs. gov/programs/ohs or contact Dr. Hill at 513-621-0248 or larryhill@fuse.net.



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Otherwise, he said he hopes dentists will participate because it is a good thing to do.

Dr. Hill said the Head Start program has also identified some challenges that families face in getting to the dentist. Some of the challenges noted are economic and parental issues such as employment responsibilities, transportation and cost.

Dr. Hill said many of the parents involved in the program have jobs that do not allow them to leave work to take their child to the dentist, and they also may not have adequate transportation to get to the dentist.

He said that dentists and patients need to strive to have a mutual understanding so that they can each understand the challenges the other is facing.

Dr. Hill is planning to educate dentists on the needs of Head Start patients while at the same time educating patients about the needs of the dental office.

Dr. Hill is planning some "train the

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The Explorer

Matthew J. Messina, DDS **Executive Editor** 

# Headlines

I spent most of this week dealing with the media fallout from the release of the Yale University study on dental radiographs and brain tumors. Where I was talking to reporters, we all will be explaining things to our patients for quite a while. My task as an ADA spokesperson is to put a story like this in perspective.

How common are the brain tumors? (6 per 100,000). How did the researchers find a link between dental X-rays and brain tumors? (they asked people with brain tumors to remember how many X-rays they had over their lifetime). Is there a problem with this type of study? (yes, it's called "recall bias"). Are dental X-rays now different than before? (yes the amount of radiation in current dental radiography is dramatically less than in years past). What should patients do with this information? (talk to their dentist about any concerns so that their dentist can give them accurate information and reassure them).

The newspaper story as printed in the April 12, 2012, issue of the Cleveland Plain Dealer is about as good a result as we can get in a story like this. I spent 30 minutes with the reporter, discussing the scientific study and its flaws. We also talked about the diagnostic value of radiographs and the risk to the patient of undiagnosed dental disease. I helped her to understand the ALARA (as low as reasonably achievable) principle in radiographic technique and how safe and low in radiation modern dental X-rays are.

The reporter listened to my arguments and used the information that I had provided. Her story included much of our message. Her article was balanced and accurate. It was not a press release, and certainly not a paid placement (infomercial), where we are able to control the entire message. As a spokesperson, I can only talk to the public through the filter of the reporter. We successfully got our message across. Unfortunately, it was on page A-4.

The story was above the fold on the front page of the Plain Dealer. The headline was "Dental X-rays linked to brain tumors in Yale study." Like a courtroom trial, the prosecution went first. Page one included the first 6 paragraphs of the article. Our defense was well presented, but after the 'jump' to page A-4. It required that a person be committed enough to understanding the story to be willing to actually open the paper and read the article to the end. And that is one of the problems that we will always face as a profession.

Our answers to questions are rooted in the science. They are long and complex. Well-intentioned, but sterile and rather boring. Our opponent's answers are short, and often emotional. "Dental radiographs are safe and effective as a diagnostic tool to allow the dentist to truly see what is going on in your mouth. They are valuable to identify decay, periodontal disease, and other pathology, as well as to monitor proper growth and development." vs. "Dental X-rays cause cancer."

**Opinion & Editorial** 

Our real challenge is not even in countering the statements of our opponents. We face stiff competition for the time and attention of the public. The Internet gives us access to unlimited information. But it also permits skimming the surface rather than deeper study of complex topics.

Most people will read the headlines on Vahoo News or Google search results, without clicking to look deeper into the story. Network television and cable news have conditioned us to expect answers in 9 second sound bites.

How can we have a meaningful discussion if no one is willing to ask questions? Is there a level of critical thinking still evident in the country?

While I have concerns that as a society we are too willing to skim the surface of the information available to us, I am encouraged that as individuals we are willing to ask questions when things relate to us. Patients will ask about X-rays when it directly involves their health. This will create teachable moments for us in our offices. We just need to be ready.

