

ODA Today

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

QuickBites

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ADA delegates elect Dr. Ronald Lemmo to be treasurer

Jackie Best
Managing Editor

On Oct. 22 during the American Dental Association Annual Session, the ADA House of Delegates elected ODA Past President Dr. Ronald Lemmo as the ADA Treasurer.

"I am honored and privileged to have been elected by the ADA House of Delegates as Treasurer," Lemmo said. "I am grateful for the confidence entrusted in me for this responsibility."

ODA president Dr. Kim Gardner congratulated Lemmo stating "Ron has the skills and knowledge to be an outstanding ADA treasurer, and the House of Delegates clearly recognized that by giving him the majority of all votes cast in this three person race on the first ballot."

The ADA treasurer's principal duties include designing a budget process in concert with the Board of Trustees, serving as a resource for the House Reference Committee on Budget, Business and Administrative Matters, overseeing Association finances and presiding as chair of the Board's Administrative Review Committee. A treasurer is limited to a maximum of two three-year terms.

Lemmo, a general dentist from Willoughby Hills, has several goals as ADA treasurer.

"First, like our work in Ohio, it is critically important to tie the ADA budget to strategic goals and measurable outcomes," Lemmo said. "That is a key factor in a well run organization, so having a defined process for that is essential. Also important is having open lines of communication so that our leadership and members of the House of

Delegates have access to concise, factual budgetary information. I want to make sure that our leadership has access to financial information in a timely, transparent manner."

Lemmo has been actively involved in organized dentistry at the local, state and national levels throughout his career.

"My involvement in the Ohio Dental Association over many years has given me significant background in preparation for this position," Lemmo said. "It is an example of how involvement in our local organizations can give valuable foundations for leadership development. I am grateful to my colleagues in Ohio and Indiana for their support and collaboration that has helped me reach this goal. I will work hard to represent the 7th District well and to make everyone proud of our contribution to the profession."

Lemmo has served as chair of the ODA Finance Committee and chair of ODA Service Corp., is a member of the ADA Board of Trustees Audit Committee and past chair of the ADA Special Committee on Financial Affairs. He served on the ADA Council on Dental Education and Licensure from 2004-2008.

An ADA delegate/alternate delegate for 20 years, in 2005 Dr. Lemmo completed the ADA Executive Management Program for dentists at Northwestern University. He has served on numerous committees and in leadership roles at all levels of the tripartite. He is a graduate of the Case Western Reserve



Dr. Joe Mellion (right) congratulates Dr. Ronald Lemmo (left) after he was elected ADA treasurer Oct. 22 in San Francisco.

University School of Dental Medicine, where he has been a senior clinical instructor and is past director of continuing education.

"Dr. Lemmo has been a tremendous leader here in Ohio in all the positions he has held, including as ODA president and Finance Committee chair," ODA Executive Director David Owsiany said. "Lemmo has taken those skills honed in Ohio to the national level in recent years serving as chair of the ADA's Special Committee on Financial Affairs and as a member of the ADA's Audit Committee. Now all that work culminates with Lemmo becoming an officer of the ADA as its treasurer."

Lemmo said this would not have been possible without all of the help and support he received.

"I want to say thank you to my colleagues in Ohio and Indiana for helping me reach this goal," Lemmo said. "I could not have

See ADA, page 6

Amalgam separators to be strongly recommended but not mandated in Akron

ODA Staff

It appears likely the City of Akron will not require dentists within its sewer district to install amalgam separators. Instead, the city intends to strongly recommend that dentists who place or remove or in other ways handle amalgam, including teeth that contain amalgam restorations, install amalgam separators.

The recommendation will be included in a set of new requirements Akron is developing to take effect sometime in 2013. The requirements will largely mandate dentists within the sewer district follow the American Dental Association's best management practices (BMPs) for amalgam waste disposal (http://www.ada.org/sections/publicResources/pdfs/topics_amalgamwaste.pdf or http://www.ada.org/sections/professionalResources/pdfs/topics_amalgamwaste_brochure.pdf) with the notable exception that they will be strongly recommended, but not required, to install ISO 11143 compliant amalgam separators that remove amalgam particulate

at the 99 percent or better level.

The new requirements are being developed as a result of close cooperation between representatives of the city, Akron Dental Society and Ohio Dental Association. Akron is also utilizing information gained from mercury emission testing and consultations with officials at the Ohio Environmental Protection Agency (OEPA) in crafting regulations.

Akron found in order to renew its National Pollutant Discharge Elimination System (NPDES) permit, it had to implement a pollution minimization program for mercury. The NPDES permit effectively grants the sewer district the authority to function and sets operational standards it must meet. Failure to meet these standards can subject the city to substantial fines and/or action against its permit.



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 offices that place or remove amalgam.

"While the dental society does not court new regulations, we recognize there are times when mandates need to be put in place," stated Richard J. Gromofsky Jr., D.D.S., vice president, Akron Dental Society.

See AMALGAM, page 6



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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

One of the things I enjoy most about being the ODA's executive director is interacting with dental students at Ohio's two outstanding dental schools. During my frequent visits, I am always impressed with the dental students at both The Ohio State University College of Dentistry and the Case Western Reserve University School of Dental Medicine. They are bright, hardworking and fully engaged in their education. They are also more diverse – in terms of gender, race and ethnicity – than ever before.

Upon graduation, many dental students will face more challenges than dentists before them. The typical dental student graduates with more than \$200,000 in debt. Practice choices are more varied today as dental school graduates can choose various options, including associate positions in traditional small general dental practices or as employees at large group practices or in a corporate chain. Pressures from the debt load, recent economic slowdown and changes in professional and personal expectations have made those practice choices even

Dental students are the profession's future

more complicated.

Whatever type of practice a young dentist chooses, he or she will continue to face challenges as the practice of dentistry evolves with demographic changes, advances in technology and changes in the dental benefit marketplace.

Dr. Mark Bronson in his president's address to the ODA House of Delegates in September acknowledged that to stay relevant the ODA needs to get input from dental students and, with all these added pressures, dental students would benefit from additional exposure to organized dentistry. To effectuate that goal, the ODA Executive Committee is inviting dental student representatives from both of Ohio's dental schools to participate on several of ODA's committees and councils.

Bronson told the House of Delegates that "this collaborative effort will give valuable experience to the students and give our councils and committees excellent feedback from the student perspective." Bronson urged the delegates to encourage these students to "stay engaged and involved" throughout their dental careers. Bronson believes that the

dental students' involvement will benefit both the ODA and the dental students.

Today, dentistry continues to be a great profession. Dentists are respected professionals, who are leaders in their communities and trusted throughout society. This long-standing positive reputation was earned by the caring professionalism that dentists demonstrate every day in their offices. It has also been nurtured by organized dentistry, which has promoted quality oral health for all patients, protected the sanctity of the dentist-patient relationship from unnecessary third-party interference, and promoted professionalism and ethics throughout the dental profession.

It is our hope that the ODA will benefit from the dental students' involvement with our councils and committees so that we continue to provide services and programs that meet the needs of the next generation of dentists. In recent years, many professional associations have seen their market share shrink dramatically as they lost relevance to their members. While we have not been immune to the challenges of the difficult economy,

we have been able to buck the trend of dramatic membership losses. Today, nearly 75 percent of Ohio dentists still belong to the ODA.

By encouraging dental student participation, we hope to gain valuable insight from the next generation of dentists so that we can continue to remain relevant to all Ohio dentists into the future.

In the process, we hope to enhance the students' understanding of organized dentistry. From valuable continuing education opportunities to legislative and regulatory advocacy, from the provision of accurate and credible information on dental regulations, practice management and third-party payer issues to access to valuable discounted services and products; we know that Ohio dentists value their membership in the ODA. We hope to expose the next generation of Ohio dentists to that positive experience as well.

We believe both the dental students and the ODA will benefit from this new level of student participation and, as such, the future of the profession of dentistry will certainly benefit as well.

CWRU dental school finalizes international collaboration

Jackie Best
Managing Editor

The Case Western Reserve University School of Dental Medicine recently finalized a program with Rambam Medical Center in Haifa, Israel, to prepare foreign graduates for Advanced Education in General Dentistry (AEGD) training and specialty training at Case Western.

The students will attend a one-year preparatory program in Rambam where they will master dental competencies required in the United States. Two students will then come to Case Western, where they will be integrated into the two-year AEGD program. The program also will accept one student at a time who will attend a specialty program at Case Western, which lasts for three years.

"It's a very exciting program. Our institutions are very similar, highly regarded research institutions, and we have this educational, clinical care component to the things we do," said Dr. Jerold Goldberg, dean of the School of Dental Medicine at Case Western.

The preparatory program in Rambam will begin in 2013 and students will begin attending classes at Case Western in fall 2014. The program will recruit students from Russia, the Far East and India, and other countries. The program will prepare students so they will be able to begin treating patients on their first day at Case Western.

Upon completion, the students participating in the AEGD program will have no further commitment

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Legal Briefs

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

In recent years, Ohio unions attempted to mandate that all employers, including small businesses, offer certain standardized benefits to employees like paid sick leave and a baseline level of maternity leave. Ultimately, those efforts failed, and most dental offices in Ohio still retain wide latitude with respect to employee benefit offerings. However, despite this discretion over benefit offerings, employer dentists should exercise caution when establishing these policies to avoid legal pitfalls.

Maternity Leave

Many dentists believe that federal law dictates their business' maternity leave policy. The Family and Medical Leave Act (FMLA) adopted in 1993, requires employers to offer 12 weeks of pregnancy leave for employees. However, the federal law defines employers as those businesses who employ 50 or more employees. This definition essentially

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.

CWRU, from page 3

and will be able to choose where they want to practice. Participants in specialty programs will have a three year faculty commitment.

Goldberg said this is an exciting opportunity to promote international experiences and interactions through education.

"We are all about internationalization so we can learn more about them and they can learn more about us," Goldberg said.

The School of Dental Medicine has a history of working with Israel on several different projects, including a current program where students and faculty from the Case Western dental school are helping to excavate a cave in Manot, Israel, that had been sealed for 20,000 years before it was discovered in 2008.

The collaboration between the CWRU dental school and the Rambam Medical Center first began because of a CWRU dental school faculty member who is from Israel, Dr. Sorin Teich. A friend of his from Rambam came to visit several times, and eventually Rambam and Case Western developed the idea for the advanced education program.

Dr. Eli Machtei is head of the Rambam Health Care Center School of Graduate Dentistry and Dr. Zvi Gutmacher will oversee the preparatory classes in Israel. Several faculty members have been working closely with Rambam to design a curriculum. Several Case Western faculty members have been very involved in the program, including Teich; Dr. Faddy Faddoul, director of the AEGD program; and Dr. Mark Hans, associate dean of Graduate Studies.

Exercise caution when establishing employee benefits

exempts most dental practices and other small employers from the 12-week leave requirement. Current state law does, however, require employers to offer a sufficient amount of leave to employees for these purposes, regardless of the size of the business.

What constitutes a sufficient amount of maternity leave is not defined in the law. Many dental offices choose to mirror the FMLA requirements as this would certainly meet the "sufficient" standard, but that is not required. It is important to consult with an attorney or human resource professional when establishing this leave policy. Additionally, it is important that once established the benefit policy is provided to employees and applied consistently across employment categories.

Continuing Education Leave and Reimbursement

Dental offices also maintain wide latitude on the issue of employee continuing education. Employers can choose to reimburse employees for continued education training, provide

paid or unpaid leave to obtain CE or do a combination of these or neither. As with maternity leave discussed above, the employer must be certain to treat categories of employees the same within the policy they establish.

Some dentists choose to provide continuing education opportunities to their employees through attendance at seminars or conventions. Sometimes this offer raises questions on whether employers must pay employees for their time when attending these seminars or conventions.

The U.S. Fair Labor Standards Act provides some guidance on this issue. Section 785.27 of the act states that: "attendance at lectures, meetings, training programs and similar activities need not be counted as working time if the following four criteria are met:

- (a) Attendance is outside of the employee's regular working hours;
- (b) Attendance is in fact voluntary;
- (c) The course, lecture, or meeting is not directly related to the employee's job; and

(d) The employee does not perform any productive work during such attendance."

Three of these four criteria are simple to understand for all involved, but section (c) sometimes causes confusion. The U.S. Department of Labor has provided some guidance on this section to help employers and employees understand when a course is or is not directly related to an employee's job.

The Department of Labor guidance states that the training is directly related and would thus be considered work hours if it concerns the employee's specific job at the place of employment. Training that is for the benefit of the employee, is of general applicability and enables the employee to gain skills that would allow them to gain employment at other similar businesses is not considered to be directly related.

Applying this guidance to a dental office, CE training that is simply related to dental hygiene or dental assisting or

See **BENEFITS**, page 6

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Frank R. Recker has practiced general dentistry for 13 years and served as a member of the Ohio State Dental Board before entering the legal profession. Areas of practice include:

- 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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AMALGAM, from page 1

“We are very pleased with Akron’s willingness to work with the profession to develop practical, scientifically sound regulations that are easy to understand and implement.”

The new regulations are expected to clearly detail the required actions dental offices must take to be in compliance while also suggesting other environmentally friendly recommendations. While it has the authority to do so, the city has chosen not to levy any fees on dentists to fund the enforcement of the new regulations.

Akron may include a recommendation in its new requirements encouraging dentists to participate in the Ohio Good DEED (Dedicated to Environmental Excellence in Dentistry) Program. The Good DEED Program is a voluntary, statewide amalgam and other waste disposal program. It is a partnership between the ODA and OEPA that recognizes dental practices for their environmentally friendly activities and allows dentists to demonstrate to regulators that they are being environmentally responsible without the need for additional regulations.

Dentists can participate in the program at two levels. At the first level of participation, the Gold Tier, dentists commit to following the ADA’s BMPs for amalgam waste, which include installing an ISO 11143 compliant amalgam separator, and complying with existing waste disposal laws. At the second

level, the Gold and Green Tier, dentists agree to follow all of the components of the Gold Tier while also implementing basic recycling and 10 other pollution prevention practices of their choice.

“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 ODA 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 undue government regulation.”

Everything dentists need to participate in the Good DEED Program can be found online at http://epa.ohio.gov/ocapp/mercury_reduction_dental.aspx or by contacting the ODA Department of Dental Services at (800) 282-1526.

The city, with ADS and ODA support, pursued a Great Lakes Restoration Initiative grant in hopes of creating a rebate program to incentivize and subsidize dentists’ purchases of the amalgam separators. While Akron was not awarded the grant, it has indicated a desire to submit another grant application in the future. If funded, the city has stated its intention to allow dentists who proactively installed amalgam separators to apply for the rebates.

Best Management Practices for Amalgam Waste	
DO	DON'T
Do use precapsulated alloys and stock a variety of capsule sizes	Don't use bulk mercury
Do recycle used disposable amalgam capsules	Don't put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage
Do salvage, store and recycle non-contact amalgam (scrap amalgam)	Don't put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
Do salvage (contact) amalgam pieces from restorations after removal and recycle the amalgam waste	Don't put contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
Do use chair-side traps, vacuum pump filters and amalgam separators to retain amalgam and recycle their contents	Don't rinse devices containing amalgam over drains or sinks
Do recycle teeth that contain amalgam restorations (Note: Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection)	Don't dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage
Do manage amalgam waste through recycling as much as possible	Don't flush amalgam waste down the drain or toilet
Do use line cleaners that minimize dissolution of amalgam	Don't use bleach or chlorine-containing cleaners to flush wastewater lines

ADA, from page 1

achieved this without the support and work of so many individuals in our district over many years. Each member has helped to make this possible. I specifically want to thank the leadership in both Ohio and Indiana.”