If we ask our patients to be willing to ask the questions; to turn to page A-4, then we owe it to them to have answers, and to be willing to take the time to care and to explain. Today's dental office is much more than a building where tooth dust is made. It needs to be a place of learning. Only then can we get past the headlines, and on to, as Paul Harvey would say . . . the rest of the story!

Dr. Messina may be reached at docmessina@cox net

Between the Lines

Ken Jones, DDS, JD **Guest Columnist** 

# Starfish

One day a man was walking along the beach when he noticed a boy picking something up and gently throwing it into the ocean. Approaching the boy, he asked, "What are you doing?"

The youth replied, "I'm throwing starfish back into the ocean. The surf is up and the tide is going out. If I don't throw them back, they'll die."

"Son," the man said, "don't you realize there are miles and miles of beach and thousands of starfish? You can't make a difference!"

a friend than he was as my dental school instructor. The dental association reps made it clear to me how much I needed to be involved. They were right, but today, those influences of caring, too, have frequently disappeared.

A decade ago, when the ADA still had Council on Ethics Bylaws, and Judicial Affairs (CEBJA) consultants who visited dental schools to discuss ethics with the first year classes, I started to see a change in attitude. It hadn't yet hit every school. Some areas of the country expressed their feelings of ethical professionalism more than others, but in many, the seeds of ethical discontent and the lure of pure financial gain were overpowering. I felt the areas around the southern central U.S. were the best. Back then, they were also about the only ones whose students had Medicaid patients. Attitudes often went downhill as you spread out from there.

Talking with the faculty and (more revealingly) the non-dentist staff, I found a correlation between student attitude and the amount and quality of ethics education. As I had expected, the formal classroom education often seemed to be less important than the informal, everyday leadership of the faculty mentors. I learned mine the tough way from Les Frankel, Jim Marshall, and Carl Boucher. (Try doing a denture for your mother in Dr. Boucher's office.) However, these days, for many of the dental students - and despite their efforts to improve their own ethics - the personal leadership they receive isn't necessarily the same as it was, in either the dental school or the dental community.

patients and with each other. Treating those who need help and can't get it. The five cornerstones of our Principles of Ethics: Patient Autonomy, Doing Good, Not Doing Bad, Justice, and Truth.

However, my very favorite message opened with the following message. "You don't remember me, but I'm the guy at (a well-known upper mid-western dental school) who you stopped class for, told me to shut off my laptop, and finally, made me (and then the rest of the class) put our cell phones on the desk at the front of the room. You said that if I didn't think I could participate, then I should get out, and I could get my stuff later from the Dean's office."

That guy, I remembered. That day, in class, he apologized, first to me and then to the rest of the class. Then he stayed, joined in the discussion, and learned something

His e-mail was just to say, "Thank you." He now teaches in a dental school and has a part time private practice. He uses that day's lesson in class every year. He also takes recent grads who want to learn the ethically correct way to practice and he mentors them for two to three years after graduation. He helped form their attitudes when they were students, and he is a continual influence in their lives. That mentoring has made a lifetime of difference in a lot of patient lives.

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After listening politely, the boy bent down, picked up another starfish, and threw it back into the surf. Then, smiling at the man, he said, "I made a difference for that one."

I've always liked that story. It reminds me of the reasons that led me, and many others of my generation, to live our lives as health-care professionals. Granted, a few of us were there just to avoid the draft and Vietnam, but those were actually an exception. Most of us, deep down, really cared. Most of us wanted to make a difference. Today, that goal and that message are often lost.

When I started practice, a lot of people made a difference in my professional life. They were my influences - my mentors. Dentists referred patients to me to help me get started, even though they could have kept them in their own practices. My favorite oral surgeon drove 30 miles to help me with a fractured root. My periodontist was a lot less intimidating as

The other CEBJA speakers and I did the best we could. I know we made a difference in at least a few lives. I've had messages from some of those students over the years, and I've tried to keep in touch occasionally. They always start, "You don't remember me, but...," and I don't. I do remember the things we talked about - things they remember as well. Advertising. Communicating, both with

So the question, then, becomes, "Have you made a difference in someone's life lately? When did you last save a starfish?"