Also during the ADA House of Delegates meeting, ODA Past President Dr. Joseph Crowley was inducted as the 7th-District trustee.

Crowley, a general dentist from Cincinnati, has served as a delegate or alternate delegate to the ADA House since 1994, was a member and chair of the ADA Council on Government Affairs and has been District 7 representative to the American Dental Political Action Committee Board. Crowley was the chairman of the Ohio Dental Political Action Committee from 2009 to 2012 and has served as president of the Cincinnati Dental Society.

In other business, the ADA House of Delegates passed several resolutions.

The delegates approved a 2013 operating budget that forgoes the need for a proposed \$50 special assessment by establishing a Capital Building Fund. The delegates also approved a dues increase of \$10, which sets ADA dues at \$522 as of Jan. 1, 2013. The original proposal, including the special assessment, would have set dues at \$549 in 2013.

The House also approved resolutions that allocate funds to retain an outside public relations firm to promote message development and media outreach, increase the dues percentage of active life members and direct unspent funds allocated to the Taskforce on Dental Education Economics and Student Debt in 2012 be redirected to that taskforce in 2013.

A proposal that would have created dental anesthesia as a dental specialty status was rejected by the House of Delegates.

The ADA Annual Session also included opportunities to receive Continuing Education; an exhibit hall; several speakers and forums; and special events including a Give Kids a Smile gala and a new dentist reception.

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BENEFITS, from page 5

customer service generally is too broad to be counted as working time under the Fair Labor Standards Act. These are all examples of skills that the employees could use to gain employment or further a career or perform duties at any dental office, not just at one specific office. Dentists should keep this guidance in mind when establishing a policy on employee continuing education.

As dentists establish employee benefit policies, they should always trust the advice of their human resource professional and/or personal lawyer.

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Ohio Dental Association members will receive tripartite membership dues statements this month. ODA membership dues payments are due Jan. 1, 2013, for the 2013 membership year.

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

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

Retirees: Don't forget to update your membership

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

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

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

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

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

ODA Meeting & Event Calendar

Nov.

- 2 ODASC Board of Directors Meeting
Council on Access to Care & Public Service
- 6-7 Council on Dental Care Programs & Dental Practice
- 14 ODPAC Board of Directors
- 15-16 Annual Session Committee
- 16 Executive Committee
ODA Foundation Board of Trustees
- 22-23 ODA Office Closed for Thanksgiving Holiday
- 30 Council on Membership Services

Dec.

- 24 ODA Office Closed for Christmas Holiday
- 25 ODA Office Closed for Christmas Holiday
- 31 ODA Office Closed for New Year's Holiday

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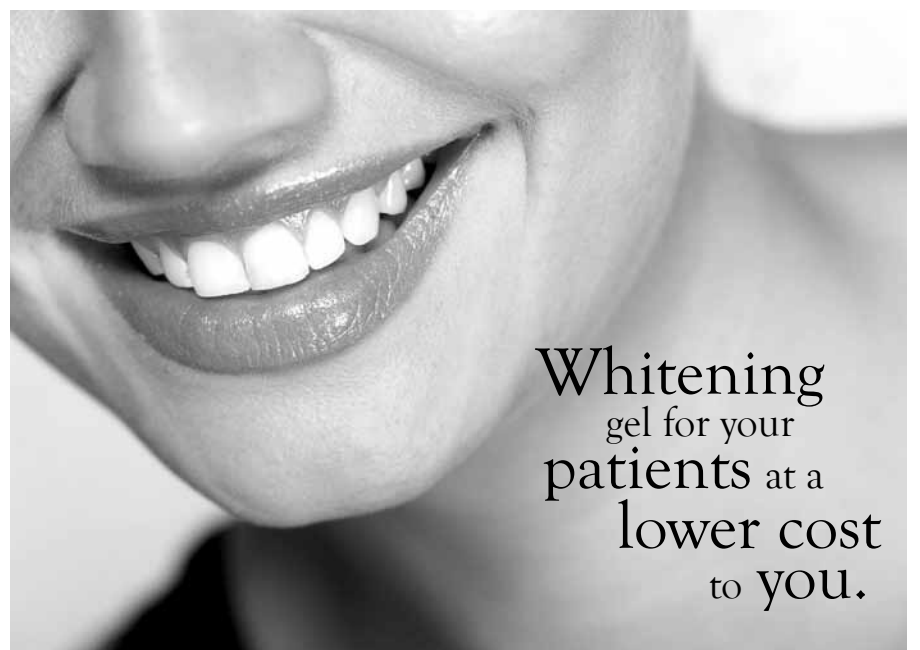
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Christopher A. Moore, MA
ODA Director of Dental Services

Should dentists receive third party payer reimbursement for providing dental services to family members? The American Dental Association says yes, but some insurance plans say no.

The Ohio Dental Association has recently received a number of calls from member dentists who have received claim denials or refund requests for payments one carrier made to them for care the dentists provided to family members. While the calls have come from dentists from around the state, they only involved one insurer that covers members of a teacher's union. The insurer explained in one denial that the "claim is correctly denied, as services performed by a physician on a family member are not eligible for reimbursement. [The employer] has listed this as an exclusion in their certificate book: 'Charges by persons who ordinarily reside in the same household with the Covered Person or who are related by blood or marriage or legal adoption to the Covered Person'" as the basis for its decision.

It is unclear if the insurance company is administering one of its dental insurance products or simply administering a self-funded or self-insured benefit plan. It is also unclear if the recent activity was prompted by the insurer, union, employer or some other entity. None of the dentists who contacted the ODA are in a participating provider agreement with the insurer, union or employer.

Regulatory and ethical considerations

The ODA is unaware of any state laws that either prohibit dentists from billing insurers for services provided to family members or require dentists to treat family members at no charge. Some insurers and benefit plans have, however, for many years included language that excludes coverage if care is provided by a family member. Other payers have no such exclusions and only expect the dentist to bill them in the same manner they bill their family member patient, e.g., if the dentist charges the patient a discounted fee then the carrier would expect this discount to be reflected on the claim the dentist submits to the insurer.

"Some payers appear to reason that if the family member patient did not have dental benefits then the dentist would not charge them for the service," stated Sharon Parsons, D.D.S., chair, ODA Council on Dental Care Programs and Dental Practice. "Others seem to incorrectly apply physicians' ethical and reimbursement strictures to dentists."

Opinion 8.19 (Self-Treatment or Treatment of Immediate Family Members) of the American Medical Association Code of Medical Ethics states:

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the

physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

As stated in the October 2007 *Journal of the American Dental Association*, "there is no parallel provision in the American Dental Association Principles of Ethics and Code of Professional Conduct (ADA Code). Consequently, the ADA Code does not prevent dentists from treating their family members. The decision to do so is left to the discretion of the dentist and the family member involved."

Three Principles in the ADA Code provide dentists with ethical guidance in addressing this issue:

Section 1 (Patient Autonomy) places a duty on the dentist "to respect the patient's rights to self-determination and confidentiality." This duty is "to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality." The dentist's primary obligations under this principle "include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy."

Section 2 (Nonmaleficence) states "the dentist has a duty to refrain from harming the patient." The dentist's primary obligations under this principle "include keeping knowledge and skills current, knowing one's own limitations

and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate."

Section 3 (Beneficence) indicates "the dentist has a duty to promote the patient's welfare." The dentist has "a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality." The dentist's primary obligation under this principle is service to the patient and the public-at-large and "the most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient."

If a dentist determines he/she is in compliance with these principles, then there is no regulatory or ethical reason to prohibit the dentist from providing care to a family member and then billing for those services. It is worth noting the dentist should not change his/her treatment or patient record documentation practices solely because the patient is a member of the dentist's family.

Dentists who decide to bill family members for services should do so on a consistent basis and not contingent upon the patient's dental insurance status. Dentists who treat a family member covered by a benefits plan the dentist contracts with, e.g., a preferred provider organization or other type of contracting dentist network, must be sure to adhere to the terms of their participating provider agreement.

The ADA policy has for 25 years advocated "that group benefit plan contracts should not contain exclusions for reimbursement for treatment based on the familial relationship of the treating dentist and the beneficiary" and "that such existing exclusions be deleted from all dental benefit plan contracts as they are renewed."

Addressing problem situations

Dentists who encounter problems with respect to billing for the treatment of family members may want to consider taking the following actions to address the situation:

1) If applicable, check the dentist's participating provider agreement and any accompanying rules that govern the contract and benefit plan for a

See **INSURANCE**, page 17

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



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ODPAC contributors help voice dentistry's message at the Statehouse

Jackie Best
Managing Editor

The Ohio Dental Political Action Committee (ODPAC) reached a fundraising milestone this year as it received more than \$250,000 in contributions.

This year, nearly 40 percent of ODA member dentists became members of ODPAC. Such strong support gave dentists across Ohio a unified voice at the Statehouse and in the halls of Congress.

"The reason ODPAC has had such a successful year is because our members see the value of the advocacy we've done," said Dr. Michael Schaeffer, ODPAC chair. He added that oftentimes members also step up their contributions in an election year.

He said one of the biggest accomplishments of ODPAC this year was increasing the number of Capital Clubs and Capital Club members. Membership

in a Capital Club requires a minimum \$250 ODPAC contribution, and the members meet once a year for a dinner with legislators and policymakers. So far, nine component societies have started Capital Clubs.

Schaeffer said the Capital Club members are important because not only do they provide funds to ODPAC, but they also provide more people who are willing to host or attend fundraisers and receptions and meet with legislators.

On top of fundraising successes, ODPAC has had several legislative successes in 2012. ODPAC was able to protect the small waste generator exemption for the disposal of medical wastes and promote flexibility in continuing education by allowing dentists to obtain up to 15 percent of required CE through practice management.

ODPAC also is continuing to fight

against a proposal to create a mid-level dental provider in Ohio and is working with legislators in Ohio to implement legislation that would prohibit insurance companies from setting fees for non-covered services.

"It's always important for us to recruit new members to ODPAC so we can advocate for our members and our patients," Schaeffer said. "If legislators put

new and different regulations on us, it will cost our patients more money and make us less responsible for our own practice."

Below is a list of 2012 ODPAC contributors whose support helped ODPAC experience its most successful year on record.

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

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The Explorer

Matthew J. Messina, DDS
Executive Editor

Pelosi Was Right

Former Speaker of the U.S. House of Representatives Nancy Pelosi (D-Calif.) famously said of the Affordable Care Act, "We have to pass the bill so that you can find out what is in it." That remark may well define her career, and she has been widely, and correctly, ridiculed for the comment. Coming during the heated debate over the passage of one of the most far ranging pieces of legislation in our time, it was a profoundly silly statement. It also has proven to be absolutely correct.

For all the words contained in the over 2,000 pages of legislation that make up the Affordable Care Act (ACA), there is little to be found of concrete policy and actionable details. The majority of the legislation is broad ideas and leaves the implementation "to be determined by the Secretary of Health and Human Services" and other as yet unnamed boards and

departments. In Speaker Pelosi's defense, she was accurate in that the legislation itself is only a guideline and it is the implementation over time that will reveal the details. As adopted, the impact on the profession of dentistry is one of the most difficult areas to determine.

More than two years after the passage of the ACA, we still know very little about how it will affect the practice of dentistry. The mega-topic discussion at the ADA Annual Session this week was the future of dentistry in the next five years. A panel of experts from across the spectrum of dental practice could only agree that "we don't know what the future holds" and that no one is sure what is going to happen.

In spite of all the uncertainty, a few things can be determined from reviewing the data. According to Marko Vujicic, Ph.D., vice president of the Health Policy Resources Center at the ADA, the growth in per capita dental expenditures rose at a rate of 5 percent per year from 1999 through 2002. That rate of growth fell to 1.9 percent from 2002 through 2008. Since 2008, the rate of growth has been flat or slightly negative. The income of general dentists began falling in 2005, with the decline in earnings ending in 2009, but there has been no growth in annual income since 2009.

The percentage of the adult U.S. population with a visit to a dentist in the past year peaked in 2003 at 41.2 percent and has fallen to 37 percent by 2010.

The percentage of children with a dental visit in a year has risen to 47 percent by 2010. During the most recent recession, adult dental utilization is down while children's utilization is increasing. This trend crosses all economic levels, from the poor to wealthy.

The reason for this trend appears to be the fact that during the period from 2001 to 2010, the percentage of adults with private dental insurance has fallen from 61 percent to 56 percent. The number of uninsured children has fallen from 20 percent to 16 percent. However, the number of children with private insurance has fallen from 57 percent to 49 percent. The population of children on public insurance has risen from 23 percent to 35.5 percent. Since 2008, an estimated 10 million people have lost their dental benefits.

We have known for a long time that people are more likely to visit the dentist if they have dental insurance. The current statistics continue to bear that out. The reason for the economic loss for a dental practice is that for each 1 percent decline in utilization rate, that translates to 18 patients lost to the average dental office. A 5 percent decline would be the net loss of 90 patients and all the discomfort that goes with it.

So how does the implementation of the ACA factor into this. The ACA requires

See MESSINA, page 16



Between the Lines

Ken Jones, DDS, JD
Guest Columnist

Close Mouth Open Mind

"Most people do not listen with the intent to understand; they listen with the intent to reply." Stephen R. Covey

It's time, ladies and gentlemen, to listen and to understand. It's time to decide what you want your chosen profession to become. Actually, it's time to decide what your chosen profession is right now.

Some of us are in what's known as the "private sector" and some in the "public sector." To most of us, private sector dentists are those who own their own practices. We pay the bills, hire and pay the staff, provide and pay for the real estate and the dental equipment to serve our patients, and don't get paid until after everyone else has gotten their paychecks. In some instances, we are dental professionals who are employed in private sector practices, and most often, our paycheck depends upon our production of patient care, not only hands-on, but educational as well. We do most of the dentistry in this country today.

Those in the public sector are also important to our profession and the people we all serve. They are the ones who prefer to work, either part-time or full-time, in positions where they need not be personally responsible for the risks, responsibilities and expenses of owning a dental practice. We usually include educators, charity clinics and government-program-employed dental workers in this category. Many of these positions are held by dental public health practitioners. Some do, but many do not participate in actual patient care. Charitable organizations and government programs, along with dental students' tuition (for the educators) are the most common sources of funding, so, to some

extent, my donations and tax dollars help pay their salaries.

Over the past months, I've followed the back-and-forth postings on a well-known public health listserve¹. I'm beginning to see why there may never be an answer to the issues surrounding dentistry's ability to get care to those who need it. The public sector seems to point an all-knowing finger of blame at the private sector, and the private sector tends to ignore the dental public health professionals because they don't know (or sometimes care) that they are out there. Neither side cares for the other's attitudes.

Some of the disgruntled ones on that listserve seem rather bitter about their choices in life. For example, this poster recently admonished us by whining the following:

"We have dentists in the public sector, underpaid compared to their colleagues in the private sector, and you actually believe the underpaid overworked dedicated public sector dentists are the ones who are predatory? Amazing logic. Public sector dentists, with whom I have spent 40 years working, do not deserve those scurrilous accusations. They are decent, honest, hard working people trying to make this a better world, *and they are not in pursuit of a 7 series BMW.*"ⁱⁱ (Emphasis added, and just for the record, after 41 years of private practice, I drive a Prius V Hybrid.)

Others, more rational, state that they are "one of the 95% of dentists who practices in a small private practice ..." and know that "in order to correct a dental system – ALL the facts should be known and discussed – even the uncomfortable ones."