Can you honestly say, "I made a difference for that one?"

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

Editor's note: The opinions expressed in this article are those of the author, and not necessarily the views or opinions of this publication or the Ohio Dental Association.

### **Director of Public Service and ODA Foundation**

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# **Annual Session**

# Annual Session: The Chairman's choice

Dr. Nan Tertel, a general dentist in Toledo, is the ODA Annual Session 2012 General Chairman. Throughout the summer she will be sharing details on some of her favorite CE programs being offered during the ODA's 146th Annual Session, Sept. 13 - 16, 2012 in Columbus. Here is her first installment.

### Practice Management Learning Labs

In choosing CE courses for Annual Session we don't just seek out exceptional courses for our dentist colleagues, we also scout for innovative programming for each auxiliary and front desk staff. Making our offices more efficient, and ultimately, more productive is a goal every team member shares, and in most of our offices that process hinges on our practice management software. A year ago at the Hinman Dental Meeting in Atlanta, there were a series of courses that the Annual Session Committee is excited to bring to Ohio - hands-on Learning Labs featuring Dentrix, SoftDent and EagleSoft software.

Led by Laci L. Phillips and Bonnie Pugh of Banta Consulting, these labs are true workshops designed to expand the current applications of your own practice management software. This is not a promotion or sales technique and is not sponsored by any of the software or supporting companies. It is simply a unique opportunity to educate our staff, and even ourselves, on the ways our current software programs can better enhance our practices. From the new patient experience, to electronic notes both procedural and clinical - to available reports and how to run them, each class features an agenda that focuses on utilizing your software to explore the

possibilities of taking your practice to the next level.

The labs will be set up with computers accommodating no more than three people to each terminal. Everyone attending will be able to access a computer with their specific software and actually work through each step as demonstrated live by Ms. Phillips and Ms. Pugh.

### Course objectives include:

The New Patient Experience: From the first phone call to the first appointment to the clinical rooms and leaving the front desk after the appointment, attendees will learn how to better enhance the new patient experience by using their own software program.

Electronic Notes: Attendees will learn the place for notes in each module, where they go, how to set them up, and how to properly use them.

Reports Every Office should be Running: The separate modules feature various reports that offices can use to monitor production and patient care. Attendees will learn the specifics of their program's reports and how to apply them to their own practice.

A separate two-hour lab will be held for each software package on Friday, Sept. 14. Dentrix will be featured from 8:00 a.m. to 10:00 a.m.; EagleSoft from 11:00 a.m. to 1:00 p.m.; and SoftDent from 2:00 p.m. to 4:00 p.m.

### Social Media Bootcamp

Investing in and developing the learning labs for the software programs gave the Annual Session Committee a rare opportunity to add another computer based workshop. The Social Media Bootcamp will be held on Thursday, Sept.



Dr. Nan Tertel (center) alongside Dr. H. Sam Fick (left), and Dr. Thomas Matanzo (right) at a Toledo Dental Society event last year.

13, from 2:00 p.m. to 5:00 p.m. and will give all members of our teams hands-on experience for diving into the social media game.

Also facilitated by Laci Phillips and Bonnie Pugh, the Bootcamp provides the basics of social media platforms, how to extend your practice's brand to the world of social media and how to best market our dental practices in this everexpanding arena. The computers and Internet in the lab allow each attendee to actually create and update their practice's social media presence. This course is a new concept developed by Laci Phillips for our meeting, and it has potential to be a model for other dental meetings in the future.

### Course objectives include:

Definition of Social Media: The various social media platforms will be described and demonstrated.

Pros and Cons: Attendees will understand the advantages and disadvantages of marketing their practice through social media platforms.

Developing Your Own Presence: Attendees will have the unique experience of actually developing and producing their own practice's social media pages.

Please plan now to bring your staff to ODA's Annual Session in September to experience these courses and more.