OK, here are a few facts to discuss. Now, talk with me, and not at me. Understand my viewpoint and help me merge it with yours. Tell us all what your vision of your profession is. Give me some direction to take to organized dentistry and to dental public health. Better yet, let's encourage more of those educators and public health folks to work from the inside and join us as members of organized dentistry to discuss concerns like these:

1. I recently took a dental school CE course where, as usual, no one talked much about access. One speaker told

us that every denture needs a couple of implants for stability. I still wonder why I didn't ask him if he told that to his Medicaid patients. Maybe I should have asked if his school's faculty practice even accepted Medicaid patients. (They don't – does your alma mater?)

2. Many dental schools used to be concerned enough about ethics to have the American Dental Association (ADA) Council on Ethics and Judicial Affairs (CEBJA) speakers address their students every year. Then, the schools wanted those ethics talks incorporated into a "practice management" program that seemed to deal less with access to care and professionalism than with building a big ticket practice for those who could afford it. (Recently, however, in a few schools, the students seem to care enough about ethical practice to really get involved on their own, so maybe there's hope.)

3. I used to tell parents that, if their kids had been on fluoride, in utero and since birth, either in the water or in supplements, and if they flossed and brushed their teeth like I showed them, and especially if they didn't feed kids sugary junk food, those kids probably didn't need to be seen until they were 4 or 5 years old. It worked, and that was all the evidence I needed. I had a ton of child patients (my kids included) who still have no decay. Why? Because their parents were taught to see the value of being involved in good diet, good homecare and good education, and

See JONES, page 17

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The process to join is easy and you set the level of participation. You decide the number of patients to see each year and the frequency; and the type of patient – elderly on a fixed income, working poor, single parent, disabled and so on.

You do the dentistry. Regional referral coordinators handle the paperwork and other administrative tasks of the program, which can include:

- handling preliminary phone calls,
- referring callers to other community resources if not eligible for OPTIONS,
- reviewing applications to determine eligibility,
- making initial contacts with the dental office regarding the patient, working with patients to ensure follow-through with care and adherence with guidelines of the program,
- collecting treatment values from the dentist,
- and more.

While dentists can participate on a discounted fee or donated basis – or both – there are a few distinct advantages to treating a patient eligible for donated (not just discounted) care:

- Laboratory fees for donated care patients are covered through the OPTIONS program.
- There is a need for more dentists willing to provide donated care.
- Dentists who provide donated treatment are eligible for up to four hours of volunteer CE credit per biennium. Every four hours of donated care through Dental OPTIONS will earn you one CE credit, and is awarded in one hour increments.

As an OPTIONS dentist, you will make a difference to someone in need in your community. Since 1997, more than \$17.7 million in volunteer dental services has been given to over 10,500 Ohioans in need.

Dental OPTIONS 2011-12: a year of milestones:

- 15 years of helping uninsured, low-income Ohioans
- The largest number of patients completed in one year
- Highest amount of reported volunteer treatment value (nearly \$582,000 more than previous high amount)

Ohioans helped by OPTIONS in state FY 2011-12:	8,111
Individuals referred to safety net programs, Medicaid providers or emergency care:.....	6,963
Patients matched to an OPTIONS dentist:	1,148
Patients completed in FY 2012:	906
Enrolled dentists:	934
Enrolled dental labs	101
Reported volunteer dentist treatment values:	\$2,190,904
Total reported lab service value for FY 2012:	\$57,992
Total dentist treatment and lab service value for FY 2012:.....	\$2,248,896

2012 Dental OPTIONS Participants

Danute Abriani	John Blakemore	Earnest Cook	Joel Esselman	Bradley Gregory	Jack Irvin
Anthony Adamo	Barry Blank	James Cook	Jeffrey Esterburg	M. Lee Griffith	David Itkoff
Shabbir Adenwalla	William Blood	Victor Cook	Michael Evan	Mark Grosko	Paul Jackanich
Afshan Ahmed	Michael Blum	Seth Cooper	Grace Evans	Ronald Grycko	Tamila Franklin
Rusty Albrecht	Stacey Blume	Claude Corbitt, Jr.	Scott Everhart	Klaus Guder	Bert Jacob
Stephanie Aldrich	Emily Boehm	Gary Cortesi	Jon Ewig	Hans Guter	Joseph Jacob
Lyn Allee	Thomas Bosma	James Cottle	Stephen Fabry	Thomas Guernsey	Denver Jenkins
Terrence Allemang	Shelly Boss	Jonathan Coyne	Fady Faddoul	David Haas	Parker Jarvis
Alison Allin	Michele Botti	William Coyne	Charles Fahncke	Maria Haas	Hal Jeter
B. Douglas Amberman	Russell Boudreau	Warren Craig	William Falk	Eric Haas	Glenn Jividen
Jody Ames	Dane Bowen	J. Randall Crawford	Beverly Fanz	Mark Haas	Burton Job
Brian Amison	Donald Bowen	Curtis Creath	David Farinacci	Roger Haas	R. Eric Johanssen
Trudy Amstadt	Larry Brandau	Brian Crock	M.A. Faris	Albert Hackman	David Johnson
Bill Anderson	Christopher Brauning	Martin Crombie	Craig Farrell	Andre Haerian	Lisa Johnson
David Andrews	Kathy Brisley-Sedon	Lori Cronin	Kylene Fernandez	Tara Haid	R.E. Johnson
Anthony Antolini	Neil Brofman	Carolyn Crowell	Ladan Fischbach	Michael Halasz	Robert Johnson
Bamidele Apapa	Mark Bronson	Joseph Crowley	Timothy Fisher	Joshua Halderman	Michael Judy
Heather Appel	H.D. Brown	Chelsey Cueto	Lori Fitzgerald	Robert Hamilton	Jennifer Kale
Diane Arel	Lee Brown	Jason Culley	Mark Fixari	Joseph Hampton	Alireza Karbassi
Charles Arens	Molly Brumfield	Leslie Culp	Patrick Flannery	Mary Ann Hanlon	James Karłowicz
Mark Armstrong	Rick Bruner	Ronald Curl	Michael Fleitz	Patricia Hannahan	James Karpac
David Ash	Donald Brunetti	Brian Cutright	Todd Flere	Robert Haring	Don Karpinski
Jonathan Ash	Gary Brunk	Edward D'Alessandro	Richard Fletcher	Bryan Harju	Michael Kastner
Helen Ashford	Richard Buchanan	Joseph Daghter	Jason Fomich	Jimmie Harper	James Katz
Marc Asmar	David Bullard	Eeman Dajani	Robert Forche	Paul Harr	Frederic Kaufman
James Aust	Jeffrey Bunkers	Kristina Danielak	Mark Ford	Andrew Harris	Christopher Kayafas
Maryam Azadi	Gerald Burgei	Paul Danko	Amy Forloine	David Harris	Carole Kelley
Dean Backiewicz	Edwina Burke	Leonard Davidson	Catherine Forster	Mickey Harrison	Erin Kemp
Melissa Baker	Kenneth Burman	Gregory Davis	William Foster	Christopher Harter	Kathryn Kemp
David Ball	Glenn Burns	John Davis	John Fowler	Jill Harter	Gary Kennedy
Bruce Baloy	Richard Burns, Jr.	Theresa Davis	Brooke Fox	Nancy Hartzell	Larry Kennedy
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Robert Barnett, Jr.	Paul Bushi	Dental Center of Northwest Ohio	Sanford Franklin	Dale Hazelbaker	Benedict Kim
Richard Barry	Ewa Byczek	Dental Center of Northwest Ohio/ Findlay	David Franz	George Hebeka	Hyo Kim
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Theodore Bauer	Russell Caputo	Laury DiMichaelangelo	William Gable	Byron Henry	Lawrence Kluener
Geoffrey Bauman	Michael Carl	Mark Dinkins	Thomas Gabriel	Craig Henzel	Richard Knesley
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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 2 days / week in our busy general practice located in Westlake, Ohio. Looking for genuine, customer service-oriented practitioner. Great facility complimented by an amazing staff. Plenty of new patients. Contact Loni, (440) 871-8588 or email lasalviadds@aol.com All inquiries will be held confidential.

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.

An outstanding private pediatric practice with two locations in Northeast Cincinnati is looking for an associate pediatric dentist to join our team. Brand new facilities, digital-ray, top notch computerization and a wonderful long standing staff make this THE opportunity for which young pediatric dentists dream. 3-4 days a week with partnership potential. Check out our website at www.outstandingdentalteam.com and e-mail Sandra@outstandingdentalteam.com with your resume.

Associate dentist opportunity available in well-established, high-tech Dayton/Kettering practice. A few years of

experience preferred. Please inquire by email to shari@dayton-dentistry.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 opportunity available in Springfield, Ohio. We are seeking a team oriented individual dedicated to delivering the highest level of patient care. We are a well established, busy and growing family practice. Contact Robin @ (937) 390-2440 or robin@bizwoh.rr.com.

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.

Associate wanted, Canton South area; option to purchase. Call Dr. Arora at (330) 484-4843.

Brand new upstart office in Beechwood/Clintonville area looking for an aggressive, like-minded dentist with partnership potential. Flexible hours. Great staff with excellent work environment. Please contact Marc Lewis via marcjlewis@hotmail.com.

Cincinnati Dental Services, a multi-disciplinary group practice with six locations in greater Cincinnati, OH and northern Kentucky is looking for

a General Dentist to join their growing group. Our doctors enjoy a professional practice experience and comprehensive compensation and benefit package that includes medical, professional liability, disability and life insurances, flexible spending account, and a 401K program with employer matching contribution. For more information on our practice, please visit our website at www.cincinnatiidentalservices.com. Please contact Dr. Steven Jones at (513) 721-2444 ext.115, or email at stjones@amdpi.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, General Practice, Xenia. P/T with opportunity for full time and eventual practice purchase. Established, low stress practice. Salary based on production. Contact: northxen@gmail.com.

Dentist associate opportunity, full or part time. Generous compensation for the right candidate. Future partnership/ownership possible. Residential suite

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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.

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.

Local dentist opportunities with income potential of \$200K+. ImmediaDent's practices are open 7 days/week, 9am to 9pm. We are seeking dentists with a passion to provide comprehensive dental care. Dentists enjoy a 3 or 4 day work week and competitive benefits. Enjoy dentistry without the stress of practice management. Build and maintain a recurring patient base, allowing for long term success. Be rewarded with unique in the industry Long Term Investment Plan. Participate in a great benefits package including medical, paid time off & 401(k) Call today! Terry Lynn Herr at (716) 901-5972 or email your CV to terrylynnherr@immediadent.com.

Pediatric dentist. Associate position available in Columbus/Hilliard, Ohio, 2 days per week. Opportunity to increase to 3-4 days per week. Please call Lisa @ (614) 876-5500.

UC Health-University Hospital in Cincinnati, Ohio has the following full time opportunity available: Staff Dentist. This position is responsible for implementation of a hospital dental service, provision of comprehensive general dentistry care at the highest clinical level to a diverse patient population in a clinical practice as well as a hospital setting and some resident teaching/supervision. The ideal candidate will have special training, experience and interest in hospital dentistry. Minimum qualifications are a graduate of an ADA accredited dental school and successful completion of a post doctoral general dentistry residency program (hospital based), with experience in the management of medically compromised patients (transplant, cardiac, cancer, special needs, OR, etc.). Licensure in Ohio is required. Training in oral medicine is highly desirable. This position is open and applications will be accepted until the position is filled. We offer a competitive salary and comprehensive benefits package. Interested individuals please forward your resume to: Kelly Howard, Human Resources, The University Hospital, 234 Goodman Ave. Cincinnati,

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Interested in advertising? ODA Today reaches 5,600 dentists and their staff each month. Contact Amy Szmania at (800) 282-1526 or amy@oda.org for more information.

OH 45219. Phone: (513) 584-2781, Email: Kelly.Howard@uchealth.com or www.uchealth.com.

Unique 2-3 dentist legacy practice in Northwest Ohio seeking an associate to take over or transition senior partner's practice. Very profitable. Loyal staff. County has lowest unemployment in the state. Excellent school system. General practice residency, outstanding new graduate, or experience preferred. Send resume with references to P.O. Box 650, Celina, OH 45822 or email to schleucher.4@osu.edu.

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 led 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

4 Dr stool @ \$200 ea. (1 Mauve & 3 Beige). 2 Adec patient chairs (mauve) \$800 ea. 1 Adec Patient Chair with over patient delivery (blue) \$1000. 1 Adec dental light \$500. 1 Pelton Crane Chairman chair (beige) \$1000. 3 Adec carts \$400 ea. 3 utility carts \$100 ea. 1 amalgamator \$100. Call (937) 390-2440 or e-mail robin@bizwoh.rr.com.

Two Pelton Crane 2007 Spirit II sink units and a side unit, \$200 each. Email for photos, kthokey@thokeydds.com.

Oral Vision intra-oral camera system. Monitor, printer, camera, cart, printing paper, ribbons, and replacement bulb, \$500.00. Reveal intra-oral camera system. Monitor, printer, camera, cart, printing paper and replacement bulb, \$700.00. 2 RF System wireless intra-oral camera systems. 2 monitors with SD cards, 2 Lumica cameras with charging stands, 2 replacement batteries, \$600.00 each. NEKS cavity detector, \$600.00. Cariscreen meter for CariFree system, \$600.00. 2 Zeon illuminators with 1 headlamp (for Orascoptic loupes) and replacement bulbs, \$300.00 each illuminator. Email drdean1111@aol.com if interested.

Practice for Sale

Dental office for available for quick sale. 4 operatories. Has been a mix of FFS and Medicaid. Currently no dentist present. Ready to go! Startup help and management provided by Lyonsgate Practice Management. Building also available for purchase separately or as package. Contact: info@lyonsgatepracticemanagement.com.

Established Periodontal practice is situated in a very nice, stable, desirable community. Located in a dental only professional office complex with restorative and specialty practices and plenty of parking. The practice boasts 2400 square feet of office space including 6 extremely attractive, fully digital, fully equipped and computerized operatories. Approximately

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General practice with over 1000 active patients and collecting over \$330k per year. Practice has 3 operatories and digital xray. In free standing building which may also be purchased. Great starter or merger practice. Call Jennifer Bruner at (614) 588-3519.

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.

Seeking motivated, ambitious dentist to purchase practice, office and building in Mt. Gilead. Great potential for growth, as only 3 dentists in county. Reply to retiringdds@hotmail.com.

Toledo area general practice for sale, fee for service with some Delta Dental Premier. Chartless with Dentrrix, digital x-ray, CAD/CAM, soft tissue laser. \$681K gross. Please inquire by email to toledoareadentalpractice@gmail.com. Toledo suburb. Excellent opportunity to own a practice outright or develop a desirable satellite in a great neighborhood. Priced to sell with Doc retiring. Unique interior. Solid patient base. 3 day week. Newer office condo included with practice purchase! Contact: nwohpracticesale@hotmail.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 wants to grow a practice with minimum attrition. Interested parties call Dr. Nancy Arndt (440) 449- 0069.

Position Wanted

Are you looking for a team player with a great attitude? Are you looking for an associate that meets your expectations? Do you have a part-time opening for a

top-notch associate? If so, I am looking for you. I have 15 years of diverse experience, including community service and the US Air Force. Let's talk about the possibilities; please give me a call at (216) 338-6700.

Wanted to Buy

I am looking to buy a practice in Ohio or in Indiana. Please contact drgunacar@gmail.com.

Space Available

Professional office building in fast-growing Grove City, OH. Presently a DDS office. Building is over 2500sf, not including a full basement. Building is functional, tasteful and boasts one of the best locations in the city. Reduced price, only 199k! Let's talk. Greg Skinner, ERA Real Solutions Realty. (614) 537-1994.

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.

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Michael D. Farmer, D.M.D.

has joined the practice of

Rick J. Burger, D.D.S.

Dayton, Ohio

AFTCO is pleased to have represented both parties in this transaction.