The 146th ODA Annual Session will be held at the Greater Columbus Convention Center, downtown Columbus, Ohio from Thursday, Sept. 13 through Sunday, Sept. 16. Registration will open later this month online at www.oda.org.

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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.

Practice for sale with 5 year buy out or associate/partnership, office sharing available East side of Cleveland. Excellent opportunity for a dentist who is relocating or who want to grow a practice with minimum attrition. 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.

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# Ad Interim and strategic planning meeting a success

### ODA Staff

The Ohio Dental Association Ad Interim Committee and Strategic Planning Committee met March 30 under the direction of Dr. Mark Bronson, President of the ODA, and Dr. Kim Gardner, President-elect of the ODA.

The Ad Interim Committee serves as the governing body of the ODA between meetings of the House of Delegates. The Strategic Planning Committee develops goals, objectives and strategies to be recommended to the House of Delegates to achieve the ODA's mission and vision.

At the Ad Interim Committee meeting, Dr. Charles Steffel provided a report on the American Dental Association Board of Trustee's recent activities, including legislation to repeal the antitrust exemption for the insurance industry, the ADA's projected market share of dentists in the future and an update on the 2012 ADA Treasurer's race. ODA management staff also provided updates to the committee on recent ODA activities.

Dr. Yasser Armanazi and Dr. Julie Roberts were appointed to the at-large positions on the Council on Dental Care Programs and Dental Practice for twoyear terms effective beginning Sept. 17, 2012.

At the Strategic Planning Committee meeting, Dr. Gardner gave the committee a copy of the proposed ODA Strategic Plan for 2012-13.

Dr. Nanette Tertel reviewed the Annual Session Committee's goals and said the committee has hired a meetings consultant, Leadership Synergies, to assess the convention and offer strategies for improvement. She also said the committee will use the ODA's new website to reach out to members and inform them on the value of Annual Session, will offer a New Dentist Symposium at the 2012 convention, and will continue to promote events for women in dentistry. Strategic Planning Committee members also participated in a membership summitt and discussed the overall dentist market and the ODA's market share of dentists. Each committee chair followed up with an update on their particular tasks for increasing market share. The new Strategic Plan will be presented to the House of Delegates during the ODA Annual Session in September 2012.

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# Novel aims to change conversation about dentistry

### Jackie Best Staff Writer

Reality TV shows. Ancient Egyptian discoveries. An ancient evil that threatens the world. Romance. Mystery. And a dentist?

Dr. Matthew Messina, Ohio Dental Association executive editor and spokesman for the American Dental Association, recently published his first novel, "The Curse of Sekhem Ka." The thriller centers around Dr. Michael Murphy, a dentist who finds himself attempting to solve a mystery that unraveled at an archaeological site and burial ground south of Cairo, Egypt.

"It gets us talking about dentistry on a different level than just dental X-rays and access to care," Dr. Messina said.

The mystery begins with events set into motion more than 4,000 years ago. Dr. Murphy and Egyptologist Carli Chamoun reveal a shocking plan and are forced to confront an ancient evil to stop a plan that threatens themselves and the entire world.

The book is a mixture of historic events and fiction aimed at portraying a dentist as the hero of the story. Dr. Messina said dentists are always portrayed as a sadist torturer or goofball buffoon, so he wanted to create an action hero who happened to be a dentist. He said he wanted to show that dentists are good, caring, talented people.

"If we can change the focus, change the discussion about dentistry, that's going to be a good thing," Dr. Messina said.

Dr. Messina said he took some of his own experiences and incorporated them into the book. For instance, Dr. Messina said his kids hate to fly because of a time when he was asked to help out with a passenger who was having a medical emergency. He said the pilots proceeded to hit every bump because they were racing to get back to the ground. This experience inspired one of the scenes in "The Curse of Sekhem Ka," where Dr. Murphy helps rescue the son of the Ohio governor while on a flight.

"You take what you know and expand it," Dr. Messina said. "One of the most fun parts about writing the book was developing the characters and watching them grow from two-dimensional to real people with a background story and motivation."