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OPTIONS, from page 11

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Charles Latham
Phillip Latham
Sam Latif
Alan Laub
Timothy Lawrence
Martin Layman
Robert Lazarow
Daryl Lechner
William Leffler
Carl Alan Legg
Keith Lemmerman
Ronald Lemmo
James Leon
James Lessick
Jeffrey Levin
Amanda Levinsohn
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Rand Luckner
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Nicholas Mellion
Zachary Mellion
Eric Menke
David Menning
Richard MMC Keefe
Jay MMC Maxfield
Timothy Merrill
Eva Meszaros
Don Metnes
Edgar Meudieta
Glen Meyer
Patrick Michel
Nanette Mick
Joseph Mika
Philip Mikesell
Allan Milewski
Andrea Miller
F. Patrick Miller
Gary Miller
Jeffrey Miller
Lairy Miller
Lytha Miller
Marissa Miller
Robert Miller
Thomas Miller
Thomas "T.J." Miller, II
Claudia Minadeo-Fox
Brian Mitchell
Jeff Mitchell
Timothy Moats
James Moeller
Jason Mok
Kenneth Molnar
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Kathleen Montgomery
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Scott Nightingale
Richard Norcross
Keith Norwalk
Scott Null
Brenda O'Brien
Patrick O'Connor
William O'Conner
Casey O'Conor
Elizabeth Odenweller
R. Randall Ogg
Kevin O'Grady
Frank Omerza
Brian O'Neill
Bryan Osterday
Lawrence Oswick
Julie Overberg (Butler)
Andrew Palmer
Brenda Palmer
Charles Pap
Matthew Parker
Steven Parker
Damen Patel
Matthew Paulson
J. Douglas Paulus
Thomas Paumier
James Pawlecki
Brett Pelok
David Pelok
Stephen Pero
Thomas Perrino
R. Thomas Perry
Timothy Peters
Matthew Peterson
William Peterson
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2012 Dental OPTIONS Participants

Nominations Sought for Ohio State Dental Board Positions

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

The Ohio Dental Association has the opportunity to recommend nominees to the Governor of Ohio for a possible dentist board member opening on the Ohio State Dental Board (OSDB), which may be vacant in April 2013. This board member position is designated for a general dentist. The ODA Executive Committee is seeking potential candidates who are interested in serving in this capacity on the Ohio State Dental Board. The term of office for Ohio State Dental Board members is four years.

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

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

Please send nomination letters along with the nominee's CV, to the ODA Executive Director, 1370 Dublin Road, Columbus, OH 43215 by December 31, 2012.

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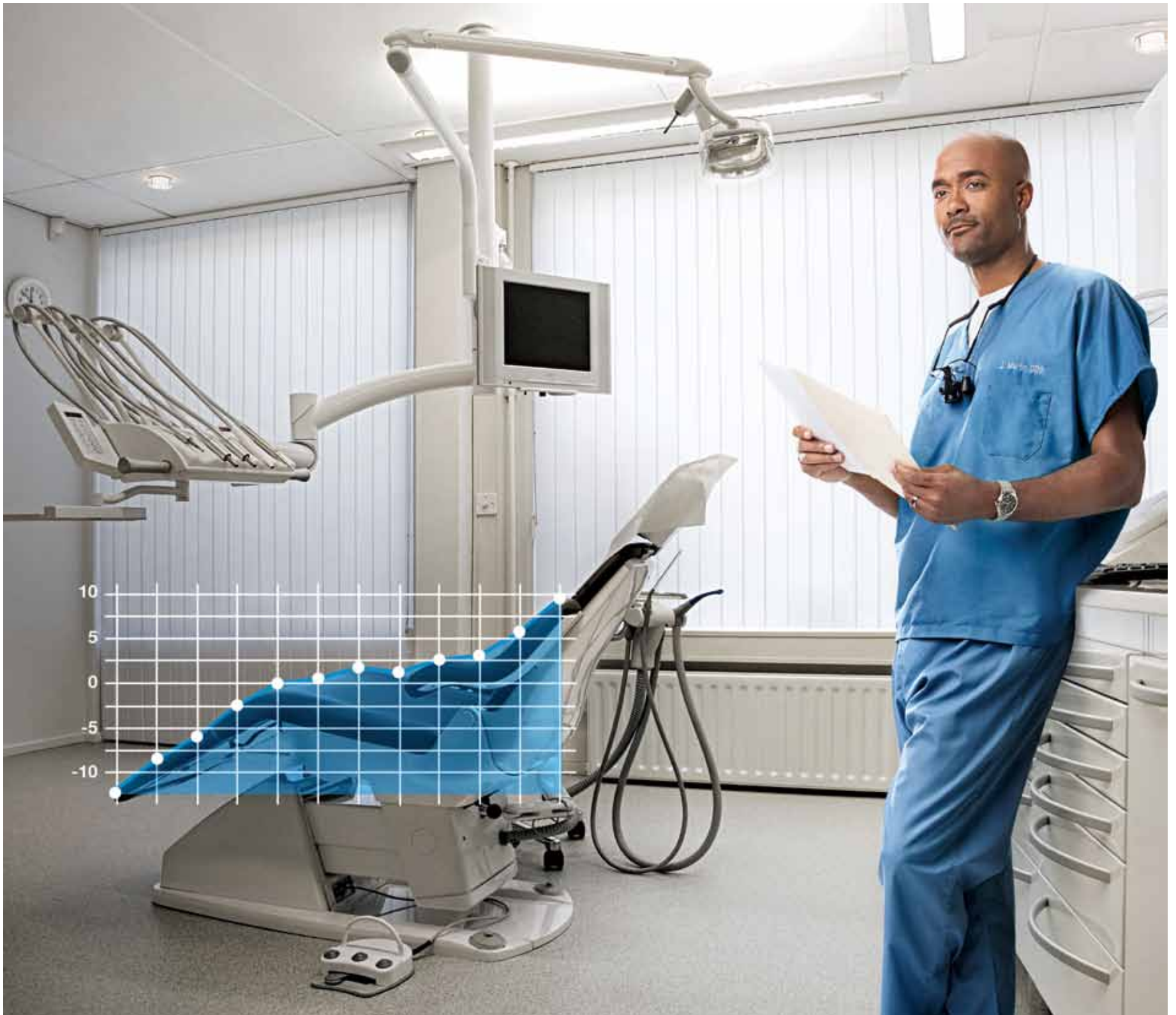
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If you are an OPTIONS dentist and your name is not included in this list, contact Laura Maguire, ODA public service assistant, at laura@oda.org.



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ODASC endorses automated patient communication software

Lighthouse 360 and ODA Staff

Lighthouse Practice Management Group Inc., creators of award winning Lighthouse 360, have partnered with the Ohio Dental Association Services Corporation (ODASC) as its recommended automated patient communications software for dentists.

“Automated patient communications can be a significant asset to a dental practice,” said Dr. Billie Sue Kyger, secretary/treasurer of ODASC. “I want my scheduling coordinator to greet my patients and provide excellent customer service. Freeing this staff member from tasks which can be professionally automated improves our office efficiency, decreases our stress and broken appointments, and ultimately improves our production.”

Lighthouse 360 is an automated, comprehensive patient communications system for dental offices. It reaches 100 percent of patients with email, text messages, automated phone calls, postcards and letters. It automatically reminds patients when they need an appointment, confirms existing appointments and asks patients to post an online review about their appointment when it’s over. With Lighthouse 360, the dental team’s efficiency goes up, broken appointments go down and patient satisfaction increases.

“Lighthouse is extremely excited to have been selected as the recommended patient communications system of the ODA for its members,” said Brian Smith, CEO at Lighthouse. “The ODA is dedicated to helping Ohio dentists improve patient care and enhance the success of their practices. Not coincidentally, those are also our goals, so the partnership between the ODA and Lighthouse is a

perfect match and will greatly benefit all ODA members.”

ODASC researched several automated patient communication systems, and Lighthouse 360 stood out as the clear leader in products.