He said that when characters are developed enough that the audience can predict how the characters would respond in a given situation and understand the characters' motivations, readers will begin to care about them and become more involved in the story.

Although it can be challenging to write a book that will appeal to a wide audience, Dr. Messina said the process of writing the book was a growing experience for him regardless of how people perceive it. "I had to tell myself, writing the book was so good for me as far as growth and how energizing it was, that even if nobody ever read it, it would still be worth doing," he said. "It's worth doing for me." fiction. He started writing "The Curse of Sekhem Ka" in 2006 after coming across an article about a discovery of tombs in Egypt that belonged to dentists of the Pharaoh. He set the article aside and considered writing a column about it, but decided it would be an interesting starting point from a fictional standpoint.

About two years ago, he started more actively writing, and considered entering the manuscript into a competition, which gave him a deadline that was a year and a half away from that point.

As he was writing, Dr. Messina shared each chapter with his family members. During the process, his father-in-law was diagnosed with terminal cancer, which gave Dr. Messina even more motivation to finish the book quickly.

"I wanted to make sure I got the book done while he could still enjoy it, so he knew how it ended," Dr. Messina said, adding that he was able to finish the book in time. "He got a chance to enjoy the book before he passed away."

Ultimately Dr. Messina decided against

entering the book in the competition because he felt he would be giving away too many of his rights, and decided to self-publish the book. The ebook was launched Feb. 1, 2012, in conjunction with dental health month, on all electronic platforms.

After launching the ebook, he decided he would like to have a physical copy that he could hand out to patients, friends and colleagues, so he found a small publishing house in Michigan that printed 500 copies for him.

Now, Dr. Messina is working on the sequel, which he plans to finish within the year. The first book ended in a way that the characters can now move on to a new adventure in "The Black Swan Event."

"The Curse of Sekhem Ka" is available in ebook format on amazon.com, barnesandnoble.com and iTunes. The print edition is available on amazon. com or from Dr. Messina by emailing docmessina@cox.net.



"The Curse of Sekhem Ka," written by Dr. Matthew Messina, is now available in ebook format on amazon.com

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He said now that the book has been published, he's getting a lot of positive feedback, which is an added bonus.

"Dentists like it because the dentist is a good guy for once. For non dentists, there is enough dentistry in it that makes it interesting, but you don't have to know any dentistry to enjoy the book," Dr. Messina said.

He said people have told him it's a good beach read, and men and women alike have said they enjoyed it.

"If you bring joy to other people, that's a great thing," he said.

Dr. Messina said he enjoys writing and had always been interested in delving into

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# **In Other News**

# Ohio Good DEED program celebrates second anniversary

### **ODA Staff**

Two years after its creation, the Ohio Good DEED (Dedicated to Environmental Excellence in Dentistry) Program is continuing to expand and now has over 100 participating dentists.

The Good DEED Program recognizes dental offices for implementing simple and innovative solutions to minimize their environmental impact in Ohio. It is a voluntary, statewide amalgam and other waste disposal program that recognizes

dental practices for their efforts and allows practices to demonstrate to regulators that they are being environmentally responsible without the need for additional regulations.

The program is a partnership between the Ohio Dental Association and the Ohio Environmental Protection Agency and has a two-tiered approach.

The first level of participation is the Gold Tier, which now has 50 dental practices



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• Group and Solo Group Formation • Entity Selection • Dispute Resolution • Business and Tax Planning Associate Buy-Ins and Owner Buy-Outs at 62 locations with 102 dentists and 313 chairs enrolled. At the Gold Tier, dentists are required to follow the American Dental Association's Best Management Practices (BMPs) for amalgam waste, which includes ISO 11143 compliant amalgam

separators, and to

comply with waste

disposal laws currently in place.



In order to qualify for the Ohio Good DEED program, an ISO 11143 compliant amalgam separator like the Solmetex pictured above must be in use in dental offices that place or remove amalgam.

The Gold and Green Tier, the second level of participation, now has 23 dental practices at 26 locations with 51 dentists and 139 chairs enrolled.