“The owners of the company have a long history of experience in dental software, technology, and practice management,” Kyger said. “The suite of services by Lighthouse 360 clearly outperforms its competitors. Also, I was impressed with a month-to-month contract. It shows their dedication to customer service, staying relevant to customer base and cutting edge technology.”

Lighthouse 360 provides more automated features than any other system in dentistry, including:

- Helping you get patient reviews posted to Google, Yahoo, CitySearch, Dr. Oogle, Kudzu.com, RateADentist.com and any other review site you want.
- Seamless integration with RateADentist.com, Facebook, Twitter and your website.
- Mobile Websites – 61 percent of visitors to a non-mobile friendly site will go to another site. Don’t lose new patients this way. Every Lighthouse 360 client gets a free mobile website.
- TrueTime™ – Data synchronization prevents inaccurate messages by synchronizing with your PMS every 10 minutes.
- Family Messages – If you see families, you probably see more than one family member at the same time. Rather than sending a separate email and text message for each family member, Lighthouse 360 combines all messages to family members into a single, convenient message.

• AutoConfirm™ – Confirming appointments may be the most significant thing that an automated patient communications system does for an office. With Lighthouse 360, staff members do not need to spend time manually looking up appointments and marking them as confirmed because the system is completely automated.

• Automating emails, two-way text messages, confirmation phone calls, postcards and letters.

• Auto-detect cell phone numbers – Lighthouse 360 has the ability to auto-detect cell phone numbers using any phone number field in your practice management system. So if a patient gives you a number to use as their home phone, and it turns out that it is actually a cell phone number, Lighthouse 360 will detect the number is for a wireless device and will use it for text messaging. There is no need to make sure the number is placed in the “cell phone” field of the PMS.

• Perfect Recall™ – can be set up to send any combination of message types, on any schedule you want, starting as early as you want, and going for as long as you want. Messages can be in the form of emails, text messages, postcards, letters, and personal phone calls by your staff members. Start with a gentle reminder to make an appointment several weeks before the patient is due, then continue to send a series of messages over time. Each message will escalate the importance of making the appointment. Messages will continue only if necessary and can be done with zero staff intervention.

Founded in 2002, Lighthouse PMG Inc.

See LIGHTHOUSE, page 17


MESSINA, from page 10

that every child be covered for dental benefits. Adults are not required to have dental coverage. If a person is to purchase health insurance through the federally mandated exchanges, employers or the government will provide a person with an amount of money. The person will then choose what plan to buy, covering medical, dental and vision. The fear among dental insurance experts is that people will maximize their spending on medical coverage and forego purchasing dental benefits. This could dramatically reduce the number of dental visits.

The challenge for the profession of dentistry is for all of us to communicate the value of dentistry to our patients. We need to make the case that good dental health is essential to overall health. As a profession, we will need to be better than ever, because we will be competing for a shrinking pool of resources that our patients have at their disposal.



On a positive note, we have done an excellent job of spreading our message of prevention as the most cost-effective method and that dentistry is an excellent value in health care. A caring patient experience will build loyalty in our patients. As they see the value of good dental care, they will commit to joining us in the pursuit of their best dental health. In this time of uncertainty, we will have to work harder, but the rewards are clearly still there.

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



Feature Comparison Chart

	Lighthouse 360	Demandforce	Smile Reminder	Televox	Sesame	Patient Activator
Monthly Fee	\$299/mo	?	?	?	?	?
CONTRACT	None	Yes-Auto Renewing	Yes-Auto Renewing	Yes	?	?
Auto Confirm™	✓	?	?	?	?	?
Families Get ONE Message	✓	?	?	?	?	?
Reaches 100% of Patients	✓	X	✓	✓	✓	✓
Perfect Recall™	✓					
Patients Reviews Posted to Google, Yahoo!, Facebook, and Twitter	✓					
Data synchronized every 10 minutes	✓	?	?	?	?	?
Email	✓	✓	✓	✓	✓	✓
2-way Text Messages	✓	?	?	✓	?	?
Automated Human Voice Phone Calls*	✓	X	✓	✓	✓	✓
Automated Postcards*	✓	X	X	X	X	X
Automated Letters*	✓	X	X	X	X	X
Automated Reactivation System	✓	?	?	?	?	?
iPhone/Android App	✓	?	?	?	?	?
Automated E-newsletters, Including Content	✓	?	?	?	?	?
Daily Task List/Automated Accountability Reports	✓	?	?	?	?	?
Different Messages and Schedules for Different Situations	✓	?	?	?	?	?
Mobile Websites	✓	?	?	?	?	?

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JONES, from page 10

they taught their kids. Who taught them to teach the kids? Their own parents did, but, when necessary, my staff and I did, too, whether they paid their own way, or were on government assistance.

4. Many commentators blame both children's decay and society's access problems on the greedy dentists in private practice who don't accept Medicaid. Few of them talk about the parents, who often are lax in following directions and in just showing up to those offices that do give them appointments. Some professionals just want to placate the disease process until the teeth die a disappointing death. Not enough of us care enough to really be aggressive in our patient education and follow-up.

These are but a few of the issues that affect access and dental disease. Unlike many in this debate, I don't pretend to have all the answers. (Here's a clue, though – it all starts with someone being responsible for good oral hygiene!) Actually, I don't

even know all the questions. I do know that no one can fix it all themselves. The problem, and the solution, is shared by all of us, in both the public and the private sectors.

As I watch the often nasty, self-serving, and acrimonious discussions about access, types of dental care, and who should provide that care, I think, "You know, if everyone – professionals (both those who treat and those who talk) and governments and parents and patients alike – would just shut up, quit pointing fingers, and get to work at both disease treatment and, even more importantly, disease prevention, we might get it done." Yes, I'm talking about all of us, including both the public and the private sectors of dentistry, working together in harmony for a change, without laying guilt on the others.

Maybe it's time to understand the other group's point of view, and not vociferously blame each other for all of society's problems. If we do not work together, the problems won't go away. Both sides have

something to bring to the table, and we don't have to tear apart the profession to make things work.

And as we discuss, let's remember Nancy Astor (1879 - 1964) when she said "The main dangers in this life are the people who want to change everything

– or nothing." Amen.

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

ⁱ list.pitt.edu/mailman/private/dental-public-health/

ⁱⁱ list.pitt.edu/mailman/private/dental-public-health/

INSURANCE, from page 8

family member exclusion.

2) Appeal the third party payer's initial determination.

3) Encourage the family member patient/subscriber to contact their union and/or employer about the denial. It is hoped by involving the union and/or employer that attention will be directed toward this apparently unfair provision of the dental benefit plan.

4) Provide the relevant information to the ODA Dental Insurance Working Group for it to determine the ODA's role in the matter. The working group will be addressing the situation at its next meeting.

5) If the plan administrator can not cite specific language within the benefit plan that excludes coverage for family members, then encourage the family member patient/subscriber to consider filing a complaint with the Ohio Department of Insurance (for insurance plans) or U.S. Department of Labor (for self-funded or self-insured plans).

6) If the plan administrator can not cite specific language within the benefit plan that excludes coverage for family members, then encourage the family member patient/subscriber to consider legal action.

LIGHTHOUSE, from page 16

is a dental software company dedicated to a single philosophy: that the only way to ensure the success of the business side of dentistry is to install processes that are truly automated. Automation frees up the people in the practice to do what they do best – interact with patients.

"I want my front desk staff members to spend quality time with patients who are in the office or who have specifically called the office with questions or concerns," Kyger said. "It is all about customer service and excellence in care. Using a high quality automated communication system which has True Time Data helps our office be most efficient and ultimately saves money."

ODA members will save \$30 per month when they sign up using their membership number. After a one-time fee of \$299, ODA members will pay \$269 per month.

ODA members who already use Lighthouse 360 can also receive the discount, beginning as soon as a valid membership number is provided. The discount cannot be applied to previous months.

For more information on Lighthouse 360, visit www.LH360.com.

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