The Gold and Green Tier requires dentists to follow all of the components from the Gold Tier, plus implement basic recycling and 10 other pollution prevention practices. Examples of pollution prevention practices include using Star Energy appliances, unplugging appliances, using biodegradable disposable cups, using energy efficient low-mercury lighting, or using stainless steel endodontic suction tips.

"I strongly encourage all dentists to follow the ADA's BMPs for amalgam waste disposal. It's simply the right thing to do from both an environmental and dental practice perspective," said Dr. Sharon Parsons, chair of the Council on Dental Care Programs and Dental Practice. "Participating in the Good DEED Program enables individual dentists to be recognized for their environmentally responsible activities while also allowing the profession as a whole to publicly

demonstrate our ability to self-regulate without the need for undo government regulation."

To participate, dentists report their compliance with a checklist to the ODA indicating they follow all work practices required. Participants will then receive a certificate from the ODA. A certificate is reissued every two years.

Compliance is based on the honor system, however for the Gold and Green Tier, 5 percent of participants will be randomly selected to provide additional information to document adherence to the program. If a complaint is filed, dentists will be asked to provide additional information as well.

The Good DEED Program was started May 31, 2010, and received a Golden Apple Award in 2010 from the ADA

Everything dentists need to participate can be found online at http://epa.ohio. gov/ocapp/mercury reduction dental. aspx or can be mailed upon request by calling the ODA Department of Dental Services at (800)-282-1526.

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# Study linking X-rays, tumors questioned —

### Jackie Best Staff Writer

After reviewing a recent study that found a correlation between dental X-rays and the most common type of brain tumors, the American Dental Association continues to recommend that dentists order dental X-rays for patients only when necessary for diagnosis and treatment. The ADA also cites some reasons why the results may not be reliable.

The Yale University study, published in The American Cancer Society journal *Cancer*, found that people diagnosed with meningioma were twice as likely to report ever having a bitewing X-ray in their lifetime compared to people without the tumor.

The study also found a correlation between people who reported having panorex X-rays and people who were diagnosed with meningioma. People who said they had a panorex X-ray before age 10 were 4.9 times more likely to be diagnosed with the tumor compared to people who said they did not have a panorex X-ray before age 10. The study also found that people who had panorex X-rays most frequently were about three times as likely to have meningioma compared to people who said they had never had a panorex X-ray.

The ADA notes that the study was based on a self-reported dental X-ray history, which could result in unreliable results because of the imperfect ability to recall information, also known as "recall bias."

The study also acknowledges that many of the patients received bitewing X-rays decades ago, when radiation exposure from dental X-rays was higher because of the technology and slower speed of film.

One inconsistency in the study was a finding that the odds risk ratio from a bitewing ranges from 1.2 to 2.0, while the odds risk ratio for a full mouth series ranged from 1.0 to 1.2. This would indicate that a bitewing has 50 percent to 100 percent greater risk than a full mouth series, which includes bitewings.

As mentioned in his column on page 9, Dr. Matthew Messina, a member of the ODA and an ADA spokesperson, spoke to several media outlets to help put this study into perspective.

Dental X-rays are an important tool for diagnosing early stage cavities, gum diseases, abscesses and some types of tumors and can help dentists catch health problems at an early stage. The ADA recommends that dentists weigh the benefits and risks for each patient and take X-rays when needed.

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To limit patients' radiation exposure, the ADA recommends using abdominal shielding and thyroid collars on all patients, and using E or F speed film or a digital X-ray.

The study compared 1,433 people between the ages of 20 to 79 who were diagnosed with meningioma between 2006 and 2011 to 1,350 adults who were not diagnosed with the tumor. The control group was frequency matched based on age, sex and geography.

Meningioma is usually benign but can cause headaches, vision problems and loss of speech and motor control.

For more details about the ADA's recommendations about X-rays, visit www.ada.org. For more information about the study, visit http://onlinelibrary. wiley.com/doi/10.1002/cncr.26625/ abstract.

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